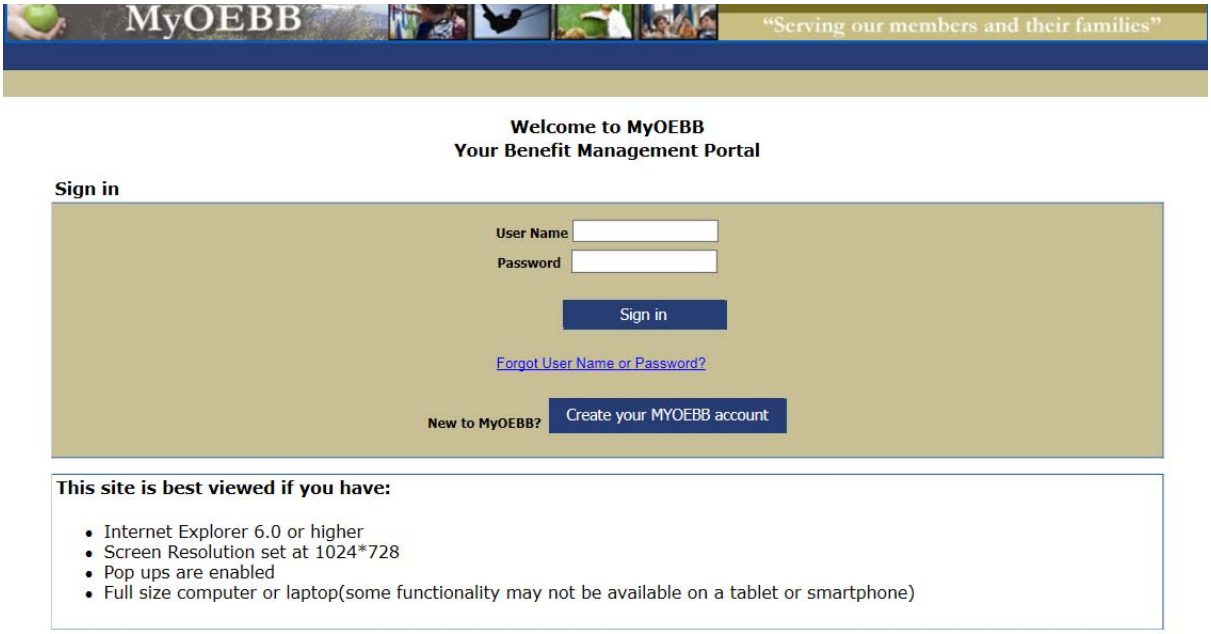
How to use the MyOEBB Enrollment System

www.OEBBenroll.com

Welcome to MyOEBB!

Log on to the following website: **www.OEBBenroll.com**



If you are new to MyOEBB:

Click Create your MYOEBB account 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 to MyOEBB:

Note: If you have enrolled before with another employer your user name and password stays the same. Enter your **MyOEBB User name** and **MyOEBB Password**: Click Sign in.

If you **Forgot your User Name and/or Password** click on Forgot User Name or Password.

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

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 employer within 31 days if you believe you have experienced a qualifying event.

