

DIVISION 10

DEFINITIONS

111-010-0015

Definitions

Unless the context indicates otherwise, as used in OEBB administrative rules, the following definitions will apply:

(1) "Actuarial value" means the expected financial value for the average member of a particular benefit plan.

~~(2) "Affidavit of Dependency" means a document that attests that a dependent child meets the criteria in section (12)(b).~~

(2) "Adverse Benefit Determination" means a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part), for a benefit, including any such denial, reduction, termination, or failure to provide or make payment that is based on but not limited to:

(A) a determination of a member's eligibility to participate in the plan;

(B) a determination that the benefit is not a covered benefit; or

(C) a rescission of coverage, whether or not, in connection with rescission, there is an adverse effect on any particular benefit.

~~(23) "Affidavit of Domestic Partnership" means a document that attests the eligible employee and one other eligible individual meet the criteria in section (13)(b).~~

(34) "Benefit plan" includes, but is not limited to, insurance or other benefits including:

(a) Medical;

(b) Dental;

(c) Vision;

(d) Life, disability and accidental death;

(e) Long term care;

(f) Flexible spending accounts;

(g) Supplemental medical, dental and vision;

(h) Any other remedial care recognized by state law, and related services and supplies;

(i) Comparable benefits for employees who rely on spiritual means of healing; and

(j) Self insurance programs managed by the Board.

(45) "Benefits" means goods and services provided under benefit plans.

(56) "Board" means the ten-member board established in the Department of Administrative Services as the Oregon Educators Benefit Board under chapter 00007, Oregon Laws 2007.

(7) "Child" means and includes the following:

(a) An eligible employee's, spouse's, or domestic partner's biological son, daughter, stepson, or stepdaughter; adopted child, child placed for adoption, or legally placed child, who is 25 or younger on the first day of the month. An eligible employee must provide the required custody or legal documents to their Educational Entity showing proof of adoption, legal guardianship or other court order if enrolling a child for whom the employee, spouse, or domestic partner is not the biological parent

(b) A person who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. There is no age limit for a dependent child who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. When the dependent child is 26 years of age or older all the following requirements must be met:

(A) The disability must have existed before attaining age 26.

(B) The employee must provide evidence to the Educational Entity or OEGB that (1) the person had health plan coverage, group or individual, prior to attaining age 26, and (2) health plan coverage continued without a gap until the OEGB health plan effective date.

(C) The person's attending physician must submit documentation of the disability to the eligible employee's OEGB health insurance plan for review and approval. If the person receives health plan approval, the health plan may review the person's health status at any time to determine continued OEGB coverage eligibility.

(D) The person must not have terminated from OEGB health plan coverage after attaining the age of 26.

(c) Eligibility for coverage under this rule includes people who may not be dependents under federal or state tax law and may require an Educational Entity to adjust an Eligible Employee's income based on the imputed value of the benefit.

(68) "Comparable cost (Medical, Dental and Vision)" means that the total cost to a district for enrollment in OEGB plans comparable in design to the district's plan(s) do not exceed the total

cost to a district for enrollment in the district's plan(s) using the rate(s) in effect or proposed for the benefit plan year.

~~(79)~~ "Comparable cost (Basic and Optional Life Insurance, Accidental Death & Dismemberment, and Short and Long Term Disability)" means that the premium rates of an OEBC plan design option do not exceed the average, aggregate premium rates of a district's pre-OEBC plan design in effect the year prior to implementation.

~~(810)~~ "Comparable plan design (Medical, Dental and Vision)" means that the actuarial values of two plan designs are within 2.5 percent higher or lower of each other.

~~(911)~~ "Comparable plan design (Basic and Optional Life Insurance and Accidental Death & Dismemberment)" means that 90 percent of district employees can obtain a maximum benefit through an OEBC plan design that is within \$2,500 of the maximum benefit obtained through a pre-OEBC plan design in effect the year prior to implementation.

~~(1012)~~ "Comparable plan design (Short and Long Term Disability)" means 90 percent of the district employees can obtain the same elimination period, percentage of covered compensation, definition of covered compensation, coverage period duration, and maximum payment per benefit period through an OEBC plan design as through a pre-OEBC plan design in effect the year prior to implementation.

(13) "Dependent" means and includes the Employee's Spouse or Domestic Partner, or child as defined by OAR 111-010-0010(6) or other person having a relation to the subscriber as defined by the Contractor.

~~(11) "Dependent child" means and includes the following:~~

~~(a) An eligible employee's, spouse's, or domestic partner's biological son, daughter, stepson, or stepdaughter; adopted child, child placed for adoption, or legally placed child, who is 25 or younger on the first day of the month. An eligible employee must provide the required custody or legal documents to their Educational Entity showing proof of adoption, legal guardianship or other court order if enrolling a child for whom the employee, spouse, or domestic partner is not the biological parent~~

~~(b) A person who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. There is no age limit for a dependent child who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. When the dependent child is 26 years of age or older all the following requirements must be met:~~

~~(A) The disability must have existed before attaining age 26.~~

~~(B) The employee must provide evidence to the Educational Entity or OEBC that (1) the person had health plan coverage, group or individual, prior to attaining age 26, and (2) health plan coverage continued without a gap until the OEBC health plan effective date.~~

~~(C) The person's attending physician must submit documentation of the disability to the eligible employee's OEBC health insurance plan for review and approval. If the person receives health plan approval, the health plan may review the person's health status at any time to determine continued OEBC coverage eligibility.~~

~~(D) The person must not have terminated from OEBC health plan coverage after attaining the age of 26.~~

~~(e) Eligibility for coverage under this rule includes people who may not be dependents under federal or state tax law and may require an Educational Entity to adjust an Eligible Employee's income based on the imputed value of the benefit.~~

~~(1214) "Documented district policies" means Educational Entities' policies and practices that apply to an employee group and are submitted to the Oregon Educators Benefit Board during the plan selection process. Educational Entities' policies and practices must be identified and submitted with the applicable employee group plan selections.~~

~~(1315) "Domestic partner," unless otherwise defined by a collective bargaining agreement or documented district policy in effect on January 31, 2008, means and includes the following:~~

~~(a) An unmarried individual of the same sex who has entered into a "Declaration of Domestic Partnership" with the eligible employee that is recognized under Oregon law; or~~

~~(b) An unmarried individual of the same or opposite sex who has entered into a partnership that meets the following criteria:~~

~~(A) Both are at least 18 years of age;~~

~~(B) Are responsible for each other's welfare and are each other's sole domestic partners;~~

~~(C) Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;~~

~~(D) Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;~~

~~(E) Have jointly shared the same regular and permanent residence for at least six months; and~~

~~(F) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.~~

~~(G) The eligible employee and domestic partner must jointly complete and submit to the educational entity an Affidavit of Domestic Partnership form, within five business days of the electronic enrollment date or the date the Educational Entity received the enrollment/change~~

form. If the affidavit is not received, coverage will terminate for the domestic partner retroactive to the effective date.

(c) Educational Entities' must calculate and apply applicable imputed value tax for domestic partners covered under OEGB benefit plans.

