MyOEBB Benefits
New Hire Enrollment Guide

OREGON EDUCATORS
OEBB
BENEFIT BOARD

Once you enroll in New Hire Benefits, no plan changes can be made until the next Open Enrollment period unless you experience a Qualified Status Change (QSC)*.

*Please see your entity regarding a QSC.

BENEFITS

Welcome to MyOEBB!

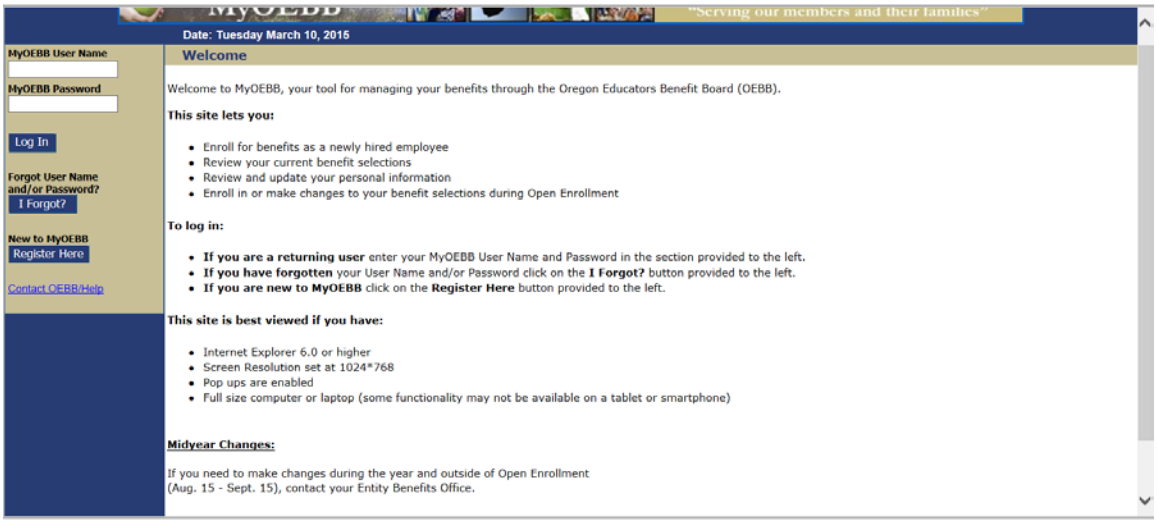
Checklist for Enrollment

- ☐ Your E Number or SSN
- ☐ Birth Dates of benefit eligible family members
- ☐ Plan Choices for Health Care Benefits and Optional Benefits
- ☐ 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



If you are new to MyOEBB:

Click

if you are new to MyOEBB. MyOEBB identifies your membership and leads you through setting up two security questions, a User Name, and Password.

As a new user, you will need to provide the following information to identify yourself:

- First name as it appears on your Pay Check
- Last name as it appears on your Pay Check
- Date of birth
- ID Type you wish to use to register. You may use your:
  - Social Security number
  - OEBB Benefit Number that begins with the letter "E"

If you are a returning member to MyOEBB:

Note: If you have enrolled before with another entity you user name and password stays the same.

Enter your MyOEBB User name and MyOEBB Password: Click "Log In" Log In

If you have Forgot User Name and/or Password click on the I Forgot button. I Forgot?

If you have forgotten your User Name and/or Password you will need the following information to identify yourself:

- First name as it appears on your Pay Check
- Last name as it appears on your Pay Check
- Date of birth
- Select types of ID you wish to use. You may use your:
    - Social Security number
    - OEBB Benefit Number that begins with the letter "E"

If you have any difficulties with your log in please contact your Employing Entity or contact OEBB at 1-888-469-6322 for assistance.

Beginning the Enrollment Process

During the initial New Hire Enrollment process you have 31 days to make your selections. Once you have made your selections and they have been verified and saved those selections will stay in effect until the next Open Enrollment period or until you experience a Qualified Status Change (QSC) event such as marriage, birth, change of employment, or other family event. Contact your employing entity within 31 days if you feel you have had a qualifying event.

