



**BALL STATE
UNIVERSITY**

BENEFIT ENROLLMENT TUTORIAL



- Please go to www.bsu.edu/payroll. Once you are on this page click the grey box on the top left that says “Health and Wellness Benefits”. Select the red box “Log in to Enroll” and you will use your BSU credentials to get logged in.



Payroll and Employee Benefits

Health and Wellness Benefits →

Review insurance plans and other benefits for current employees and retirees.

Payroll →

Find information on wages, deductions, our time clock system, and other matters that affect your pay.

Retirement Plans →

Discover how to save more for retirement with your Ball State plans.

Forms, Policies, and Guides →

Download handbooks, insurance forms, helpful guides, and other important documents.

Time Off →

See our policies, broken down by employee type, for vacation, holidays, sick days, and leaves of absence.

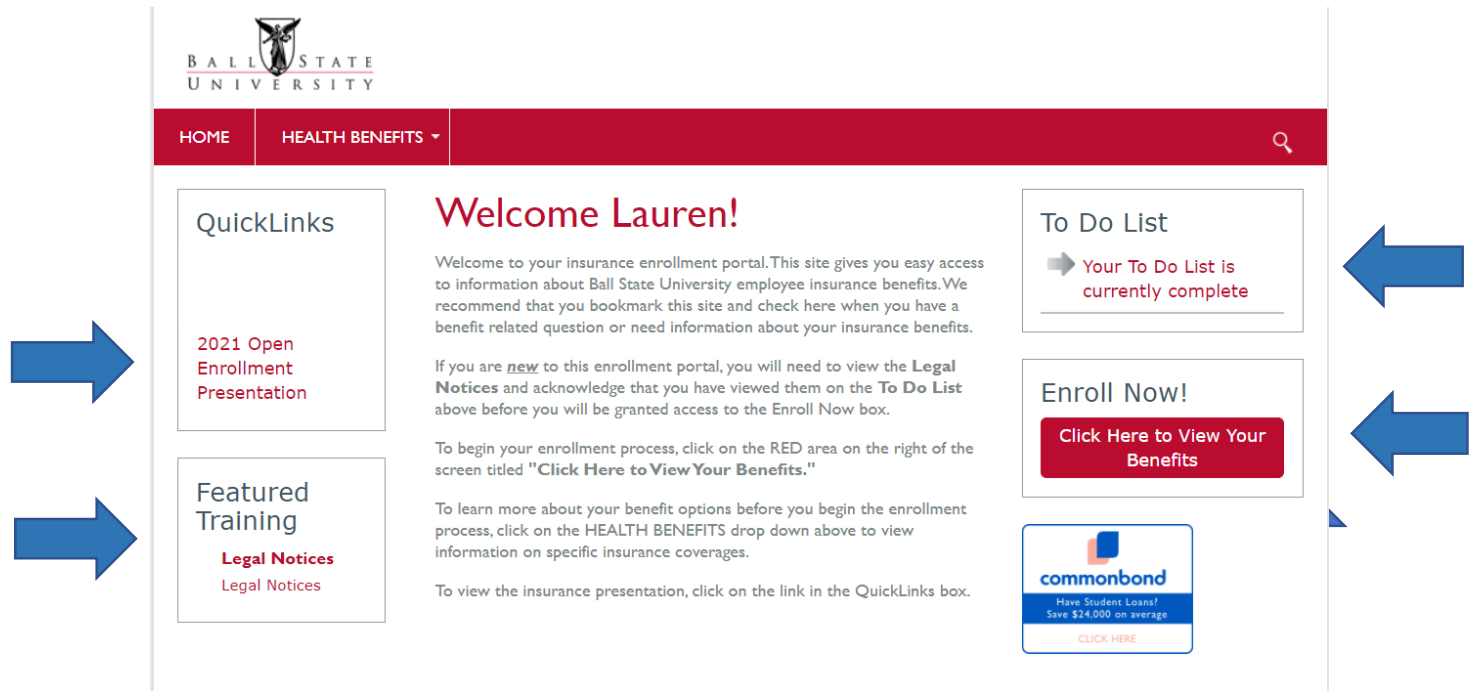
Tuition Remission →

Want to further your education while working here? We offer tuition remission to our employees.

CONTACT US



- You will be taken to the Communication Portal (shown here). Under *QuickLinks* you will find the open enrollment presentation that will assist you in the benefit enrollment workflow.
- In order to activate the *Enroll Now* button, you will need to complete your *To Do List* and review the required legal notices. To do so click 'Legal Notices' under the *To Do List*.



- After you acknowledge that you have reviewed the items, select the box next to ‘Please acknowledge that you have reviewed these items.’ Click ‘Submit’ to continue.

HOME

HEALTH BENEFITS ▾

🔍

Legal Notices0% Complete

Legal Notices

Legal Notices

▾ Legal Notices

➔ Legal Notices

Legal Notices

📁

Legal Notices

Please review the below legal notices.

Notice of COBRA Continuation Coverage Rights

Women's Health and Cancer Rights Act Notice

Notice of Privacy Practices

New Health Insurance Marketplace Coverage Options and Your Health Coverage

☒ Please acknowledge that you have reviewed these items.

Click on "Submit" to complete the training program.

Submit



- Click ‘Get started’ to begin your enrollment process and make benefit elections.

Home

Profile

Shop & Offers

Dependents

Questionnaire

Language Preferences

Manage Account

Login Information

View HSA Contribution

Life Change

My Documents

Tax Documents

Document Center

Employee Detail Report

You have 7 day(s) to elect your Open Enrollment benefits.

Get started

View all 2 messages

A note from your HR Administrator

Protection offered through Allstate Benefits

Critical Illness coverage

Critical Illness insurance from Allstate Benefits helps offer financial support if you or a covered dependent is diagnosed with a covered critical illness.

- No medical questions at initial enrollment
- Coverage available to dependents
- Affordable premium paid by convenient payroll deduction
- Benefits paid regardless of any other coverage
- Lump sum cash benefit can be used however you wish

Get started >

Your benefits at a glance

Medical

HSA Qualified Health Plan 2021

\$59.71/every 2 weeks

Health Savings...

