



HEALTH CARE PROGRAMS
Oregon Educators Benefit Board

John A. Kitzhaber, MD, Governor

Oregon
Health
Authority

August 1, 2011

[FIRST] [LAST]
[ADDRESS]
[CITY], [STATE] [ZIP]

1225 Ferry Street SE, Suite B
Salem, OR 97301-4281
Voice: 503-378-6610
Toll-free (Benefits) 888-469-6322
E-mail: oebb.benefits@state.or.us

OREGON EDUCATORS
OEBB
BENEFIT BOARD

Dear [FIRST]:

You should have received a postcard recently notifying you of your potential eligibility for health insurance through the Oregon Educators Benefit Board (OEBB), as provided for under House Bill 2557 (2009). Enrollment materials for the 2011 enrollment period are enclosed, including a summary of plan details comparing costs and coverage of the two plans available to you, an ACH Debit Form to set up monthly auto-deduction payments from your bank account, and the HB 2557 Q&A (question and answer) sheet.

To be eligible for OEBB health insurance coverage effective October 1, 2011, you must have been Oregon PERS-eligible and must have worked in a research or faculty position at one or more Oregon public institutions of higher education in the 2010 calendar year. For more information about HB 2557, please visit the HB 2557 Q&A page of the OEBB website: www.oregon.gov/OHA/OEBB/HB2557.shtml.

The enrollment period for OEBB benefit plans begins August 15 and runs through September 25, 2011, for HB 2557 qualifying members. Benefits selected during this period will be effective October 1, 2011.

Enrolling Yourself and Eligible Dependents in Benefits

To enroll in the benefit plans, access the MyOEBB Member Module and register (see the Web address below). Be sure to record your user name and password in a safe place so you can access your benefit records later if necessary. If you want to cover any eligible dependents, you must list each dependent (including your spouse/domestic partner) and check the box indicating you want to cover them.

Eligibility requirements for dependents can be found online at:

www.oregon.gov/OHA/OEBB/docs/OpenEnrollment/2011/2012DEVreq.pdf

The Web address to enroll in or change benefits is:

www.myoebb.org

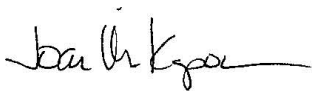
If you are not able to enroll online, you can contact OEBB at the phone number or email address listed below to request a paper enrollment form. You may also request a paper copy of the dependent eligibility requirements, if needed.

Contacting OEGB for Assistance

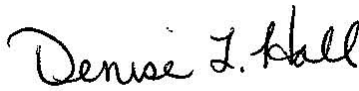
If you need assistance with enrolling in benefits or logging into or registering in the MyOEGB Member Module, or have any benefit-related questions, you can contact the OEGB member services team by calling 1-888-4My-OEGB (1-888-469-6322), or you can email OEGB at oebb.benefits@state.or.us.

To view or download a copy of the MyOEGB instructional brochure to help you through the enrollment process, or for more information about OEGB, visit www.oregon.gov/OHA/OEGB.

Sincerely,



Joan M. Kapowich, R.N.
Administrator



Denise L. Hall
Deputy Administrator

Contact Information and Internet Resources

To contact ODS about specific plan details or coverage, use the toll-free number below or visit their website:

ODS

(866) 923-0409

www.odscompanies.com/oebb

For questions about COBRA rights and eligibility, contact OEGB's COBRA administrator:

BenefitHelp Solutions (COBRA)

(800) 556-2230

www.benefithelpsolutions.com/oebb

To enroll in benefits, log on to MyOEGB at: www.MyOEGB.org

To download the MyOEGB Enrollment Guide go to:

www.oregon.gov/OHA/OEGB

To download the QSC Matrix that identifies life events which allow changes outside of Open Enrollment go to:

www.oregon.gov/DAS/OEGB/docs/QSCs/QSCMatrix.pdf

For additional information about HB2557, please visit the Q&A page on the OEGB website:

www.oregon.gov/OHA/OEGB/HB2557.shtml

**HB 2557 HEALTH PLAN COMPARISON
2011-12 PLAN YEAR**

Monthly Premium by Coverage Tier		
	Med Plan 8 ODS (PPO)	Med Plan 9 ODS MAJOR MED
Employee Only	\$388.53	\$295.67
Employee + Spouse	\$854.80	\$650.50
Employee + Child(ren)	\$738.24	\$561.81
Family	\$1,204.45	\$916.62

