



BALL STATE  
UNIVERSITY

# BENEFIT ENROLLMENT TUTORIAL



- Please go to [www.bsu.edu/payroll](http://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**

**CONTACT US**

**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.



- 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*.

HOME HEALTH BENEFITS

### QuickLinks

2021 Open Enrollment Presentation  
2022 Open Enrollment Presentation

### Featured Training

Legal Notices  
Legal Notices

## Welcome Penny!

Welcome to your insurance enrollment portal. This site gives you easy access to information about Ball State University employee insurance benefits. We recommend that you bookmark this site and check here when you have a benefit related question or need information about your insurance benefits.

If you are **new** to this enrollment portal, you will need to view the **Legal Notices** and acknowledge that you have viewed them on the **To Do List** above before you will be granted access to the Enroll Now box.

To begin your enrollment process, click on the RED area on the right of the screen titled "**Click Here to View Your Benefits.**"

To learn more about your benefit options before you begin the enrollment process, click on the HEALTH BENEFITS drop down above to view information on specific insurance coverages.

To view the insurance presentation, click on the link in the QuickLinks box.

### To Do List

➡ Your To Do List is currently complete

### Enroll Now!

Click Here to View Your Benefits

commonbond  
Have Student Loans? Save \$24,000 on average  
CLICK HERE

- 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 '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.

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 *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suffix ---Please Select---	Preferred Name <input type="text"/>
-------------------------------	--

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 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.

## 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 a web application interface for Ball State University. At the top left is the Ball State University logo. Below it is a navigation bar with a green "PROFILE" button. The main heading is "Choose your Medical plan." followed by the instruction "Please review your options and choose the plan that best meets your needs." Below this is a section titled "Who do you want to cover on this plan?" with two buttons: "John Doe" (selected with a checkmark) and "Jane Doe". To the right of the main content is a sidebar. It contains a link to "Working Spouse Affidavit" (highlighted in red), a button to "Compare plans & estimate your cost", and a section for "Personalize your estimated cost". A modal window titled "A note from your HR Administrator" is open in the center, containing text about the Working Spouse Affidavit and a "Close" button.

A note from your HR Administrator

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](#)

Close

Who do you want to cover on this plan?

✓ John Doe Jane Doe

Working Spouse Affidavit

Working Spouse Affidavit

Compare plans & estimate your cost

Personalize your estimated cost

Your estimated annual cost is based on the details below. Personalize for a more accurate cost estimation

- 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!
- **NOTE: PPO Health Plan formerly known as the High Deductible Wellness Plan**

HDHP

HSA

☐ Compare

HSA Qualified Health Plan 2023

\$46.75 <sup>?</sup>

*Eighteen Times a Year Cost*

Estimated Annual Cost \$5,063.38

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 <sup>▼</sup>

PPO

FSA

☐ Compare

PPO Health Plan 2023

\$80.28 <sup>?</sup>

*Eighteen Times a Year Cost*

Estimated Annual Cost \$5,495.04

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

✓ Currently Selected

Plan details

Compare to last year

Plan Documents <sup>▼</sup>



- 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’**.

HDHP

HSA

☐ Compare

HSA Qualified Health Plan 2023

\$46.75 <sup>?</sup>

Eighteen Times a Year Cost

Estimated Annual Cost \$5,063.38

How was this calculated?

HSA Tax Savings

Add Contribution

Individual Deductible	\$2,600
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 ▼

PPO

FSA

☐ Compare

PPO Health Plan 2023

\$80.28 <sup>?</sup>

Eighteen Times a Year Cost

Estimated Annual Cost \$5,495.04

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

✓ Currently Selected

Plan details

Compare to last year

Plan Documents ▼

Decline Coverage

I would like to decline Medical coverage.

Next

Previous

Cancel

- 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](mailto: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 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**'.

### Choose your Health FSA plan.

Do you want to participate in a Flexible Spending Account?

#### Health Care FSA 2023

Select plan

Decline Coverage

I would like to decline Health FSA coverage.

