

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ALASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                 |
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| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIFORNIA – Medicaid                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)                                                                                                                                                                                                                                                                                                                                                                                                                                               | Health Insurance Premium Payment (HIPP) Program Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>                                                                                                                                            |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLORIDA – Medicaid                                                                                                                                                                                                                                                                                                                                                                |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268                                                                                                                                                                    |

| GEORGIA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INDIANA – Medicaid                                                                                                                                                                                                                                                                                                                                              |
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| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dfir/">http://www.in.gov/fssa/dfir/</a><br/> Family and Social Services Administration<br/> Phone: 1-800-403-0864<br/> Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                               |
| <p>Medicaid Website:<br/> <a href="#">Iowa Medicaid   Health &amp; Human Services</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/> HIPP Phone: 1-888-346-9562</p>                                                                                                                                          | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>                                                                                                                                                                                                                |
| KENTUCKY – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LOUISIANA – Medicaid                                                                                                                                                                                                                                                                                                                                            |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>      | <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>                                                                                                                                   |
| MAINE – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MASSACHUSETTS – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                               |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>                                                                                                                  | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>                                                                                                                 |
| MINNESOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MISSOURI – Medicaid                                                                                                                                                                                                                                                                                                                                             |
| <p>Website:<br/> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/> Phone: 1-800-657-3672</p>                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>                                                                                                                                                                                         |

| MONTANA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NEBRASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                         |
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| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>                                                                                                                                                                                                                                                      | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178                                                                                                                                                                                                                           |
| NEVADA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NEW HAMPSHIRE – Medicaid                                                                                                                                                                                                                                                                                                                                                                    |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900                                                                                                                                                                                                                                                                                                                                                                               | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a> |
| NEW JERSEY – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NEW YORK – Medicaid                                                                                                                                                                                                                                                                                                                                                                         |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)                                                                                                 | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831                                                                                                                                                                                                                                             |
| NORTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NORTH DAKOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100                                                                                                                                                                                                                                                                                                                                                                                 | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825                                                                                                                                                                                                                                                                         |
| OKLAHOMA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OREGON – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742                                                                                                                                                                                                                                                                                                                                                                             | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075                                                                                                                                                                                                                                                 |
| PENNSYLVANIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RHODE ISLAND – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                            |
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.pa.gov/Children's%20Health%20Insurance%20Program">Children's Health Insurance Program (CHIP)</a> ( <a href="http://www.pa.gov">pa.gov</a> )<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)                                                                                                                                                                                                                                              |
| SOUTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SOUTH DAKOTA - Medicaid                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820                                                                                                                                                                                                                                                                                                                                                                                           | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059                                                                                                                                                                                                                                                                                                         |

| TEXAS – Medicaid                                                                                                                                                     | UTAH – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493                                  | Utah’s Premium Partnership for Health Insurance (UPP)<br>Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br><a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website:<br><a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| VERMONT– Medicaid                                                                                                                                                    | VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427                              | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924                                                                                                                                |
| WASHINGTON – Medicaid                                                                                                                                                | WEST VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022                                                                      | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)                                                                                                                                                                                                                                                                                                                                                      |
| WISCONSIN – Medicaid and CHIP                                                                                                                                        | WYOMING – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269                                                                                                                                                                                                                                                                                                                                                                                |

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



## INITIAL NOTICE OF COBRA RIGHTS

**TO:** Participants, Covered Spouses, and Dependents in the  
OEBB-Sponsored Group Health Plans

**SUBJECT:** Group Health Plan Continuation Coverage

**Thank you** for your recent enrollment in the group health plan offered by your employer through the Oregon Educators Benefit Board (OEBB). This notice is to inform you and your eligible dependents of your COBRA rights if, in the future, coverage is lost through the group health plan that you are currently enrolled in.

This notice has important information about your right to continue your health care coverage in OEBB medical/prescription, dental, and vision plans (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at [www.HealthCare.gov](http://www.HealthCare.gov) or 1-800-318-2596. You can get coverage through the Health Insurance Marketplace **that costs less than** COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision.

This required notification contains important information about your and your eligible dependents' rights to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This continuation coverage is commonly referred to as COBRA coverage, since it complies with the requirements of the federal Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA coverage can become available to you when you would otherwise lose your group health coverage under the Plan. It can also become available to your spouse and dependent children, if they are covered under the Plan, when they would otherwise lose their group health coverage under the Plan. This notice does not fully describe COBRA coverage under the Plan. For additional information about your rights and obligations under the Plan and under federal law, you should review the Group Health Plan's "Summary Plan Description" or contact the OEBB Plan Administrator.

