



Dates

<First Name> <Last Name>  
<Address>  
<City, State, ZIP>

Dear <First Name>:

On behalf of the Oregon Educators Benefit Board (OEBB) Board and staff, we would like to welcome you to the benefits program.

Enclosed are your open enrollment materials. **Open Enrollment begins on August 15 and continues through September 15, 2009, for most educational entities.** Please note that some entities have designated that the open enrollment period ends earlier than September 15 so you should check with your school if you have questions about your enrollment period.

OEBB was created by Senate Bill 426 in March 2007 to provide health, dental vision and other benefits for Oregon's school and education service district employees beginning October 1, 2008. Community colleges and certain charter schools also were included by giving them the option to participate in the OEBB pool if they choose. Under this legislation, OEBB was directed to design benefit plans, contract with carriers to provide the benefit plans and manage and administer the benefit plans into the future.

The Board is made up of 10 members serving terms of up to four years. All are appointed by the Governor. Of the 10 members, eight represent the various bargaining units and employee groups, management and school boards, while two are health policy specialists.

OEBB has changed the way entities provide benefits for their employees. Prior to OEBB, school and education service districts, community colleges and charter schools purchased plans for their own employees through one of two health plan trusts, through the Oregon School Employees Association, or through direct contracts with carriers. Most of these education entities are now included in the much larger OEBB pool.

OEBB designed medical, pharmacy, dental, vision, life, accidental death and dismemberment and short- and long-term disability plans and procured rates from interested carriers.

Each of the carriers selected also share the Board's commitment to integrated care, innovation and quality.

**The following information is designed to provide you with a summary of the OEGB benefit plans available to you.**

**Medical coverage**

For medical coverage, OEGB offered entities 10 plans for the 2009-10 plan year. These plan offerings include:

- Kaiser Permanente -- a Health Maintenance Organization, or HMO -- for OEGB medical plans 1, 1A and 2 in the Kaiser service area;
- Providence Health Plan -- a Point of Service plan -- for OEGB medical plans 1, 1A and 2 available statewide; and
- ODS -- a Preferred Provider Organization, or PPO -- plan for OEGB medical plans 3 through 9 available statewide.

Each entity was able to select up to four medical plans for each employee group. The medical plan options selected for your employee group are identified on the enclosed plan summary.

**Dental coverage**

For dental coverage, OEGB offered entities eight plans including:

- ODS on a statewide basis will provide coverage under OEGB dental plans 1 through 6;
- Kaiser Permanente will offer DMO plans 7 and 8 in the Kaiser service area to OEGB members who are enrolled in a Kaiser medical plan; and
- Willamette Dental Group will offer DMO plans 7 and 8 on a statewide basis.

Each entity was able to select up to three dental plans for each employee group. In addition, each group was able to add orthodontia coverage on their dental plans. While the Willamette Dental Plans include orthodontia, the ODS or Kaiser plans offered by your entity may not. Please read the dental summaries carefully so that you are able to meet all of your dental needs. The dental plan options selected for your employee group are identified on the enclosed plan summary.

**Vision coverage**

For vision coverage, OEGB offered entities five plans. Including:

- ODS offers OEGB Vision plans 1 through 5 statewide.
- Kaiser Permanente offers OEGB Vision plan 5 in the Kaiser service area for members who are enrolled in a Kaiser medical plan.

Each entity was able to select one of the five vision plans offered through ODS for each employee group in addition to the Kaiser vision plan if one was offered to members who are enrolled in a Kaiser medical plan. The vision plan option or options selected for your employee group are identified on the enclosed plan summary.

Keep in mind, OEGB designed the plans, but your entity or peers decided which plans are offered to your employee group.

Here are a few more important details about this change –

- ✓ For employees of entities participating in the OEGB benefits program for the first time, there will be no pre-existing condition limitations. However, if you choose to opt out of

dental or vision coverage and decide to enroll during a future open enrollment period, a 12-month-waiting period will apply for all services other than preventive and routine dental and vision exams and services.

