Open Enrollment Instructions

Step 1

Visit http://myohio.gov. Enter your User ID and Password and click **Sign In.**

For User ID and Password assistance please contact 1-800-409-1205.

Employee Signon

User ID:

Password:

Sign In

Step 2

Move your cursor over the **Health & Benefits** tab in the top toolbar after logging in.

Select **Benefits Summary** from the drop-down list.

Health & Benefits ▼   Career Res

Benefits
- Benefits Summary
- Benefits Administration
- Union Benefits Trust

Life Events
- Marital Status Change
- Birth/Adoption

More...
- Take Charge! Live Well!
- Employee Discounts

Step 3

To view current or previous benefit information enter the date and click **Go**.

Note: select the first day of the month requested.

To view a benefit type detail select the desired benefit plan (**medical, dental, vision**).

Benefits Summary

Diane Lane

To view your benefits as of another date, enter the date and click Go:

04/01/2013   Go

To view your benefits as of another date, enter the date and click Go:

Benefits Summary				
Type of Benefit	Plan Description	Coverage Level	Coverage Begin Date	Pay Period Employee Rate
Medical		Waived		$0.00
Dental	UBT Dental Plan	Single	11/01/2012	$0.00
Vision	Vision Service Plan	Single	11/01/2012	$0.00

Supplemental Benefit Plans		
Deduction Code	Description	Amount Deducted Per Pay
SUPLT1	Benefits Trust Supp Life Ins	$9.54

Go to: Enroll in Benefits

Step 4

As a new hire or if you have never elected coverage, the coverage level for the benefit plan will indicate Waived.

To elect coverage, click on **Enroll in Benefits**.

Benefits Summary

Diane Lane

To view your benefits as of another date, enter the date and click Go:

04/01/2013   Go

To view your benefits as of another date, enter the date and click Go:

Benefits Summary				
Type of Benefit	Plan Description	Coverage Level	Coverage Begin Date	Pay Period Employee Rate
Medical		Waived		$0.00
Dental	UBT Dental Plan	Single	11/01/2012	$0.00
Vision	Vision Service Plan	Single	11/01/2012	$0.00

Supplemental Benefit Plans		
Deduction Code	Description	Amount Deducted Per Pay
SUPLT1	Benefits Trust Supp Life Ins	$9.54

Go to: Enroll in Benefits
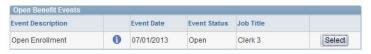

0% - Start Enrollment

Benefits Enrollment

Diane Lane

After you enroll as a new employee, the only time you may change your benefit choices is during open enrollment or within 31 days of a change in status/qualifying event. Open enrollment for benefits takes place once each year.

Click the information icon for additional information and enrollment instructions.

The Select button next to an event means it is currently open for enrollment.

To begin your enrollment, click **Select**.

Open Benefit Events				
Event Description		Event Date	Event Status	Job Title
Open Enrollment	ⓘ	07/01/2013	Open	Clerk 3	Select

Once you click Select, it will take a few seconds for your benefits enrollment information to appear.

Step 5

On the Benefits Enrollment page, click the **Select** button.

NOTE: If you have already gone through the Open Enrollment process and are making an edit, click **OK** after clicking Select.

Open Enrollment

Diane Lane

Print This Page For Your Records

ⓘ **Important: Your enrollment will not be complete until you click Submit.**

Enrollment Summary - Click Edit to verify your covered dependent(s) for each plan.			
Medical	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage			
Dental	Before Tax	After Tax	Edit
Current: UBT Dental Plan:Empl Only			
New: UBT Dental Plan:Empl Only	0.00		
Vision	Before Tax	After Tax	Edit
Current: Vision Service Plan:Empl Only			
New: Vision Service Plan:Empl Only	0.00		

Step 6

On the Open Enrollment page, you will see the benefits plan(s) you will be enrolled in effective July 1.

Click the **Edit** button next to the plan you would like to review.

ⓘ **Important! Your current coverage is: Waive coverage.**

Select an Option

Here is your coverage based on your home zip code and your per-pay-period costs.

To view the cost associated with adding a HB1 Dependent, click on the **Overview of all Plans** link below.

