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.
• 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.
• Click ‘Edit your benefits’ to begin your enrollment process and make benefit elections.

A note from your HR Administrator

Protection offered through Allstate Benefits

Critical illness coverage

Show more

Edit your 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.
• 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.
• 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 2023

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

• NOTE: PPO Health Plan formerly known as the High Deductible Wellness Plan
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’.
• Read the Tobacco Usage Certification Statement then click the “I agree” box.
• Click “Next” to continue.
• 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 PPO Health 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’.
• 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”
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’.
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.
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.
• To add documentation, you will need to click the + sign or drag the document to the box. Complete the document name.

• Select the drop down under type of document. If none of the categories match the uploaded documentation, choose ‘Other’.
• 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’.
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.’
- 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’.

<table>
<thead>
<tr>
<th>Plan Details</th>
<th>2023 Basic Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>Up to $60 copay for your contact lens exam, $150 allowance for contacts</td>
</tr>
<tr>
<td>Glasses and Sunglasses</td>
<td>Average 20-25% savings on noncovered lens options</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Details</th>
<th>2023 Premier Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>Up to $60 copay for your contact lens exam, $200 allowance for contacts</td>
</tr>
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<td>Glasses and Sunglasses</td>
<td>Average 20-25% savings on noncovered lens options</td>
</tr>
</tbody>
</table>
• 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’.
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.
• To add a beneficiary, you need to complete the specified fields. The * designates required fields.

Then click ‘Next’.
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.
• 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.
• 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**’. 
• If you elected voluntary life coverage complete your beneficiary designation.

<table>
<thead>
<tr>
<th>Use</th>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>SSN/ID</th>
<th>Beneficiary Type</th>
<th>Allocation %</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Jane Doe</td>
<td>Spouse</td>
<td>05/01/1950</td>
<td>123-45-6789</td>
<td>Primary</td>
<td>100</td>
<td>Edit</td>
</tr>
<tr>
<td>✓</td>
<td>Joy Doe</td>
<td>Daughter</td>
<td>08/15/1980</td>
<td>987-65-4321</td>
<td>Secondary</td>
<td>100</td>
<td>Edit</td>
</tr>
</tbody>
</table>

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

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’.
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’.
• 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 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.*
• 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’.
• 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.