



MyOEBB Benefits  
New Hire Enrollment Guide



OREGON EDUCATORS  
**OEBB**  
BENEFIT BOARD

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

\*Please see your entity regarding a QSC.



BENEFITS

# Welcome to MyOEBB!

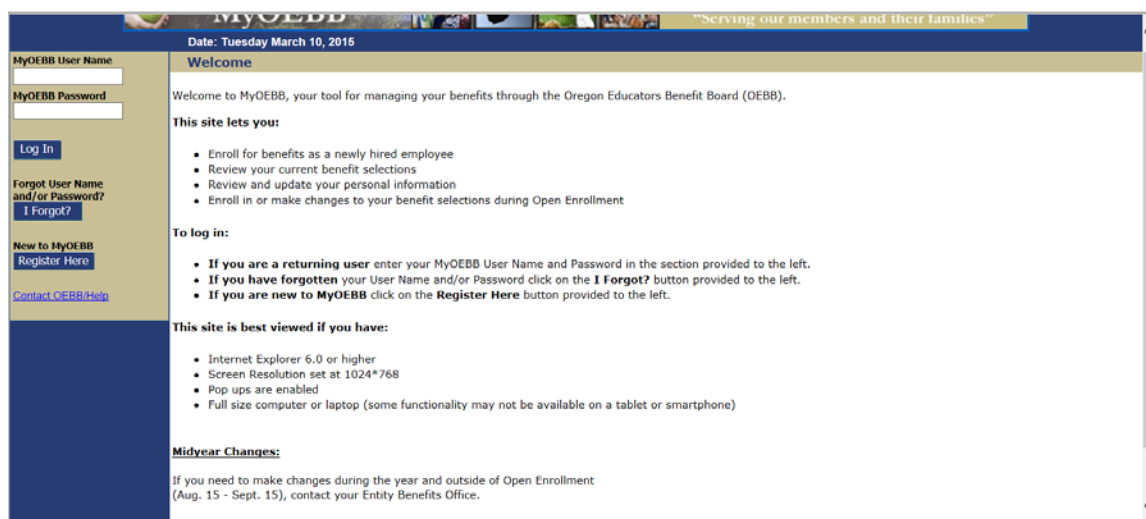
## Checklist for Enrollment

- Your E Number or SSN
- Birth Dates of benefit eligible family members
- Plan Choices for Health Care Benefits and Optional Benefits
- Affidavit Forms (if necessary) for certain dependents
- Other Group Coverage Information (if necessary)

## Getting Registered

Log on to the following Web site:

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



## If you are new to MyOEBB:

Click [Register Here](#) if you are **new to MyOEBB**. MyOEBB identifies your membership and leads you through setting up two security questions, a User Name, and Password.

As a new user, you will need to provide the following information to identify yourself:

- First name as it appears on your Pay Check
- Last name as it appears on your Pay Check
- Date of birth
- ID Type you wish to use to register. You may use your:
  - Social Security number
  - OEBB Benefit Number that begins with the letter "E"

## If you are a returning member to MyOEBB:

**Note:** If you have enrolled before with another entity your user name and password stays the same.

Enter your MyOEBB User name and MyOEBB Password: Click "Log In" 

If you have **Forgot User Name and/or Password** click on the **I Forgot?** button. 

If you have forgotten your User Name and/or Password you will need the following information to identify yourself:

- First name as it appears on your Pay Check
- Last name as it appears on your Pay Check
- Date of birth
- Select types of ID you wish to use. You may use your:
  - Social Security number
  - OEBB Benefit Number that begins with the letter "E"

If you have any difficulties with your log in please contact your Employing Entity or contact OEBB at 1-888-469-6322 for assistance.

## Beginning the Enrollment Process

During the initial New Hire Enrollment process you have 31 days to make your selections. Once you have made your selections and they 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 marriage, birth, change of employment, or other family event. Contact your employing entity within 31 days if you feel you have had a qualifying event.

