



MyOEBB Benefits Open Enrollment



OREGON EDUCATORS
OEBB
BENEFIT BOARD

Open Enrollment is August 15 through September 15.

Once Open Enrollment closes, 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.



BENEFITS

Welcome to MyOEBB!


Checklist for Open Enrollment

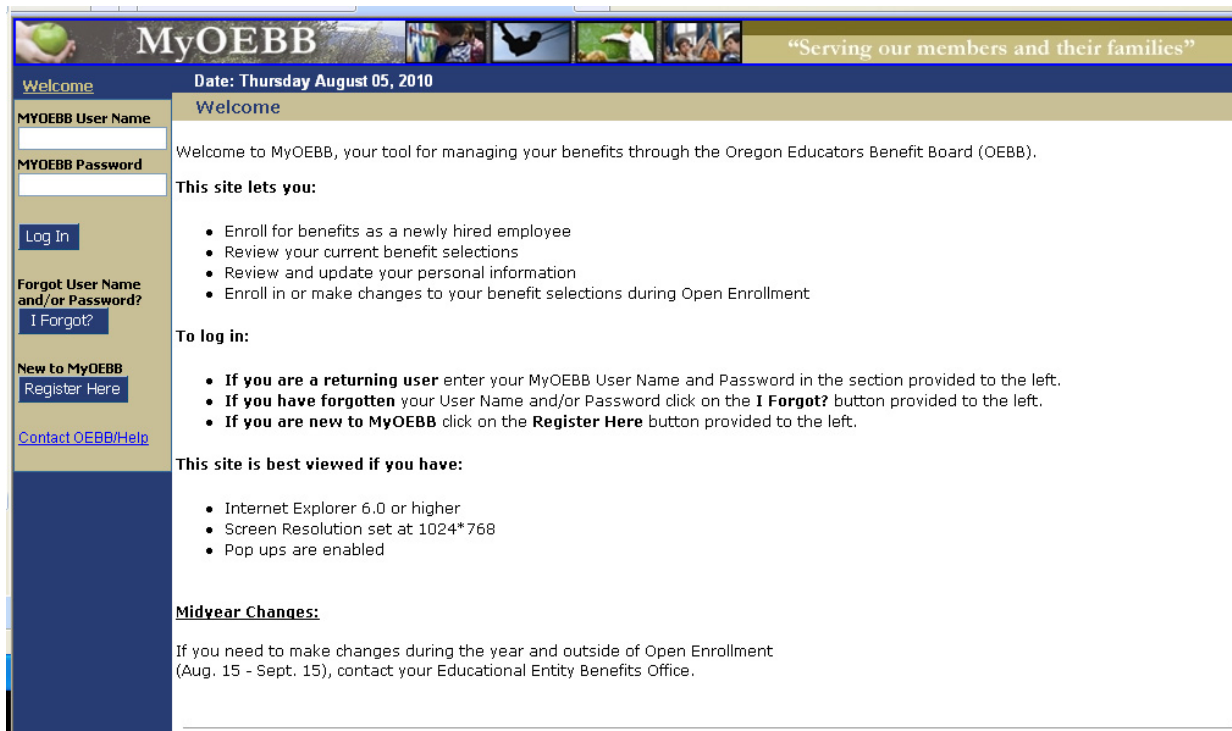
- ☐ Your E Number, SSN, or School District ID
- ☐ Birth Dates of benefit eligible family members
- ☐ Plan Choices for Health Care Benefits and Optional Benefits
- ☐ Affidavit Forms (if necessary) for certain dependents
- ☐ Other Group Coverage Information (if necessary)

Getting Registered

Log on to the following Web site:

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

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 click “**Log In**” and enter your user name and password.



The screenshot shows the MyOEBB website interface. At the top, there is a banner with the MyOEBB logo and the tagline "Serving our members and their families". Below the banner, 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" field, a "MYOEBB Password" field, a "Log In" button, a "Forgot User Name and/or Password?" link with an "I Forgot?" button, and a "New to MyOEBB" section with a "Register Here" button. 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 users, forgotten passwords, and new users, and a "This site is best viewed if you have:" section with system requirements. At the bottom, there is a "Midyear Changes:" section with information about making changes during the year.

Welcome Date: Thursday August 05, 2010

MYOEBB User Name

MYOEBB Password

Log In

Forgot User Name and/or Password?
I Forgot?

New to MyOEBB
Register Here

[Contact OEBB/Help](#)

Welcome to MyOEBB, your tool for managing your benefits through the Oregon Educators Benefit Board (OEBB).

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.

Follow these steps to complete the Open Enrollment Process

- ☐ Review and update your personal information.
- ☐ Add any eligible dependents.
- ☐ Enroll in a Medical, Dental, and Vision Plan.
- ☐ Enroll in Optional Benefits (Optional Life, STD, LTD, LTC)
- ☐ Add your beneficiary designation.
- ☐ Confirm and Save your plan selections.
- ☐ Print your Benefit Statement.

