
Open Enrollment Oct. 1-31, 2009

Mandatory Medical Enrollment



This PEBB Webinar on Open Enrollment is intended for agency and university staff who are responsible for administering employee payroll and benefits. It discusses the three things eligible employee must do during Open Enrollment, October 1 through 31, 2009: they must enroll in a 2010 medical plan; they must enroll in an FSA if they want one for 2010; and they must certify eligibility of dependents age 19 to 24 they want to cover in 2010.

Mandatory Medical Enrollment means

- All **must** choose a 2010 medical plan
- No matter which plan they currently have
- Including opt out



Open Enrollment for 2010 benefits is a Mandatory-medical Open Enrollment. This means all eligible employees **must** choose a medical plan for 2010. This applies no matter which medical plan the employee has in 2009. This includes opt out. Opt out is considered a choice of medical plan.

Two Plans Not Available in 2010

- Regence BlueCross BlueShield
 - Kaiser Permanente Added Choice
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For 2010, the Board will not offer the Regence BlueCross BlueShield medical plan and the Kaiser Permanente Added Choice medical plan.

Medical Plans for 2010

- PEBB's Statewide Plan, all areas
 - Providence Choice, Portland metro area
 - Kaiser Permanente HMO, plan's service area
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For 2010, the Board offers PEBB's Statewide Plan in all areas, Providence Choice in the Portland Metro area, and the Kaiser Permanente HMO in the Kaiser service area. Zip codes determine the Kaiser service area; members' home and work zip codes determine if they are in the service area. Providence Health Plans administers PEBB's Statewide Plan, which is a PPO plan with a network of providers. It is not the same as Providence Choice.

Why Mandatory Medical Enrollment?

- PEBB mission, vision, program integrity
- All 2009 *medical* enrollments end 12/31/09
- All eligible employees must enroll in medical during Open Enrollment



Enrolling all employees supports the Board's mission, vision and integrity of the benefit program. This means PEBB will terminate enrollment in all 2009 medical plans, including opt out, effective December 31, 2009, and all eligible employees must enroll for medical coverage during Open Enrollment.

Consequences

Employee failure to act

- Automatically enrolled in Statewide Plan
 - Employee-only tier
 - Effective Jan. 1, 2010
 - No break in coverage
 - Dependents lost coverage Jan. 1, 2010
 - “Dependents” include spouse, domestic partner
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Employees who do not choose a 2010 medical plan during Open Enrollment will face consequences. PEBB will automatically enroll these individuals in the employee-only tier of PEBB’s Statewide Plan effective January 1, 2010. This will ensure they have no break in coverage. However, their dependents will lose coverage beginning that date. In this case, dependents includes and employee’s spouse or domestic partner.

Consequences

Employee failure to certify

- Must certify dependents age 19 to 24
- Those not certified lose coverage beginning Jan. 1, 2010



During Open Enrollment, employees must certify eligibility for dependents who will be age 19 to 24 on or before January 1. If the employee does not certify eligibility for these dependents, the dependents will lose coverage beginning January 1, 2010.

Consequences

Those who lose coverage

COBRA Notice

- Mailed before end of November
- To employee contact address
- Includes end-date

Letter from BHS

- As above
 - Options for continuing coverage
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COBRA Notices will be mailed to individuals terminated from coverage because a member's failure to act during Open Enrollment resulted in the member being enrolled in the employee-only tier of PEBB's Statewide Plan. BenefitHelp Solutions (BHS) will mail a letter to individuals for whom the member terminated coverage during Open Enrollment.

Action to Remedy Loss of Coverage

- **Nov. 16-Dec. 31, 2009**
 - Special form to agency
 - Agency data entry
 - Statewide Plan, only choice
 - Effective Jan. 1, 2010
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Employees who fail to enroll in a medical plan during Open Enrollment may remedy loss of dependent coverage November 15 through December 31. They can do this by submitting a special form to their agency, and agency staff must enter the employee's data into pebb.benefits. This coverage through the employee's enrollment in the Statewide Plan will begin January 1, 2010. No other changes or additions are allowed.