Follow these steps to complete the Enrollment Process

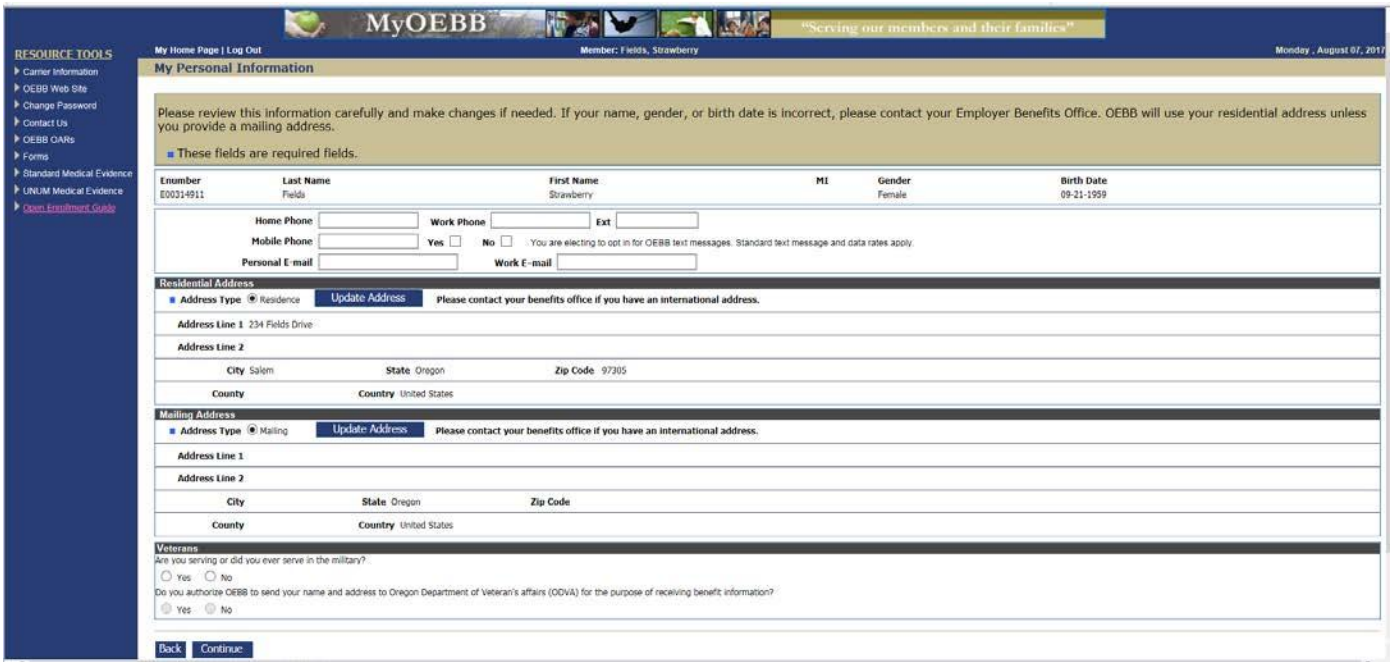
During the Enrollment process you can review and update your personal information, add dependents, enter subscriber/dependents' ethnicity, race and Medicare eligibility information, enroll for health care benefits, and enroll for optional benefits.

If you are a newly eligible employee, click the Enroll, Change, Opt Out or Waive benefits as a newly hired employee.
If you are a returning user logging in during Open Enrollment, select that option.

Verifying Personal Information

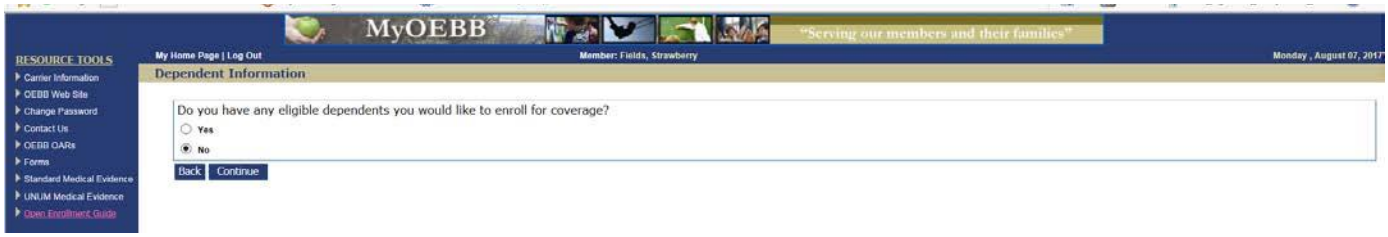
You are now ready to verify and/or update your personal information. This includes your home phone, work phone, mobile phone, personal e-mail, work e-mail and residence address. Your mailing address is optional.

Note: If you find your name, gender or birth date is incorrect, contact your employer's benefits office to make corrections.