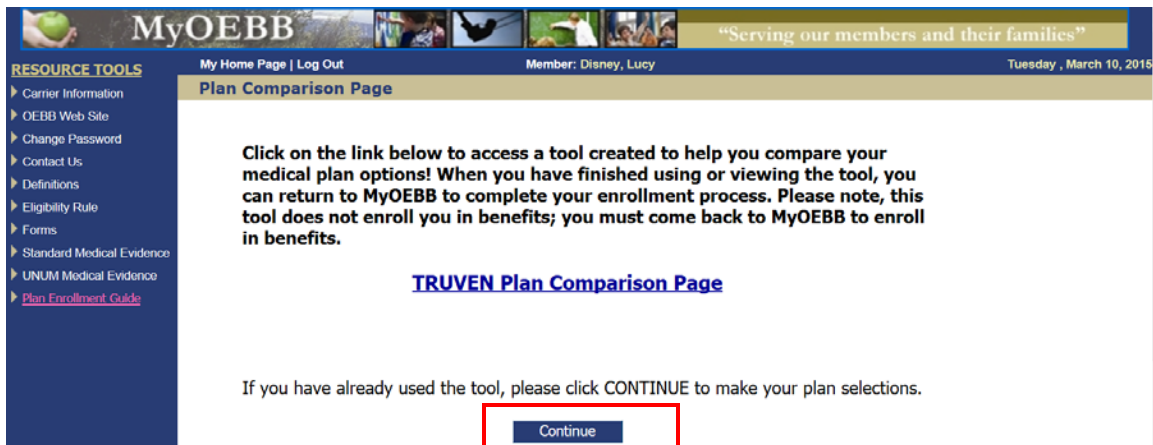
## Follow these steps to complete the Enrollment Process

*After you log into MyOEBB, you first must click on the [TRUVEN Plan Comparison Page link](#).*

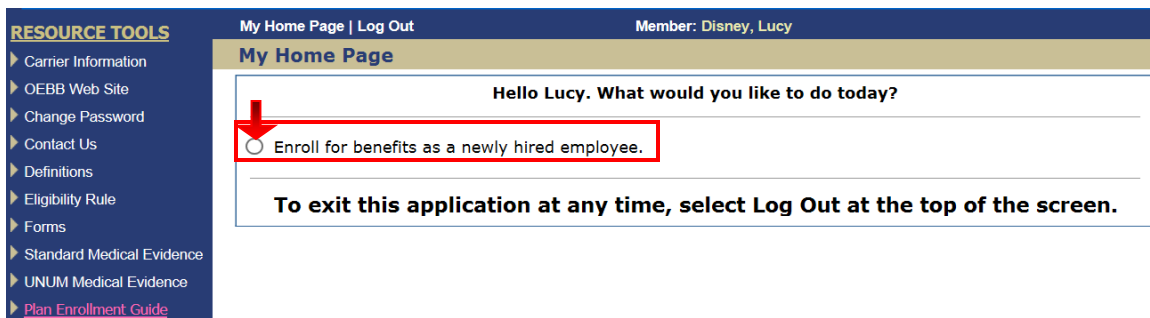
### Plan Comparison Tool

On the page below is an example of a link that will take you to a plan comparison tool which will help you select the medical plan that best meets the needs for you and your family. Please use this tool to explore the medical plan choices available to you through your entity. The tool will open in a pop-up window and MyOEBB Member Module will still be open in the background.

**Note:** The TRUVEN tool does not enroll you in your New Hire benefits.



Once you have completed the TRUVEN Plan Comparison Tool, close the page and you will come back to the above page. Click the **Continue** button.



Ready to start your new hire benefits select "Enroll for benefits as a newly hired employee"

Click **Save & Continue**.

## Enrollment Steps

During the Enrollment process you can review and update your personal information, add dependent, complete the Dependent Eligibility Verification, enter subscriber/dependents ethnicity, race and Medicare eligibility information, enroll for health care benefits, enroll for optional benefits and you can review and save your selections as you go through the process. All of these options are available on the left side **Resource Tools** menu.

Click the **Continue** button.

## Verifying Personal Information

You are now ready to verify and/or update your personal information. This includes your home phone, work phone, personal e-mail, work e-mail and residence address. Under Address Type; your mailing and work address are optional. To update your address click on **"Change Address"** and enter your correct address or simply update your phone numbers or e-mail. You must click on each address type that you wish to update. Click **"Save & Continue"**.

