



MyOEBB Benefits
Open Enrollment



OREGON EDUCATORS
OEBB
BENEFIT BOARD

Open Enrollment is August 15 through September 15.

Once Open Enrollment closes, 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 Open Enrollment

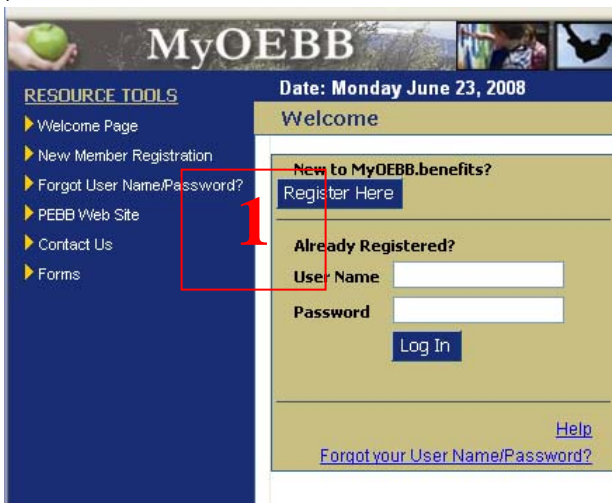
- Your E Number, SSN, or School District ID
- Birth Dates of benefit eligible family members
- Plan Choices for Medical, Vision, and Dental
- Affidavit Forms (if necessary) for certain dependents
- Other Group Coverage Information (if necessary)

Getting Registered

Log on to the following Web site:

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

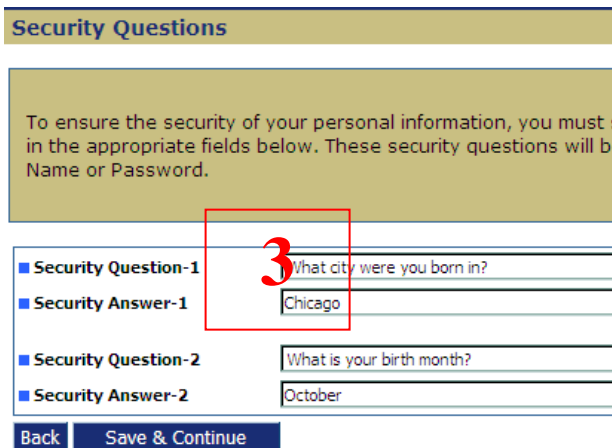
Click . MyOEBB identifies your membership and leads you through setting up two security questions, a User Name, and Password.



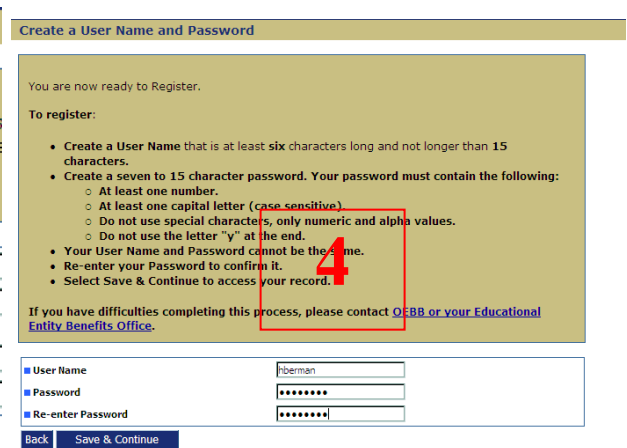
The MyOEBB home page features a navigation menu on the left with options like 'Welcome Page', 'New Member Registration', and 'Forgot User Name/Password?'. A red box labeled '1' highlights the 'Register Here' link under the 'New to MyOEBB.benefits?' section. The main content area includes a date, a welcome message, and a login section with fields for 'User Name' and 'Password'.



The 'Member Registration' form asks for personal information to identify a new user. It lists requirements: first and last name from a Social Security card, date of birth, and an ID type (Social Security number, OEBB Benefit Number, or ID Number). A red box labeled '2' highlights the 'Save & Continue' button. Below the instructions are input fields for First Name (Henry), Last Name (Berman), Date of Birth (10-10-1970), ID Type (Social Security Number), and ID Number (999999999).



