

Open Enrollment Instructions – HDHP with an HSA

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

From the navigation tabs at the top of the page navigate using MY WORKSPACE.

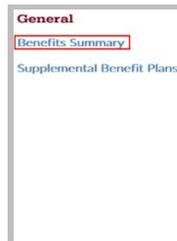
Step 1 Click the **MY WORKSPACE** tab.



Step 2 From the **Self Service Quick Access** section select the **myBenefits** item to navigate to the desired activity.



Step 3 Click the **Benefits Summary** list item.



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
Jason Huang

To view your benefits as of another date, enter the date and click Go:
05/17/2020

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

Supplemental Benefit Plans		
Deduction Code	Description	Amount Deducted - Monthly
SUPLT1	Benefits Trust Supp Life Ins	\$41.40

Go to:

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

Jason Huang

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	07/01/2020	Open	Delivery Worker	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 are eligible to 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

Jason Huang

[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 plans, 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			
Dental	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage			
Vision	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage			
Health Savings Account	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage		0.00	

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.

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.

Exclusions from HDHP: If you are enrolled in Medicare or Tricare, you are not eligible to enroll in the HDHP. Additionally, if you or your spouse are currently enrolled in any Flexible Spending Account-Health Care Spending Account for calendar year 2020, neither you nor your spouse are eligible to enroll in the Ohio Med HDHP. This also applies if either of you have a carryover balance from 2019 as of December 31, 2019.

[Ohio Med PPO Medical Mutual](#)

Coverage Level	Your Costs	Tax Class
Single	\$53.34	Before-Tax
Family No Spouse	\$146.08	Before-Tax
Family with Spouse	\$155.31	Before-Tax

[Ohio Med HDHP Medical Mutual](#)

Coverage Level	Your Costs	Tax Class
Single	\$35.75	Before-Tax
Single + Spouse	\$80.15	Before-Tax
Family No Spouse	\$62.39	Before-Tax
Family with Spouse	\$106.79	Before-Tax

[Waive coverage](#)

Step 8

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 8.

Step 9 Click **Add/Review/Edit Dependents**.

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.

In order to enroll your dependent(s), you must check the box in the **Enroll** column next to their name, then scroll down and click **Continue**. Failing to check the box before continuing will result in your dependent(s) not being enrolled.

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

Please note if you are adding dependents to coverage, you must provide proof of dependent eligibility within 31 days of the qualifying event. 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"/>		

Step 10 Click **Add new dependent**.

Benefits Enrollment

Medical [Enrollment Handbook](#)

Jason Huang

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

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Health Savings Account

Complete your enrollment on this page before enrolling in the benefit plans listed above.

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.

In order to enroll your dependent(s), you must check the box in the **Enroll** column next to their name, then scroll down and click **Continue**. Failing to check the box before continuing will result in your dependent(s) not being enrolled.

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

Please note if you are adding dependents to coverage, you must provide proof of dependent eligibility within 31 days of the qualifying event. 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

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).

Dependent Personal Information

Jason Huang

Click Save once you have added your Dependent's personal information.

After clicking Save and the screen refreshes, you must click the link to Return to Dependent Summary in order to continue the enrollment process.

If any of the dependent information, e.g., last name, date of birth, marital status is incorrect, please contact your agency benefits specialist for assistance.

The changes that are made will go into effect on Jul 1, 2020.

Personal Information	
*First Name:	<input type="text" value="Betsy"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text" value="Huang"/>
Name Prefix:	<input type="text"/> <input type="button" value="Q"/>
Name Suffix:	<input type="text"/> <input type="button" value="Q"/>
*Date of Birth:	<input type="text" value="12/31/2001"/> <input type="button" value="B"/>
*Gender:	<input type="text" value="Female"/>
*Social Security Number:	<input type="text" value="XXX-XX-XXXX"/> (If not yet issued, enter XXX-XX-XXXX)
*Relationship to Employee:	<input type="text" value="Child"/>

Status Information			
*Marital Status:	<input type="text" value="Single"/>	As of:	<input type="text"/>
Student:	No	As of:	
Disabled:	No	As of:	

Step 12

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**.

