



MyOEBB Benefits  
Open Enrollment 2009



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.



# Welcome to MyOEBB!

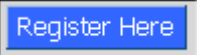
## Checklist for Open Enrollment

- 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 . 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 user name and password.

**MyOEBB**  
Date: Friday August 07, 2009  
Welcome

**RESOURCE TOOLS**

- Welcome Page
- New Member Registration
- Forgot User Name/Password?
- Carrier Information
- OEBB Web Site
- Contact Us
- Forms

**New to MyOEBB?** Register Here

**Already Registered?**

User Name:

Password:

Log In

Forgot your User Name/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
- Types of ID you wish to use to register. You may use your:
  - Social Security number
  - OEBB Benefit Number that begins with the letter "E"
  - School Employee ID
- ID Number

After entering your ID number select **Save & Continue** to create your Security Question, User Name and Password.

If you have any difficulties completing the process, please contact OEBB or your Educational Entity Benefits Office.

First Name:   
Last Name:   
Date of Birth:  (mm/dd/yyyy) OR (mm-dd-yyyy)  
ID Type:   
ID Number:

Back Save & Continue

**Security Questions**

To ensure the security of your personal information, you must enter your information in the appropriate fields below. These security questions will be asked if you forget your User Name or Password.

Security Question-1:   
Security Answer-1:

Security Question-2:   
Security Answer-2:

Back Save & Continue

**Create a User Name and Password**

You are now ready to Register.

To register:

- Create a User Name that is at least six characters long and not longer than 15 characters.
- Create a seven to 15 character password. Your password must contain the following:
  - At least one number.
  - At least one capital letter (case sensitive).
  - Do not use special characters, only numeric and alpha values.
  - Do not use the letter "y" at the end.
- Your User Name and Password cannot be the same.
- Re-enter your Password to confirm it.
- Select Save & Continue to access your record.

If you have difficulties completing this process, please contact OEBB or your Educational Entity Benefits Office.

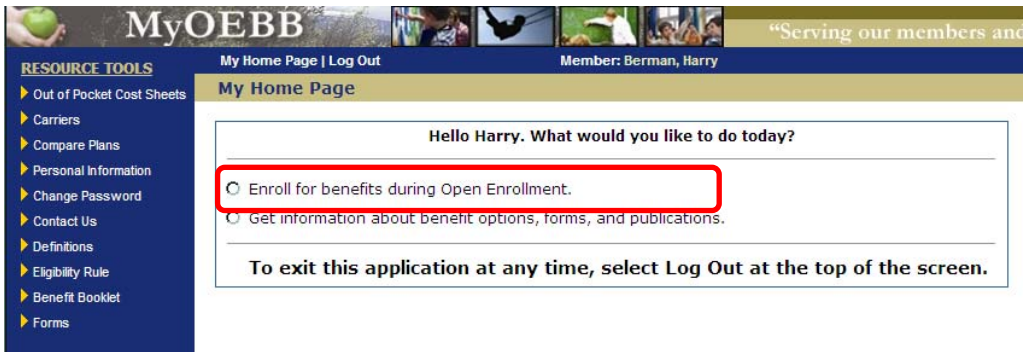
User Name:   
Password:   
Re-enter Password:

Back Save & Continue

# Beginning the Open Enrollment Process

During Open Enrollment you can make changes to your benefits as often as you like. Each time you make new selections, you'll save and verify them. The benefits that have been saved and verified when Open Enrollment closes are the benefits that 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 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.

Select: **"Enroll for benefits during Open Enrollment"**

## 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.

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

Select: **"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?

Yes

No

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

Select: **“Yes”** if you have dependents or **“No”** if you do not have dependents.

Select: **“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.

Last Name	First Name	MI	Relationship	Gender	SSN (999999999)	Birth Date (mm/dd/yyyy) OR (mm-dd-yyyy)	Dependent Certification	Medicare Eligibility
Bergman	Clara		Spouse	Female		11-07-1966	<input type="checkbox"/>	No
Bergman	Nancy		Child	Female		02-25-1991	<input type="checkbox"/>	No
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	

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

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

When the form is complete, click **“Save & Continue”**.

Dependent							
Dependent Certification Yes=Checked No= Not Checked	Benefit #	Name	Relationship	Birthdate	Gender	Expiration Date	Remove
Not Required	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 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 benefit rights without showing proof of other insurance. Contact your Benefits Office for your opt out or waive options and rules.

Summary for employee of Hillsboro Sd 1j (Open)					
Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date	Dependents
<b>Enroll</b>	Medical				Clara Nancy
Opt Out					
Waive					
Enroll	Vision- Active Members choosing not to enroll their vision plan for 2009 will be eligible for only routine selecting coverage in a future plan year.				
Decline					
Enroll	Dental- Active Members choosing not to enroll their dental plan for 2009 will be eligible for only routine selecting coverage in a future plan year.				
Decline					

Accept and Return to Benefit Statement    Accept & Continue    Waive All OEGB Benefits

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

Select your new plan using the **Plans** 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

Then, in the drop-down menu for **Coverage Tier**, select the tier that includes all the dependents you wish to cover.

Coverage Tier: Select

Employee Only

Employee & Spouse

Employee & Children

Employee, Spouse & Children

Back

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"**

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.

