



**Oregon Educators Benefit Board**  
**Benefits Information Exchange (BIE)**  
Thursday, June 6, 2013 – 10:00 a.m. to 12:00 p.m.  
Department of Administrative Services – East Location  
PEBB/OEBB Boardroom  
1225 Ferry Street SE, Salem, Oregon



**This meeting will be conducted using an online webinar service, iLinc.  
Use this link to log into the meeting:**

**<https://oregonconnect.ilinc.com/join/bfrysbh>**

**After logging in, enter your phone number and use the “CALL ME” audio option. You may experience difficulties if you choose “Internet Audio”.**

**AGENDA**

**I. 10:00 a.m. – 10:10 a.m. Welcome / Introductions / iLinc Assistance**

*Mary French, Benefits Data Analyst*

**II. 10:10 a.m. – 10:20 a.m. Rule Revisions – Attachment 1**  
• Division 30 Permanent

*April Kelly, Lead Benefits Analyst*

Note: Items II & III serve as a  
May 9 Board Meeting Update.

**III. 10:20 a.m. – 10:40 a.m. Healthy Futures Update**  
OEBB Board Meeting Highlights  
• May 9 Meeting  
• Healthy Futures Letter – mailed/emailed May 23

*Heidi Williams, Director of Operations*

**IV. 10:40 a.m. – 11:00 a.m. Systems Update**

*Linda Freeze, Benefits Manager*

**V. 11:00 a.m. – 11:35 a.m. Report Review – Attachment 2**  
• Plan Selection and New Reports

*Mary French*

- VI. 11:35 a.m. – 11:50 a.m.      **Insurance Committee Meetings Recap & Communications Update**
- **HRAs, HSAs, & FSAs – How they will work with OEGB plans beginning October 1, 2013**
- Denise Hall, Deputy Administrator*
- VII. 11:50 a.m. – 12:00 p.m.      **Future Meeting Topics and Other Business**
- Mary French*
- VIII. 12:00 p.m.      **Adjourn**

## DIVISION 30

### PLAN DESIGN DEVELOPMENT AND SELECTION

#### 111-030-0050

##### Premium Rate Structure Selection Process and Limitations

(1) Educational Entities may choose a composite or tiered rate structure for each Employee Group for medical, dental and vision coverage unless otherwise specified in an OEBC administrative rule. The rate structure selected for each coverage type applies to all individuals electing to participate as active employees within an Employee Group.

(2) Educational Entities may select a composite or tiered rate structure for early retirees unless otherwise specified in an OEBC administrative rule.

(3) Educational Entities may select a composite or tiered rate structure for part-time employees of an Employee Group unless otherwise specified in an OEBC administrative rule. If a different rate structure is selected for part-time employees that structure must apply to all participating part-time employees within that Employee Group.

(4) Rate structures must be selected during the plan selection process.

(5) Once an Educational Entity elects a change in rate structure for a type of coverage within an Employee Group, the rate structure selection cannot be changed for at least three plan years. The rate structure change will go into effect on the first day of the next plan year, October 1.

(6) Educational Entities who offered LTD on a composite rate structure prior to moving to OEBC coverages can continue to do so. ~~for two plan years, 2009-2010 and 2010-2011. This~~ **Use of the** composite rate structure **for LTD plans** is **only** available on the **a** mandatory LTD plan which **and** requires **100** percent enrollment.

**(a) Employee Groups using a composite rate structure for mandatory LTD plans effective October 1, 2012, may continue to use either the employer-paid or employee-paid option.**

**(b) Effective October 1, 2013, OEBC will expand the availability of the composite rate structure for mandatory LTD plans only to those Employee Groups that chose to elect an employer-paid plan option.**

**(c) Rate structures must be selected during the plan selection period and become effective the first day of the next plan year, October 1.**

# Report Mart


June 6, 2013

# Getting Started

- Primary Dial-In: 1-800-689-9374
- Place your number in the Call Me area.
- ***The best method to interact with iLinc is to enter your phone number and have iLinc call you.***
- If not using iLinc Dial: 1-800-689-9374
- Participant Passcode: 243789

