



MyOEBB Benefits Open Enrollment





OREGON EDUCATORS
OEBB
BENEFIT BOARD

Open Enrollment is August 15 through September 15 for most entities.

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

*Please see your entity regarding a QSC.



Welcome to MyOEBB!

Checklist for Open Enrollment

- Your E Number or SSN
- Birth Dates of benefit eligible family members
- Plan Choices for Health Care Benefits and Optional Benefits
- Affidavit Forms (if necessary) for certain dependents
- Other Group Coverage Information (if necessary)

Getting Registered

Log on to the following Web site:

<https://myoebb.org/oebb/!pb.main>

Register Here

Click **Register Here** if you are new to MyOEBB. MyOEBB identifies your membership and leads you through setting up two security questions, a User Name, and Password. If you are a returning member click **Log In** and enter your user name and password.

MyOEBB "Serving our members and their families"

Date: Tuesday June 18, 2013

Welcome

Welcome to MyOEBB, your tool for managing your benefits through the Oregon Educators Benefit Board (OEBB).

This site lets you:

- Enroll for benefits as a newly hired employee
- Review your current benefit selections
- Review and update your personal information
- Enroll in or make changes to your benefit selections during Open Enrollment

To log in:

- **If you are a returning user** enter your MyOEBB User Name and Password in the section provided to the left.
- **If you have forgotten** your User Name and/or Password click on the **I Forgot?** button provided to the left.
- **If you are new to MyOEBB** click on the **Register Here** button provided to the left.

This site is best viewed if you have:

- Internet Explorer 6.0 or higher
- Screen Resolution set at 1024*768
- Pop ups are enabled

Midyear Changes:

If you need to make changes during the year and outside of Open Enrollment (Aug. 15 - Sept. 15), contact your Entity Benefits Office.

MyOEBB User Name

MyOEBB Password

Log In

Forgot User Name and/or Password?
I Forgot?

New to MyOEBB
Register Here

[Contact OEBB/Help](#)

Follow these steps to complete the Open Enrollment Process

- Use the Plan Comparison Tool to find out which medical plan is best for your family.
- Review and update your personal information.
- Add any eligible dependents if not already in MyOEBB.
- Complete the Dependent Eligibility Verification process.
- Answer questions about race, ethnicity, Medicare eligibility and tobacco usage.
- Log your two Healthy Actions for yourself and spouse/Domestic Partner (if applicable).
- Enroll in a Medical, Dental, and Vision Plan.
- Enroll in Healthy Futures for yourself and spouse/Domestic Partner (if enrolled in medical).
- Enroll in Optional Benefits (Optional Life, AD&D, STD, LTD, LTC).
- Add or update your beneficiary designation.
- Confirm and Save your plan selections.
- Print your Benefit Statement.

During the Open Enrollment process you can review and update your personal information, add dependent information, get information about plans, and more. All of these options are available on the left side **Resource Tools** menu.

Plan Comparison Tool

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

My Home Page | Log Out Member: Pitt, Brad Friday, A

Plan Comparison Page

Click on the link below to access a tool created to help you compare your medical plan options! When you have finished using or viewing the tool, you can return to MyOEBB to complete your enrollment process. Please note, this tool does not enroll you in benefits; you must come back to MyOEBB to enroll in benefits.

[TRUVEN Plan Comparison Page](#)

If you have already used the tool, please click CONTINUE to make your plan selections.

Continue

Verifying Personal Information

You are now ready to verify and/or update your personal information. This includes your home phone, work phone, e-mail, and residence address. Your mail and work address are optional. To update your personal information select **"Change Address"** and enter your correct address or simply update your phone numbers or e-mail. Click **"Save & Continue"**.

Enumber	Last Name	First Name	MI	Gender	Birth Date
E00263982	Pitt	Brad		Male	09-21-1959
Home Phone		Work Phone	Ext		
Personal E-mail		Work E-mail			
Addresses					
■ Address Type <input checked="" type="radio"/> Residence <input type="radio"/> Mailing <input type="radio"/> Work Change Address <input checked="" type="radio"/> USA <input type="radio"/> International					
Address Line 1 1234 Test					
Address Line 2					
City Salem		State Oregon		Zip Code 97305	
Country		Country United States			

[Back](#) [Save](#) [Save & Continue](#)

Adding Dependents

Add your eligible dependents during Open Enrollment if they are not already in MyOEBB. Eligible dependents include spouse, domestic partner, and children. Remember, even if you add them here you will need to also select the correct tier during plan enrollment.

