

Oregon Educators Benefit Board Meeting Minutes February 3, 2015

The Oregon Educators Benefit Board held a regular meeting on February 3, 2015, at the DAS General Services Building, 1225 Ferry Street SE, in Salem, Oregon. Chair Rick Shidaker called the meeting to order at 1:05 p.m.

Attendees

Board Members:

Rick Shidaker, Chair
Nancy MacMorris-Adix, Vice Chair (via telephone)
Dave Fiore (via telephone)
Ron Gallinat
Cherie Maas-Anderson
Jaimie Sorenson
Bob Stewart

Board Members Absent:

Heather Cordie

OEBB Staff:

Denise Hall, Deputy Administrator
Kathy Loretz, Administrator
Heidi Williams, Director of Operations
Rose Mann, Executive Assistant

Consultants:

Kim Hickman, Towers Watson
Jenny Marks, Towers Watson

Guests:

Diane McMillan Skutack, BHS
Robin Richardson, Moda Health
Brian Riney, Providence
Sally Kallianis, WDG
Troy Marcoe, Kaiser Permanente
David Searce, The Standard
Gordon Hoberg, Moda
Courtney Burke, Moda
Paul Tyo, RBH
Andrea Lindsey, Standard
Teri Burton, PPS
Le Huynh, PPS

David Knox, Standard
Sophary Sturdevant, KP



I. **Welcome and Approval of January 6 and 13, 2015, meeting synopses (Attachments 1 and 1a) - [Video Recording - 0:2:45](#)**

MOTION - [Video Recording - 0:02:54](#): Ron Gallinat moved to accept the November 4, 2014, Board meeting synopsis. Cherie Maas-Anderson seconded the motion. The motion carried 7 - 0.

II. **Renewal for Life, Disability and AD&D Coverages - [Video Recording - 0:03:41](#)**

Jenny Marks and Kim Hickman presented information on the Life, Disability and AD&D Coverage renewal.

MOTION - [Video Recording 0:11:22](#): Ron Gallinat moved to renew the three-year contract for Life, Disability and AD&D coverages through The Standard. Cherie Maas-Anderson seconded the motion. The motion carried 7 - 0.

III. **Healthy Futures Workgroup (HFW) Recommendations and Status Update (Attachments 4 and 4a) - [Video Recording 0:12:00](#)**

MOTION - [Video Recording 0:15:48](#) Cherie Maas Anderson moved to accept the new timeline for members completing the Healthy Futures program in 2015. Dave Fiore seconded the motion. The motion carried 7 - 0.

Nancy MacMorris-Adix signed off at 1:20 p.m.

IV. **Follow-up Items from January 13, 2015 (Attachments 2, 2a and 2b) - [Video Recording 0:16:48](#)**

Denise Hall reviewed the amended Guiding Principles and the Opt-outs.

V. **General Update - [Video Recording 0:25:28](#)**

Denise Hall reviewed the SIM Survey of Members.

✓ **Gym Membership (from Agenda Item II) - [Video Recording 0:30:25](#)**

VI. **2014 Customer Service Surveys Results (Attachments 5 and 5a) - [Video Recording 0:45:32](#)**

VII. **Flexible Spending Account/Health Savings Account RFP Status Update - Video Recording 1:27:48**

Denise Hall explained that interviews of six proposers for the FSA/HSA will be held on February 12, 2015.

VIII. **Future Decision Areas - Video Recording 01:29:12**

Denise Hall reviewed topics the Board will need to take action on over the next several years noting a number of decisions coming up in the next several months:

- Healthy Futures Program
- FSA/HSA RFP
- 2015-2016 Renewal
- Medical, pharmacy & vision RFP
- Plan Year Change (possible)
- Availability of Composite Rate Structure
- ACA Compliance
- Excise Tax liability
- Dental RFP
- Life, Disability and AD&D RFP

IX. **Other Business/Board Roundtable**

X. **General Public Comment**

There being no general public comment, nor further business to come before the Board, Chair Shidaker adjourned the meeting at 2:45 p.m.

Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Status	Priority	Board Priority
HB 2230	Requires OHA to provide Veteran's Affairs with monthly reports on veteran's applying for health care coverage.	Estimated \$177,000 to modify OEBB system to collect data.	Public Hearing Scheduled	1	1
SB 631	Establishes Health Care for All Oregon Board to develop, implement and have oversight of Health Care for All Oregon Plan to be administered by Oregon Health Authority. Provides comprehensive health care coverage to all individuals residing or working in Oregon. Supplants coverage by private insurers for health services covered by plan. Authorizes Public Employees' Benefit Board and Oregon Educators Benefit Board to offer supplemental health benefit plans to employees. Requires public employees to be covered by Health Care for All Oregon Plan.	Limits OEBB's programs to supplemental insurance	Referred to Health Care Committee	1	1
SB 96	Allows certain districts to withdraw from participation in health benefit plans offered by the OEBB under certain circumstances. Permits one withdrawal from participation and prohibits future participation in OEBB for up to five years. Requires Board to provide certain administration to district upon request and prohibits Board from restricting participating carriers from responding to districts request for proposal.	5-7% increase in OEBB medical, dental & vision plans with higher increases in future years.	Referred to Education Committee	1	1
HB 2026	Permits pharmacist to substitute interchangeable biosimilar products for certain prescribed biological products. Directs State Board of Pharmacy to adopt rules to define "biological product," "biosimilar product" and "interchangeable" for purposes of prescription substitutions.	TBD pending further analysis	Referred to Health Care Committee	2	2
HB 2234	Requires OHA and health insurers offering plans/policies to create billing codes or alternative mechanisms to enable community assessment centers to bill for child abuse medical assessments and services.	TBD pending further analysis	Public Hearing Held	2	2
HB 2298	Permits pharmacists to provide pharmacotherapy services to patients, including smoking cessation, emergency contraception, travel medication and practice clinical pharmacy. Requires health insurers to provide payment or reimbursement for services provided by pharmacist under clinical pharmacy agreement.	TBD pending further analysis	Referred to Health Care Committee	2	2

Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Status	Priority	Board Priority
HB 2299	Prohibits insurers offering vision benefit plans from limiting or specifying the fee that a provider may charge for services not covered under the plan. Requires reimbursement at a reasonable rate for services or materials provided. Prohibits insurers from credentialing vision care providers. Prohibits insurers from limiting providers to specific supplies, materials or laboratories. Restricts provider contracts to two years. Sets court damage costs for violations of the act.	No Impact on OEBB through increased medical plan premium rates	Public Hearing Held	2	2
HB 2466	Modifies requirements for health benefit plans consistent with federal law.	No impact on OEBB	Public Hearing Held	2	2
HB 2468	Requires that health insurers contract with provider networks that are large and diverse enough to ensure that all covered services, including mental health and substance abuse treatment, are accessible to enrollees without unreasonable delay. Requires that health insurers have provider networks that provide access to culturally and linguistically appropriate health care services.	TBD pending further analysis	Public Hearing Held	2	2
HB 2560	Requires health benefit plan to cover cost of colonoscopy and polyp removal for insured who is 50 years of age or older and who has positive fecal immunochemical test result.	Would result in a .03 increase in premium rates for OEBB Medical Plans administered by Moda	Public Hearing Held.	2	2
HB 2626	Authorizes State Treasurer to issue lottery bonds to finance grants from Department of Education to school districts to pay for acquisition, construction or improvement of school-based health centers.	No impact on OEBB	Public Hearing Held	3	2
HB 2951	Requires policies and certificates of health insurance that offer prescription drug coverage to meet specified cost-sharing requirements.	TBD pending further analysis	Referred to Health Care Committee	2	2

Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Status	Priority	Board Priority
HB 3018	Prohibits insurer from imposing cost sharing or similar requirements for services provided by out-of-network providers that are greater than requirements for services provided by in-network providers. Specifies exceptions. Prohibits state agency and insurer from preventing person from paying for person's own medical care, requiring physician to contract with insurer or state medical assistance program or requiring physician to provide medical care.	TBD pending further analysis	Referred to Health Care Committee	2	2
HB 3021	Requires insurer or third party administrator to reimburse health care provider for fees charged to provider by credit card company that processes payments.	No impact on OEBB	Referred to Health Care Committee	2	2
SB 144 & SB 151	Modifies requirements for health benefit plan coverage of telemedical health services for health benefit plans, including those offered by OEBB/PEBB.	SB 144 has no impact on OEBB. SB 151 is TBD depending on further analysis.	SB 144 - Work Session Scheduled SB 151 - Referred to Health Care Committee	2	2
SB 145	Aligns definition of small employer in the Insurance Code with federal definition in 42 U.S.C. 18024	No impact on OEBB through a redefinition of small employers	Public Hearing Held	2	2
SB 147	Changes communication requirements for pharmacy or pharmacist that substitutes biological product. Requires pharmacy to provide notice of potential substitution	TBD pending further analysis	Public Hearing Scheduled	2	2
SB 153	Clarifies the current definition of "independent practice" regarding physician assistants and nurse assistants billing health insurers for primary care and mental health care services performed as part of their scope of practice.	Result in .27 increase to OEBB medical plans administered by OEBB	Public Hearing Scheduled	2	2
SB 440	Requires Oregon Health Policy Board to establish Health Plan Quality Metrics Committee to develop health outcomes and quality measures for CCOs and plans offered by PEBB and OEBB.	Participation in workgroup has no fiscal impact on OEBB	Public Hearing Scheduled	2	2

Oregon Educators Benefit Board (OEBB)
2015 Legislation of Interest

Bill Number(s)	Description	Impact on OEBB	Status	Priority	Board Priority
SB 520	Permits pharmacists to administer vaccines to individuals at least seven years of age. Directs State Board of Pharmacy to amend rules relating to administration of vaccines.	TBD Pending Further Analysis	Referred to Health Care Committee	2	2
SB 558	Requires health benefit plans that reimburse prescription drugs to reimburse pharmacists for patient consultation, if they part of an integrated health care delivery system, working under the direct supervision of a physician and consulting patients for chronic condition management	TBD pending further analysis	Referred to Health Care Committee	2	2
SB 609	Requires Oregon Health Authority to convene learning collaborative to develop payment method to support provision of care through patient centered primary care homes. Requires Department of Consumer and Business Services to adopt, to greatest extent practicable, method developed by collaborative for reimbursement of patient centered primary care homes by insurers and third party administrators.	No impact on OEBB	Referred to Health Care Committee	2	2
SB 625	Requires PBMs to allow covered individuals to fill/refill a prescription at the pharmacy as long as the pharmacy is included in the network or has applied for a contractual relationship. PBMs must reimburse and charge the same copays at the same rate for pharmacies in-network and those applying for a contractual relationship. The regulations do not apply to specialty drugs recognized by DCBS.	TBD pending further analysis	Referred to Health Care Committee	2	2
SB 661	Requires health benefit plan that covers opioid analgesic drug products to cover abuse-deterrent opioid analgesic drug products, at no greater cost to insured than other preferred drugs under plan.	TBD pending further analysis	Referred to Health Care Committee	2	2
SB 665	Creates Hospital Rate Commission in Oregon Health Authority to review hospital charges billed by certain hospitals and recommend to Oregon Health Authority whether to approve charges as reasonable based on prescribed criteria.	No impact on OEBB	Referred to Health Care Committee	2	2
SB 93	Requires reimbursement for up to 60-day supply of prescription drug that is prescribed for a chronic condition	Result in .025 increase to OEBB medical plans administered by OEBB	Public Hearing Scheduled	2	2

