HB2557 – Enrollment Packet Q&A

Q: What are my coverage options and how much do they cost?

A: You have multiple OEBB medical plans to choose from. The enclosed HB2557 Health Plan Comparison illustrates the coverage details and differences between the options. The monthly premium for each medical plan is shown at the top. The premium structure is "tiered" meaning the cost varies depending on the number and type of dependents you choose to cover. The four price tiers are:

Tier Name	Who is Covered
Employee Only	Yourself only (no one else covered)
Employee + Spouse or Domestic Partner	Yourself AND a legal spouse or domestic partner* only (no children)
Employee + Child(ren)	Yourself AND one or more children only (no spouse or domestic partner*)
Employee + Spouse or Domestic Partner + Child(ren)	Yourself AND a legal spouse or domestic partner* AND one or more children

*see the next Q&A for definition of domestic partner

Q: Who qualifies as an "Eligible Domestic Partner"?

A: "Eligible Domestic Partner," means and includes the following:

(a) An unmarried individual of the same sex who has entered into a "Declaration of Domestic Partnership" with the eligible employee that is recognized under Oregon law; or

(b) An unmarried individual of the same or opposite sex who has entered into a partnership that meets the following criteria:

(A) Both are at least 18 years of age;

(B) Are responsible for each other's welfare and are each other's sole domestic partners;

(C) Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;

(D) Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;

(E) Have jointly shared the same regular and permanent residence for at least six months; and

(F) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.

(G) The eligible employee and domestic partner must jointly complete and submit to OEBB an Affidavit of Domestic Partnership form**, within five business days of the electronic enrollment date or the date OEBB received the enrollment/change form. If the affidavit is not received, coverage will terminate for the domestic partner retroactive to the effective date.

** To download the OEBB Affidavit of Domestic Partnership form, go to: www.oregon.gov/oha/OEBB/Pages/Forms.aspx

Q: Who qualifies as a dependent child?

A: An eligible employee's, spouse's, or domestic partner's biological son, daughter, stepson, or stepdaughter; adopted child, child placed for adoption, or legally placed child, who is 25 or younger on the first day of the coverage month. Complete dependent eligibility requirements can be found on the OEBB website: www.oregon.gov/oha/OEBB/Pages/Eligibility.aspx

Q: How do OEBB plans work with a Health Savings Account (HSA)?

A: OEBB offers you two HSA-compliant medical plans – Kaiser Permanente Medical Plan 3 and Moda Health Medical Plan 7. If you enroll in either of these plans, you are allowed to contribute to an HSA, but you are not required to do so. To contribute to an HSA you must meet a number of criteria, including enrollment in a high deductible health plan (HDHP) that is compliant with the federal regulations. Kaiser Permanente Medical Plan 3 and Moda Health Medical Plan 7 are the only OEBB medical plans available to you that are HSA-compliant.

Q: If I enroll, how do I make my premium payments and when are they due?

A: All payments are required via Electronic Funds Transfer. Complete the enclosed ACH Debit Form, attach a voided check and mail the form to:

OEBB, ATTN: HB2557 Finance
500 Summer Street NE, E-88
Salem, OR 97301-1063

Funds will be withdrawn directly from your checking or savings account on the 25th of each month for the next month's premiums. If the 25th falls on a Saturday, Sunday, or banking holiday, funds will be withdrawn on the last business day prior to the 25th.

Q: How do I enroll?

A: Complete the 2020-21 HB2557 Enrollment Form enclosed in your enrollment packet or available online at www.oregon.gov/oha/OEBB/Pages/Forms.aspx and return to OEBB with a completed ACH Debit Form no later than September 15, 2020. OEBB's mailing address and fax number are at the end of the forms under the signature line.

Q: Is it possible to enroll or change my plan choices outside of the Enrollment Period?

A: Certain life events allow members to make changes to their benefit enrollments outside of the Enrollment Period. These life events are called Qualifying Status Change (QSC) events. Experiencing a QSC event is the only way to enroll or make changes outside of the Enrollment Period. A complete Matrix of QSC events and the changes they allow can be found on the OEBB website. Go to: www.oregon.gov/oha/OEBB/Pages/QSC-Matrix.aspx.

Q: If I experience a QSC, what should I do to enroll or change my elections?

A: If you experience a Qualified Status Change (QSC) event, you must submit a 2020-21 HB2557 Midyear Change Form to OEBB no later than 31 days from the date of the QSC in order to enroll or make election changes. The form can be found on the OEBB website: www.oregon.gov/oha/OEBB/Pages/Forms.aspx. You can mail or fax the completed form to OEBB using the address or fax number at the bottom of the form under the signature line.

Q: If I have (or a member of my family has) other coverage, can I still enroll us in an OEBB plan and be double-covered?

A: If you are eligible for, or covered under, a medical plan available through your employer, you are not eligible to enroll in HB2557 coverage through OEBB. If you have other group coverage through a spouse or domestic partner, this is allowed. However, having coverage under another health plan may disqualify you from contributing to a health savings account (HSA). Check with the financial institution administering your HSA or your tax advisor. If you qualify for HB2557 coverage, you can cover your eligible dependents whether they have other group coverage or not. There are no restrictions on the source of that other coverage. You should carefully review the benefits and costs of any current plan and your OEBB plan selection to be sure the benefit you will receive is worth the premium you will pay. The OEBB medical plans coordinate with other medical plans; however, you should find out what, if any, coordinated benefits provisions are included in any other medical plan. Call your current plan's carrier to make sure they will coordinate benefits with an OEBB plan. Your current carrier's phone number should be on your insurance card. Then you can call the carrier for the OEBB plan you are considering (Moda Health at 1-866-923-0409 or Kaiser Permanente at 1-866-223-2375) to learn how the two plans might work together.

Q: I've heard about a double coverage surcharge effective October 1, 2020. If I enroll in this HB2557 coverage, could I be surcharged for double-covering family members?

A: No, OEBB only applies the surcharge to those enrolled as active full-time employees. Members enrolled under HB2557 are not subject to the surcharge. Keep in mind, if you are eligible for, or covered under, a medical plan available through your employer, you are not eligible to enroll in HB2557 coverage through OEBB.

Q: What if I have other questions or need help with the OEBB forms?

A: Call OEBB Member Services at 888-4My-OEBB (888-469-6322) or send an email to: oebb.benefits@state.or.us.