***This Special Notice will summarize for you:***

- Who is eligible for continuation of coverage
- When you can elect this continuation coverage
- What you have to do to make the required election
- How long this coverage lasts
- How much this coverage will cost

### **You May Have Other Options Available to You When You Lose Group Health Coverage**

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## **What is COBRA Coverage?**

COBRA coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event”. You will find a specific list of qualifying events later in this notice. After a qualifying event occurs and you provide the required notice of that event, COBRA coverage must be offered to each person losing Plan coverage who is a “qualified beneficiary”. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. (Certain newborns, newly adopted children, and alternate recipients under QMCSOs may also be qualified beneficiaries.) Under the Plan, qualified beneficiaries who elect COBRA must pay for COBRA coverage.

## **Who is Eligible for COBRA Coverage?**

### ***Employees***

You are eligible for continuation coverage if you are covered under an OEGBB-sponsored group health plan on the date you have a qualifying event (see the discussion under the next section).

### ***Spouse/Dependents***

You are eligible for continuation coverage if you are covered as a spouse or dependent under an OEGBB-sponsored group health plan on the date you or the covered employee has a qualifying event.

### ***Newborns/Newly Adopted***

If you are an employee who has elected COBRA coverage, you have the option of adding children who are born or placed for adoption during the COBRA coverage period. The option of adding newborns or newly adopted children is not available to spouses or dependents that have elected COBRA coverage. If you add a newborn or newly adopted child, you are responsible for paying any increase in the premium charges for this additional coverage.

## **When Continuation Coverage is Available**

### ***If You Are the Covered Employee***

If your employment with an entity offering OEGBB-sponsored group health benefits ends, or if your hours are reduced below the number required for group health coverage, you may elect to continue your group coverage. However, if you are terminated for gross misconduct, you are not eligible for continuation coverage.

### ***If You Are the Covered Spouse of a Covered Employee***

If you are covered under an OEGBB-sponsored group health plan as a covered spouse, you may elect to continue your group coverage if it would end because of one of the following qualifying events:

- Termination of employment or reduction of hours of your spouse (unless the termination was for gross misconduct);
- Death of your spouse;
- Divorce or legal separation;
- Your spouse becomes entitled to Medicare benefits.

### ***If You Are a Covered Dependent of a Covered Employee***

If you are covered under an OEGBB-sponsored group health plan as a covered dependent, you may elect to continue your group coverage if it would end because of one of the following qualifying events:

- Termination of employment or reduction of hours of the covered employee (unless the termination was for gross misconduct);
  - Death of the covered employee;
  - The covered employee's divorce or legal separation;
  - The covered employee becomes entitled to Medicare;
  - You no longer qualify for coverage as a dependent under the group health plan.
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### Electing COBRA Coverage

COBRA coverage is not automatic. If you want to receive this coverage, you must elect it.

When OEGB receives notice that an event qualifying you or your family for COBRA coverage has occurred, OEGB's third party administrator, Benefit Help Solutions (BHS), will send you and your affected family members a written notice advising you of your election rights and the deadline for making your election. You will have at least 60 days from the date your coverage is lost to make your election. ***If COBRA coverage is not elected within the time allowed, group health insurance coverage for you and your family will end on the date you no longer qualify for group coverage.***

***Important:*** To receive this notice from OEGB, you, your spouse or your dependent must notify your employer of divorce, legal separation, becoming Medicare eligible due to disability, or when a child loses dependent status. This notice must be given within 60 days of the date of the event. ***If you do not notify your Employer within this 60-day period, you and your family cannot obtain COBRA continuation coverage.***

Your employer is responsible for notifying OEGB of the termination of employment, reduction of hours, death, or Medicare entitlement due to age.

If you have changed your marital status, or if you or your spouse has changed addresses, you must notify OEGB of that change in writing.

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### COBRA Benefits

When you first come on to COBRA coverage, you will receive the same coverage that you were receiving under your OEGB-sponsored group health plan immediately before you qualified for COBRA.

While you are on COBRA coverage, your group health benefits will continue to be identical to those provided under the plan to similarly-situated active employees and their covered spouses or dependents. Once you are on COBRA, you will have the same ability to change your coverage as the active employees. Generally, you can make coverage changes during the next open enrollment period.

Please note that COBRA coverage is available only for your group health benefits (medical, dental, vision and prescription drugs).

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### Length of Continuation Coverage

This section will explain the general rule for how long COBRA coverage lasts. The next section will explain the special extended coverage available for surviving, divorced, or legally separated spouses who are 55 or older.