UPCOMING OREGON EDUCATORS BENEFIT BOARD (OEBB) DECISION MATRIX

Topic	Decision/Action	Decision Due	Status Update	Date Completed
Healthy Futures Program Timelines	Determine if timelines for completion of health assessment should be changed and/or if effective date of incentive deductible/copays should be changed for 2015-16 plan year.	February 3, 2015	Decision made to require HA during open enrollment with incentive plan available October 1 of that year.	2-3-2015
FSA/HSA RFP	Apparent Successful Proposer (ASP) Selected	March 3, 2015, meeting	ASP to be announced as agenda item II.	
2015-2016 Renewal	Plan designs and rates approved	April 28, 2015, meeting	No additional information at this time (3-2-15)	
Medical, pharmacy, vision RFP	Approve RFP objectives and coverages -- note, this may include decisions to reduce the number of plan offerings and/or rate structure options	April, May and early June 2015	Agenda items planned for 4-7-15 full Board meeting.	
Plan Year Change	The Business and Operations Workgroup (BOW) will be reviewing information relating to changing from the current plan year (October through September) to a calendar year plan year.	If decision to move forward for a January 1, 2017, effective date, then will need a decision at or before April 7, 2015, board meeting; if decision to move forward for a January 1, 2018, effective date, will need the decision by no later than May 5, 2015, board meeting.	BOW reviewed at 2-25-15 meeting. To return to full Board for review, discussion and possible consideration at 4-7-15 meeting.	
Availability of Composite Rate Structure	The Business and Operations Workgroup (BOW) will be reviewing information relating to availability of the composite rate structure to entities not currently in OEBB and/or employee groups not currently using the composite rate structure for medical.	Scheduled to return to the full Board with recommendations on March 3, 2015.	BOW reviewed amendments to OAR 111-020-0010 at its 2-25-15 meeting. On 3-3-15 full Board agenda (item number IV) (3-2-15)	
ACA Compliance				
Coverage availability	Determine if a bronze-type medical plan will be made available for employees who are not in a benefit-eligible position, but who work an average of 30 or more hours per week (substitutes, adjunct faculty, temporary workers).	By April 28, 2015, for October 1, 2015, coverage effective date.	BOW reviewed at 2-25-15 meeting. To return to full Board for review, discussion and possible consideration at 4-7-15 meeting.	
Affordability for FTE not in benefit-eligible positions	Determine if a bronze-type medical plan will be made available for employees who are not in a benefit-eligible position, but who work an average of 30 or more hours per week (substitutes, adjunct faculty, temporary workers) using a tiered rate structure and limited to employee or employee and child(ren) coverage.	By April 28, 2015, for October 1, 2015, coverage effective date.	BOW reviewed at 2-25-15 meeting. To return to full Board for review, discussion and possible consideration at 4-7-15 meeting.	
Affordability for all benefit-eligible employees	Determine whether only a tiered rate structure will be made available and/or whether the tiered rate structure should be set using a different ratio than is used currently.	By April 28, 2015, for October 1, 2015, coverage effective date for non-represented employees, or the first plan year following expiration of an inforce CBA.	BOW reviewed amendments to OAR 111-020-0010 at its 2-25-15 meeting. On 3-3-15 full Board agenda (item number IV) (3-2-15). Applicable to new entities coming into OEBB. Expansion to include employee groups already in OEBB to return to full Board for review, discussion and possible consideration at 4-7-15 meeting.	
Excise Tax liability				

UPCOMING OREGON EDUCATORS BENEFIT BOARD (OEBB) DECISION MATRIX

Topic	Decision/Action	Decision Due	Status Update	Date Completed
Plan options	Determine whether plan options should be reduced to those with premiums under the federal thresholds for the tax.	Immediately following release of formal guidance from IRS or by April 2018 2017, for October 1, 2018 2017, coverage effective date - <u>- Excise Tax to go into effect January 1, 2018 at the very latest.</u>	No formal guidance to date (3-2-15)	
Rate structure	Determine whether only a tiered rate structure will be made available and/or whether the tiered structure should be set using a different ratio than is used currently.	Immediately following release of formal guidance from IRS or by April 2018 2017, for October 1, 2018 2017, coverage effective date - <u>- Excise Tax to go into effect January 1, 2018 at the very latest.</u>	No formal guidance to date (3-2-15)	
Methodology for applying tax	Determine how tax will be applied – spread across all available plans, assessed only on plans and/or rate structures that trigger the tax.	Immediately following release of formal guidance from IRS or by April 2018 2017, for October 1, 2018 2017, coverage effective date - <u>- Excise Tax to go into effect January 1, 2017 at the very latest.</u>	No formal guidance to date (3-2-15)	
Dental RFP	Determine timing of dental RFP	By July 2015	No action (3-2-15)	
Life, disability, AD&D RFP	Determine timing of life, disability, AD&D RFP	By July 2017	No action (3-2-15)	

111-020-0010

Entities Electing to Join OEGB

(1) Effective January 1, 2014 an Entity can elect to participate in benefit plans provided by the Board subject to the following conditions:

(a) The Entity completes and submits a Notice of Intent to join OEGB at least 90 days prior to the date OEGB coverage is to go into effect;

(b) OEGB will not transfer any deductibles or annual out-of-pocket maximums met with the prior carrier;

(c) For those members with an existing life insurance policy through the Entity, OEGB will transfer the life insurance amount in force on the last day the prior group coverage was in effect, rounded to the next highest \$10,000 increment, if requested and documented by the Entity.

(d) Early retiree participation in the OEGB plans will be limited to those individuals and eligible dependents currently enrolled in the Entity's medical, dental and/or vision plans and those Early Retirees who retire on or after the effective date of OEGB coverage and their eligible dependents.

(2) Entities electing to participate in benefit plans provided by the Board are limited to offering the coverages and plans provided by OEGB for medical, dental, vision, life, AD&D, and disability plans. Entities cannot choose to offer some coverages or plans through OEGB and other coverages or plans outside of the OEGB benefits program.

