DIVISION 40

ENROLLMENT

111-040-0001

Effective Dates

(1) **Effective Dates for Newly Eligible Employees**. ~~Benefit plan changes or~~ Initial **benefit** elections, unless otherwise specified in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective on the later of:

(a) The first of the month following a completed online enrollment in the OEBB benefit management system or submission of a paper enrollment or change form, or

(b)(A) The first of the month following the date of hire or the date of eligibility; with the following exception:

(B) The first of the month following approval of Evidence of Insurability for Optional Life Insurance above the guarantee issue amount, Long Term Disability, or Long Term Care insurance.

(2) **Effective Dates for Qualified Status Changes**. Covered dependent changes are effective the first of the month following the date of the event causing the dependent to be eligible under OEBB administrative rules with the following exceptions:

(a) Coverage for a newborn child is effective on the date of birth. The active eligible employee must add the newborn child to their benefit plans within 60 calendar days from the date of birth in order for the newborn child to be eligible for benefit coverage.

(b) Coverage for a newly adopted child is effective the date of the adoption decree or date of placement for adoption. The active eligible employee must add the adopted child to their benefit plans within 60 calendar days from the date of the decree or placement in order for the newly adopted child to be eligible for benefit coverage; and

(A) The active eligible employee must submit the adoption agreement with the enrollment forms to the Educational Entity.

(B) Claims payments will not be made for expenses incurred prior to the date of decree or placement.

(c) Coverage for an eligible grandchild is as follows:

(A) If the legal guardianship is finalized within the first 60 days following the birth of the grandchild, coverage will be effective retroactive to the date of the birth.

(B) If the legal guardianship is finalized 61 or more days from the date of birth of the grandchild, the coverage will be effective the first of the month following the date the guardianship documents are finalized.

(C) If the legal guardianship is finalized 61 to 180 days from the date of birth of the grandchild, and the effective date of legal guardianship is retroactive to the grandchild's date of birth, coverage will be effective retroactive to the date of birth. If legal guardianship is finalized after 180 days coverage will be effective the first of the month following the date the guardianship documents are finalized.

(d) The first of the month following approval of Evidence of Insurability for Optional Spouse/Domestic Partner Life insurance above the guaranteed issue amount, if applicable, or Long Term Care Insurance.

(3) Elections made during an open enrollment period are effective on the first day of the new plan year. There will be a 12-month waiting period for services other than preventive dental exams and cleanings and/or routine vision exams for coverage added during the open enrollment period if enrolling in a dental or vision plan in which the employee and/or dependents were previously eligible.

111-040-0005

Termination Dates

(1) Effective October 1, 2011, if an active eligible employee requests a termination of coverage for **themself**, ~~themselves~~ a spouse, a domestic partner, or a child, coverage ends on the last day of the month that eligibility is lost. Requests for coverage termination must be made consistent with a **Qualified Status Change** ~~Qualifying Event,~~ as defined by 111-040-0040.

(2) Retroactive termination of coverage may be made in the event of a delay in the Educational Entities' **reconciliation** ~~administrative~~ process **and shall generally be within 14 days of receiving notification from the employee of the qualified status change event and requested benefit changes.**

(~~2~~**3**) Effective October 1, 2011, benefit coverage termination that is considered by OEBB to be intentional misrepresentation may be rescinded in compliance with the law. If this occurs, OEBB shall give the affected individual 30 days notice of the rescission of benefit coverage and an opportunity to appeal before the rescission takes effect.

(~~3~~**4**) Benefit coverage for active eligible employees ends on the last day of the month that they retire, unless otherwise determined in a collective bargaining agreement or documented district policy in effect on June 30, 2008. Benefit coverage may be continued based on the requirements and limitations in OARs 111-050-0001 through 111-050-0050.

111-040-0010

Newly-hired and Newly-eligible ~~Active Eligible~~ Employees

(1) Newly-hired and newly-eligible ~~active eligible~~ employees must enroll in OEBB-sponsored benefit plans through the OEBB benefit management system or paper equivalent within 31 calendar days of the date of hire or date of eligibility, unless determined otherwise in a separate OEBB administrative rule or in a collective bargaining agreement or documented district policy in effect on June 30, 2008.

(2) An ~~active eligible~~ employee enrolling in OEBB-sponsored benefit plans and terminating employment before the effective date of benefit coverage is not eligible to receive benefits.

