OE Agency training system updates

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PUBLIC EMPLOYEES’ BENEFIT BOARD

SEPTEMBER 24, 2019
Open enrollment important dates

- **9/1/19**: Health Assessments open on medical plan websites.
- **9/27/19**: Clear pending coverage requests for Optional life and LTC through 6/30/19.
- **9/27/19**: (after 5:30pm): PEBB system (PDB) closes to run Pre-OE jobs.
- **9/28/19**: (after 5:30pm): PEBB system (PDB) re-opens.
- **10/1/19**: Open Enrollment begins for members and admin users.
- **10/31/19**: Open Enrollment closes for members (member module).
- **11/7/19**: Affidavits due for newly added individuals by affidavit.
- **11/8/19 - 11/13/19**: Run all Post-OE jobs.
- **11/13/19**: Open Enrollment closes for admin users (Agencies, Universities, TPA and PEBB).
- **11/18/19**: All payrolls should receive all OE transactions to load into payroll.
- **11/23/19**: All plans will receive the OE files.
- **12/20/19**: Last day for FSA corrections (Health care and Dependent care).
- **2/29/19**: Last day for all other OE corrections.
Dependent eligibility verification (DEV)

The DEV indicator will be removed (reset to blank) so members will be required to select “Yes” or “No” to each dependent they have listed on their PEBB record AND check a box that they have read the eligibility requirements in order to continue the enrollment process.

This will be required each year.
If the members selects “Yes” to any dependents, the dependents will be eligible to be enrolled or continue coverage for 1/1/20.

If the member selects “No” to any dependents, the dependents will not be eligible to be enrolled in coverage for 1/1/20. They will automatically be removed from current coverage (if applicable) ending 12/31/19 and will be expired as a dependent. The member WILL NOT be able to re-add dependents with a “No” status unless the DEV status is changed to “Yes”.

If the DEV status selected by the member creates a tier change, the system will terminate the current coverage for core benefits ending 12/31/19 and WILL NOT re-enroll for 1/1/20. The member will be required to re-enroll when they get to the core page in order to continue the enrollment process.

If the DEV status selected by the member does not create a tier change, the system will not make any changes to the current benefit coverage in the core page. If the member removed a dependent child, but has other eligible children which will not change the tier, the dependent is removed from the back end. The member will see the benefit statement showing the dependent’s eligibility status as “N” and will show in red.

Only eligible dependents marked with “Yes” to DEV will show up in the Core benefits page to be included when re-enrolling for 2020.

PEBB has access to lock and unlock dependent records. Members with one or more dependents that are locked due to the DEV process, will not be allowed to add any additional dependents during OE.
A message in red font will display in the core benefit section on the benefit statement, of any member who marks one or more dependents as “N” on the DEV eligibility page.

- Dependents marked as “N” will show “No” to coverage for each plan the dependent was enrolled in:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Tier</th>
<th>Effect Date</th>
<th>End Date</th>
<th>Abby</th>
<th>Lisa</th>
<th>Jeff</th>
<th>Joe</th>
<th>Jill</th>
<th>Jane</th>
<th>Koby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Choice</td>
<td>Employee, Spouse &amp; Children</td>
<td>08-01-2019</td>
<td>12-31-2019</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Health Engagement Model</td>
<td>Employee Only</td>
<td>01-01-2019</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HEM Participant</td>
<td>Employee Only</td>
<td>01-01-2019</td>
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REMINDER: You've enrolled for the 2020 HEM program. To receive a monthly incentive of $1756 in 2020 you must complete a health assessment with your current (2019) PEBB medical plan between September 1 and October 31, 2019. If you don't have a current 2019 medical plan contact PEBB.
All 2019 HEM status will be terminated 12/31/19.
Members will be required to re-select HEM participation status for 2020.
PEBB will be running a daily job to terminate any 2019 HEM that was reinstated by a QSC or through the daily files (employment changes sent to PEBB).
Only the employee is eligible to enroll in and participate in the HEM. The system will only have one HEM tier for “Employee Only”.
Only an active employee (with active employment and benefit coverage) is eligible to enroll in and participate in the HEM.