- ✓ Deductibles and maximum out-of-pocket costs will start on October 1 and will carry forward through September 30. Deductible amounts met on your current plan will NOT be carried forward to your new OEGB plan.
- ✓ When moving to an OEGB medical plan on October 1, your lifetime plan maximum of \$2 million will be reinstated, preventive services coverage will be available at the 100 percent benefit level when using a network provider, and dental and vision maximum benefits will reset and run through September 30 of next year.
- ✓ If you have an eligible dependent child or children, an eligible spouse, or an eligible domestic partner on your coverages, you can continue to cover those eligible dependents on the OEGB benefit plans. If you have questions about your benefit eligibility or eligibility of a child, spouse or domestic partner, please check with your employer for more details.

### **Optional Benefits**

OEGB contracted with The Standard Insurance Company to offer entities optional benefits including life, short- and long-term disability and accidental death and dismemberment (AD&D) coverage. Entities are not required to offer these benefits to employees. If any of these plans are available to you, they are detailed toward the back of this packet. Please speak to your benefit representative or call OEGB for more information.

### **Valuable information about the upcoming open enrollment period**

OEGB uses an online enrollment system called MyOEGB during the open enrollment period scheduled for August 15 through September 15. MyOEGB won't be accessible until August 15, but as of the 15<sup>th</sup> you will be able to access the online enrollment system from any computer worldwide that has Internet access. MyOEGB will provide you with an efficient way to enroll in the benefit plans, identify eligible dependents and document your benefit elections. MyOEGB provides your entity and the insurance carriers with a more efficient way to communicate eligibility, process premiums and document your benefit elections.

### **Enrolling Yourself and Dependent in Benefits**

To enroll in benefit plans, access the MyOEGB enrollment system and register. Remember, you must enroll in each benefit option to receive coverage for the benefit. Enrolling in medical only will NOT enroll you in dental and vision, too. Additionally, each dependent must be enrolled using the dependent confirmation page.

### **Contacting OEGB for Assistance**

If you need assistance enrolling in your benefits, logging into the system or registering, or have other benefit-related questions, you may contact the OEGB member services team or your entity benefit representative. To contact OEGB, call (888) 4My-OEGB (888-469-6322), or e-mail [oebb.benefits@state.or.us](mailto:oebb.benefits@state.or.us).

During open enrollment only OEGB member services representatives are available to assist you Monday through Friday from 7 a.m. to 7 p.m.; Saturdays from 10 a.m. to 2 p.m.; and on September 15 from 7 a.m.

to midnight. OEGB also is available by telephone on Saturday and Sunday, August 15 and 16, from 8 a.m. to 5 p.m.

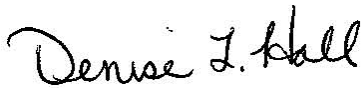
To access the MyOEGB benefit enrollment system, log onto <https://myoebb.org/oebb!/pb.main>. If you would like to view or download a copy of the MyOEGB instructional brochure to help you through the enrollment process, visit [www.oregon.gov/DAS/OEGB](http://www.oregon.gov/DAS/OEGB).

For more information about OEGB, the Board's rules, and open enrollment, or to find the latest Board meeting schedule, please visit our Web site at [www.oregon.gov/DAS/OEGB](http://www.oregon.gov/DAS/OEGB).

Sincerely,



Joan M. Kapowich  
Administrator



Denise L. Hall  
Deputy Administrator

#### **Contacting the Carriers**

To contact the carriers about specific plan details or coverage, use these toll-free numbers:

BenefitHelp Solutions (COBRA)  
(800) 556-2230

Kaiser Permanente  
(866) 223-2375

ODS Health Plan  
(866) 923-0409

Providence Health Plan  
(800) 633-1878

Standard Insurance Company  
(866) 756-8115

Willamette Dental Group  
(800) 461-8994

#### **Log in to MyOEGB to Enroll in Benefits**

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

#### **Who is my dependent?**

Dependents are typically defined as a spouse, domestic partner, biological or adopted child or legal ward of the court. For more information on dependent eligibility go to [http://arcweb.sos.state.or.us/rules/OARS\\_100/OAR\\_111/111\\_015.html](http://arcweb.sos.state.or.us/rules/OARS_100/OAR_111/111_015.html) or contact your benefit representative.