(1416) "Educational Entity" means public school districts (K-12), education service districts (ESDs), community colleges and public charter schools participating in OEGB.

(1517) "Eligible employee" means and includes:

(a) "Active eligible employee" means an employee of an OEGB participating organization who is employed or is in a job-sharing position on a half time or greater basis or meets the definition of an eligible employee under a separate OEGB rule or under a collective bargaining agreement or documented district policy in effect on January 31, 2008.

(b) "Retired eligible employee" means a previously active eligible employee, who is:

(A) Receiving a service or disability retirement allowance or pension under the Public Employees Retirement System (PERS) or under any other retirement or disability benefit plan or system offered by an OEGB participating organization for its employees;

(B) Eligible to receive a service retirement allowance under PERS and has reached earliest retirement age under ORS Chapter 238;

(C) Eligible to receive a pension under ORS 238A.100 to 238A.245 and has reached earliest retirement age as described in ORS 238A.165; or

(D) Eligible to receive a service retirement allowance or pension under another retirement benefit plan or system offered by an OEGB participating organization and has reached earliest retirement age under the plan or system.

(1618) **"Employee Group" means employees of a similar employment type, for example administrative, represented classified, non-represented classified, confidential, represented licensed, or non-represented licensed, within an Educational Entity. If one or more collective bargaining unit exists within an employee group, each unit will be considered a separate employee group. one or more similarly situated employees (i.e., nonrepresented or represented by a specific collective bargaining contract) in a common school district, union high school district, education service district, community college district or charter school.**

(1719) "Members" means and includes the following:

(a) "Eligible employee" as defined by OAR 111-010-0015(1517)

(b) "Dependent Child" as defined by OAR 111-010-0015(17)

(c) "Domestic Partner" as defined by OAR 111-010-0015(~~13~~15)

(d) "Spouse" as defined by OAR 111-010-0015(~~23~~25)

(~~18~~20) "Non-subject District" means a community college, district or a charter school if the employees are not considered employees of a school district.

(~~19~~21) "Oregon Educators Benefit Board or OEGB" means the program created under chapter 00007, Oregon Laws 2007.

(~~20~~22) "OEGB participating organization" means a Subject District, Non-subject District, or Provisional Non-subject District that participates in benefit plans provided by the Oregon Educators Benefit Board (OEGB).

(~~21~~23) "Provisional Non-subject District" means a common school district, a union high school district, or an education service district that:

(a) was self-insured on December 31, 2006;

(b) had an independent health insurance trust established and functioning on December 31, 2006;
or

(c) can provide comparable plan designs at a comparable cost as defined by sections (~~68~~) and (~~810~~) of this Rule.

(~~22~~24) "**Qualified Status Change (QSC)**" means a change in family or work status that allows limited mid-year changes to benefit plans consistent with the individual event.

(~~23~~25) "Spouse" means a person of the opposite sex who is a husband or wife. Except as provided in Oregon Constitution Article XV, Section 5a, a relationship recognized as a marriage in another state will be recognized in Oregon even though such a relationship would not be a marriage if the same facts had been relied upon to create a marriage in Oregon. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.

(~~24~~26) "Subject District" means a common school district, a union high school district, or an education service district that:

(a) did not self-insure on January 1, 2007;

(b) did not have a health trust in effect on January 1, 2007; or

(c) does not provide comparable plan designs at a comparable cost as defined by sections (~~68~~) and (~~810~~) of this Rule.

Stat. Auth.: ORS 243.860-886

Stats. Implemented: ORS 243.860

DIVISION 30

PLAN DESIGN DEVELOPMENT AND SELECTION

111-030-0005

Medical, Dental and Vision Benefit Plans Selection through OEBB

~~(1) As used in this section, "Employee Group" means employees of similar employment type, for example administrative, represented classified, nonrepresented classified, confidential, represented licensed, or nonrepresented licensed. If one or more collective bargaining units exist within an employee group, each unit will be considered a separate employee group.~~

(1) As used in this section, "benefit plans" includes medical, dental, pharmaceutical, dental, basic life and accidental death and dismemberment, optional life and AD&D, short and long term disability, long term care and employee assistance program.

~~(22)~~ OEBB will offer a range of ~~medical, pharmaceutical, dental, and vision~~ **benefit** plans that provide the flexibility to choose between a number of high quality plan options.

~~(33)~~ The process for **benefit plans** selection of medical, pharmaceutical, dental and vision plans offered by OEBB will include:

(a) Release of preliminary designs and costs for all **benefit** medical, pharmaceutical, dental, and vision plan options to **Educational Entities** participating districts no later than **45** 30-days prior to final selection date. The total number offered may vary each year.

(b) **Educational Entities** Districts select, **or allow each Employee Group to select**, the **benefit** medical, pharmaceutical, dental, and vision plan options to be offered to each Employee Group.

~~(e) The specific number of allowed selections and selection parameters will be reviewed, considered and determined on an annual basis by OEBB.~~

~~(ce)~~ **Benefit** plan selections **for each Employee Group** for medical, pharmaceutical, dental, and vision benefit coverages must be **submitted through the MyOEBB Educational Entity plan management section or an approved electronic format** submitted electronically and a hard copy signed by a district official must be received by **to** OEBB no later than **June 30 each year**, the date designated by OEBB policy each year. **Plan submissions must be authorized by an official with the Educational Entity.**

111-030-0010

Medical, Pharmaceutical, Dental and Vision Plan Selection Criteria

(1) Educational Entities may choose or allow up to four medical plans per Employee Group.

(2) Educational Entities may choose or allow one pharmaceutical plan for each OEBC Medical Plans 3 through 8 with the following restrictions:

(a) Pharmacy Plan A only;

(b) Pharmacy Plan B only;

(c) Pharmacy Plan C only;

(d) a combination of Pharmacy Plan A and Pharmacy Plan C;

(e) a combination of Pharmacy Plan B and Pharmacy Plan C.

(f) The pharmacy benefits are included in OEBC Medical Plan 9.

(g) An Educational Entity cannot offer the same OEBC medical plan to an Employee Group as more than one medical plan option, even if it is matched with different pharmacy plans.

(3) Educational Entities may choose or allow up to three OEBC dental plans with or without orthodontia coverage per Employee Group with the following restrictions:

(a) The orthodontia option must be included in all or none of the dental plan selections, with the exception of plans 7 and 8 offered through Willamette Dental.

(b) The HMO dental plan offered through Kaiser Permanente is only available to an Employee Group that selects a medical HMO plan offered through Kaiser Permanente.

(4) Educational Entities may choose or allow one vision plan per Employee Group with the following exception:

(a) an Educational Entity may choose or allow the addition of a vision plan offered through the HMO if the Employee Group selects the medical HMO plan.

111-030-0030

Optional Benefit Plans Selection through OEBC

(1) As used in this section, "optional benefit plans" means basic life and accidental death and dismemberment, optional life and AD&D, and short and long term disability.