# Overview

- Access Report Mart
- New Report: Opt\_Out\_and\_Waive
- Plan\_Selection\_All\_Years
- Plan\_Selection\_by\_Year
- Export Report
- Print Report



# MyOEBB

"Serving our members and their families"

OREGON EDUCATORS

## OEBB

BENEFIT BOARD

- ▶ System Codes
- ▶ Address Setup
- ▶ Contact Setup
- ▶ Security Setup
- ▶ Plan Management
- ▶ Contact Management
- ▶ Enrollment Management
- ▶ Enrollment Requests
- ▶ Member Management
- ▶ Document Management
- ▶ Utilities
- ▶ Home Page Alerts
- ▼ Report Mart
  - Setup Report
  - Reports
- ▶ Payroll Interface

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User: French-admin Mary

### CRYSTAL\_REPORTS

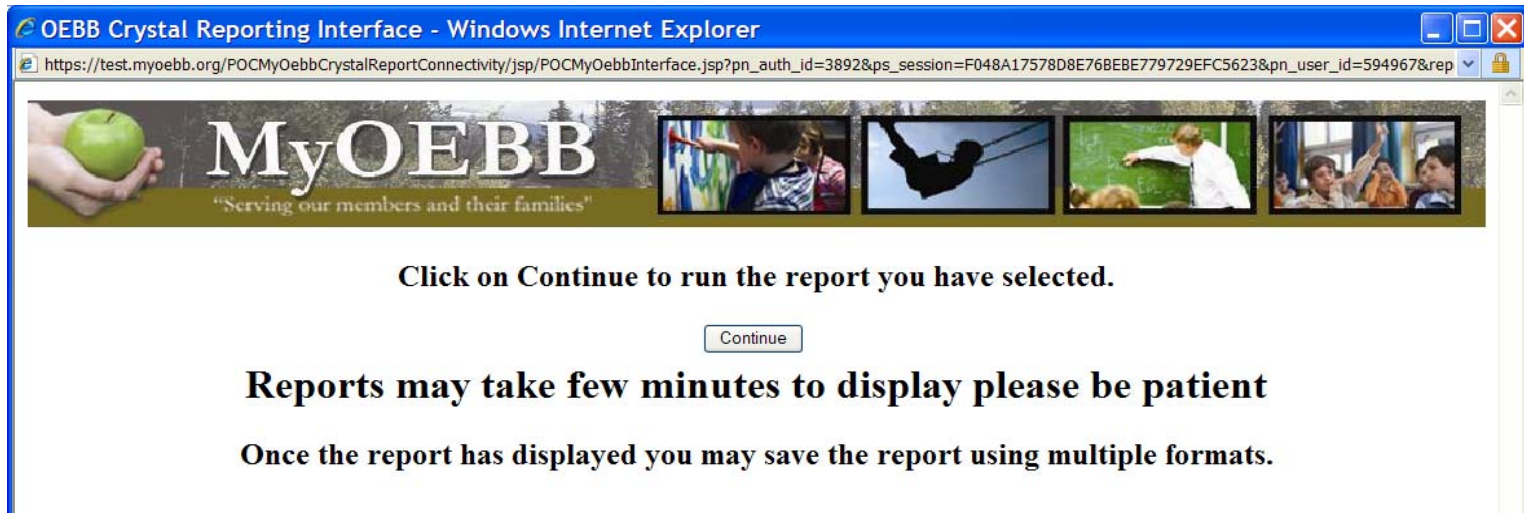
■ Name

■ Description

■ Entity Name   ■ Entity Number

- Access reports at: <https://myoebb.org/oebb/lbms.main>
- Locate report mart under the left hand navigation
- Plan\_Selection\_All\_Years

# Run Report



- Click on continue
- Depending on the type of report you selected this process may take time, do not click continue a second time or it will start the process over again.



