



MyOEBB Benefits  
New Hire Enrollment Guide



OREGON EDUCATORS  
**OEBB**  
BENEFIT BOARD

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

\*Please see your educational entity regarding a QSC.



# Welcome to MyOEBB!


## Checklist for Enrollment

- Your E Number, Social Security Number, or School District ID
- Birth Dates of benefit eligible family members
- Plan Choices for Health Care Benefits and Optional Benefits
- Affidavit of Domestic Partnership (if applicable)
- Other Group Coverage Information (if applicable)

## Getting Registered

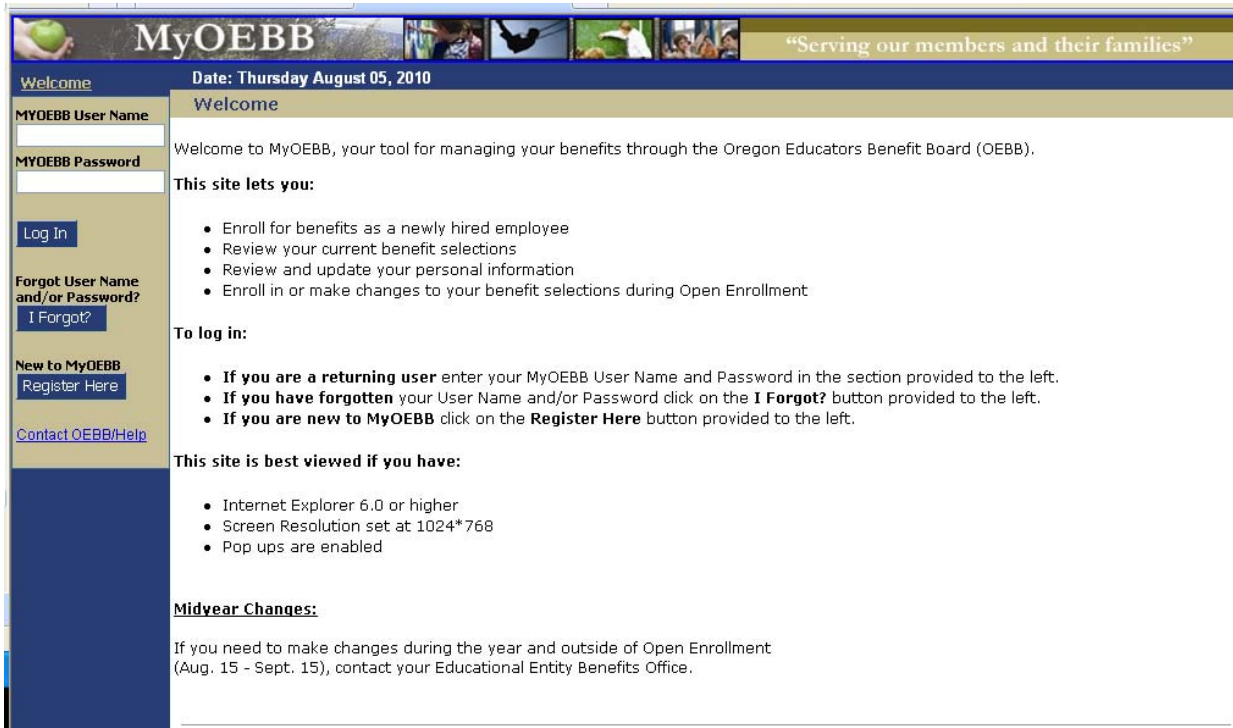
Log on to the following Web site: <https://myoebb.org/oebb!/pb.main>

### If you are new to MyOEBB:

Click  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:

Enter your username and password. And click “**Log In.**”



The screenshot shows the MyOEBB website interface. At the top, there is a navigation bar with the MyOEBB logo and the tagline "Serving our members and their families". Below the navigation bar, the date "Thursday August 05, 2010" is displayed. The main content area is divided into two columns. The left column contains a "Welcome" message, a "MYOEBB User Name" input field, a "MYOEBB Password" input field, a "Log In" button, a "Forgot User Name and/or Password? I Forgot?" link, a "New to MyOEBB Register Here" button, and a "Contact OEBB/Help" link. The right column contains a "Welcome" message, a "This site lets you:" section with a list of features, a "To log in:" section with instructions for returning and new users, a "This site is best viewed if you have:" section with system requirements, and a "Midyear Changes:" section with information about making changes during the year.

