

Your Benefits Depend on You

Retiree

Open Enrollment

NEXT

PUBLIC EMPLOYEES'
PEBB
BENEFIT BOARD

The graphic features a black header with the text 'Your Benefits Depend on You' in white. Below this is a white area with a large, bold, black serif font for the word 'Retiree'. To the left of 'Retiree' is a vertical, textured, wavy pattern. In the bottom right corner of the white area is a small red-bordered box containing the word 'NEXT' in black. The bottom of the graphic is a black bar with 'Open Enrollment' in white serif font on the left and the PEBB logo on the right. The PEBB logo consists of the words 'PUBLIC EMPLOYEES'' in small letters above 'PEBB' in large bold letters, with 'BENEFIT BOARD' in small letters below.

This message gives general information on coverage of dependent children in PEBB benefits. It runs about one minute. It is not tax advice.

Retiree

Enrolled retirees may change their elections

- During the plan change period
- Period runs Oct. 1-31, 2009
- Send an enrollment form to
BenefitHelp Solutions by
Oct. 31.

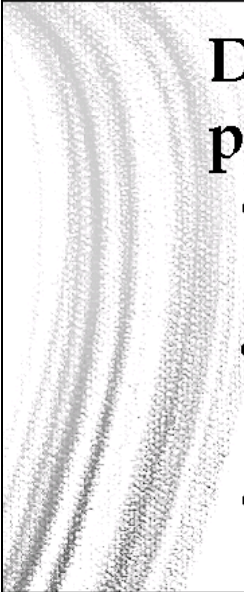
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PEBB describes dependent children as follows:

A child to age 19 who is your child by biology, adoption, placement for adoption, or affidavit of dependency



During the plan change period, you may

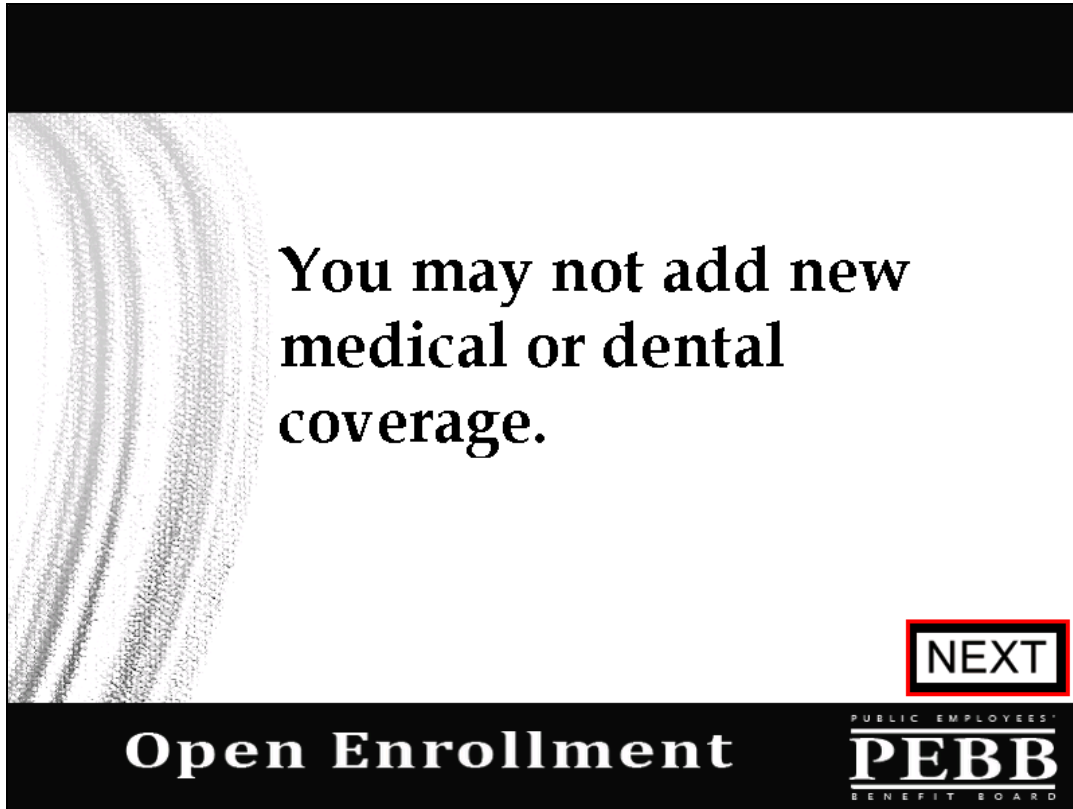
- Drop medical or dental coverage
- Change your choice of medical or dental plan
- Drop coverage for dependents

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A child to age 19 who is your spouse' or domestic partner's child by biology, adoption, placement for adoption, or affidavit of dependency

A graphic with a black top and bottom border. The left side features a vertical, textured, wavy pattern. The main text is in a bold, serif font. At the bottom, there is a logo for PEBB (Public Employees' Benefit Board) and the word 'NEXT' in a red-bordered box.