**Note:** If you find your name, gender or birth date is incorrect contact your Entity Benefits Office to correct.

Enumber	Last Name	First Name	MI	Gender	Birth Date
E00272380	Disney	Lucy		Female	01-28-1980
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>	Ext	<input type="text"/>
Personal E-mail	<input type="text"/>	Work E-mail	<input type="text"/>		
<b>Addresses</b>					
■ Address Type <input checked="" type="radio"/> Residence <input type="radio"/> Mailing <input type="radio"/> Work <input type="button" value="Change Address"/> <input checked="" type="radio"/> USA <input type="radio"/> International					
Address Line 1 125 Happy Lane					
Address Line 2					
City Salem		State Oregon		Zip Code 97301	
County		Country United States			

## Adding Dependents

Add your eligible dependents during this Enrollment if they are not already in MyOEGB. Eligible dependents include spouse, domestic partner, and children.

**Remember,** even if you add them here you will need to also check the dependents during the plan enrollment selection.

Do you have any new eligible dependents you would like to enroll for coverage?

Yes

No

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)
Pitt	Sally		Spouse	Female		09-20-1959
Pitt	Ronny		Child	Male		02-01-2011

## Dependent Information

Carrier Information

OEIS Web Site

Change Password

Contact Us

Definitions

Eligibility Rule

Forms

Standard Medical Evidence

UNUM Medical Evidence

[Plan Enrollment Guide](#)

### Dependent Information

1. Personal Information
2. Dependents
3. Subscriber/Dependent Information
4. Healthcare Benefits
5. Optional Benefits

Listed below are your current eligible dependents. You may now:

- Select **Yes** if you would like to add additional eligible dependents to enroll for coverage.
- Select **No** if you do not want to add additional dependents.
- Select **Continue** to continue with the enrollment process.
- If you wish to correct any dependent information, please contact your Entity Benefits Office.

Do you have any eligible dependents not listed below you would like to enroll for coverage?

Yes

No

You must report to your employer's benefits administrator within 31 days after a person enrolled as your spouse, domestic partner or dependent child becomes ineligible for benefits. If you make this report on time, the change will be effective the first of the month after your report. If you do not report this change on time, OEBS may consider that an intentional misrepresentation of a material fact, for which OEBS may terminate the family member's coverage effective the first of the month after eligibility was lost.

Benefit #	Name	Relationship	Birthdate	Gender	Expiration Date
E00272281	Disney, Larry	Spouse	06-03-1979	M	
E00272283	Disney, Ann	Child	12-05-2013	F	

## Medicare Eligible Dependent Healthcare Information

My Home Page | Log Out
Member: Disney, John

IMPORTANT MEDICARE ELIGIBLE DEPENDENT HEALTHCARE COVERAGE INFORMATION

Centers for Medicare & Medicaid Services (CMS) now requires insurance carriers to provide the following information to CMS for all Medicare eligible subscribers and their dependents. For more information on this new requirement please visit [CMS](#).

Please select from the following options.

**Disney June, Spouse**

If you need to correct the dependent's Medicare eligibility, please make the correction below

Date of Birth

Medicare Eligibility  →

Please enter the dependent's SSN or HCIN or, if you don't want to give any response, check the "No Response" box.

SSN

HCIN  ↓

No Response

This screen will only open if your dependent is over age 45. Check if the Medicare eligibility question is answered correctly for this dependent. Enter your dependent SSN number or if you do not want to give a response check "No Response".

# Dependent Eligibility Verification

Please review your dependents and make sure only eligible dependents are enrolled on your benefit plan. By answering **“YES”** to the question below and check marking the statement you are confirming your dependents meet eligibility standards for the plan year.

If you plan to enroll your eligible dependent on your plan benefits you must click the drop down to **“Yes”** or they will not show when you make your plan selections

Click **“Save & Continue”**

# Dependent Address

To ensure your dependents are in the appropriate network please update their address to reflect where they currently live. If your dependent(s) live outside your residence go to Update Dependent Address and Click **“Update”**.

Update your dependent address and Click **“Save & Continue”**. If your dependent lives with you, no action is necessary so click **“Save & Continue”**.

# Subscriber/Dependent Information

Complete Medicare Eligibility, Ethnicity, Race and Tobacco usage questions for yourself and your eligible dependents.