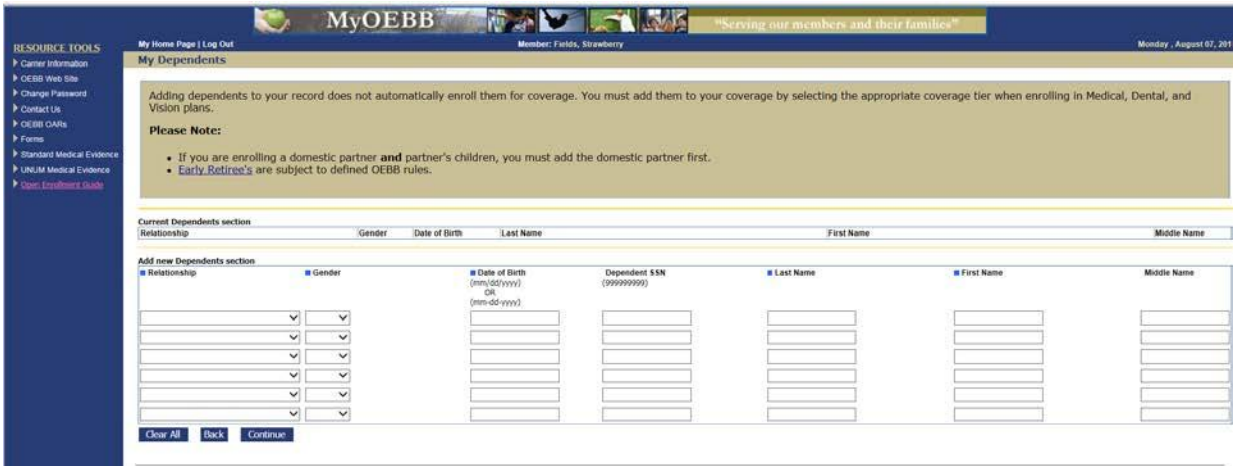


Adding Dependents

If you are a returning user, your dependents will be listed. If you are new to OEBB, then enter your eligible dependents you wish to enroll. Eligible dependents include spouse, domestic partner, and children.

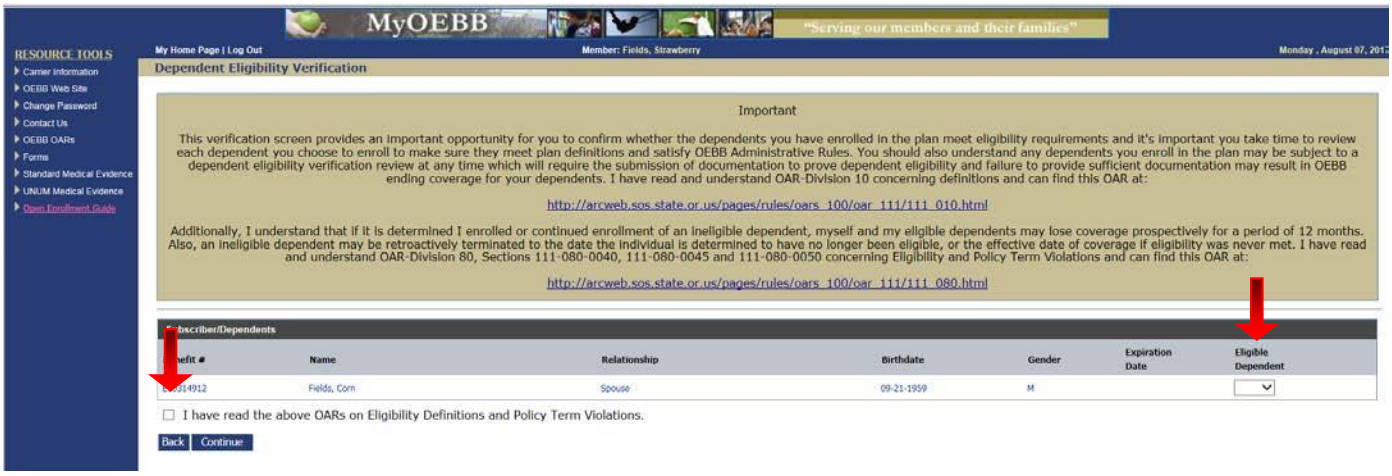


Add your eligible dependents on the below screen.



Dependent Eligibility

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.



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, click "Update".