~~(3) An active eligible employee hired after the open enrollment period and before the start of the new plan year has open enrollment rights.~~

111-040-0015

Removing an Ineligible Individual from Benefit Plans

(1) An active ~~eligible~~ employee **who enrolls themself and / or an eligible person** is responsible for removing ~~ineligible~~ spouses, domestic partners and children from their OEBB-sponsored benefit plans by

submitting completed, applicable forms to their Educational Entity benefits administrator within 31 calendar days after the date the individual becomes ineligible. Coverage ends on the date identified under OAR 111-040-0005.

~~(2) An active eligible employee ending a domestic partnership must complete and submit a Termination of Domestic Partnership form and enrollment update forms to the Educational Entity benefits administrator within 31 calendar days after the event for removal of the domestic partner and domestic partner's children from their benefit plan. Benefit coverage for the domestic partner and domestic partner's children ends on the date identified in OAR 111-040-0005.~~

(**2**~~3~~) An Educational Entity is responsible for removing ineligible individuals from the OEBB benefits management system. The Educational Entity must complete such removal within 14 calendar days after:

(a) An event resulting in loss of the employee's eligibility, or

(b) The receipt of notification of an event resulting in loss of eligibility of the employee's spouse, domestic partner or child.

(**3**~~4~~) If coverage of an employee's spouse, domestic partner or child is terminated retroactively then:

(a) The ~~active eligible~~ employee may be responsible for claims previously paid by the benefit plans to the providers during the period of ineligibility at the carrier's discretion; and

(b) Premium adjustments will be made retroactively based on the coverage end date.

(**4**~~5~~) OEBB shall conduct audits to monitor compliance with OEBB administrative rules governing eligibility and enrollment. **Eligibility audits will occur at different times throughout the plan year. The member is responsible to submit documentation upon request. In the event the member does not provide the required documentation in a timely manner to sufficiently prove the dependent meets eligibility requirements, or the documentation provided is insufficient, the dependent's coverage will be terminated. Retroactive terminations may occur if the documentation provided shows the dependent was not eligible for coverage and the member misrepresented the dependent as being an eligible dependent as defined by OAR 111-080-0045.**

111-040-0020

Open Enrollment

(1) ~~Active~~ Eligible employees may make benefit plan changes or elections and add or remove eligible dependents during open enrollment periods as designated by OEBB.

(2) Coverage under OEBB-sponsored benefits plans for an eligible individual added during open enrollment begins on the first day of the new plan year. Dental and vision coverage added during the open enrollment period will be limited to preventive dental exams and cleanings and routine vision exams for the first 12 months of coverage, if the eligible individual and/or their eligible dependents were ~~previously~~ eligible for the coverage **directly prior to the beginning of the new plan year**. Coverage for an individual terminated during open enrollment ends on the last day of the month of the current plan year.

~~(3) An active eligible employee hired after the open enrollment period and before the start of the new plan year has open enrollment rights.~~

(**3**~~4~~) Benefit plan elections are irrevocable for the new plan year except as specified in OAR 111-040-0040.

111-040-0025

Correcting Enrollment and Processing Errors

(1) Employee Enrollment Errors. Enrollment errors occur when ~~an active~~ an Eligible Employee provides incorrect information or fails to make correct selections when making benefit plan elections. The ~~active~~ Eligible Employee is responsible for identifying enrollment errors or omissions.

(a) OEBB authorizes Educational Entities to correct enrollment errors reported by the ~~active~~ Eligible Employee within ~~60~~ **45** calendar days of the original eligibility date, open enrollment period end date, or Qualified Status Change date.

(b) Enrollment errors identified after ~~60~~ **45** calendar days of the eligibility date, open enrollment period end date or Qualified Status Change date must be submitted to OEBB for review and approval based on OAR 111-080-0030.

(2) Benefit Administrator Processing Errors. Processing errors or omissions occur when benefit plan elections are processed incorrectly in the benefit system or when a newly eligible ~~active eligible~~ employee does not receive correct enrollment information. ~~or materials within 31 calendar days of the eligibility date.~~

(a) OEBB authorizes Educational Entities to correct processing errors identified within ~~60~~ **45** calendar days of the eligibility date, open enrollment period end date, or Qualified Status Change date. The Educational Entity must reconcile all premium discrepancies.

(b) Processing errors identified after ~~60~~ **45** calendar days of the eligibility date, open enrollment period end date, or Qualified Status Change date must be submitted to OEBB for review and approval based on OAR 111-080-0030. The Educational Entity must reconcile all premium discrepancies within 30 calendar days of any adjustments made in the system.