COBRA coverage will last for 18 months from the date of the covered employee's termination of employment or reduction in hours. However, if you lose your group health coverage for any of the other reasons discussed earlier, the continuation coverage period is 36 months from the date the event occurred.

If, during the 18-month continuation of coverage period, you elect COBRA coverage following your termination of employment or reduction in hours and another event occurs that entitles your covered spouse or dependent child to their own continuation coverage (such as divorce, legal separation, the covered employee's death or Medicare entitlement), your covered spouse or dependent's continuation of coverage is extended to 36 months from the date of your termination of employment or reduction in hours.

If you are on COBRA coverage because of the covered employee's termination of employment or reduction of hours, the 18-month COBRA continuation period may be extended to 29 months if the Social Security Administration determines that the covered employee, spouse or dependent who has COBRA coverage qualifies for Social Security disability benefits. Regardless of whether it is the covered employee or a covered spouse or dependent who is disabled, the 29-month extended coverage period will apply to all family members who have COBRA coverage, even if they are not disabled. To qualify for this extension, the Social Security Administration must determine that the covered person was disabled at any time during the first 60 days of COBRA coverage. You must notify OEBB of the Social Security Administration's disability determination. You must give OEBB this notice no later than 60 days after the disability determination or the end of the initial 18-month COBRA coverage period, whichever comes first.

In no case will COBRA coverage last longer than 36 months from the date of the event that originally made you eligible to elect continuation coverage. In addition, your continuation coverage may be cut short for **any** of the following reasons:

- Your employer stops providing group health benefits;
- The premium for your continuation coverage is not paid on time;
- You become entitled to Medicare;
- You become covered under another group health plan (unless that plan does not cover your pre-existing condition -- see discussion below); or
- You extended your continuation coverage to 29 months when you qualified for Social Security disability payments, and Social Security makes a final determination that you are no longer disabled. (You must notify OEBB within 30 days if Social Security determines you are no longer disabled.)

When the 18-month, 29-month or 36-month COBRA coverage period ends, you will be allowed to enroll in an individual conversion health plan if this conversion feature is provided under your employer's group health plan at that time. No medical exam is necessary to obtain an individual health policy to replace your group coverage.

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### **Extended Coverage for Surviving, Divorced, or Legally Separated Spouses 55 or Older**

**Who Is Eligible.** You are eligible for special extended group health plan coverage if:

- You are the surviving spouse or a divorced or legally separated spouse of a covered employee **and**
- You are at least 55 years old at the time of your spouse's death or the divorce or legal separation.

If you meet both these requirements, you can also elect to cover any dependent children who would lose coverage under our Plan because of the death, divorce, or legal separation.

**Benefits Available.** When you initially enroll for special extended coverage, you will receive the same medical, dental, vision care or prescription drug expense benefits that you were receiving through your spouse or former spouse. Once you are on special extended coverage, you will continue to have the same benefits and coverage options that are available to active employees.

**Length of Extended Coverage.** There are no set time limits on this special extended coverage, as there are for COBRA coverage. The special extended coverage will end when:

- You fail to pay the required premium on time;
- You become covered under another group health plan, whether as a covered employee or a covered spouse;
- You become eligible for Medicare; or
- OEBB terminates the group health plan without replacing it.

**You Must Notify OEBB.** To apply for this special extended coverage, you must notify OEBB, in writing, no later than the deadline shown below.

| <u>EVENT</u>                                                                                           | <u>NOTICE DEADLINE</u>                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Spouse's death</li><li>• Divorce or Legal Separation</li></ul> | <ul style="list-style-type: none"><li>• 30 days after date of death</li><li>• 60 days after date of legal separation or entry of divorce decree</li></ul> |

If you do not notify OEBB of the death or the divorce or legal separation by the deadline, you lose the right to elect this coverage. With your request, you must include your current mailing address.

**Electing Special Extended Coverage.** Within 14 days of the date we receive your notice, OEBB will send you a form to elect the special continuation coverage. OEBB will also tell you the amount of the premiums charged and how to make your payments.

You must return your election form within 60 days of the date OEBB mailed it to you. If you miss this deadline, you lose the right to elect this coverage.

**Premium Payments.** The rules on the amount and timing of your premium payments are the same as for regular COBRA coverage (see **Cost of Coverage** below).