(2) As used in this section, "employee group" means employees of similar employment type, for example administrative, represented classified, nonrepresented classified, confidential,

represented licensed, or nonrepresented licensed. If one or more collective bargaining unit exists within an employee group, each unit will be considered a separate employee group.

(3) OEGB will offer a range of optional benefit plans that provide the flexibility to choose between a number of high quality plan options.

(4) The process for selection of optional benefit plans offered by OEGB will include:

(a) Release of preliminary designs and premium costs for all optional benefit plan options to Educational Entities participating districts no later than 30 days prior to final selection date. The total number offered may vary each year.

(b) Educational Entities Districts select the optional benefit plans to be offered to each Employee Group using the OEGB plan selection process.

(c) Plan selections for optional benefit plans must be submitted in writing or an approved electronic format submitted electronically and a hard copy signed by a district official must be received by OEGB no later than June 30 each year, the date designated by OEGB policy each year. Plan submissions must include the specific plan selections for each Employee Group and must be authorized by an official with the educational entity.

111-030-0035

Optional Benefit Plans Selection Criteria

(1) Basic Life Insurance – Educational Entities may select or allow one Basic Life plan per Employee Group. Note: Employee Groups may select one Basic Life amount and offer optional life. Basic Life requires 100 percent enrollment if selected.

(2) Basic Accidental Death and Dismemberment (AD&D) – Educational Entities may select or allow one Basic AD&D plan per Employee Group. Note: Employee Groups can select one Basic AD&D plan and offer optional AD&D if desired. The Employee Group must select Basic Life coverage to select a Basic AD&D plan. Basic AD&D requires 100 percent enrollment if selected.

(3) Optional Employee Life Insurance and Optional Employee AD&D - Educational Entities may select or allow Optional Employee Life and Optional AD&D for each Employee Group. No minimum enrollment requirement.

(4) Optional Spouse/Partner Life Insurance and Optional Spouse/Partner AD&D – Educational Entities may select or allow Optional Spouse/Partner Life and Optional Spouse/Partner AD&D coverage for each Employee Group. No minimum enrollment requirement. The Employee Group must offer Optional Employee Life and Optional AD&D to offer this coverage.

(5) Optional Child Life Insurance and Optional Child AD&D – Educational Entities may select or allow Optional Child Life and Optional Child AD&D coverage for each Employee Group. No minimum enrollment requirement. The Employee Group must offer Optional Employee Life and Optional AD&D to offer this coverage.

(6) Optional Early Retiree Life Insurance and Optional Early Retiree AD&D – Educational Entities may select or allow Optional Early Retiree Life and Optional Early Retiree AD&D coverage. No minimum enrollment requirement, but enrollment is limited to initial open enrollment period only and subject to the following restrictions:

(a) Optional Early Retiree Life and Optional Early Retiree AD&D are only available to early retirees who had this coverage as an active employee.

(b) The Educational Entity must offer this coverage for the early retiree to continue enrollment.

(c) When an employee moves from active to retiree status they may select coverage up to the amount they had as an active employee, or decrease coverage. Increases in coverage are not allowed.

(7) Voluntary Short Term Disability (STD) – Educational Entities may select or allow one Voluntary STD plan per Employee Group. No minimum enrollment requirement. The employee pays all or part of the premium. An Employee Group cannot select more than one STD Plan (Voluntary, Mandatory, or Mandatory/Employee-paid).

(8) Mandatory Short Term Disability (STD) – Educational Entities may select or allow one Mandatory STD plan per Employee Group. This plan requires 100 percent enrollment if selected and the premium is employer-paid. An Employee Group cannot select more than one STD Plan (Voluntary, Mandatory, or Mandatory/Employee-paid).

(9) Mandatory/Employee-paid Short Term Disability (STD) – Educational Entities may select or allow one Mandatory/Employee-paid STD plan per Employee Group. This plan requires 100 percent enrollment and the premium is paid by the employee. An Employee Group cannot select more than one STD Plan (Voluntary, Mandatory, or Mandatory/Employee-paid).

(10) Voluntary Long Term Disability (LTD) – Educational Entities may select or allow one Voluntary LTD plan per Employee Group. No minimum enrollment requirement. The employee pays all or part of the premium. An Employee Group cannot select more than one LTD Plan (Voluntary, Mandatory, or Mandatory/Employee-paid).

(11) Mandatory Long Term Disability (LTD) – Educational Entities may select or allow one Mandatory LTD plan per Employee Group. This plan requires 100 percent enrollment and the premium is employer-paid. An Employee Group cannot select more than one LTD Plan (Voluntary, Mandatory, or Mandatory/Employee-paid).

(12) Mandatory/Employee-paid Long Term Disability (LTD) – Educational Entities may select or allow one Mandatory/Employee-paid LTD plan per Employee Group. This plan requires 100 percent enrollment and the premium is paid by the employee. An Employee Group cannot select more than one LTD Plan (Voluntary, Mandatory, or Mandatory/Employee-paid).

111-030-0040

Long Term Care (LTC) Benefit Plan Selection Criteria

(1) Educational Entities may select or allow LTC options to be available for or to each Employee Group. OEGB offers employer-paid and employee-paid LTC options.

(a) Employee-paid LTC is a voluntary plan where members can choose to enroll. No minimum enrollment requirement.

(b) Employer-paid LTC requires 100 percent enrollment if selected.

111-030-0045

Employee Assistance Program (EAP) Plan Selection Criteria

(1) Educational Entities may select or allow an EAP option to be available to all Entity employees including, but not limited to, OEGB benefit-eligible employees and their dependents.

(2) Entity employees will be automatically enrolled in the EAP if an Educational Entity chooses to provide an EAP.

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. The rate structure selected for each coverage type applies to all individuals electing to participate as active employees.

(2) Educational Entities may select a composite or tiered rate structure for early retirees.

(3) Educational Entities may select a composite or tiered rate structure for part-time employees of an Employee Group. If a different rate structure is used 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 at the next plan year anniversary, 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.

Stat. Auth.: ORS 243.860-886

Stats. Implemented: ORS 243.864(1)(a), 243.868(1), 243.872(2)

DIVISION 40
ENROLLMENT

111-040-0001

Effective Dates

(1) Benefit plan changes or initial elections, unless otherwise specified in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective on the later of:

(a) The first of the month following a completed online enrollment in the OEGB benefit management system or submission of a paper enrollment or change form, or

(b) The first of the month following the date of hire or the date of eligibility; ~~or~~ with the following exception:

~~(c) The first of the month following the approval date of additional optional life insurance requested above the guarantee issue amount.~~

(A) The first of the month following approval of Evidence of Insurability for Optional Life Insurance above the guarantee issue amount, Long Term Disability, or Long Term Care insurance.

(2) Covered dependent changes are effective the first of the month following the date of the event causing the dependent to be eligible under OEGB administrative rules with the following exceptions:

(a) Coverage for a newborn child is effective on the date of birth. The active eligible employee must add the newborn child to their benefit plans within 60 calendar days from the date of birth in order for the newborn child to be eligible for benefit coverage.