(3) The effective date for the correction of either an employee enrollment error or benefit administrator error is ~~Retroactive~~ **retroactive** to the original effective date as identified in OAR 111-040-0001.

(4) The OEBB Administrator has the authority to grant exceptions to OEBB's Administrative Rules when there are extenuating circumstances which can be supported by documentation and verified by OEBB staff.

111-040-0030

Late Enrollment

(1) Late enrollment occurs when an active eligible employee fails to **notify their educational entity of the Qualified Status Change** ~~enroll for benefits~~ within 31 calendar days of:

(a) The date of hire or other benefit eligibility date as identified in OAR 111-040-0001;

(b) The date a spouse, domestic partner, or child gains eligibility;

(c) The date of marriage to a spouse who was most recently enrolled as a domestic partner; or

(d) The date of birth of the employee's biological newborn child;

(e) The date the child was adopted or the date the employee became the legal guardian.

(2) OEBB authorizes Educational Entities to **add and/or enroll** ~~approve late enrollment requests for active~~ eligible employees and dependents ~~when the request is reported~~ within ~~60~~ **45**calendar days of the eligibility dates referenced in sections (1)(a), (1)(b), **and** (1)(c) ~~(1)(d)~~ **and within 60 calendar days of the eligibility dates referenced in (1)(d) and (1)(e).**

(3) OEBB must review and approve all late enrollment requests based on OAR 111-080-0030 when the request **and enrollment** is made more than ~~60~~ **45** calendar days after the eligibility dates referenced in sections (1)(a), (1)(b), **and** (1)(c), ~~(1)(d)~~ **and more than 60 calendar days after the eligibility dates referenced in sections (1)(d) and (1)(e).**

(4) Approved late enrollment requests, unless determined otherwise in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective the first of the month following the date the request is received by a district benefits administrator or OEBB, except for approved requests to add newborn children **or newly adopted child** which are retroactive to the month the child was born **or adopted** along with any premium adjustments.

111-040-0040

Qualified Status Changes (QSC's)

(1) ~~Active~~ **An** Eligible Employee~~s~~ experiencing a change in family or work status as noted below after annual open enrollment, or anytime during the plan year, **has** ~~have~~ 31 calendar days beginning on the date of the event to make changes. If the event is gaining a child, as defined by 111-040-0040(2)(c), or results in a loss of eligibility, the Eligible Employee has 60 calendar days after the event to make changes.

(2) ~~The~~ **An** Eligible Employee can only make changes that are consistent with the event for ~~themselves~~ **themself** and/or dependents.

(3) ~~The~~ **An** Eligible Employee must report the Qualified Status Change (QSC) to the employee's Educational Entity within the specified timeframe. Failure to report a QSC that will result in removal of a spouse, domestic partner, or child within the timeframe stated in 111-040-0040(1) may be considered intentional misrepresentation, and OEBB may rescind the individual's coverage back to the last day of the month in which the individual lost eligibility. Please refer to the QSC matrix for details on what changes can occur with each event.

(4) Qualified Status Changes which allow the employee to make changes to his or her coverage are:

(a) Gain spouse by marriage or domestic partner by meeting domestic partner eligibility;

(b) Loss of spouse or domestic partner by divorce, annulment, death or termination of domestic partnership,

(c) Gain a child by birth, placement for/or adoption, or Domestic Partner's children (by affidavit of domestic partnership),

~~(d) Active eligible employee starts new employment and gains eligibility;~~

(**d**~~e~~) Change in ~~employment status by active eligible employee which affects eligibility~~ **employee group which affects plan option availability**;

~~(f) Active eligible employee ends employment or other change in employment status resulting in a loss of eligibility;~~

(**e**~~g~~) Spouse or domestic partner starts new employment or other change in employment status which affects eligibility;

(**f**~~h~~) Spouse or domestic partner's employment ends or other change in employment status resulting in a loss of eligibility under their employer's plan;

(**g**~~i~~) Event by which a child satisfies eligibility requirements under OEBB plans ~~(for a list of requirements see 111-010-0015);~~

(**h**~~j~~) Event by which a child ceases to satisfy eligibility requirements under OEBB plans ~~(for a list of requirements see 111-010-0015),~~

(**i**~~k~~) Changes in the residence of the active eligible employee, spouse, domestic partner, or child (i.e., moving out of the service area of an HMO);

(**j**~~l~~) Reinstatement of coverage. Reinstatement can be used in the following situations:

(A) Military (USERRA):

(B) When coverage was continued under COBRA

(C) When coverage was terminated in error and there is no lapse in coverage.

