

Dependent Eligibility

Eligible dependents who are covered on a retiring employee's plan(s) at the time of retirement can continue to be covered as long as they meet the definition of an eligible dependent. This is until they become eligible for Medicare due to age or disability.

When an Early Retiree becomes eligible for Medicare coverage due to age or disability, any currently enrolled eligible dependents may continue OEGB medical, dental and vision coverage until they no longer meet eligibility requirements or become eligible for Medicare due to age or disability, whichever occurs first. The eligible dependents must confirm their intent to continue coverage with the employing entity benefits administrator within 60 days of the Early Retiree becoming eligible for Medicare.

Dependents can only be added to an Early Retiree's benefit plans within 31 days of a Qualified Status Change (QSC) event. Open enrollment period changes are limited to plan selection changes only.

Additional Resources

Qualified Status Change (QSC) Event Matrix
www.oregon.gov/oha/OEGB/Pages/QSC-Matrix.aspx

Frequently Asked Questions
www.oregon.gov/oha/OEGB/pages/faqs.aspx

Plan Comparisons & Rate Information
www.OEGBplandocs.com

View Current Enrollments
www.OEGBenroll.com

Medicare/SHIBA
<https://healthcare.oregon.gov/shiba>

PERS
www.oregon.gov/PERS

The Standard (Life and Disability)
www.standard.com/mybenefits/oebb

COBRA/Benefit Help Solutions
<http://benefithelpsolutions.com>
1-800-556-2230



oebb

Early Retiree Resources

A guide for Early Retirees and those planning for retirement.

Oregon Educators Benefit Board

500 Summer St NE, E-88
Salem, Oregon 97301-1063

1-888-469-6322

Fax: 503-378-5832

oebb.benefits@odhs.oha.oregon.gov

Preparing for Early Retirement

As an Early Retiree, the OEGB coverages you have in place on the date of your retirement determine what you can continue into retirement.

Make sure you are enrolled in the medical, dental and/or vision plans you want when you retire. Retirement is not considered a Qualified Status Change (QSC) so you cannot add or change plans at the time of retirement. You can change plans if there are other plans available to you during the annual open enrollment period, but you will not be able to **add any type** of benefit plan in which you were not previously enrolled. The only exception would be if, as an active employee, you waived or opted-out of OEGB medical coverage because you were covered on another medical plan available through OEGB or on another school district plan. Under these circumstances, you will be allowed to enroll in an OEGB Early Retiree medical plan if you lose coverage under your spouse/domestic partner's medical plan and you request to add the coverage within 31 days of losing that other qualified coverage.

You can make certain changes to your optional coverages, such as life or AD&D, at the time of retirement. You can maintain, decrease, or cancel these coverages. You cannot increase any optional life or AD&D coverage at the time of retirement or during future open enrollment periods as a retiree. Make sure you are covering any eligible dependents you will want to continue covering on your medical, dental, and/or vision plans as an Early Retiree. You won't have the ability to add dependents during open enrollment periods once you've retired. You can only add dependents within 31 days following a Qualified Status Change (QSC) that allows this type of election change.

Ready to Retire

Notify your employing entity at least two weeks before your retirement date whether you intend to continue your enrollment in OEGB plans as an Early Retiree. If you decide not to continue any OEGB benefits upon retiring, you will not be able to enroll in these plans at a future date.

If you choose not to enroll in Early Retiree plans, or waive some or all coverage at retirement, you will not be able to add that coverage back during future open enrollment periods. However, if you "opted out" because you have other OEGB-sponsored group coverage through a spouse or domestic partner and then lose that coverage, this would be a valid Qualified Status Change (QSC) event allowing you to add the coverage if you notify your employing entity within 31 days of the qualifying event.

Contact your employing entity's human resources or payroll office for further information on available coverage, costs, payment arrangements and requirements. COBRA coverage is available to retirees in lieu of OEGB Early Retiree plans. COBRA coverage is available for up to 18 months from the date your coverage ends as an active employee. There is a two percent administrative fee for coverages continued under COBRA. All continuous coverage requirements and change limitations that apply to moving from active employee coverage to Early Retiree coverage also apply to moving from coverage continued under COBRA to Early Retiree coverage.

Becoming Eligible for Medicare

You become eligible for Medicare on the first of the month **prior** to your 65th birthday. If your birthday is on the first day of a month, you become Medicare-eligible a full month prior to turning age 65. You can also become eligible for Medicare due to disability at any age.

Early Retirees and eligible dependents of Early Retirees can continue OEGB coverage until the date they become Medicare-eligible. Once an Early Retiree or eligible dependent becomes Medicare-eligible due to age or disability, the OEGB coverage must end. Early retirees must notify their employing entity as soon as possible if they or a dependent become Medicare-eligible due to disability.

The only exception is if the individual (Early Retiree or dependent) becomes eligible for Medicare due to End Stage Renal Disease (ESRD). Coverage can be continued for 30 months.

You can enroll in Medicare up to three months in advance of becoming eligible. Failure to enroll in a timely manner may result in future penalties. Go to <http://www.medicare.gov/> for more information about Medicare.

If the employing entity allows it, Medicare-eligible members may elect to continue dental coverage only. Continuation of medical, pharmacy, vision, life and/or AD&D coverage is not allowed. In addition, at the time the retiree turns 65 and loses eligibility for life and AD&D coverage, dependents of the retiree can no longer continue on the group life and/or AD&D coverage through OEGB.

Many of these coverages can be converted or ported when OEGB coverage ends. You should contact The Standard directly for more information on these options.