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$17.50</td>
<td>$17.50</td>
</tr>
</tbody>
</table>
HEM – Agency module

- Agency Module will have buttons (located at top of Enrollment Management page) named “Health Activity” and “HEM for next plan year”. The “Health Activity” button will only display if the member is a current HEM participant for 2019. You can also enroll in HEM by clicking on the Medical plan link in the “Open” section in PDB:

- The Health Activities question will have to be answered before the HEM enrollment can be selected. If you click on the medical plan link in the “Open” section to enroll for 2020 first, you will be directed to the health activities question.

**Note:** If a member enrolls during Open Enrollment in the HEM program for 2020, completes the Health Assessment by the due date 10/31/19 and coverage terminates prior to the new enrollment effective date (1/1/20), upon returning to work the system will reinstate the 1/1/20 elections and the member will receive the incentive.
The HEM participation enrollment opportunity will be available only during Open Enrollment and only for active employees with active enrollments.

Current 2019 HEM participants must answer the question about the completion of at least two health activities when Open Enrollment begins.

If Yes: Member is directed to the HEM Agreement page to select HEM participation status for 2020. The member then selects a HEM participation status to continue through the enrollment process.
HEM – Member module

If “I choose to participate in the HEM program” is selected:

The system will add the new HEM participation status to show effective 1/1/20 and the member and any DEV eligible dependents will remain in the same standard deductible plan as they are currently in. The member can change the Medical plan, if desired, and will only have the standard deductible plan options in their service area.

If “I choose not to participate in the HEM program” is selected:

The system will add the new HEM participation status to show effective 1/1/20 and will automatically term and reinstate the member and any DEV eligible dependents into the higher deductible plan of the same coverage level and tier. The member can change the Medical plan, if desired, but will only have the higher deductible plan options in their service area.

**NOTE:** The member can return to the health activities question page (by selecting the “back” button from the Core benefit page) to change the status from “No” to “Yes” in order to participate in 2020 HEM.
HEM reminder bar on benefit statement

A highlighted reminder bar for the HEM participation status will show on the Benefit Statements (Both in Agency and Member modules) only if a member selects to participate in 2020 HEM, the member is required to complete the Health Assessment in order to continue HEM participation in 2020 and be eligible for.

REMINDER: You’ve enrolled for the 2020 HEM program. To receive a monthly incentive of $17.50 in 2020 you must complete a health assessment with your current (2019) PEBB medical plan between September 1 and October 31, 2019. If you don’t have a current 2019 medical plan contact PEBB.
- MODA Summit plan is being abolished effective 1/1/20.
  - We will be terminating all members currently enrolled in any MODA Summit plan 12/31/19.
  - Members will be required to enroll in a new plan for 2020.
  - If members do not actively re-enroll, they will be defaulted to MODA Synergy higher deductible plan with the same plan tier as they had in 2019.
- There are plan name changes for PEBB Statewide and Kaiser HMO. Updating these names will also update the history in PDB. This is an aesthetic change only, current codes are not affected.
  - PEBB Statewide Plan is now Providence PEBB Statewide Plan
  - Kaiser HMO Plan is now Kaiser Traditional (HMO) Plan
  - Kaiser 100 Plan is now Kaiser Traditional 100 Plan
- All active Opt Out enrollments will be terminated 12/31/19 and the attestation indicators reset to require members to re-enroll in Opt Out which will direct them to the attestation page to attest for 2020.
  - Members will be required to re-attest and enroll for 2020.
  - If members do not actively re-enroll, they will be defaulted to a Medical Not Enrolled plan and are not eligible to receive a cash incentive.
Vision (VSP)

- **Agency Module:**
  - The system will not allow you to save a record if you move a member from a medical plan that was eligible for vision (member enrolled in vision, even if “not enrolled”) and moves to a **Kaiser Full-time** medical plan. You must cancel the vision plan in order to save the record.

- **Member Module:**
  - Members must enroll in a medical plan (or Opt out) to be eligible for vision coverage. Members enrolling in a medical plan can choose to “not enroll” in vision, however the member must make a vision coverage selection in order to save the record and continue.
Flex spending and commuter accounts

- New HealthCare FSA annual max amount for 2020 is $2700.
- Parking and Transportation monthly max for 2020 is $265.
- PEBB will be running a daily job to terminate any 2019 FSA that was reinstated by a QSC or through the daily files (employment changes sent to PEBB). PEBB will also be auditing to ensure 2019 FSAs are termed.
- We added another month (11) for University and ODE Academic employees to select when enrolling in these accounts. Now they will be able to choose the number of months;
  - 9, 10, 11 or 12
If the member selects to “Enroll” in Dependent or Health Care, the member will be required to check a box of acknowledgement, confirming they know what they are signing up for.