Health Savings Account 2021

\$5,200.00/benefit year

Dental

Dental Plan 2021

\$14.85/every 2 weeks

Vision

Basic Coverage 2021

\$7.26/every 2 weeks

Life

Basic Life 2021

\$3.81/every 2 weeks

AD&D

Basic AD&D 2021

\$0.22/every 2 weeks

Show all benefits



- Before you elect any benefits, you can add your dependents information on this screen by clicking “Add Dependent” or you may add them later in the process. Click ‘**Next**’ if you want to add them later when you make your benefit selections.

Profile

Shop for benefits

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

Previous



- To add a dependent, you must complete the specified fields. The * designates required fields. If the dependent is added to your medical/dental coverage, a SSN is required.

Add Dependent

First Name *	Middle Name	Last Name *

Suffix ---Please Select---	Preferred Name
-------------------------------	--

Date of Birth *

Gender *
☐ Male ☐ Female

SSN

Relationship *
---Please Select---

Physical Address

☒ Use Employee Address

- Complete the BSU Tobacco Survey by answering the question below. If you answer ‘**No**’ but have completed an approved tobacco-cessation program, contact the Employee Benefits office.
- Click ‘**Save & Continue**’ to proceed to the available benefit offerings.

Ball State Tobacco Status 2022

Have you and/or all of your dependents enrolling in a Ball State health plan been tobacco-free for the past six months?

The employee’s answer will pertain to the employee and dependent children on the plan. If a spouse is listed below, you will answer for them separately.

John Doe

☐ Yes, I have been tobacco-free for the last six months. I am eligible for the premium discount.

☐ No, I have NOT been tobacco-free for the last six months. I am NOT eligible for the premium discount.

Jane Doe

☐ Yes, I have been tobacco-free for the last six months. I am eligible for the premium discount.

☐ No, I have NOT been tobacco-free for the last six months. I am NOT eligible for the premium discount.

Save & Continue

Cancel



- The workflow will walk you through each benefit election. You are not able to skip a selection. If you do not want a certain benefit, you will have to decline that benefit.

Open Enrollment Benefits

Whether you want to change your benefits or keep them the same as last year, it's still important that you carefully complete each step in the enrollment process to make sure all of your benefits are covered for the upcoming plan year.

[Compare to your current benefits](#)

Your benefits

1. Your Medical coverage

[Begin enrollment](#)



2. Choose your Health Savings Account (HSA) coverage



3. Choose your Health FSA coverage



4. Choose your Dependent Care FSA coverage



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- If you are adding a spouse you will need to print off the Ball State Working Spouse Affidavit and then upload the completed form to the Document Manager (shown later).

Click on Working Spouse Affidavit to print form to complete.



The screenshot shows the Ball State Working Spouse Affidavit form. A modal window titled "A note from your HR Administrator" is open, containing the following text: "The Working Spouse Affidavit will need to be completed and uploaded to the Document Manager if: Your spouse was not on the plan for 2021 and you would like to add them to your plan for 2022 or Your spouse had an employment or status change in 2021. Ball State Working Spouse Affidavit revised 2017". The modal has a "Close" button. In the background, the form is titled "Choose your Medical plan." and includes a section "Who do you want to cover on this plan?" with two options: "John Doe" (selected) and "Jane Doe". At the bottom of the form, there is a link "Working Spouse Affidavit" and a button "Compare plans & estimate your cost".



- For dependents you have added in the previous step, select which dependents you want to cover on your medical plan by clicking their name. If you did not previously add your dependents information, you can do so on this screen by clicking **'Add Dependent'**.
- If you do NOT want any medical coverage, select **'Decline Coverage'**.

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.



Who do you want to cover on this plan?

✓ John Doe

Jane Doe



- Now you will be able to shop for your medical coverage. Need help choosing the right plan? Use the widget!

HSA

☐ Compare

HSA Qualified Health Plan 2022

Estimated Annual Cost **\$8,015.02**
[How was this calculated?](#)

HSA Tax Savings
[Add Contribution](#)

Individual Deductible	\$2,500
Family Deductible	\$5,000
Individual Out of Pocket Max (OOP Max)	\$4,750
Family Out of Pocket Max (OOP Max)	\$7,150 (Individual)/\$8,250 (Family)

Select plan

Plan details

Compare to last year

Plan Documents

FSA

☐ Compare

High Deductible Wellness Plan 2022

Estimated Annual Cost **\$10,077.10**
[How was this calculated?](#)

FSA Tax Savings
[Add Contribution](#)

Individual Deductible	\$1,300
Family Deductible	\$3,900
Individual Out of Pocket Max (OOP Max)	\$4,050
Family Out of Pocket Max (OOP Max)	\$9,750

Select plan

Plan details

Compare to last year

Plan Documents

12

**BALL STATE
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- The workflow will show you each health plan option, the premium based on your pay frequency and some plan highlights. From this screen you can compare plans, get additional plan detail by clicking **‘Plan details’** and select your health plan by clicking **‘Select plan’**.
- If you do NOT want any medical coverage, select **‘Decline Coverage’**.

HSA

☐ Compare

HSA Qualified Health Plan 2022

\$84.04

Bi-Weekly Cost

Estimated Annual Cost \$8,015.02

How was this calculated?

HSA Tax Savings

Add Contribution

Individual Deductible	\$2,500
Family Deductible	\$5,000
Individual Out of Pocket Max (OOP Max)	\$4,750
Family Out of Pocket Max (OOP Max)	\$7,150 (Individual)/\$8,250 (Family)

Select plan

Plan details

Compare to last year

Plan Documents

FSA

☐ Compare

High Deductible Wellness Plan 2022

\$144.29

Bi-Weekly Cost

Estimated Annual Cost \$10,077.10

How was this calculated?

FSA Tax Savings

Add Contribution

Individual Deductible	\$1,300
Family Deductible	\$3,900
Individual Out of Pocket Max (OOP Max)	\$4,050
Family Out of Pocket Max (OOP Max)	\$9,750

Select plan

Plan details

Compare to last year

Plan Documents

Decline Coverage

I would like to decline Medical coverage.



