2019
Online Open Enrollment
Tutorial

THE UNIVERSITY of
MISSISSIPPI
HUMAN RESOURCES
This tutorial is a resource available to assist in navigating the online Open Enrollment process. Step-by-step instructions, including screen shots, will guide you as benefit elections are made for calendar year 2020.

If at any time personal assistance is needed, you may reach out to the Department of Human Resources benefits team. Contact information is provided at the end of this tutorial.

Open Enrollment is a 2-step process.

1. Review and update family information. Please ensure the Social Security name is provided.
2. Make online elections, save, and review the Benefits Summary. Some plans require completion of an enrollment form and/or Evidence of Insurability required for underwriting. Completed forms must be received in Human Resources (Jackson Avenue Center – Central) no later than Wednesday, November 6th.

Faculty and staff have the opportunity to make benefit elections and changes from October 1st- 31st. Employees may access online Open Enrollment as often as necessary during the month of October.

Coverage is effective January 1, 2020. For benefits subject to underwriting, coverage will become effective upon underwriting approval.
How do I Access Open Enrollment?

Select the Employee tab then My HR Tools. Open Apps.

Type www.olemiss.edu into your browser to access MyOleMiss portal.

Select myOleMiss and login using your Web ID and password.
Steps to Complete Open Enrollment?

Open Enrollment Step 1: Update Beneficiaries / Dependents – List of family members who may be eligible for insurance coverage.

Open Enrollment Step 2: Benefit Plan Enrollment – Link to enroll in a new insurance plan, drop/add dependents from coverage, change existing coverage, or cancel coverage.

*Please note: In addition to making online elections, some plans require completion of an enrollment application and/or Evidence of Insurability for underwriting. Links with instructions and forms are provided during the enrollment process.
Step 1: Update Family Information

To update the list of dependents who will be covered on insurance plans, select **Open Enrollment Step 1: Update Beneficiaries / Dependents**. This step must take place prior to completing the online enrollment process.
Update Existing Information for Qualifying Family Members

To update information for a dependent, select **EDIT** under the individual’s name.
Update Existing Information for Qualifying Family Members

Review information for accuracy. Names must be listed as documented on the social security card.

Change inaccurate information.

Click Review.
Update Existing Information for Qualifying Family Members

Review the Family Member data below:

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Name</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Name</td>
<td>STEVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last Name</td>
<td>MALLORY</td>
<td></td>
</tr>
</tbody>
</table>

Data at Birth:

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Name at Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/1963</td>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

Other Personal Data:

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Nationality</th>
<th>Second Nationality</th>
<th>Third Nationality</th>
<th>Reference Personnel Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>111-22-3345</td>
<td>American US</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address:

<table>
<thead>
<tr>
<th>Street and House Number</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>Country</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physicians:

<table>
<thead>
<tr>
<th>Physician 1</th>
<th>ID Number</th>
<th>Physician 2</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Status and Challenge:

<table>
<thead>
<tr>
<th>Status</th>
<th>Challenged</th>
<th>Disability Date</th>
<th>Notification Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Valid from: 02/20/2017

Click to Save.

You may return to the main list by clicking on the link ‘Go to Update Beneficiaries/Dependents Overview – Make Further Selections’ which is located at the top of the page.
Add a New Family Member

To add new dependents who will be covered on an insurance plan, select the appropriate **NEW MEMBER** option. This will allow you to create a new record to add someone to the list. Follow previous instructions for reviewing and saving entry.
Once you have updated family information, select **Open Enrollment Step 2: Benefit Plan Enrollment** to begin the enrollment process.
What Am I Currently Enrolled In?

1. The Benefits Elections Summary provides a list of insurance benefits in which you are currently enrolled.

2. At the bottom of the screen is a list of insurance benefits you are not enrolled in but have the opportunity in which to participate.

You must agree to the acknowledgement statement to move forth.
How Do I Find a Specific Insurance Plan?

Insurances are grouped into 3 categories:

1. **Health Plans** include medical plans. (health, dental, vision, and cancer plans)
2. **Insurance Plans** are income protection plans. (life insurance and long-term disability)
3. **Flexible Spending Accounts** includes medical reimbursement and dependent care accounts.
Select a category (Health Plans, Insurance Plans, or Flexible Spending Accounts). All benefit plans, whether currently enrolled or eligible for enrollment, will be listed. Plans in which you are currently enrolled will be denoted with a ‘Current’ status.