During the Open 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.

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 | | Work Phone | | Ext | |
| E-mail | | | | | |
| Addresses | | | | | |
| <input checked="" type="radio"/> Address Type | | <input checked="" type="radio"/> Residence <input type="radio"/> Mailing <input type="radio"/> Work | | <input checked="" type="radio"/> Change Address | |
| <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 | |
| Country | | Country United States | | | |
| <input type="button" value="Back"/> <input type="button" value="Save"/> <input type="button" value="Save & Continue"/> | | | | | |

Adding Dependents

Add your eligible dependents during Open 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? | |
| <input type="radio"/> Yes | |
| <input type="radio"/> No | |
| <input type="button" value="Back"/> | <input type="button" value="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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Enrolling in Medical, Vision, and Dental Benefits

It is now time to enroll in Medical, Vision, and Dental benefits. Depending on your groups 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 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 |
|--|--|------------------|----------------|----------------------------|
| <input type="button" value="Enroll"/> | Medical | | | |
| <input type="button" value="Opt Out"/> | | | | |
| <input type="button" value="Waive"/> | | | | |
| <input type="button" value="Enroll"/> | Vision- Active Members choosing not to enroll themselves and/or eligible will be eligible for only routine services for the first 12 months if electing d | | | |
| <input type="button" value="Decline"/> | | | | |
| <input type="button" value="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. | | | |
| <input type="button" value="Decline"/> | | | | |

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

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”**

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 | Medical ODS Medical Plan 5/RX B - Composite | Employee, Spouse & Children | 09-01-2010 | ✓ | ✓ |
| | Pharmacy ODS Pharmacy Plan B - Composite | Employee, Spouse & Children | 09-01-2010 | ✓ | ✓ |
| Change Delete | Vision ODS Vision Plan 3 - Composite | Employee, Spouse & Children | 09-01-2010 | ✓ | ✓ |
| Change Delete | Dental 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 optional plans if selected by your educational entity. Select “Enroll or Change” 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 you Benefits Office if you have questions regarding the plan selections.

| Action | Plan Type/Plan Name | Coverage Tier | Cov. Eff. Date | End Date |
|------------------|--|---|----------------|----------|
| Change Cancel | Basic Life Plan 11 Basic Life-\$100,000 | Employee Only - \$100,000 | 09-01-2010 | |
| Change Cancel | Optional Employee Life Optional Employee Life | Employee Only, Age 50 to 54, Amount \$200,000 | 09-01-2010 | |
| Change Cancel | Basic Accidental Death & Dismemberment Plan 11 Basic AD&D-\$100,000 | Employee Only - \$100,000 | | |
| Undo | Short Term Disability Plan 13-Short Term Disability (Voluntary)-14 Day Elimination/90 Day@60% | Short Term Disability - 14 Day Elimination/90 Day@60% | | |
| Undo | Optional Spouse/Partner Life- Declined | | | |
| Undo | Optional Child Life- Declined | | | |
| Undo | Optional Employee Accidental Death & Dismemberment- Declined | | | |
| Undo | Optional Spouse/Partner Accidental Death & Dismemberment- Declined | | | |
| Undo | Optional Child Accidental Death & Dismemberment- Declined | | | |
| Undo | Long Term Disability- Declined | | | |
| Enroll | Employee Long Term Care (Voluntary-Employee Paid) | | | |
| Decline | | | | |
| Enroll | Spouse/Partner Long Term Care | | | |
| Decline | | | | |

Continue and Return to Benefit Statement **Accept & Continue**

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

If you want additional coverage over the guarantee issue amount, click on “Total Requested Amount”.

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 or specific beneficiaries.

The beneficiaries you designate here will automatically be designated for any life or disability insurance in which you enroll in through OEBB. 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 OEBB.

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, 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 **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**

Name: William Smith
Address: 123 Test Drive
Salem, OR 97306

Benefit#: E00204699
DOB: 09-21-1959
Phone: Home
Work

Personal E-mail:
Work E-mail: 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 - Comprehensive | Employee, Spouse & Children | 145.10 | 09-01-2010 | | Yes | Yes |

Confirm all your coverages are correct. 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.**

Done Internet 100%

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).

Provided you do not make any further Open Enrollment Changes, these are the benefits that will go into effect on October 1, 2010.

Windows Internet Explorer

By saving this benefit statement, you are approving your benefit selections and authorizing deductions from your pay if necessary. You have verified all dependents (spouse and/or partner and children) have desired benefit coverages.

Click **"OK"** to approve your selections.

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

Benefit Statement as of 08-05-2010

YOUR ENROLLMENT SELECTIONS HAVE BEEN SAVED SUCCESSFULLY

isted below are your current benefit selections. Remember you may make Open Enrollment changes until september 15 using this site. To make additional changes **Close** this page and start the open enrollment process again. 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

Print

Go to my Home 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.