~~(3)~~ A Local Government must provide OEGB with medical plan premium rates and loss ratios for the two most-recent years, if available, with its Notice of Intent to join OEGB to allow OEGB's Consultant to perform an actuarial plan comparison. For self-funded groups, two years of claims experience data should be submitted in lieu of premium rates or loss ratios. The results of the actuarial analysis shall be used as follows:

(a) If the actuarial plan comparison for a Local Government demonstrates that costs are less than 10 percent over OEGB's costs during the same two-year period, the Local Government may participate in the OEGB plan(s) at current OEGB rates.

(b) If an actuarial plan comparison for a Local Government demonstrates that costs are equal to or greater than 10 percent higher than OEGB's costs during the same two year period, the Local Government may participate in the OEGB plan(s) subject to a special rate category, or surcharge, for up to three years.

~~(4)~~ The Local Government must submit a final Letter of Participation to OEGB at least 30 days prior to the effective date of participation.

~~(5)~~ Local Governments providing a cash incentive to a member for opting-out of medical coverage that exceeds 75 percent of the cost of employee only coverage of the lowest cost OEGB medical plan may be assessed a surcharge of up to \$100 per month per opt-out election.

~~(6)~~ Local Governments who elect to participate in benefit plans provided by the Board and then subsequently elect to leave OEGB and offer a plan or plans available through the health insurance exchange may re-elect to participate in benefit plans provided by the Board under the rate category the Local Government was in just prior to leaving OEGB on a one-time basis provided the Local Government

completes and submits a Letter of Participation to OEBC at least 60 days prior to the date OEBC coverage is to go into effect.

~~(76)~~ Once a Local Government re-elects to participate in benefit plans provided by the Board after leaving, they are not eligible to offer alternative plans through any other source or sponsor.

(8) Local Governments electing to join OEBC on or after April 1, 2015, are limited to using the tiered rate structure for medical, dental and vision plans.

111-040-0040

Qualified Status Changes (QSC's)

(1) An Eligible Employee experiencing a change in family or work status as noted below after an annual open enrollment, or anytime during the plan year, has 31 calendar days beginning on the date of the event to make allowable changes. If the event is gaining a child, as defined by 111-040-0040(4)(c), or results in a loss of eligibility, the Eligible Employee has 60 calendar days after the event to make allowable changes.

(2) An Eligible Employee can only make changes that are consistent with the event for them self and/or dependents.

(3) An Eligible Employee must report the Qualified Status Change (QSC) to the employee's Entity within the specified timeframe. Failure to report a QSC that will result in removal of a spouse, domestic partner, or child within the timeframe stated in 111-040-0040(1) may be considered intentional misrepresentation, and OEGB may rescind the individual's coverage back to the last day of the month in which the individual lost eligibility. Please refer to the QSC matrix for details on what changes can occur with each event.

(4) Qualified Status Changes which allow an employee to make changes to his or her coverage are:

(a) Gaining a 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,

(c) Gaining a child by birth, placement for/or adoption, or Domestic Partner's children (by affidavit of domestic partnership),

(d) Change in employee group which affects plan option availability;

(e) Spouse, or domestic partner **or child** starts new employment or other change in employment status which affects eligibility for benefits;

(f) Spouse, or domestic partner's **or child's** employment ends or other change in employment status resulting in a loss of eligibility for benefits under their employer's plan;

(g) Event by which a child satisfies eligibility requirements under OEGB plans;

(h) Event by which a child ceases to satisfy eligibility requirements under OEGB plans;

(i) Changes in the residence of the active eligible employee, spouse, domestic partner, or child (i.e., moving out of the service area of an HMO **or limited network service area plan**);

(j) 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.

(k) Different Open Enrollment/Plan Year under a spouse/domestic partner's employer plan.

(l) Related laws or court orders. For example: Qualified Medical Child Support Order (QMSCO), Entitlement to Medicare or Medicaid, HIPAA, or Children's Health Insurance Program (CHIP) Changes are determined by the applicable law or court order.

(5) 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 any time 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.

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(a) Gain Spouse or Domestic Partner by marriage or meets Domestic Partner Eligibility
<p>Active employees:</p> <p><i>Medical, Dental and Vision:</i></p> <p>Employee may enroll newly eligible Spouse/Domestic Partner and children.</p> <p>Employee may waive medical coverage. Employee may decline dental and/or vision.</p> <p>Employee may opt out only if proof of other group coverage is provided to the Entity and entered into the MyOEBB system, and other requirements are met as specified in OAR 111-040-0050.</p> <p>Election of coverage may also be extended to previously eligible (but not yet enrolled) children.</p> <p>Employee may enroll <u>or</u> change plans if enrolling spouse/domestic partner and eligible dependent children.</p> <p><i>Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:</i></p> <p>Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Evidence of Insurability (EOI) for Optional Employee Life and/or Optional Spouse/Domestic Partner Life will be required to become insured for more than the Guarantee Issue(GI) amount. A Late Enrollment Penalty will apply for Voluntary STD. EOI is required to become insured for Voluntary LTD.</p> <p><u>OEBB Eligible Early retirees:</u></p> <p><i>Medical, Dental and Vision:</i></p> <p><u>If currently enrolled, the</u> Early retiree may enroll newly eligible Spouse/Domestic Partner and children.</p> <p><u>The</u> Early retiree may change or cancel plans. <u>No plan additions are allowed.</u> Note: Once plans are cancelled, the opportunity to add back coverage is not available.</p> <p><i>Optional Life Insurance and Optional AD&D:</i></p> <p>Early retiree may enroll new Spouse or Domestic Partner in coverage only if the early retiree is enrolled in coverage themselves. If the early retiree is not enrolled in any optional benefit plans, then the Spouse/DP cannot be enrolled. Guarantee Issue (GI) amounts do not apply.</p>

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(b) Loss of Spouse or Domestic Partner by divorce, annulment, death or termination of Domestic Partnership
Section (b) governs except when a member qualifies under the HIPAA Special Enrollment Rights described under (I), in which case section (I) governs.