Summary of Medical and Pharmacy Benefits		
	Med Plan 8 ODS (PPO)	Med Plan 9 ODS MAJOR MED
Lifetime Maximum	Unlimited	Unlimited
Deductible		
In-Network (Individual / Family)	\$1,000 / \$3,000	\$1,500 / \$3,000***
Out-of-Network (Individual / Family)	Combined in / out network	Combined in / out network
Maximum out-of-pocket costs per plan year		
In-Network (Individual / Family)	\$2,200 / \$6,600**	\$5,000 / \$10,000***
Out-of-Network (Individual / Family)	\$4,400 / \$13,200**	
The amount the Plan will pay after the Maximum Out-of-Pocket costs have been paid (except the Additional Cost Tier & Copayments still apply)	100%	100%
Preventive Care Services (In-Network / Out-of-Network)	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Adult, Well-child & Well-baby exams	0%* / 50%	0%* / 50%
Immunizations (In-Network / Out-of-Network)	0%* / 50%	0%* / 50%
Preventive Care Services as described in Plan Handbooks	0%* / 50%	0%* / 50%
Provider Services (In-Network / Out-of-Network)	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Incentive Office Visits for asthma, heart conditions (CHF, Cholesterol & High BP) & Diabetes Management	20% / 50%	20% / 50%
Primary Care Services as described in Plan Handbook	20% / 50%	20% / 50%
Specialist Office Visits	20% / 50%	20% / 50%
Additional Cost Tier	\$500 + 20% / \$500 + 50%	20% / 50%
Other Services (In-Network / Out-of-Network)	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Laboratory / X-Ray & Durable Medical Equipment	20% / 50%	20% / 50%
Imaging (CT, PET & MRI)**, Sleep Studies & Upper Endoscopies	\$100 + 20% / \$100 + 50%	20% / 50%
Hearing Aids (\$4,000 maximum every 48 months)	10% / 50%	20% / 50%
Maternity (In-Network / Out-of-Network)	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Outpatient Maternity Care	20% / 50%	20% / 50%
Delivery & Routine Newborn Nursery Care	20% / 50%	20% / 50%
Mental Health & Chemical Dependency Services	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Outpatient Services	20% / 50%	20% / 50%
Inpatient Services	20% / 50%	20% / 50%
Residential Services	20% / 50%	20% / 50%

**HB 2557 HEALTH PLAN COMPARISON
2011-12 PLAN YEAR**

Summary of Medical and Pharmacy Benefits		
	Med Plan 8 ODS (PPO)	Med Plan 9 ODS MAJOR MED
Weight Loss Management (subscriber and covered dependents)	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Up to four 13-week Weight Watchers Sessions per Plan Year (age restrictions may apply)	No Charge	No Charge
12 Health Coaching Sessions per Plan Year & Online Educational Resources	No Charge	No Charge
Hospital & Outpatient Services (In-Network / Out-of-Network)	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Inpatient Care	20% / 50%	20% / 50%
Outpatient Surgery	20% / 50%	20% / 50%
Outpatient Rehabilitation (physical, occupational & speech therapy) - <i>maximum visits apply both In-Network & Out-of-Network</i>	20% / 50% (max 30 visits per plan year)	20% / 50% (max 30 visits per plan year)
Ambulance	20%	20%
Emergency Room Copay (waived if admitted)	\$100 per visit then 20%	20%
Urgent Care (In-Network / Out-of-Network)	\$ and % shown is the Member Cost; \$ Amounts = Copayments	
Urgent Care Visit	20%	20%
Tobacco Cessation Program	Available to age 18 and over	
(available to age 18 and over) Telephone Consults, Web-Coaching, Patches, Gum & Prescribed Medications	Unlimited calls to Free & Clear, maximum 5 calls from Free & Clear per Plan Year. Patches, gum & prescribed medications are subject to Rx copays. See Plan Handbook for details.	
Alternative Care Services (In-Network / Out-of-Network)	\$2,000 Maximum Combined Benefit ♦ \$ and % shown is the Member Cost; \$ Amounts = Copayment	
Acupuncture, Chiropractic & Naturopathic Services	20% / 50%	20% / 50%
♦ Cost of lab, x-rays, supplies & procedures performed in Alternative Care Provider's office applies to Benefit Maximum		
Pharmacy (Rx) Services	\$ and % shown is the Member Cost; \$ Amounts = Copayment	ODS Med Plan 9 includes a pharmacy benefit to which the deductible and maximum out-of-pocket also apply.
Carrier and Plan Option	ODS Rx Option C	
Out of Pocket Maximum	\$1,100	
Retail	(up to a 31-day supply)	
Value	\$4	
Generic	50%	
Preferred	50%	
Non-preferred	50%	
Mail	(up to a 90-day supply)	
Value	\$8	
Generic	50%	
Preferred	50%	
Non-preferred	50%	
Specialty	(up to a 31-day supply)	
Generic	50%	
Preferred	50%	
Non-preferred	50%	