(b) Coverage for a newly adopted child is effective the date of the adoption decree or date of placement for adoption. The active eligible employee must add the adopted child to their benefit plans within 60 calendar days from the date of the decree or placement in order for the newly adopted child to be eligible for benefit coverage; and

(A) The active eligible employee must submit the adoption agreement with the enrollment forms to the **Educational Entity, Participating District.**

(B) Claims payments will not be made for expenses incurred prior to the date of decree or placement.

~~(c)~~ Coverage for a dependent child by affidavit as defined in OEGB administrative rules starts the first of the month following receipt of the affidavit by the district benefits administrator.

(D) The first of the month following approval of Evidence of Insurability for Optional Spouse/Domestic Partner Life insurance above the guaranteed issue amount, if applicable, or Long Term Care Insurance.

(3) Elections made during an open enrollment period are effective on the first day of the new plan year. **If enrolling in a dental or vision plan, there will be a 12-month waiting period for services other than preventive dental exams and cleanings and/or routine vision exams for coverage added during the open enrollment period.**

111-040-0005

Termination Dates

(1) Benefit coverage for an active eligible employee, **a spouse, a domestic partner or a dependent child** ~~and dependents~~ ends on the last day of the month that eligibility is lost **with the following exceptions:** according to OEGB administrative rules, unless determined otherwise through a collective bargaining agreement or documented district policy in effect on June 30, 2008.

(a) If the eligible employee's eligibility terminates due to termination of employment, death, reduction in hours, leave, or other alteration of the employee's employment, coverage will end on the last day of the month in which OEGB receives notification of the event from the Educational Entity. No retroactive terminations or adjustments are allowed.

(b) If the active eligible employee notifies the Educational Entity within 31 days after an event terminating eligibility of the employee's spouse, domestic partner, or dependent, coverage for the spouse, domestic partner, or dependent will end on the last day of the month in which OEGB receives notification of the event from the Educational Entity. No retroactive terminations or adjustments are allowed.

(2) If the active eligible employee fails to notify the employee's Educational Entity within 31 days after an event terminating eligibility of the employee's spouse, domestic partner or dependent, this may be considered intentional misrepresentation and OEGB may terminate coverage retroactively to the end of the month in which eligibility was lost. 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.

~~(2) Benefit coverage for a spouse, domestic partner, or dependent child ends on the last day of the month that an active eligible employee dies, unless otherwise determined by a collective bargaining agreement or documented district policy in effect on June 30, 2008.~~

(3) Benefit coverage for active eligible employees ends on the last day of the month that they retire, unless otherwise determined in a collective bargaining agreement or documented district policy in effect on June 30, 2008. Benefit coverage may be continued based on the requirements and limitations in OARs 111-050-0001 through 111-050-0050.

111-040-0015

Removing an Ineligible Individual from Benefit Plans

(1) An active eligible employee is responsible for removing ineligible spouses, domestic partners and dependent children from their OEGB-sponsored benefit plans by submitting completed, applicable forms to their ~~district~~ **Educational Entity** benefits administrator. ~~An ineligible individual must be removed from OEGB-sponsored benefit plans within 31 calendar days of~~ **after** the date the individual becomes ineligible. Coverage ends on the date identified under OAR 111-040-0005.

(2) An active eligible employee ending a domestic partnership ~~by affidavit~~ must complete and submit a Termination of Domestic Partnership form and enrollment update forms to the ~~district~~ **Educational Entity** benefits administrator within 31 calendar days of **after** the event for removal of the domestic partner and domestic partner's dependent children from their benefit plan. Benefit coverage for the domestic partner and domestic partner's dependent children ends ~~on the last day of the month that eligibility is lost.~~ **on the date identified in OAR 111-040-0005.**

(3) ~~An~~ **Educational Entity** ~~participating district~~ is responsible for removing ineligible individuals from the OEGB benefits management system. ~~Ineligible individuals must be removed from coverage under OEGB-sponsored benefit plans retroactive to the end of the month when eligibility was lost.~~ **The Educational Entity must complete such removal within 14 calendar days after:**

(a) An event resulting in loss of the employee's eligibility, or

(b) The receipt of notification of an event resulting in loss of eligibility of the employee's spouse, domestic partner or dependent child.

(4) If coverage of an employee's spouse, domestic partner or dependent child is terminated retroactively under OAR 111-040-0005(2), then:

(a) The active eligible employee may be responsible for claims previously paid by the benefit plans to the providers during the period of ineligibility at the carrier's discretion; and

(b) Premium adjustments will be made retroactively based on the coverage end date as identified in OAR 111-040-0005(2), not to exceed three months of premium dollars, when the ineligible individual was reported to the district educational entity benefits administrator.

~~(a) Ineligible individuals reported within 90 calendar days after the month eligibility was lost will result in premium adjustments retroactive to the first of the month following the loss of eligibility.~~

~~(b) Ineligible individuals reported more than 90 calendar days after the month eligibility was lost will result in premium adjustments for the month the ineligible individual was reported and the two previous months.~~

(5) OEGB may **shall** conduct audits to **monitor compliance with OEGB administrative rules governing eligibility and enrollment.** ~~determine the eligibility status of dependents of eligible active employees covered under OEGB-sponsored benefit plans. If requested, documentation certifying the eligibility of covered dependents must be provided.~~

111-040-0020

Open Enrollment

(1) Active eligible employees may make benefit plan changes or elections and add or remove eligible dependents during open enrollment periods as designated by OEBB.

(2) Coverage under OEBB-sponsored benefits plans for an eligible individual added during open enrollment begins on the first day of the new plan year. **Dental and vision coverage added during the open enrollment period will be limited to preventive dental exams and cleanings and routine vision exams for the first 12 months of coverage.** Coverage for an individual terminated during open enrollment ends on the last day of the month of the current plan year.

(3) An active eligible employee hired after the open enrollment period and before the start of the new plan year has open enrollment rights.

(4) Benefit plan elections are irrevocable for the new plan year except as specified in OAR 111-040-0040.

111-040-0025

Correcting Enrollment and Processing Errors

(1) Employee Enrollment Errors. Enrollment errors occur when an active eligible employee provides incorrect information or fails to make correct selections when making benefit plan elections. The active eligible employee is responsible for identifying enrollment errors or omissions.

(a) OEBB authorizes **Educational Entities Participating Districts** to correct enrollment errors reported by the active eligible employee within 60 calendar days of the original eligibility date, open enrollment period end date, or midyear benefit plan change date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001.

(b) Enrollment errors identified after 60 calendar days of the eligibility date, open enrollment period end date or midyear benefit plan change date must be submitted to OEBB for review and approval based on OAR 111-080-0030. If approved, corrections are retroactive to the original effective date as identified in OAR 111-040-0001.

(2) Benefit Administrator Processing Errors. Processing errors or omissions occur when benefit plan elections are processed incorrectly in the benefit system or when a newly-eligible active eligible employee does not receive correct enrollment information or materials within 31 calendar days of the eligibility date.