Do you have any new eligible dependents you would like to enroll for coverage?

Yes

No

[Back](#) [Continue](#)

If you have dependents, the entry page appears as shown below. Fill in any **required fields** (those with the blue box next to the field description), using one row for each dependent. When the form is complete, click **"Save & Continue"**.

Last Name	First Name	MI	Relationship	Gender	SSN (999999999)	Birth Date (mm/dd/yyyy) OR (mm-dd-yyyy)
Pitt	Sally		Spouse	Female		09-20-1959
Pitt	Ronny		Child	Male		02-01-2011

[Add More Dependents](#) [Clear All](#)

[Back](#) [Save & Continue](#)

Dependent Eligibility Verification

Please review your dependents and make sure only eligible dependents are enrolled on your benefit plan. By answering **“YES”** to the question below and check marking the statement you are confirming your dependents meet eligibility standards for the 2014-15 plan year.

Important

This verification screen provides an important opportunity for you to confirm whether the dependents you have enrolled in the plan meet eligibility requirements and it's important you take time to review each dependent you choose to enroll to make sure they meet plan definitions and satisfy OEBB Administrative Rules. You should also understand any dependents you enroll in the plan may be subject to a dependent eligibility verification review at any time which will require the submission of documentation to prove dependent eligibility and failure to provide sufficient documentation may result in OEBB ending coverage for your dependents. I have read and understand OAR-Division 10 concerning definitions and can find this OAR at:

http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_010.html

Additionally, I understand that if it is determined I enrolled or continued enrollment of an ineligible dependent, myself and my eligible dependents may lose coverage prospectively for a period of 12 months. Also, an ineligible dependent may be retroactively terminated to the date the individual is determined to have no longer been eligible, or the effective date of coverage if eligibility was never met. I have read and understand OAR-Division 80, Sections 111-080-0040, 111-080-0045 and 111-080-0050 concerning Eligibility and Policy Term Violations and can find this OAR at:

http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_080.html

I have read the above OARs on Eligibility Definitions and Policy Term Violations.

Subscriber/Dependents						
Benefit #	Name	Relationship	Birthdate	Gender	Expiration Date	Eligible Dependent
E00263993	Pkt, Sally	Spouse	09-20-1959	F		Yes ▼
E00263994	Pkt, Ronny	Child	02-01-2011	M		Yes ▼

[Back](#) [Save](#) [Save & Continue](#)

Answer Questions

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

MyOEBB "Serving our members and their families"

My Home Page | Log Out Member: Bird, Big Tuesday, June 10, 2014

Subscriber/Dependent Information

1. Personal Information 2. Dependents 3. Subscriber/Dependent Information 4. Healthcare Benefits

Being eligible for Medicare means you are currently enrolled in a Medicare plan or eligible to enroll in a Medicare plan based on age (65 or older) and/or disability. It is your responsibility to correctly report Medicare eligibility for both yourself and your dependents. Failure to correctly report Medicare eligibility due to age (65 or older) and/or disability may affect eligibility in the OEBB plans or correct payment of claims and may be considered intentional misrepresentation.

Due to Federal Health Care Reform, OEBB is requesting Ethnicity, Race and Primary Race information for you and your dependents.

Member	Medicare Eligibility	Ethnicity	Race
Bird, Big	No ▼	Non-Hispanic/Non-Latino ▼	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused (Can only pick one) <input type="checkbox"/> Unknown
Bird, Yellow	Yes ▼	Non-Hispanic/Non-Latino ▼	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input checked="" type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused (Can only pick one) <input type="checkbox"/> Unknown

[Back](#) [Save](#) [Save & Continue](#)

Enrolling in Medical, Vision, and Dental Benefits

It is now time to enroll in Medical, Vision, and Dental benefits. Depending on your group's rules and options, you may choose to **Opt Out** of Medical coverage, but you may need to provide proof of other group insurance or you may **Waive** your medical coverage. Contact your Benefits Office for your opt out or waive options and rules. Click on **Change** if you wish to change your plan or add dependents. If you have not enrolled in a plan, click **Enroll** to enroll in the plan.