The 'Security Questions' section requires users to provide two questions and answers for security. A red box labeled '3' highlights the first question: 'What city were you born in?' with the answer 'Chicago'. The second question is 'What is your birth month?' with the answer 'October'. A 'Back' button and a 'Save & Continue' button are at the bottom.

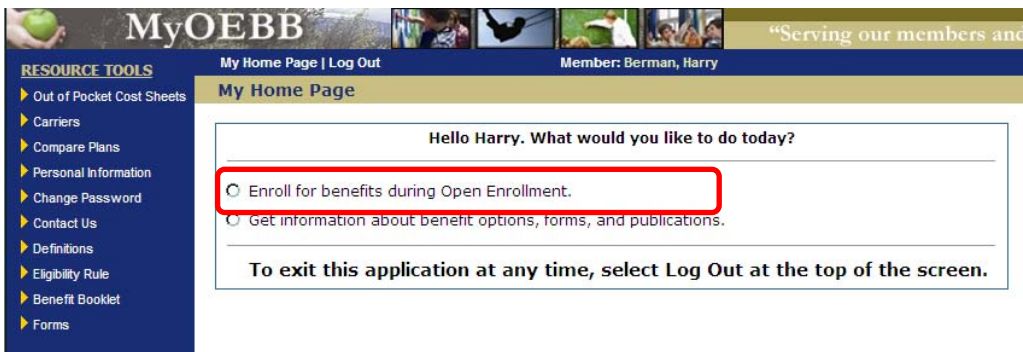


The 'Create a User Name and Password' section provides instructions for creating a user name and password. A red box labeled '4' highlights the 'Save & Continue' button. The instructions specify: user name must be 6-15 characters; password must be 7-15 characters, contain at least one number, one capital letter, and no special characters or 'y' at the end. Below are input fields for User Name (hberman), Password (*****), and Re-enter Password (*****).

Beginning the Open Enrollment Process

During Open Enrollment you can make changes to your benefits as often as you like. Each time you make new selections, you'll save and verify them. The benefits that have been saved and verified when Open Enrollment closes are the benefits that 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.



During the Open 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 during Open Enrollment"**

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 address. Your mail and work 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
E00001367	Berman	Harry		Male	10-10-1970

Home Phone	Work Phone	Ext
E-mail		

Addresses	
Address Type	<input checked="" type="radio"/> Residence <input type="radio"/> Mailing <input type="radio"/> Work Change Address <input checked="" type="radio"/> USA <input type="radio"/> International
Address Line 1	123 Oak Street
Address Line 2	
City	Hillsboro
State	Oregon
Zip Code	97006
County	Washington
Country	United States

Accept and Return to Benefit Statement	Save	Save & Continue
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Select: **"Save & Continue"**

Adding Dependents

Add your dependents during Open 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
	Berman	Clara		Spouse	Female	11-07-1965	<input checked="" type="checkbox"/>	No
	Berman	Nancy		Child	Female	02-25-1991	<input checked="" type="checkbox"/>	No
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	

Add More Dependents Clear All

Back Save & Continue

When the form is complete, click "Save & Continue".

Dependent							
Dependent Certification Yes=Checked No= Not Checked	Benefit #	Name	Relationship	Birthdate	Gender	Expiration Date	Remove
Not Required	E00001368	Berman, Clara	Spouse	11-07-1965	F		✘
Not Required	E00001369	Berman, Nancy	Child	02-25-1991	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
Enroll	Medical		Clara Nancy
Opt Out			
Enroll	Vision		
Enroll	Dental		

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

Accept and Return to Benefit Statement Waive OEBB Benefits

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		
<input checked="" type="checkbox"/>	Spouse	Berman, Clara
<input checked="" type="checkbox"/>	Child	Berman, Nancy
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 Hillsboro Sd 1j (Open)					
Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date	Dependent
Change	Medical ODS Medical Plan 3/RX A - Tiered	Employee, Spouse & Children	07-01-2008		Clara Nancy
					<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Opt Out					
Change	Vision ODS Vision Plan 1 - Tiered	Employee, Spouse & Children	07-01-2008		Clara Nancy
					<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Change	Dental Willamette Dental Plan 7 - Tiered	Employee, Spouse & Children	07-01-2008		Clara Nancy
					<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Accept and Return to Benefit Statement		Waive OEGB Benefits			

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

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.