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## Alternative Coverage

Instead of enrolling in COBRA, you can shop for health insurance at HealthCare.gov. Many plans through HealthCare.gov are **less expensive than** COBRA insurance. And, HealthCare.gov is the only place where you can get help paying for premiums and out-of-pocket costs. Act quickly; you have only sixty days after your OEBB coverage ends to apply.

For more information, go to [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. You can also visit [www.OregonHealthCare.gov](http://www.OregonHealthCare.gov) or call 1-855-268-3767 to find a local insurance agent to help you find the right plan for you and your family. There may be other coverage options for you and your family through Medicaid or other group health plan coverage (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

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### Healthcare FSA Information

If your employer offers the benefit of a Healthcare FSA to its active employees, this benefit may be offered under COBRA to qualified beneficiaries. In most cases only those qualified beneficiaries with underspent accounts will be eligible to continue their Healthcare FSA through the end of the plan year in which the qualifying event occurred. A qualified beneficiary has an underspent account if the annual limit elected by the covered employee, reduced by reimbursable claims submitted up to the time of the qualifying event, is equal to or more than the amount of the premiums for the employer's Healthcare FSA COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the employer's Healthcare FSA coverage in force at the time of the qualifying event. The use-it-or-lose-it rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and the COBRA coverage for the FSA plan may terminate at the end of the plan year. Unless otherwise elected, all qualified beneficiaries who were covered under the employer's Healthcare FSA will be covered together for Healthcare FSA COBRA coverage. However, each qualified beneficiary could alternatively elect separate COBRA coverage to cover that beneficiary only with a separate Healthcare FSA annual limit and a separate premium. If you are interested in this alternative, contact your FSA COBRA administrator during business hours for more information.

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### Alternate Recipients Under QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical child support order (QMCSO) received by the employer during the covered employee's period of employment is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

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### Cost of Coverage

You will have a 45-day grace period from the date you elect COBRA coverage to make your initial premium payment. (Payment of your claims will be suspended, however, until your premium payment is received). After that, premium payments must be made on their regular due date. You will pay the premiums for your COBRA coverage directly to BenefitHelp Solutions (BHS).

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### Plan Contact Information

To ensure that all covered individuals receive information properly and timely, it is important that you notify OEGB of any change in dependent status or any address change of any family member as soon as possible. Certain changes must be submitted in writing. Failure on your part to notify OEGB of any changes may result in delayed notification or loss of continuation of coverage options.

If you have any questions, or need to give OEGB any of the written notices discussed in this Special Notice, please contact OEGB at:

OEGB  
500 Summer Street NE, E-88  
Salem, OR 97301-1063  
1-888-4MY-OEGB (1-888-469-6322)

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

## Part A: General information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

### Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% for 2025 of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: OEBB Benefits Manager, OEBB at 1-888-4my-OEBB (1-888-469-6322).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## Part B: Information about health coverage offered by your employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|                                                                                         |                                                                                                              |                         |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------|
| 3. Employer name: OEBC                                                                  | 4. Employer Identification Number (EIN):                                                                     |                         |
| 5. Employer address: 500 Summer St NE, Dept. 88                                         | 6. Employer phone number: 888-469-6322                                                                       |                         |
| 7. City: Salem                                                                          | 8. State: OR                                                                                                 | 9. Zip code: 97301-1094 |
| 10. Who can we contact about employee health coverage at this job? OEBC Member Services |                                                                                                              |                         |
| 11. Phone number (if different from above)                                              | 12. Email address:<br><a href="mailto:oebc.benefits@odhsoha.oregon.gov">oebc.benefits@odhsoha.oregon.gov</a> |                         |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are defined in OAR 111-015-0001
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are defined in OAR 111-010-0015 (children, spouses, domestic partners).
  - ☐ We do not offer coverage.
  - ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

NOTE: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## IMPORTANT NOTICE FROM THE OREGON EDUCATORS BENEFIT BOARD (OEBB) ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with OEBB and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. OEBB has determined that the 2025-26 plan year prescription drug coverage offered by Kaiser Permanente Medical Plans 1, 2A, 2B, 3, & Bronze, and Moda Health Medical Plans 1, 2, 3, 4, 5, 6, & 7 on average for all plan participants, are expected to pay out as much as standard Medicare prescription drug coverage pays and **IS** therefore considered **Creditable Coverage**. (Note: The only OEBB plan NOT considered creditable coverage for the 2025-26 plan year is the Moda Health Bronze Plan.) Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current OEBB coverage could be affected. If you are a Medicare-eligible **active employee** or a Medicare-eligible dependent of an active employee, you can keep the OEBB coverage even if you elect Part D and your OEBB plan will coordinate with Part D coverage. If you are a Medicare-eligible **early retiree** or a Medicare-eligible dependent of an early retiree, your OEBB medical and pharmacy coverage will terminate on the day before you become Medicare-eligible. If you decide to join a Medicare drug plan and drop your current OEBB early retiree coverage, be aware that you and your dependents will not be able to re-enroll in OEBB early retiree coverage in the future.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with OEBB and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base

beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For more information about this notice or your current prescription drug coverage...**

