

# 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, Option 1.

**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.



**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 if already enrolled, select the desired benefit plan (e.g., **medical, dental, vision**).



**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**.



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

**Step 5** NOTE: If you have already gone through the Open Enrollment process and are making an edit, click **OK** after clicking Select.

**0% - Start Enrollment**

**Benefits Enrollment**

Genelle Elba

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	07/01/2016	Open	Benefits Management Rep	Select

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

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

**Step 6** Click the **Edit** button next to the plan you would like to review.

**20% Complete**

**Benefits Enrollment**

**Open Enrollment**

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[Print This Page For Your Records](#)

**1** Important: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan, by clicking Edit. You must do so for each plan or your dependent(s) will not be enrolled. After you have added each dependent to each plan, click Submit.

Enrollment Summary - Click Edit to verify your covered dependent(s) for each plan.			
	Before Tax	After Tax	Edit
<b>Medical</b>			Edit
Current:	Waive coverage		
New:	Waive coverage		
<b>Dental</b>			Edit
Current:	Waive coverage		
New:	Waive coverage		
<b>Vision</b>			Edit
Current:	Waive coverage		
New:	Waive coverage		

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

**Step 7**

**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.

Benefits Enrollment

**Medical** [Enrollment Handbook](#)

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**i** 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.

[Overview of all Plans](#)

Select one of the following options:

[Aetna](#)

Coverage Level	Your Costs	Tax Class
Single	\$40.90	Before-Tax
Family No Spouse	\$111.92	Before-Tax
Family with Spouse	\$117.69	Before-Tax

Waive coverage

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.

If you are enrolling in Single coverage or are not making any changes for your dependent(s), please click **Continue** to return to the Enrollment Summary page. Skip to Step 17.

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.

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.

**Warning:** 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.

Waive coverage

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**.

**Enroll or Remove Your Dependents**

The following list displays all dependent(s) in OAKS. Click the Add or Review 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 or review existing dependent information by clicking on Add or Review Dependents below. **Please note if you are adding dependents to coverage, you must provide proof of dependent eligibility within 31 days.** You can access Information regarding dependent eligibility requirements, such as required documentation and verification instructions, at [das.ohio.gov/Eligibility Requirements](http://das.ohio.gov/Eligibility Requirements).

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

**Add or Review Dependents**

**Step 10** Click **Add new dependent**.

**Enrollment Dependent Summary** Effective Date

Genelle Elba 04/22/2016 <sup>31</sup>

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

You must click on the link "Return to Event Selection" below in order to enroll/disenroll your dependent(s) to medical/dental/vision coverage.

**Add new dependent**

**Step 11**

NOTE: You must select a marital status for each dependent. The effective date for unmarried dependents is the same as the effective date of coverage (i.e., July 1).

Repeat these steps until all eligible dependents are entered.

\*Date of Birth: 09/16/1968 <sup>31</sup>

\*Gender: Male

Social Security Number: XXX-XX-XXXX (If not yet issued, enter XXX-XX-XXXX)

\*Relationship to Employee: Spouse

**Status Information**

\*Marital Status: Single As of: 07/01/2016 <sup>31</sup>

Student: No As of:

Disabled: No As of:

**Step 12** 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 13** After entering the Dependent Personal Information, scroll to the bottom and click on the link **Return to Event Selection**.

**Enrollment Dependent Summary** Effective Date: 04/22/2016

Genelle Elba

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

You must click on the link "Return to Event Selection" below in order to enroll/disenroll your dependent(s) to medical/dental/vision coverage.

[Add new dependent](#)

Dependent Information						
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
<a href="#">Brian Willis</a>	Child	11/11/1997	Single		No	No
<a href="#">Idris Elba</a>	Spouse	09/16/1968	Married	09/16/1968	No	No

[Return to Event Selection](#)

**Step 14** 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 **Return to Event Selection** if there are no changes.

**Enrollment Dependent Summary** Effective Date: 04/22/2016

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

You must click on the link "Return to Event Selection" below in order to enroll/disenroll your dependent(s) to medical/dental/vision coverage.