BALL STATE UNIVERSITY

- Read the Tobacco Usage Certification Statement then click the “I agree” box.
- Click “Next” to continue.

Medical

Acknowledgement and Agreement

Acknowledgement and Agreement

Over the past several years the University has promoted the value and importance of a healthy lifestyle through both our benefits and our Working Well programs. We are continuing this initiative by providing an annual tobacco-free premium discount to Employees who have certified that they and any of their dependents, who are enrolled in a Ball State University health plan, are “tobacco-free.” The annual discount for 2021 will remain at \$900 or \$75 per month. A new tobacco-free certification must be completed annually to receive the discount for each calendar year.

As an alternative to completing the certification, the Employee and/or their dependents that are tobacco-users may successfully complete a University approved smoking cessation program to receive the premium discount. For information regarding approved programs, please contact Working Well at 765-285-9355 or workingwell@bsu.edu.

By checking the box below, I hereby certify that the answer I provided in the tobacco survey is complete and true.

I understand that tobacco includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

I understand that if I, and/or any of my enrolled dependents, begin use of tobacco products I am no longer eligible for the premium discount and must report this change to the Payroll & Employee Benefits Office.

I understand that I, and/or any of my enrolled dependents, may be subject to testing for nicotine at any time during the Plan Year 2021. Refusal to submit to testing for nicotine will result in the removal of the Tobacco-Free Premium Discount.

I understand that if I and/or my enrolled dependents use tobacco products and do not notify the University, or if I falsify my “tobacco-free” status on this affidavit, I may face penalties including retroactive collection of additional premiums, cancellation of my health coverage, and disciplinary action.

☐ I agree

Next

Previous

Cancel

- Based on the health plan you selected, you will be asked if you want to participate in the corresponding tax advantage account.
- If you selected the High Deductible Wellness Plan or declined medical coverage; you will be asked if you want to enroll in a Health FSA. To enroll, enter your desired contribution amount *within the limits* and click '**Next**'.

Choose your Health FSA plan.

Do you want to participate in a Flexible Spending Account?

Health Care FSA 2022

Select plan

[Decline Coverage](#)

I would like to decline Health FSA coverage.

Health FSA

How much money do you want to contribute to your *Health FSA* account?

You can contribute between \$100.00 and \$2,750.00 per plan year.

Contribution Amount

The amount you enter will be divided into individual deductions over the remainder of the year.

Next

Previous

Cancel



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- If you selected the HSA Qualified Plan, you will be asked if you want to open an HSA. Remember in order to receive the University’s contribution, you must contribute via payroll deduction a minimum of 25% of the University’s contribution.
- Note: Your HSA contribution can be changed as often as needed, at anytime during the calendar year.

Would you like a Health Savings Account (HSA)?

An HSA allows you to pay for current healthcare expenses and save for those in the future. Its first advantage is that contributions made through payroll deduction are pre-tax. Second, the interest earned is tax-free. Even if you had an HSA in previous years, you must re-enroll every benefit year.

1. Would you like an HSA?

Yes, I would like an HSA.

No, I do not want an HSA.

Continue

Previous

Cancel & return home

- When electing an HSA, the workflow will populate the University's contribution based on your coverage level and pay frequency. It will not allow you to over contribute your annual IRS amount.
- You will need to set up a Repeating or One time contribution. Make sure you elect a starting date as to when you want your contribution taken out of your paycheck. Enter how much per paycheck you want to contribute on your own (minimum of 25% of the University's contribution). Then click '**continue**'
- Once you have made all your contribution elections scroll to the bottom of the screen and click "Save and continue"

3. Select a way to contribute to your HSA

- 
- ☐ Ongoing Contribution
Schedule an amount to be deducted from every paycheck in the upcoming benefit year.
 - ☐ One time Contribution
Schedule an amount to be deducted from one specific paycheck. 

[Continue](#) [Previous](#) [Cancel & return home](#)

 Pending


Employer scheduled contribution
\$50.77
total contribution

Your employer scheduled contribution is scheduled for 12/30/2022

 Pending


Employee ongoing contribution
\$200.00 / \$5,200.00
per paycheck / total contribution

Your ongoing contribution is scheduled from 01/14/2022 to 12/30/2022

[Edit](#)
[Delete](#)

Total 2022 Contributions: \$6,520.02

[Save & Continue](#) [Add contribution](#) [Cancel & return home](#)



- Based on the health plan you selected, you will be asked if you want to participate in the corresponding tax advantage account.
- If you selected the HSA Qualified Health Plan; you will be asked if you want to enroll in a Limited-Purpose Healthcare FSA. To enroll, enter your desired contribution amount *within the limits* and click ‘**Next**’.

Choose your Health FSA plan.

Do you want to participate in a Flexible Spending Account? Since you are contributing to a Health Savings Account, the Flexible Spending Account is considered a "Limited-Purpose FSA". A Limited-Purpose FSA allows you to contribute funds for eligible expenses that are limited to "other expenses" like dental and vision expenses. The IRS does not allow anyone to contribute to both a Health Savings Account and a general-purpose Health FSA since both apply funds toward medical expenses.

Limited-Purpose Healthcare FSA 2022

Select plan

[Decline Coverage](#) I would like to decline Health FSA coverage.

Previous Cancel

- Regardless of the medical plan you chose; you will be asked if you want to enroll in a Dependent Care FSA. To enroll, click “Select Plan” enter your desired contribution amount *within the limits* and click ‘**Next**’. Again, this FSA is only for qualified daycare expenses.

Choose your Dependent Care FSA plan.

Do you want to participate in a Dependent Care Flexible Spending Account?

Dependent Care FSA 2022

Select plan

[Decline Coverage](#)

I would like to decline Dependent Care FSA coverage.

Previous

Cancel



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- If you have selected to cover any dependents, you will be routed to the Document Manager. This is where you will need to upload any/all supporting documentation.
- Example: Ball State Working Spouse Affidavit and marriage certificate if adding a spouse. Birth certificate for child(ren).
- Click the ‘Add Document’ button.