# Report Results

The screenshot shows a web browser window titled "Crystal Reports Viewer - Windows Internet Explorer". The address bar shows the URL: <https://myoebb.org/POCMyOebbCrystalReportConnectivity/jsp/CrystalReportViewer.jsp>. The browser interface includes a "Group Tree" on the left with a tree view showing "Central SD 13J" expanded, with sub-items: "Administratc", "Classified-F", "Confidential-", and "Superintend". The main content area displays the report titled "Oregon Educators Benefit Board" with the subtitle "Entity Plan Selection" and "Central SD 13J". Below this, it states "Offers EAP". The report content is organized into sections: "Plan Year 2011-2012", "Administrator Licensed-Full Time", and "Non Represented - Central". The "Non Represented - Central" section lists various insurance plans: ODS Medical Plan 5/RX A - Composite, Kaiser HMO Medical Plan 1/RX 1 - Composite, ODS Medical Plan 7/RX A - Composite, ODS Medical Plan 9 - Composite, ODS Dental Plan 1 - Composite, ODS Dental Plan 2 - Composite, ODS Vision Plan 3 - Composite, Plan 11 Basic Life-\$100,000, Plan 11 Basic AD&D-\$100,000, Plan 12-Long Term Disability (Mandatory)-90 Day@66.66%, Optional Employee Life, and Optional Spouse/Partner Life. The browser's status bar at the bottom shows "Internet" and a zoom level of "100%".

Crystal Reports Viewer - Windows Internet Explorer

<https://myoebb.org/POCMyOebbCrystalReportConnectivity/jsp/CrystalReportViewer.jsp>

Group Tree

Main Report

Central SD 13J

- Administratc
- Classified-F
- Confidential-
- Superintend

## Oregon Educators Benefit Board

### Entity Plan Selection

#### Central SD 13J

Offers EAP

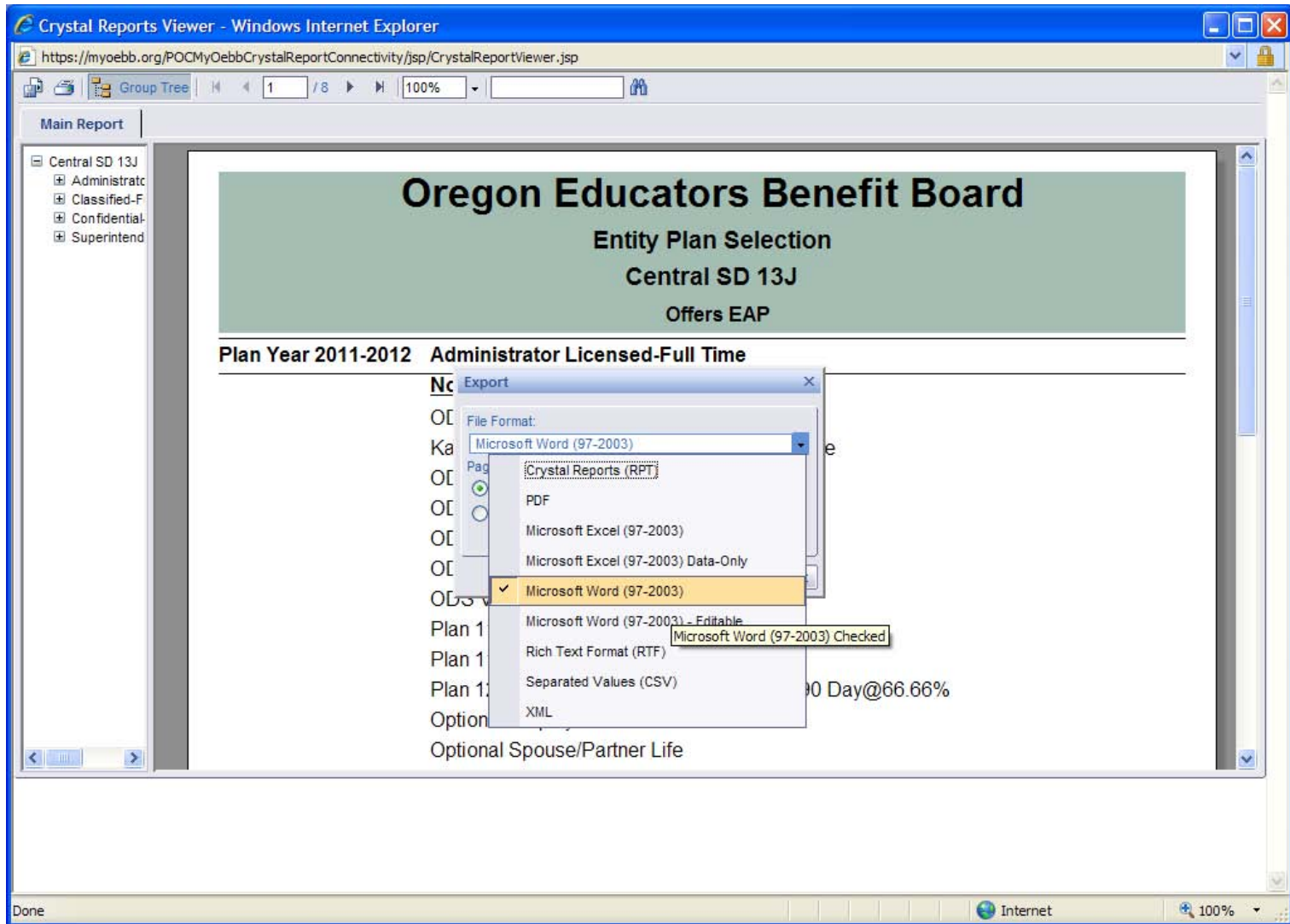
**Plan Year 2011-2012 Administrator Licensed-Full Time**