Active employees:

Medical, Dental and Vision:

Employee must cancel elections for ineligible children, **ex**-Spouse or **ex**-Domestic Partner.

Employee may enroll eligible children who lost other group coverage **employer sponsored group medical benefit plan.**

Election of coverage may also be extended to previously eligible (but not yet enrolled) children.

Employee may enroll in plans. Employee may not cancel or change plans.

Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:

Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Evidence of Insurability (EOI) for Optional Employee Life will be required to become insured for more than the Guarantee Issue (GI) amount. A Late Enrollment Penalty will apply for Voluntary STD. EOI is required to become insured for Voluntary LTD.

Optional Spouse/Domestic Partner life insurance and Optional Spouse/Domestic Partner AD&D must be canceled.

OEBB Eligible Early retirees:

Medical, Dental and Vision:

Early retiree must cancel elections for ineligible children, **ex**-Spouse or **ex**-Domestic Partner.

Early retiree may enroll with proof of continuous OEBB or educational entity group coverage. **Provisional non-subject district group coverage.**

Early retiree may add eligible children under the age of 26 who lost other group coverage **employer sponsored medical group coverage.**

Early retiree may cancel plans. Note: Once plans are cancelled, the opportunity to add back coverage is not available.

Optional Life Insurance and Optional AD&D:

Early retiree may cancel or decrease coverage even when eligibility is not affected. Early retiree may not enroll or increase coverage.

Optional Spouse/Domestic Partner Life insurance and Optional Spouse/Domestic Partner AD&D must be canceled.

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(c) Gain Dependent by birth, placement for/or adoption or Domestic Partner's children by affidavit of domestic partnership (60 days to report this QSC)
<p>Active employees:</p> <p><i>Medical, Dental and Vision:</i></p> <p>Employee may enroll newly eligible children.</p> <p>Employee may waive medical coverage. Employee may decline dental and/or vision. Employee may opt out only if proof of other group coverage <u>employer sponsored group medical benefit plan</u> is provided to the Entity for input into the myOEBB system.</p> <p>Employee may remove children who become eligible under spouse's plan.</p> <p>Coverage for a newborn child is effective on the date of birth. The employee must add the newborn child to their coverage within 60 calendar days from the date of birth in order for the newborn child to be eligible for benefit coverage. Coverage for a newly adopted child is effective the date of the adoption decree or placement for adoption. The employee must add the adopted child to their coverage within 60 calendar days from the date of the decree or placement in order for the newly adopted child to be eligible for coverage. If the newborn is born between the 1st and the 15th of the month, the baby is added to the plan the first of the month in which the baby is born. If the newborn is born between the 16th of the month and the end of the month, the baby is added to the plan the first of the following month.</p> <p>Election of coverage may also be extended to previously eligible (but not yet enrolled) children.</p> <p>Employee may enroll <u>or change plans if enrolling the eligible dependent child.</u></p> <p><i>Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:</i></p> <p>Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Evidence of Insurability for Optional Employee Life and/or Optional Spouse/Domestic Partner Life will be required to become insured for more than the Guarantee Issue (GI) amount. A Late Enrollment Penalty will apply for Voluntary STD. EOI is required to become insured for Voluntary LTD.</p> <p><u>OEBB Eligible Early retirees:</u></p> <p><i>Medical, Dental and Vision:</i></p> <p>Early retiree may enroll newly eligible children.</p> <p>Early retiree may remove children who become eligible under spouse's <u>employer sponsored group medical benefit</u> plan.</p> <p>Early retiree may change or cancel plans. <u>No plan additions are allowed.</u> Note: Once plans are cancelled, the opportunity to add back coverage is not available.</p> <p><i>Optional Life Insurance and Optional AD&D:</i></p> <p>Early retiree may enroll newly eligible dependent in coverage only if the early retiree is enrolled in coverage themselves. If the early retiree is not enrolled in any optional benefit plans, then the new dependent cannot be enrolled. Early retiree may cancel or decrease coverage.</p>

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(d) Employee experiences a change in employee group which affects plan option availability
For example, a part time employee group does not offer dental coverage but the full time group does. Changing from the part time group to the full time group would allow the employee to enroll in dental coverage since it was not previously offered.

Active employees:

Medical, Dental and Vision:

Provided that eligibility was gained the employee may enroll and add eligible dependents.

Employee may waive medical coverage. Employee may decline dental and/or vision.

Employee may opt out only if proof of other group coverage is provided to the educational entity for input into the myOEBB system.

Employee may remove individuals or add previously eligible individuals.

If current plans are not available, employee may change to other recognized group plans under OEBB.

Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:

Employee may cancel coverage even when eligibility is not affected. Guarantee Issue (GI) would not apply if cancelled.

OEBB Eligible Early retirees:

Medical, Dental and Vision:

At retirement, the **OEBB eligible** early retiree may:

Continue enrollment in the medical, dental and vision plans in effect on the date of retirement.

Disenroll eligible children. Note: Once children are dropped they can only be added back following and consistent with an employment status QSC for themselves or through a parent.

Disenroll a Spouse or Domestic Partner. Note: Once the Spouse or Domestic Partner is dropped, coverage can only be added back consistent with and following an employment status QSC for themselves.

Cancel plans. Note: Once plans are cancelled, the opportunity to add back coverage is not available unless coverage is continuous under an OEBB or **Provisional Non-Subject District** Entity benefit plan.

Optional Life Insurance and Optional AD&D:

At retirement, the early retiree may:

Continue enrollment in optional life insurance and/or optional AD&D. The early retiree must notify their Entity with their intent to continue coverage within 60 days of retirement.

Disenroll in optional life insurance and/or optional AD&D.

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period.