***Unsaved coverage and declines will be displayed in red font.**

Summary for employee of Salem-Keizer SD 24J (Open)					
Healthcare Premium: \$1,109.38 Approved Optional Premium: \$56.70 Total Premium of current coverage: \$1,166.08					
Action	Plan Type/Plan Name	Coverage Tier	End Date	Dependents	
<input checked="" type="radio"/> Change <input type="radio"/> Opt Out <input type="radio"/> Waive	Medical Moda Medical Plan G Statewide - Composite	Employee, Spouse & Children		Sally	Ronny
<input checked="" type="radio"/> Change <input type="radio"/> Decline	Vision Moda Vision Plan 4 - Composite	Employee, Spouse & Children		✓	✓
<input checked="" type="radio"/> Change <input type="radio"/> Decline	Dental ODS Dental Plan 4/Ortho - Composite	Employee, Spouse & Children	10/01/2014	✓	✓

Select: **“Enroll or Change”** next to Medical to start the enrollment process.

You will see at the top, what plan you are currently enrolled in. Click the radio button of which plan and also make sure to check each dependent you want to cover.

Summary for employee of Salem-Keizer SD 24J (Open) Premium: \$935.27		
Current Plan:	Moda Medical Plan G Statewide - Composite - Employee, Spouse & Children	
Current Coverage Start Date:	10/01/2014	
New Coverage Start Date	10/01/2014	
Eligible Plans	<ul style="list-style-type: none"> <input type="radio"/> Kaiser Medical Plan 1 - Composite <input type="radio"/> Kaiser Medical Plan 2 - Composite <input type="radio"/> Kaiser Medical Plan 3 - Composite <input type="radio"/> Moda Medical Plan A Statewide - Composite <input type="radio"/> Moda Medical Plan B Statewide - Composite <input type="radio"/> Moda Medical Plan C Statewide - Composite <input type="radio"/> Moda Medical Plan D Statewide - Composite <input type="radio"/> Moda Medical Plan E Statewide - Composite <input type="radio"/> Moda Medical Plan F Statewide - Composite <input checked="" type="radio"/> Moda Medical Plan G Statewide - Composite <input type="radio"/> Moda Medical Plan H Statewide - Composite <input type="radio"/> Moda Medical Plan A Synergy - Composite <input type="radio"/> Moda Medical Plan B Synergy - Composite <input type="radio"/> Moda Medical Plan C Synergy - Composite <input type="radio"/> Moda Medical Plan D Synergy - Composite <input type="radio"/> Moda Medical Plan E Synergy - Composite <input type="radio"/> Moda Medical Plan F Synergy - Composite <input type="radio"/> Moda Medical Plan G Synergy - Composite <input type="radio"/> Moda Medical Plan H Synergy - Composite 	
Members Including Self (check marked members get coverage)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Brad Pitt 21-SEP-09 Self <input checked="" type="checkbox"/> Sally Pitt 20-SEP-09 Spouse <input checked="" type="checkbox"/> Ronny Pitt 01-FEB-11 Child 	

Once that's done, the screen refreshes to show your current selection. Verify the "Include" boxes to make sure the dependents you wish to cover have a check, and any you don't want to cover do not have a check. Click: **"Accept & Continue"**.

PLEASE VERIFY YOU HAVE SELECTED THE CORRECT TIER AND THE APPROPRIATE DEPENDENTS HAVE COVERAGE FOR THE 2013-14 PLAN YEAR.

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

• **12-month Waiting Period**-If you didn't enroll yourself or a dependent in dental and/or vision coverage when initially eligible, then choose to enroll during a future Open Enrollment, you or your dependent will be considered a "late enrollee." Late enrollees are subject to a 12-month waiting period on all dental and vision plans, meaning only diagnostic and preventative care on the dental plans and routine eye exams on the vision plans will be covered for the first full 12 months of coverage.