**Welcome** Date: Thursday August 05, 2010

Welcome

MYOEBB User Name

MYOEBB Password

Log In

**Forgot User Name and/or Password?**  
I Forgot?

**New to MyOEBB**  
Register Here

[Contact OEBB/Help](#)

**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

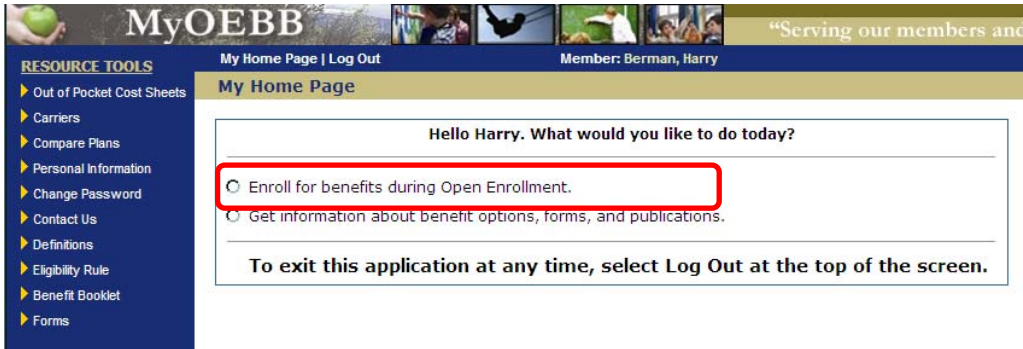
**Midyear Changes:**

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

# Beginning the Enrollment Process

During your initial New Hire Enrollment you have 31 days to make your selections. Once your selections have been verified and saved those selections will stay in effect until the next Open Enrollment period or until you experience a Qualified Status Change (QSC) event such as a marriage, birth, change of employment, or other family event.

After you log in to MyOEBB, you'll see a welcome screen like this one.



During the enrollment process you can review and update your personal information, add dependent information, get information about plans, access Out-of-Pocket Cost Sheets, and more. All of these options are available on the left side **Resource Tools** menu.

**Select: “Enroll for benefits as a newly hired employee.”**

## 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”**.

ID E00183519	Last Name Doe	First Name Jane	MI	Gender Female	Birth Date 09-21-1959
Home Phone <input type="text"/>		Work Phone <input type="text"/>		Ext <input type="text"/>	
E-mail <input type="text"/>					
<b>Addresses</b>					
■ Address Type <input checked="" type="radio"/> Residence <input type="radio"/> Mailing <input type="radio"/> Work <a href="#">Change Address</a> <input checked="" type="radio"/> USA <input type="radio"/> International					
Address Line 1 123 Test Drive					
Address Line 2					
City Salem		State Oregon		Zip Code 97301	
County			Country United States		
<a href="#">Back</a> <a href="#">Save</a> <a href="#">Save &amp; Continue</a>					

# Adding Dependents

Add your eligible dependents during this Enrollment so your entire family will have coverage. Eligible dependents include spouse, domestic partner, and children.

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)	Medicare Eligibility
Smith	Sally		Spouse	Female		09-21-1959	No
Smith	Daniel		Child	Male		09-21-2001	No

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

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

Dependent	Benefit #	Name	Relationship	Birthdate	Gender	Expiration Date	Remove
Dependent Certification Yes=Checked No= Not Checked	E00001368	Berman, Clara	Spouse	11-07-1965	F		✘
Not Required	E00001369	Berman, Nancy	Child	02-25-1991	F		✘

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

Once your list of dependents is complete, click **“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 will need to provide proof of other group insurance or you may **Waive** your medical benefit without showing proof of other insurance. Contact your Benefits Office for your opt out or waive options and rules.

Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	Dependents	
				Sally	Daniel
<b>Enroll</b>	Medical				
Opt Out					
Waive					
Enroll	Vision- Active Members choosing not to enroll the will be eligible for only routine services for the first		for 2010		
Decline					
Enroll	Dental- Active Members choosing not to enroll themselves and/or eligible dependents in a dental plan for 2010 will be eligible for only routine services for the first 12 months if electing coverage in a future plan year.				
Decline					

Select: **"Enroll"** next to Medical to start the enrollment process.