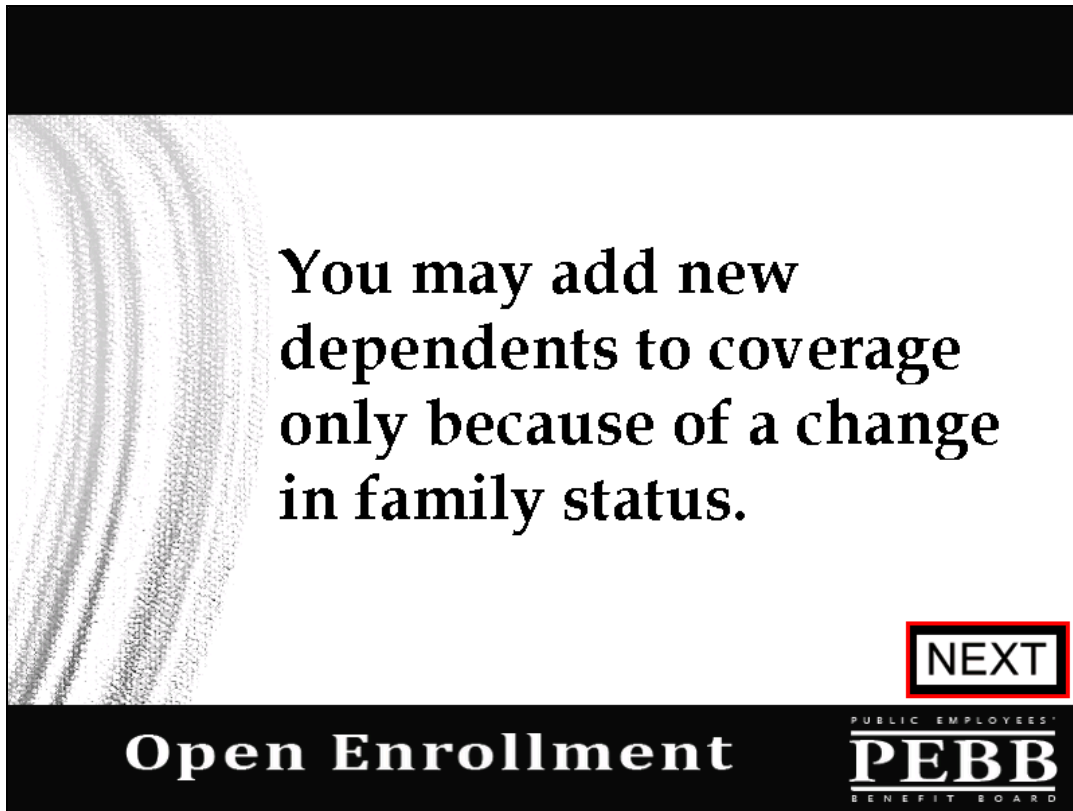
**You may not add new
medical or dental
coverage.**

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You may cover a child in the 19 up age 24 age range only if you certify during Open Enrollment that you expect the child will meet these requirements during the coming plan year.



You may add new dependents to coverage only because of a change in family status.