* Deductible waived

** Additional Cost Tier copayments and \$100 Imaging/Sleep Studies/Upper Endoscopies copayments do not count toward Deductible or Out-of-Pocket Maximum.

*** ODS Med Plan 9 individual deductible applies for Member only. Family deductible applies to plans with two or more members. This deductible must be met before benefits will be paid and applies toward the maximum out-of-pocket.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.

HB2557 – Enrollment Packet Q&A

Q: What are my coverage options?

A: You have two OEBB medical plans to choose from. The enclosed “HB2557 Health Plan Comparison” illustrates the coverage details and differences between the two options.

Q: How much do OEBB plans cost?

A: The enclosed “HB2557 Health Plan Comparison” displays the monthly premium for each medical plan at the top. The premium structure is “tiered” meaning the cost varies depending on the number and type of dependents you choose to cover. The four price “tiers” are:

Tier Name	Who is Covered
Employee Only	Yourself only (no one else covered)
Employee + Spouse/Partner	Yourself AND a legal spouse or domestic partner* only (no children)
Employee + Child(ren)	Yourself and one or more children only (no spouse or domestic partner*)
Employee + Spouse/Partner + Child(ren)	Yourself AND a legal spouse or domestic partner* AND one or more children

*see the next Q&A for definition of domestic partner

Q: Who qualifies as a domestic partner?

A: A "domestic partner," means and includes the following:

- (a) An unmarried individual of the same sex who has entered into a “Declaration of Domestic Partnership” with the eligible employee that is recognized under Oregon law; or
- (b) An unmarried individual of the same or opposite sex who has entered into a partnership that meets the following criteria:
 - (A) Both are at least 18 years of age;
 - (B) Are responsible for each other's welfare and are each other's sole domestic partners;
 - (C) Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;
 - (D) Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;
 - (E) Have jointly shared the same regular and permanent residence for at least six months; and
 - (F) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.
 - (G) The eligible employee and domestic partner must jointly complete and submit to the educational entity an Affidavit of Domestic Partnership form**, within five business days of the electronic enrollment date or the date the educational entity received the enrollment/change form. If the affidavit is not received, coverage will terminate for the domestic partner retroactive to the effective date.

** To download the Affidavit of Domestic Partnership form, go to:
www.oregon.gov/OHA/OEBB/docs/Forms/2010/DPAffidavit.pdf

Q: Who qualifies as a dependent child?

A: An eligible employee’s, spouse’s, or domestic partner’s biological son, daughter, stepson, or stepdaughter; adopted child, child placed for adoption, or legally placed child, who is 25 or younger on the first day of the month. Additional information and requirements can be found on the OEBB website: www.oregon.gov/OHA/OEBB/docs/OpenEnrollment/2011/2012DEVreq.pdf.

Q: If I enroll, how do I make my premium payments and when are they due?

A: All payments are required via Electronic Funds Transfer. Complete the enclosed ACH Debit Form, attach a voided check and mail the form to OEGB, Attn: Ali Hassoun, 1225 Ferry St SE, Salem, OR 97301-4281.