***Unsaved coverage and declines will be displayed in red font.**

Summary for employee of Salem-Keizer SD 24J (New Hire)						
Healthcare Premium: \$1,109.38 Approved Optional Premium: \$0.00 Total Premium of current coverage: \$1,109.38						
Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date	Dependents	
					Sally	Ronny
Change Opt Out Waive	Medical Moda Medical Plan G Statewide - Composite	Employee, Spouse & Children	10/01/2014		✓	✓
Change Decline	Vision Moda Vision Plan 4 - Composite	Employee, Spouse & Children	10/01/2014		✓	✓
Change Decline	Dental ODS Dental Plan 4/Ortho - Composite	Employee, Spouse & Children	10/01/2014		✓	✓
Back	Accept & Continue					

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

Enrolling in Optional Benefits

It is now time to enroll in optional plans if selected by your entity. Select "Enroll or Change" next to the optional benefit you want, and choose your coverage amount. Continue through each optional benefit. For any plan you do not want, you will need to click on the **"Decline"** button. Contact your Benefits Office if you have questions regarding the plan selections.

Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date
	Basic Life Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	09-01-2010	
Change	Optional Employee Life Optional Employee Life	Employee Only, Age 50 to 54, Amount \$200,000	09-01-2010	
Cancel				
	Basic Accidental Death & Dismemberment Plan 11 Basic AD&D-\$100,000	Employee Only - \$100,000		
Change	Short Term Disability Plan 13-Short Term Disability (Voluntary)-14 Day Elimination/90 Day@60%	Short Term Disability - 14 Day Elimination/90 Day@60%		
Cancel				
Undo	Optional Spouse/Partner Life- Declined			
Undo	Optional Child Life- Declined			
Undo	Optional Employee Accidental Death & Dismemberment- Declined			
Undo	Optional Spouse/Partner Accidental Death & Dismemberment- Declined			
Undo	Optional Child Accidental Death & Dismemberment- Declined			
Undo	Long Term Disability- Declined			
Enroll	Employee Long Term Care (Voluntary-Employee Paid)			
Decline				
Enroll	Spouse/Partner Long Term Care			
Decline				

Select: **“Enroll, or Change”** next to each Optional plan to start the enrollment process.

Continue and Return to Benefit Statement **Accept & Continue**

Once that’s done, the screen refreshes to show your current selections. If needed click undo to change your benefit selections. If all of your selections look good, click **“Accept & Continue”**. You’re returned to the **Beneficiaries Designation Page**. You may select standard designation or specific beneficiaries.

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

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

I hereby revoke any and all previous designations of beneficiaries and select the **Standard Designation** for all my life and disability insurance coverage with OEGB.
- To designate specific beneficiaries:**

You may change beneficiary selections at any time.

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

Please note:

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

Back **Save & Continue**

Enrolling in Healthy Futures

After you enroll in medical coverage you will be given an opportunity to participate in Healthy Futures. Participation is available to you and your spouse/Domestic Partner based on your medical enrollment. Please take a moment to review this new program and participate.

Selection made by Brad Pitt on 08/15/2014

Plan	Participation Status	Enrol. Type	Cov. Eff. Date	End Date
Healthy Futures	Employee Participant	New Hire	10-01-2014	09-30-2015
Healthy Futures	Spouse Participant	New Hire	10-01-2014	09-30-2015

[Edit my selection](#)
[Continue](#)
[Back](#)

Benefits Statement

The Benefits Statement appears with the new plan selections. Remember, the choices have been recorded, but not saved until you confirm the changes at the bottom of the statement. If anything is wrong, you can click the "Edit" buttons next to **SUBSCRIBER INFORMATION, BENEFITS ENROLLMENTS, OPTIONAL BENEFITS,** or **DEPENDENT INFORMATION** to go back to the respective sections.

- Definitions
- Eligibility Rule
- Forms
- Standard Medical Evidence
- UNUM Medical Evidence
- Plan Enrollment Guide

Benefit Statement as of 08-15-2014

Your enrollment selections have been recorded. You must now review and save these changes below.

Listed below are your enrollment benefit selections. If you would like to make additional changes, select **Edit** in the section you wish to change. If you are satisfied with your selections, you must **save** them below.

