DIVISION 70

HB 2557

111-070-0001

Definitions

For the purpose of this rule:

(1) "HB 2557 eligible member" means a part time faculty who is eligible for membership in the Public Employees Retirement System (PERS) by teaching or conducting research at a single institution of higher education or in aggregate at multiple public institutions of higher education during the prior year. "HB 2557 eligible member" does not mean or include a part time faculty member who has revoked PERS membership by opting to enroll in another employer retirement plan, or a part time faculty member who is eligible for benefits through the Public Employees' Benefit Board (PEBB).

(2) "Eligible Dependent" means a Spouse, Domestic Partner or dependent child as defined in OAR 111-010-0015.

(3) "Overpayment" means the amount of a participating HB 2557 eligible member's monthly payment to OEBB that exceeded the amount due.

(4) "PERS" means the Oregon Public Employees Retirement System.

(5) "Plan Year" means the coverage period, usually 12 months long that is used for administration of a health benefits plan.

(6) "Public institution of higher education" means an Oregon community college or a state institution of higher education listed in ORS 352.002.

(7) "Underpayment" means a payment submitted by a participating HB 2557 eligible member that is less than the invoiced amount.

~~(8) "Electronic funds transfer" refers to a payment through an Automated Clearing House (ACH) credit or ACH debit that initiates the movement of funds from an HB 2557 eligible member's individual banking account to the OEBB Treasury account electronically.~~

(8) "ACH Debit" for purposes of this OAR refers to a payment through an Automated Clearing House (ACH) credit or debit that initiates the movement of funds electronically from the HB 2557 eligible member's individual banking account within the United States to the OEBB Treasury account.

111-070-0005

Plan Selections

(1) HB 2557 eligible members will use the tiered rate structure and may elect to enroll in the following **medical** plans:

(a) Kaiser Permanente Plan 3 (limited to OEBB members in the Kaiser service area),

(b) Moda Health **Cedar** Plan ~~E~~,

(c) Moda Health **Dogwood** Plan ~~G~~,

(d) Moda Health **Evergreen** Plan ~~H~~ (limited to members who qualify for and contribute to a Health Savings Account (HSA)).

(2) If enrolling in a Moda Health medical plan, the HB 2557 eligible member may elect to enroll in the ~~Statewide~~ **PPO** option ~~(ODS Plus Network)~~ or the Synergy or Summit network plan option if the HB 2557 member lives or works in an area where the Synergy or Summit network is available.

111-070-0015

Enrollment

(1) OEBB will directly provide HB 2557 eligible members notice of their eligibility, the open enrollment schedule and instructions for completing the required enrollment information prior to the beginning of the open enrollment period.

(2) HB 2557 eligible members and eligible dependents may enroll in a medical plan as specified in 111-070-0005 when one of the following occurs:

(a) During the annual open enrollment period (August 15 through September 25);

(A) Required enrollment information may be submitted by the member to the OEBB office prior to the beginning of the open enrollment period;

(B) All required enrollment information must be received **by OEBB** from the member ~~by OEBB~~ by close of business on September 25;

(C) Required enrollment information not received from the member on or before the end of the open enrollment period will be considered a declination of coverage for the Plan Year;

(D) Coverage selected will be effective at the beginning of the new Plan Year (October 1) for HB 2557 eligible member and dependent(s) who have submitted the required enrollment information by the submission deadline; or

(b) Following confirmation that an individual not initially identified as eligible for benefits is eligible for benefits:

(A) All required enrollment information must be received from the member by OEBB by close of business on the date specified in the written eligibility notice sent to the HB 2557 eligible member. Failure to meet the due date will be considered a declination of coverage for the Plan Year;

(B) Coverage selected will be effective the first day of the month following eligibility confirmation and receipt of the required enrollment information.

111-070-0020

Effective Date

(1) HB 2557 eligible members who are eligible for membership in PERS during a calendar year are eligible for medical benefits through **OEBB** ~~the Oregon Educators Benefit Board~~ for the following Plan Year.

(2) Eligibility will be determined annually within 30 days after the first quarter of the current calendar year.

111-070-0040

Qualified Status Changes (QSC's)

(1) HB 2557 eligible members experiencing a change in family status the plan year, have 31 calendar days beginning on the date of the event to make changes. If the event is gaining a child, as defined by 111-070-0040(2)(c), or results in a loss of eligibility, the eligible member has 60 calendar days after the event to make changes.

(a) The member must report the Qualified Status Change (QSC) to **OEBB** ~~the Oregon Educators Benefit Board~~ within the specified timeframe. Failure to report a QSC that would result in a removal of a spouse, domestic partner or child within the timeframe stated in 111-070-0040(1) may be considered intentional misrepresentation by OEBB and OEBB may retroactively terminate the individuals coverage back to the last day of the month in which the individual lost eligibility. If benefits are to be terminated retroactively, OEBB shall give the affected individual 30 days' notice of the termination and an opportunity to appeal before the retroactive termination takes effect.