**Non Represented - Central**

- ODS Medical Plan 5/RX A - Composite
- Kaiser HMO Medical Plan 1/RX 1 - Composite
- ODS Medical Plan 7/RX A - Composite
- ODS Medical Plan 9 - Composite
- ODS Dental Plan 1 - Composite
- ODS Dental Plan 2 - Composite
- ODS Vision Plan 3 - Composite
- Plan 11 Basic Life-\$100,000
- Plan 11 Basic AD&D-\$100,000
- Plan 12-Long Term Disability (Mandatory)-90 Day@66.66%
- Optional Employee Life
- Optional Spouse/Partner Life

Internet 100%

# Print or Save



# Report Demonstration

- New report added to Report Mart
  - Opt\_Out\_and\_Waive
- Navigate Report Mart
  - Select report
  - Review report description
  - Enter any required parameters

# Opt\_Out\_and\_Waive

OREGON EDUCATORS  
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BENEFIT BOARD

- ▶ System Codes
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- ▶ Document Management
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- ▶ Home Page Alerts
- ▶ Reports
- ▶ BHS Interface
- ▶ Payroll Interface

Home | Contact Us | Help | Logout

User: French-Admin Mary

**CRYSTAL\_REPORTS**

■ Name

Entity\_Opt-Out\_and\_Waive

■ Description

This report includes both the opt-out and waive selections for medical coverage.

■ Entity Name

Central SD 13J

■ Entity Number

2191

■ End Date

05-01-2013

Submit

Reset

Calendar - Windows Int...

about:blank

May 2013

<< < > >>

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     | 1   | 2   | 3   | 4   |
| 5   | 6   | 7   | 8   | 9   | 10  | 11  |
| 12  | 13  | 14  | 15  | 16  | 17  | 18  |
| 19  | 20  | 21  | 22  | 23  | 24  | 25  |
| 26  | 27  | 28  | 29  | 30  | 31  | 1   |

Internet 100%

# Submit Request to Return Report



**Click on Continue to run the report you have selected.**

Continue

**Reports may take few minutes to display please be patient**

**Once the report has displayed you may save the report using multiple formats.**



# Opt\_Out\_and\_Waive\_Report

Crystal Reports Viewer - Windows Internet Explorer

https://myoebb.org/POCMyOebbCrystalReportConnectivity/jsp/CrystalReportViewer.jsp