**Subscriber/Dependent Information**

1. Personal Information      2. Dependents      3. Subscriber/Dependent Information      4. Healthcare Benefits      5. Optional Benefits

Being eligible for Medicare means you are currently enrolled in a Medicare plan or eligible to enroll in a Medicare plan (even though you have chosen NOT to enroll in a Medicare plan) based on age (65 or older) and/or disability. It is your responsibility to correctly report Medicare eligibility for both yourself and your dependents. Failure to correctly report Medicare eligibility due to age (65 or older) and/or disability may affect eligibility in the OEGB plans or correct payment of claims and may be considered intentional misrepresentation.

Due to Federal Health Care Reform, OEGB is requesting Ethnicity, Race and Primary Race information for you and your dependents.

Beginning with plan selections for the 2013-14 plan year, OEGB started collecting tobacco usage information for you and your spouse/domestic partner (if applicable). This information will be used to determine your premium amount(s) for Optional Employee and Optional Spouse/Domestic Partner Life plans through The Standard beginning October 1, 2014.

Member	Medicare Eligibility	Ethnicity	Race
Disney, Lucy	No	Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused (Can only pick one) <input checked="" type="checkbox"/> Unknown
<b>Tobacco Usage</b> How would you describe your tobacco habits?			
<input type="radio"/> Have used tobacco products within the past 12 months <input type="radio"/> Haven't used tobacco products within the past 12 months <input checked="" type="radio"/> Have never used tobacco products			
Disney, Larry	No		<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused (Can only pick one) <input type="checkbox"/> Unknown
<b>Tobacco Usage</b> How would you describe your spouse's tobacco habits?			
<input type="radio"/> Have used tobacco products within the past 12 months <input type="radio"/> Haven't used tobacco products within the past 12 months <input type="radio"/> Have never used tobacco products			
Disney, Ann	No		<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Refused (Can only pick one) <input type="checkbox"/> Unknown

Back   Save   **Save & Continue**

Click "Save & 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 may need to provide proof of other group insurance or you may **Waive** your medical coverage. Contact your Benefits Office for your opt out or waive options and rules.



\*Unsaved coverage and declines will be displayed in red font.

Summary for employee of Salem-Keizer SD 24J (New Hire)  
Healthcare Premium: \$0.00 Approved Optional Premium: \$0.00 Total Premium of current coverage: \$0.00

Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date	Dependents
<b>Enroll</b> Opt Out Waive Enroll Decline	Medical				Larry Ann
Enroll Decline	Vision				
Enroll Decline	Dental				
Back	Accept & Continue				

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

To start your enrollments, click **Enroll** to enroll in the Medical plan.

New Coverage Start Date  
10/01/2014

Eligible Plans

- Kaiser Medical Plan 1 - Composite
- Kaiser Medical Plan 2 - Composite
- Kaiser Medical Plan 3 - Composite
- Moda Medical Plan A Statewide - Composite
- Moda Medical Plan B Statewide - Composite
- Moda Medical Plan C Statewide - Composite
- Moda Medical Plan D Statewide - Composite
- Moda Medical Plan E Statewide - Composite
- Moda Medical Plan F Statewide - Composite
- Moda Medical Plan G Statewide - Composite
- Moda Medical Plan H Statewide - Composite
- Moda Medical Plan A Synergy - Composite
- Moda Medical Plan B Synergy - Composite
- Moda Medical Plan C Synergy - Composite
- Moda Medical Plan D Synergy - Composite
- Moda Medical Plan E Synergy - Composite
- Moda Medical Plan F Synergy - Composite
- Moda Medical Plan G Synergy - Composite
- Moda Medical Plan H Synergy - Composite

Members including Self (check medical coverage to get coverage)

<input checked="" type="checkbox"/>	Brad Pitt	21-SEP-59	Self
<input checked="" type="checkbox"/>	Sally Pitt	20-SEP-59	Spouse
<input checked="" type="checkbox"/>	Ronny Pitt	01-FEB-11	Child

Accept & Continue Back

Click the radio button of which plan and also make sure to check each dependent you want to cover.

Once that's done, the screen refreshes to show your current selection. Verify the "Include" boxes to make sure the dependents you wish to cover have a check, and any you don't want to cover do not have a check. Click: **“Accept & Continue”**.

**PLEASE VERIFY YOU HAVE SELECTED THE CORRECT PLAN AND THE APPROPRIATE DEPENDENTS HAVE COVERAGE FOR THE PLAN YEAR.**

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

If needed, click the **Change** button to change your benefit selections. If all of your selections look good, click **“Accept & Continue”**.

