Important Notice: Continuation of Benefits for Injured Workers

Oregon State Law (ORS 659.450 - .460) requires the State, as an employer, to continue to pay the employer's contribution toward health and dental benefits when coverage under a State plan would otherwise end, due to a workers' compensation injury or illness. Failure to continue health and dental benefits for injured or ill workers as provided under ORS 659.450 - .460 is an unlawful employment practice. This notice informs you of your rights and obligations under the provisions of this law.

If eligible for continuation of coverage under this law, you will receive the coverage that you had immediately prior to your on-the-job injury or illness. The law requires that your coverage be maintained for up to twelve months from the date of knowledge of the injury or illness. However, the law also provides that your coverage may be cut short for any of the following reasons:

1. Your attending physician has determined that you are medically stationary and a determination order or notice of closure has been entered.

2. You return to work for any agency of the State after a period of continued coverage under this law, and satisfy any probationary or minimum work requirement to be eligible for group health benefits.

3. You take full or part-time employment with a private or public employer other than the State of Oregon that is comparable in terms of the number of hours per week you were employed with the State, or you retire.

4. Twelve months have elapsed since the date the State received notice that you filed a workers' compensation claim.

5. Your claim is denied and you fail to appeal within 60 days or, if you appealed the Workers' Compensation Board, a workers' compensation hearing referee, or a court decides that your claim in not compensable.

6. You do not pay the required premium, or portion thereof, in a timely manner.

7. You elect to discontinue this coverage and notify your personnel or payroll office of this election in writing.

8. Your attending physician has released you to modified or regular work, you have been offered the work and you refuse to work.

9. You are terminated from employment for reasons unrelated to the workers' compensation claim.

If the employer contribution does not cover the full cost of your health and dental premiums, you will be required to pay a portion of the premium to continue coverage. If you fail to make timely payment of any premium contribution owing, you will be notified of the 30 day grace period allowed before cancellation of your coverage. Upon expiration of your coverage under State law, you may be eligible to continue coverage on a self-pay basis under the provisions of the Consolidated Budget Reconciliation Act of 1995 (COBRA).

If your workers' compensation claim is denied, or if you appeal and do not prevail, the State may recover the amount of premiums paid under this law, plus interest. The State may recover the payments through a payroll deduction not to exceed 10% of your gross pay.

If you choose not to receive continued coverage under ORS 659.450-.360, you may be eligible under the federal COBRA regulations to continue your health and dental coverage on a self-pay basis for up to 18

months. Premiums for coverage continued under the COBRA provisions are set at 102% of the active group rate for the first 18 months. If you are determined by Social Security to be disabled at the time you lost group health coverage, the continuation period may be extended to 29 months. If eligible for the extended coverage due to a disability, premiums for months 19 through 29 will be set at 150% of the active group rate. If you would like more information on COBRA, contact your personnel or payroll office.

State law does not require continuation of any life or disability programs, opt-out bonus, or benefit dollars taken as cash. If you would like more information on how to continue life and disability coverage, please contact your personnel or payroll office. You must self-pay the Standard Long Term Disability premiums throughout the elimination period to be eligible for benefits. To continue other benefit plans, such as credit union or automobile insurance, you must contact the company(s) to arrange for continuation of your monthly payments.

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REINSTATEMENT OF COVERAGE WHEN YOU RETURN TO ACTIVE WORK STATUS

Please Contact Your Payroll Office Within 31 Days of Returning

PUBLIC EMPLOYEES' BENEFIT BOARD (PEBB) SPONSORED PLANS – FOR ALL EMPLOYEES OTHER THAN THOSE REPRESENTED BY OREGON PUBLIC EMPLOYEES UNION (OPEU)

Definition of Benefit Eligible Status – An employee must receive pay for at least 50%* of the regular working hours in a month to be eligible for benefits the following month.

* 80 Hours for AEE Represented Employees rather than 50%

All benefits in effect prior to qualifying for coverage under ORS 659.450 -.460 will be automatically reinstated. We request that you complete an Update Form to provide us with the necessary information during the first 31 days of your return to avoid retroactive adjustments and assure that coverage is reinstated promptly. Changes in elections are limited to open enrollment periods of within 31 days following a qualified family status change. See your PEBB Eligibility Handbook for more information on qualified family status change.

If coverage under PEBB health, dental or disability plans lapse for 90 days or more, you may be subject to new deductibles, pre-existing condition limitations or exclusions or waiting periods. For more information, see your PEBB Eligibility Handbook.

Contact the Public Employees' Benefit Board (PEBB) at (503) 373-1174 or 1-800-788-0520 (outside Salem) for more information.

PUBLIC EMPLOYEES' BENEFIT BOARD (PEBB) SPONSORED PLANS – FOR ALL EMPLOYEES REPRESENTED BY OREGON PUBLIC EMPLOYEES' UNION (OPEU)

You must receive pay for at least 80 hours of work in the pay period in which you return to work in order to qualify for health and dental benefits the following month.

All health and dental coverage in effect prior to qualifying for coverage under ORS 659.450-.460 will be reinstated. Any portion of the premium for which you are responsible will be taken on an automatic and retroactive basis. Changes in enrollments are allowed as provided in PEBB Rules of Eligibility. Contact PEBB for clarification of your rights under eligibility provisions.

If you choose not to continue your voluntary Great West Life and Disability coverage while on leave, you may be required to re-enroll upon return to work and may be subject to re-enrollment restrictions.

PEBB represented employees with Standard life, disability, and accidental death and dismemberment coverage should refer to their PEBB Eligibility Rule Brochure.

Contact Public Employees' Benefit Board (PEBB) at (503) 373-1174 or 1-800-788-0520 (outside Salem) for more information.

ALL EMPLOYEES

If you also qualify for FMLA coverage and you return as soon as your FMLA leave ends (12 week maximum), you will not be required to meet the 50% (80 hour) work requirement and will not be subjected to pre-existing limitations.

For further information, contact the Office of Human Resources at 541-737-0549.