Group Tree | 1 / 1+ | 100%

Main Report

| Oregon Educators Benefit Board |            |   |  |                  |
|--------------------------------|------------|---|--|------------------|
| Opt Out and Waived Report      |            |   |  |                  |
| 05/01/2013                     |            |   |  |                  |
| Central SD 13J                 |            |   |  |                  |
| Enumber                        | First Name | Last Name                               | Other Insurance                        | Other Exp Date   |
| <b>Employment Type:</b>        |            | <b>Classified-Full Time</b>             | <b>Plan Tier: Medical Waive Only</b>   | <b>Count: 4</b>  |
| E00691981                      | OTXJ       | MJWSFSJE                                | Medical Waive                          |                  |
| E00691992                      | BJSIN      | PFZKRFS                                 | Medical Waive                          |                  |
| E00046014                      | FSFGJQQJ   | WNHMFWIX                                | Medical Waive                          |                  |
| E00045747                      | RFWD       | MFJSJW                                  | First Choice Health                    |                  |
| <b>Employment Type:</b>        |            | <b>Classified-Part Time</b>             | <b>Plan Tier: Medical Waive Only</b>   | <b>Count: 1</b>  |
| E00691966                      | TQNANF     | IWFEITKK                                | Medical Waive                          |                  |
| <b>Employment Type:</b>        |            | <b>Administrator Licensed-Full Time</b> | <b>Plan Tier: Other Group Coverage</b> | <b>Count: 1</b>  |
| E00664419                      | RFZWJJS    | XYFNW                                   | Regence Blue Cross Blue Shield         | 9/30/13          |
| <b>Employment Type:</b>        |            | <b>Classified-Full Time</b>             | <b>Plan Tier: Other Group Coverage</b> | <b>Count: 22</b> |
| E00664167                      | IFDQJSJ    | FSLQZSI                                 | Medical Waive                          |                  |
| E00691828                      | JXYJAFS    | WNSHTS                                  | Providence Health Plans                |                  |
| E00691838                      | RFYYMJB    | GJQYE                                   | Regence Blue Cross                     |                  |
| E00691843                      | FSSF       | GZWBJQQ                                 | ODS                                    | 10/20/17         |
| E00691858                      | QJYNHNF    | HFWWNQQT                                | BlueCross BlueShield                   |                  |
| E00691855                      | INFSJ      | HQNSJ                                   | Salem Health GWH-CIGNA                 | 12/20/12         |
| E00691908                      | ANHYTWNF   | IFANIX                                  | Kaiser Permanente                      | 10/1/15          |

# Plan\_Selection\_by\_Year

The screenshot shows a web browser window with two tabs: "OEBB - Benefit Managem..." and "BusinessObjects Central Man...". The main header features a banner with a hand holding a green apple, the text "MyOEBB", and the tagline "Serving our members and their families". Below the banner, navigation links include "Home | Contact Us | Help | Logout" and the user name "User: French-Admin Mary".

The left sidebar contains the "OREGON EDUCATORS OEBB BENEFIT BOARD" logo and a list of menu items: System Codes, Address Setup, Contact Setup, Security Setup, Plan Management, Contact Management, Enrollment Management, Enrollment Requests, Member Management, Document Management, Utilities, Home Page Alerts, Reports, BHS Interface, Payroll Interface, and Report Mart (with sub-items Setup Report and Reports).

The main content area is titled "CRYSTAL\_REPORTS" and displays the configuration for the "Plan\_Selection\_by\_Year" report. The configuration includes a description, entity information, and a start date.

**Report Configuration:**

- Name:** Plan\_Selection\_by\_Year
- Description:** This report can be used during open enrollment to share with the member at their employment group level. The format for the start date should be 10-01-YYYY.
- Entity Name:** Salem-Keizer SD 24J
- Entity Number:** 2142
- Start Date:** 10-01-2012

Buttons for "Submit" and "Reset" are located at the bottom of the configuration section.