(**k**~~m~~) Significant changes in cost of the Eligible Employee's or Early Retiree's current plan and tier level that result in a negative impact of 10 percent or more to:

(A) The amount an active Eligible Employee or Early Retiree must contribute toward benefits.

(B) The amount a spouse or domestic partner must contribute toward his or her group health insurance plan cost.

(**l**~~n~~) Different Open Enrollment/Plan Year under a spouse/domestic partner's employer plan.

(**m**~~o~~) Related laws or court orders. For example: Qualified Medical Child Support Order (QMSCO), Medicare, HIPAA, or Family Health Insurance Assistance Program (FHIAP). Changes are determined by the applicable law or court order.

(5) Changes in coverage, or contribution amounts that result in a reduced amount that an employee or eligible dependent must contribute toward benefits, do not constitute a Qualified Status Change.

(6) The following applies to the Long Term Care benefit plans only:

(a) Cancel the plan at anytime without a QSC event.

(b) Plan additions or changes require a QSC event as defined 111-040-0040(2). The addition of a plan or change in plans with a QSC is subject to a medical evidence review by the LTC carrier.

111-040-0050

Declination of Coverage

(1) As used in this section:

(a) "Opting out of coverage" means that an ~~individual~~ **otherwise Eligible Employee** elects not to enroll in a medical plan and is eligible to receive a portion of the cash contribution or other type of remuneration as provided for under a collective bargaining agreement, documented district policy, or employment contract.

(b) "Waiving benefits" means that an ~~individual~~ **otherwise Eligible Employee** elects not to enroll in any one of the benefit plans available under the OEBB-sponsored benefits program and is not eligible to receive any portion of a cash contribution or other type of remuneration.

(2) Unless otherwise specified in a collective bargaining agreement, documented district policy or employment contract in effect on July 1, 2008, an Eligible Employee may opt out of the OEBB-sponsored medical benefit plans. Eligible Employees electing to opt out must:

(a) Maintain coverage under another employer-sponsored group medical benefit plan;

(b) Meet the requirements of the district opt out program in which they are participating;

(c) Submit their election to opt out through the OEBB benefit management system; and

(d) If requested, provide proof of current coverage under another employer-sponsored group medical benefit plan.

(3) Eligible Employees electing to opt out of the OEBB-sponsored medical benefit plans may enroll in the dental benefit plans, vision benefit plans, and optional benefit plans.

(4) The level and type of funds and allowances retained by Eligible Employees and districts as a result of opt out programs are determined through collective bargaining agreements and documented district policies.

(5) An Educational Entity will provide OEBB with a written description of its opt out program upon request.

(6) An **otherwise** Eligible Employee may ~~waive~~ **opt-out of** medical **if the criteria above are met**, **decline** dental and**/or** vision, or **elect** any combination of benefits provided under the OEBB-sponsored benefits program, **unless otherwise stated in a collective bargaining agreement or documented district policy**.

(7) Elections to opt out of the medical benefit plans or waive benefits must be made at the time of hire, when initially meeting eligibility, during an open enrollment period, or following a QSC **event whereby the OEBB QSC Matrix allows this as an option.**

~~(8) An Eligible Employee previously opting out of coverage or waiving benefits may enroll in benefit plans consistent with a QSC event or during an open enrollment period.~~

(a) Coverage for previously OEBB-eligible employees or a previously OEBB-eligible dependent enrolling in the dental and/or vision plans during an open enrollment period will be limited to routine and preventive care for the first 12 months and subject to a 12-month waiting period for orthodontia coverage.

(b) **An** Eligible Employee who enroll**s** in the dental or vision plans, or add**s** previously OEBB- eligible dependents to the dental and vision plans ~~due to a~~ **following and consistent with a** QSC event will not be subject to waiting periods.

(9) **An** Eligible Employee electing to not enroll when initially eligible for optional insurance plans, **or enrolling for more than the guarantee issue amount,** will have to go through a medical review. ~~process to obtain optional life insurance.~~ **Failure to remit a medical history statement or complete other requirements will result in a declination of requested amounts, or the amount above the guaranteed amount, if applicable.**

(10) An Eligible Employee electing to not enroll when initially eligible for optional short term disability will be subject to a late enrollment penalty upon enrollment.