Subscriber/Dependent Information

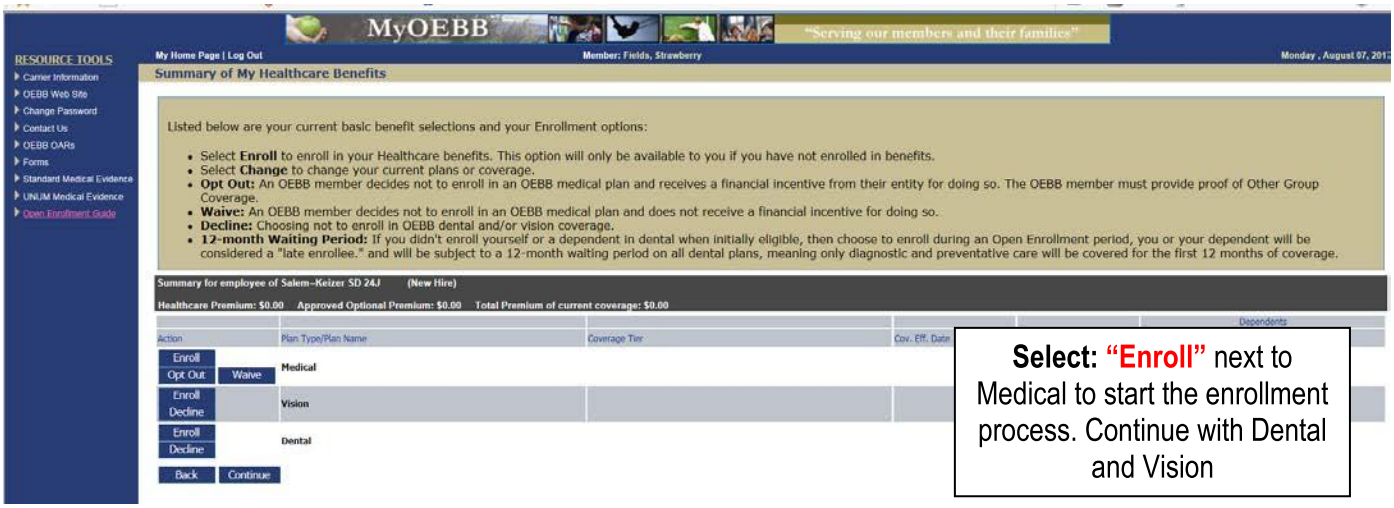
Complete Medicare Eligibility, Ethnicity, Race and Tobacco usage questions for yourself and your eligible dependents.

Enrolling 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 employer's benefits office for your opt-out or waive options and rules.

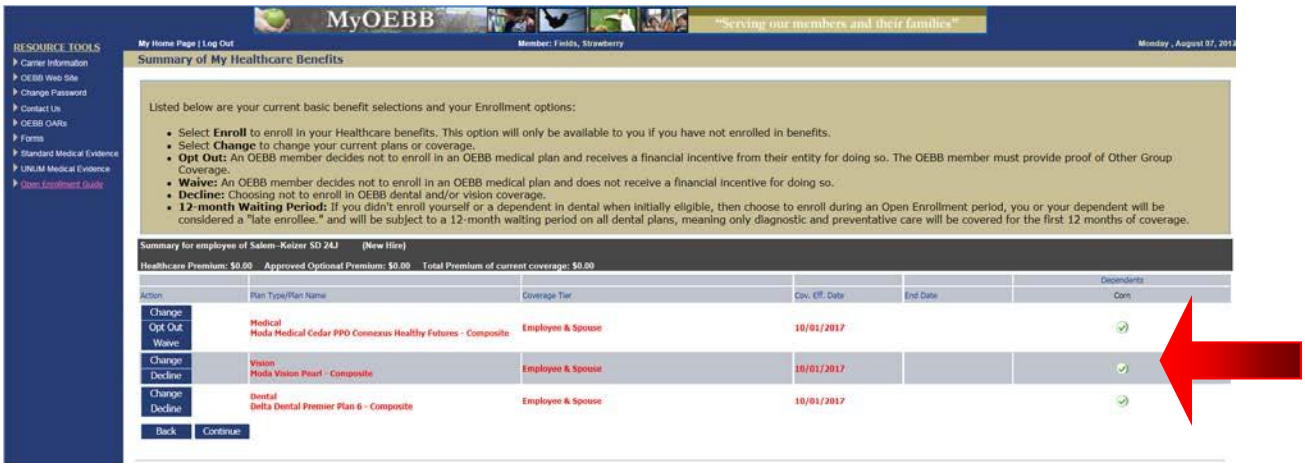
12-month Waiting Period/Late Enrollee

If you do not enroll yourself or any eligible dependent in dental 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 plans, meaning only diagnostic and preventive care on the dental plans will be covered for the first full 12 month of coverage.