Contact OEBB at 1-888-4My-OEBB (1-888-469-6322)

**NOTE:** You will receive a link to this notice each year before the next period you can join a Medicare drug plan and/or if your coverage through OEBB changes. You also may request a copy of this notice at any time.

**For more information on your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- ✓ Visit [www.medicare.gov](http://www.medicare.gov)
- ✓ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- ✓ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice**

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 9/14/2025

Name of Sender/Contact: OEBB Benefits Manager, OEBB

Address: 500 Summer Street, E-88, Salem, OR 97301-1063

Phone Number: 1-888-4My-OEBB (1-888-469-6322)

**CMS Form 10182-CC**

**Updated September 2025**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



## IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with OEGB and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. OEGB has determined that the prescription drug coverage offered by the Moda Health Bronze Plan is, on average for all plan participants, **NOT** expected to pay out as much as standard Medicare prescription drug coverage pays. **Therefore, your coverage is considered Non-Creditable Coverage.**

*This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only have prescription drug coverage from the Moda Health Bronze Plan option. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.*

3. You can keep your current coverage through the Moda Health Bronze Plan. However, **because your coverage is non-creditable**, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a Medicare prescription drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. **Read this notice carefully - it explains your options.**

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

If you decide to drop your current Moda Health Bronze Plan coverage, since it is employer-sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Moda Health Bronze Plan.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

Since the coverage under the Moda Health Bronze Plan option is not creditable, depending on how long you go without creditable prescription drug coverage, you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current OEBB coverage could be affected. If you are a Medicare-eligible **active employee** or a Medicare-eligible dependent of an active employee, you can keep the OEBB coverage if you elect part D and the OEBB plan will coordinate with Part D coverage. If you are a Medicare-eligible **early retiree** or a Medicare-eligible dependent of an early retiree, your OEBB medical and pharmacy coverage will terminate the last day before you become eligible for Medicare. If you do decide to join a Medicare drug plan and drop your current OEBB early retiree coverage, be aware that you and your dependents will not be able to re-enroll in OEBB early retiree coverage in the future.

### **For more information about this notice or your current prescription drug coverage...**

Contact OEBB at 1-888-4My-OEBB (1-888-469-6322)

**NOTE:** You'll receive this notice each year before the next period you can join a Medicare drug plan and/or if this coverage through OEBB changes. You also may request a copy of this notice at any time.

### **For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- ✓ Visit [www.medicare.gov](http://www.medicare.gov)
- ✓ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- ✓ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

\*\*\*\*\*

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## **Newborns' and Mothers' Health Protection Act notice**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you would like more information on maternity benefits, call your plan administrator at 1-888-4my-OEBB (1-888-469-6322) or call your health plan:

- Moda Health: 866-923-0409
- Kaiser Permanente: 866-223-2375.

# No Surprises Act notice

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **“balance billing.”** This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### You are protected from balance billing for:

#### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

#### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact U.S. Department of Health and Human Services beginning January 1, 2022 at 1-800-985-3059. Visit [No Surprises Act | CMS](#) for more information about your rights under federal law.

Visit [No Surprises Act | CMS](#) for more information about your rights under federal law.

## **OEBB Notice of Special Enrollment Rights for Health Plan Coverage**

As you know, if you have declined enrollment in one of OEBB's health plans for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under these plans without waiting for the next open enrollment period, provided that you request enrollment within 31 days\* after your other coverage ends. 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/or your eligible dependents, provided that you request enrollment within 31 days.\*

OEBB will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you and/or your dependents are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment in the OEBB group health plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan option.

\*OEBB may allow late enrollment under certain circumstances as referenced in [OAR 111-040-0030](#).

## Provider-Choice rights notice

Moda Health and Kaiser Permanente generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Moda Health or Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, for a list of participating primary care physicians or health care professionals who specialize in obstetrics or gynecology, contact your health plan:

- Moda Health: 866-923-0409
- Kaiser Permanente: 866-223-2375.

## **Women's Health and Cancer Rights Act notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Moda Health at 866-923-0409 or Kaiser Permanente at 866-223-2375.