



Oregon Educators Benefit Board
Benefits Information Exchange (BIE)
Thursday, April 17, 2014 – 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/drop-outs listening to “Internet Audio”.

AGENDA

- I. 10:00 a.m. – 10:10 a.m. **Welcome / Introductions / iLinc Assistance**
Jackie Cowsill, Communications Coordinator
Mary French, Benefit Data Analyst

- II. 10:10 a.m. – 10:30 a.m. **OEBB Board Meeting Highlights**
 - Healthy Futures Update*Heidi Williams, Director of Operations*

- III. 10:30 a.m. – 10:35 a.m. **Healthcare Reform/ACA Update**
Denise Hall, Deputy Administrator

- IV. 10:35 a.m. – 10:55 a.m. **Health Reimbursement Accounts (HRAs)**
Denise Hall

V. 10:55 a.m. – 11:05 a.m. **DEV Review Update**
Denise Hall
Erica Hedberg, OEBC Compliance Program Manager

VI. 11:05 a.m. – 11:15 a.m. **Systems Update**
Linda Freeze, Benefits Manager

Page 1 of 2

VII. 11:15 a.m. – 11:25 a.m. **Communications Update**

- Planning Open Enrollment 2014
- 88th Annual School Health Conference
October 9 – 11, 2014 | Portland, OR
www.oregon.gov/OHA/OEBC/pages/wellinks.aspx

Jackie Cowsill

VIII. 11:25 a.m. – 11:55 a.m. **ReportMart Demonstration**
Mary French

IX. 11:55 a.m. – 12:00 a.m. **Future Meeting Topics and Other Business**

Jackie Cowsill



April 17, 2014

Report Mart

Overview

- Access Report Mart
- Entity Plan Selection
- Entity Plan And Premium
 - Parameters
 - View
 - Export
 - Save



- ▶ 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	Plan_Selection_All_Years	▼	
■ Description	This report can be used to assist when setting up your plans for the new plan year.		
■ Entity Name	Central SD 13J	■ Entity Number	2191

- Locate report mart under the left hand navigation
- Select Reports
- Plan_Selection_All_Years



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CRYSTAL_REPORTS

■ Name Entity_Plan_and_Premium

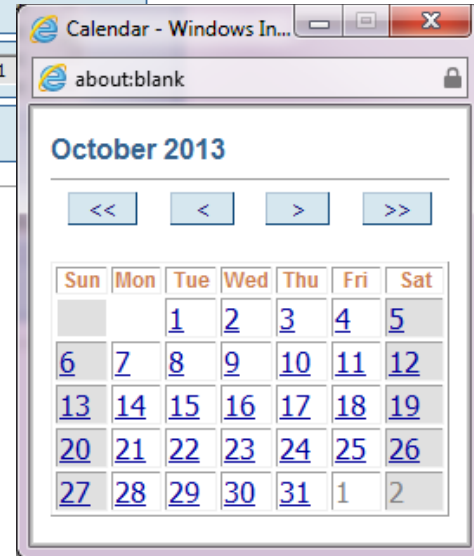
■ Description This report includes a list of plans offered and their premium. This report displays the premium by employment group and plan tier. The effective date in this report must be the first day of the

■ Plan Type Medical

■ Entity Name Central SD 13J ■ Entity Number 2191

■ Start Date 10-01-2013

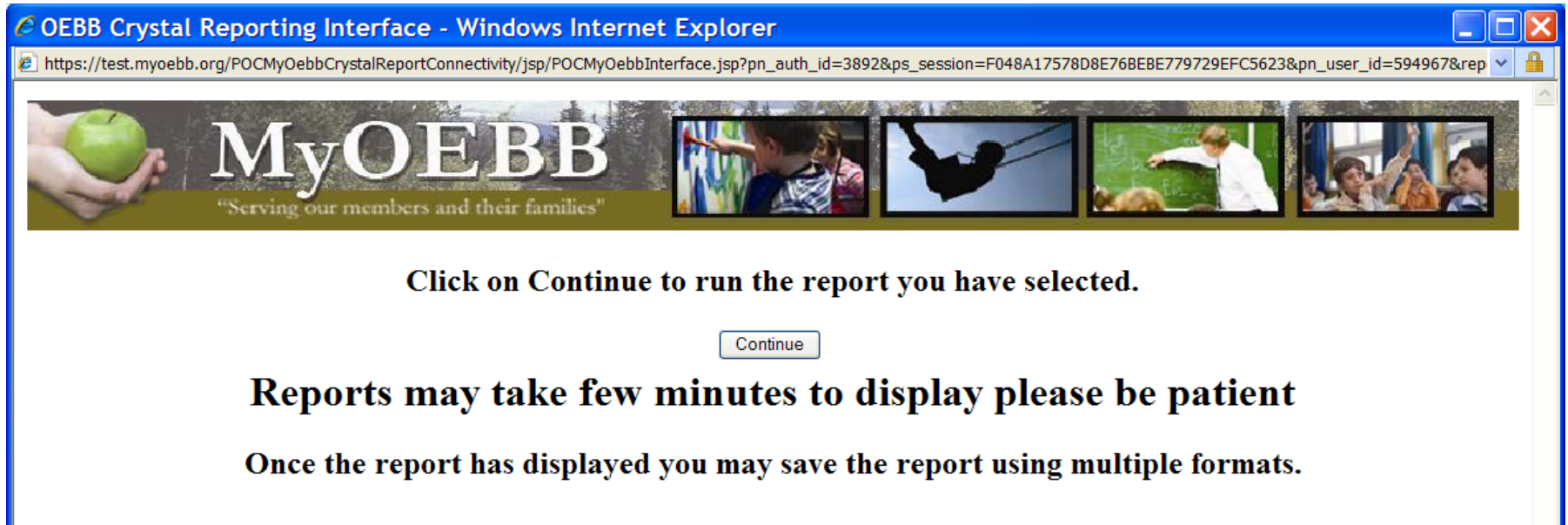
- ▶ System Codes
- ▶ Address Setup
- ▶ Contact Setup
- ▶ Security Setup
- ▶ Plan Management
- ▶ Contact Management
- ▶ Enrollment Management
- ▶ Enrollment Requests
- ▶ Member Management
- ▶ Document Management
- ▶ Utilities
- ▶ Home Page Alerts
- ▶ Reports
- ▶ Payroll Interface
- ▼ Report Mart
 - Setup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



