



# MyOEBB Benefits New Hire Enrollment



OREGON EDUCATORS  
**OEBB**  
BENEFIT BOARD

Once you enroll, no plan changes can be made until the next Open Enrollment period unless you experience a Qualified Status Change (QSC)\*.

\*Please see your educational entity regarding a QSC.



# Welcome to MyOEBB!


## Checklist for Enrollment

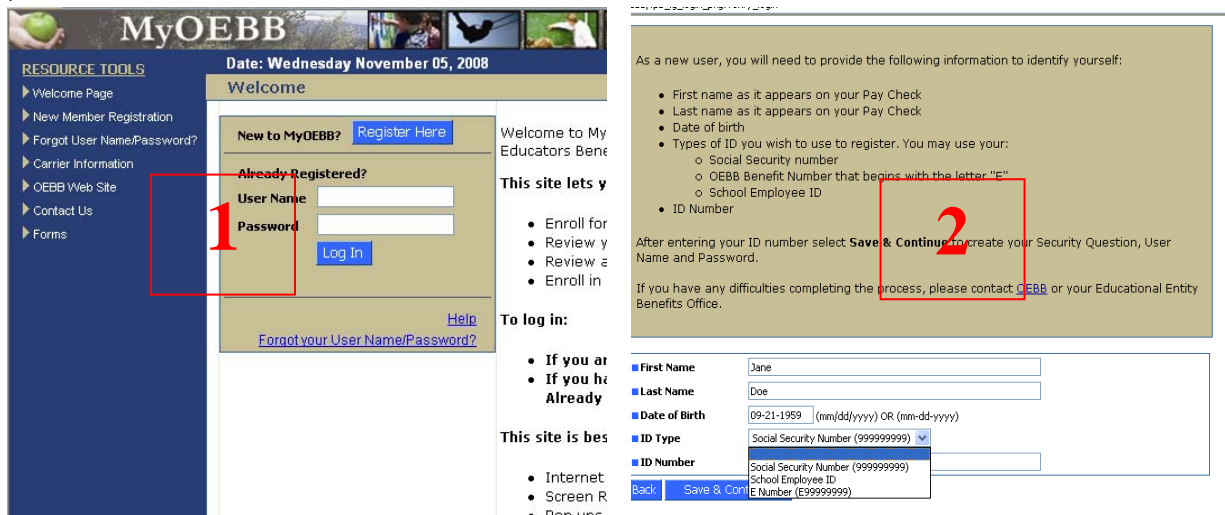
- Your E Number, SSN, or School District ID
- Birth Dates of benefit eligible family members
- Plan Choices for Medical, Vision, and Dental
- Affidavit Forms (if necessary) for certain dependents
- Other Group Coverage Information (if necessary)

## Getting Registered

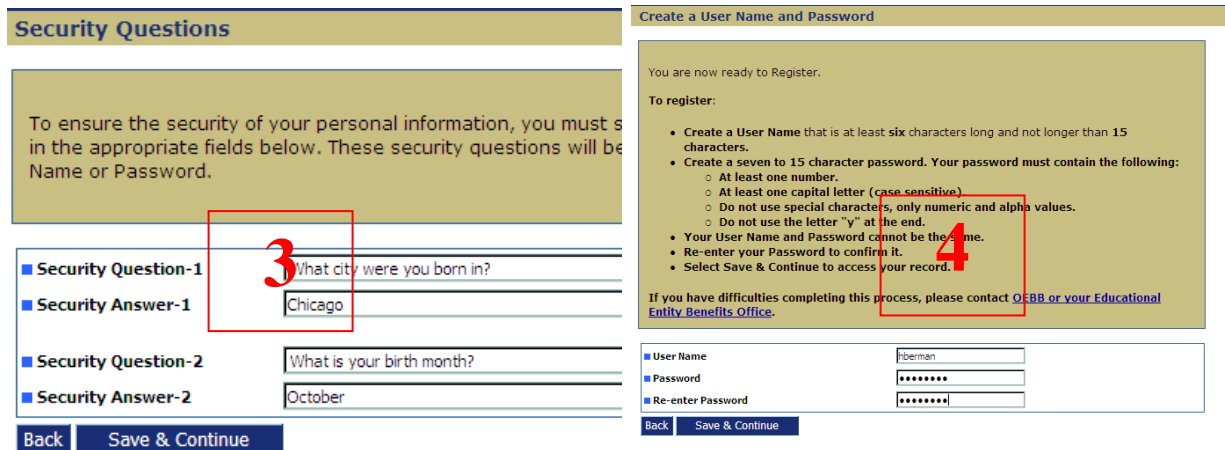
Log on to the following Web site:

<https://myoebb.org/oebb/!pb.main>

Click . MyOEBB identifies your membership and leads you through setting up two security questions, a User Name, and Password.