Select: "Enroll" next to Medical to start the enrollment process. Continue with Dental and Vision

Click the appropriate button to start your enrollments.



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

Enrolling in Optional and Mandatory Benefits

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 employer's benefits office if you have questions regarding the plan selections.

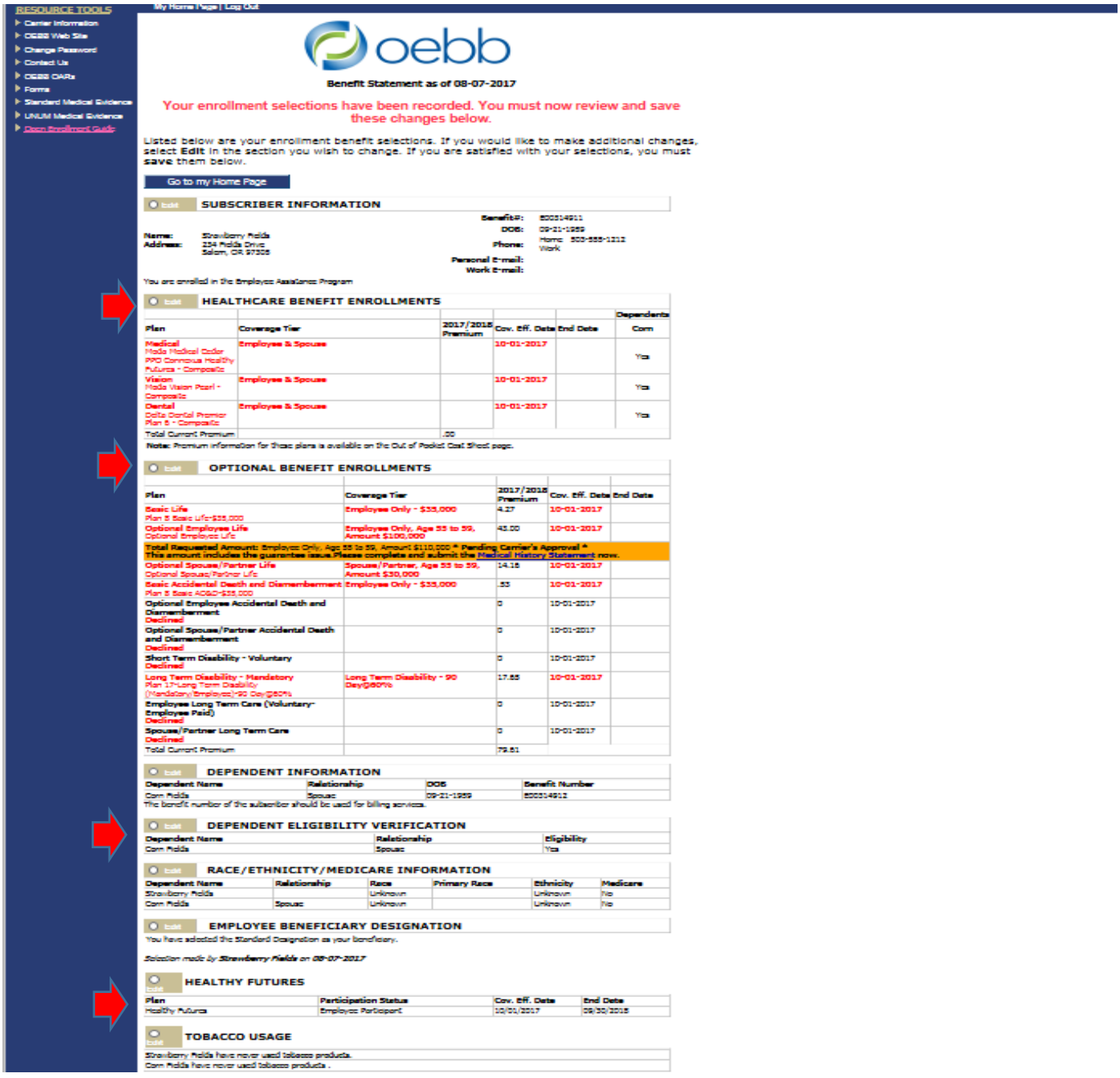
Mandatory Benefits Selections:
Select **"Enroll"** next to the each Mandatory Basic benefit your entity has chosen. These benefits are required and you must enroll in them. Contact your employer's benefits office if you have questions regarding the plan selections.