Document Manager

For requests with a status of "Document Required", upload a document to associate it. The Document will then show as "Pending Approval" until it is approved or denied by an administrator. When adding a document through the "Add Document" option, it can then be associated with a "Document Required" request and can be viewed by selecting the filter for "All Documents".

1 Document Required, 0 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 0 All Documents

[+ Add Document](#)

Begin typing search query

per page 10

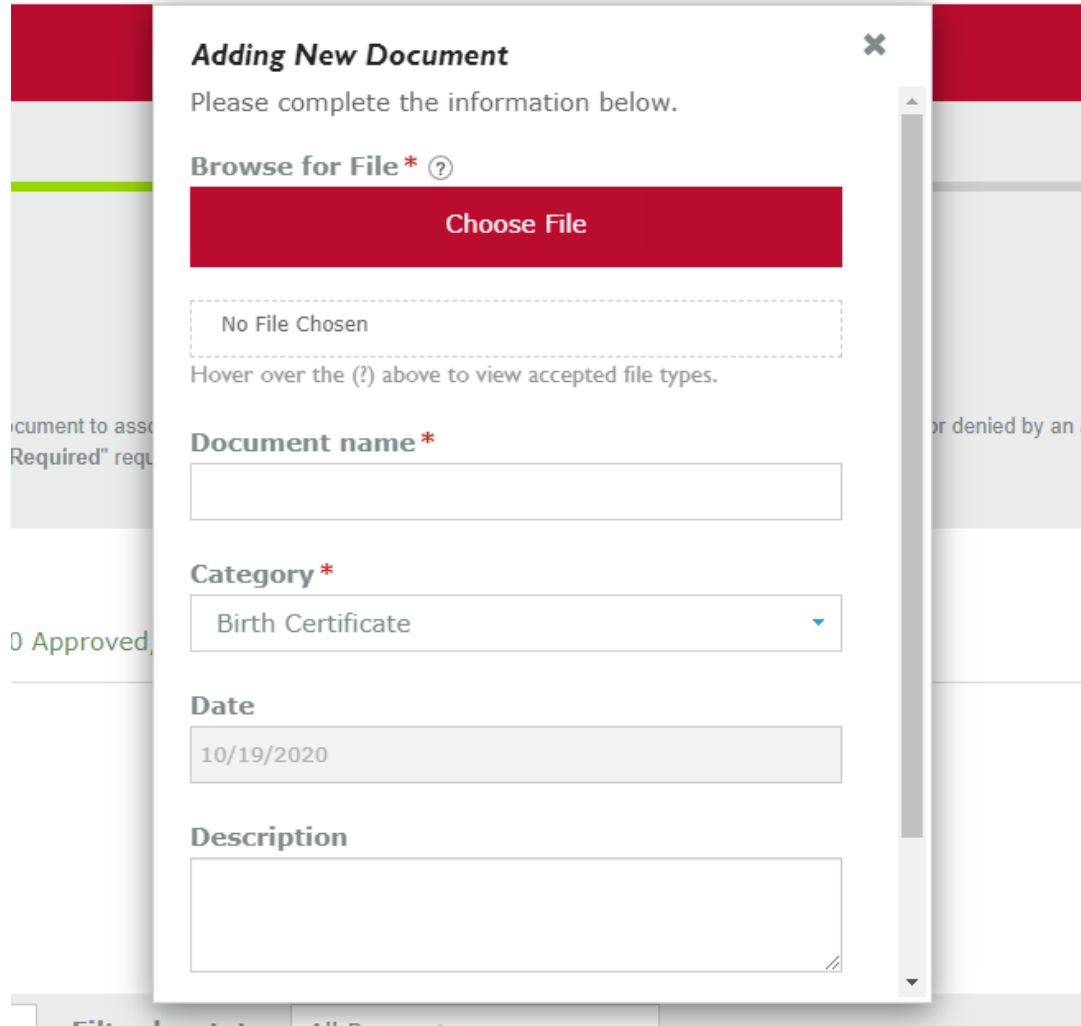
Filter by type All Filter by status All Requests

Sort By: Document Name Date Created Date Uploaded

Relationship	Documentation Requirements
Child - Adopted/Placed for Adoption	Copy of legal adoption papers issued by the courts naming the employee as the child's parent
Child - Biological	Long form Birth Certificate
Child - Disabled Child over Age 26	Social Security Disability Letter AND Birth Certificate
Child - Legal Guardianship	Copy of legal guardianship papers issued by the courts naming the associate or spouse as the child's guardian
Child - Stepchild	Marriage Certificate AND Birth Certificate
Legal Same or Opposite Sex Spouse	Marriage certificate

Document is awaiting upload
Dependent Name: Rainy Day
10/12/2021
Day, Sunny

- To add documentation, you will need to complete the requested information under **'Adding New Document'**. The * designates required fields.
- If none of the categories match the uploaded documentation, choose **'Other'**.



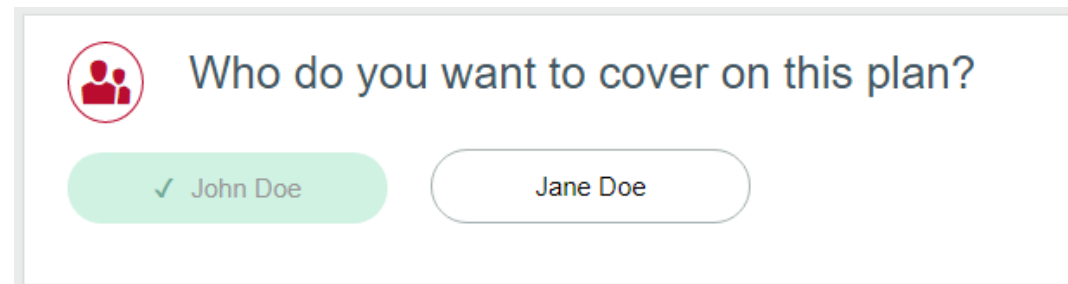
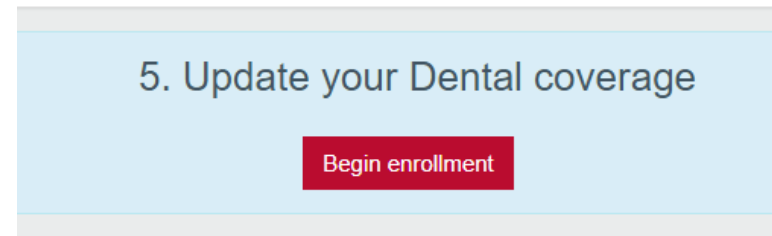
The screenshot shows a modal window titled "Adding New Document" with a close button (X) in the top right corner. Below the title is the instruction "Please complete the information below." The form contains several fields:

- Browse for File *** with a help icon (?). Below it is a red button labeled "Choose File". A dashed box below the button contains the text "No File Chosen". A note below this box says "Hover over the (?) above to view accepted file types."
- Document name *** with a text input field.
- Category *** with a dropdown menu currently showing "Birth Certificate".
- Date** with a text input field containing "10/19/2020".
- Description** with a large text area.

At the bottom of the modal, there is a "Filter by status" dropdown menu with "All Requests" selected.



- The workflow will then direct you to the dental coverage option. First, it will ask you who you want covered on the dental plan. Select which dependents you want to cover on your dental plan by clicking on their name and clicking '**Next**'. If you did not previously add your dependents information, you can do so by clicking '**Add Dependent**'.
- If you do NOT want dental coverage, select '**Decline Coverage**'.



- The workflow will show you the dental plan option, the premium based on your pay frequency and some plan highlights. From this screen you can get more benefit detail by clicking ‘**Plan details**’, view the plan documents and select your dental plan option. Click ‘**Select plan**’ to elect coverage.

If you do NOT want dental coverage, select ‘**Decline Coverage**’.

Dental Plan 2022	
Diagnostic & Preventive	100% with Delta Dental PPO Dentist 100% with Delta Dental Premier Dentist
Basic Services	85% with Delta Dental PPO Dentist 80% with Delta Dental Premier Dentist
Major Services	70% with Delta Dental PPO Dentist 70% with Delta Dental Premier Dentist
Orthodontic Services to age 19 - braces	70% with Delta Dental PPO Dentist 70% with Delta Dental Premier Dentist
✓ Currently Selected Plan details Compare to last year  Plan Documents ▼	

The workflow will then direct you to the vision coverage option. First, it will ask you who you want covered on the vision plan. Select which dependents you want to cover on your vision plan by clicking on their name and clicking **'Next'**. If you did not previously add your dependents information, you can do so by clicking **'Add Dependent'**.

If you do NOT want vision coverage, select **'Decline Coverage.'**

6. Update your Vision coverage

Begin enrollment



Who do you want to cover on this plan?

✓ John Doe

Jane Doe



- The workflow will show you the vision plan options, the premium based on your pay frequency and some plan highlights. From this screen you can get more detail on each plan by clicking ‘**Plan details**’, view the plan documents and select your vision plan option. Click ‘**Select plan**’ to elect coverage.

If you do NOT want vision coverage, select ‘**Decline Coverage**’.

Basic Coverage 2022

WellVision Exam	\$15 copay
Prescription Glasses	\$25 copay
Contacts (instead of glasses)	Up to \$60 copay for your contact lens exam, \$150 allowance for contacts
Glasses and Sunglasses	Average 20-25% savings on noncovered lens options

[Select plan](#)[Plan details](#)[Compare to last year](#)[Plan Documents](#) ▼

Premier Coverage 2022

WellVision Exam	\$0 copay
Prescription Glasses	\$0 copay
Contacts (instead of glasses)	Up to \$60 copay for your contact lens exam, \$200 allowance for contacts
Glasses and Sunglasses	Average 20-25% savings on noncovered lens options

[✓ Currently Selected](#)[Plan details](#)[Compare to last year](#)[Plan Documents](#) ▼

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- You will be required to designate a beneficiary for the basic life coverage. Choose the beneficiary type that indicates your selection.

If you select '**Person**' and you have any dependents listed previously, you may simply click the button next to their information.

Or you can select '**Enter New beneficiary**'.

Life: Beneficiary information

Beneficiary type?

Please Note:
A beneficiary is a person, organization, trust, or estate designated by the certificate holder to receive proceeds from a policy when the certificate holder becomes deceased. You will be able to name multiple persons, organizations and/or trusts as primary and/or secondary beneficiaries and designate allocation percentages for each.

☒ Person ☐ Estate
☐ Organization ☐ Other
☐ Trust

Next **Previous** **Cancel**

Life: Beneficiary information

Please choose an existing dependent if applicable, otherwise click next to enter a new beneficiary.

☐ Enter New beneficiary

Dependents Eligible To Be Used As Beneficiaries

Use	Name	Relationship
☒	John Doe	Spouse

Next **Previous** **Cancel**



- The workflow will then direct you to the basic life coverage. This is a mandatory benefit that is subsidized by the University at 75%. You cannot decline this benefit. This is just for informational purposes showing you your coverage amount and your portion of the premium based on your pay frequency.

Click ‘**Save**’ to continue.



Life
Basic Life 2022

Offered By: The Hartford
Coverage Amount: \$103,000.00 (2.06 times salary up to \$125,000.00)
Imputed Income: \$2.45 per pay period [What's this?](#)
Effective Date: 10/12/2021
You Pay: \$3.14 every two weeks

Beneficiaries  [Edit](#)

[Show details](#) 

Additional Information

[Show details](#) 

[Edit coverage](#)

- To add a beneficiary, you need to complete the specified fields. The * designates required fields.

Then click **‘Next’**.

Life: Beneficiary information

Enter the beneficiary information.

First Name *	Middle Name	Last Name *
Relationship *	Social Security Number	Date of Birth 
Address 1	Address 2	City
ZIP / Postal code	Country ---Please Select---	Phone Number

NextPreviousCancel

- Once you have added/selected your beneficiary, you need to complete the **‘Beneficiary Type’** and **‘Allocation %’**. You may have multiple beneficiaries but the allocation % has to add up to 100%. You may also designate a secondary beneficiary in addition to your primary.