Overview of all Plans

Select one of the following options:

○ Ohio Med PPO-UHC

Coverage Level	Your Costs	Tax Class
Single	$35.51	Before-Tax
Family No Spouse	$97.13	Before-Tax
Family with Spouse	$102.90	Before-Tax

⦿ Waive coverage

Step 7

On the Benefits Enrollment page, scroll down and review your current selection. The page will default to Waive Coverage; you **must** click on the benefit plan in order to make your election.

Note: The system has already been updated to reflect the State of Ohio's medical plan, Ohio Med Preferred Provider Organization (PPO) based upon your Home Address zip code.

If you are not making any changes for yourself and/or your dependents, please click **Cancel** to return to the Enrollment Summary page. Skip to Step 17.

To review, add or remove a dependent, please **continue** to Step 9.

Step 8

If you elect to waive coverage, click on **Waive**, then **Continue**. Skip to Step 17.

<u>Warning</u>: If you choose the Waive option, you are waiving benefits coverage for yourself and any noted dependents. You will not be allowed to re-enroll yourself or your dependents until the next Open Enrollment or until you experience a qualifying event. Your coverage will end on June 30 of this year.

Continue   Cancel

Select the **Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

◉ Waive coverage

Continue   Cancel

Select the **Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

Step 9

Click **Add/Review/Edit Dependents**.

If adding a spouse, continue with Step 10.

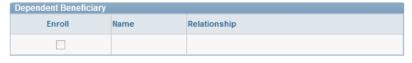If adding other dependents, skip to step 12.

Enroll or Remove Your Dependents

The following list displays all dependent(s) in OAKS. Click the Add/Review/Edit Dependents button to review their personal information. You may also use this button to add new dependents to your list.

You may enroll any of the following dependent(s) for coverage under this plan by checking the **Enroll** box next to the dependent's name.

You may remove any of the following individuals for coverage under this plan by unchecking the Enroll box.

You may add, review or edit existing dependent information by clicking Add/Review/Edit Dependents below. Please note if you are adding dependents to coverage, you must provide proof of dependent eligibility by July 31st. You can access Information regarding dependent eligibility requirements, such as required documentation and verification instructions, at das.ohio.gov/Eligibility Requirements.

Dependent Beneficiary

Enroll	Name	Relationship
☐		

Add/Review/Edit Dependents

Step 10	Enter the effective date of the spouse's information (i.e., July 1); this date indicates when the enrollment will take effect. Click **Add new dependent**.	**Enrollment Dependent Summary** Diane Lane **Effective Date** 04/19/2013 The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information. Add new dependent No Dependents on Record Return to Event Selection
Step 11	After entering the Dependent Personal Information for your spouse, scroll to the bottom and click **Save**. Click **OK**. Scroll to the bottom and click on the link **Return to Dependent Summary**.	☐ Same Phone as Employee Phone: _____ Save Return to Dependent Summary * Required Field
Step 12	Review the Enrollment Dependent Summary. If you are adding additional dependents, click **Add new dependent**. If you are not adding additional dependents, click on **Return to Event Selection** and skip to Step 16.	**Enrollment Dependent Summary** Diane Lane **Effective Date** 04/19/2013 The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information. Add new dependent Dependent Information table: Return to Event Selection

Dependent Information:

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
Nathan Lane	Spouse	09/14/1987	Married	10/08/2011	No	No

Dependent Personal Information

Diane Lane

Click Save once you have added your Dependent's personal information. If you are adding coverage for your dependent due to HB1 eligibility, please ensure that you select **HB1 Dependent** as the Relationship to Employee below. This information will go into effect as of Jul 1, 2013.

Personal Information

*First Name:	Amelee
Middle Name:	
*Last Name:	Lane
Name Prefix:	
Name Suffix:	
*Date of Birth:	12/31/2012
*Gender:	Female
*Social Security Number:	XXX-XX-XXXX (If not yet issued, enter XXX-XX-XXXX)
*Relationship to Employee:	Child

Status Information

*Marital Status:	Single	As of:	12/31/12
Student:	No	As of:	
Disabled:	No	As of:	

Step 13

PLEASE NOTE: If you are adding a dependent that is eligible under the House Bill 1 rules, you must choose 'HB1 Dependent' from the drop-down menu next to "Relationship to Employee".

NOTE: You must select a marital status for each dependent. The effective date for unmarried dependents is the same as the date of birth.

Repeat these steps until all eligible dependents are entered.