The screenshot shows the MyOEBB registration page. On the left is a navigation menu with 'Register Here' highlighted. The main content area has a 'Welcome' message and a 'New to MyOEBB?' section with a 'Register Here' button (marked with a red '1'). Below this is an 'Already Registered?' section with fields for 'User Name' and 'Password', and a 'Log In' button. To the right, there is a list of information needed for registration (marked with a red '2') and a form with fields for 'First Name', 'Last Name', 'Date of Birth', 'ID Type', and 'ID Number'. A 'Save & Continue' button is at the bottom of the form.



The screenshot shows the 'Security Questions' and 'Create a User Name and Password' page. The 'Security Questions' section (marked with a red '3') has two questions: 'What city were you born in?' with the answer 'Chicago', and 'What is your birth month?' with the answer 'October'. The 'Create a User Name and Password' section (marked with a red '4') has instructions for creating a user name and password, and a form with fields for 'User Name', 'Password', and 'Re-enter Password'. A 'Save & Continue' button is at the bottom.

## Beginning the Enrollment Process

During your initial New Hire Enrollment you have 31 days to make your selections. Once your selections have been verified and saved those selections will stay in effect until the next Open Enrollment period or until you experience a Qualified Status Change (QSC) event such as a marriage, birth, change of employment, or other family event.

After you log in to MyOEBB, you'll see a welcome screen like this one.

MyOEBB "Serving our members and..."  
My Home Page | Log Out Member: Doe, Jane  
My Home Page  
Hello Jane. What would you like to do today?  
 Enroll for benefits as a newly hired employee.  
 Get information about benefit options, forms, and publications.  
To exit this application at any time, select Log Out at the top of the screen.

During the enrollment process you can review and update your personal information, add dependent information, get information about plans, access Out-of-Pocket Cost Sheets, and more. All of these options are available on the left side Resource Tools menu.

Select: **"Enroll for benefits as a newly hired employee."**

## Verifying Personal Information

You are now ready to verify and/or update your personal information. This includes your home phone, work phone, e-mail, and residence and mailing address. Your work and mailing address are optional. To update your personal information select **"Change Address"** and enter your correct address or simply update your phone numbers or e-mail.

ID	Last Name	First Name	MI	Gender	Birth Date
E00183519	Doe	Jane		Female	09-21-1959

Home Phone  Work Phone  Ext   
E-mail

Addresses  
Address Type:  Residence  Mailing  Work [Change Address](#)  USA  International  
Address Line 1: 123 Test Drive  
Address Line 2:  
City: Salem State: Oregon Zip Code: 97301  
Country: United States

Back Save **Save & Continue**

Select: **"Save & Continue"**

## Adding Dependents

Add your dependents during this Enrollment so your entire family will have coverage.

Do you have any new eligible dependents you would like to enroll for coverage?

Yes

No

[Back](#) [Continue](#)

Select: **“Yes”** if you have dependents or **“No”** if you do not have dependents.

Select: **“Continue”**

If you have Dependents, the entry page appears as shown below. Fill in any **required fields** (those with the blue box next to the field description), using one row for each dependent.

SSN (999999999)	Last Name	First Name	MI	Relationship	Gender	Birth Date (mm/dd/yyyy) OR (mm-dd-yyyy)	Dependent Certification	Medicare Eligibility
<input type="text"/>	Doe	John	<input type="text"/>	Spouse	Male	09-21-1959	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	Doe	Sally	<input type="text"/>	Child	Female	09-21-2008	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

[Add More Dependents](#) [Clear All](#)

[Back](#) [Save & Continue](#)

When the form is complete, click **“Save & Continue”**.

Dependent						
Benefit #	Name	Relationship	Birthdate	Gender	Expiration Date	Remove
E00183520	Doe, John	Spouse	09-21-1959	M		✘
E00183521	Doe, Sally	Child	09-21-2008	F		✘

[Back](#) [Continue](#)

Once your list of dependents is complete, click **“Continue”**.