(a) OEBB authorizes **Educational Entities Participating Districts** to correct processing errors identified within 60 calendar days of the eligibility date, open enrollment period end date, or **Qualified Status Change** midyear benefit plan change date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001. The **Educational Entity Participating District** must reconcile all premium discrepancies.

(b) Processing errors identified after 60 calendar days of the eligibility date, open enrollment period end date, or midyear benefit plan change date must be submitted to OEBC for review and approval based on OAR 111-080-0030. If approved, corrections are retroactive to the original effective date as identified in OAR 111-040-0001. The **Educational Entity** ~~Participating District~~ must reconcile all premium discrepancies within 30 calendar days of any adjustments made in the system.

111-040-0030

Late Enrollment

(1) Late enrollment occurs when an active eligible employee fails to enroll for benefits within 31 calendar days of:

(a) The date of hire or other benefit eligibility date as identified in OAR 111-040-0001;

(b) The date a spouse, domestic partner, or dependent child gains eligibility;

(c) The date of marriage to a spouse who was most recently enrolled as a domestic partner; or

(d) The date of birth of the employee's biological newborn dependent child.

(2) OEBC authorizes **Educational Entities** ~~Participating Districts~~ to approve late enrollment requests for active eligible employees and dependents when the request is reported within 60 calendar days of the eligibility dates referenced in sections 1a, 1b, 1c and 1d.

(3) OEBC must review and approve all late enrollment requests based on OAR 111-080-0030 when the request is made more than 60 calendar days after the eligibility dates referenced in sections 1a, 1b, 1c and 1d.

(4) Approved late enrollment requests, unless determined otherwise in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective the first of the month following the date the request is received by a district benefits administrator or OEBC, except for approved requests to add newborn children which are retroactive to the month the child was born along with any premium adjustments.

111-040-0040

Qualified Status Changes (QSC's)

(1) Active eligible employees experiencing a change in family or work status as noted below **after annual enrollment or** during the plan year have 31 calendar days ~~from~~ **after** the date of the event to make changes. ~~unless indicated otherwise.~~ **If the event is the gaining of a dependent child as defined by 111-040-0040(2)(c) or results in a loss of eligibility, the eligible employee has 60 calendar days after the event to make changes.**

(2) The eligible employee can ~~may~~ make only make those changes that are consistent with the event for themselves and dependents.

(3) The employee must report the Qualified Status Change (QSC) to the employee's Educational Entity within the specified timeframe. Failure to report within 31 calendar days a QSC that would remove a spouse, domestic partner, or dependent child may be considered intentional misrepresentation, and OEGB may retroactively terminate the individual's coverage back to the last day of the month in which the individual lost eligibility. Please refer to the QSC Qualified Status Change matrix for details on what changes can occur with each event.

~~(24) Changes in status. Events include:~~ **Qualified Status Changes which allow the employee to make changes to his or her coverage are:**

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

(b) Loss of spouse or domestic partner by divorce, annulment, death or termination of domestic partnership, ~~60 days from the event;~~

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

(d) Active eligible employee starts new employment and gains eligibility;

(e) Change in employment status by active eligible employee which affects eligibility;

(f) Active eligible employee ends employment or other change in employment status resulting in a loss of eligibility;

(g) Spouse or domestic partner starts new employment or other change in employment status which affects eligibility;

(h) Spouse or domestic partner's employment ends or other change in employment status resulting in a loss of eligibility under their employer's plan;

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

(j) Event by which a dependent **child** ceases to satisfy eligibility requirements under OEGB plans (for a list of requirements see 111-010-0015), ~~60 days from the event;~~

(k) Changes in the residence of the active eligible employee or family member (i.e., moving out of the service area of an HMO);

(l) Reinstatement of coverage. Reinstatement can be used in the following situations:

(A) Military (USERRA)

(B) When coverage was continued under COBRA

(C) When coverage was terminated in error and there is no lapse in coverage.

(m) Significant changes in cost of the eligible employee's or early retiree's current plan and tier level that result in a negative impact of 10 percent or more to:

(A) The amount an active eligible employee or early retiree must contribute toward benefits.

(B) The amount a spouse or domestic partner must contribute toward his or her group health insurance plan cost.

(n) Related laws or court orders. For example: Qualified Medical Child Support Order (QMSCO), Medicare, HIPAA, or Family Health Insurance Assistance Program (FHIAP). Changes are determined by the applicable law or court order.

~~(35)~~ Changes in coverage, or contribution amounts that result in a reduced amount that an employee or eligible dependent must contribute toward benefits, do not constitute a Qualified Status Change.

(6) The following applies to the Long Term Care benefit plans only:

(a) Cancel the plan at anytime without a QSC event.

(b) Plan additions or changes require a QSC event as defined 111-040-0040(2). The addition of a plan or change in plans with a QSC is subject to a medical evidence review by the LTC carrier.

111-040-0050

Declination of Coverage

As used in this section:

“Opting out of coverage” means that an individual elects not to enroll in a medical plan and is eligible to receive a portion of the cash, contribution or other type of remuneration as provided for under a collective bargaining agreement, documented district policy, or employment contract.

“Waiving benefits” means that an individual elects not to enroll in any one of the benefit plans available under the OEBB-sponsored benefits program and is not eligible to receive any portion of a cash contribution or other type of remuneration.

(1) Unless otherwise specified in a collective bargaining agreement, documented district policy or employment contract in effect on July 1, 2008, an eligible employee may opt out of the OEGB-sponsored medical benefit plans. Eligible employees electing to opt out must:

- (a) Maintain coverage under another employer-sponsored group medical benefit plan;
- (b) Meet the requirements of the district opt out program in which they are participating;
- (c) Submit their election to opt out through the OEGB benefit management system; and
- (d) If requested, provide proof of current coverage under another employer-sponsored group medical benefit plan.

(2) Eligible employees electing to opt out of the OEGB-sponsored medical benefit plans may enroll in the dental benefit plans, vision benefit plans, and optional benefit plans.

(3) The level and type of funds and allowances retained by eligible employees and districts as a result of opt out programs are determined through collective bargaining agreements and documented district policies.

(4) An Educational Entity ~~participating district~~ will provide OEGB with a written description of its opt out program upon request.

(5) An eligible employee may waive medical, dental and vision or any combination of benefits provided under the OEGB-sponsored benefits program.

(6) Elections to opt out of the medical benefit plans or waive benefits must be made at the time of hire, when initially meeting eligibility, during an open enrollment period, or following a QSC event. ~~midyear benefit plan change~~.

(7) An eligible employee previously opting out of coverage or waiving benefits may enroll in benefit plans consistent with a QSC event ~~midyear benefit plan change~~ or during an open enrollment period.

(a) Coverage for previously OEGB-eligible employees or a previously OEGB-eligible dependent enrolling in the dental and/or vision plans during an open enrollment period will be limited to routine and preventive care for the first 12 months and subject to a 12-month waiting period for orthodontia coverage.

(b) Eligible employees who enroll in the dental or vision plans, or add previously OEGB-eligible dependents to the dental and vision plans, due to a loss of other coverage will not be subject to waiting periods.