The FSA pages for Dependent and Health Care will have specific images on the page when enrolling to help members identify what the difference is between the plans.

We want to ensure that members are selecting the correct FSA plan in which they intended to enroll in.

**Dependent Care FSA acknowledgement:**

**Health Care FSA acknowledgement:**

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☐ Yes, I understand the above requirements and have reviewed the information about the Dependent Care FSA. I have dependents under the age 13 or adult dependents who qualify for the Dependent Care FSA. I understand these are not for healthcare related payments. I can use this money for services such as preschool, summer day camp, before or after school programs, and child or adult daycare. I understand I must use my contributions during the plan year and that I will lose whatever amount is left in my account at the end of the year. I understand the grace period ends on March 15th and all eligible claims must be submitted to ASIFlex no later than March 31st. I understand my enrollment in a Dependent Care FSA will be locked and unchangeable after December 31, 2019 unless I experience a Qualified Status Change. This means I will not be able to make any changes to this plan effective January 1, 2020 unless I have a qualified mid-year life change.

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☐ Yes, I understand the above requirements and have reviewed the information about the Health Care FSA. I understand I must use my contributions during the plan year and that I will lose whatever amount is left in my account at the end of the year. I understand the grace period ends March 15th and all eligible claims must be submitted to ASIFlex no later than March 31st. I understand the grace period ends on March 15th and all eligible claims must be submitted to ASIFlex no later than March 31st. I understand my enrollment in a Healthcare FSA will be locked and unchangeable after December 31, 2019 unless I experience a Qualified Status Change. This means I will not be able to make any changes to this plan effective January 1, 2020 unless I have a qualified mid-year life change.
Members with active employment and actively enrolled in a Medical plan **must** complete the Open Enrollment process by 10/31/19. Agencies have until 11/13/19 to input any OE forms received no later than 10/31/19.

Members who do not **actively enroll** during Open Enrollment will:

- Move from the current standard deductible medical plan to the higher deductible medical plan as a HEM Non-Participant. All enrolled eligible dependents will follow.
  - This action is: **Not Correctable**
- 2019 MODA Summit enrollees will default to the MODA Synergy higher deductible plan. All enrolled eligible dependents will follow.
  - Plan change is: **Correctable**
  - Higher deductible is: **Not Correctable**
- If enrolled in an Optional life plan, move to the “Tobacco” user Optional life plan tier (both Employee and Spouse/Partner are affected).
  - This action is: **Correctable**
- Tobacco use status will be changed to: Both my Spouse/Partner and I currently use tobacco.
  - This action is: **Correctable**
- Other Employer Group coverage will be changed if the member has an existing Spouse or Partner enrolled in the Medical plan to: My Spouse/Partner has other employer group coverage available and waives that coverage
  - This action is: **Correctable**
Employees who are enrolled in **Opt Out** during 2019 and intend to continue in 2020, **must** attest to having essential coverage for self and tax dependents each year.

- If they do not re-enroll during Open Enrollment, they will be defaulted in a new **Medical Not Enrolled** plan.
  - This action is: **Correctable**

- The **Medical Not Enrolled** plan will **NOT** be eligible to receive a cash incentive.
- Vision and Dental enrollments will not be affected.
- If the employee is enrolled in an Optional life plan (employee and/or spouse/partner), they will move to the **Tobacco** status tier for Optional life.
  - This action is: **Correctable**

Employees who are enrolled in **Decline** for 2019 and intend to continue for 2020 do not need to complete the Open Enrollment process. These members will not be part of the default process.
System Enhancements

- New “look” for PDB – New logo, new and easy URL to access PDB for members.

  **Agency Module**
  - Starting on the HEM page a message will display that “Open Enrollment is not yet completed, please continue through the process” until the member clicks the “save and continue” button from the Beneficiaries page. Once they have reached the benefit summary page and if they go back through the process, the message will no longer display on each page.

  - Un-Enrolls report for agencies is more accurate and now includes current opt out employees. Members who do not click the “save and continue” button from the Beneficiary page will not be considered completing OE and will show up on your Un-Enrolls report.