# Enrolling in Medical, Vision, and Dental Benefits

It is now time to enroll in Medical, Vision, and Dental benefits. Depending on your groups rules and options, you may choose to **Opt Out** of Medical coverage, but you will need to provide proof of other group insurance or you may **Waive** your benefit rights without showing proof of other insurance. Contact your Benefits Office for your opt out or waive options and rules.

1. Personal Information 2. Dependents 3. Benefits 4. Benefit Statement

Listed below are your current basic benefit selections and your Open Enrollment options:

- Select **Change** to change your current plans or coverage.
- Select **Opt Out** to opt out of medical coverage. You must have [other group medical coverage](#) as defined by OEBB.
- Select **Enroll** to add coverage. This option will only be available to you if you undo a new plan selection.
- Select [Waive OEBB Benefits](#) to waive participation in the entire OEBB benefits program
- Select **Accept and Return to Benefit Statement** when you are ready to continue with the enrollment process.

**Please Note:**

- If you have [other group medical coverage](#) through another OEBB member, and that information is not shown on the lower portion of this page, please contact [your Educational Entity Benefits office](#) to correct your record. You will need this information if you are considering opting out of medical coverage.

Summary for employee of Hillsboro Sd 1j (Open)

Action	Plan Type/Plan Name	End Date	Dependents
<b>Enroll</b>	Medical		Clara Nancy
<b>Opt Out</b>			
<b>Enroll</b>	Vision		
<b>Enroll</b>	Dental		

Accept and Return to Benefit Statement Waive OEBB Benefits

Select: "Enroll" next to Medical to start the enrollment process.

On the next screen you'll select your desired Medical plan and Coverage Tier.

Select your new plan using the **Plans** drop-down menu.

**Plans :** ODS Medical Plan 3/RX A - Tiered

**Coverage Tier:** <-----Select----->

Providence Medical Plan 2/RX 1 - Tiered

ODS Medical Plan 3/RX A - Tiered

Then, in the drop-down menu for **Coverage Tier**, select the tier that includes all the dependents you wish to cover.

**Coverage Tier:** <-----Select----->

<-----Select----->

Employee Only

Employee & Spouse

Employee & Children

Employee, Spouse & Children

Back

Once that's done, the screen refreshes to show your current selection. Verify the "Include" boxes to make sure the dependents you wish to cover have a check, and any you don't want to cover do not have a check.

Click: **"Accept & Continue"**

Plans : ODS Medical Plan 3/RX A - Tiered

Coverage Tier: Employee, Spouse & Children

Include	Relationship	Name
<input checked="" type="checkbox"/>	Spouse	Doe,John
<input checked="" type="checkbox"/>	Child	Doe,Sally

Back Accept & Continue

You're returned to the **Benefits** window. Now, you can enroll in Vision and Dental by following the same process as above.

Summary for employee of Pilot School District		(Current)		Dependents	
Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	John	Sally
Change Delete	<b>Medical</b> Kaiser HMO Medical Plan 1/RX 1 - Tiered	Employee, Spouse & Children	12-01-2008	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Pharmacy Kaiser Pharmacy Plan 1 (HMO) - Tiered	Employee, Spouse & Children	12-01-2008	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Change Delete	Vision ODS Vision Plan 1 - Tiered	Employee, Spouse & Children	12-01-2008	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Change Delete	Dental ODS Dental Plan 3 - Tiered	Employee, Spouse & Children	12-01-2008	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>


Back Accept & Continue

If needed, click the **Change** buttons to change your benefit selections. If all of your selections look good, click **"Accept & Continue"**.

# Benefits Statement

The Benefits Statement appears with the new plan selections. Remember, the choices have been recorded, but not saved until you confirm the changes at the bottom of the statement. If anything is wrong, you can click the "Edit" buttons next to **SUBSCRIBER INFORMATION**, **BENEFITS ENROLLMENTS**, or **DEPENDENT INFORMATION** to go back to the respective sections.

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**Oregon Educators Benefit Board**  
**MyOEBB**

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**Benefit Statement as of 11-19-2008**

**Your enrollment selections have been recorded.  
You must now review and save these changes below.**

Listed below are your enrollment benefit selections. If you would like to make additional changes, select **Edit** in the section you wish to change. If you are satisfied with your selections, you must **save** them below.