Repeat these steps until all eligible dependents are entered.

<input checked="" type="checkbox"/> Same Address as Employee	
Country:	United States
Address:	100 Jackson Street Columbus, OH 43230
<input type="checkbox"/> Same Phone as Employee	
Phone:	<input type="text"/>
<input type="button" value="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
05/17/2020

Jason Huang

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

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

Dependent Information						
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
Betsy Huang	Child	12/31/2001	Single		No	No

[Return to Event Selection](#)

Step 14

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

Medical [Enrollment Handbook](#)

Jason Huang

i Important! Your current coverage is: Waive coverage.

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Health Savings Account

Complete your enrollment on this page before enrolling in the benefit plans listed above.

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.

In order to enroll your dependent(s), you must check the box in the **Enroll** column next to their name, then scroll down and click **Continue**. Failing to check the box before continuing will result in your dependent(s) not being enrolled.

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

Please note if you are adding dependents to coverage, you must provide proof of dependent eligibility within 31 days of the qualifying event. 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"/>	Betsy Huang	Child

Important Note: If the dependent being added to your dental/vision coverage is between the ages of 19 and 22, proof of student eligibility is required. You will only be able to add the dependent to your medical coverage at this time. Please contact the DAS Employee Benefits team for further instructions.

Step 15

As an enrollee in the HDHP plan, you are eligible for a Health Savings Account (HSA). Clicking the **Continue** button advances you to the HSA Election page.



Benefits Enrollment

Medical

Jason Huang

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 Ohio Med HDHP Medical Mutual with Family No Spouse coverage.

Your Estimated per-pay-period Cost

Your Cost: \$62.39

Your Covered Dependents

Primary Care Provider Details	
Name	Relationship
Betsy Huang	Child

Notes

Once submitted, this choice will take effect on 07/01/2020. Deduction changes (if applicable) for this choice will start with the pay period ending 06/22/2019.

Your current election makes you eligible for a Health Savings Account (HSA). Select the **Continue** button to store your elections and transfer to the HSA Election page. Select the **Cancel** button to go back and change your choices.

Step 16

To enroll in the Health Savings Account, select the corresponding radio button.

HSA accounts allow you to contribute pre-tax directly through payroll deductions. The contribution maximums are set by the IRS. Please familiarize yourself with the HSA account prior to determining your Elected Contribution Amount.

Note: The contribution amount may be adjusted as necessary during the benefits year.

NOTE: You must enroll in an HSA if you are enrolling in the HDHP plan. If the HSA is not elected, you will be enrolled in the PPO plan instead.

Benefits Enrollment

Health Savings Account

Jason Huang

i Important! Your current coverage is: Waive coverage.

This benefit plan requires enrollment in one of the following plans:
Medical

Changing your choices for any of the benefit plans listed above, may invalidate your enrollment on this page.

Select an Option

No, I do not want to enroll

Health Savings Account MMO

Step 17

Enter the desired information into the **Total Elected Contribution Amount** field. Enter a valid value e.g. "**1000.00**".

Contributions

You may enter your total elected annual contribution amount which will be divided and deducted on a per pay period basis. **The system requires at least \$0.01 be entered in this field before continuing.** By enrolling in the plan, you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.

Anything contributed to your HSA outside of your paycheck on a post-tax basis will not be reflected in the YTD Total below, but does apply toward the IRS contribution limits.

Calculations

Maximum total contribution:	\$7100.00
Maximum Employee Annual Contribution:	\$7100.00
Total Elected Contribution Amount:	<input type="text" value="1000.00"/>

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 18

Read through the statement regarding the establishment of a health savings account in its entirety.