When selecting plans with premiums select first day of the plan year. 10/01/YYYY.

Note: When selecting Long Term Care select 10/01/2010 for premium date. Premiums for Long Term Care have not changed since 10/01/2010.

Run Report



Click on Continue to run the report you have selected.

Reports may take few minutes to display please be patient

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

- 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

Group Tree | 1 / 1+ | 100%

Main Report

Central SD 13J

Oregon Educators Benefit Board

Plan Tier and Premium
4/16/14
Entity Name: Central SD 13J

Plan Code	Plan Name	Tier	Premium	Imputed Value	Effective Date
Plan Year 2013-2014					
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee & Children	1,280.76		10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee & Partner	1,280.76	645.60	10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee & Partners Children	1,280.76	484.20	10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee & Spouse	1,280.76		10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee Only	1,280.76		10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee, Employees Children & Partners Children	1,280.76	484.20	10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee, Partner & Employees Children	1,280.76	645.60	10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee, Partner & Partners Children	1,280.76	1,129.80	10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee, Partner, Employees Children & Partners Children	1,280.76	1,129.80	10/1/13
KMED1CA	Kaiser HMO Medical Plan 1 - Composite	Employee, Spouse & Children	1,280.76		10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree & Children	1,022.21		10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree & Partner	1,183.61	645.60	10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree & Partners Children	1,022.21	484.20	10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree & Spouse	1,183.61		10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree Children Only (2 or More)	1,022.21		10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree Only	538.01		10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree, Partner & Partners Children	1,667.82	1,129.38	10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree, Partner & Retirees Children	1,667.82	645.60	10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree, Partner, Retirees Children & Partners Children	1,667.82	1,129.80	10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree, Retirees Children & Partners Children	1,022.21	484.20	10/1/13
KMED1TR	Kaiser HMO Medical Plan 1 - Tiered/Retiree	Retiree, Spouse & Children	1,667.82		10/1/13

Imputed Value only shows for those plans where the imputed value applies

First Column is the Plan Code that coincides with the plan codes on your invoice.

Excel Export

A	B	C	D	E	F	G
1	Oregon Education Plan Tier and Premium		4/16/14	Entity Name: Salem-Keizer SD 24J		
2	Plan Code	Plan Name	Tier	Premium	Imputed Value	Effective Date
3	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 100	4,562.10		10/1/10
4	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 18	35.10		10/1/10
5	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 19	35.10		10/1/10
6	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 20	35.10		10/1/10
7	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 21	35.10		10/1/10
8	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 22	35.10		10/1/10
9	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 23	35.10		10/1/10
10	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 24	35.10		10/1/10
11	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 25	35.10		10/1/10
12	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 26	35.10		10/1/10
13	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 27	35.10		10/1/10
14	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 28	35.10		10/1/10
15	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 29	35.10		10/1/10
16	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 30	35.10		10/1/10
17	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 31	36.00		10/1/10
18	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 32	37.80		10/1/10
19	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 33	39.60		10/1/10
20	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 34	42.30		10/1/10
21	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 35	44.10		10/1/10
22	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 36	45.90		10/1/10
23	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 37	48.60		10/1/10
24	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 38	51.30		10/1/10
25	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 39	54.00		10/1/10
26	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 40	56.70		10/1/10
27	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 41	59.40		10/1/10
28	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 42	61.20		10/1/10
29	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 43	63.90		10/1/10
30	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 44	66.60		10/1/10
31	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 45	70.20		10/1/10
32	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 46	72.90		10/1/10
33	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 47	76.50		10/1/10
34	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 48	81.00		10/1/10
35	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 49	87.30		10/1/10
36	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 50	92.70		10/1/10
37	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 51	100.80		10/1/10
38	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 52	108.90		10/1/10
39	LTCEPV	Employee Long Term Care (Voluntary-Employee Paid)	Employee only, Duration 3 years, \$9000, Total Home Care, Age 53	115.20		10/1/10

Questions and Answers

Conclusion

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

Contact Information

Direct Report Requests or Questions to:

oebb.reports@state.or.us

Non-Report Questions

Contact OEBB Member Services toll-free at:

1-888-4MyOEBB (1-888-469-6322)

Email: oebb.benefits@state.or.us