Beneficiaries Selections

You may select the "Standard Designation" meaning a common order of relationships designating your next of kin according to Oregon law, or you may name specific individuals if you wish.

Benefits Statement

The Benefits Statement appears with the new plan selections. Remember, at this point the choices have been **recorded**, **but not yet saved. You must 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.



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Benefit Statement as of 08-07-2017

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

SUBSCRIBER INFORMATION

Name: Strawberry Fields
Address: 234 Fields Drive, Salem, OR 97305
Benefit#: 800514911
DOB: 09-21-1959
Phone: Home 503-555-1212, Work
Personal E-mail:
Work E-mail:

You are enrolled in the Employee Assistance Program

HEALTHCARE BENEFIT ENROLLMENTS

Plan	Coverage Tier	2017/2018 Premium	Cov. Eff. Date	End Date	Dependents Com
Medical Moda Medical Cedar PPO Connova Healthy Futures - Composite	Employee & Spouse		10-01-2017		Yes
Vision Moda Vision Pearl - Composite	Employee & Spouse		10-01-2017		Yes
Dental Delta Dental Premier Plan B - Composite	Employee & Spouse		10-01-2017		Yes
Total Current Premium		.00			

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

OPTIONAL BENEFIT ENROLLMENTS

Plan	Coverage Tier	2017/2018 Premium	Cov. Eff. Date	End Date
Basic Life Plan B Basic Life-$35,000	Employee Only - $35,000	4.27	10-01-2017	
Optional Employee Life Optional Employee Life	Employee Only, Age 55 to 59, Amount $100,000	45.00	10-01-2017	
Total Requested Amount: Employee Only, Age 55 to 59, Amount $110,000 * Pending Carrier's Approval * This amount includes the guarantee issue. Please complete and submit the Medical History Statement now.				
Optional Spouse/Partner Life Optional Spouse/Partner Life	Spouse/Partner, Age 55 to 59, Amount $30,000	14.18	10-01-2017	
Basic Accidental Death and Dismemberment Plan B Basic AD&D-$35,000	Employee Only - $35,000	.53	10-01-2017	
Optional Employee Accidental Death and Dismemberment Declined		0	10-01-2017	
Optional Spouse/Partner Accidental Death and Dismemberment Declined		0	10-01-2017	
Short Term Disability - Voluntary Declined		0	10-01-2017	
Long Term Disability - Mandatory Plan 17-Long Term Disability (Mandatory Employee)-90 Day@60%	Long Term Disability - 90 Day@60%	17.85	10-01-2017	
Employee Long Term Care (Voluntary-Employee Paid) Declined		0	10-01-2017	
Spouse/Partner Long Term Care Declined		0	10-01-2017	
Total Current Premium		79.81		

DEPENDENT INFORMATION

Dependent Name	Relationship	DOB	Benefit Number
Corn Fields	Spouse	09-21-1959	800514912

The benefit number of the subscriber should be used for billing services.

DEPENDENT ELIGIBILITY VERIFICATION

Dependent Name	Relationship	Eligibility
Corn Fields	Spouse	Yes

RACE/ETHNICITY/MEDICARE INFORMATION

Dependent Name	Relationship	Race	Primary Race	Ethnicity	Medicare
Strawberry Fields		Unknown		Unknown	No
Corn Fields	Spouse	Unknown		Unknown	No

EMPLOYEE BENEFICIARY DESIGNATION

You have adopted the Standard Designation as your beneficiary.