Step 14

After entering the Dependent Personal Information, scroll to the bottom and click on the link **Return to Event Selection**.

Enrollment Dependent Summary

Diane Lane

Effective Date
04/19/2013

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information.

Add new dependent

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
Nathan Lane	Spouse	09/14/1987	Married	10/08/2011	No	No
Amelee Lane	Child	12/31/2012	Single	12/31/2012	No	No

Return to Event Selection

Step 15

If editing information for an existing dependent (i.e., address, telephone number, and/or relationship to employee), click on the **Name**.

Note: if any other information needs corrected/updated after completing this process, you must contact your agency benefits specialist for assistance.

Click **Save** at the bottom of the screen when finished or **Return to Event Selection** if there are no changes.

Enrollment Dependent Summary

Diane Lane

Effective Date
04/19/2013

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information.

Add new dependent

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
Nathan Lane	Spouse	09/14/1987	Married	10/08/2011	No	No
Amelee Lane	Child	12/31/2012	Single	12/31/2012	No	No

Return to Event Selection

Benefits Enrollment

Medical   Enrollment Handbook

Diane Lane

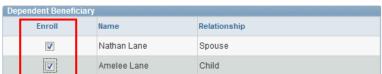ⓘ **Important! Your current coverage is: Waive coverage.**

Enroll or Remove Your Dependents

The following list displays all dependent(s) in OAKS. Click the Add/Review/Edit Dependents button to review their personal information. You may also use this button to add new dependents to your list.

You may enroll any of the following dependent(s) for coverage under this plan by checking the **Enroll** box next to the dependent's name.

You may remove any of the following individuals for coverage under this plan by unchecking the Enroll box.

You may add, review or edit existing dependent information by clicking **Add/Review/Edit Dependents** below. Please note if you are adding dependents to coverage, you must provide proof of dependent eligibility by July 31st. You can access Information regarding dependent eligibility requirements, such as required documentation and verification instructions, at das.ohio.gov/Eligibility Requirements.

Dependent Beneficiary

Enroll	Name	Relationship
☑	Nathan Lane	Spouse
☑	Amelee Lane	Child

Step 16 On the Benefits Enrollment page, review your list of dependents. **Be sure to click the checkbox next to the dependent's name to enroll a dependent.**

Scroll down and click **Continue.**

40% Complete ➡

Benefits Enrollment

Medical

Diane Lane

ⓘ Important: Your enrollment will not be complete until you click Submit on the Enrollment Summary page.

Your Choice

You are enrolled in Ohio Med PPO-UHC with Family with Spouse coverage.

Your Estimated per-pay-period Cost

Your Cost: $102.90

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Nathan Lane	Spouse
Amelee Lane	Child

Notes

Once submitted, this choice will take effect on 07/01/2013. Deduction changes (if applicable) for this choice will start with the pay period ending 06/29/2013.

[Continue]   [Cancel]

Click **Continue** to store your choices until you are ready to submit your final enrollment on the Enrollment Summary page. You are not yet finished with the enrollment process.

Select the **Cancel** button to go back and change your choices.

Step 17 Click **Continue** to accept your final choice.

Step 18

If you would like to enroll your dependent(s) in dental and/or vision, please click Edit next to the appropriate button.
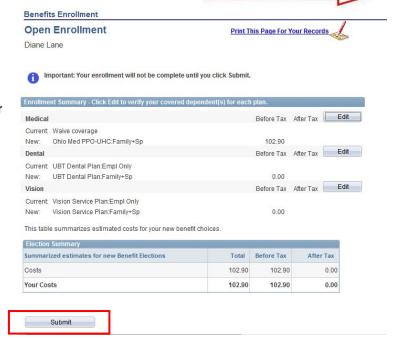
Repeat steps 16 and 17 for each plan.

20% Complete

Benefits Enrollment

Open Enrollment   Print This Page For Your Records

Diane Lane

ℹ Important: Your enrollment will not be complete until you click Submit.

Enrollment Summary - Click Edit to verify your covered dependent(s) for each plan.

Medical	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Ohio Med PPO-UHC:Family+Sp		102.90	
Dental	Before Tax	After Tax	Edit
Current: UBT Dental Plan:Empl Only			
New: UBT Dental Plan:Empl Only		0.00	
Vision	Before Tax	After Tax	Edit
Current: Vision Service Plan:Empl Only			
New: Vision Service Plan:Empl Only		0.00	

Step 19

From the Benefits Enrollment page, click **Submit** to update your final choices.