To change a plan in which you are already enrolled, click the icon to the left of the plan. To cancel coverage for 2020, click the icon to the left of the plan. To enroll in a new plan, click the icon to the left of the plan.
Making a Benefit Election

When you click the election, change, or delete icon, a pop-up box will appear with plan options. Select the option of choice by clicking the box to the left of the plan name. The election will turn blue. If electing dependent coverage (i.e. Employee and Spouse, Employee and Family, etc.) make sure to select qualifying dependents. Click the ADD button.
An information packet is available for every benefit plan. The packet will also include an enrollment form and/or an Evidence of Insurability for underwriting for some plans. It may be accessed by clicking the Plan Name link (in light blue font). A pop-up box will appear that enables you access to the document. Packets are also available at [http://hr.olemiss.edu/benefits/open-enrollment/](http://hr.olemiss.edu/benefits/open-enrollment/).
Information Packet

Delta Dental

The University of Mississippi offers dental benefits through enrollment with Delta Dental Insurance Company. Two plan options are available: low option and high option. Both options offer similar benefits for diagnostic/preventive, basic and major services. Assigned co-insurance, annual limits, and monthly premiums will vary depending on the option elected. A brief overview of each option is provided in the following benefits summary with more detailed description of benefits is available in the dental plan brochure which can be accessed at: http://hr.olemiss.edu/wp-content/uploads/sites/93/Delta-Dental-Flyer_2018.pdf

Delta Dental participants will experience a 2.93% rate increase for plan year 2018. New rates are included in the aforementioned flyer and within this correspondence.

Coverage Options & Premiums

The following features are available under both options:

- SEE ANY DENTIST
- $50 DEDUCTIBLE/MEMBER/CALANDER YEAR
- $150 FAMILY DEDUCTIBLE/CALANDER YEAR
- DIAGNOSTIC AND PREVENTIVE SERVICE (D&P) PAID AT 100% OF USusal AND CUSTOMARY RATES (NOT SUBJECT TO DEDUCTIBLE) WHEN USING PPO OR DELTA PREMIER DENTIST (A LIST OF PROVIDERS IS AVAILABLE @ www.deltadentalms.com)

Low Plan Option

The low option may be appropriate for employees who require minimal dental services. This option offers benefits with lower co-insurance for basic and major services at a lower monthly premium. Please note orthodontic benefits are unavailable.

Benefits Summary

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Co-insurance Payable on the UCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Diagnostic and Preventive</td>
<td>100% (No Deductible)</td>
</tr>
</tbody>
</table>

For some plans, complete the enrollment form and/or Evidence of Insurability for underwriting at the end of the packet and submit to Human Resources (Jackson Avenue Center – Central) no later than Wednesday, November 6th.
When all elections are made, select **Review and Save**. This page provides an overview:

- Plans to be Added
- Plans to be Changed
- Unchanged Plans
- Plans not Enrolled In

Review for accuracy. If revisions are necessary, select the respective category Health Plans, Insurance Plans, or Flexible Spending Accounts to revise the election. If accurate, click **Save**. Elections will not be saved and updated in the system until this action occurs.
Reminder:  Save Your Elections

Remember, elections are not updated in the system until you click Save.
Benefit Elections Summary

This page provides a summary of all benefits in which you are enrolled for calendar year 2020. Please note, coverage in which you are enrolled on 12/31/2019 will continue at the same level for plan year 2020 in the absence of an open enrollment change.

Review for accuracy. Your online election is your official election.
Benefits Summary

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Date of Hire:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>July 17, 1997</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Personnel Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City / State / Zip:</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXFORD, MS 38655</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN:</th>
<th>Date of Birth:</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail Address:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status:</th>
<th>Pay Mode:</th>
<th>Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAFF SALARY</td>
<td>Semi-Monthly</td>
<td>Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Benefit Elections</th>
<th>Plan Year 2019 Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Benefit Plan:</td>
<td>Benefit Plan:</td>
</tr>
<tr>
<td>Legacy - Select Plan</td>
<td>Legacy - Select Plan</td>
</tr>
<tr>
<td>Plan Option:</td>
<td>Plan Option:</td>
</tr>
<tr>
<td>Network</td>
<td>Network</td>
</tr>
<tr>
<td>Dependent Coverage:</td>
<td>Dependent Coverage:</td>
</tr>
<tr>
<td>Employee only</td>
<td>Employee only</td>
</tr>
<tr>
<td>Employee Pre-Tax Cost:</td>
<td>Employee Pre-Tax Cost:</td>
</tr>
<tr>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Employer Cost:</td>
<td>Employer Cost:</td>
</tr>
<tr>
<td>$175.00</td>
<td>$175.00</td>
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</tbody>
</table>

| Dental                   |                          |
| No Plan Selected         | No Plan Selected         |