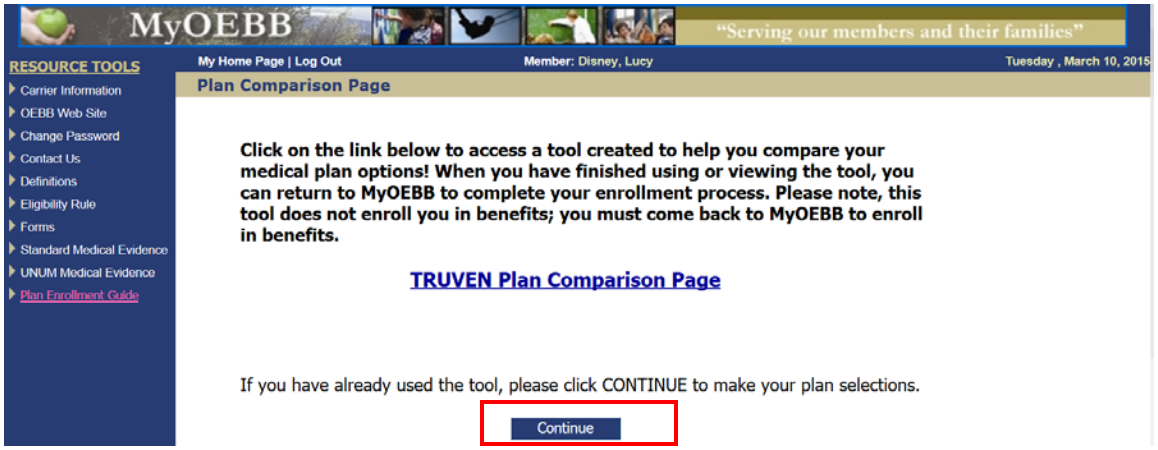
Follow these steps to complete the Enrollment Process

After you log into MyOEBB, you first must click on the TRUVEN Plan Comparison Page link.

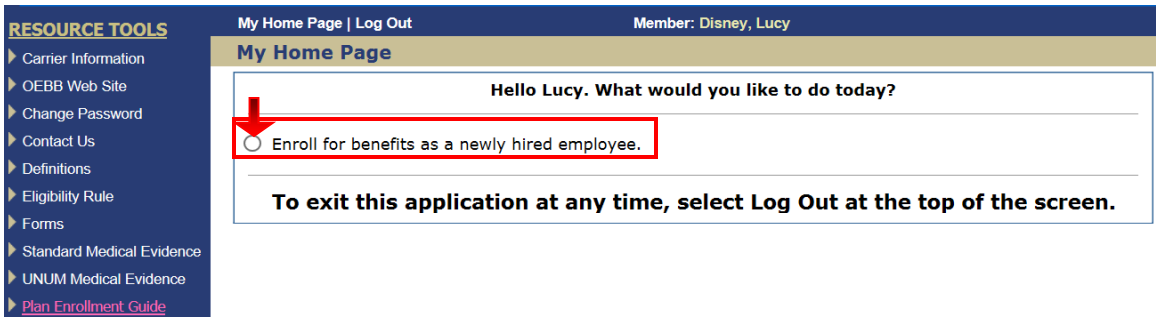
Plan Comparison Tool

On the page below is an example of a link that will take you to a plan comparison tool which will help you select the medical plan that best meets the needs for you and your family. Please use this tool to explore the medical plan choices available to you through your entity. The tool will open up in a pop-up window and MyOEBB Member Module will still be open in the background.

Note: The TRUVEN tool **does not** enroll you in your New Hire benefits.



Once you have completed the TRUVEN Plan Comparison Tool, close the page and you will come back to the above page. Click the **Continue** button.



Ready to start your new hire benefits select "Enroll for benefits as a newly hired employee"

Click Save & Continue.

Enrollment Steps

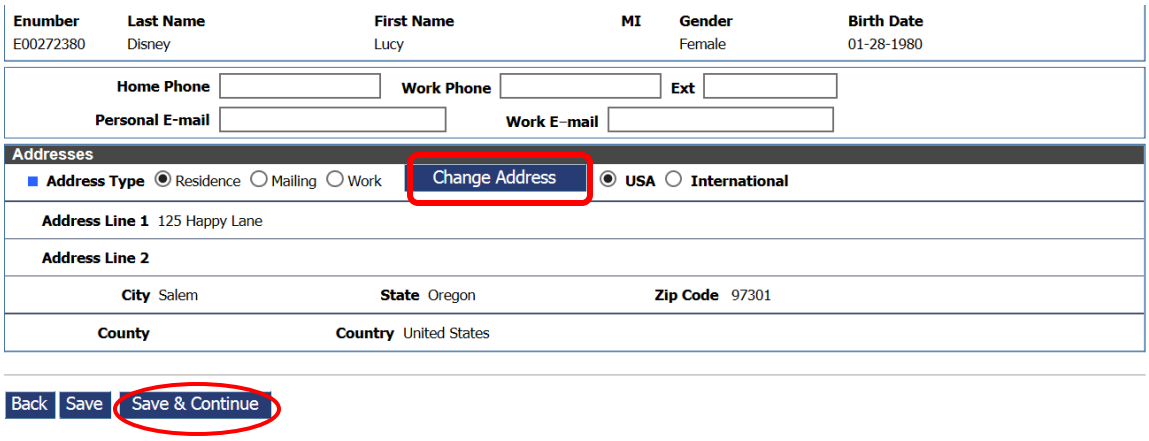
During the Enrollment process you can review and update your personal information, add dependent, complete the Dependent Eligibility Verification, enter subscriber/dependents ethnicity, race and Medicare eligibility information, enroll for health care benefits, enroll for optional benefits and you can review and save your selections as your go through the process.
All of these options are available on the left side Resource Tools menu.

