

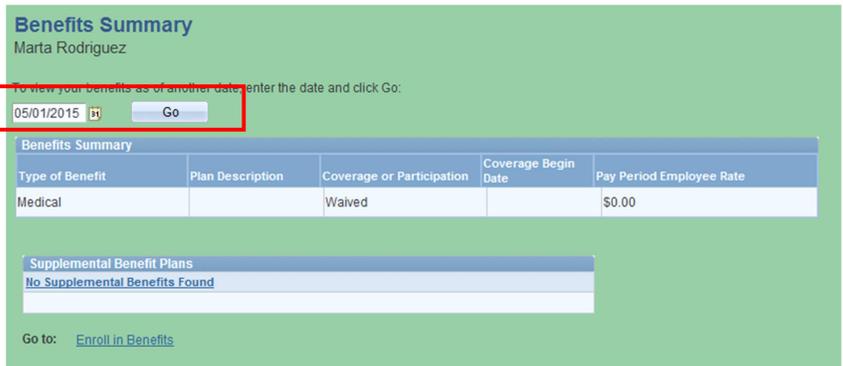
Open Enrollment Instructions

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.

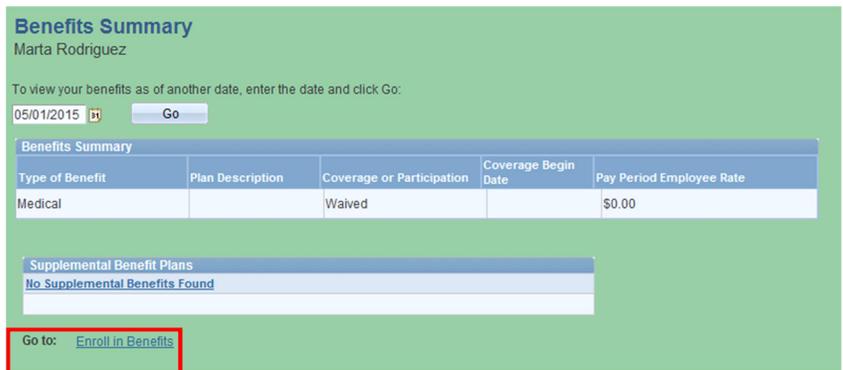


Step 3 To view current or previous benefit information enter the date and click **Go**.
Note: select the first day of the month requested.
To view a benefit type detail if already enrolled, select the desired benefit plan (e.g., **medical, dental, vision**).



Type of Benefit	Plan Description	Coverage or Participation	Coverage Begin Date	Pay Period Employee Rate
Medical		Waived		\$0.00

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**.



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.

0% - Start Enrollment

Benefits Enrollment

Marta Rodriguez

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	07/01/2015	Open	Claims Acct Representative 1	Select

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

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.

20% Complete

Benefits Enrollment

Open Enrollment

Marta Rodriguez

[Print This Page For Your Records](#)

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: 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.

Benefits Enrollment

Medical [Enrollment Handbook](#)

Marta Rodriguez

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.

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	\$36.22	Before-Tax
Family No Spouse	\$99.07	Before-Tax
Family with Spouse	\$104.84	Before-Tax

Waive coverage

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.

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.

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

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 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.

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

Add or Review 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

Marta Rodriguez

Effective Date 07/01/15 BT

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

No Dependents on Record

[Return to Event Selection](#)

Step 11 After entering the Dependent Personal Information, 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

Review the Enrollment Dependent Summary.

If you are adding additional dependents, click **Add new dependent**.

Step 12

If you are not adding additional dependents, click on **Return to Event Selection** and skip to Step 16.

Enrollment Dependent Summary Effective Date
07/01/2015

Marta Rodriguez

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
Michael Rodriguez	Spouse	09/16/1967	Married		No	No

[Return to Event Selection](#)

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".

Step 13

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.

Personal Information

*First Name: Amalee
 Middle Name:
 *Last Name: Rodriguez
 Name Prefix:
 Name Suffix:
 *Date of Birth: 12/31/1997
 *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
 Student: No
 Disabled: No

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

Step 14

Enrollment Dependent Summary Effective Date
05/02/2015

Marta Rodriguez

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
Michael Rodriguez	Spouse	09/16/1967	Married		No	No
Amalee Rodriguez	Child	12/31/1997	Single		No	No

[Return to Event Selection](#)

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

Step 15 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
05/02/2015

Marta Rodriguez

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
Michael Rodriguez	Spouse	09/16/1967	Married		No	No
Amalee Rodriguez	Child	12/31/1997	Single		No	No

[Return to Event Selection](#)

On the Benefits Enrollment page, review your list of dependents.

Step 16 **Be sure to click the checkbox next to the dependent's name to enroll a dependent.**

Scroll down and click **Continue**.

Benefits Enrollment

Medical

[Enrollment Handbook](#)

Marta Rodriguez

Important! Your current coverage is: Waive coverage.

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.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Michael Rodriguez	Spouse
<input checked="" type="checkbox"/>	Amalee Rodriguez	Child



Benefits Enrollment

Medical

Marta Rodriguez



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 Ohio Med PPO-UHC with Family with Spouse coverage.

Your Estimated per-pay-period Cost

Your Cost: \$104.84

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Michael Rodriguez	Spouse
Amalee Rodriguez	Child

Notes

Once submitted, this choice will take effect on 07/01/2015. Deduction changes (if applicable) for this choice will start with the pay period ending 06/27/2015.

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.

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-MMO:Family+Sp	102.90		<input type="button" value="Edit"/>
Dental	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage			
Vision	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage			

Step 18 If you are enrolled in dental and/or vision coverage and would like to enroll your dependent(s), please click **Edit** next to the appropriate button.

Repeat steps 16 and 17 for each plan.

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

Step 19 Important: Your enrollment will not be complete until you click Submit.

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

Step 20

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

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.