(8) Eligible employees electing to not enroll when initially eligible for optional insurance plans will have to go through a medical review process to obtain optional life insurance.

Stat. Auth: ORS 243.860 – 243.886

Stats. Implemented: ORS 243.864(1)(a)

DIVISION 50

CONTINUATION OF COVERAGE

111-050-0001

Continuation of Group Medical and Dental Insurance Coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA allows an eligible individual losing group health plan coverage due to a qualifying event to continue their coverage for a limited time on a self-pay basis.

(1) OEBB will issue or cause the issuance of an initial COBRA notice explaining the right to continue medical and dental insurance plans to all newly eligible employees and individuals.

(a) The notice must be mailed to the eligible employee's known address immediately following enrollment in OEBB medical or dental insurance plans. The notice must include all known eligible individuals residing at the address. Known eligible individuals residing separately from the eligible employee must be mailed a separate notice at their known address.

(b) The initial COBRA notice must be mailed to individuals becoming newly eligible due to marriage or the formation of a domestic partnership.

(2) A COBRA triggering event must cause the loss of benefit coverage. COBRA triggering events include:

(a) An involuntary reduction in hours or layoff;

(b) A strike or lockout;

(c) The beginning of an unpaid leave of absence;

(d) The termination of employment;

(e) Retirement;

(f) A dependent child no longer satisfying eligibility requirements;

(g) The loss of employer-sponsored group coverage for dependents due to Medicare eligibility;

(h) A divorce or termination of a domestic partnership; and

(i) The death of the employee.

(3) All individuals losing eligibility due to a triggering event must receive a COBRA continuation notice.

(4) An eligible employee or dependent has 60 days from the receipt of the COBRA notice to activate their COBRA rights of continuation and 45 days from the election date to pay the initial premium. Generally, OEGB-sponsored insurance coverage must be continuous.

(5) Generally, medical plans may be continued under COBRA provisions for the following basic maximum coverage periods:

(a) 18 months after the date of the triggering events specified in section (2)(a)–(e) above; ~~or~~ **and**

(b) An 11 month extension is provided to COBRA participants when there is a disability determination by the Social Security Administration and the plan is notified within the required timeline, resulting in a 29 month coverage period; or

(c) 36 months after the date of the triggering events specified in section (2)(f)–(i) above.

(6) An eligible employee's spouse or domestic partner who is 55 years of age or older and who loses benefit coverage due to events specified in section (2)(h) and (i) above, may continue OEGB medical insurance coverage for themselves and their dependent children beyond the general 36-month COBRA continuation period. An eligible individual may continue their OEGB medical insurance coverage until they are entitled to Medicare, are covered under another group medical insurance plan or otherwise lose eligibility.

(7) An eligible individual continuing OEGB medical insurance coverage only or medical and dental insurance coverage under COBRA provisions has the same rights as active eligible employees for making changes midyear and during the open enrollment period.

(8) COBRA coverage will terminate on the last day of the month for which premiums are paid in full.

111-050-0010

Eligibility for Retiree Insurance Coverage

(1) An eligible retired employee and their eligible dependents enrolled in an OEGB benefit plan or district benefit plan for active employees may continue participation in any OEGB retiree ~~medical,~~ dental, vision, life or accidental death and dismemberment insurance plan or plans available to his or her Employee Group **if selected by an Educational Entity.** Insurance coverage under the OEGB or district active benefit plans, as an employee or as a dependent of an employee, and retiree benefit plans must be continuous.

(2) Eligible retired employees and eligible dependents not yet eligible for Medicare will have the option to continue enrollment in an OEGB retiree medical plan. Insurance coverage under the OEGB or district active benefit plan, as an employee or as a dependent of any employee, and the retiree benefit plan must be continuous.

(32) A retired employee must be:

(a) Receiving a service or disability retirement allowance or pension under the Public Employees Retirement System (PERS) or under any other retirement or disability benefit plan or system offered by an OEBB participating organization for its employees;

(b) Eligible to receive a service retirement allowance under PERS and has reached earliest retirement age under ORS Chapter 238;

(c) Eligible to receive a pension under ORS 238A.100 to 238A.245 and has reached earliest retirement age as described in ORS 238A.165; or

(d) Eligible to receive a service retirement allowance or pension under another retirement benefit plan or system offered by an OEBB participating organization and has reached earliest retirement age under the plan or system.

~~(43)~~ A retired eligible employee may elect insurance continue medical, dental, vision, optional life and accidental death and dismemberment coverage for themselves only or may elect continue to cover any eligible dependents who were enrolled in covered by the employee's active plan immediately prior to the retirement as long as the coverage and plan options are included in the plans offered by the Educational Entity.

(5) Basic life and basic accidental death and dismemberment requires 100 percent mandatory enrollment unless otherwise specified in a collective bargaining agreement in effect on or before September 30, 2009, and the Educational Entity can provide documentation that supports the administration of this benefit.

(6) A former eligible employee who elects COBRA and is also eligible for retiree benefits or later becomes eligible as a retired employee will have the right to transfer the COBRA medical, dental, and vision insurance coverage to the OEBB retiree benefit plans at any time during COBRA or within 30 days of the COBRA end date. Insurance coverage under the OEBB active, COBRA and retiree benefit plans must be continuous.

111-050-0015

Medical, Dental and Vision Termination Dates for Retirees

(1) A retiree enrolled in OEBB retiree insurance plans who becomes eligible for Medicare coverage may not continue on an OEBB medical or vision plan, unless they are eligible as a result of end-stage renal disease. OEBB benefits end the last day of the month prior to the Medicare effective date. The retiree is responsible for reporting to their Educational Entity and to OEBB when the retiree is covered by Medicare within 60 days after the Medicare coverage effective date. Failure to report within this time frame may be considered intentional misrepresentation by OEBB and OEBB may retroactively terminate OEBB coverage back to the last day of the month prior to the Medicare effective date.

(2) If a retiree becomes eligible for Medicare coverage, but his or her currently-enrolled eligible dependents are not, these eligible individuals may continue OEBB medical, dental and vision insurance coverage until such time as they no longer meet OEBB eligibility requirements or become eligible for Medicare coverage for reasons other than end-stage renal disease, whichever occurs first. The eligible individuals must confirm intent to continue coverage with the retiree plan administrator within 60 days of after the retiree's eligibility for Medicare.

(3) Eligible dependents who were covered on a plan at the time of retirement who are eligible for Medicare, or who become eligible for Medicare, may not continue coverage on an OEBB medical or vision plan unless it is stated in a collective bargaining agreement or documented district policy in effect on or before February 1, 2010, that they may continue on OEBB medical plans until the retiree becomes eligible for Medicare with the following exception: OEBB coverage must end for Medicare-eligible dependents of a retiree enrolled on a Kaiser Permanente medical plan.

(4) If the retiree is responsible for self-paying all or partial premiums and fails to remit the premium amount to their Educational Entity, coverage will terminate on the last day of the month in which premiums are paid in full to OEBB.