Click the **Continue** button.

Verifying Personal Information

You are now ready to verify and/or update your personal information. This includes your home phone, work phone, personal e-mail, work e-mail and residence address. Under Address Type; your mailing and work address are optional. To update your address click on "Change Address" and enter your correct address or simply update your phone numbers or e-mail. You must click on each address type that you wish to update. Click "Save & Continue".

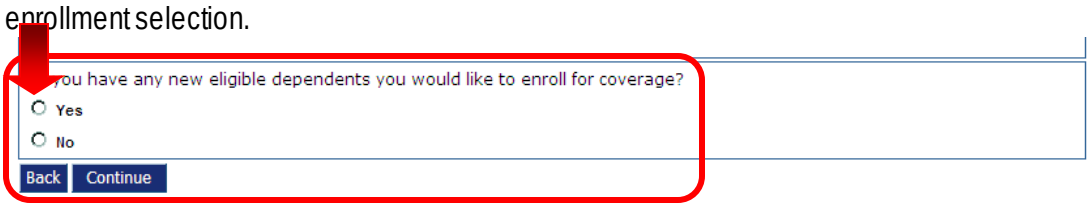
Note: If you find your name, gender or birth date is incorrect contact your Entity Benefits Office to correct.



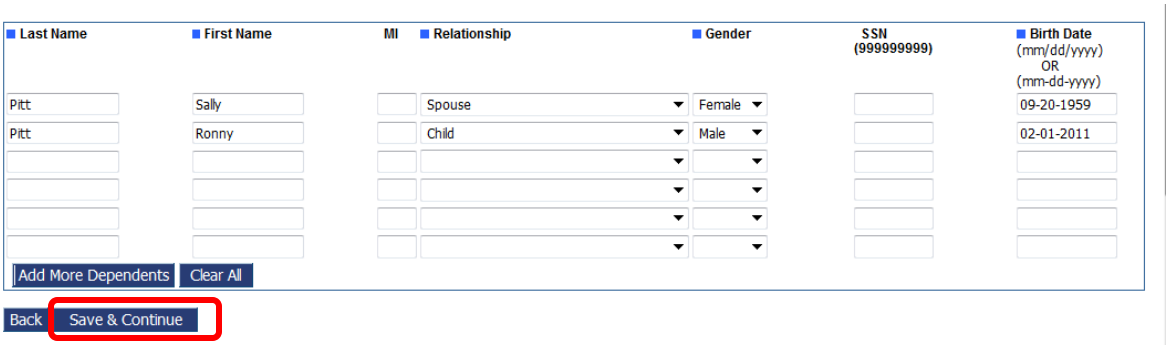
Adding Dependents

Add your eligible dependents during this Enrollment if they are not already in MyOEBB. Eligible dependents include spouse, domestic partner, and children.

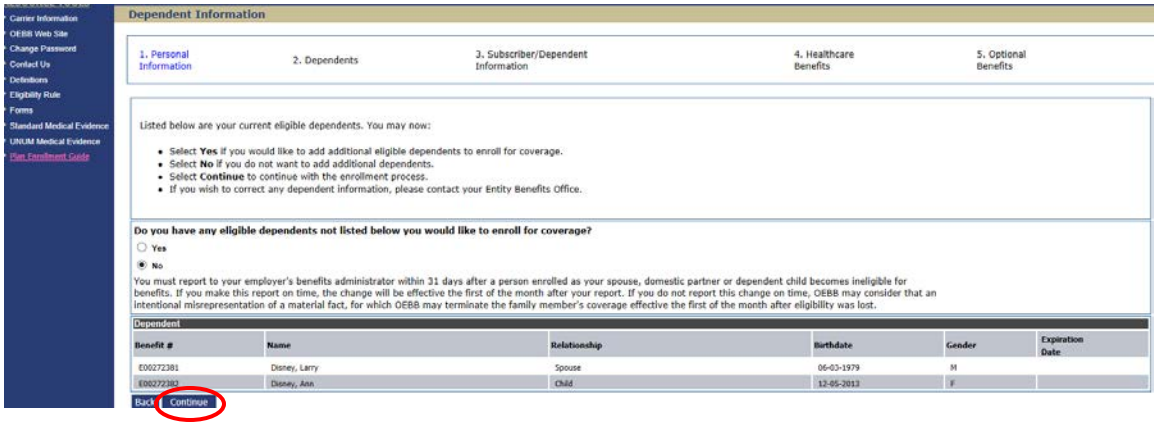
Remember, even if you add them here you will need to also check the dependents during the plan enrollment selection.