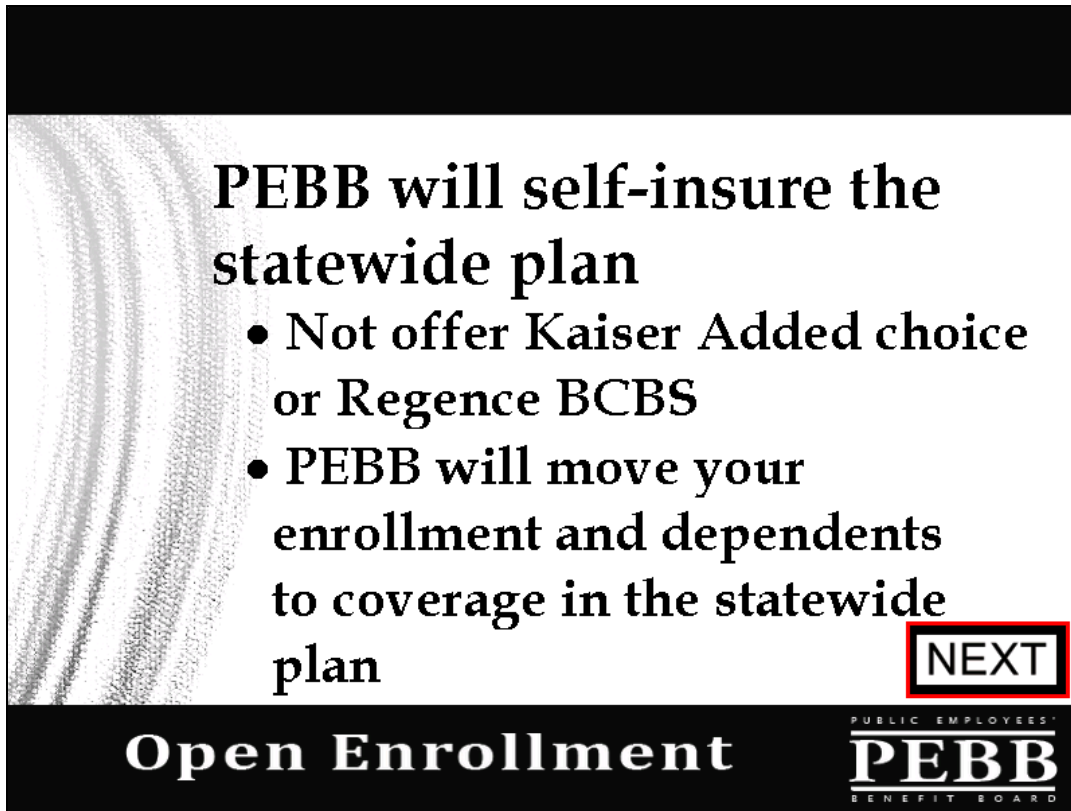
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The graphic features a background of white, wavy, textured lines on the left side. The text is centered in a bold, black, serif font. The logos are positioned in the bottom right corner of the graphic area.

You may cover a child in the 19 up age 24 age range only if you certify during Open Enrollment that you expect the child will meet these requirements during the coming plan year.

A graphic with a white background and a black border. On the left, there is a vertical, textured grey area. The main text is in black. At the bottom, there is a black bar with white text and a logo.

**PEBB will self-insure the
statewide plan**

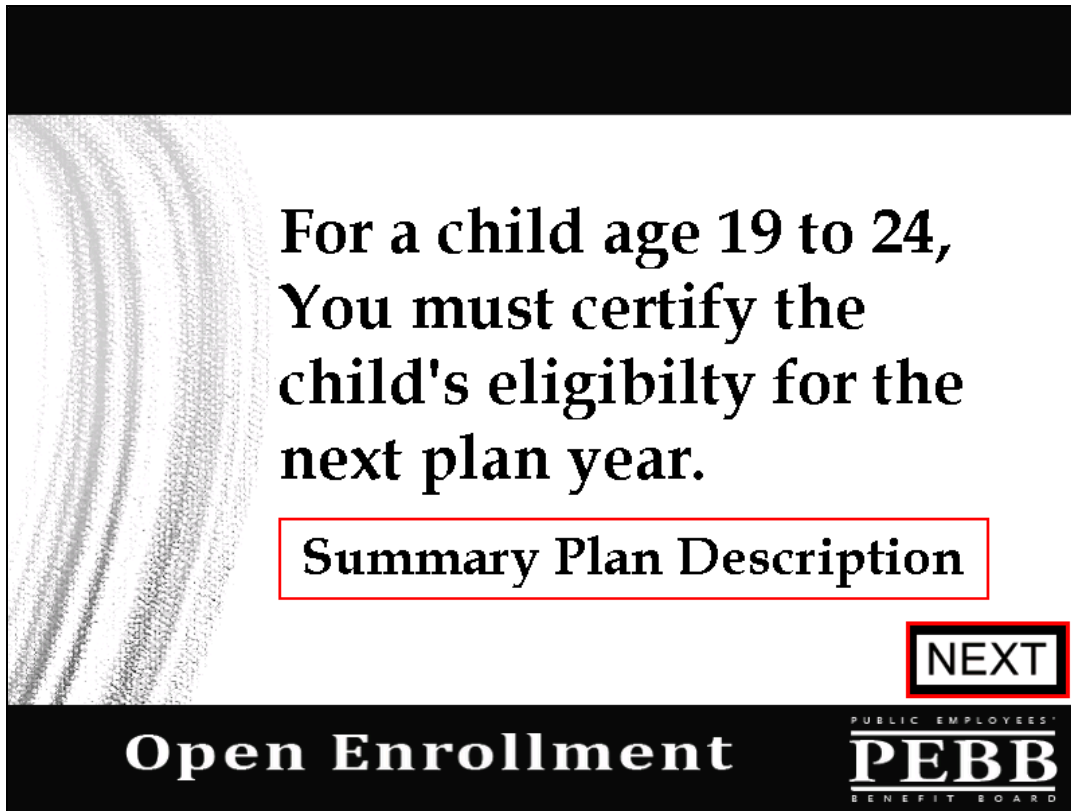
- **Not offer Kaiser Added choice
or Regence BCBS**
- **PEBB will move your
enrollment and dependents
to coverage in the statewide
plan**

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A child who meets the previous requirements but who will be age 19 to 24 in the coming plan year and you expect the child will meet IRS and PEBB requirements as a dependent child.



