How to Add a Dependent by QSC

1. Bring up the employee record in Enrollment Management.

OF BOR EDUCATORS	Enrollments				
BENEFIT BOARD	Quick Search				
System Codes	ID E00272333	Last Name Doe		First Name John	
Address Setup	Reset Active History H	listory Detail OE Histo	ry		
Contact Setup					
Security Setup	E-Benefit Summary Benefit Summ	nary Member IDs Mer	mber Info Dependents	Case Notes	Other Group Cov. Employment
Plan Management	OSC Events Dejectate All	Torm All Repeticion	ios Haalthy Sutures I	asis Flag Dontal R	
Contact Management					
The Enrollment Management	Summary for employee of Salem-	-Keizer SD 24J (Currer	nt)		
Enroliments					Dependents
Unsaved Enrollments	Plan Type/Plan Name	Coverage Tier	Enr Tuno Cov. Eff. Date	End Date	Buck
Termination Approval	Medical		туре		
Affidavit Fulfillment	Moda Medical Plan G Statewide -	Employee & Spouse	Q 12/01/2014		\bigcirc
Email Notifications	Composite				
Member QSC Request(0)	Moda Vision Plan 3 - Composite	Employee & Spouse	Q 12/01/2014		\checkmark
Enrollment Requests	Dental ODS Dental Plan 2/Ortho - Composite	Employee & Spouse	Q 12/01/2014		\bigcirc

2. Click on the Dependents button as shown above.

OFPR	Depende	nts									
<u>UEDD</u>	Member : J	ohn Doe									
System Codes	E Number	Name	Birth Date	Relation	Dependent Effective Date	Dependent Expiration Date	Created By	Modified By	Modified Date	DEV flag	DEV DEV Mod. Mod. by date
Address Setup	E00272334	Williams, Buck	09-21-1959	Spouse	12-11-2014		dradish	Radish5	12-11-2014		
Contact Setup	E00272334	Williams,Buck	09-21-1959	Domestic Partner by Certificate	11-25-2014	11-30-2014	dradish	Radish5	12-11-2014		
Security Setup											
Plan Management	Add	ack to Enrollments									
Contact Management	Add										

3. Click on the Add button.

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system Codes	Choose from Existing Members: ID Name 📓
ddress Setup	
Contact Setup	
ecurity Setup	East Name MI
lan Management	
ontact Management	Same Addrass as Subscriber Affidavit Fulfillment Date/Adontion Date
nrollment Management	Yes V
Enrollments	SSN HICN No response
Unsaved Enrollments	
Termination Approval	Ethnicity and Medicara Elicibility
Affidavit Fulfillment	
Email Notifications	
Member QSC Request(0)	Race
nrollment Requests	Asian Black/African American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
Nember Management	White Other Refused (Can only pick one) Unknown
ocument Management	Tobacco Heare
Itilities	
lome Page Alerts	O Have used tobacco products within the past 12 months
leports	 Haven't used tobacco products within the past 12 months
ayroll Interface	O Have never used tobacco products
eport Mart	Dependent Effective Date Dependent Expiration Date
HS Interface	02-13-2015

4. Complete the dependent information and click Save. If you are adding more than one dependent, you must click the Reset button prior to adding the next dependent. When you are done adding dependents, click the Back to Enrollments button.

OEBB	Enrollments						
BENEFIT BOARD	Quick Search						
System Codes	ID E00272333	Last Name Doe			First Name John		
Address Setup			1				
Contact Setup	Reset Active History H	Istory Detail OE Histo	ory				
Security Setup	E-Benefit Summary Benefit Summ	ary Member IDs Me	mber I	nfo Dependents	Case Notes	Other Group Cov.	Employment
Plan Management							
Contact Management	QSC Events F instate All	Term All Beneficia	ies	Healthy Futures B	asic Flag - Dental Ba	asic Flag - Vision	
Enrollment Management	Summary for employee of Salem-	Keizer SD 24J (Curre	nt)				
Enrollments						Depend	lents
Unsaved Enrollments	Plan Type/Plan Name	Coverage Tier	Enr	Cov. Eff. Date	End Date	Buck	Fawn
Termination Approval	Medical		туре				
Affidavit Fulfillment	Moda Medical Plan G Statewide -	Employee & Spouse	Q	12/01/2014		\checkmark	
Email Notifications	Composite						
Member QSC Request(0)	Moda Vision Plan 3 - Composite	Employee & Spouse	Q	12/01/2014		\checkmark	
Enrollment Requests	Dental	Employee & Spouse	Q	12/01/2014		\checkmark	
Member Management	Basic Life						
Document Management	Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	N	11/01/2014			
Utilities	Basic Accidental Death and	Employee Only \$100.000		11/01/2014			
Home Page Alerts	Plan 11 Basic AD&D-\$100,000	Employee Only - \$100,000	N	11/01/2014			
Reports	Optional Employee Life						
Payroll Interface	Declined			11/01/2014			
Report Mart	Optional Spouse/Partner Life Declined			11/01/2014			