Go to my Home Page

Edit

SUBSCRIBER INFORMATION

Name: Brad Pitt	Benefit#: E00263982
Address: 1234 Test Salem, OR 97305	DOB: 09-21-1959
	Phone: Home Work
	Personal E-mail:
	Work E-mail:

You are enrolled in the Employee Assistance Program

Edit

HEALTHCARE BENEFIT ENROLLMENTS

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date	Dependents	
					Sally	Ronny
Medical Moda Medical Plan G Statewide - Composite	Employee, Spouse & Children	935.27	10-01-2014		Yes	Yes
Vision Moda Vision Plan 4 - Composite	Employee, Spouse & Children	46.55	10-01-2014		Yes	Yes
Dental ODS Dental Plan 4/Ortho - Composite	Employee, Spouse & Children	127.56	10-01-2014		Yes	Yes
Total Current Premium		1109.38				

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

Edit

OPTIONAL BENEFIT ENROLLMENTS

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date
Basic Life Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	12.20	10-01-2014	
Optional Employee Life Optional Employee Life	Employee Only, Age 55 to 59, Amount \$100,000	43.00	10-01-2014	
Optional Spouse/Partner Life Declined		0	10-01-2014	

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

Your benefit summary will be delivered to your personal email as a PDF file.

Confirm your Enrollment Selections

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

I have read and understand OAR-Division 80, Sections 111-080-0040, 111-080-0045 and 111-080-0050 concerning Eligibility and Policy Term Violations and can find this OAR at: http://oregon.gov/OHA/OEGB/docs/DivisionRules/06-2011/PermDiv80_June2011.pdf

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

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

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

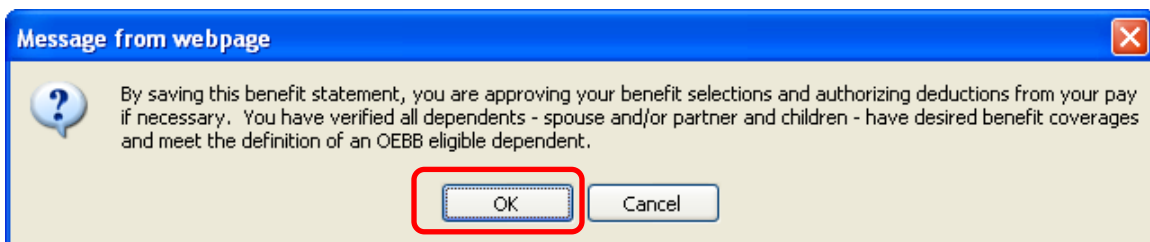
A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages, or financial responsibility of claims paid during the period of ineligibility..

This election supersedes all elections and submissions I previously made for OEGB coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for perjury.

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

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

Provided you do not make any further Open Enrollment Changes, these are the benefits that will go into effect on October 1st.



Click "OK" to approve your selections.

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

Benefit Statement as of 08-15-2014

YOUR ENROLLMENT SELECTIONS HAVE BEEN SAVED SUCCESSFULLY

Listed below are your current benefit selections. Remember you may make Open Enrollment changes until September 15 using this site. To make additional changes **Close** this page and start the open enrollment process again. If you would like to make a change due to a qualified status change, please contact your Entity Benefits Office.

You may now:

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

[Print](#) [Go to my Home Page](#)

SUBSCRIBER INFORMATION

Name: Brad Pitt
Address: 1234 Test
Salem, OR 97305

Benefit#: E00263982
DOB: 09-21-1959
Phone: Home
Work
Personal E-mail:
Work E-mail:

You are enrolled in the Employee Assistance Program

Benefit records were last updated by **Brad Pitt** on **08-15-2014**

BENEFIT ENROLLMENTS

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date	Dependents	
					Sally	Ronny
Medical Moda Medical Plan G Statewide - Composite	Employee, Spouse & Children	935.27	10-01-2014		Yes	Yes
Vision Moda Vision Plan 4 - Composite	Employee, Spouse & Children	46.55	10-01-2014		Yes	Yes
Dental Moda Dental Plan 4 - Composite	Employee, Spouse & Children	127.56	10-01-2014		Yes	Yes

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

Logging Out

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

MyOEBB My Home Page | **Log Out** | Member: Sm

RESOURCE TOOLS

- ▶ My Benefit Statement
- ▶ Out of Pocket Cost Sheets
- ▶ Carrier Information
- ▶ Compare Plans
- ▶ OEBB Web Site
- ▶ Change Password
- ▶ Personal Information

Hello William. What would you like to do?

- View/Print OEBB Help Guide.
- Enroll or change benefits during Open Enrollment.
- Update my personal information.
- View my dependents information.