

# Open Enrollment Instructions - PPO

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.

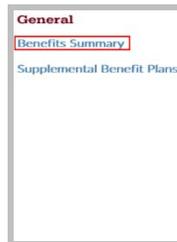
**Step 1** Click the **MY WORKSPACE** tab.



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

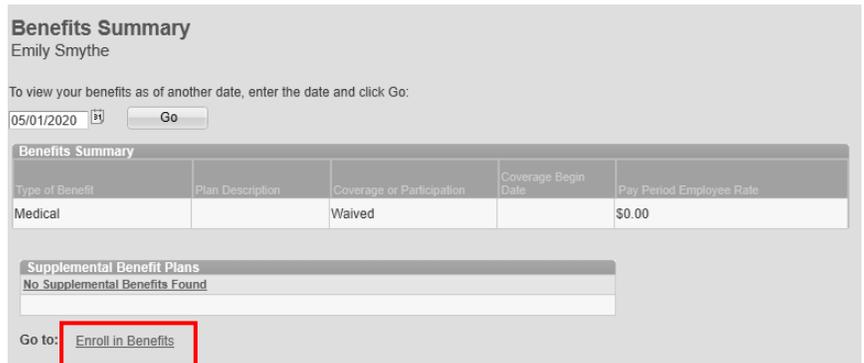


**Step 3** Click the **Benefits Summary** list item.



**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**.



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

Emily Smythe

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	Benefits Management Rep

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 are eligible to 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

Emily Smythe

[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			
Health Savings Account	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage		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	0.00	0.00	0.00
<b>Your Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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](#)

Emily Smythe

**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.

**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

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.

To review, add or remove a dependent, please **continue** to Step 8.

**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.

**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](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

Emily Smythe 05/17/2020 <sup>BJ</sup>

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.

**No Dependents on Record**

**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

Emily Smythe

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:

Middle Name:

\*Last Name:

Name Prefix:

Name Suffix:

\*Date of Birth:  <sup>BJ</sup>

\*Gender:

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

\*Relationship to Employee:

**Status Information**

\*Marital Status:  As of:  <sup>BJ</sup>

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.**

Same Address as Employee

Country: United States

Address: 100 Jackson Street  
Columbus, OH 43230

Same Phone as Employee

Phone:

[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

Emily Smythe 05/17/2020

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
John Smythe	Spouse	08/13/1969	Married	10/08/1994	No	No

[Return to Event Selection](#)

If information for an existing dependent (i.e., address, telephone number, and/or relationship to employee) needs updating, please contact your agency benefits specialist for assistance.

**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

[Enrollment Handbook](#)

Emily Smythe

**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](http://das.ohio.gov/Eligibility Requirements).

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	John Smythe	Spouse

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

**Benefits Enrollment**

**Medical**

Emily Smythe

**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 PPO Medical Mutual with Family with Spouse coverage.

**Your Estimated per-pay-period Cost**  
Your Cost: \$155.31

**Your Covered Dependents**

Primary Care Provider Details	
Name	Relationship
John Smythe	Spouse

**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.

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** 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.

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

Repeat the previous steps for each plan.

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

Step 17

**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.**

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

Step 18

**60% Complete**

Benefits Enrollment

**Submit Benefit Choices**

Emily Smythe

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.

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

Step 19

**80% Complete**

Benefits Enrollment

**Submit Confirmation**

Emily Smythe

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 20**

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](#)

Emily Smythe

**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 PPO Medical Mutual:Family+Sp	155.31		

Health Savings Account	Before Tax	After Tax	Edit
Current: Waive coverage			
New: Waive coverage	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	155.31	155.31	0.00
<b>Your Costs</b>	<b>155.31</b>	<b>155.31</b>	<b>0.00</b>

**Step 21**

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](#)

Emily Smythe

**Step 22**

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.***

---