Previous

Cancel

### 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



- 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](#)



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- 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 2023

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 2023

Select plan

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

Previous

Cancel

- 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 Center

View, manage, and upload your documents



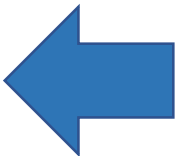
Hi John! You have one request for documents.

Document needed

Add document to verify Jane (spouse) is your dependent.

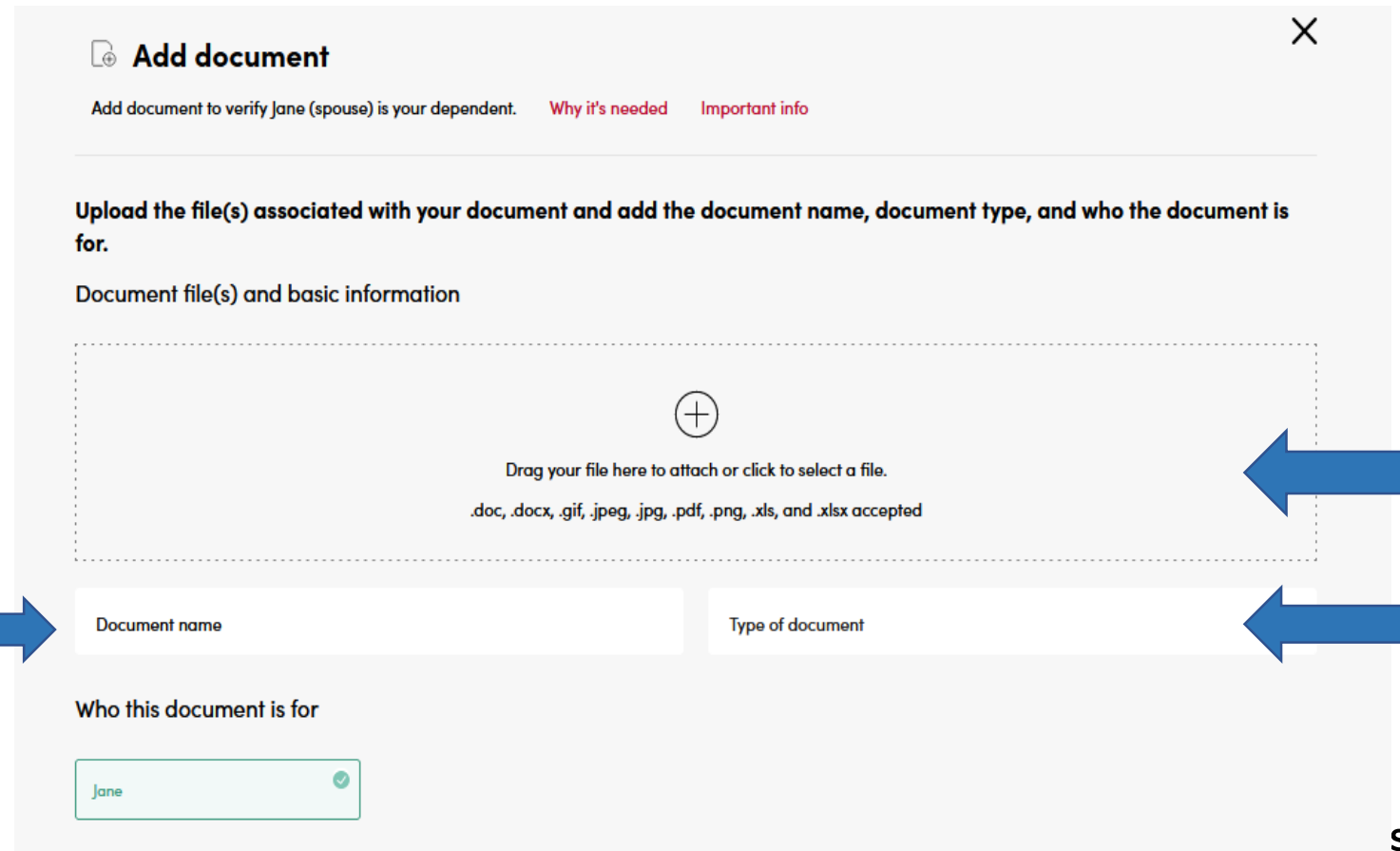
[Why it's needed](#) [Important info](#)

Add document



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- 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'**.




