

**DEPARTMENT OF ADMINISTRATIVE SERVICES, OREGON
EDUCATORS BENEFIT BOARD**

**DIVISION 40
ENROLLMENT**

111-040-0001

Effective Dates

(1) Benefit plan changes or initial elections, unless otherwise specified in a collective bargaining agreement or formal district-wide policy in effect on June 30, 2008, are effective on the later of:

- (a) The first of the month following a completed online enrollment in the OEBC benefit management system or submission of a paper enrollment or change form; or
- (b) The first of the month following the date of hire or the date of eligibility.

(2) Covered dependent changes are effective the first of the month following the date of the event causing the dependent to be eligible under OAR 111-010-0015 and 111-015-0001 with the following exceptions:

(a) Coverage for a newborn child is effective on the date of birth;

(b) Coverage for a newly adopted child is effective the date of the adoption decree or date of placement for adoption through the first 31 calendar days pending the completion of adoption proceedings. To continue coverage the eligible employee must add the adopted child to their benefit plans within 60 calendar days from the date of the decree or placement;

(i) The eligible employee must submit the adoption agreement with the enrollment forms to the participating district.

(ii) Claims payment will not occur prior to the date of decree or placement.

(c) Coverage for a dependent child by affidavit as defined in OAR 111-010-0015 and 111-015-0001 starts the first of the month following receipt of the affidavit by the district benefits administrator

(3) Elections made during an open enrollment period are effective on the first day of the new plan year.

111-040-0005

Termination Dates

(1) Eligible employees who no longer meet the eligibility criteria as defined in OAR 111-010-0015 and 111-015-0001 will lose current benefit coverage on the last day of the month that eligibility was lost, unless determined otherwise through a collective bargaining agreement or formal-district wide policy in effect on June 30, 2008.

(2) Benefit coverage for a spouse, domestic partner, or dependent child ends on of the last day of the month that eligibility as defined in OAR 111-010-0015 and 111-015-0001 is lost, unless determined otherwise in a collective bargaining agreement or formal district-wide policy in effect on June 30, 2008.

(3) Benefit coverage for a spouse, domestic partner, or dependent child ends on the last day of the month that an eligible employee dies.

(4) Retired eligible employees lose coverage under the OEBC benefit plans the last day of the month prior to the month they turn 65 or become eligible for Medicare Part A or B, with the following exceptions:

(a) Eligibility for Medicare coverage is due to end-stage renal disease;

(b) Eligible dependents currently enrolled who are not eligible for Medicare may continue coverage under OEBC benefit plans.

111-040-0010

Newly-Hired and Newly-Eligible Employees

(1) Newly-hired and newly-eligible employees must enroll in OEBC-sponsored benefit plans through the OEBC benefit management system or paper equivalent within 31 calendar days of the date of hire or date of eligibility, unless determined otherwise in a separate OEBC administrative rule or in a collective bargaining agreement or formal district-wide policy in effect on June 30, 2008.

(2) An eligible employee enrolling in OEBC-sponsored benefit plans and terminating employment before the effective date of benefit coverage is not eligible to receive benefits.

(3) An eligible employee hired after the open enrollment period and before the start of the new plan year has open enrollment rights.

111-040-0015

Working in Two or More Eligible Employee Positions

(1) An eligible employee working in more than one benefit eligible position at OEGB participating district(s) will only be reported to OEGB as being eligible in one position by one participating district. The district must apply OAR 111-010-0015 and 111-015-0001 to determine which position is eligible for benefits.

(2) The participating district through which an eligible employee will receive OEGB-sponsored benefits will be determined by the employee and the participating districts in which they are employed. A copy of the agreement will be provided to OEGB upon request.

111-040-0020

Removing an Ineligible Individual from Benefit Plans

(1) An eligible employee is responsible for removing ineligible spouses, domestic partners and dependent children from their OEGB-sponsored benefit plans by submitting completed, applicable forms to their district benefits administrator. An ineligible individual must be removed from OEGB-sponsored benefit plans within 31 calendar days of the date the individual becomes ineligible. Coverage ends on the date identified under OAR 111-040-0005.

(2) An eligible employee ending a domestic partnership by affidavit must complete and submit a Termination of Domestic Partnership form and enrollment update forms to the district benefits administrator within 31 calendar days of the event for removal of the domestic partner and domestic partner's dependent children from their benefit plan. Benefit coverage for the domestic partner and domestic partner's dependent children ends on the last day of the month that eligibility is lost.

(3) A participating district is responsible for removing ineligible individuals from the OEGB benefits management system. Ineligible individuals must be removed from coverage under OEGB-sponsored benefit plans retroactive to the end of the month when eligibility was lost. OEGB reserves the right to audit participating districts to determine the eligibility status of dependents of eligible employees covered under OEGB-sponsored benefit plans

(4) The eligible employee may be responsible for claims previously paid by the benefit plans to the providers during the period of ineligibility. Premium adjustments will be made retroactively based on when the ineligible individual was reported to the district benefits administrator.

(a) Ineligible individuals reported within 90 calendar days after the month eligibility was lost will result in premium adjustments retroactive to the first of the month following the loss of eligibility.

(b) Ineligible individuals reported more than 90 calendar days after the month eligibility was lost will result in premium adjustments for the month the ineligible individual was reported and the two previous months.

111-040-0025

Open Enrollment

(1) Eligible employees may make benefit plan changes or elections and add or remove eligible dependents during open enrollment periods as designated by the OEBB.

