

Talking Points/Sample Q&A for OEGB Entities

Main Points:

- **All OEGB coverage remains in place and unchanged**
- **All OEGB claims will continue to be paid as usual**
- **OEGB will continue to inform participating entities and members as we learn more**

Possible questions from OEGB Members

Q: How does this affect my coverage?

A: This does not affect OEGB members' coverage in any way. Only Moda's **individual** plans are affected. OEGB coverage is not provided through individual plans. **All OEGB coverage remains in place, and all OEGB claims will continue to be paid as usual.**

Q: Will this affect my access to care or quality of care?

A: No. All OEGB contracts include quality and performance standards that the carriers are obligated to uphold.

Q: Can the Board choose to offer other carrier options for the upcoming plan year?

A: OEGB's current contracts are in effect through September 30, 2017. The OEGB Board had already planned to release an RFP (Request for Proposals) later this year to evaluate medical plan options for 2017-18. This plan remains unchanged.

Q: How will this affect OEGB rates for 2016-17?

A: We don't know at this time. Renewal discussions have not yet begun. The OEGB Board will be making renewal decisions for the 2016-17 plan year in a public meeting in late April or early May.

Q: Can I change my plan selections?

A: Not until the next Open Enrollment, or if you experience a Qualifying Status Change (QSC). The IRS requires a QSC to change a plan election outside the Open Enrollment period, and this situation does not qualify as a QSC.

Direct further questions to the consumer advocates at Oregon Department of Consumer and Business Services (DCBS) Financial Regulation Division at 1-888-877-4894.