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



Dependent Information

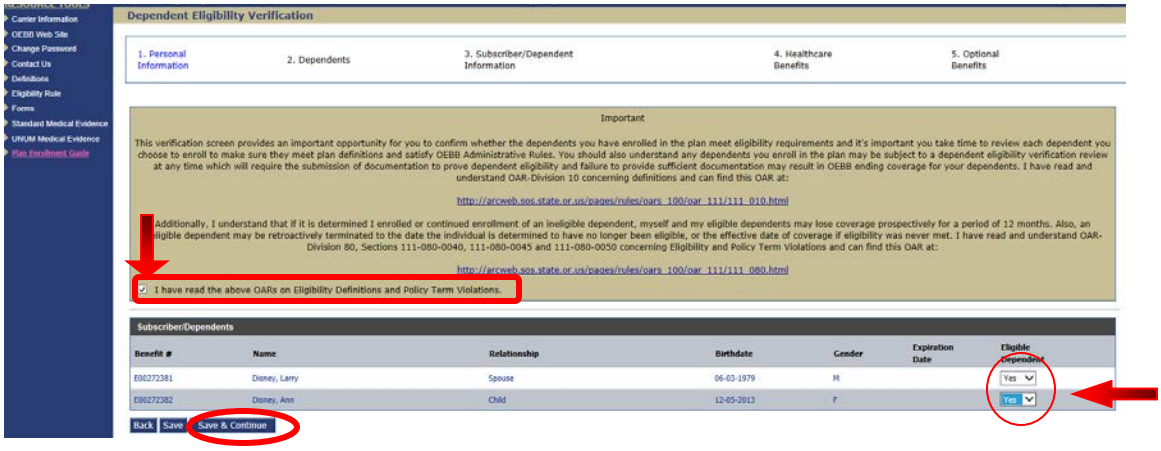


Medicare Eligible Dependent Healthcare Information

This screen will only open if your dependent is over age 45. Check if the Medicare eligiblity question is answered correclty for this dependent. Enter your dependent SSN number or if you do not want to give a response check "No Response".

Dependent Eligibility Verification

Please review your dependents and make sure only eligible dependents are enrolled on your benefit plan. By answering "YES" to the question below and check marking the statement you are confirming your dependents meet eligibility standards for the plan year.



If you plan to enroll your eligible dependent on your plan benefits you must click the drop down to "Yes" or they will not show when you make your plan selections

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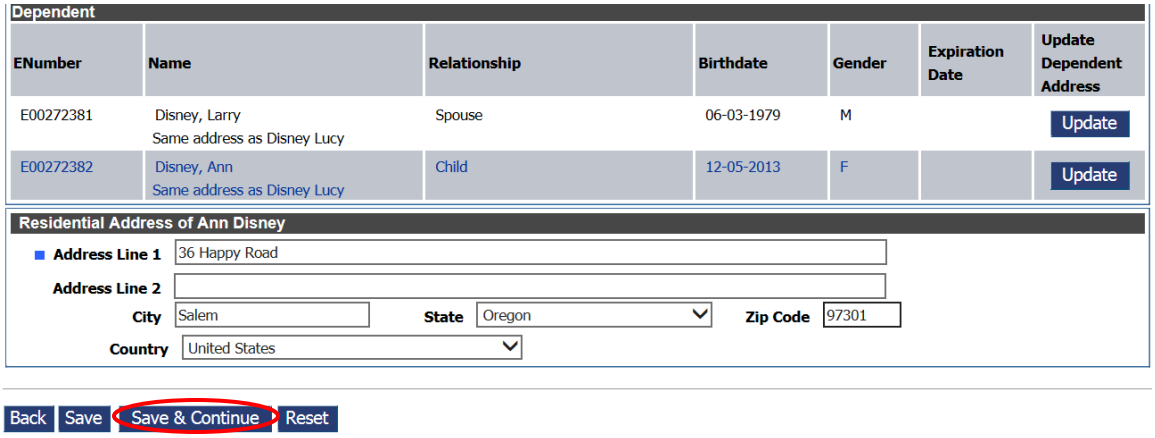
Click "Save & Continue"