Oregon Educators Benefit Board
MyOEBB.org

Benefit Statement as of 07-14-2008

**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.

[Print](#)[Go to my Home Page](#)

Edit**SUBSCRIBER INFORMATION**

Name: Harry Berman
Address: 123 Little Oak Street
Hillsboro, OR 97006

Benefit#: E00002266
DOB: 10-10-1970
Phone: Home
Work
E-mail:

Edit**BENEFITS ENROLLMENTS**

Plan	Coverage Tier	Cov. Eff. Date	End Date	Dependents	
				Clara	Nancy
Medical ODS Medical Plan 3/RX A - Tiered	Employee, Spouse & Children	07-01-2008		Yes	Yes
Vision ODS Vision Plan 1 - Tiered	Employee, Spouse & Children	07-01-2008		Yes	Yes
Dental Willamette Dental Plan 7 - Tiered	Employee, Spouse & Children	07-01-2008		Yes	Yes

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

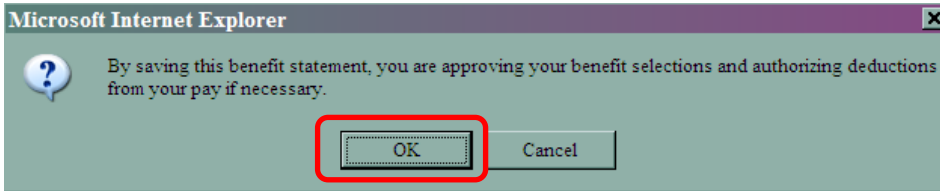
The Benefit Statement appears and asks you to confirm and save your changes. Click on the checkbox to acknowledge the statement and then click **"I agree"**.

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](#)

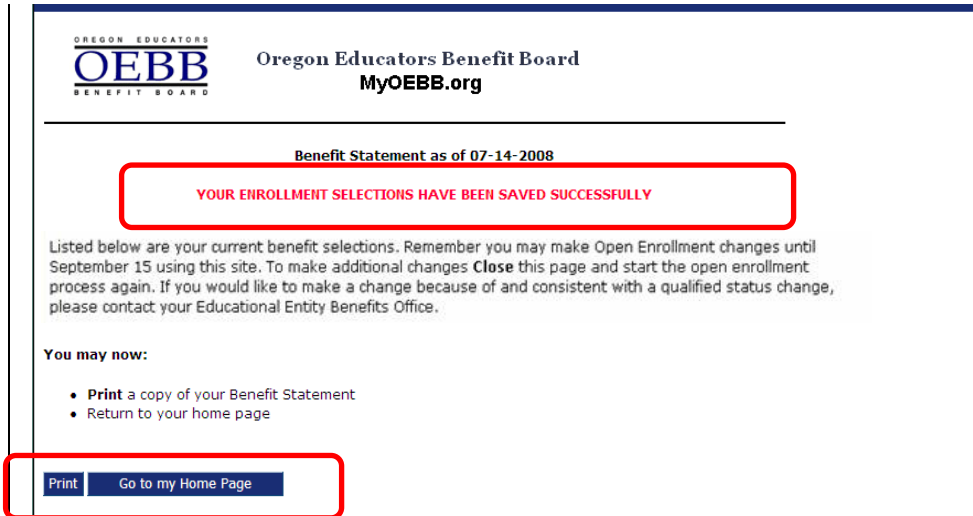
Now you'll see a prompt that informs you that you are about to make authorizations for payroll deductions (if applicable based on entity contributions).

Provided you do not make any further Open Enrollment Changes, these are the benefits that will go into effect on October 1, 2008.



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.