# Plan Selection by Year

| <b>Main Report</b>   |  |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|--|--|---------------------|----------------------------------|--|--|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|---|--|--------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|--|--|--|--|--|--|-------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|----------------------------------|
| <ul style="list-style-type: none"> <li>- Salem-Keizer SD 24J           <ul style="list-style-type: none"> <li>+ Administrator Licensed-Full Time</li> <li>+ Administrator Licensed-Part Time</li> <li>+ Administrator Non Licensed-Full Time</li> <li>+ Administrator Non Licensed-Part Time</li> <li>+ Classified-Full Time</li> <li>+ Classified-Part Time</li> <li>+ Confidential-Full Time</li> <li>+ Confidential-Part Time</li> <li>+ Licensed-Full Time</li> <li>+ Licensed-Part Time</li> <li>+ Retiree-Administrator</li> <li>+ Retiree-Classified</li> <li>+ Retiree-Confidential</li> <li>+ Retiree-Licensed</li> </ul> </li> </ul>   |  |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
| <table border="1"> <thead> <tr> <th>Plan Year 2012-2013</th><th>Administrator Licensed-Full Time</th></tr> </thead> <tbody> <tr> <td></td><td><b><u>Non Represented - Salem-Keizer</u></b></td></tr> <tr><td></td><td>ODS Medical Plan 6/RX B - Composite</td></tr> <tr><td></td><td>ODS Medical Plan 7/RX B - Composite</td></tr> <tr><td></td><td>ODS Medical Plan 8/RX B - Composite</td></tr> <tr><td></td><td>Kaiser HMO Medical Plan 1A/RX 1 - Composite</td></tr> <tr><td></td><td>ODS Medical Plan 9 - Composite</td></tr> <tr><td></td><td>ODS Medical Plan 3/RX B - Composite</td></tr> <tr><td></td><td>ODS Medical Plan 4/RX B - Composite</td></tr> <tr><td></td><td>ODS Medical Plan 5/RX B - Composite</td></tr> <tr><td></td><td>Kaiser HMO Medical Plan 1/RX 1 - Composite</td></tr> <tr><td></td><td>Kaiser Dental Plan 8/Ortho Alt 2 - Composite</td></tr> <tr><td></td><td>Willamette Dental Plan 8/Ortho Alt 2 - Composite</td></tr> <tr><td></td><td>ODS Dental Plan 6 - Composite</td></tr> <tr><td></td><td>ODS Dental Plan 1/Ortho - Composite</td></tr> <tr><td></td><td>ODS Dental Plan 2/Ortho - Composite</td></tr> <tr><td></td><td>ODS Dental Plan 3/Ortho - Composite</td></tr> <tr><td></td><td>ODS Dental Plan 4/Ortho - Composite</td></tr> <tr><td></td><td>Kaiser Vision Plan 5 - Composite</td></tr> </tbody> </table> |  | Plan Year 2012-2013 | Administrator Licensed-Full Time |  | <b><u>Non Represented - Salem-Keizer</u></b> |  | ODS Medical Plan 6/RX B - Composite |  | ODS Medical Plan 7/RX B - Composite |  | ODS Medical Plan 8/RX B - Composite |  | Kaiser HMO Medical Plan 1A/RX 1 - Composite |  | ODS Medical Plan 9 - Composite |  | ODS Medical Plan 3/RX B - Composite |  | ODS Medical Plan 4/RX B - Composite |  | ODS Medical Plan 5/RX B - Composite |  | Kaiser HMO Medical Plan 1/RX 1 - Composite |  | Kaiser Dental Plan 8/Ortho Alt 2 - Composite |  | Willamette Dental Plan 8/Ortho Alt 2 - Composite |  | ODS Dental Plan 6 - Composite |  | ODS Dental Plan 1/Ortho - Composite |  | ODS Dental Plan 2/Ortho - Composite |  | ODS Dental Plan 3/Ortho - Composite |  | ODS Dental Plan 4/Ortho - Composite |  | Kaiser Vision Plan 5 - Composite |
| Plan Year 2012-2013  | Administrator Licensed-Full Time                 |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | <b><u>Non Represented - Salem-Keizer</u></b>     |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Medical Plan 6/RX B - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Medical Plan 7/RX B - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Medical Plan 8/RX B - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | Kaiser HMO Medical Plan 1A/RX 1 - Composite      |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Medical Plan 9 - Composite                   |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Medical Plan 3/RX B - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Medical Plan 4/RX B - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Medical Plan 5/RX B - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | Kaiser HMO Medical Plan 1/RX 1 - Composite       |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | Kaiser Dental Plan 8/Ortho Alt 2 - Composite     |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | Willamette Dental Plan 8/Ortho Alt 2 - Composite |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Dental Plan 6 - Composite                    |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Dental Plan 1/Ortho - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Dental Plan 2/Ortho - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Dental Plan 3/Ortho - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | ODS Dental Plan 4/Ortho - Composite              |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |
|  | Kaiser Vision Plan 5 - Composite                 |                     |                                  |  |  |  |                                     |  |                                     |  |                                     |  |   |  |                                |  |                                     |  |                                     |  |                                     |  |  |  |  |  |  |  |                               |  |                                     |  |                                     |  |                                     |  |                                     |  |                                  |