All changes must be reported to the Entity **within 31 days.** (or as specified in each section)

(e) Spouse/Domestic Partner or Eligible Child starts new employment or other change in employment status which affects eligibility (gained other employer sponsored group medical benefit plan coverage)

Active employees:

Medical, Dental and Vision:

Provided that eligibility was gained under Spouse/Domestic partner's employer **sponsored** group **medical benefit** plan, employee may opt out. Employee may waive medical coverage and/or decline dental and/or vision. Employee may remove individuals who gain other group coverage.

Employee may remove the eligible dependent child that gained other employer sponsored group medical benefit plan.

Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:

Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Evidence of Insurability (EOI) for Optional Employee Life and/or Optional Spouse/Domestic Partner Life will be required to become insured for more than the Guarantee Issue (GI) amount. A Late Enrolment Penalty will apply for Voluntary STD. EOI is required to become insured for Voluntary LTD.

OEBB Eligible Early retirees:

Medical, Dental and Vision:

Early retiree may disenroll eligible children. Note: Once children are dropped they can only be added back following and consistent with an employment status QSC for themselves or through a parent.

Early retiree may disenroll a Spouse or Domestic Partner. Note: Once the Spouse or Domestic Partner is dropped, coverage can only be added back following and consistent with an employment status QSC for themselves.

Cancel plans. Note: Once plans are cancelled, the opportunity to add back coverage is not available unless coverage is continuous under an OEBB or Entity **Provisional Non-subject District** benefit plan. **Plan changes are not allowed.**

Optional Life Insurance and Optional AD&D:

Early retiree may cancel or decrease coverage even when eligibility is not affected. Early retiree may not add or increase coverage.

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(f) Termination of Spouse/Domestic Partner's <u>or Eligible Child's</u> employment or other change in employment status which results in a loss of eligibility under their employer's plan (loss of other <u>employer sponsored group coverage - 60 days to report this QSC</u>)
<p>Special enrollment for loss of any employer sponsored group health plan or health insurance coverage. If employee or eligible dependents declined enrollment in OEBB because he/she was [are] enrolled under another group health plan, and loses coverage under that other plan, the employee or eligible dependent is eligible for the OEBB plan retroactive to the first of the month in which coverage in the other plan terminates. See section (l) for more information.</p> <p>Active employees:</p> <p><i>Medical, Dental and Vision:</i></p> <p>Employee may enroll for employee, Spouse/Domestic Partner or eligible children who lose coverage eligibility under Spouse/Domestic Partner's group coverage. medical, dental, or vision plans.</p> <p>Election of coverage may also be extended to previously eligible (but not yet enrolled) children.</p> <p>Plan additions allowed. The OEBB eligible member may enroll in or switch to any OEBB plans when there is a loss of eligibility under the Spouse's or Domestic Partner's group coverage.</p> <p><i>Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:</i></p> <p>Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Evidence of Insurability (EOI) for Optional Employee Life and/or Optional Spouse/Domestic Partner Life will be required to become insured for more than the Guarantee Issue (GI) amount. A Late Enrollment Penalty will apply for Voluntary STD. EOI is required to become insured for Voluntary LTD.</p> <p><u>OEBB Eligible Early retirees:</u></p> <p><i>Medical, Dental and Vision:</i></p> <p><u>The early retiree must be enrolled in medical, vision and/or dental in order for this QSC to apply.</u> If the early retiree is currently enrolled in OEBB medical, dental or vision plans, the early retiree may enroll their eligible child(ren) under the age of 26 and/or Spouse or Domestic Partner which lost other employer sponsored group coverage. The early retiree may change medical plans to a less expensive medical plan if the premium increase is due to adding the Spouse/Domestic Partner and/or children to his/her medical coverage. No plan changes allowed on dental or vision coverage. <u>The early retiree may not add coverages they are not currently enrolled in.</u></p> <p><i>Optional Life Insurance and Optional AD&D:</i></p> <p>Early retiree may cancel or decrease coverage even when eligibility is not affected. Early retiree may not add or increase coverage</p>

Special Note: A disabled dependent (age 26 and over) can be added back to OEBB plans if deemed disabled on an OEBB plan or other coverage, group or individual, prior to age 26. Please note: They would need to go through the necessary health plan review and approval.



Qualified Status Change (QSC) Matrix

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(g) Event by which child satisfies eligibility requirements under OEBB plans

Active employees:

Medical, Dental and Vision:

Employee may enroll eligible child in existing plans.

Election of coverage may also be extended to previously eligible (but not yet enrolled) children.

Employee may not cancel plans.

Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:

Employee may enroll, increase, decrease, or cancel even when eligibility is not affected. Evidence of Insurability (EOI) for Optional Employee Life and/or Optional Spouse/Domestic Partner Life will be required to become insured for more than the Guarantee Issue (GI) amount. A Late Enrollment Penalty will apply for Voluntary STD. EOI is required to become insured for Voluntary LTD.

OEBB Eligible Early retirees:

Medical, Dental and Vision:

Early retiree may enroll eligible dependent child if they lost their other **employer sponsored** group ~~coverage~~ medical benefit plan either through them ~~or their or coverage~~ through their other parent. **No plan additions allowed.**

Optional Life Insurance and Optional AD&D:

Early retiree may enroll newly eligible dependent in coverage only if the early retiree is enrolled in Optional Life and/or Optional AD&D coverage themselves. If the early retiree is not enrolled in any optional benefit plans, then the new dependent cannot be enrolled. Early retiree may not cancel, increase or decrease coverage.

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period.