[Add new dependent](#)

Dependent Information						
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
<a href="#">Brian Willis</a>	Child	11/11/1997	Single		No	No
<a href="#">Idris Elba</a>	Spouse	09/16/1968	Married	09/16/1968	No	No

[Return to Event Selection](#)

**Step 15** 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**.

**Benefits Enrollment** [Enrollment Handbook](#)

Genelle Elba

**i** 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 or review existing dependent information by clicking on Add or Review Dependents below. Please note if you are adding dependents to coverage, you must provide proof of dependent eligibility within 31 days. You can access Information regarding dependent eligibility requirements, such as required documentation and verification instructions, at [das.ohio.gov/Eligibility Requirements](http://das.ohio.gov/EligibilityRequirements).

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Brian Willis	Child
<input checked="" type="checkbox"/>	Idris Elba	Spouse



Benefits Enrollment

**Medical**

Genelle Elba

**i** Important: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan by clicking Edit. You must do so for each plan or your dependent(s) will not be enrolled. After you have added each dependent to each plan, click Submit.

**Your Choice**

You are enrolled in Aetna with Family with Spouse coverage.

**Your Estimated per-pay-period Cost**

Your Cost: **\$117.69**

**Your Covered Dependents**

**Primary Care Provider Details**

Name	Relationship
Brian Willis	Child
Idris Elba	Spouse

**Notes**

Once submitted, this choice will take effect on 07/01/2016. Deduction changes (if applicable) for this choice will start with the pay period ending 06/25/2016.

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 16** Click **Continue** to accept your final choice.

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

Medical	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Waive coverage			
New: Aetna.Family+Sp	117.69		
Dental	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Waive coverage			
New: Waive coverage			
Vision	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Waive coverage			
New: Waive coverage			

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	117.69	117.69	0.00
<b>Your Costs</b>	<b>117.69</b>	<b>117.69</b>	<b>0.00</b>

**Step 17** If you are enrolled in dental and/or vision coverage and would like to enroll your dependent(s), OR if you have never been enrolled but are choosing to at this time, please click **Edit** next to the appropriate button.

Repeat the previous steps for each plan.

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

**Step 18** Important: Your enrollment will not be complete until you click **Submit**.

Benefits Enrollment

**Open Enrollment** [Print This Page For Your Records](#)

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**i** Important: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan, by clicking Edit. You must do so for each plan or your dependent(s) will not be enrolled. After you have added each dependent to each plan, 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: Aetna:Family+Sp	117.69		
Dental	Before Tax	After Tax	Edit
Current: Waive coverage			
New: UBT Dental Plan:Family+Sp	0.00		
Vision	Before Tax	After Tax	Edit
Current: Waive coverage			
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	117.69	117.69	0.00
Your Costs	117.69	117.69	0.00

**Submit**

**Step 19** On the Submit Benefit Choices page, read the information carefully and click **Submit** if you are finished with your elections.

Benefits Enrollment

**Submit Benefit Choices**

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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 provisions 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.

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.

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.

**Submit** **Cancel**

**Step 20** On the Submit Confirmation page, read the information and click **OK**.

**Step 21** You have completed your enrollment and are directed back to the Benefits Enrollment page. It shows your current plan choice.

Medical	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Aetna:Family+Sp	117.69		
Dental	Before Tax	After Tax	Edit
Current: Waive coverage			
New: UBT Dental Plan:Family+Sp	0.00		
Vision	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Vision Service Plan:Family+Sp	0.00		

  

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	117.69	117.69	0.00
Your Costs	117.69	117.69	0.00

**Step 22** Please note that the process has reached 100% Complete; you are encouraged to click on the link to **Print This Page For Your Records**.

**Step 23** Please navigate to the **Home** page to continue within myOhio.gov.

From: OAKS.Noreply@oaks.state.oh.us [mailto:OAKS.Noreply@oaks.state.oh.us]  
Sent: Tuesday, March 26, 2014 8:00 AM  
To: Employee  
Cc: Agency Benefits Specialist  
Subject: Benefits Enrollment - Proof Deadline

Employee,

You added dependent(s) to health coverage using Self-Service; this requires you to submit proof of dependent eligibility for review and approval. The purpose of this email is to notify you that either proof has not yet been submitted or has not yet been approved. You can access information regarding dependent eligibility requirements, such as required documentation and verification instructions, at <http://das.ohio.gov/EligibilityRequirements>.

Please note you have 31 days from the event date to submit proof of eligibility for your dependent(s). Proof received after the deadline will not be accepted. Documentation and/or questions should be directed to your agency benefits specialist.

***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.***

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