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[Accept and Return to Benefit Statement](#)
[Accept & Continue](#)

On the next screen you'll select your desired Medical plan and Coverage Tier.

Select your new plan and coverage tier using the drop-down menu.

**Plans :** ODS Medical Plan 3/RX A - Tiered

**Coverage Tier:** <-----Select----->  
 Providence Medical Plan 2/RX 1 - Tiered  
 ODS Medical Plan 3/RX A - Tiered

**Plans :** ODS Medical Plan 3/RX A - Tiered

**Coverage Tier:** Employee, Spouse & Children

Include	Relationship	Name
<input checked="" type="checkbox"/>	Spouse	Berman, Clara
<input checked="" type="checkbox"/>	Child	Berman, Nancy

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

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

Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	Sally	Daniel
Change Delete	<b>Medical</b> ODS Medical Plan 5/RX B - Composite	Employee, Spouse & Children	09-01-2010	✓	✓
Change Delete	<b>Pharmacy</b> ODS Pharmacy Plan B - Composite	Employee, Spouse & Children	09-01-2010	✓	✓
Change Delete	<b>Vision</b> ODS Vision Plan 3 - Composite	Employee, Spouse & Children	09-01-2010	✓	✓
Change Delete	<b>Dental</b> ODS Dental Plan 1/Ortho - Composite	Employee, Spouse & Children	09-01-2010	✓	✓

[Back](#)
[Accept and Return to Benefit Statement](#)
[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 any optional plans selected by your educational entity. Select **“Enroll”** 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.

Enroll	Optional Employee Life			
Decline				
Enroll	Optional Spouse/Partner Life			
Decline				
Enroll	Optional Child Life			
Decline				
Enroll	Basic Accidental Death & Dismemberment			
Enroll	Optional Employee Accidental Death & Dismemberment			
Decline				
Enroll	Optional Spouse/Partner Accidental Death & Dismemberment			
Decline				
Enroll	Optional Child Accidental Death & Dismemberment			
Decline				
Enroll	Short Term Disability			
Decline				
Enroll	Long Term Disability			

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

[Continue and Return to Benefit Statement](#)
[Accept & Continue](#)

On the next screen you'll select your desired coverage amount. If you want additional coverage over the guarantee issue amount, click on "Total Requested Amount". If all of your selections look good, click **"Continue"**.

**To enroll:**

1. Select the plan from the drop-down menu and **wait for the screen to refresh.**
2. During this first-time Open Enrollment the [Guarantee-issue](#) is \$200,000 for active employees and \$20,000 for retirees.(If you currently have a coverage amount greater than your guaranteed amount, your educational entity will grandfather in your amount for 2009.)
3. Select the coverage tier from the **Total Requested Amount** drop-down menu.The new coverage requires approval by the carrier. You must complete and submit a Medical History Statement.
4. Select **Continue.**

**Please note:**

- Your **Total Requested Amount** coverage will go into effect no earlier than October 1 or after the plan approves your request whichever is later. You will be notified in writing of the determination.
- To make changes during the year you must experience a [qualified status change.](#)
- Select **Back** to return to the Optional Benefits summary page.

Plans : Optional Employee Life

Current Or Guarantee Issue Amount : Employee Only, Age 45 to 49, Amount \$200,000 Note: Current or guarantee issue amount does not require plan approval. It will go into effect October 1st.

Total Requested Amount : Employee Only, Age 45 to 49, Amount \$330,000 Note: Total requested amount includes amount greater than current or guarantee issue amount and is subject to plan approval.

Back Continue

Continue this process with each plan selection.

Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date
Undo	Optional Employee Life	Employee Only, Age 45 to 49, Amount \$200,000	10-01-2009	
<b>Total Requested Amount: Employee Only, Age 45 to 49, Amount \$330,000 * Pending Plan's Approval *</b> <b>This amount includes the guarantee issue. You must either complete a new Medical History provided to you at the end of this enrollment process or provide to your educational entity a current Medical History to start the review/approval process.</b>				
Enroll	Basic Life			
Enroll	Optional Spouse/Partner Life			
Decline				
Enroll	Optional Child Life			
Decline				
Enroll	Basic Accidental Death & Dismemberment			
Enroll	Optional Employee Accidental Death & Dismemberment			
Decline				
Enroll	Optional Spouse/Partner Accidental Death & Dismemberment			
Decline				
Enroll	Optional Child Accidental Death & Dismemberment			
Decline				
Enroll	Short Term Disability			
Decline				
Enroll	Long Term Disability			
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 (Option 1) or specific beneficiaries (Option 2). Click **“Save & Continue”**.

