

DIVISION 70

HB 2557

111-070-0005

Plan Selections

(1) HB 2557 eligible members will use the tiered rate structure and may elect to enroll in **the following plans:**

(a) Kaiser Permanente Plan 3 (limited to OEGB members in the Kaiser service area).

(b) Moda Health Plan E,

(c) Moda Health Plan G, or

(d) Moda Health Plan H **(limited to members who qualify for and contribute to a** ~~Moda Health Plan H~~ **can only be elected if the HB 2557 member qualifies for and contributes to Health Savings Account (HSA).**

(2) If enrolling in a Moda Health medical plan, the HB 2557 eligible member may elect to enroll in the Statewide option (ODS Plus Network) or the Synergy or Summit network plan option if the HB 2557 member lives or works in an area where the Synergy or Summit network is available.

111-070-0030

Termination

(1) OEGB coverage will be terminated under the following circumstances:

(a) Premiums are not paid in full by the due date. Coverage is contingent upon the receipt of the full monthly premium payment. Coverage will be terminated on the last day of the month in which premiums were paid in full; or

(b) Upon notification and confirmation that an individual was not eligible for benefits due to adjustments that affect the individual's PERS membership. Coverage will be terminated on the last day of the month in which OEGB receives confirmation of ineligibility; or

(c) Upon notification and confirmation that an individual was not eligible for benefits due to not being a teaching or research faculty member during the calendar year upon which eligibility determination was based. Coverage will be terminated on the last day of the month in which OEGB receives confirmation of ineligibility.

(2) Eligibility for PERS membership is lost during the previous calendar year. Coverage will be terminated on the September 30th following the calendar year in which PERS membership is lost.

(3) Upon loss of OEGB coverage due to a **Qualified Status Change (QSC)** ~~qualifying event~~, HB 2557 eligible members and their eligible dependents will have COBRA rights. Cancellation due to failure to make a premium payment does not constitute COBRA rights.

111-070-0040

Qualified Status Changes (QSC's)

(1) HB 2557 eligible members experiencing a change in family status the plan year, have 31 calendar days beginning on the date of the event to make changes. If the event is gaining a child, as defined by 111-070-0040(2)(c), or results in a loss of eligibility, the eligible member has 60 calendar days after the event to make changes.

(a) The member must report the Qualified Status Change (QSC) to the Oregon Educators Benefit Board within the specified timeframe. Failure to report a QSC that would result in a removal of a spouse, domestic partner or child within the timeframe stated in 111-070-0040(1) may be considered intentional misrepresentation by OEGB and OEGB may retroactively terminate the individual's coverage back to the last day of the month in which the individual lost eligibility. If benefits are to be terminated retroactively, OEGB shall give the affected individual 30 days notice of the termination and an opportunity to appeal before the retroactive termination takes effect.

(b) The member's failure to report timely a QSC that allows the addition of a spouse, domestic partner, or child means that the individual does not have coverage. The next opportunity the HB 2557 eligible member has to add their spouse, domestic partner, or child will be during open enrollment.

(2) The HB 2557 eligible member can only make those changes that are consistent with the event for themselves and eligible dependent(s).

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

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

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

(c) ~~Gain~~ **Gaining a** child by birth, placement for/or adoption, or Domestic Partner's children (by affidavit of domestic partnership), 60 days from the event;

(d) Event by which dependent child satisfies eligibility requirements under OEGB plans (~~for a list of requirements see 111-010-0015~~);

(e) Event by which dependent ceases to satisfy eligibility requirements under OEGB plans (~~for a list of requirements see 111-010-0015~~);

(f) ~~Changes in cost or coverage do not constitute a Qualified Status Change. All changes resulting from a change in cost or coverage must be made during Open Enrollment.~~

(g) Related laws or court orders. For example: Qualified Medical Child Support Order (QMCSO), **Entitlement to Medicare or Medicaid**, or HIPAA **or Children's Health Insurance Program (CHIP)**. Changes are determined by the applicable law or court order. ~~and the Family Health Insurance Assistance Program (FHIAP).~~

(4) Changes in cost or coverage do not constitute a Qualified Status Change. All changes resulting from a change in cost or coverage must be made during Open Enrollment.