(2) Coverage under OEBB-sponsored benefit plans for an eligible individual added during open enrollment begins on the first day of the new plan year. Coverage for an individual terminated during open enrollment ends on the last day of the month of the current plan year.

(3) An eligible employee hired after the open enrollment period and before the start of the new plan year has open enrollment rights.

(4) Benefit plan elections are irrevocable for the new plan year except as specified in OAR 111-040-0045

111-040-0030

Correcting Enrollment and Processing Errors

(1) Employee Enrollment Errors. Enrollment errors occur when an eligible employee provides incorrect information or fails to make correct selections when making benefit plan elections. The eligible employee is responsible for identifying enrollment errors or omissions.

(a) OEBB authorizes participating districts to correct enrollment errors reported by the eligible employee within 60 calendar days of the original eligibility date, open enrollment period end date, or midyear benefit plan change date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001.

(b) Enrollment errors identified after 60 calendar days of the eligibility date, open enrollment period end date or midyear benefit plan change date must be submitted to

OEBB for review and approval based on OAR 111-070-0001. If approved, corrections are retroactive to the original effective date as identified in OAR 111-040-0001.

(2) Benefit Administrator Processing Errors. Processing errors or omissions occur when benefit plan elections are processed incorrectly in the benefit system or when a newly-eligible employee does not receive correct enrollment information or materials within 31 calendar days of the eligibility date.

(a) OEBB authorizes participating districts to correct processing errors identified within 60 calendar days of the eligibility date, open enrollment period end date, or midyear benefit plan change date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001. The participating district must reconcile all premium discrepancies.

(b) Processing errors identified after 60 calendar days of the eligibility date, open enrollment period end date, or midyear benefit plan change date must be submitted to OEBB for review and approval based on OAR 111-070-0001. If approved, corrections are retroactive to the original effective date as identified in OAR 111-040-0001. The participating district must reconcile all premium discrepancies within 30 calendar days of any adjustments made in the system.

111-040-0035

Late Enrollment

(1) Late enrollment occurs when an eligible employee fails to enroll for benefits within 31 calendar days of:

(a) The date of hire or other benefit eligibility date as identified in OAR 111-040-0001;

(b) The date a spouse, domestic partner, or dependent child gains eligibility;

(c) The date of marriage to a spouse who was most recently enrolled as a domestic partner; or

(d) The date of birth of the employee's biological newborn dependent child.

(2) OEBB authorizes participating districts to approve late enrollment requests for eligible employees and dependents when:

(a) The request is reported within 60 calendar days of the eligibility dates referenced in sections 1a, 1b, and 1c;

(b) The request to add a newborn child is made within 120 calendar days of the child's date of birth.

(3) OEBC must review and approve all late enrollment requests based on OAR 111-070-0001 when:

(a) The request is made more than 60 calendar days after the eligibility dates referenced in sections 1a, 1b, and 1c;

(b) The request to add a newborn child is made after 120 calendar days of the child's date of birth.

(4) Approved late enrollment requests, unless determined otherwise in a collective bargaining agreement or formal district-wide policy in effect on June 30, 2008, are effective the first of the month following the date the request is received by a district benefits administrator or OEBC, except for approved requests to add newborn children which are retroactive to the month the child was born along with any premium adjustments.

111-040-0040

Returning to Eligible Employee Status

(1) A former eligible employee returning to benefit eligible status must fulfill the eligibility criteria in OAR 111-010-0015 and 111-015-0001 before becoming eligible for coverage under OEBC-sponsored benefit plans. If the employee:

(a) Returns to regular eligible employee status within 12 months of the benefit coverage end date they will have their previous enrollment in OEBC-sponsored benefit plan reinstated the first of the month following their return to work. The employee may make midyear benefit plan changes consistent with OAR 111-040-0045 within 31 calendar days of the date they return to work;

(b) Returns to regular eligible employee status after 12 months from the benefit coverage end date they will be treated as a newly-hired eligible employee.

111-040-0045

Midyear Benefit Plan Changes

(1) Eligible employees experiencing a change in family or work status as noted below during the plan year have 31 calendar days from the date of the event to make benefit

plan changes. Completed enrollment forms must be submitted within the 31 calendar days. The eligible employee may make only those elections that are consistent with the event. These events fall into three broad groups:

(a) Change in status. These include but are not limited to:

(A) Changes in the eligible employee's legal marital status, such as a marriage or divorce;

(B) Changes in the eligible employee's number of dependents, such as birth or adoption of a child;

(C) Changes in the employment status of the eligible employee or family member, such as the start or end of employment, or a change from part time to full time or full time to part time;

(D) Changes in the eligibility of a dependent, such as attaining a certain age;

(E) Changes in the residence of the eligible employee or family member (i.e., moving out of the service area of an HMO); or

(F) Changes in the eligible employee's domestic partnership.

(b) Cost or coverage changes. These include but are not limited to:

(A) An increase or decrease in out-of-pocket premium cost imposed by the employer; or

(B) A reduction or a loss in the spouse's or domestic partner's group insurance plan benefits that results in the loss of coverage for the spouse or dependent children.

(c) Other laws or court orders. For example: National Medical Support Notice, Medicare, or HIPAA.

(2) A spouse, domestic partner, or dependent child previously eligible for coverage under OEBC-sponsored benefits plans may be added to benefit plans during a midyear benefit plan change by an eligible employee.