

State of Oregon
Public Employees' Benefit Board Summary Plan Description

P.O. Box 67240, Portland, Oregon 97268-1240 • Phone: 800-556-3137 or 503-765-3581 • Fax: 503-765-3453

For specific information related to your plan's administration of the ARRA Premium Reduction or to notify the plan of your ineligibility to continue paying reduced premiums, contact BenefitHelp Solutions at 503-765-3581 or 800-556-3137 or via mail at P.O. Box 67240, Portland, OR 97268-1240

If you are denied status as an "Assistance Eligible Individual" you may have the right to have the denial reviewed. For more information regarding reviews or for general information about the ARRA Premium Reduction State and local government employees should contact HHS-CMS at: www.cms.hhs.gov/COBRAContinuationofCov/ or NewCobraRights@cms.hhs.gov..

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse or domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a PEBB plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact PEBB at (503) 373-1102, or e-mail inquiries.pebb@state.or.us.