Dependent Address

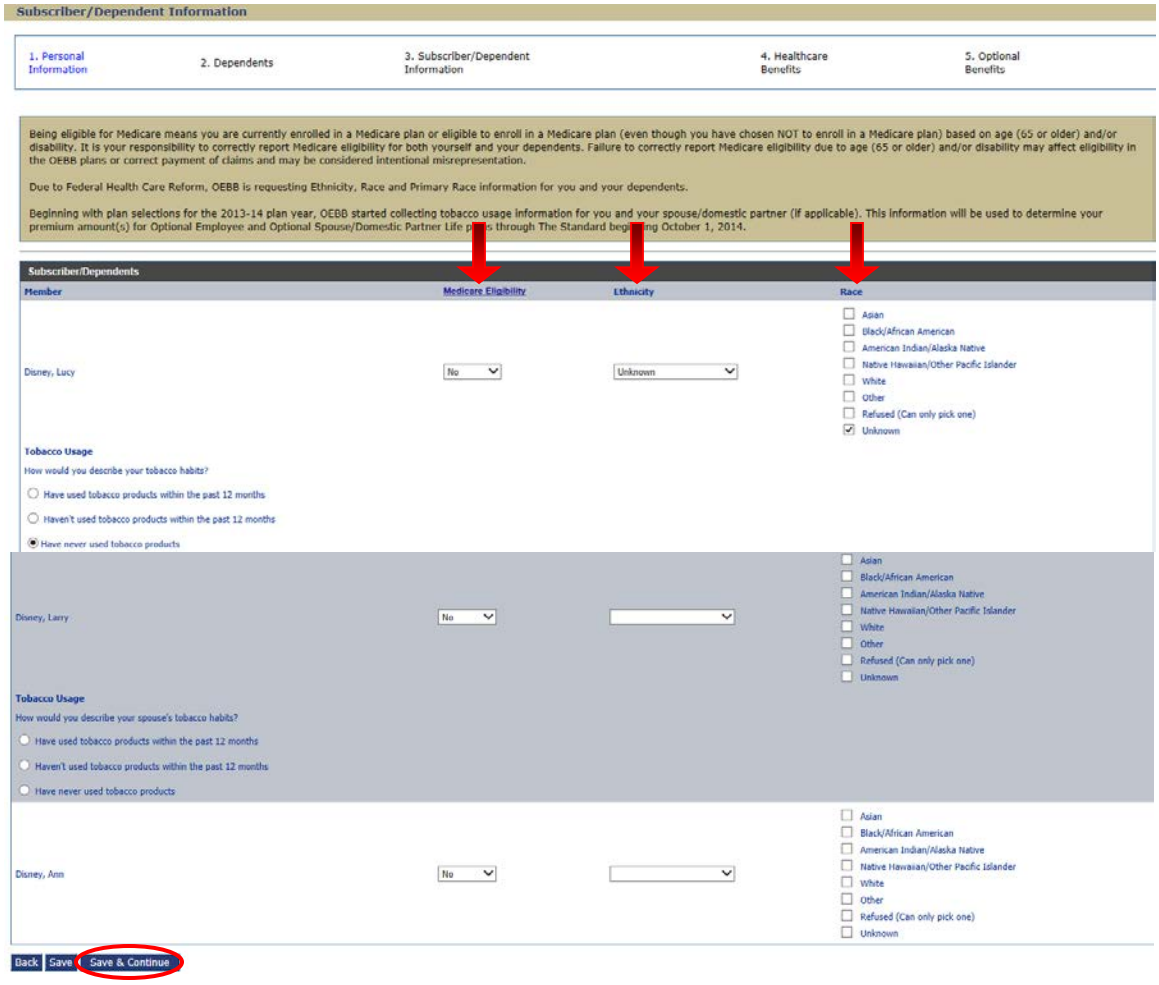
To ensure your dependents are in the appropriate network please update their address to reflect where they currently live. If your dependent(s) live outside your residence go to Update Dependent Address and Click "Update".



Update your dependent address and Click "Save & Continue". If your dependent lives with you, no action is necessary so click "Save & Continue".

Subscriber/Dependent Information

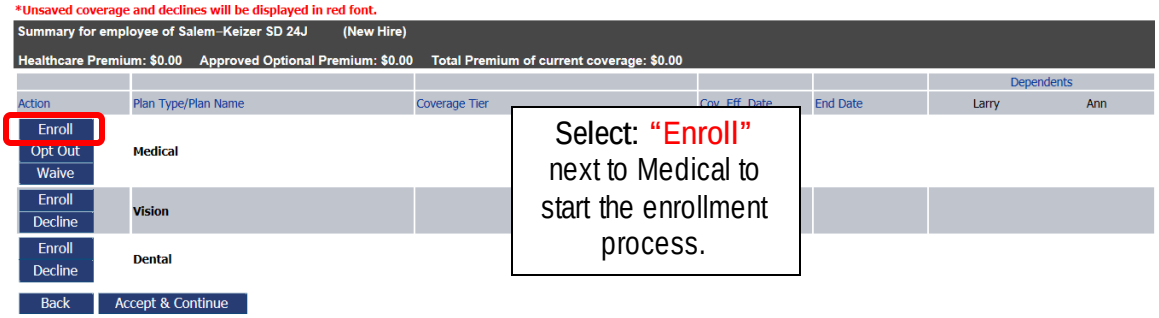
Complete Medicare Eligibility, Ethnicity, Race and Tobacco usage questions for yourself and your eligible dependents.