Profile

Shop for benefits

Confirm & Finish

Life: Beneficiary information

Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
☒	Jane Doe	Spouse	05/01/1980	123-45-6789	Primary	100	<button>Edit</button>

Add Beneficiary

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

Next

Previous

Cancel



- The workflow will then direct you to the voluntary life coverage. If you would like to elect the additional life coverage, click the button next to your desired **'Coverage amount'**, followed by **'Select plan'** and **'Next'**. Premiums are shown based on your pay frequency.

If you do NOT want voluntary life coverage, select **'Decline Coverage'**.

Note: You must elect coverage for yourself in order to elect spousal or dependent coverage.

Choose your Voluntary Life plan.

Please review your options and choose the coverage amount that best meets your needs.

Voluntary Life 2019

Coverage amount	Bi-Weekly Cost
☐ \$10,000.00	\$8.58
☐ \$20,000.00	\$17.17
☐ \$30,000.00	\$25.75
☐ \$40,000.00	\$34.34
☐ \$50,000.00	\$42.92
☐ \$60,000.00	\$51.51
☐ \$70,000.00	\$60.09
☐ \$80,000.00	\$68.68
☐ \$90,000.00	\$77.26

[Select plan](#)

[Decline Coverage](#) I would like to decline Voluntary Life coverage.

- If you elected above the guarantee issue amount, you must complete an *Evidence of Insurability Form*. Click the link to the .pdf below and mail the completed form to The Hartford.

To continue, click '**Next**'.



Evidence of Insurability (EOI)

Ball State EOI Form

After having the Office of Payroll and Employee Benefits complete Section 1 and Section 2 of the form, mail the completed Evidence of Insurability Form to The Hartford

Next Previous Cancel

- If you elected voluntary life coverage complete your beneficiary designation.

Profile

Shop for benefits

Confirm & Finish

Voluntary Life: Beneficiary information

Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
☒	Jane Doe	Spouse	05/01/1980	123-45-6789	Primary	100	Edit
☒	Joy Doe	Daughter			Secondary	100	Edit

Add Beneficiary

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

Next

Previous

Cancel



- If you elected voluntary life coverage on yourself, you will be asked if you want to elect voluntary spouse life coverage. For a spouse you have added in a previous step, select them by clicking the box next to their information and clicking '**Next**'. If you did not previously add your spouse's information, you can do so by clicking '**Add Dependent**'.



Choose your Voluntary Spouse Life plan.

Please review your options and choose the coverage amount that best meets your needs.

Who do you want to cover on this plan?

Add Dependent

✓ John Doe

Decline Coverage

I would like to decline Voluntary Spouse Life coverage.

If you do NOT want voluntary spouse life coverage, select '**Decline Coverage**'.



- If you want to elect the voluntary spouse life coverage, click the button next to your desired '**Coverage amount**', followed by '**Select plan**' and '**Next**'. Premiums are shown based on your pay frequency.

If you do NOT want voluntary spouse life coverage, select '**Decline Coverage**'

Voluntary Spouse Life 2022

Coverage amount	Bi-Weekly Cost
☐ \$5,000.00	\$0.30
☐ \$10,000.00	\$0.60
☒ \$15,000.00	\$0.90
☐ \$20,000.00	\$1.20
☐ \$25,000.00	\$1.50
☐ \$30,000.00	\$1.80
☐ \$35,000.00	\$2.10
☐ \$40,000.00	\$2.40
☐ \$45,000.00	\$2.70

✓ Currently Selected

[Decline Coverage](#) I would like to decline Voluntary Spouse Life coverage.



- If you elected voluntary life coverage on yourself, you will be asked if you want to elect voluntary child life coverage. For a child(ren) you have added in a previous step, select them by checking the box next to their information and clicking **‘Next’**. If you did not previously add your child(ren)’s information, you can do so by clicking **‘Add Dependent’**.

If you want to elect the voluntary child life coverage, click the button next to your desired **‘Coverage amount’**, followed by **‘Select plan’** and **‘Next’**. Premiums are shown based on your pay frequency.

If you do NOT want any voluntary child life coverage, select **‘Decline Coverage’**.

Choose your Voluntary Child Life plan.

Please review your options and choose the coverage amount that best meets your needs.

Who do you want to cover on this plan?

Add Dependent

✓ Jane Doe

Voluntary Child Life 2022

Coverage amount	Bi-Weekly Cost
☐ \$5,000.00	\$0.23
☐ \$10,000.00	\$0.46

Select plan

Decline Coverage

I would like to decline Voluntary Child Life coverage.