Selection made by Strawberry Fields on 08-07-2017

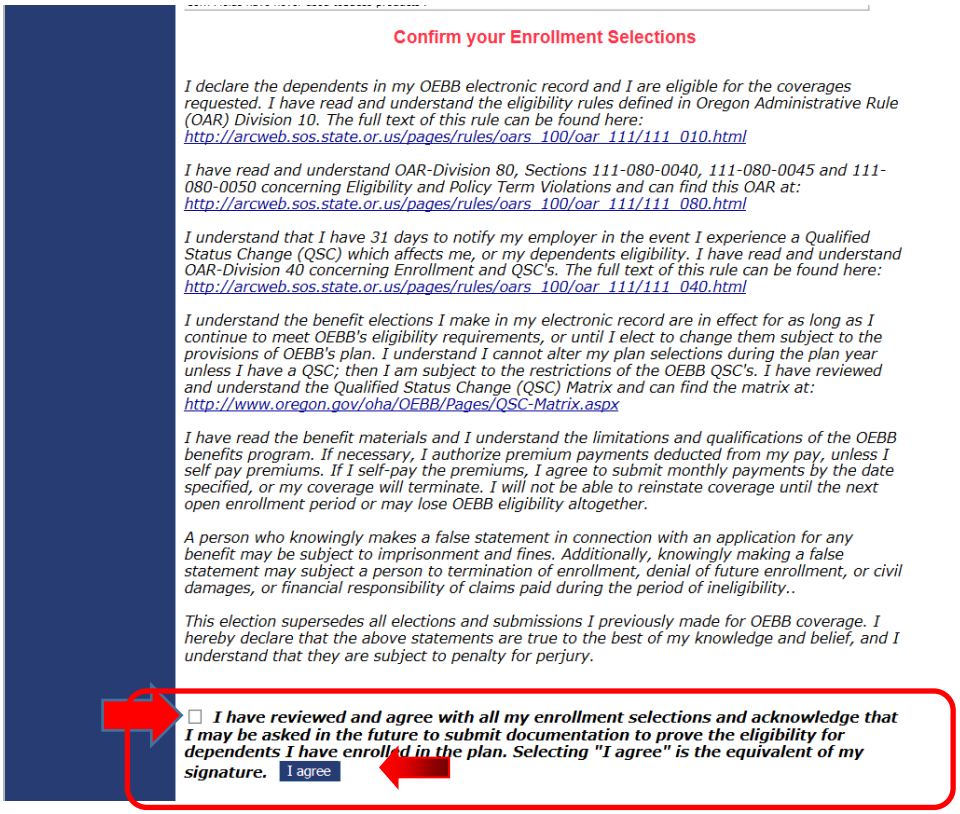
HEALTHY FUTURES

Plan	Participation Status	Cov. Eff. Date	End Date
Healthy Futures	Employee Participant	10/01/2017	09/30/2018