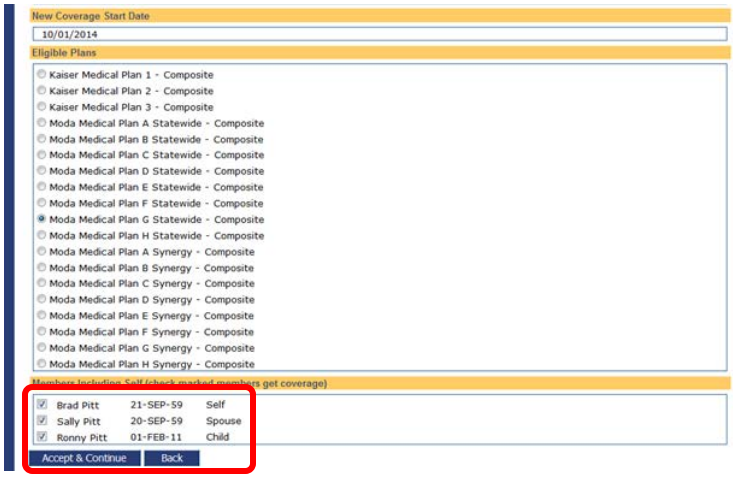
Click "Save & Continue"

Enrolling in Medical, Vision, and Dental Benefits

It is now time to enroll in Medical, Vision, and Dental benefits. Depending on your group's rules and options, you may choose to **Opt Out** of Medical coverage, but you may need to provide proof of other group insurance or you may **Waive** your medical coverage. Contact your Benefits Office for your opt out or waive options and rules.



To start your enrollments, click **Enroll** to enroll in the Medical plan.



Click the radio button of which plan and also make sure to check each dependent you want to cover.

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".

PLEASE VERIFY YOU HAVE SELECTED THE CORRECT PLAN AND THE APPROPRIATE DEPENDENTS HAVE COVERAGE FOR THE PLAN YEAR.

You're returned to the **Benefits** window. Now, you can enroll in Vision and Dental by following the same process as above.

If needed, click the **Change** button to change your benefit selections. If all of your selections look good, click "Accept & Continue".

12-month Waiting Period/Late Enrollee

If you do not enroll yourself or any eligible dependent in dental or vision when initially eligible, then choose to enroll during an Open Enrollment period, whoever is being added to the coverage will be considered a "late enrollee". Late enrollees are subject to a 12-month waiting period on all dental and vision plans, meaning only diagnostic and preventive care on the dental plans and routine eye exams on the vision plans will be covered for the first full 12 month of coverage.

Enrolling in Mandatory and Optional Benefits

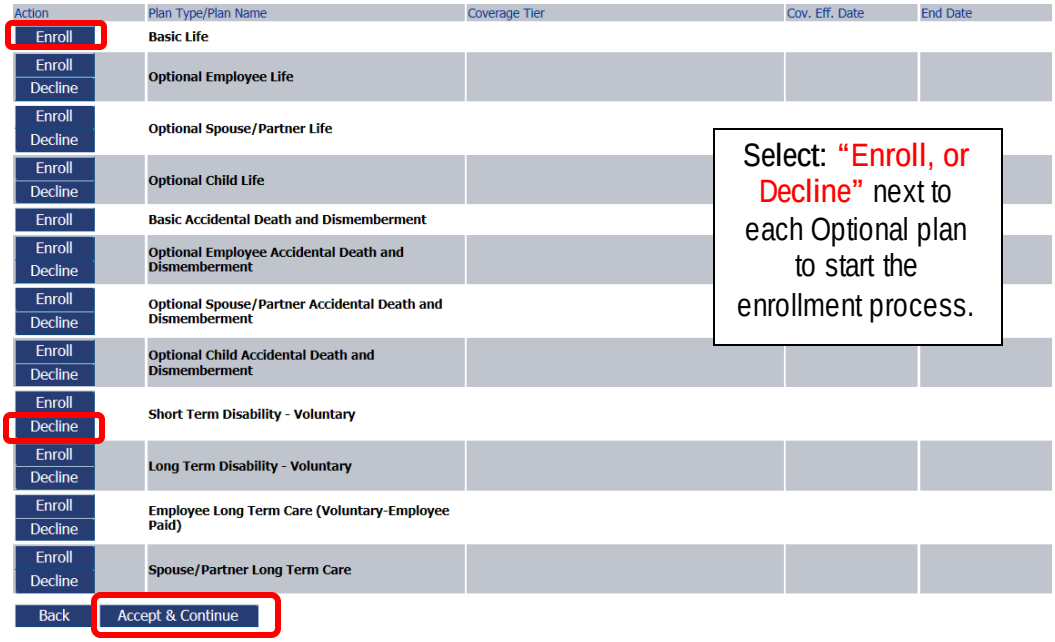
It is now time to enroll in Mandatory and Optional plans if selected by your entity.

Optional Benefits Selections:

Select "Enroll" next to the optional benefit you want, and choose your coverage amount. Continue through each optional benefit. For any plan you do not want, you will need to click on the "Decline" button. Contact your Benefits Office if you have questions regarding the plan selections.