- **FSA page changes (Member Module)** – **University employees only**;
  - Added an 11 month option (Now will have 9, 10, 11 and 12 months) for # of paychecks in a year.
  - The number of months option for paychecks in the year **AND** the month selection (June, July, August and September) will be required now at the summary of the FSA/Commuter page and once updated by the member will carry through each FSA or Commuter plan the member enrolls in.
System Security changes coming soon

New security change requirements coming in spring 2020:

- New password requirements:
  - At least **10-15** characters long
  - Username and password cannot be the same
  - At least **1** character from each of these categories:
    - Uppercase letter (A-Z)
    - Lowercase letter (a-z)
    - Numeral (0-9)
    - Special character !@#$%^&*()_-

- New restrictions of using old passwords:
  - New passwords cannot be set to one of the last **4** previous used passwords

- Usernames can include special characters and can be longer than 15 characters:
  - Allow username to be up to **30** characters
  - Contain up to 4 special characters _ @ . Space
  - If a space is added in the leading or trailing position of the username, they will be truncated
<table>
<thead>
<tr>
<th><strong>Summary</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OSPS ONLY - OE transactions into p070</strong></td>
<td>Daily interface transactions will continue to process normally during Open Enrollment. Open Enrollment terminations will go in the daily interface (outdates of 11/30/19 in p070). Open Enrollment start dates (1/1/20) will be held and not go on the daily interface. QSC changes will go normal in the daily interface with term dates through 12/31/19 and begin dates based on QSC event dates. PEBB and OSPS will be working closely together during and after OE to ensure transactions are being updated accordingly.</td>
</tr>
<tr>
<td><strong>OSPS/LOTTERY/SEMI</strong></td>
<td>Term and Re-enroll job - final step prior to moving OE data to OSPS interface. This will term ALL PEBB enrollments for ALL OSPS/Lottery and Semi-Independent members who do not currently have an end date showing as 12/31/19. This job will end coverage 12/31/19 and reinstate the same coverage level/tier 1/1/20.</td>
</tr>
<tr>
<td><strong>OSPS ONLY Agency Module - OSPS rejections</strong></td>
<td>PEBB will “Hide” the OSPS rejections link from the Home Page Alerts and under the Enrollment Management link in Agency module prior to our Post OE jobs. PEBB and OSPS will work together to compile a data comparison file to find the “true” rejections and work with agencies to get them fixed after we are done running all our post OE jobs.</td>
</tr>
</tbody>
</table>
Agency reminders

- **RUN YOUR AGENCY UN-ENROLLS REPORTS (shortcut provided separately)** - find out who still has not completed Open Enrollment. You can run these reports as many times as needed.

- **HOW TO HELP MEMBERS ONLINE** - On the Enrollment Management page there is a “Member Module” button that will allow you to view the member’s enrollment “live” as they are currently enrolling. This is a very helpful tool in case a member is stuck on a page or has a question, you can click this button and move to the page in which the member is asking about. There is no save button so you cannot save anything for the member, but you will be able to see the members selections and you can see what they are looking at.
Agency reminders cont’d

- **WHEN CAN A MEMBER ENROLL OR NOT ENROLL ONLINE DURING OE?**
  - If a member’s coverage shows a coverage end date in PDB, the member **will not** be able to enroll online and **will not** be able to participate in the 2020 HEM.
  - If a member has active coverage through 10/31/19 or later, but the employment status in PDB shows “Terminated”, the member **will not** be able to enroll online and **will not** be able to participate in the 2020 HEM.

- **WHAT TYPE OF MEMBERS CAN OR CAN’T ENROLL ONLINE DURING OE?**
  - COBRA - **NO**
  - Retiree and Self-pay - **YES**
  - Active Employees (includes ACA eligible temps and Seasonal) - **YES**

**NOTE:** Members must have active employment status and active enrollments in PDB to be eligible to enroll online and participate in the HEM program for 2020.
OE System Timeline – this shows the list of events that will be happening in the system.

- 2020 DP Imputed Values.
- How to process OE forms for 2020 plan year.
- Reset passwords and unlocking member records.
- Midyear changes during and after OE – will be sent out at a later date.
- Process for members enrolled in Decline who want to enroll in a Medical/Dental plan for 2020.
- Resetting browser to default settings – some employees computer stations have different browser settings making it difficult for them to log in and enroll online.
- How to run your OE un-enrolls report to find out who has not completed OE.
Contact us

Need System Assistance?

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