Benefits Enrollment

Health Savings Account

Jason Huang

- i** I appoint the State of Ohio (my employer) as the agent for the purpose of opening and administering a health savings account (HSA) on my behalf. I also acknowledge and certify that:
- I wish to establish a health savings account (HSA) with Optum Bank® (or, Bank) as custodian.
 - I understand and agree that my HSA will be opened and governed by Optum Bank's Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. This document will be sent to me when my account is opened, along with Optum Bank's Truth in Savings New Account Disclosure, Privacy Notice and Schedule of Fees.
 - I understand the eligibility requirements and limitations for deposits made to my HSA, and I certify that I meet the requirements under Section 223 of the Internal Revenue Code to be eligible to contribute to an HSA.
 - I understand and acknowledge I am responsible for ensuring my HSA contributions along with any employer HSA contributions are in accordance with annual IRS HSA contribution limits.
 - I authorize Optum Bank to provide information about my HSA, including my account number, to my employer and those acting on behalf of my employer or Optum Bank, in connection with the establishment and maintenance of my HSA.
 - I acknowledge that my employer and all others acting on behalf of my employer, may provide information on my behalf to establish and maintain my HSA and authorize my employer and its designee to take such action deemed necessary and appropriate by my employer to administer my HSA, including, but not limited to, making deposits and correcting errors where necessary.
 - I understand my monthly account statements and all other HSA disclosures and documentation will be made available to me electronically. I agree to notify Optum Bank if I wish to have statements mailed to my home or mailing address.
 - I understand that I have requested a Optum Bank Debit Card.
 - I certify that I have received or viewed the Bank's statement of the hardware and software requirements for access to and retention of electronic records and that I have demonstrated the ability to access the Bank's website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at optumbank.com.
 - I agree that my employer will remain my agent unless and until my employer and the Bank receive notice that the appointment of my employer as my agent has been terminated, that I am no longer employed by my employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.
 - I certify that the information provided in this application is true and complete.

PER THE USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, Optum Bank will ask for your name, street address, date of birth

Step 19

At the bottom of the Acknowledgement page, **Your Choice, Your Contributions, and Notes** regarding your selection are found. Having reviewed the information, click the **Continue** button to move forward, or click the **Cancel** button to go back and change your choices.

Click the **Continue** button.

Your Choice
You have chosen to enroll in the Health Savings Account MMO plan with an annual pledge of \$1,000.00.

Your Contributions
Your approximate per-pay-period contribution will be \$66.67.

Notes
Once submitted, this choice will take effect on 07/01/2020.

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 20

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.

Dental	Before Tax	After Tax	<input type="button" value="Edit"/>
Current:	Waive coverage		
New:	UBT Dental Plan:Family+Sp 0.00		
Vision	Before Tax	After Tax	<input type="button" value="Edit"/>
Current:	Waive coverage		
New:	Vision Service Plan:Empl Only 0.00		

Repeat the previous steps for each plan.

Step 21

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

Important: Your enrollment is only 60% complete; click Submit and move on to the next steps until you reach 100% in the red arrow indicator.

After you make any changes, click **Submit** to update your final choices.

If you have already completed the enrollment process and receive the **100% Complete** indicator, you can either navigate to the home page to continue with myOhio.gov OR you can exit the system by clicking the **Sign Out** link above.

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

Step 22 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 

Jason Huang

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 make your elections final.

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

Step 23 On the Submit Confirmation page, read the information and click **OK**.



Benefits Enrollment

Submit Confirmation 

Jason Huang

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**.

Step 24

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

Benefits Enrollment

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

Jason Huang

i Important: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plans, 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: Ohio Med HDHP Medical Mutual:Family -Sp	62.39		
Dental	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage			
Vision	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage			
Health Savings Account	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Health Savings Account MMO: \$1,000.00	66.67		

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	129.06	129.06	0.00
Your Costs	129.06	129.06	0.00

Step 25

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

Benefits Enrollment

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

Jason Huang

Step 26

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

You recently added dependent(s) to your 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 your proof has not yet been submitted or it has not yet been approved. You can access information regarding dependent eligibility requirements, such as required documentation and verification instructions, at

<http://www.das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/EligibilityRequirements.aspx>

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.