Mandatory Benefits Selections:

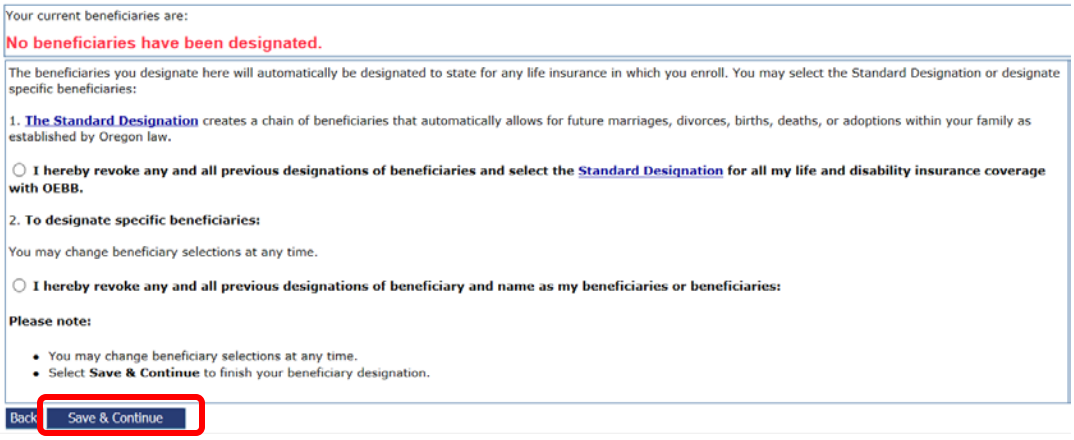
Select "Enroll" next to the each of Mandatory Basic benefit your entity has chosen. These benefits are Mandatory and you must enroll in them. Contact your Benefits Office if you have questions regarding the plan selections.



Once that's done, the screen refreshes to show your current selections. If needed click "Change or Decline" to change your benefit selections. If all of your selections look good, click "Accept & Continue".

Beneficiaries Selections

You may select standard designation or specific beneficiaries.


Your current beneficiaries are:

No beneficiaries have been designated.

The beneficiaries you designate here will automatically be designated to state for any life insurance in which you enroll. You may select the Standard Designation or designate specific beneficiaries:

1. The Standard Designation creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family as established by Oregon law.

○ **I hereby revoke any and all previous designations of beneficiaries and select the Standard Designation for all my life and disability insurance coverage with OEBB.**

2. **To designate specific beneficiaries:**

You may change beneficiary selections at any time.

○ **I hereby revoke any and all previous designations of beneficiary and name as my beneficiaries or beneficiaries:**

Please note:

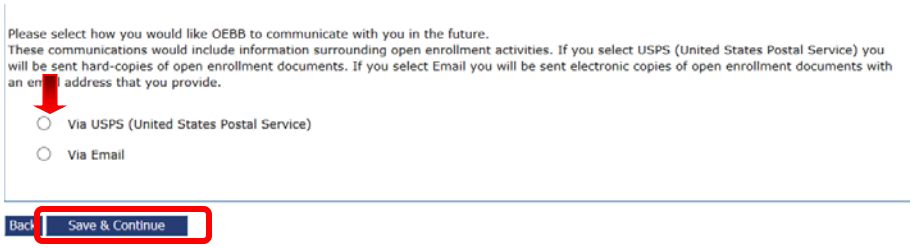
- You may change beneficiary selections at any time.
- Select **Save & Continue** to finish your beneficiary designation.

Back | Save & Continue

Click "Save & Continue"

OEBB Benefits Communications Delivery Option

You may select how you would like OEBB to Communicate with you in the future.


Please select how you would like OEBB to communicate with you in the future.
These communications would include information surrounding open enrollment activities. If you select USPS (United States Postal Service) you will be sent hard-copies of open enrollment documents. If you select Email you will be sent electronic copies of open enrollment documents with an email address that you provide.

○ Via USPS (United States Postal Service)

○ Via Email

Back | Save & Continue

Click "Save & Continue".

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 each of the enrollment categories to go back to the respective sections.

Benefit Statement as of 03-11-2015

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.

Go to my Home Page

Edit **SUBSCRIBER INFORMATION**

Name: Lucy Disney
Address: 125 Happy Lane
Salem, OR 97301

Benefit#: E00272380
DOB: 01-28-1980
Phone: Home
Work
Personal E-mail:
Work E-mail:

You are enrolled in the Employee Assistance Program

Edit **HEALTHCARE BENEFIT ENROLLMENTS**

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date	Dependents Larry	Dependents Ann
Medical Kaiser Medical Plan 1 - Composite	Employee, Spouse & Children	1358.77	04-01-2015		Yes	Yes
Vision Kaiser Vision Plan 5 - Composite	Employee, Spouse & Children	18.06	04-01-2015		Yes	Yes
Dental Kaiser Dental Plan 8/Ortho - Composite	Employee, Spouse & Children	152.79	04-01-2015		Yes	Yes
Total Current Premium		1529.62				

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

Edit **OPTIONAL BENEFIT ENROLLMENTS**

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date
Basic Life Plan 11 Basic Life-$100,000	Employee Only - $100,000	12.20	04-01-2015	
Optional Employee Life **Declined**		0	04-01-2015	
Optional Spouse/Partner Life		0	04-01-2015	

Confirm all your coverages are correct. Click on each of the checkboxes to acknowledge the statement and then click "I agree".

