Purpose: The purpose of this document is to assist OHIO employees with Open Enrollment, the annual (mid-April – early-May) opportunity to make changes to benefits coverage plan options. Benefit changes and elections made during Open Enrollment will take effect on July 1.

For Questions Contact: Employee Service Center (ESC) at 740.593.1636 or benefits@ohio.edu.

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OPEN ENROLLMENT

Open Enrollment is the annual opportunity OHIO benefits-eligible employees have to make changes to their benefits coverage plan options including: increasing or decreasing coverage; adding or dropping covered dependents; and enrolling in flexible spending accounts.

ATTN: THE ANNUAL BENEFITS OPEN ENROLLMENT PERIOD IS TYPICALLY MID-APRIL THROUGH EARLY-MAY.

Benefit changes and elections made during Open Enrollment will take effect on July 1. During Open Enrollment you can make changes to your medical, dental, vision and life insurance coverages and re-enroll/enroll in a Flexible Spending Account for the next plan year.

LINKS TO NEW BENEFITS OPTIONS & DESCRIPTIONS

1. Visit OHIO’s Benefits Open Enrollment website: [https://www.ohio.edu/hr/benefits/healthcare/openenrollment.cfm](https://www.ohio.edu/hr/benefits/healthcare/openenrollment.cfm)
2. To view the Benefits Open Enrollment Guide, click the link for your Employment Group.

SYSTEM REQUIREMENTS

Any browser will work if you don't need to add or change beneficiaries (spouse, child, etc.).

Multi-factor authentication, or two-factor authentication with DUO push, is required to access [Oracle e-Business Suite](https://www.ohio.edu/hr/benefits/healthcare/openenrollment.cfm) and [My Personal Information (MPI)](https://www.ohio.edu/hr/benefits/healthcare/openenrollment.cfm).
Internet Explorer required for beneficiary updates

To add or modify a beneficiary (spouse, child, etc.), you must use Internet Explorer on Windows.

If you have a Mac and need to add or update a beneficiary, you have several options:

- A Windows computer is available for benefits enrollment in the Human Resources lobby in HRTC.
- You can attend one of our Open Lab sessions for assistance.
- Contact us at benefits@ohio.edu for assistance if you are unable to come to the Athens Campus.

Keep in mind that the icons for Microsoft Edge and Internet Explorer are very similar. Make sure you are using the correct one:

![Internet Explorer vs. Edge](image)

Multifactor Authentication

Multi-factor authentication, or two-factor authentication with DUO push, is required to access MPI. You must set up multi-factor authentication prior to accessing MPI to update your benefit selections. For more information, visit: [https://www.ohio.edu/oit/multi-factor/index.cfm](https://www.ohio.edu/oit/multi-factor/index.cfm)
MY PERSONAL INFORMATION: OPEN ENROLLMENT

During open enrollment, you may:

- Review current coverages and make necessary changes
- Select a medical and prescription drug plan
- Select a vision plan
- Enroll in the dental plan
- Elect flexible spending accounts
- Enroll in the short term disability plan
- Enroll in supplemental and dependent life insurance plans

Log in to My Personal Information (MPI):

1. Login * to: https://myhr.ohio.edu/
2. Click My Personal Information.
   *You must be enrolled in multi-factor authentication to access My Personal Information. Visit https://www.ohio.edu/oit/multi-factor to learn more.

3. Click My Personal Information (use your OHIO ID and Password).
4. Enter your **OHIO ID** and **Password** and click **Login**.

5. **Complete your DUO Security multi-factor authentication.**
6. Click the + to expand your My Personal Information folder.

7. Click Self Service Benefits.
VIEW CURRENT BENEFITS

When you access **Self Service Benefits**, your current **Benefit Selections and Rate Details** as well as **Covered Dependents and Beneficiaries** will display.

1. Read the **Legal Disclaimer**. Click the **radio button** next to **Accept** and click **Next**.

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**Dependents & Beneficiaries**

**Eligible Dependents and Beneficiaries** provides a list of individuals currently linked to your record as a “contact.” Contacts include your health care eligible dependents as well as life insurance beneficiaries. A qualified dependent for health care coverage is a legally married spouse, domestic partner for which you have completed a domestic partner affidavit with University Human Resources; children under the age of 26 including adopted children, stepchildren, children of domestic partners, children for which you are the legal guardian, and disabled children who have been approved by Anthem.
A beneficiary can be any individual(s). **NOTE:** You may also name trusts, estates or other non-individuals, as well as individuals for which you do not have a Social Security Number (SSN), however, these must be documented on a paper Beneficiary Designation Form:

**A PAPER BENEFICIARY DESIGNATION FORM IS REQUIRED IF YOU DO NOT KNOW YOUR BENEFICIARY’S SOCIAL SECURITY NUMBER (SSN). USE ONLINE ENROLLMENT FOR EVERYTHING BUT DESIGNATING BENEFICIARY. YOU MAY SEND DOCUMENTATION VIA CAMPUS MAIL TO UNIVERSITY HUMAN RESOURCES’ EMPLOYEE SERVICE CENTER (ESC), 107 HRTC. IF YOU PREFER TO HAND DELIVER YOUR DOCUMENTATION, DELIVER TO 103 HRTC (FRONT DESK AREA).**

**Special Circumstances**

The following dependents and beneficiaries cannot be added in **Self Service Benefits** at this time. Please contact University Human Resources’ Employee Service Center at 740.593.1636 if any of the situations below are applicable to the dependent/beneficiary who you would like to add or update:

- They are a current or former Ohio University employee
- If you receive a duplicate record error

1. On the *Eligible Dependents and Beneficiaries* page, review your dependent and beneficiary information. If you need to update your dependents and beneficiaries, see [Update an Existing Contact](#). If you need to add a dependent or beneficiary, see [Add Another Person](#).

2. If your dependent and beneficiary information is correct, click **Next**.

3. Click the **Current Benefits** tab. Under *The following is an overview of your current benefits enrollments*, click the drop-down menu to select the effective date of the benefits you would like to review and click **Go**.
4. Your benefit enrollments, covered dependents and beneficiaries for the period that you selected will display.

Remove a Contact

*Eligible Dependents and Beneficiaries* provides a list of individuals currently linked to your record as a “contact.” To remove a contact from your record, contact University Human Resources’ Employee Service Center at 740.593.1636.

Update an Existing Contact

Review your list of dependents and beneficiaries.

1. To update information for an existing contact, in the **Update** column, click the **Pencil** icon next to the appropriate person’s name.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terry</td>
<td>Spouse</td>
<td>05-May-1964</td>
<td></td>
</tr>
<tr>
<td>Kiki</td>
<td>Child</td>
<td>26-Nov-2002</td>
<td></td>
</tr>
<tr>
<td>Kolt</td>
<td>Child</td>
<td>10-Sep-2005</td>
<td></td>
</tr>
<tr>
<td>Valorie</td>
<td>Beneficiary</td>
<td>07-Aug-1948</td>
<td></td>
</tr>
</tbody>
</table>

2. Under **Name and Relationship**, **update the contact’s information**. Fields marked with an asterisk (*) are required.

3. Click the **drop-down** menu to select the appropriate **Relationship**. **NOTE:** A beneficiary can be any relationship type, however, a qualified dependent for health care coverage has to be one of the following:
   - Spouse
   - Domestic partner
   - Child (**WARNING**: Do NOT choose Son or Daughter.)
   - Adopted child
   - Stepchild
   - Legal dependent
   - Domestic partner child
   - Domestic partner adopted child
• Domestic partner legal dependent

4. Update the contact’s **Legal Name in Proper Case** (not UPPERCASE and not lowercase). Example: Rufus Bobcat (capitalize “R” and “B.”)

5. Under **Address Information**, update the contact’s **Address**, or click the **Shared Residence checkbox** if the contact resides with you.

6. Under **Miscellaneous Information**, verify or update the contact’s information. **NOTE:** If updating a contact record, please contact the Employee Service Center at 740.593.1636 prior to changing a Social Security Number.

7. If you are enrolling a spouse/domestic partner in medical coverage, you must specify if this person has access to health care coverage from his or her employer. If they have access to health care, click the **checkbox**.

8. If they are enrolled in their employer’s health care plan, enter their **Employer Name**.

9. **Click Apply.**

10. Verify your dependent and beneficiary information is correct and click **Next.**
**Add Another Person**

A Social Security Number (SSN) is required for a new dependent. If you do not know your new dependent’s SSN, the paper Benefits Enrollment Form is required. You must also complete Anthem’s SSN Exception form. See [online forms](#). You may send documentation via campus mail to University Human Resources’ Employee Service Center (ESC), 107 HRTC. If you prefer to hand deliver your documentation, deliver to 103 HRTC (front desk area).

*A SOCIAL SECURITY NUMBER IS REQUIRED FOR A NEW DEPENDENT.*

To add a dependent and/or beneficiary, you must create a contact.