All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(h) Event by which child ceases to satisfy eligibility requirements under OEBB plans (reaching age 26 or gaining other <u>employer sponsored group coverage</u> *)
<p>Active employees:</p> <p><i>Medical, Dental and Vision:</i></p> <p>Employee must remove ineligible child from existing plans. Employee may not cancel or change plans.</p> <p><i>Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:</i></p> <p>Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Employee must cancel optional child life if employee has no remaining dependents. Evidence of Insurability (EOI) for Optional Employee Life and/or Optional Spouse/Domestic Partner Life will be required to become insured for more than the Guarantee Issue (GI) amount. A Late Enrollment Penalty will apply for Voluntary STD. EOI is required to become insured for Voluntary LTD.</p> <p><u>OEBB Eligible Early retirees:</u></p> <p><i>Medical, Dental and Vision:</i></p> <p>Early retiree must remove ineligible child once they reach age 26, <u>or gained Medicare, whichever comes first.</u></p> <p><i>Optional Life Insurance and Optional AD&D:</i></p> <p>Early retiree must cancel optional child life if employee has no remaining eligible children. Early retiree may not enroll or increase coverage.</p>

***Note: The employee does not have to remove the dependent if the dependent gains other group coverage. This is an option.**

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(i) Move causes loss of eligibility (employee moves out of HMO or limited network service area plan)
<p>Active employees:</p> <p><i>Medical, Dental and Vision:</i></p> <p>Provided that eligibility was lost, employee must cancel election to the HMO plan, <u>if they do not live or work in the plan's service area.</u> Employee may make new election in another plan offered by the Entity. Employee may opt out of or waive medical coverage.</p> <p>Employee may only change affected plans. Employee may not cancel or enroll in plans. <u>Coverages that were not impacted by the employee's move.</u></p> <p><i>Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:</i></p> <p>No changes allowed.</p> <p><u>OEBB Eligible</u> Early retirees:</p> <p><i>Medical, Dental and Vision:</i></p> <p>Early retiree must change plans to another plan offered by the Entity. <u>Service area plans are limited to where the Early Retiree lives.</u></p> <p><i>Optional Life Insurance and Optional AD&D:</i></p> <p>No changes allowed.</p>

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(j) Changes in Cost
All benefit plan changes resulting from a Change in Cost must be approved and processed by OEBB.
<p>Significant changes in cost that result in a negative impact by the employee. Benefit plan changes and cancellation of plans are allowed only if the negative impact results in an increase of 10% or more of the employee's monthly contribution towards their benefits.</p> <p>The following restrictions apply:</p> <p>Medical plans -change only to a less expensive plan. Cancelling of the medical plan is not allowed. Dropping of dependents is not allowed.</p> <p>Vision plans - cancelling of vision plan* and changing to a less expensive plan is allowed. Dropping of dependents is not allowed.</p> <p>* If a dental or vision plan is cancelled and added back at a later time, preventive services will apply for the first 12 months after enrollment.</p> <p>Optional only benefit plans - (Voluntary STD, LTD and optional life) - plans can be cancelled only. Coverage cannot be lowered to a lesser amount.</p> <p>Significant changes in spouse or domestic partner's group health insurance plan cost that result in a negative impact of 10% or more in cost by the employee's spouse or domestic partner.</p> <p>All benefit plan changes resulting from a change in cost must be approved by OEBB.</p> <p>The following restrictions apply:</p> <p>Medical, Dental and Vision plans:</p> <p>Enrollment in plans only. Cancelling or changing plans is not allowed.</p> <p>Add dependents to any of the plans listed above. Dropping dependents is not allowed.</p> <p>Optional only benefit plans - (Voluntary STD, LTD and optional life) - plans can be cancelled only. Coverage cannot be lowered to a lesser amount.</p> <p>OEBB Eligible Early retirees:</p> <p>If the early retiree's stipend/subsidy ends, the early retiree may make the following benefit plan changes:</p> <p>Medical plans - change to a less expensive plan. Cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).</p> <p>Dental plans - cancelling of dental plan is allowed. Cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).</p> <p>Vision plans - cancelling of vision plan is allowed. Cancel coverage for Spouse or Domestic Partner and/or eligible dependent child(ren).</p> <p>No plan additions allowed.</p>

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(k) Different Open Enrollment/Plan Year under a spouse/domestic partner's employer plan
All benefit plan changes resulting from a different Open Enrollment/Plan Year under a spouse/domestic partner's employer plan must be approved and processed by OEBB.

Active employees:

Medical, Dental and Vision:

Employee may enroll and add eligible dependents.

Employee may waive medical coverage. Employee may decline dental and/or vision coverage.

Employee may opt out only if proof of other group coverage is provided to the educational entity for input into the myOEBB system.

Employee may remove individuals or add previously eligible individuals.

Employee may change to other recognized group plans under OEBB.

Optional Life Insurance, Optional AD&D, Voluntary Short and Long Term Disability:

Employee may enroll in or cancel coverage. Guarantee Issue (GI) does not apply.

OEBB Eligible Early retirees:

Medical, Dental and Vision:

Early retiree may disenroll eligible children. Note: Once children are dropped they can only be added back following and consistent with an employment status QSC for themselves or through a parent.

Early retiree may disenroll a Spouse or Domestic Partner. Note: Once the Spouse or Domestic Partner is dropped, coverage can only be added back following and consistent with an employment status change for themselves.

Cancel plans. Note: Once plans are cancelled, the opportunity to add back coverage is not available unless coverage is continuous under an OEBB or ~~Entity benefit plan~~ **Provisional Non-subject District benefit plan.**

If the early retiree is currently enrolled in OEBB plans, the early retiree may:

Enroll their eligible child(ren) under the age of 26 and/or Spouse or Domestic Partner which lost other **employer sponsored** group coverage-~~coverage~~ **medical benefit plan.**

Optional Life Insurance and Optional AD&D

Early retiree may cancel or decrease coverage. Early retiree may not add or increase coverage.

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period. All changes must be reported to the Entity **within 31 days**. (or as specified in each section)

(I) Related laws or court orders

- Qualified Medical Child Support Order: Changes are determined by the applicable law or court order.
- Entitlement to Medicare or Medicaid
- Children's Health Insurance Program (CHIP) - changes are allowed within 60 days

HIPAA Special Enrollment Rights: A HIPAA special enrollment event is also a Qualified Status Change. Under HIPAA, health plans are required to provide special enrollment opportunities for certain eligible individuals. The effective date is determined by HIPAA regulations.