[Go to my Home Page](#)

Edit **SUBSCRIBER INFORMATION**

<b>Name:</b> Jane Doe	<b>Benefit#:</b> E00183519
<b>Address:</b> 123 Test Drive	<b>DOB:</b> 09-21-1959
Salem, OR 97301	<b>Phone:</b> Home
	Work
	<b>E-mail:</b>

Edit **BENEFITS ENROLLMENTS**

Plan	Coverage Tier	Cov. Eff. Date	End Date	Dependents	
				John	Sally
Medical ODS Medical Plan 3/RX A - Tiered	Employee, Spouse & Children	12-01-2008		Yes	Yes
Pharmacy ODS Pharmacy Plan A- Tiered	Employee, Spouse & Children	12-01-2008		Yes	Yes
Vision ODS Vision Plan 2 - Tiered	Employee, Spouse & Children	12-01-2008		Yes	Yes
Dental ODS Dental Plan 1/Ortho - Tiered	Employee, Spouse & Children	12-01-2008		Yes	Yes

**Note:** Premium information for these plans is available on the Out of Pocket Cost Sheet page.

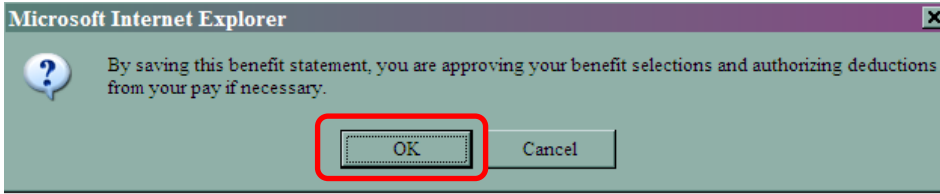
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The Benefit Statement appears and asks you to confirm and save your changes. Click on the checkbox to acknowledge the statement and then click **"I agree"**.

This election supersedes all elections and submissions I previously made for OEBB coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for perjury.

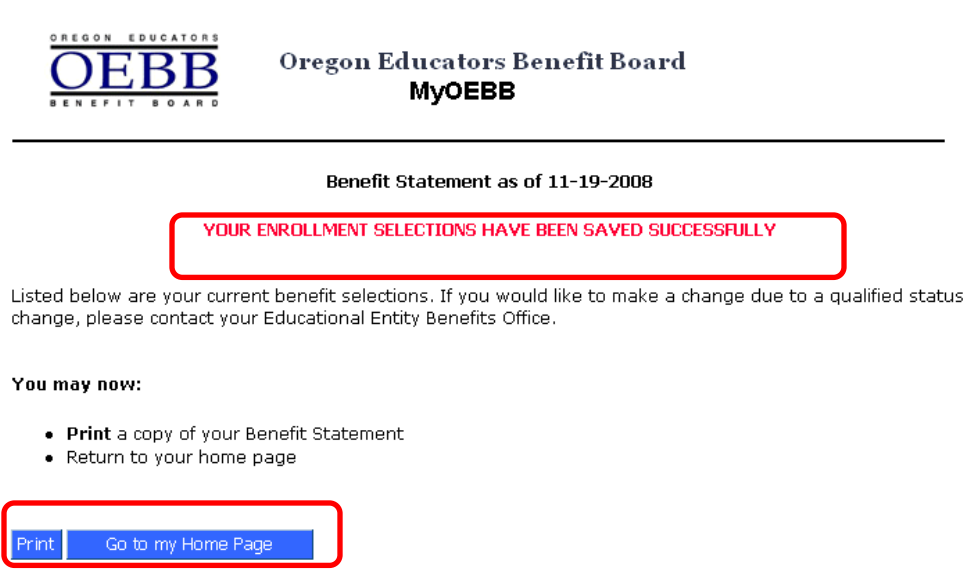
**I have reviewed and agree with all my enrollment selections and [governing documents](#).** I agree

Now you'll see a prompt that informs you that you are about to make authorizations for payroll deductions (if applicable based on entity contributions).



Click "OK" to approve your selections.

Your Benefit Summary appears, confirming you have successfully saved selections.



Above is a confirmation message. It's always a good idea to print a copy of your benefit summary for your records. Then, if you're done, you can click **Go to my Home Page**, and then click **Log Out** to end your session.

## Logging Out

When you're finished with your MyOEBB session, simply click "Log Out" in the top blue navigation bar.