<table>
<thead>
<tr>
<th>Vision</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Plan:</td>
<td>Benefit Plan:</td>
</tr>
<tr>
<td>Davis Vision</td>
<td>Davis Vision</td>
</tr>
<tr>
<td>Plan Option:</td>
<td>Plan Option:</td>
</tr>
<tr>
<td>Vision Option 1</td>
<td>Vision Option 1</td>
</tr>
<tr>
<td>Dependent Coverage:</td>
<td>Dependent Coverage:</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>Employee + 1</td>
</tr>
<tr>
<td>Employee Pre-Tax Cost:</td>
<td>Employee Pre-Tax Cost:</td>
</tr>
<tr>
<td>$7.04</td>
<td>$7.04</td>
</tr>
</tbody>
</table>

I acknowledge that I voluntarily and without coercion made elections/ waivers as documented on this form. I understand my salary will be reduced by the amount(s) shown on this enrollment form for the eligible benefit options I have elected and since premiums are collected one month in advance, the University will collect premiums in arrears as an additional payroll deduction. If my salary reduction for the elected insurance benefit(s) is increased or decreased while this agreement remains in effect, my salary will automatically be adjusted to reflect the change.

Section 125 Cafeteria Plan elections will be irrevocable for the Plan Year except for modifications due to a qualifying event (divorce, marriage, death of a spouse/dependent child, birth/death of a child, change of employment status of me or my spouse, cost of coverage change, HIPAA special enrollment rights, or other event specified by the IRS) provided I complete enrollment paperwork with the Department of Human Resources to request the election change within 60 days after the date of the qualifying event.

Prior to each Plan Year, I will be given the opportunity during Open Enrollment to change my benefit election. If I fail to complete and submit to the Department of Human Resources a new election form within the allotted enrollment period, I understand my election will remain unchanged.

Select plans are subject to underwriting and I understand that evidence of insurability must be completed for underwriting review. Failure to complete all required documentation or declaration of coverage by the underwriter will result in non-issuance of the policy.

I certify the accuracy of elections reflected on this Benefits Summary and notify a member of the Human Resources benefits team in writing if a change is necessary.

I understand my social security benefits may be reduced due to my participation in the Cafeteria Plan. My employer may reduce or cancel the amount of my salary reduction or otherwise modify this agreement in order to satisfy certain provisions of the Internal Revenue Code.

I understand my elected benefits will cease upon my termination of employment but will be afforded an opportunity to continue coverage via COBRA for qualifying plans.

If I participate in defendant care, reimbursements cannot exceed the amount incurred during the Plan Year. If I participate in an unimbursed medical expense plan, I may be reimbursed for qualifying out-of-pocket medical expenses. Claims must be filed with Southern Administrators and Benefit Consultants (SABC) no later than 60 days into the subsequent Plan Year. Any account balance in excess of the $500 rollover processed after the 60-day grace period will be forfeited.

I understand that privacy statements are available via the University website at http://hr.unl.edu/benefits/. If I do not have access to the Internet, I can request a paper copy from the Department of Human Resources. As an employee, I acknowledge that I am the subscriber of coverage, and that the Privacy Policy is also applicable to my spouse and/or my dependents. I also understand I will be released the Privacy Statement, as a material modification is made, and every three years, via the University’s email system.

This election and salary reduction agreement is subject to the terms of my employee’s cafeteria plan document.

Employee Signature: ___________________ Date Signed: ___________________
Make certain to log out when you finish online enrollment.

If you forgot to complete enrollment forms and/or Evidence of Insurability, they are also available on the benefits website.
http://hr.olemiss.edu/benefits/open-enrollment/
Department of Human Resources
Contact Information

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Alpha Range A-H
Phone: 662-915-7446 • Email: krisden@olemiss.edu

Teresa Yarbrough, Human Resources Assistant II
Alpha Range I-Q
Phone: 662-915-1228 • Email: tbyarbro@olemiss.edu

Glenna Bachman, Human Resources Assistant II
Alpha Range R-Z
Phone: 662-915-5690 • Email: gmbachma@olemiss.edu

Human Resources Benefits Office (main line):
Phone: 662-915-7431 • Fax: 662-915-5836

Location: Jackson Avenue Center - Central
Office hours: Monday – Friday from 8:00 a.m. – 5:00 p.m.
HR website: http://hr.olemiss.edu/benefits/