# Print Report

The screenshot shows a web application interface. At the top, there is a toolbar with a printer icon, a 'Group Tree' button, and navigation controls. Below the toolbar, a 'Main Report' tab is active. On the left, a 'Group Tree' sidebar lists various categories under 'Salem-Keizer SD 24J', including 'Administrator Licensed-Full Time', 'Classified-Full Time', 'Confidential-Full Time', 'Licensed-Full Time', 'Retiree-Administrator', 'Retiree-Classified', 'Retiree-Confidential', and 'Retiree-Licensed'. The main content area displays a report titled 'Plan Year 2012-2013 Administrator Licensed-Full Time Non Represented - Salem-Keizer'. The report lists various medical and dental plans, such as 'ODS Medical Plan 6/RX B - Composite', 'Kaiser HMO Medical Plan 1A/RX 1 - Composite', and 'Kaiser Dental Plan 8/Ortho Alt 2 - Composite'. A 'Print to PDF' dialog box is overlaid on the report, showing options for 'Page Range' (All Pages or Select Pages) and a message about exporting to PDF. The dialog box has an 'Export' button at the bottom right.

Plan Year 2012-2013 Administrator Licensed-Full Time  
Non Represented - Salem-Keizer  
 ODS Medical Plan 6/RX B - Composite  
 ODS Medical Plan 7/RX B - Composite  
 ODS Medical Plan 8/RX B - Composite  
 Kaiser HMO Medical Plan 1A/RX 1 - Composite  
 ODS Medical Plan 9 - Composite  
 ODS Medical Plan 3/RX B - Composite  
 ODS Medical Plan 4/RX B - Composite  
 ODS Medical Plan 5/RX B - Composite  
 Kaiser HMO Medical Plan 1/RX 1 - Composite  
 Kaiser Dental Plan 8/Ortho Alt 2 - Composite  
 Willamette Dental Plan 8/Ortho Alt 2 - Composite  
 ODS Dental Plan 6 - Composite  
 ODS Dental Plan 1/Ortho - Composite  
 ODS Dental Plan 2/Ortho - Composite  
 ODS Dental Plan 3/Ortho - Composite  
 ODS Dental Plan 4/Ortho - Composite  
 Kaiser Vision Plan 5 - Composite

Click on the Printer at the Top of the Page

# Questions and Answers

# Conclusion

- Select Report from Report Mart
- Review Description
- Input Parameters
- Run Report
- Export Report
- Print Report
- Contact OEBC Reports for Report Needs

# Contact Information

Direct Report Requests or Questions to:  
[oebb.reports@state.or.us](mailto:oebb.reports@state.or.us)

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Non-Report Questions

Contact OEGB Member Services toll-free at:

**1-888-4MyOEGB (1-888-469-6322)**

Email: [oebb.benefits@state.or.us](mailto:oebb.benefits@state.or.us)