Q: How do I enroll?

A: Go to the MyOEGB system (www.MyOEGB.org) during the Enrollment Period (August 15 – September 25, 2011). A detailed Enrollment Guide can be found on the OEGB website: www.oregon.gov/OHA/OEGB. This guide contains step-by-step instructions you can follow.

Q: Why does the MyOEGB system say the Open Enrollment Period ends September 15th?

A: That message is for the majority of OEGB-eligible members; however, because you are eligible under HB2557, you will be allowed to enroll through September 25, 2011.

Q: Is it possible to enroll or change my plan choices outside of the Enrollment Period?

A: Certain life events allow members to make changes to their benefit enrollments outside of the Enrollment Period. These life events are called Qualifying Status Change (QSC) events. Experiencing a QSC event is the only way to enroll or make changes outside of the Enrollment Period.

Q: What are the OEGB Qualifying Status Change (QSC) events?

A: A complete Matrix of QSC events and the changes they allow can be found on the OEGB website. Go to: www.oregon.gov/OHA/OEGB/docs/QSCs/QSCMatrix.pdf.

Q: If I experience a QSC, what should I do to enroll or change my elections?

A: If you experience a Qualified Status Change (QSC) event, you must submit an HB2557 Enrollment/Change Form to OEGB no later than 31 days from the date of the QSC in order to enroll or make election changes. The form can be found on the HB2557 page of the OEGB website: www.oregon.gov/OHA/OEGB/HB2557.shtml. You can mail or fax the completed form to OEGB using the address or fax number at the top of the form.

Q: If I have (or a member of my family has) other coverage, can I still enroll us in the OEGB plans and be double-covered?

A: Yes, this is allowed, although you should carefully review the benefits and costs of both your current plan and your OEGB plan selection to be sure they will coordinate benefits and that the benefit you will receive is worth the premium you will pay.

Q: How can I learn more about coordination of benefits between my current plan and the OEGB plans?

A: Call your current plan's carrier first to make sure they will coordinate benefits with an OEGB plan. Your current carrier's phone number should be on your insurance card. Then you can call ODS (the carrier for the OEGB plan options) at 1-866-923-0409 to learn how the two plans might work together.

Q: What if I have other questions or need help with the online enrollment system?

A: Call OEGB Member Services at 1-888-469-6322 or email oebb.benefits@state.or.us. Please see the enclosed cover letter for dates and times when staff will be available to assist you.



ACH Debit Authorization

HB 2557 Member

OEBB Use Only

Approved by _____ Date _____

Effective Date _____

See the second page for more information on ACH debit authorizations.

1. I am: **Authorizing OEBB to debit my account**
 (check one) **Making a change to my current debit authorization.**
Effective date for this change: _____

2. Member Information

E Number (leave blank if unknown)

Last Name	First Name	MI	Date of Birth		
Contact Address	Apt #	City	State	Zip	County
E-mail	Work Phone		Home Phone		

3. Account Information

Type of Account:

Checking Savings

Is this a personal or business account?

Personal Account Business Account

Financial Institution Name	Account Holder Name
Financial Institution's Mailing Address	City State Zip
Attach a voided check to this form and complete the section below.	

Nine-Digit Routing Transit Number

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Account Number (include spaces, zeros & dashes)

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4. Account Authorization

I hereby authorize the Oregon Educators Benefit Board to withdraw funds only from the above account at the financial institution indicated. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Oregon and U.S. law.

Signature of Account Holder

Date

How to Revoke your Authorization

This authorization is to remain in full force and effect until the Oregon Educators Benefit Board has **received written notification** from me of its termination in such time and such manner as to afford OEBB and my financial institution a reasonable opportunity to act on it.

International ACH Determination (More information is provided on the next page.)

I have payment instructions in place with a non-US Financial Institution to transfer funds to my US Financial Institution identified above for the specific purpose of funding this recurring debit transaction.

Send form and voided check to OEBB:	1225 Ferry St. SE Salem, OR 97301-4281	Financial Officer: Ali Hassoun Ph: 888-469-6322, Fax: 503-378-5832
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