(b) The member's failure to report timely a QSC that allows the addition of a spouse, domestic partner, or child means that the individual does not have coverage. The next opportunity the HB 2557 eligible member has to add their spouse, domestic partner, or child will be during open enrollment.

(2) The HB 2557 eligible member can only make those changes that are consistent with the event for themselves and eligible dependent(s).

(3) Qualified Status Changes which allow the member to make changes to his or her coverage are:

(a) Gaining a spouse by marriage or domestic partner by meeting domestic partner eligibility;

(b) Loss of a spouse or domestic partner by divorce, annulment, death or termination of domestic partnership,

(c) Gaining a child by birth, placement for/or adoption, or Domestic Partner's children (by affidavit of domestic partnership), 60 days from the event;

(d) Event by which dependent child satisfies eligibility requirements under OEBB plans;

(e) Event by which dependent ceases to satisfy eligibility requirements under OEBB plans;

(f) Related laws or court orders. For example: Qualified Medical Child Support Order (QMSCO), Entitlement to Medicare or Medicaid, HIPAA or Children's Health Insurance Program (CHIP). Changes are determined by the applicable law or court order.

(4) Changes in cost or coverage do not constitute a Qualified Status Change. All changes resulting from a change in cost or coverage must be made during Open Enrollment.

111-070-0050

Premium Payment

(1) **HB 2557 Eligible Member Payment Methods and Due Dates**:

(a) HB 2557 eligible members will submit payment to OEBB for benefits **through Direct Payment via ACH (ACH Debit).** ~~by electronic funds transfer (EFT).~~

(b) OEBB may grant an exception from the requirement in section (1) to pay by **ACH Debit** ~~EFT~~ if the HB 2557 eligible member demonstrates their financial institution cannot accommodate an **ACH** ~~EFT~~ transfer, or the member does not maintain an account at a financial institution.

(c) Notwithstanding section (2), the **ACH Debit** ~~electronic transfer of funds~~ will occur on the 25th day of the month prior to the next month's health care coverage. All payments will be subject to this due date.

(2) If the HB 2557 member has a checking account, but submits a written letter declining to use the **ACH Debit** ~~electronic funds transfer~~ payment method, a $35.00 processing fee shall be applied to the HB 2557 member's monthly premium.

(3) HB 2557 Eligible Member Invoicing:

(a) OEBB will enroll a new HB 2557 eligible member after one of the following is completed:

(A) The required ACH **Debit Authorization Form** ~~payment agreement for electronic transfer of funds~~ is received from the member, processed and set-up with their financial institution; or

(B) The Exception Request Form is received from the member, reviewed and approved;

(b) OEBB will mail payment reminders to HB 2557 eligible members to provide notification of the amount and date the ~~automatic checking deduction~~ **ACH Debit** will occur.

(c)(A) If the payment is not received in full by the 25th calendar day of the month, the member's coverage will be terminated on the last day of the month in which a full premium payment was received. All premium payments must be paid in full before payment to the carrier will be made.

(B) OEBB shall not be responsible for any unpaid portion of premiums for coverage and will terminate the HB 2557 eligible member and dependent coverage for non-payment or underpayment of premiums due.

(4) HB 2557 Eligible Member Overpayments:

(a) OEBB will mail notification of overpayments to the HB 2557 eligible member. This written notice shall inform the member of the amount overpaid and a description of the overpayment.

(b)(A) OEBB will automatically apply any overpayments to the next month's premium due. The member may complete a Request for Reimbursement form if a refund of an overpayment is desired. However, the member may be responsible for processing fees associated with refunds less than $100.

(B) Remaining balances on coverage that has ended will be refunded in full.

(5) HB 2557 Eligible Member Underpayments:

(a) Premiums that are not paid in full by the 25th calendar day of the month prior to the coverage effective month will result in the eligible member's and dependent's coverage being terminated at the end of the last month for which premiums were paid in full.

(b)(A) HB 2557 eligible members will be notified if their coverage was terminated due to the premium not being paid in full, including payments returned by the bank for Non-Sufficient Funds (NSF), **closed bank accounts, and frozen accounts.**

(B) A check or ACH transaction that is returned for NSF**, closed bank account, or frozen account** is considered non-payment of premiums.

(c) Coverage terminated due to non-payment or underpayment cannot be reinstated until a following Plan Year in which a person is deemed a HB 2557 eligible member.

Stat. Auth: ORS 243.860 to 243.886
Stats. Implemented: ORS 243.864(1)(a)