

Benefit Fraud or Abuse

Rights of the Medical Plans

Your medical plan has the right to investigate fraudulent or abusive use of your plan benefits. Your plan will notify you of an investigation. If the plan identifies what may be fraud or abuse by a member, it may cancel the member's coverage. If the plan identifies what may be fraud or abuse by one of your dependents, the carrier may remove the individual from coverage.

You will receive notification prior to cancellation or removal from coverage. You have the right to appeal the plan's action through the plan's appeal process. In some cases removal from a plan may be a qualified midyear plan change, contact your payroll or benefits office for more information.

Rights of PEBB

When you enroll in any PEBB benefits, you declare that you:

- Are eligible for the coverage requested on the enrollment form or in your online benefit record, as are the individuals you list for coverage
- Understand the benefit elections you make are in effect for as long as you continue to meet PEBB's eligibility requirements or until you elect to change them subject to the provisions of PEBB's plan
- Have read the benefit materials and understand the limitations and qualifications of the PEBB benefits program.
- Authorize premium payments to be deducted from your pay

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages.

Appeals

PEBB accepts only eligibility and enrollment appeals. This includes enrollment errors, or missed enrollment timelines.

You must appeal benefit plan decisions directly to the plan. Follow the appeal rights and procedures in the plan's member handbook (sometimes called certificate or evidence of coverage). If you ask PEBB to review the plan's determination, PEBB will verify only that the plan's determination was within the scope of the current plan contract or request that the plan provide you more explanation of its determination. If it appears that the plan's determination is outside the scope of the contract, PEBB will ask the plan to review your appeal again.

PEBB Appeal Process

Step 1. If you believe you received an incorrect or unfair denial regarding eligibility or enrollment, you may request a review by a PEBB Analyst.

- Submit a completed Appeal Form (available from your agency, the PEBB Web site or PEBB) to PEBB. Include any supporting documentation.
- A PEBB Analyst will review your appeal and notify you of a decision within 45 days of receiving your request. You will receive notice if your issue will require more than 45 days.

State of Oregon
Public Employees' Benefit Board Summary Plan Description

Step 2. If you believe the decision from the Analyst is incorrect or unfair, you may request a review by the PEBB Plan Design Manager.

- You must submit this request in writing within 45 days of the date of the determination letter. Include any additional supporting documentation.
- The PEBB Plan Design Manager may review your case or forward your request to the PEBB Administrator or designee for review and a determination.

In either situation,

- You will receive a written determination and explanation within 30 days of the Plan Design Manager receiving your case review request.

Step 3. If you believe a determination made by the Plan Design Manager is incorrect or unfair, you may request a review by the PEBB Administrator or designee.

- You must submit this request in writing within 30 days of the date of the determination letter. Include any additional supporting documentation.
- The Administrator or designee may review your case or forward your request to the PEBB Operations Subcommittee for review and a determination.

In either situation,

- You will receive a written determination within 30 days of the Administrator or designee receiving your review request, or within 30 days after the next regularly scheduled meeting of the Operations Subcommittee.

Step 4. If you believe a determination made by the Administrator or designee is incorrect or unfair, you may request a review by the PEBB Operations Subcommittee.

- You must submit this request in writing within 30 days of the date of the determination letter. Include any additional supporting documentation.
- The Operations Subcommittee may review your case or, with approval of the Chair, may forward your request to the full Board for review and a decision.

In either situation,

- You will receive a written determination within 30 days after the next regularly scheduled meeting of the Subcommittee or the Board.

Step 5. If you believe a determination made by the PEBB Operations Subcommittee is incorrect or unfair, you may request a review by the Board.

- You must submit this request in writing within 30 days of the date of the determination letter. Include any additional supporting documentation.
- You will receive a written determination within 30 days after the next regularly scheduled meeting of the Board.

Step 6. You may appeal the PEBB's decision under the Oregon Administrative Procedures Act, ORS Chapter 183. You will receive notice of the status of the request for reconsideration within 15 days of receipt of the request by the reviewing entity.