1. Under *Eligible Dependents and Beneficiaries*, click **Add Another Person**. Fields marked with an asterisk (*) are required.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Birth Date</th>
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</tr>
<tr>
<td>Valorie</td>
<td>Beneficiary</td>
<td>07-Aug-1948</td>
<td></td>
</tr>
</tbody>
</table>

2. Under *Name and Relationship*, click the **drop-down** menu to select the appropriate *Relationship*. **NOTE:** A qualified dependent for health care coverage has to be one of the following: spouse, domestic partner, child, adopted child, stepchild, legal dependent, domestic partner child, domestic partner adopted child, domestic partner legal dependent. A beneficiary can be any relationship type.

3. Enter the contact’s **Legal Name in Proper Case** (not UPPERCASE and not lowercase). Example: Rufus Bobcat (capitalize “R” and “B.”)
4. Under **Address Information**, enter the contact’s **Address**, or click the **Shared Residence checkbox** if the contact resides with you.

5. Under **Miscellaneous Information**, enter the contact’s information.
   - Click the **dropdown** menu to select **Gender**.
   - When entering **Social Security Number**, include dashes.
   - Click the **Calendar** icon to select the contact’s **Date of Birth** or manually key in the date in the following format: DD-MMM-YYYY. Example: 12-JUN-2005

6. If you are enrolling a spouse or domestic partner in medical coverage, you must specify if this person has access to health care coverage from his or her employer. If they have access to health care, click the **checkbox**.
7. If they are enrolled in their employer’s health care plan, enter their Employer Name.

If your spouse/partner is enrolled in their employer’s health care plan, type the name of their employer here:  
Enter your Spouse’s Employer

8. Click Apply. The person you added will now display in your Dependents and Beneficiaries list.

**NON BARGAINING EMPLOYEES WILL BE CHARGED AN ADDITIONAL SPOUSE/DOMESTIC PARTNER PREMIUM OF $50 PER MONTH FOR HEALTH CARE COVERAGE FOR A SPOUSE/DOMESTIC PARTNER IF THEY ARE OFFERED HEALTH COVERAGE THROUGH THEIR EMPLOYER, BUT ARE NOT ENROLLED.**

**THIS ADDITIONAL PREMIUM IS NOT APPLICABLE IF THEIR SPOUSE/DOMESTIC PARTNER IS AN OHIO UNIVERSITY EMPLOYEE.**

9. Repeat (steps 1-8) to add additional dependents and/or beneficiaries.

10. Verify your dependent and beneficiary information is correct and click Next.

**REMINDER:** If you created a contact in order to add a dependent and/or beneficiary, you still must specify your election for his or her coverage. See Dependent Selection.

### COMPLETE OPEN ENROLLMENT

**Update Benefits**

1. To choose your benefit elections for the upcoming fiscal year, verify the Benefits Enrollment tab is selected. An overview of your current benefits enrollments will display.

2. To make changes to your benefits coverage, click the Update Benefits button.
Helpful Definitions

<table>
<thead>
<tr>
<th>Column</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update</td>
<td>To update information for an existing contact, click the Pencil icon next to the appropriate person’s name.</td>
</tr>
<tr>
<td>Details</td>
<td>Click the + or Show to expand the view.</td>
</tr>
<tr>
<td>Plan</td>
<td>Plan Type (Medical, Dental, Vision, Basic Life Insurance, Supplemental Life Insurance, Flexible Spending Accounts, and Employee Assistance Plan, etc.)</td>
</tr>
<tr>
<td>Options</td>
<td>Options available for each Plan Type (Employee, Employee + One, Employee + Spouse, Employee + Family, etc.)</td>
</tr>
<tr>
<td>Details</td>
<td>Click the icon to review plan options and descriptions. This will open in a new window. Depending on your browser, it may open multiple windows. Click your browser in the taskbar at the bottom of the screen.</td>
</tr>
<tr>
<td>Select</td>
<td>Each checkbox is a toggle button. Click once to select the checkbox. Click the checkbox again to deselect it. Only one checkbox may be selected for each Plan Type.</td>
</tr>
<tr>
<td>Coverage/Amount</td>
<td>The amount of coverage that you are electing. Used for Flexible Spending Accounts, Life Insurances, and Disability plans.</td>
</tr>
<tr>
<td>Employee Pre-tax Premium</td>
<td>The amount that the employee pays for the tax-free benefit per pay period. Deductions are prior to taxes being calculated.</td>
</tr>
<tr>
<td>Employee After-tax Premium</td>
<td>The amount that the employee pays for the taxable benefit per pay period. Deductions are after taxes are calculated.</td>
</tr>
<tr>
<td>Employee Imputed Income</td>
<td>The amount per pay period that is added as taxable earnings for health coverage of a non-taxable dependent.</td>
</tr>
<tr>
<td>Employer Premium</td>
<td>OHIO’s cost per pay period for your benefit enrollment.</td>
</tr>
</tbody>
</table>