## 12-month Waiting Period/Late Enrollee

If you do not enroll yourself or any eligible dependent in dental or vision when initially eligible, then choose to enroll during an Open Enrollment period, whoever is being added to the coverage will be considered a "late enrollee". Late enrollees are subject to a 12-month waiting period on all dental and vision plans, meaning only diagnostic and preventive care on the dental plans and routine eye exams on the vision plans will be covered for the first full 12 month of coverage.

## Enrolling in Mandatory and Optional Benefits

It is now time to enroll in Mandatory and Optional plans if selected by your entity.

### Optional Benefits Selections:

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.

### Mandatory Benefits Selections:

Select **"Enroll"** next to each of Mandatory Basic benefit your entity has chosen. These benefits are Mandatory and you must enroll in them. Contact your Benefits Office if you have questions regarding the plan selections.

Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date
<b>Enroll</b>	Basic Life			
Enroll Decline	Optional Employee Life			
Enroll Decline	Optional Spouse/Partner Life			
Enroll Decline	Optional Child Life			
Enroll	Basic Accidental Death and Dismemberment			
Enroll Decline	Optional Employee Accidental Death and Dismemberment			
Enroll Decline	Optional Spouse/Partner Accidental Death and Dismemberment			
Enroll Decline	Optional Child Accidental Death and Dismemberment			
Enroll Decline	Short Term Disability - Voluntary			
Enroll Decline	Long Term Disability - Voluntary			
Enroll Decline	Employee Long Term Care (Voluntary-Employee Paid)			
Enroll Decline	Spouse/Partner Long Term Care			
Back	<b>Accept &amp; Continue</b>			

Select: **"Enroll, or Decline"** next to each Optional plan to start the enrollment process.

Once that's done, the screen refreshes to show your current selections. If needed click **"Change or Decline"** to change your benefit selections. If all of your selections look good, click **"Accept & Continue"**.

## Beneficiaries Selections

You may select standard designation or specific beneficiaries.

Your current beneficiaries are:

**No beneficiaries have been designated.**

The beneficiaries you designate here will automatically be designated to state for any life insurance in which you enroll. 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 OEGB.

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 & Continue** to finish your beneficiary designation.

Back **Save & Continue**

Click **"Save & Continue"**

## OEGB Benefits Communications Delivery Option

You may select how you would like OEGB to Communicate with you in the future.

Please select how you would like OEGB to communicate with you in the future. These communications would include information surrounding open enrollment activities. If you select USPS (United States Postal Service) you will be sent hard-copies of open enrollment documents. If you select Email you will be sent electronic copies of open enrollment documents with an email address that you provide.

Via USPS (United States Postal Service)

Via Email

Back **Save & Continue**

Click **"Save & Continue"**.

## Benefits Statement

The Benefits Statement appears with the new plan selections. Remember, the choices have been recorded, but 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 each of the enrollment categories to go back to the respective sections.

Benefit Statement as of 03-11-2015

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

**Name:** Lucy Disney  
**Address:** 125 Happy Lane  
Salem, OR 97301  
**Benefit#:** E00272380  
**DOB:** 01-28-1980  
**Phone:** Home  
Work  
**Personal E-mail:**  
**Work E-mail:**

You are enrolled in the Employee Assistance Program

**Edit** HEALTHCARE BENEFIT ENROLLMENTS

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date	Dependents	
					Larry	Ann
<b>Medical</b> Kaiser Medical Plan 1 - Composite	Employee, Spouse & Children	1358.77	04-01-2015		Yes	Yes
<b>Vision</b> Kaiser Vision Plan 5 - Composite	Employee, Spouse & Children	18.06	04-01-2015		Yes	Yes
<b>Dental</b> Kaiser Dental Plan 8/Ortho - Composite	Employee, Spouse & Children	152.79	04-01-2015		Yes	Yes
Total Current Premium		1529.62				

Note: Premium information for these plans is available on the Out of Pocket Cost Sheet page.

**Edit** OPTIONAL BENEFIT ENROLLMENTS

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date	Dependents	
					Larry	Ann
<b>Basic Life</b> Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	12.20	04-01-2015			
<b>Optional Employee Life</b> Declined		0	04-01-2015			
<b>Optional Spouse/Partner Life</b>		0	04-01-2015			

Confirm all your coverages are correct. Click on each of the checkboxes to acknowledge the statement and then click "I agree".