(4.5) Dental coverage may be continued subject to the Educational Entity's documented district policy or collective bargaining agreement. Coverage is based on the OEBB dental plans that the Educational Entity offers to retired OEBB Medicare-eligible individuals.

111-050-0016

Life and Accidental Death and Dismemberment Termination Dates for Retirees

(1) Retired employees may continue to participate in any or all coverage and plan options selected by the Educational Entity for his or her Employee Group until they reach age 65, unless otherwise specified in a documented district policy or collective bargaining agreement effective on or before February 1, 2010.

(2) Retirees or dependents of retirees who lose eligibility for basic or optional life insurance plans ~~offered to retired employees and their dependents ending~~ due to reaching age 65 can convert their coverage ~~be converted~~ if requested within 31 days of the date the coverage ends.

111-050-0020

Initial Enrollment

(1) A retired eligible employee has 60 calendar days from the end date of active eligible employee insurance coverage to:

(A) Continue enrollment enroll in OEBB-sponsored medical, dental, vision, basic life, basic accidental death and dismemberment, optional life and optional accidental death and dismemberment plans with the same eligible dependents as active enrollment if the plan(s) is

offered by the Educational Entity. ~~and can elect to continue coverage for themselves only or can continue coverage on eligible dependents covered on his or her benefit plans as an active employee.~~

(B) Disenroll eligible dependents covered during active enrollment. Once a retiree drops eligible dependents the retiree cannot re-enroll in OEGB-sponsored plans.

(C) Disenroll in any or all plans. Once a retiree drops coverage the retiree cannot re-enroll.

(2) All coverage and dependent enrollments must be continuous from the date the active coverage ends.

(3) Coverage not elected at the time of initial eligibility for early retiree benefits cannot be added at a later date.

(4) Retired eligible employees may choose to **continue enrollment** in an OEGB-sponsored medical plan, dental plan, basic life, basic accidental death and dismemberment, optional life, or optional accidental death and dismemberment plan, or any combination of these, unless determined otherwise by a collective bargaining agreement or documented district policy with the following restrictions:

(A) The retiree must enroll in an OEGB-sponsored medical plan to continue an OEGB-sponsored vision plan; and

(B) The retiree must enroll in an OEGB-sponsored optional life or optional accidental death and dismemberment plan to continue optional spouse or dependent life or accidental death and dismemberment, respectively.

(C) The Educational Entity offers the plan(s) to their retiree group.

Plan Change Periods

(5) OEGB will offer an annual plan change period for retired eligible employees.

(6) A retired eligible employee can change benefit plans consistent with members of their former active Employee Group.

(7) A retired eligible employee may not add dependents or enroll in coverage(s) he or she did not select during the initial enrollment period.

(8) A retired eligible employee may choose to reduce the amount of optional life and optional accidental death and dismemberment coverage for themselves and/or their dependents, but may not increase coverage in these plans.

Midyear Benefit Plan Qualified Status Changes (QSC)

(9) A retired eligible employee may make midyear changes consistent with the OEGB QSC Matrix. 111-040-0040.

111-050-0025

Effective Dates

(1) Benefit plan changes or initial elections, unless otherwise specified in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective on the later of:

(a) The first of the month following a completed online enrollment in the OEGB benefit management system or submission of a paper enrollment or change form,

(b) The first of the month following the date of eligibility; or

(c) The first of the month following the approval date of additional optional life insurance requested above the guarantee issue amount.

(2) Covered dependent changes are effective the first of the month following the date of the event causing the dependent to be eligible under OEGB administrative rules with the following exceptions:

(a) Coverage for a newborn child is effective on the date of birth. Retired eligible employee must add the newborn child to their benefit plans within 60 calendar days from the date of birth for the newborn child to be eligible for benefit coverage.

(b) Coverage for a newly adopted child is effective the date of the adoption decree or date of placement for adoption. Retired eligible employee must add the adopted child to their benefit plans within 60 calendar days from the date of the decree or placement for the newly adopted child to be eligible for benefit coverage; and

(A) The retired eligible employee must submit the adoption agreement with the enrollment forms to the Educational Entity ~~Participating District~~.

(B) Claims payments will not be made for expenses incurred prior to the date of decree or placement.

(c) Coverage for a dependent child by affidavit as defined in OEGB administrative rules starts the first of the month following receipt of the affidavit by the district benefits administrator.

111-050-0030

Correcting Enrollment and Processing Errors

(1) Employee Enrollment Errors. Enrollment errors occur when a retired eligible employee provides incorrect information or fails to make correct selections when making benefit plan

changes. The retired eligible employee is responsible for identifying enrollment errors or omissions.

(a) OEGBB authorizes Educational Entities to correct enrollment errors reported by the retired eligible employee within 60 calendar days of the original eligibility date, annual plan change period end date, or **Qualified Status Change** ~~midyear benefit plan change~~ date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001.

(b) Enrollment errors identified after 60 calendar days of the eligibility date, annual plan change period end date or **Qualified Status Change** ~~midyear benefit plan change~~ date must be submitted to OEGBB for review and approval based on OAR 111-080-0030. If approved, corrections are retroactive to the original effective date as identified in 111-040-0001.

(2) Benefit Administrator Processing Errors. Processing errors or omissions occur when benefit plan changes are processed incorrectly in the benefit system.

(a) OEGBB authorizes Educational Entities to correct processing errors identified within 60 calendar days of the eligibility date, annual plan change period end date, or **Qualified Status Change** ~~midyear benefit plan change~~ date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001. The Educational Entities must reconcile all premium discrepancies.

(b) Processing errors identified after 60 calendar days of the eligibility date, annual plan change period end date, or midyear benefit plan change date must be submitted to OEGBB for review and approval based on OAR 111-080-0030. If approved, corrections are retroactive to the original effective date as identified in 111-040-0001. The Educational Entity must reconcile all premium discrepancies within 30 calendar days of any adjustments made in the system.

111-050-0035

Late Enrollment

(1) Late enrollment occurs when a retired eligible employee fails to enroll for benefits within 60 days of retirement or fails to add an eligible dependent within 31 calendar days of:

(a) The date a spouse, domestic partner, or dependent child gains eligibility;

(b) The date of marriage to a spouse who was most recently enrolled as a domestic partner; or

(c) The date of birth of the retired eligible employee's biological newborn dependent child.

(2) OEGBB authorizes **Educational Entities** ~~Participating Districts~~ to approve late enrollment requests for retired eligible employees and dependents when the request is reported within 60 calendar days of the eligibility dates referenced in sections (1)(a), (1)(b), and (1)(c).

(3) OEGB must review and approve all late enrollment requests based on OAR 111-080-0030 when the request is made more than 60 calendar days after the eligibility dates referenced in sections (1)(a), (1)(b), and (1)(c).

(4) Approved late enrollment requests, unless determined otherwise in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective the first of the month following the date the request is received by a district benefits administrator or OEGB, except for approved requests to add newborn children which are retroactive to the month the child was born along with any premium adjustments.