Summary for employee of Hillsboro Sd 1j (Open)

Action	Plan Type/Plan Name	Coverage Tier	Cov. Eff. Date	End Date	Dependents	
					Clara	Nancy
Undo	<b>Medical</b> Providence Medical Plan 1/RX 1 - Tiered	Employee, Spouse & Children	10-01-2009		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Pharmacy Providence Pharmacy Plan 1 - Tiered	Employee, Spouse & Children	10-01-2009		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Undo	<b>Vision</b> ODS Vision Plan 5 - Tiered	Employee, Spouse & Children	10-01-2009		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Decline						
Undo	<b>Dental</b> ODS Dental Plan 3/Ortho - Tiered	Employee, Spouse & Children	10-01-2009		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Decline						

Accept and Return to Benefit Statement **Accept & Continue** Waive All OEGB Benefits

If needed, click the **Undo** buttons to change your benefit selections. If all of your selections look good, click **"Accept & Continue"** or **"Accept and Return to Benefit Statement"**.

# Enrolling in Optional Benefits

It is now time to enroll in optional plans if selected by your educational entity. Contact you 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

Select "Enroll" by each one of the optional plans you want coverage in.

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".

**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

Once you have made your selections Click on "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"** or **"Accept and Return to Benefit Statement"**.

You're returned to the Beneficiaries Designation Page. You may select standard designation or specific beneficiaries.

<a href="#">1. Personal Information</a>	<a href="#">2. Dependents</a>	<a href="#">3. Healthcare Benefits</a>	<a href="#">4. Optional Benefits</a>	<a href="#">5. Beneficiaries</a>	<a href="#">6. Benefit Statement</a>
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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 OEGB. 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 and Continue** to finish your beneficiary designation.

[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 **SUBSCRIBER INFORMATION**, **BENEFITS ENROLLMENTS**, or **DEPENDENT INFORMATION** to go back to the respective sections.



Oregon Educators Benefit Board  
MyOEBB

Benefit Statement as of 08-06-2009

**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:** Harry Berman  
**Address:** 123 Test Drive  
Hillsboro, OR 97006

**Benefit#:** E00189238  
**DOB:** 09-21-1959  
**Phone:** Home  
Work  
**E-mail:**

**Edit** **BENEFITS ENROLLMENTS**

Plan	Coverage Tier	Premium	Cov. Eff. Date	End Date	Dependents	
					Clara	Nancy
Medical Providence Medical Plan 1/RX 1 - Tiered	Employee, Spouse & Children	1318.25	10-01-2009		Yes	Yes
Pharmacy Providence Pharmacy Plan 1 - Tiered	Employee, Spouse & Children	180.80	10-01-2009		Yes	Yes
Vision ODS Vision Plan 5 - Tiered	Employee, Spouse & Children	25.14	10-01-2009		Yes	Yes
Dental ODS Dental Plan 3/Ortho - Tiered	Employee, Spouse & Children	167.94	10-01-2009		Yes	Yes

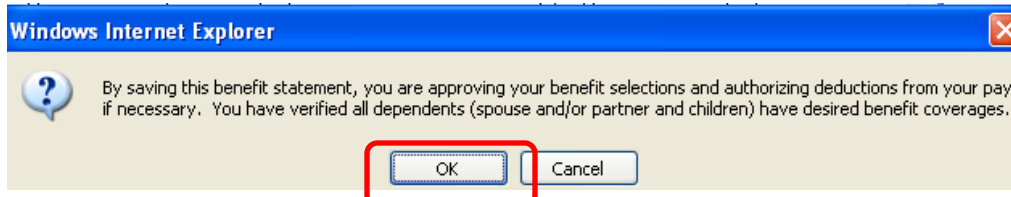
The Benefit Statement appears and asks you to confirm and save your changes. Click on the checkbox to acknowledge the statement and then click **"I agree"**.

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 governing documents.** [I agree](#)

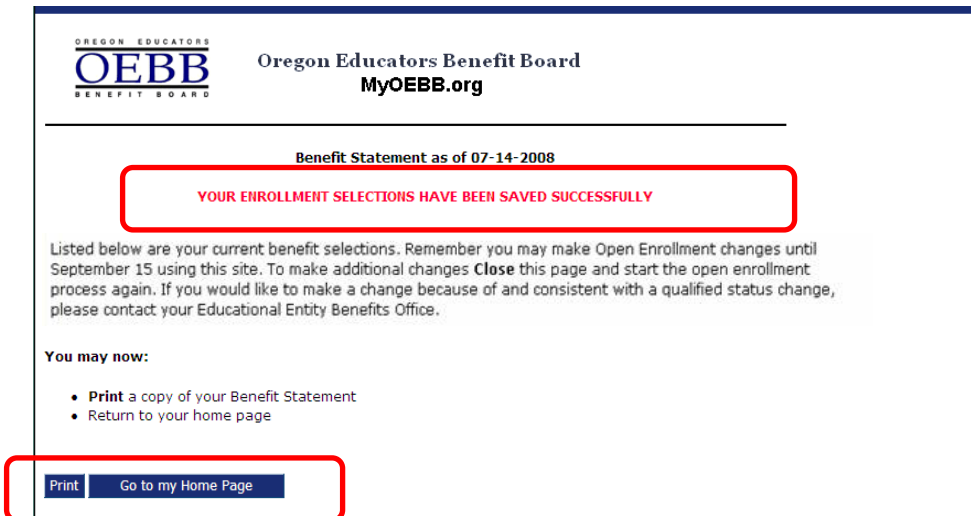
Now you'll see a prompt that informs you that you are about to make authorizations for payroll deductions (if applicable based on entity contributions).

Provided you do not make any further Open Enrollment Changes, these are the benefits that will go into effect on October 1, 2009.



Click **“OK”** to approve your selections.

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



Above is a confirmation message. It's always a good idea to print a copy of your benefit summary for your records. Then, if you're done, you can click **Go to my Home Page**, and then click **Log Out** to end your session.

## Logging Out

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