Confirm your Enrollment Selections

I declare the dependents in my OEBB electronic record and I am eligible for the coverages requested. I have read and understand the eligibility rules defined in Oregon Administrative Rule (OAR) Division 10. The full text of this rule can be found here: [http://arcweb.sos.state.or.us/pages/rules/oars\\_100/oar\\_111/111\\_010.html](http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_010.html)

I have read and understand OAR-Division 80, Sections 111-080-0040, 111-080-0045 and 111-080-0050 concerning Eligibility and Policy Term Violations and can find this OAR at: [http://arcweb.sos.state.or.us/pages/rules/oars\\_100/oar\\_111/111\\_080.html](http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_080.html)

I understand that I have 31 days to notify my employer in the event I experience a Qualified Status Change (QSC) which affects me, or my dependents eligibility. I have read and understand OAR-Division 40 concerning Enrollment and QSC's. The full text of this rule can be found here: [http://arcweb.sos.state.or.us/pages/rules/oars\\_100/oar\\_111/111\\_040.html](http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_111/111_040.html)

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 selections during the plan year unless I have a QSC; then I am subject to the restrictions of the OEBB QSC's. I have reviewed and understand the Qualified Status Change (QSC) Matrix and can find the matrix at: <http://www.oregon.gov/OHA/OEBB/docs/QSCs/QSCMatrix.pdf>

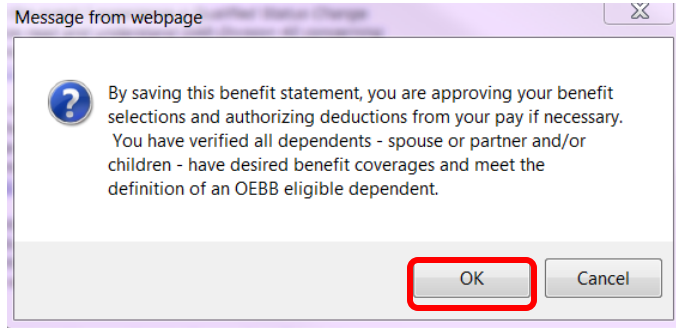
I have read the benefit materials and I understand the limitations and qualifications of the OEBB benefits program. If necessary, I authorize premium payments deducted from my pay, unless I self pay premiums. If I self-pay the premiums, I agree to submit monthly payments by the date specified, or my 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, or financial responsibility of claims paid during the period of ineligibility..

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 have reviewed and agree with all my enrollment selections and acknowledge that I may be asked in the future to submit documentation to prove the eligibility for dependents I have enrolled in the plan. Selecting "I agree" is the equivalent of my signature. [I agree](#)

Now you'll see a prompt that informs you that you are about to approve your benefit selections and authorizations for payroll deductions (if applicable based on entity contributions).



Click "OK" to approve your selections.

Your Benefit Summary appears, confirming you have successfully saved your selections.

**Benefit Statement as of 03-11-2015**

**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 Entity Benefits Office.

**You may now:**

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

[Print](#)   [Go to my Home Page](#)

**SUBSCRIBER INFORMATION**

**Name:** Lucy Disney  
**Address:** 125 Happy Lane  
 Salem, OR 97301

**Benefit#:** E00272380  
**DOB:** 01-28-1980  
**Phone:** Home  
 Work  
**Personal E-mail:**  
**Work E-mail:**

You are enrolled in the Employee Assistance Program

*Benefit records were last updated by Lucy Disney on 03-11-2015*  
**BENEFIT ENROLLMENTS**

Plan	Coverage Tier	2014/2015 Premium	Cov. Eff. Date	End Date	Dependents	
					Larry	Ann
Medical Kaiser Medical Plan 1 - Composite	Employee, Spouse & Children	1358.77	04-01-2015		Yes	Yes
Vision Kaiser Vision Plan 5 - Composite	Employee, Spouse & Children	18.06	04-01-2015		Yes	Yes
Dental Kaiser Dental Plan 8/Ortho - Composite	Employee, Spouse & Children	152.79	04-01-2015		Yes	Yes
<b>Total Current Premium</b>		1529.62				

**Note:** Premium information for these plans is available on the Out of Pocket Cost Sheet page.

Above is a confirmation message. It's always a good idea to print a copy of your benefit summary for your records.

## Logging Out

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

