



MyOEBB Benefits
Open Enrollment 2010



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: What you need for Open Enrollment

- Your E Number, Social Security Number, or School District ID
- Birth Dates of benefit eligible family members
- Plan Choices for Health Care Benefits and Optional Benefits
- Affidavit of Domestic Partnership (if applicable)
- Other Group Coverage Information (if applicable)

Getting Registered

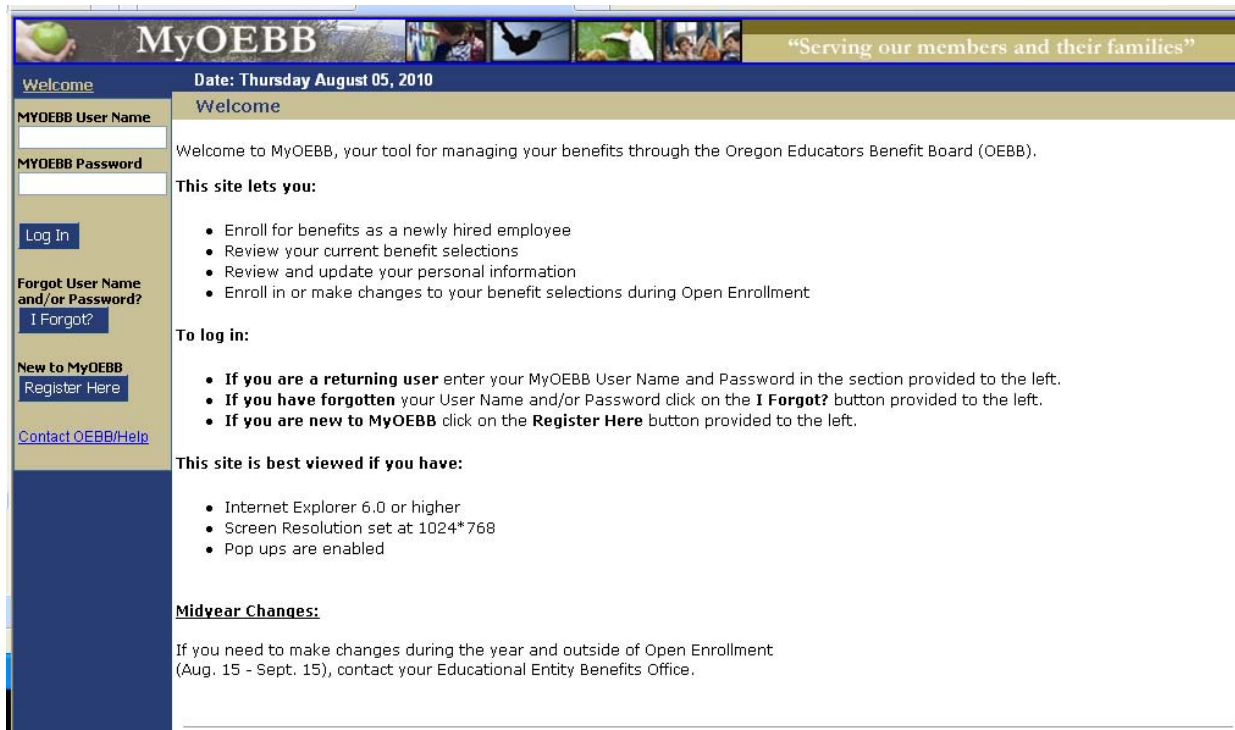
Log on to the following Web site: <https://myoebb.org/oebb!/pb.main>

If you are new to MyOEBB:

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:

Enter your username and password. And click “**Log In.**”



The screenshot shows the MyOEBB website interface. At the top, there is a navigation bar with the MyOEBB logo and the tagline "Serving our members and their families". Below the navigation bar, there is a welcome message and a date: "Date: Thursday August 05, 2010". The main content area is divided into two columns. The left column contains a "MYOEBB User Name" input field, a "MYOEBB Password" input field, a "Log In" button, a "Forgot User Name and/or Password? I Forgot?" link, a "New to MyOEBB Register Here" button, and a "Contact OEBB/Help" link. The right column contains a "Welcome" message, a list of features, a "To log in:" section with instructions for returning 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.

MyOEBB "Serving our members and their families"

Welcome Date: Thursday August 05, 2010

Welcome

MYOEBB User Name

MYOEBB Password

Log In

Forgot User Name and/or Password?
I Forgot?

New to MyOEBB
Register Here

[Contact OEBB/Help](#)

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

1. Review and update your personal information.
2. Add any eligible dependents.
3. Enroll in a Medical, Dental, and Vision Plan.
4. Enroll in Optional Benefits (Optional Life, STD, LTD, LTC)
5. Add your beneficiary designation.
6. Confirm and Save your plan selections.
7. 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					
■ Address Type		<input checked="" type="radio"/> Residence <input type="radio"/> Mailing <input type="radio"/> Work		<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			
Back Save 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](#)

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

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

[Back](#) [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 will need to provide proof of other group insurance or you may **Waive** your medical benefit without 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
Enroll	Medical				
Opt Out					
Waive					
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				
Decline					
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.				
Decline					

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

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Once that’s done, the screen refreshes to show your current selection. Verify the **“Include”** boxes to make sure a checkmark displays for each dependent you wish to have that coverage, and that a checkmark does not display for any dependents you don’t want to cover. 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	✓	✓
Change Delete	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	✓	✓

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[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 any optional plans 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 your 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			
Enroll	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 (Option 1) or specific beneficiaries (Option 2). Click “**Save & Continue**”.

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](#)

Benefits Statement

The Benefits Statement appears with the new plan selections. Remember, your choices have been recorded, but are 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	Benefit#: E00204699
Address: 123 Test Drive Salem, OR 97306	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 - Composite	Employee, Spouse & Children	145.10	09-01-2010		Yes	Yes

Confirm all your benefit elections are correct. If you have selected Long Term Care plans you will see two checkboxes, otherwise you will see one checkbox. 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 OEBC 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 OEBC's eligibility requirements, or until I elect to change them subject to the provisions of OEBC'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 OEBC qualified status changes. I have read the benefit materials and I understand the limitations and qualifications of the OEBC 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 OEBC 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.

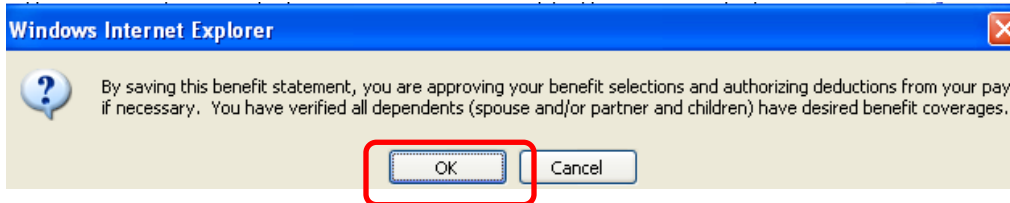
This election supersedes all elections and submissions I previously made for OEBC coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that they are subject to penalty for perjury.

I acknowledge that I have visited <http://w3acp.unum.com/enroll/OEBC002/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.

Now you'll see a prompt informing 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.



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

Your Benefit Statement appears, confirming you have successfully saved selections. It's always a good idea to print a copy of your benefit summary for your records.



Oregon Educators Benefit Board
MyOEBB

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

Logging Out

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

MyOEBB

[My Home Page](#) | [Log Out](#) Member: Sm

RESOURCE TOOLS

- ▶ My Benefit Statement
- ▶ Out of Pocket Cost Sheets
- ▶ Carrier Information

My Home Page

Hello William. What would y