Action to Add Dependent Coverage Failure to act, Failure to remedy

- Update form to agency
 - Agency data entry
 - ***Not retroactive to Jan. 1, 2010***
 - Effective first of month after submission
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Employees who fail to enroll in a medical plan during Open Enrollment **and** fail to remedy their inaction may add eligible dependents coverage in the new plan year. They can do this by submitting a medical and dental update form to their agency, and the agency must enter the data into the employee's record. **The coverage is not retroactive to January 1, 2010.** The coverage goes into effect the first of the month after the employee submits the form.

Opt Out

New this year

- Proof of other coverage to agency
 - Within five days of enrollment
 - Plan ID card, notice from employer
 - *Not Medicare, Medicaid, TRICARE, VA*
- Consequences
 - Move to Statewide Plan
 - Employee-only tier
 - Opt out terminates

New this year: Employees who opt out must provide the agency with proof of the other employer-sponsored group insurance that allows them to elect opt-out. They must provide this proof within five days of enrollment. They may provide an ID card from the employer's plan or a notice from the employer. Other group employer coverage does not include Medicare, Medicaid, TRICARE or VA Health Administration coverage. If the employee does not provide this proof within five days of enrolling, PEBB will move the employee to the employee-only tier of the Statewide Plan and will terminate the opt out election.

Seasonal Employees

- Currently working: enroll during Open Enrollment
- Returning: enroll with reinstatement



Seasonal employees working during Open Enrollment must enroll for a 2010 medical plan. Seasonal employees who return to work after October must have the opportunity to enroll in a medical plan for 2010 when the agency reinstates previous coverage.

Protected Leaved

- Active military duty, FMLA, CBIW
- Provide notice
- Enroll in 2010 medical plan



Employees on protected leave status must have an opportunity to enroll during Open Enrollment. Provide a notice for these employees and assist them with an opportunity to enroll.

New Hires

- October, November, December
- Must enroll for 2009
- Must enroll for 2010

Employees newly hired and eligible in October, November and December must enroll for coverage in 2009 and enroll in a 2010 medical plan and make any other choices for 2010.

Dental Plans

- Current plans continue in 2010
 - ODS Preferred & Traditional
 - Kaiser Permanente, in plan's service area
 - Willamette Dental, in plan facilities
- Employees may change plan and tier
- Current enrollment rolls forward

For 2010, the Board continues to offer the current dental plans: ODS preferred and traditional plans; Kaiser Permanente Dental in the plan's service area, and Willamette Dental for those who have access to the plan's facilities. During Open Enrollment, employees may change their dental plan or tier. Current enrollment rolls forward in 2010 for those who make no changes.

Optional Benefits

- Current insurance plans continue in 2010
- Three LTD options have rate decrease
- Employees may enroll & make changes
- May require medical history
- Current enrollment rolls forward

The Board has made no changes to optional insurance plans for 2010. Three long term disability options will have a decrease in premium rate. These are the 90 and 180 day waiting periods at 60 percent and the 180 day waiting period at 66 and 2/3 percent. Employees may enroll in or make changes to their optional benefit elections during Open Enrollment. Some elections and changes may require that the employee submit a medical history to the insurance company; these elections and changes go into effect only after approval by the insurance company. Otherwise, an employee's current elections roll forward into 2010, with the except of flexible spending accounts.

Flexible Spending Accounts

- \$20 minimum monthly contribution
- Annual tax-favored accounts
- Require annual enrollment
- ***Current accounts do not roll forward***



The Board continues to offer healthcare and dependent care flexible spending accounts for 2010. It has increased the minimum monthly contribution to \$20. FSAs are annual, tax-favored accounts an employee may establish during Open Enrollment for the coming plan year. An employee who wants an FSA in 2010 must enroll in the account during Open Enrollment. This applies even if the employee currently has an FSA for 2009. Current enrollment in an FSA does not roll forward into 2010.