**Add document** ✕

Add document to verify Jane (spouse) is your dependent. [Why it's needed](#) [Important info](#)

Upload the file(s) associated with your document and add the document name, document type, and who the document is for.

Document file(s) and basic information




Drag your file here to attach or click to select a file.  
.doc, .docx, .gif, .jpeg, .jpg, .pdf, .png, .xls, and .xlsx accepted

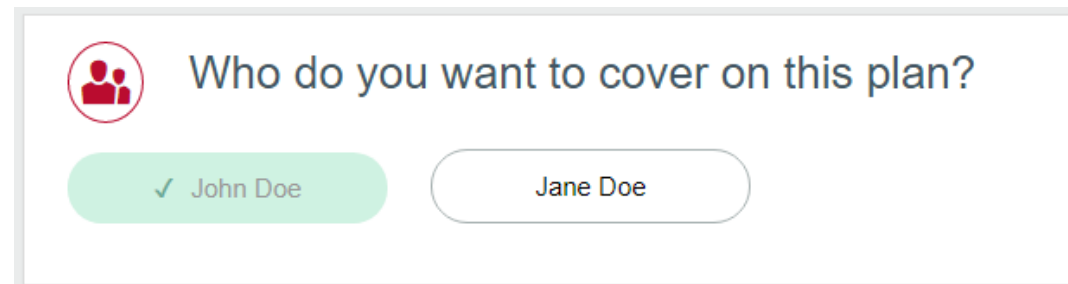
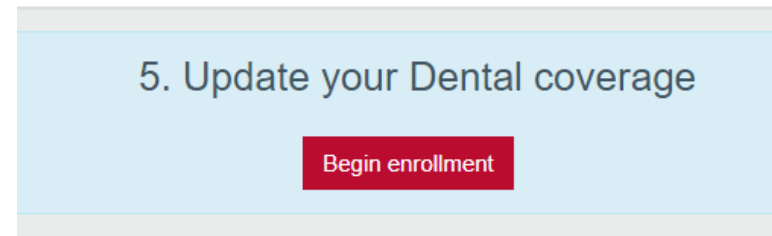
Document name

Type of document

Who this document is for

Jane 

- 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 2023

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

Select plan

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 2023

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 2023


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

Select plan

Plan details

Compare to last year

 Plan Documents 



- 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
<input checked="" type="radio"/>	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.



**Your Life coverage**  
Basic Life 2023

Offered By:

Coverage Amount:

Imputed Income:

Effective Date:

Persons Covered:

Beneficiaries:

The Hartford

\$103,000.00 (2.06 times salary up to \$125,000.00)

\$3.53 per pay period


10/16/2022

John Doe

Jane Doe  Edit

Edit coverage

Compare to your current plan

Show Plan Details 

- 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 *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship *	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 1	Address 2	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
ZIP / Postal code	Country	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Next

Previous

Cancel

- 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
<input checked="" type="checkbox"/>	Jane Doe	Spouse	05/01/1980	123-45-6789	Primary	100	<div>Edit</div>

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
<input type="radio"/> \$10,000.00	\$8.58
<input type="radio"/> \$20,000.00	\$17.17
<input type="radio"/> \$30,000.00	\$25.75
<input type="radio"/> \$40,000.00	\$34.34
<input type="radio"/> \$50,000.00	\$42.92
<input type="radio"/> \$60,000.00	\$51.51
<input type="radio"/> \$70,000.00	\$60.09
<input type="radio"/> \$80,000.00	\$68.68
<input type="radio"/> \$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
<input checked="" type="checkbox"/>	Jane Doe	Spouse	05/01/1980	123-45-6789	Primary	100	<button>Edit</button>
<input checked="" type="checkbox"/>	Joy Doe	Daughter			Secondary	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



