



HEALTH POLICY AND ANALYTICS
Public Employees' Benefit Board

Kate Brown, Governor



500 Summer Street NE, E-89

Salem, OR 97301-1063

Phone: 503-373-1102

Fax: 503-373-1654

Email: inquiries.pebb@dhsosha.state.or.us

Today

<<Sub First Name>><<Sub Last Name>>

<<Address 1>>

<<Address 2>>

<<City, State, ZIP>>

<<ReviewID>>

Dear <<SubFirstName>>,

In 2017 the Oregon legislature passed a law that requires PEBB to verify your dependent's eligibility. The intent of the "Dependent Eligibility Review" is to ensure only those who are eligible are receiving PEBB benefits. This helps keep health care cost down.

You are receiving this letter because you have enrolled dependent's in the PEBB benefit management system. PEBB will need to see documentation that confirms each dependent's eligibility.

To complete the dependent eligibility review process, simply follow these steps:

1. Carefully read and review the enclosed definitions and documentation requirements.
2. Confirm your dependents eligibility status by making copies of the required documents. Some dependents require more than one document.
3. Complete and return the enclosed *Dependent Eligibility Worksheet* along with copies of the required documents. Do not send originals!

Send your documents to PEBB, Attn: Dependent Eligibility Review Team:

- Mail: 500 Summer Street NE, E-89. Salem, OR 97301-1063. **or**
- FAX: 503-373-1654 **or**
- Email: pebb.dependenteligibility@state.or.us

Note: Email may not be a secure way to transmit private information.

All required documents and your *Dependent Eligibility Worksheet* must be received by **<<DUE Date>>**. Eligibility documents will not be returned and will be shredded at the end of the review.

If you cannot provide the appropriate documentation for a dependent, his or her coverage will end on **<<Term Date>>**. We cannot add your dependent back onto your PEBB coverage during a future enrollment period unless you provide the required documentation.



Rights and Responsibilities

A confirmation letter will be mailed to you within 10 to 14 business days after the review of your documents is completed. The confirmation letter will give you the status (verified or not verified) for each of your dependents.

Dependent's identified as ineligible will be terminated from all PEBB benefit plans effective the last day of the month in which the determination was made, or retroactive to the date the individual is determined to have no longer been eligible, or the effective date of coverage if eligibility criteria was never met.

Imputed taxes may apply in the event a spouse is determined to be a domestic partner. PEBB cannot provide interpretations or advice related to a member's taxes. You should contact a tax professional for more information.

Members have a right to appeal all eligibility decisions. Completed appeal forms and eligibility documents must be received by PEBB within 60 days of the date your dependent's coverage was ended.

Note: If a disabled dependent child's (age 26+) coverage terminates due to the dependent eligibility review you have 60 days to appeal and provide the requested documentation for reconsideration. If the appeal is outside the 60 days for the disabled dependent (age 26+), the disabled dependent is no longer eligible for future enrollment as your dependent under PEBB coverage. To complete your appeal form, go to: <http://www.oregon.gov/oha/PEBB/Benefits/Appeal-Form.pdf>.

For more information about the dependent eligibility review and eligibility definitions visit: <http://www.oregon.gov/oha/PEBB/Pages/Dependent-Eligibility-Review.aspx>

We appreciate your cooperation with the dependent eligibility review process. If you have any questions, please call PEBB at 1-503-373-1102 or email pebb.dependenteligibility@dhs.ohs.state.or.us.

You can get this document in other languages, large print, braille or a format you prefer. Contact PEBB at 503-373-1102 or email pebb.dependenteligibility@dhs.ohs.state.or.us. We accept all relay calls or you can dial 711.

Sincerely,

Public Employees' Benefit Board