**ATTN: Only benefits that you are eligible for will display on your page.**
3. Under each Plan Type, next to the desired option, click the checkbox to select your benefit choice. Each checkbox is a toggle button. Click once to select the checkbox. Click the checkbox again to deselect it. Only one checkbox may be selected for each Plan Type.

4. If you wish to decline coverage, next to Waive, click the checkbox for the appropriate Plan Type.
   - Benefits that do not have a cost for employees cannot be waived (Employee Assistance Plan)
   - If enrolling in the Supplemental Life Plan or a Flexible Spending Account, in the Coverage/Amount column, enter the Coverage Amount. For additional information, hover your mouse over the icon.

5. After selecting your coverage options and amounts for each Plan Type, click Next.

WARNING: ONLY ONE CHECKBOX MAY BE SELECTED FOR EACH PLAN TYPE.

Dependent Selection
If you created a contact in order to add a dependent or beneficiary, the contact will display here, however, you still must specify your election for his or her coverage.

WARNING: IF THE CORRECT RELATIONSHIP TYPES ARE NOT USED WHEN ADDING A NEW CONTACT, THEY MAY NOT DISPLAY. EXAMPLE: CONTACTS WITH A RELATIONSHIP TYPE OF “SON” OR “DAUGHTER” WILL NOT BE SHOWN ON THE COVER DEPENDENTS PAGE. “CHILD,” “ADOPTED CHILD,” AND “STEPCHILD” ARE APPROPRIATE RELATIONSHIP TYPES THAT SHOULD BE USED INSTEAD.
If the Contact that You Added Does Not Display

6. If the contact that you added does not display, click the Add Dependents button at the bottom of the page. You will return to the Dependents andBeneficiaries page.
7. To update information for an existing contact, in the Update column, click the Pencil icon next to the appropriate person’s name.
8. Correct the Relationship Type. NOTE: A qualified dependent for health care coverage has to be one of the following: spouse, domestic partner, child, adopted child, stepchild, legal dependent, domestic partner child, domestic partner adopted child, domestic partner legal dependent. A beneficiary can be any relationship type available.
9. Click Apply.
10. Click Next. You will return to the Cover Dependents page where the dependent now displays.

6. Under Cover Dependents, next to the appropriate person’s name, click the checkbox to indicate dependents you elect to cover for each Plan Type. Each checkbox is a toggle button. Click once to select the checkbox. Click the checkbox again to deselect it.
7. Click **Next**.

### Beneficiary Selection

A beneficiary can be any individual(s). **NOTE:** You may also name trusts, estates or other non-individuals; however, these must be documented on the paper **Beneficiary Designation Form**.

8. Under **Beneficiary Selection**, update your beneficiary designations by entering the percentage of benefit for each beneficiary listed. **Enter the percentage of benefit** for both **Primary** and **Contingent** beneficiaries.

- The Primary Beneficiary is the person(s) who will receive the benefits in the event of the insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total must equal 100%.
- The Contingent Beneficiary is the person(s) who will receive the benefits if the primary beneficiary is not living at the time of the insured's death.
Why am I being asked to provide beneficiaries multiple times?
If you enroll in the supplemental life insurance plan, you will need to designate beneficiaries for both the basic life insurance plan and the supplemental life insurance plan. These plans are administered separately, so you may choose to designate a different beneficiary for each plan.

WARNING: EACH LISTING OF PRIMARY BENEFICIARIES MUST EQUAL 100% AND EACH LISTING OF CONTINGENT BENEFICIARIES MUST EQUAL 100%.

9. Click the **Recalculate** button to ensure totals equal 100%. **NOTE:** While a change in life insurance coverage will not be effective until July 1, your beneficiaries will be updated immediately.

10. Click **Next**.

**Supplemental Life Insurance**

If you are requesting an increase to your Supplemental Life Insurance over $20,000 or any amount over $200,000, you will need to complete the Evidence of Insurability form.

This form does not guarantee coverage, and additional information may be required. These requests are reviewed by Dearborn National, our life insurance provider. Failing to submit this form by the end of the enrollment period will result in your supplemental life enrollment defaulting to the interim coverage amount.