- 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
<input type="radio"/> \$5,000.00	\$0.30
<input type="radio"/> \$10,000.00	\$0.60
<input checked="" type="radio"/> \$15,000.00	\$0.90
<input type="radio"/> \$20,000.00	\$1.20
<input type="radio"/> \$25,000.00	\$1.50
<input type="radio"/> \$30,000.00	\$1.80
<input type="radio"/> \$35,000.00	\$2.10
<input type="radio"/> \$40,000.00	\$2.40
<input type="radio"/> \$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
<input type="radio"/> \$5,000.00	\$0.23
<input type="radio"/> \$10,000.00	\$0.46

Select plan

Decline Coverage

I would like to decline Voluntary Child Life coverage.

Next

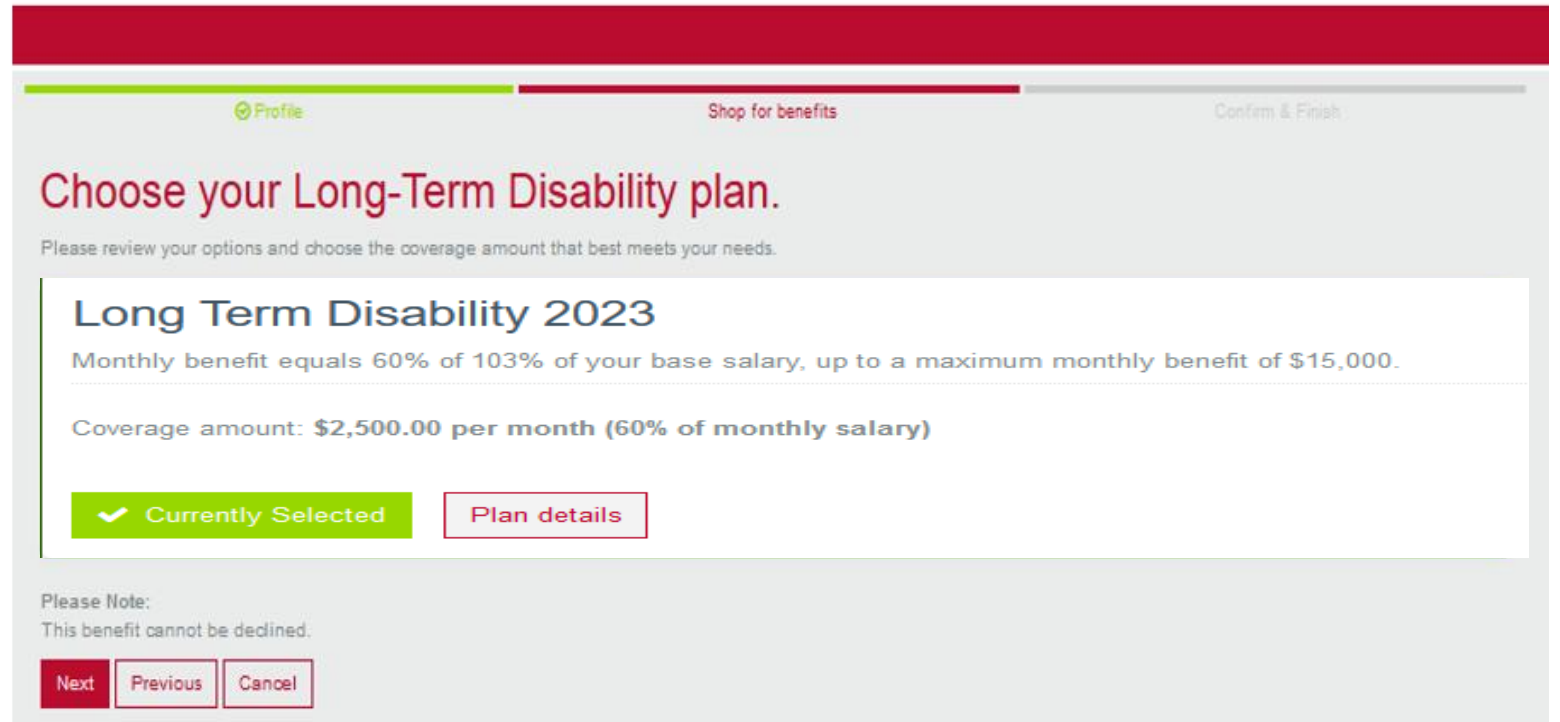
Previous

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 a subtext: 'Please review your options and choose the coverage amount that best meets your needs.' The selected plan is 'Long Term Disability 2023', with a description: 'Monthly benefit equals 60% of 103% of your base salary, up to a maximum monthly benefit of \$15,000.' The coverage amount is '\$2,500.00 per month (60% of monthly salary)'. Below this, there are two buttons: 'Currently Selected' (highlighted in green) and 'Plan details'. At the bottom, there is a 'Please Note:' section stating 'This benefit cannot be declined.' and three buttons: 'Next' (highlighted in red), 'Previous', and 'Cancel'.



- 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 my benefits](#) [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
<input type="radio"/> \$100.00 per week	\$6.82
<input type="radio"/> \$200.00 per week	\$13.25
<input type="radio"/> \$300.00 per week	\$19.07
<input type="radio"/> \$400.00 per week	\$26.50
<input type="radio"/> \$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
<input type="radio"/> \$100.00 per week	\$3.52
<input type="radio"/> \$200.00 per week	\$7.03
<input type="radio"/> \$300.00 per week	\$10.55
<input type="radio"/> \$400.00 per week	\$14.06
<input type="radio"/> \$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
<input type="radio"/> \$100.00 per week	\$3.95
<input type="radio"/> \$200.00 per week	\$7.90
<input type="radio"/> \$300.00 per week	\$11.86
<input type="radio"/> \$400.00 per week	\$15.81
<input type="radio"/> \$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
<input type="radio"/> \$100.00 per week	\$4.91
<input type="radio"/> \$200.00 per week	\$9.82
<input type="radio"/> \$300.00 per week	\$14.72
<input type="radio"/> \$400.00 per week	\$19.63
<input type="radio"/> \$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 (09/02/2016 - 12/02/2016)
- Total Employee Ongoing Contribution: \$400.00 per benefit year