Important: Your enrollment will not be complete until you click Submit.

20% Complete

Benefits Enrollment

Open Enrollment   Print This Page For Your Records

Diane Lane

ℹ Important: Your enrollment will not be complete until you click Submit.

Enrollment Summary - Click Edit to verify your covered dependent(s) for each plan.

Medical	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Ohio Med PPO-UHC:Family+Sp		102.90	
Dental	Before Tax	After Tax	Edit
Current: UBT Dental Plan:Empl Only			
New: UBT Dental Plan:Family+Sp		0.00	
Vision	Before Tax	After Tax	Edit
Current: Vision Service Plan:Empl Only			
New: Vision Service Plan:Family+Sp		0.00	

This table summarizes estimated costs for your new benefit choices.

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	102.90	102.90	0.00
Your Costs	**102.90**	**102.90**	**0.00**

Submit

60% Complete

Benefits Enrollment

Submit Benefit Choices

Diane Lane

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Authorize Elections

I have read the provision of dependent eligibility. Medical, dental and vision benefit information can be accessed here. Specifically, I have read and agree to the dependent eligibility rules contained in the governing documents.

Step 20 — On the Submit Benefit Choices page, read the information carefully and click **Submit** if you are finished with your elections.

Further, by submitting my benefit choices, I certify that the dependents under my coverage comply with these eligibility rules. Importantly, I understand that enrolling ineligible dependent(s) could result in disciplinary action up to and including removal and may subject me to both civil and criminal penalties. In addition, my employer may decide to initiate court or collections action for any fraudulently paid monies. I understand that I may be subject to an eligibility audit during any benefit year in which I am enrolled for benefit coverage. I may also be required to supply documentation such as certified birth certificate(s), marriage certificate(s), and other required documentation related to the eligibility of my dependents. Finally, I understand that if it is found that I have fraudulently obtained benefit coverage for a dependent, I may be held financially liable for the cost of any claims paid for that dependent.

[Submit] [Cancel]

By clicking the **Submit** button, you have selected your benefits for this period. You can continue to make changes throughout the open enrollment period but you must click **Submit** to finalize your choices.

The last time you click **Submit** will be your final choices and you will receive a confirmation of these elections.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

80% Complete

Step 21 — On the Submit Confirmation page, read the information and click **OK**.

Benefits Enrollment

Submit Confirmation

Diane Lane
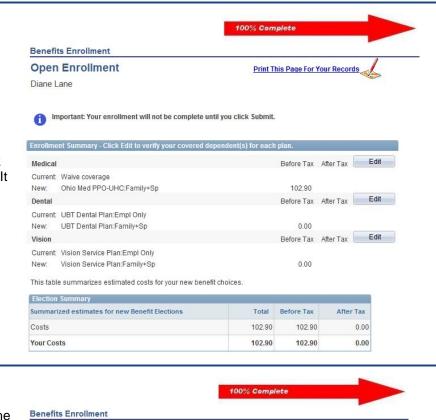
Your benefit choices have been successfully submitted. A confirmation statement will be mailed in early June after Open Enrollment has ended.
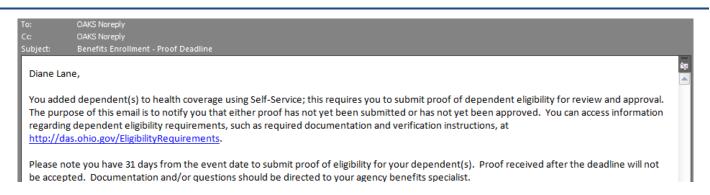
To return to the Benefits Enrollment page, click **OK**.

[OK]

Step 22

You have completed your enrollment and are directed back to the Benefits Enrollment page. It shows your current plan choice.

Step 23

You have completed your enrollment for medical coverage; you are encouraged to click on the link to **Print This Page For Your Records**.

Step 24

Please navigate to the **Home** page to continue within myOhio.gov.

An email confirming you have submitted a change will be sent to your email on file. This email will specify required next steps to complete open enrollment.

Note that the life event will not take effect until you complete the specified next steps.

Proof Required: If you added a dependent, proof must be provided to your agency by July 31 in order for your agency to finalize the enrollment change.