**For a child age 19 to 24,
You must certify the
child's eligibilty for the
next plan year.**

Summary Plan Description

PEBB
PUBLIC EMPLOYEES'
BENEFIT BOARD

Open Enrollment

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The graphic features a background of white, wavy, textured lines on the left side. The text is centered and bold. The 'PEBB' logo is in the bottom right corner, with 'PUBLIC EMPLOYEES'' and 'BENEFIT BOARD' in smaller text above and below it. The words 'Open Enrollment' are in a large, bold font at the bottom left. A red-bordered box contains the word 'NEXT' in a bold, sans-serif font.

You may cover a child in the 19 up age 24 age range only if you certify during Open Enrollment that you expect the child will meet these requirements during the coming plan year.

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**Individuals lose eligibility
for PEBB plans when they
become eligible for
Medicare.**

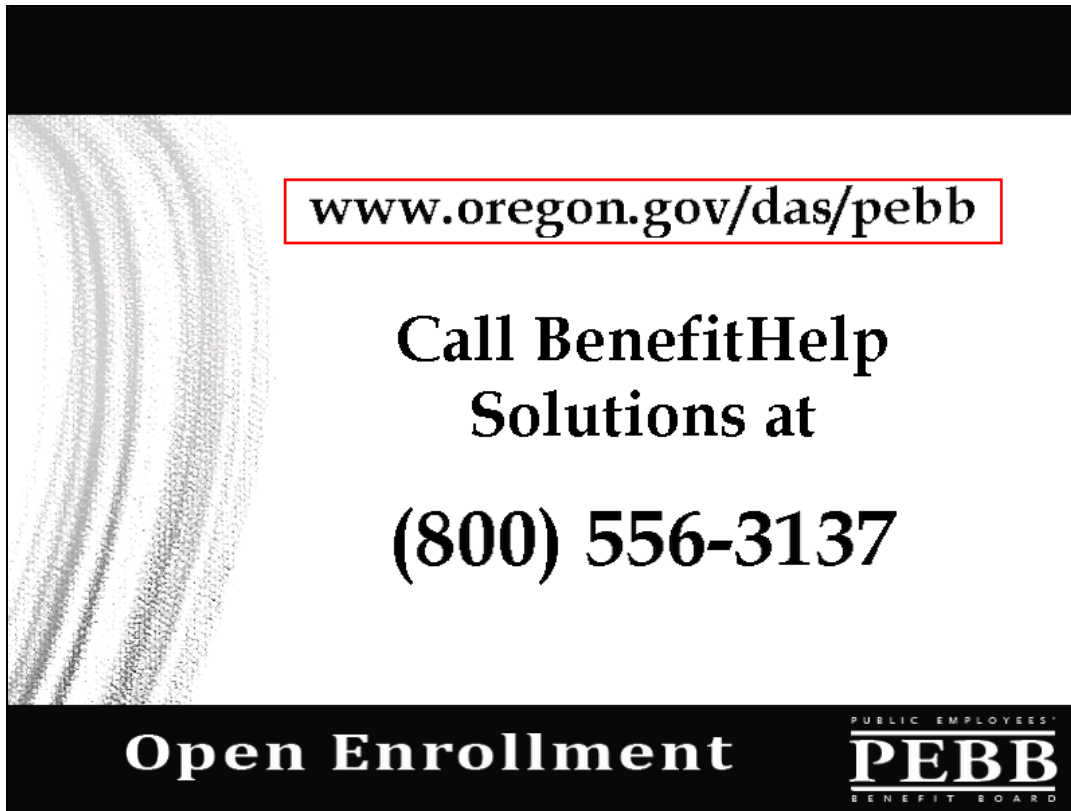
***Individuals you covered through
PEBB may continue coverage**

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PEBB rules also allow you to continue coverage for a child age 19 or older who is incapable of self-support for medical reasons. Special requirements apply.



www.oregon.gov/das/pebb

**Call BenefitHelp
Solutions at
(800) 556-3137**

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Learn more about covering dependent children in PEBB's summary plan description and administrative rules. Both are available on PEBB's Web site. The Web site also includes certification and affidavit forms.