- Total Employer Contribution: \$400.00 per benefit year
- Employer Contributions: Employer Ongoing Contributions: \$0.00 per benefit year
- Total Employer Contribution: \$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

\$400.00 per benefit year

[Edit coverage](#)

#### Your Dependent Care FSA coverage

You have selected the plan below!

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

\$0.00 per month per year

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

#### Your Dental coverage

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

Dental Plan:

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

\$53.34 per month per year

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

#### Your Vision coverage

You have selected the plan below!

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

\$0.00 per month per year

[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 (\$1,000,000 term; voluntary up to \$1,000,000 cash value)
Requested Coverage Level:	Employee and Family
Effective Date:	09/19/2016
Persons Covered:	John Doe
Beneficiaries:	Jane Doe, Jay Doe

\$91.18 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 (\$1,000,000 term; voluntary up to \$1,000,000 cash value)
Effective Date:	09/19/2016
Persons Covered:	John Doe

\$31.49 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

\$30.19 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:	\$25,000.00
Effective Date:	09/19/2016
Persons Covered:	Jane Doe

\$3.00 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

\$1.20 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.

Long Term Disability:

Offered By:	The Hartford
Coverage Amount:	\$2,000.00 per month (67% of monthly salary; maximum of \$1,000.00 per month)
Effective Date:	09/19/2016
Persons Covered:	John Doe

\$3.52 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

\$19.87 per month per year

[Edit coverage](#)

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



☐ I have reviewed the information above

## Complete Enrollment


Cancel



- 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 John, you have successfully updated your benefits!

Below is a summary of your updated benefits and next steps




**Medical**


PPO Health Plan 2023

You, +1 dependent

**Helpful things to do right now**



Review and print a copy of your  
**Benefit Detail Report**



Verify the following dependents:  
Jane Doe

Congratulations, you have completed your Benefits Open Enrollment for the 2022 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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