5. Click on the QSC Events button.



6. Click the Add button.

Туре	
Find Close	<u>Reset Field(s)</u>
Туре	
Change in Domestic Partnerships	
Gain Partner and/or Partners Children by Affidavit/Certification	
Change in Employees Marital Status	
Gain Spouse and/or Children through Marriage	
Gain Spouse and/or Children through Marriage to a Previously Covered Domestic Partner	
Change in Number of Employees Dependents	
Gain Child through Birth/Adoption/Placement for Adoption/Affidavit of Dependency	

7. Click on the appropriate QSC as shown above.

Actual Event Date	11-12-2008			Transaction	n Date	
QSC Event Date	11-30-2008			QSC Used By		
Coverage Eff Date						
Dependents - Sele	ect All Affected Deper	ndents by this C	ISC	Dist. Data	Affected Devendent	
Relation	Name Russ Dec	Gender	E Number	Birth Date	Affected Dependent	
uniid	Ryan Doe	IVI		11-12-2006		
Spouse	John Doe	M		09-21-1959		
Child	Sally Doe	F		09-21-2008		

8. Complete the QSC dates. Only check the affected Dependent. The coverage Effective Date will be the first of the month following the QSC Event Date. Click on Save. NOTE: If the QSC event is Gain Child through Birth/Adoption, etc, and the baby is born the 1st of the month thru the 15th of the month, then the coverage effective date will be the 1st of the month on which baby is born. If baby is born 16th through 31st, then coverage effective date will be the 1st of the scenario, coverage will begin on date of birth.

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	QSC Events - Individual Plan Changes Record Saved Successfully Member : John Doe									
 System Codes Address Setup Contact Setup Security Setup Plan Management 	 QSC Events Actual Event Date QSC Event Date Coverage Eff Date 	Gain Child through Birth/Adoption// 02-16-2015	Placement for Adoptic	n Tr C	ransaction Date 06-27-2015 QSC Used By Debbie Radish-o	ebb admin				
Contact Management	Dependents - Sele	ct All Affected Dependents by thi	is QSC							
Enrollments	Relation	Name	Gender	E Number	Birth Date	Affected Dependent				
Unsaved Enrollments	Spouse	Buck Williams	м		09-21-1959					
Termination Approval	Child	Fawn Doe	F		02-01-2015	✓				
Affidavit Fulfillment						·				
Email Notifications Member QSC Request(Save Delet S	earch Reset Back to Enro	ollments U	pdate QSC						
Enrollment Requests	Process Steps:									

9. Verify the Coverage Effective Date. If the date is correct, click Save again. If the Coverage Effective date is incorrect, you can make the necessary changes then click Save. You will see Record Saved Successfully. Click the Back to Enrollments button.

	Enrollments Member has active QSC							
System Codes	Quick Search							
Address Setup	ID E00272333	Last Name Doe			First Name Jo	hn		
Contact Setup	Cours Doorth Antino Ulinte	n . Uistan Datail	05	1 Unite and				
Security Setup	Save Reset Active Histo	ry History Detail	OE	History				
Plan Management	E-Benefit Summary Benefit Sum	mary Member IDs	Memb	er Info Dependen	ts Case Notes	Other Group Cov.	Employm	ent
Contact Management								
 Enrollment Management 	QSC Events Reinstate All	Term All Benefi	ciaries	Healthy Futures	Basic Flag - Dental	Basic Flag - Vision		
Enrollments	Summary for employee of Salem	-Keizer SD 24J (QS	C)					
Unsaved Enrollments						Dependents	5	
Termination Approval	Plan Type/Plan Name	Coverage Tier	Enr	Cov. Eff. Date	End Date	Buck	Fawn	
Affidavit Fulfillment	Medical		туре	2				
Email Notifications	Moda Medic - Plan G Statewide -	Employee & Spouse	Q	12/01/2014		\checkmark		X 00
Member QSC Request(0)	Composite							
Enrollment Requests	Moda Vision Plan 3 - Composite	Employee & Spouse	Q	12/01/2014		\checkmark		×
Member Management	<u>Dental</u>	Employee & Spouse	0	12/01/2014				×
Document Management	ODS Dental Plan 2/Ortho - Composite Pacie Life					J		
Utilities	Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	N	11/01/2014				×
Home Page Alerts	Basic Accidental Death and	England Only \$100,000		11/01/2014				
Reports	Plan 11 Basic AD&D-\$100,000	Employee Only - \$100,000	N	11/01/2014				*
Payroll Interface								
Report Mart	Optional Employee Life Declined			11/01/2014				
DUC Interface								-