Next

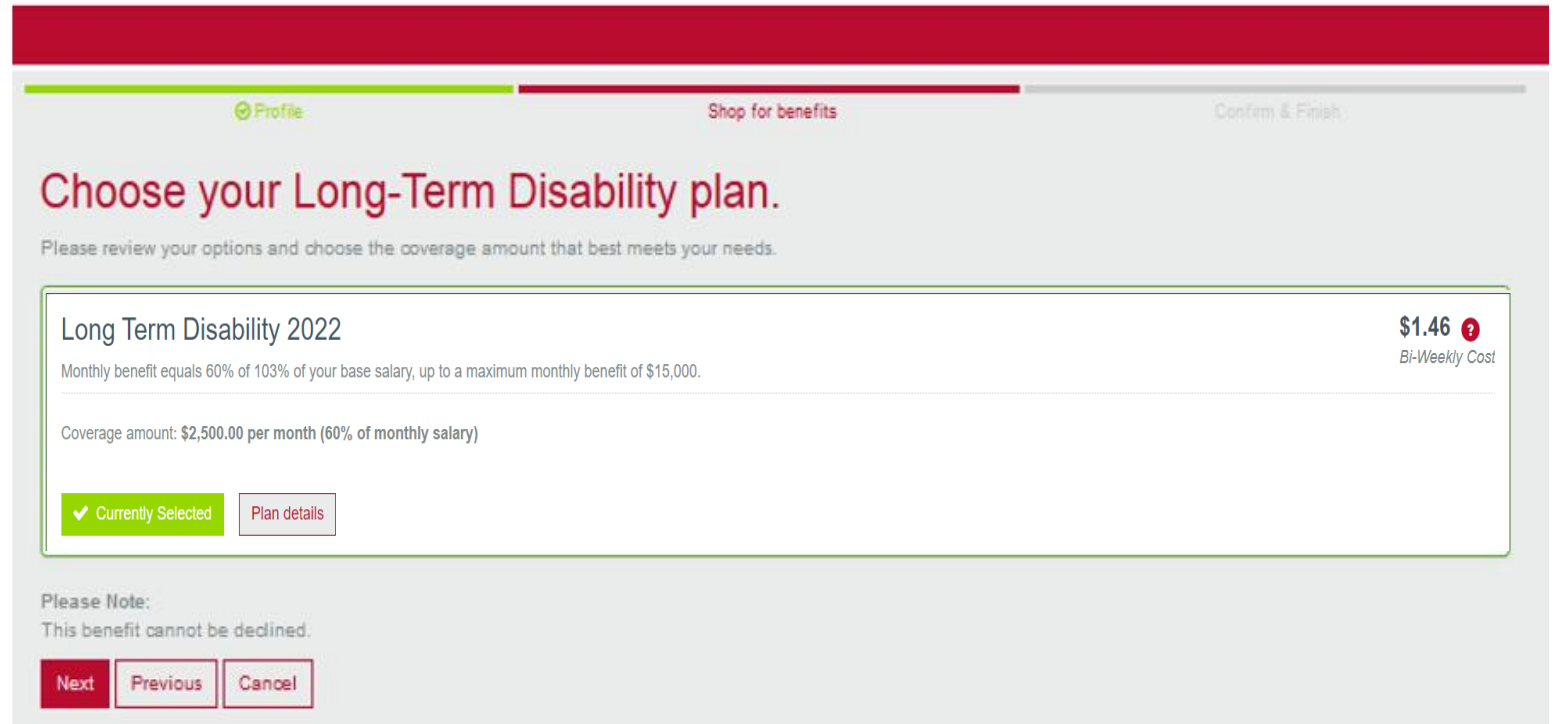
Previous

Cancel



- The workflow will then direct you to the Long-Term Disability coverage. This is a mandatory benefit that is subsidized by the University at 75%. You cannot decline this benefit. This is just for informational purposes showing you your coverage amount and your portion of the premium based on your pay frequency.

Click '**Next**' to continue.



The screenshot shows a web interface for selecting a Long-Term Disability plan. At the top, there is a progress bar with three steps: 'Profile' (completed), 'Shop for benefits' (current step), and 'Confirm & Finish'. The main heading is 'Choose your Long-Term Disability plan.' followed by the instruction 'Please review your options and choose the coverage amount that best meets your needs.' Below this, a box displays the selected plan: 'Long Term Disability 2022'. It includes details: 'Monthly benefit equals 60% of 103% of your base salary, up to a maximum monthly benefit of \$15,000.' and 'Coverage amount: \$2,500.00 per month (60% of monthly salary)'. The bi-weekly cost is shown as '\$1.46' with a red information icon. A green button labeled '✓ Currently Selected' and a red button labeled 'Plan details' are at the bottom of the plan box. Below the plan box, a 'Please Note:' section states 'This benefit cannot be declined.' At the bottom, there are three buttons: 'Next' (red), 'Previous' (red), and 'Cancel' (red).

- The workflow will show you the Voluntary Short Term Disability plan options. If you want to elect the voluntary short term disability coverage, click the button next to your desired '**Coverage amount**', followed by '**Select plan**' and '**Next**'. Premiums are shown based on your pay frequency.

If you do NOT want voluntary short term disability coverage, select '**Decline Coverage**'.

Service Employees are not eligible for this benefit.

[Home](#) [Show for details](#) [Questions & Answers](#)

Choose your Voluntary Short Term Disability plan.

Please review your options and choose the coverage amount that best meets your needs.

Voluntary Short Term Disability (13 week duration; 8th day commencement)

Coverage amount	Ten Times Per Year Cost
☐ \$100.00 per week	\$6.82
☐ \$200.00 per week	\$13.25
☐ \$300.00 per week	\$19.07
☐ \$400.00 per week	\$26.50
☐ \$500.00 per week	\$33.12

[Select plan](#)

Voluntary Short Term Disability (13 week Duration; 30th day commencement)

Coverage amount	Ten Times Per Year Cost
☐ \$100.00 per week	\$3.52
☐ \$200.00 per week	\$7.03
☐ \$300.00 per week	\$10.55
☐ \$400.00 per week	\$14.06
☐ \$500.00 per week	\$17.58

[Select plan](#)

Voluntary Short Term Disability (26 week duration; 8th day commencement)

Coverage amount	Ten Times Per Year Cost
☐ \$100.00 per week	\$3.95
☐ \$200.00 per week	\$7.90
☐ \$300.00 per week	\$11.86
☐ \$400.00 per week	\$15.81
☐ \$500.00 per week	\$19.76

[Select plan](#)

Voluntary Short Term Disability (26 week duration; 30th day commencement)

Coverage amount	Ten Times Per Year Cost
☐ \$100.00 per week	\$4.91
☐ \$200.00 per week	\$9.82
☐ \$300.00 per week	\$14.72
☐ \$400.00 per week	\$19.63
☐ \$500.00 per week	\$24.54

[Select plan](#)

[Decline Coverage](#) I would like to decline Voluntary Short Term Disability coverage.

[Next](#) [Previous](#) [Cancel](#)



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- You are almost done. Review your full benefit summary and make changes if needed. To complete your enrollment, click the box that you have reviewed the information and click **'Complete Enrollment'**.

Enrollment Complete!

You have completed enrollment for the current benefit year. To make changes to any of your benefits, select "View/Edit Information".