111-050-0045

Termination Dates

(1) Benefit coverage for a retired eligible employee, a spouse, a domestic partner or a dependent child ends on the last day of the month that eligibility is lost **with the following exceptions:** ~~according to OEGB administrative rules, unless determined otherwise through a collective bargaining agreement or documented district policy in effect on June 30, 2008.~~

(a) If the retired employee's eligibility terminates, coverage will end on the last day of the month in which OEGB receives notification of the event from the Educational Entity. No retroactive terminations or adjustments are allowed.

(b) If the retired eligible employee notifies the Educational Entity within 31 days after an event terminating eligibility of the employee's spouse, domestic partner, or dependent, coverage for the spouse, domestic partner, or dependent will end on the last day of the month in which OEGB receives notification of the event from the Educational Entity. No retroactive terminations or adjustments are allowed.

(2) If the retired eligible employee fails to notify the employee's Educational Entity within 31 days after an event terminating eligibility of the employee's spouse, domestic partner or dependent, this may be considered intentional misrepresentation and OEGB may terminate coverage retroactively to the end of the month in which eligibility was lost. 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.

(23) Benefit coverage for a spouse, domestic partner, or dependent child ends on the last day of the month that a retired eligible employee dies, unless otherwise determined by a collective bargaining agreement or documented district policy in effect on June 30, 2008.

111-050-0050

Removing an Ineligible Individual from Benefit Plans

(1) A retired eligible employee is responsible for removing ineligible spouses, domestic partners and dependent children from their OEGB-sponsored benefit plans by submitting completed, applicable forms to their district **Educational Entity** benefits administrator. ~~An ineligible individual must be removed from OEGB-sponsored benefit plans within 31 calendar days of~~

after the date the individual becomes ineligible. Coverage ends on the date identified under OAR 111-050-0045.

(2) A retired eligible employee ending a domestic partnership by affidavit must complete and submit a Termination of Domestic Partnership form and enrollment update forms to the district **Educational Entity** benefits administrator within 31 calendar days of after the event for removal of the domestic partner and domestic partner's dependent children from their benefit plan. Benefit coverage for the domestic partner and domestic partner's dependent children ends on the last day of the month that eligibility is lost. **on the date identified in OAR 111-050-0045.**

(3) An Educational Entity is responsible for removing ineligible individuals from the OEBB benefits management system. ~~Ineligible individuals must be removed from coverage under OEBB sponsored benefit plans retroactive to the end of the month when eligibility was lost.~~ **The Educational Entity must complete such removal within 14 calendar days after:**

(a) An event resulting in loss of the retired employee's eligibility, or

(b) The receipt of notification of an event resulting in loss of eligibility of the retired employee's spouse, domestic partner or dependent child.

(4) If coverage of an employee's spouse, domestic partner or dependent child is terminated retroactively under OAR 111-050-0045(2), then:

(a) The retired eligible employee may be responsible for claims previously paid by the benefit plans to the providers during the period of ineligibility at the carrier's discretion; and

(b) Premium adjustments will be made retroactively based on the coverage end date as identified in OAR 111-050-0015 and 111-050-0045, not to exceed three months of premium dollars, when the ineligible individual was reported to the district benefits administrator.

~~(a) Ineligible individuals reported within 90 calendar days after the month eligibility was lost will result in premium adjustments retroactive to the first of the month following the loss of eligibility.~~

~~(b) Ineligible individuals reported more than 90 calendar days after the month eligibility was lost will result in premium adjustments for the month the ineligible individual was reported and the two previous months.~~

(5) OEBB ~~shall~~ may conduct audits to **monitor compliance with OEBB administrative rules governing eligibility and enrollment.** determine the eligibility status of dependents of retired eligible employees covered under OEBB-sponsored benefit plans. If requested, documentation certifying the eligibility of covered dependents must be provided.

111-050-0060

Continuation of Coverage for Eligible Employees Covered under the Federal Family Medical Leave Act

OEBC will allow **Educational Entities** ~~participating districts~~ to continue medical, dental and vision coverage for Active Eligible Employees and covered dependents granted leave under the Federal Family Medical Leave Act (FMLA) as required under related federal rules and regulations.

111-050-0065

Continuation of Coverage for Eligible Employees Covered under the Oregon Family Leave Act

OEBC will allow **Educational Entities** ~~participating districts~~ to continue medical, dental and vision coverage for Active Eligible Employees and covered dependents granted leave under the Oregon Family Leave Act (OFLA) as required under related state rules and regulations.

111-050-0070

Continuation of Coverage for Eligible Employees during an Approved Leave of Absence.

OEBC will allow **Educational Entities** ~~participating districts~~ to continue medical, dental and vision coverage for Active Eligible Employees and covered dependents granted a leave of absence based on collective bargaining agreements and/or documented district policies in effect on or before October 1, 2008.

111-050-0075

Continuation of coverage for Eligible Employees on Active Military Service

OEBC will allow **Educational Entities** ~~participating districts~~ to continue medical, dental, and vision coverage for Active Eligible Employees and covered dependents as required under the Uniformed Services Employment and Reemployment Rights Act (USERRA) and related federal rules and regulations.

111-050-0080

Portability and Conversion of Coverage

(1) OEBC medical, life and accidental death and dismemberment carrier(s) will make portability plans available to members in accordance with related state and federal laws, rules and regulations. Eligibility criteria for this coverage can be found in carrier member handbooks.

(2) OEBC life insurance carrier(s) will make conversion plans available to members in accordance with related state and federal laws, rules and regulations. Eligibility criteria for this coverage can be found in the carrier's member handbook.

(3) OEBC long term care carrier(s) will transfer the coverage from a Group Long Term Care to an Individual Long Term Care policy and premiums will be paid directly to the carrier.

DIVISION 70

HB 2557

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

(~~eb~~) Upon notification and confirmation that an individual is 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. ~~is confirmed.~~

(~~ec~~) Upon notification and confirmation that an individual is 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 retroactively to the original coverage effective date. Refunds of premiums are limited to 90 days. 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.

(23) Upon loss of OEGB coverage due to a 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 after annual enrollment or during the plan year have 31 calendar days ~~from~~ after the date of the event to make allowed changes. If the event is the gaining of a dependent 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's failure to report timely a QSC that removes a spouse, domestic partner or dependent child may be considered intentional misrepresentation by OEGB and OEGB may retroactively terminate the individuals 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 dependent 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 dependent child is during open enrollment.

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

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

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

(b) Loss of spouse or domestic partner by divorce, annulment, death or termination of domestic partnership, ~~60 days from the event;~~

(c) Gain dependent by birth, placement for/or adoption, ~~affidavit of dependency~~ 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 OEBC plans (for a list of requirements see 111-010-0015);

(e) Event by which dependent ceases to satisfy eligibility requirements under OEBC plans (for a list of requirements see 111-010-0015), ~~60 days from the event;~~

(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), Medicare, or HIPAA. Changes are determined by the applicable law or court order, and the Family Health Insurance Assistance Program (FHIAP).

Stat. Auth: ORS 243.860 – 243.886

Stats. Implemented: ORS 243.864(1)(a)