10. Only click on the plan links that the dependent will be added to.

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Contact management	QSC being used
 Enrollment Management 	Gain Child through Birth/Adoption/Placement for Adoption
Enrollments	New Coverage Start Date
Unsaved Enrollments	2201/2015
Termination Approval	03/01/2015
Affidavit Fulfillment	Eligible Plans
Email Notifications	O Kaiser Medical Plan 1 - Composite
Member QSC Request(0)	C Kaiser Medical Plan 2 - Composite
Enrollment Requests	O Kaiser Medical Plan 3 - Composite
Member Management	O Moda Medical Plan A Statewide - Composite
Document Management	O Moda Medical Plan B Statewide - Composite
▶ Utilities	O Moda Medical Plan C Statewide - Composite
Home Page Alerts	O Moda Medical Plan D Statewide - Composite
Reports	O Moda Medical Plan E Statewide - Composite
Payroll Interface	O Moda Medical Plan F Statewide - Composite
Report Mart	Moda Medical Plan G Statewide - Composite
BHS Interface	O Moda Medical Plan H Statewide - Composite
	O Moda Medical Plan A Synergy - Composite
	O Moda Medical Plan B Synergy - Composite
	O Moda Medical Plan C Synergy - Composite
	O Moda Medical Plan D Synergy - Composite
	O Moda Medical Plan E Synergy - Composite
	O Moda Medical Plan F Synergy - Composite
	O Moda Medical Plan G Synergy - Composite
	O Moda Medical Plan H Synergy - Composite
	Members Including Self (check marked members get coverage)
	✓ 10 DOE 21-SET - Self
	Buck Williams 21-SEP-59 Spore
	Fawn Doe 01-FEB-15 Child
	Accept & Continue Back

11. Check the dependent that is to be added. Make sure that all dependents who should have coverage have a check mark, including the member. Select the appropriate medical plan. Click on Accept & Continue. Then click on the back button.

UNEGON EDUCATORS									
OFBB	Enrollments								
$\underline{\mathbf{OEDD}}$	Member has active QSC	,							
BENEFIT BOARD									
Contact Setup	Quick Search								
Security Setup	ID E00272333	Last Name Doe			First Name Jol	First Name John			
Plan Management	Save Ruset Active Histor	ry History Detail	OF	History					
Enrollment Management				inscory					
Enrollment Requests	E-Benefit Summary Benefit Summ	mary Member IDs I	Membe	er Info Dependent	s Case Notes	Other Group Cov.	Employme	int	
Member Management	OSC Events Peinstate All	Term All Benefic	ioriec	Healthy Futures					
Document Management	QSC EVENIS REIISLALE AII	Tenin Ali Deneno	Janes	rieality rutures					
Home Page Alerts	Summary for employee of Salem	-Keizer SD 24J (QSC	C)						
Reports						Dependents			
Payroll Interface	Plan Type/Plan Name	Coverage Tier	Enr	Cov. Eff. Date	End Date	Buck	Fawn		
Report Mart	<u>Medical</u> Moda Medical Plan G Statewide - Composite	Employee, Spouse & Children	Q	03/01/2015		\checkmark	\bigcirc	× 👳	
	<u>Vision</u> Moda Vision Plan 3 - Composite	Employee, Spouse & Children	Q	03/01/2015		\checkmark	>	×	
	Dental ODS Dental Plan 2/Ortho - Composite	Employee & Spouse	Q	12/01/2014		\checkmark		×	
	Basic Life Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	N	11/01/2014				×	
	Basic Accidental Death and Dismemberment Plan 11 Basic AD&D-\$100,000	Employee Only - \$100,000	N	11/01/2014				×	
	Optional Employee Life Declined			11/01/2014					

12. Once the dependent has been added to the appropriate plans, click the Save button.



13. Click OK.

OREGON EDUCATORS							
OFRR	Record Saved Successfully						
	necolu suveu successiony						
BENEFIT BOARD	Quick Search						
System Codes	ID E00272333	Last Name Doe			First Name John		
Address Setup							
Contact Setup	Reset Active History H	listory Detail OE Histo	ry				
Security Setup							
Plan Management	E-Benefit Summary Benefit Summ	ary Member IDs Mei	mber I	nto Dependents	Case Notes	Other Group Cov.	Employment
Contact Management	QSC Events Reinstate All	Term All Beneficiar	ies	Healthy Futures Bi	asic Flag - Dental Ba	isic Flag - Vision	
Enrollment Management							
Enrollments	Summary for employee of Salem-	-Keizer SD 24J (Currei	nt)				
Unsaved Enrollments						Depen	dents
Termination Approval	Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Buck	Fawn
Affidavit Fulfillment	Medical					0	0
Email Notifications	Moda Medical Plan G Statewide - Composite	Employee, Spouse & Children	Q	03/01/2015		\checkmark	\checkmark
Member QSC Request(0)	Vision	Employee Shouse & Children	0	03/01/2015			
Enrollment Requests	Moda Vision Plan 3 - Composite	Employee, opouse a children	4	00/01/2010		v	•
Member Management	Dental ODS Dental Plan 2/Ortho - Composite	Employee & Spouse	Q	12/01/2014		\checkmark	
Document Management	Basic Life	Employee Only - \$100.000	N	11/01/2014			
Utilities	Plan 11 Basic Life-\$100,000						
Home Page Alerts	Dismemberment	Employee Only - \$100,000	N	11/01/2014			
Reports	Plan 11 Basic AD&D-\$100,000						
Payroll Interface	Optional Employee Life Declined			11/01/2014			
Report Mart	Optional Spouse/Partner Life						
BHS Interface	Declined		_	11/01/2014			
	Optional Child Life						

14. You will then see Record Saved Successfully.