1. Personal Information	2. Dependents	3. Healthcare Benefits	4. Optional Benefits	5. Beneficiaries	6. Benefit Statement
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Your current beneficiaries are:

**No beneficiaries have been designated.**

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

1. [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 OEBC.

2. **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**

## Benefits Statement

The Benefits Statement appears with the new plan selections. Remember, your choices have been recorded, but are 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.

Benefit Statement as of 08-05-2010

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**

<b>Name:</b> William Smith	<b>Benefit#:</b> E00204699
<b>Address:</b> 123 Test Drive Salem, OR 97306	<b>DOB:</b> 09-21-1959
	<b>Phone:</b> Home Work
	<b>Personal E-mail:</b>
	<b>Work E-mail:</b> debra.radish@state.or.us

Edit **BENEFITS ENROLLMENTS**

Plan	Coverage Tier	Premium	Cov. Eff. Date	End Date	Dependents	
					Sally	Daniel
Medical ODS Medical Plan 5/RX B - Composite	Employee, Spouse & Children	1051.89	09-01-2010		Yes	Yes
Pharmacy ODS Pharmacy Plan B - Composite	Employee, Spouse & Children	145.10	09-01-2010		Yes	Yes

Confirm all your benefit elections are correct. If you have selected Long Term Care plans you will see two checkboxes, otherwise you will see one checkbox. Click on each of the checkboxes to acknowledge the statement and then click **"I agree"**.

Edit **DEPENDENT INFORMATION**

Dependent Name	Relationship	DOB	Benefit Number
Sally Smith	Spouse	09-21-1959	E00204700
Daniel Smith	Child	09-21-2001	E00204701

\*The subscriber's benefit number should be used for billing services.

Edit **EMPLOYEE BENEFICIARY DESIGNATION :**  
You have selected the Standard Designation as your beneficiary.

**Confirm your Enrollment Selections**

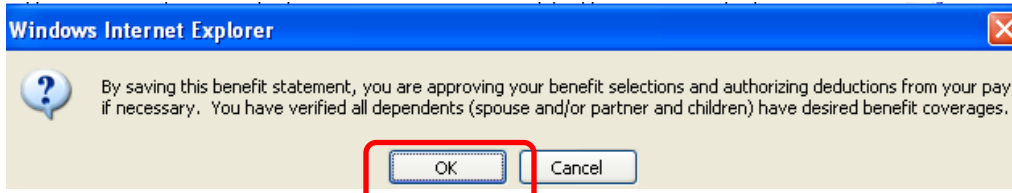
I declare that the individuals listed in my OEBB electronic record and I are eligible for the coverage requested. I understand the benefit elections I make in my electronic record are in effect for as long as I continue to meet OEBB's eligibility requirements, or until I elect to change them subject to the provisions of OEBB's plan. I understand I cannot alter my plan selection during the plan year unless I have a qualified status change; then I am subject to the restrictions of the OEBB qualified status changes. I have read the benefit materials and I understand the limitations and qualifications of the OEBB 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 OEBB 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.

This election supersedes all elections and submissions I previously made for OEBB 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 acknowledge that I have visited <http://w3acp.unum.com/enroll/OEBB002/index.aspx> and have read the required documents in the Enrollment Section **"Important Information about Your Enrollment"**.
- I have reviewed and agree with all my enrollment selections. 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). Click **“OK”** to approve your selections.



Your Benefit Statement appears, confirming you have successfully saved selections. It's always a good idea to print a copy of your benefit summary for your records.



Oregon Educators Benefit Board  
**MyOEBB**

Benefit Statement as of 11-19-2008

**YOUR ENROLLMENT SELECTIONS HAVE BEEN SAVED SUCCESSFULLY**

Listed below are your current benefit selections. If you would like to make a change due to a qualified status change, please contact your Educational Entity Benefits Office.

**You may now:**

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



## Logging Out

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