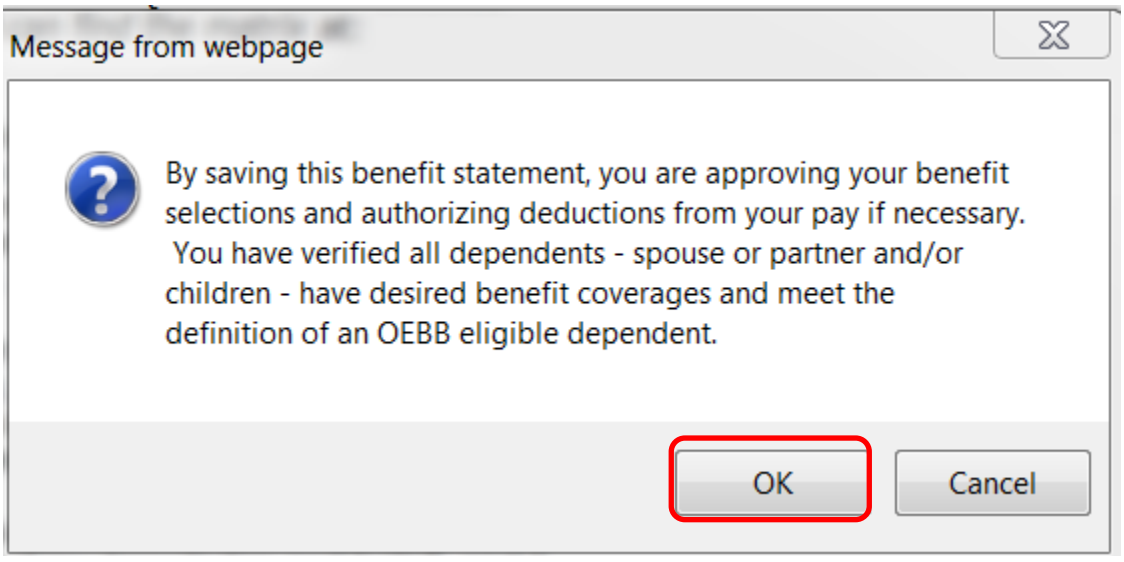
TOBACCO USAGE

Strawberry Fields have never used tobacco products.
Corn Fields have never used tobacco products.

Confirm all your coverages are correct. Click on each the checkbox to acknowledge the statement at the bottom of the page, and then click
"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).



Your Benefit Summary appears, confirming you have successfully saved your selections.
You will see the red message below at the top of your benefit summary confirming you have saved your selections.

YOUR ENROLLMENT SELECTIONS HAVE BEEN SAVED SUCCESSFULLY

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Benefit Statement as of 08-07-2017

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: Strawberry Fields
Address: 234 Fields Drive, Salem, OR 97305

Benefit#: E00314911
DOB: 09-21-1959
Phone: Home 503-555-1212, Work
Personal E-mail:
Work E-mail:

You are enrolled in the Employee Assistance Program

*Benefit records were last updated by **Strawberry Fields** on **08-07-2017***

BENEFIT ENROLLMENTS

Plan	Coverage Tier	2017/2018 Premium	Cov. Eff. Date	End Date	Dependents Corn
Medical Moda Medical Cedar PPO Connexus Healthy Futures - Composite	Employee & Spouse		10-01-2017		Yes
Vision Moda Vision Pearl - Composite	Employee & Spouse		10-01-2017		Yes
Dental Delta Dental Premier Plan 6 - Composite	Employee & Spouse		10-01-2017		Yes
Total Current Premium		.00			

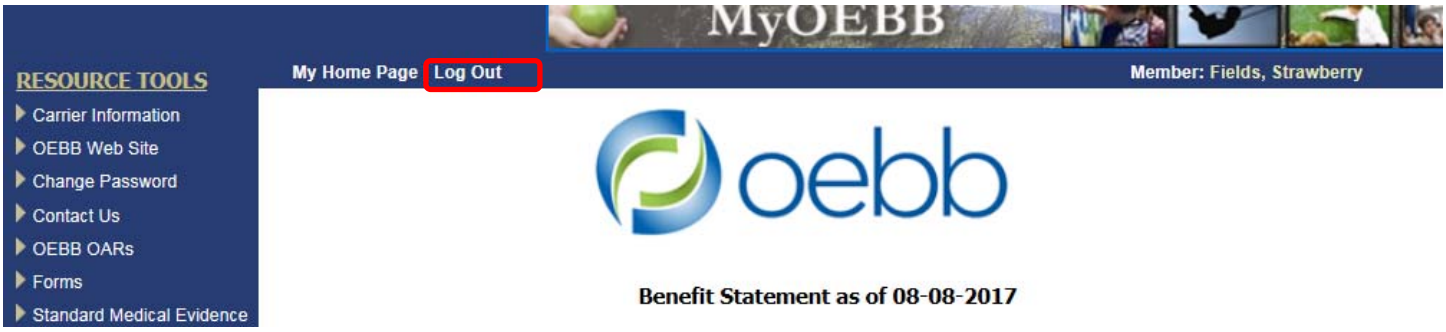
Note: Premium information for these plans is available on the Out of Pocket Cost Sheet page.

OPTIONAL PLAN ENROLLMENTS

Plan	Coverage Tier	2017/2018 Premium	Cov. Eff. Date	End Date
Basic Life Plan 8 Basic Life-$35,000	Employee Only - $35,000	4.27	10-01-2017	
Optional Employee Life	Employee Only, Age 55 to 59, Amount $100,000	43.00	10-01-2017	

Log Out

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



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Benefit Statement as of 08-08-2017