Be sure to designate beneficiaries for both your elected coverage amount as well as your interim coverage amount. Your interim coverage amount will be equal to your current coverage amount + $20,000. Once the Evidence of Insurability form is received and approved by the life insurance company, your elected coverage amount will be applied. The beneficiaries on both your elected coverage as well as your interim coverage must be the same since these are the same plan.
Dependent Certifications

Dependent Eligibility Verification

If enrolling new dependents in medical, dental or vision coverage, you must provide dependent verification (birth certificate, marriage certificate, domestic partner affidavit, etc.). Existing employees must provide dependent verification when making changes to an enrollment choice, such as adding a dependent due to marriage. Required documentation must be submitted by the last date of your Open Enrollment period (May 5). Failure to provide required documentation may result in a denial of coverage for eligible dependents. To submit dependent verification, do one of the following:

**ATTN: PLEASE INCLUDE THE EMPLOYEE’S NAME AND EMPLOYEE’S ID NUMBER ON DOCUMENTATION.**

- Upload an electronic certification as an Attachment during Open Enrollment.
- Send documentation via campus mail to University Human Resources’ Employee Service Center (ESC), 103 HRTC.
- Hand deliver documentation to University Human Resources’ Employee Service Center (ESC), 103 HRTC.
- Fax documentation to University Human Resources at 740.593.0669.

The following website provides a listing of acceptable documents: [https://www.ohio.edu/hr/benefits/healthcare/verification.cfm](https://www.ohio.edu/hr/benefits/healthcare/verification.cfm)

**REMEMBER: Please include the Employee’s Name and Employee’s ID Number on documentation.**

Attachments

11. To upload an electronic document as an attachment, under Attachments, click the Add Attachment button.
12. Enter an optional Title and Description for the document. Verify the radio button next to File is selected and click Browse.

![Attachment Summary Information](https://example.com/attachment)

13. Navigate to where the document is saved on your computer. Click to select the document and click Open.

14. To upload additional attachments, click Add Another. Repeat steps 12-13.

15. When you are finished, click Apply. Your attachment(s) will display.

**Confirmation Statement**

Save or print your Confirmation Statement.

16. On the Confirmation Statement, review your elections to verify accuracy.

17. To print your Confirmation Statement, click the Confirmation Statement button.
18. You will be asked if you would like to open or save the file. Click **Open**.

19. From Adobe Acrobat Reader’s **File** menu, click **Print**. Specify the desired printer **Properties** and click **Print**. Close Adobe Acrobat Reader.

20. To make changes to your benefits elections, click the **Back** button.

21. To complete the enrollment process, click **Logout**.

**REMINDER:** You will have the option to make further changes to your benefit coverages, but only until the Open Enrollment period ends on May 5.
ONLINE RESOURCES

- Anthem SSN Exception Form: https://www.anthem.com/bydesign/noapplication/f3/s0/t0/pw_e195769.pdf?refer=ahpemployer

- Beneficiary Designation Form: https://www.ohio.edu/hr/forms/upload/Life_Ins_Beneficiary_Dearborn.pdf

- Evidence of Insurability Form: https://www.ohio.edu/hr/forms/upload/EOI_Dearborn_policyno.pdf

- Domestic Partner Affidavit: https://www.ohio.edu/hr/upload/DP_Affadavit_2015.pdf

EMPLOYEE ANNUAL PARKING FEE OPT OUT

IF YOU OPTED OUT OF PARKING LAST YEAR, IT WILL CARRY OVER.

Athens Campus employees have the option to opt out of the annual parking fee. Please be advised this is part of the open enrollment process and may only be updated once per year. Only Athens campus employees need to opt out as parking fees are not applied to branch campus employees. Employees who choose to opt out of the parking fee must return their campus parking permit. Failure to return a campus permit will result in continuation of the annual parking deduction. Employees who were opted out last year will remain opted out unless it has been changed; therefore, employees who were previously opted out do not need to do so again.

ATTN: YOU MUST RETURN YOUR PARKING PERMIT TO PARKING SERVICES.

1. To opt out of the annual parking fee, visit: https://ohiou.t2hosted.com/Account/Portal
2. To log in to your Parking Account, click LOGIN (top right corner).
3. Enter your OHIO ID and Password. After logging in, your name will display in the top right corner. This confirms you are logged in to your account.
4. Click Permits and select Get Permits.
5. Under *Permit Options*, click the link to Opt Out of the annual parking fee.

5. Read the on-screen instructions and check the agreement options. **Submit** the form.