Your benefits

Your Medical coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

HSA Qualified Health Plan	
Offered By:	Aetna-HSA
Requested Coverage Level:	Employee and Family
Effective Date:	09/19/2016
Persons Covered:	John Doe, Jane Doe

\$171.20 per month per year

[Edit coverage](#)
[Show Plan Details](#)

Your Health Savings Account (HSA) coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Health Savings Account:

- Your Contributions: Employee Per Pay Period Contribution: \$100.00 Ten Times A Year (09/01/2016 - 12/31/2016)
- Total Employee Ongoing Contribution: \$400.00 per benefit year
- Total Employer Contribution: \$400.00 per benefit year
- Employer Contributions: \$0.00 per benefit year
- Employee Ongoing Contributions: \$0.00 per benefit year
- Total Employer Contributions: \$0.00 per benefit year
- Total Employer and Employee Contributions: \$0.00 per benefit year

Offered By: HSA Bank
Effective Date: 09/01/2016
Persons Covered: John Doe

[Edit coverage](#)
[Show Plan Details](#)

Your Dependent Care FSA coverage

You have selected the plan below!

[Edit coverage](#)

Your Dental coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Coverage Plan:

- Offered By: Delta Dental of Indiana
- Requested Coverage Level: Employee and Family
- Effective Date: 09/19/2016
- Persons Covered: John Doe, Jane Doe

[Edit coverage](#)
[Show Plan Details](#)

Your Vision coverage

You have selected the plan below!

[Edit coverage](#)

Your Life coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Basic Life

Offered By:	The Hartford
Coverage Amount:	\$1,000,000 (\$1.0M) Term Insured up to \$1,000,000 (50%)
Request Coverage Level:	Individual Only
Effective Date:	09/19/2016
Persons Covered:	John Doe

\$01.10k per month per year

[Edit coverage](#)
[Show Plan Details](#)

Your AD&D coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Basic AD&D

Offered By:	The Hartford
Coverage Amount:	\$1,000,000 (\$1.0M) Term Insured up to \$1,000,000 (50%)
Effective Date:	09/19/2016
Persons Covered:	John Doe

\$01.40k per month per year

[Edit coverage](#)

Your Voluntary Life coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Voluntary Life

Offered By:	The Hartford
Requested Coverage Amount:	\$210,000.00
Effective Date:	09/19/2016
Persons Covered:	John Doe
Beneficiaries:	Jane Doe, Jay Doe

\$20.10k per month per year

[Edit coverage](#)
[Show Plan Details](#)

Your Voluntary Spouse Life coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Voluntary Spouse Life

Offered By:	The Hartford
Coverage Amount:	\$20,000.00
Effective Date:	09/19/2016
Persons Covered:	Jane Doe

\$3.00k per month per year

[Edit coverage](#)
[Show Plan Details](#)

Your Voluntary Child Life coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Voluntary Child Life

Offered By:	The Hartford
Coverage Amount:	\$10,000.00
Effective Date:	09/19/2016
Persons Covered:	Jay Doe

\$1.20k per month per year

[Edit coverage](#)
[Show Plan Details](#)

Your Long-Term Disability coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

Living Term Disability

Offered By:	The Hartford
Coverage Amount:	\$2,000.00 per month (80% of monthly salary maximum of \$1,000.00 per month)
Effective Date:	09/19/2016
Persons Covered:	Jay Doe

\$3.52k per month per year

[Edit coverage](#)
[Show Plan Details](#)

Your Voluntary Short Term Disability coverage

You have selected the plan below! You have 41 days to make changes to your coverage.

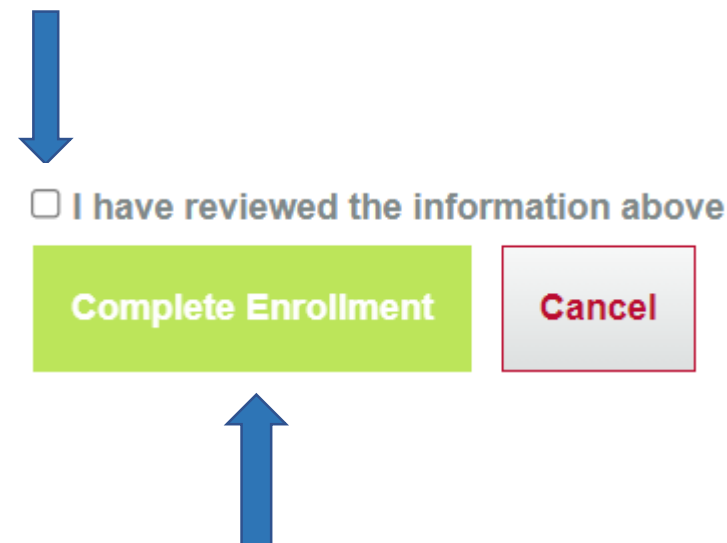
Voluntary Short Term Disability (13 week duration, 90 day commencement)

Offered By:	The Hartford
Coverage Amount:	\$300.00 per week
Effective Date:	09/19/2016
Persons Covered:	John Doe

\$19.87k per month per year

[Edit coverage](#)

[Complete Enrollment](#)
[Return home](#)



- You will then get a screen confirming your benefit selections. After reviewing this screen click the green “Continue to next page” button.
- You will then be asked to complete a survey and then go to the final screen.
- You have now completed your benefit enrollment.

✓ Congratulations Lauren, you have finished selecting your benefits!

 Medical High Deductible Wellness Plan 2022 You, +1 dependent	 Vision Premier Coverage 2022 You, +1 dependent	 Life Basic Life 2022	 AD&D Basic AD&D 2022
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[Show all 5 of my benefits ▼](#)

Helpful things to do right now



Review and print a copy of your
[Benefit Detail Report](#)



Verify the following dependents:
Stephen Brewer

Congratulations, you have completed your Benefits Open Enrollment for the 2021 calendar year! If you want further verification of your open enrollment elections or tobacco status, please call 1-844-376-7039. Please print your enrollment details for [Show more ▼](#)


[Continue to next page](#)

[View and edit all benefits](#)



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