

What is Open Enrollment?

Open Enrollment is the period when you are given an opportunity to review your current benefit elections, review insurance plans and make benefit changes to meet your needs and the needs of your family.



How do I enroll or make changes to my current health care benefits?

Access the Ohio Administrative Knowledge System (OAKS) Self Service at eBenefits.ohio.gov.

If this is your first time logging in to the system, click [here](#).

To reset your OAKS log in password, click [here](#).

To update your OAKS system profile, click [here](#).

You will need your OAKS Employee ID to enroll. If you have forgotten your Employee ID number you may contact the Ohio Department of Administrative Services Human Capital Management Customer Service Unit:

E-Mail: DASHRD.HCMOAKSSUPPORT@das.state.oh.us

Phone: 614.466.8857 or 1.800.409.1205

Click [here](#) to select the ZIP code search engine to identify the health care plan options in the area of your home.

You may access OAKS Self Service at eBenefits.ohio.gov to make changes:

May 4-8, and May 11-15: All day except 7 pm to 9 pm.

Saturday, May 9: All day except 4 pm to 6 pm.

Sunday, May 10: All day except 4 pm to midnight.

Saturday, May 16: All day except 4 pm to 6 pm.

Sunday, May 17: All day through OAKS Self-Service ending at midnight.

You may make changes on a paper form (optional):

You may visit your agency's human resources office to obtain a Medical Benefit Enrollment and Change Form (ADM 4717) or you may access the paper enrollment form on the Open Enrollment 2009 web page at das.ohio.gov/benefits.

Fill out the form and submit it to your agency's human resources office no later than Sunday, May 17.

Eligibility

Health Care Coverage

Most state employees are eligible for health care coverage effective the first day of the month following their date of hire.

Dental and Vision Coverage

Exempt and union-represented employees are eligible to enroll in dental and vision coverage after completing one full year of continuous state service.

Dependent Coverage

The following are eligible to enroll as dependents:

- An employee's current legal spouse.
- An employee's and the legal spouse's unmarried children (including legally adopted children, children for whom either the employee or spouse has been appointed legal guardian and dependent stepchildren and foster children who normally reside with you until the end of the month in which they reach age 19).
- Unmarried children noted above who are age 19 or older, who are attending an accredited school and are primarily dependent on the employee or their current legal spouse for maintenance and support, are eligible until the end of the month in which they either reach age 23 or cease being a student - whichever occurs first.
- Children of divorced or separated parents who are not residing with the employee but whom the employee is required by law to support.
- Unmarried children of any age who are incapable of self-support due to mental retardation, severe mental illness or physical handicap, whose disability began before age 23 and who are primarily dependent upon the employee.
- Adopted children have the same coverage as children born to you or your spouse whether or not the adoption has been finalized. Coverage begins upon placement/custody.
- Stepchildren who currently are living in the employee's home more than 50 percent of the time.
- Under all health plans, coverage for your dependents ends no later than the last day of the month in which they turn 23, unless they have been granted an extension as described above.
- When two state employees are married and have legally separate dependents, the employee who has coverage as a spouse may be included as a covered dependent as well as children not residing with the employee, but for whom the spouse is required by law to provide health insurance.
- Dependents of divorced employees may be enrolled on both parents' family plans pursuant to a court order or joint-custody agreement. However, health plans do not allow duplicate payments for services and may not coordinate benefits. Check your health plan for details.