Special enrollment for loss of any group health plan or health insurance coverage. If employee or eligible dependents declined enrollment in OEBB because he/she was [are] enrolled under another group health plan, and loses coverage under that other plan, the employee or eligible dependent is eligible for the OEBB plan retroactive to the first of the month in which coverage in the other plan terminates.

Employee may elect coverage for employee, Spouse/Domestic partner or child(ren) who has lost other group coverage.

Employee may enroll, change, or cancel plans.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage.)

To request special enrollment or obtain more information, contact your Entity's benefit or payroll office.



Mandatory Open Enrollment Recommendation Of the Business and Operations Workgroup (BOW)

Recommendation:

The Business and Operations Workgroup recommends a mandatory open enrollment (OE) for the upcoming OE period beginning August 15, 2015, based on the following:

Purpose:

- Entities compliance with the ACA requirement that employees are offered coverage
- Healthy Futures election, attestations, and activity completion
- Employee awareness about their plan options and benefit changes
- Informed Enrollment Tool to assist employees in making optimal decisions
- Review and verification of contact information, dependents, plan enrollments and beneficiary designation

Mandatory OE requires everyone to enter MyOEBB to:

- Enroll, opt-out, or waive medical, dental and vision coverages for themselves and their covered dependents; and
- Elect whether they want to participate in the Healthy Futures Program by attesting they will complete their health assessment by September 15, 2015, take two healthy actions during the 2015-16 Plan Year and report those two actions during the 2016 open enrollment period.

Communications

- OEBB staff would communicate the change to mandate enrollment during the 2015 open enrollment period to the entities and benefit-eligible employees May – August by:
 1. Discussing at the monthly Benefit Information Exchange meetings
 2. Including in the Insurance Committee presentations
 3. Emailing Entities to explain and share the process, timeframe, as well as pre-notification of all member communications
 4. Mailing postcards to members
 5. Including in the Open Enrollment packets to members
 6. Providing on-demand reports for entity use to track employees who have and have not completed their enrollments

Other Important Information:

- Entities will have the option of assigning benefit-eligible employees to a designated default plan, but MyOEBB would not be able to default employees systematically.
- Life, AD&D, Disability, Long Term Care elections, eligible dependents' information and designated beneficiary information will remain the same, unless the member makes changes during open enrollment.

Questions?

Thank You!

Fitness Facility Membership Cost Support Program Options

At its December 2, 2014, SEOW recommended this benefit request be forwarded to the Healthy Futures Workgroup as a possible option to reward members who exercise regularly and encourage others to begin an exercise program. Both could increase participation in the Healthy Futures Program. The Healthy Futures Workgroup is currently considering ways to increase member participation in the Program, and requested this be referred to the full Board for discussion and possible consideration. This was discussed at the February 2, 2015 Board meeting along with a new option included below to be discussed again at the March Board meeting when there is a quorum of Board members.

Healthy Futures Workgroup Recommendation

The Healthy Futures Workgroup recommended this topic be discussed with the full Board. There are concerns about the costs associated with Options 1 and 3, especially considering the lack of evidence that subsidizing gym memberships is effective in improving overall health of a population. There are also concerns about the Entity participation requirements listed in Option 3 that are beyond the control of the individual member and provide no incentive to the Entity.

Board Request

At the February 3, 2015, meeting of the full Board, the Board discussed the options considered and staff proposed an additional option. The Board requested staff return to the March 3, 2015, meeting with additional information for the Board to consider.

Staff Recommendation

OEBB staff recommend the New Option be implemented effective October 1, 2015. The New Option addresses the goals of incentivizing greater participation in Healthy Futures by requiring members to complete their health assessment to be eligible for reimbursement of gym membership costs. It also rewards members who exercise regularly and encourages others to do so.

New Option: - Eligibility for Reimbursement of Fitness Facility Membership Costs Contingent on Completion of the Online Health Assessment

OEBB subscribers and spouse/ partners ages 18 or older who complete a health assessment through their OEBB medical carrier during the open enrollment period and go to the gym eight or more times per month would be eligible to receive \$15 per member reimbursement of the monthly fee paid to a qualified facility.

Option #1 - Reimburse Fitness Facility Membership Costs

Modelled after the current Public Employees' Benefit Board (PEBB) Gym Membership Benefit, OEBB subscribers and spouse/ partners ages 18 or older who went to the gym eight or more times during a month would be eligible to receive an individual reimbursement for \$15 of the monthly fee paid to a qualified facility.

Option #2 - Discounted Fitness Facility Membership

OEBB members have access to discounted fitness facility memberships at select facilities through OEBB medical plans. Members covered under one of the Kaiser health plans currently have access to the CHP Active & Healthy Program which offers discounted fees for select fitness facilities and other recreational, cultural, fitness and wellness-centered resources. Moda will be adding the availability of discounted fees for fitness facilities for OEBB members covered on one of their medical plans on October 1, 2015. While the details of the program through Moda won't be available until a later date, it is believed that the discount would be similar to those available to Kaiser members. An example of the discount available through the current Kaiser program is Epic Fitness (located in Salem), which waives the \$50 joining fee and provides a 15 percent discount on the monthly fee of \$36 per month for 12-month memberships.

Option #3 - Reimbursed Fitness Facility Membership Costs tied to Overall Entity Healthy Futures Program Participation & Discounted Fitness Facility Membership

Members at OEBB entities that have 80 percent of their members completing health assessments and healthy activity attestations will be reimbursed \$30 per month for fitness facility costs. Enrolled subscribers and spouse/ partners ages 18 and older who went to the

gym eight or more times during a month would be eligible to receive a reimbursement of \$30 of the monthly fee paid to a qualified facility. If an entity that qualifies due to the participation requirement does not have a fitness facility available within a 30 mile radius, or if an otherwise eligible member lives 30 or more miles from a fitness facility, OEBC will provide the member(s) with a wellness kit (estimated value of \$100) to support at-home exercise, upon request, limited to once per Plan Year.