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Salem, OR 97301-4278  
Toll-free (Benefits) 888-469-6322  
Email: [oebb.benefits@oregon.gov](mailto:oebb.benefits@oregon.gov)

[Date]

[First Name] [Last Name]  
[Address Line 1]  
[Address Line 2]  
[City], [State] [Zip Code]

**Change to Medical Plan Deductible/Copays Retroactively Effective October 1, 2015**

Dear [First Name]:

During the recent 2015 Open Enrollment period, you agreed to the terms of OEBB's Healthy Futures program and received the Healthy Futures incentive (lower deductible or copays on your medical plan) effective October 1, 2015. As part of your agreement to participate in Healthy Futures, you (and your covered spouse/partner, if applicable) were to complete your medical carrier's online health assessment no later than October 15, 2015. Our records indicate this requirement was not completed by the deadline; therefore, your medical plan has been changed back to the normal "non-incentivized" structure retroactively effective October 1, 2015. If you or a covered family member incurred medical expenses October 1, 2015 or later, you may owe your medical provider additional funds for those services. If this is the case, you should receive separate notification from your medical provider(s).

If you believe you have upheld the terms of the Healthy Futures program and would like to appeal this retroactive change, please complete and submit the OEBB Appeal Form available online at: [www.oregon.gov/oha/OEBB/Forms/Appeal-Form.pdf](http://www.oregon.gov/oha/OEBB/Forms/Appeal-Form.pdf).

If you would like a paper copy of the appeal form mailed to you, or if you have any questions about this process, the Healthy Futures program, or your OEBB benefits, please call OEBB Member Services at 1-888-469-6322 or send an email to [oebb.benefits@oregon.gov](mailto:oebb.benefits@oregon.gov).

Sincerely,



Heidi Williams  
OEBB Chief Operating Officer