Confirm your Enrollment Selections

I declare the dependents in my OEBB electronic record and I are eligible for the coverages requested. I have read and understand the eligibility rules defined in Oregon Administrative Rule (OAR) Division 10. The full text of this rule can be found here: http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_010.html

I have read and understand OAR-Division 80, Sections 111-080-0040, 111-080-0045 and 111-080-0050 concerning Eligibility and Policy Term Violations and can find this OAR at: http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_080.html

I understand that I have 31 days to notify my employer in the event I experience a Qualified Status Change (QSC) which affects me, or my dependents eligibility. I have read and understand OAR-Division 40 concerning Enrollment and QSC's. The full text of this rule can be found here: http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_040.html

I understand the benefit elections I make in my electronic record are in effect for as long as I continue to meet OEBB's eligibility requirements, or until I elect to change them subject to the provisions of OEBB's plan. I understand I cannot alter my plan selections during the plan year unless I have a QSC; then I am subject to the restrictions of the OEBB QSC's. I have reviewed and understand the Qualified Status Change (QSC) Matrix and can find the matrix at: http://www.oregon.gov/OHA/OEBB/docs/QSCs/QSCMatrix.pdf

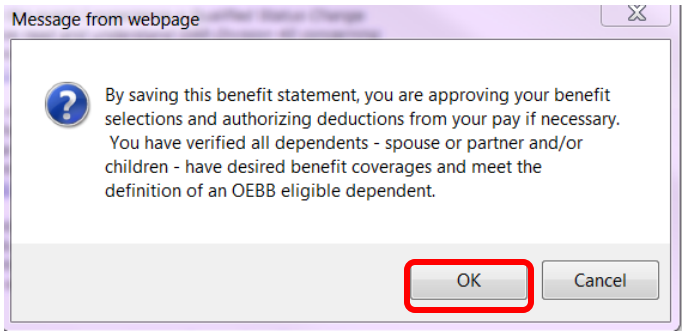
I have read the benefit materials and I understand the limitations and qualifications of the OEBB benefits program. If necessary, I authorize premium payments deducted from my pay, unless I self pay premiums. If I self-pay the premiums, I agree to submit monthly payments by the date specified, or my coverage will terminate. I will not be able to reinstate coverage until the next open enrollment period or may lose OEBB eligibility altogether.

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, or financial responsibility of claims paid during the period of ineligibility..

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 acknowledge that I may be asked in the future to submit documentation to prove the eligibility for dependents I have enrolled in the plan. Selecting "I agree" is the equivalent of my signature.*** I agree

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



Click "OK" to approve your selections.

Your Benefit Summary appears, confirming you have successfully saved your selections.

Benefit Statement as of 03-11-2015

YOUR ENROLLMENT SELECTIONS HAVE BEEN SAVED SUCCESSFULLY

Listed below are your current benefit selections. If you would like to make a change due to a qualified status change, please contact your Entity Benefits Office.

You may now:

- **Print** a copy of your Benefit Statement
- Return to your home page

Print | Go to my Home Page

SUBSCRIBER INFORMATION

Name: Lucy Disney
Address: 125 Happy Lane
Salem, OR 97301

Benefit#: E00272380
DOB: 01-28-1980
Phone: Home
Work
Personal E-mail:
Work E-mail:

You are enrolled in the Employee Assistance Program

*Benefit records were last updated by **Lucy Disney** on **03-11-2015***

BENEFIT ENROLLMENTS

					Dependents	
Plan	**Coverage Tier**	**2014/2015 Premium**	**Cov. Eff. Date**	**End Date**	**Larry**	**Ann**
Medical Kaiser Medical Plan 1 - Composite	Employee, Spouse & Children	1358.77	04-01-2015		Yes	Yes
Vision Kaiser Vision Plan 5 - Composite	Employee, Spouse & Children	18.06	04-01-2015		Yes	Yes
Dental Kaiser Dental Plan 8/Ortho - Composite	Employee, Spouse & Children	152.79	04-01-2015		Yes	Yes
Total Current Premium		1529.62				

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

Above is a confirmation message. It's always a good idea to print a copy of your benefit summary for your records.

Logging Out

When you're finished with your MyOEBB session, simply click "Log Out" in the top blue navigation bar.