2023 Online Open Enrollment Tutorial

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 2024.

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:**

- **Step 1:** Review and update family information. Please ensure the Social Security name is provided.
- **Step 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 Monday, 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, 2024. For benefits subject to underwriting, coverage will become effective upon underwriting approval.
How do I Access Open Enrollment?

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

Select myOleMiss and login using your Web ID and password.

Select the Employee tab then My HR Tools. Open Apps.
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 information for accuracy.

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?

You must agree to the acknowledgement statement to move forth.

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.

<table>
<thead>
<tr>
<th>Benefit Plan Summary</th>
<th>Status</th>
<th>Plan Name</th>
<th>Option</th>
<th>Coverage</th>
<th>Dependents</th>
<th>Options</th>
<th>Payroll Code</th>
<th>Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>UH CANCER</td>
<td>Current</td>
<td>Delta Dental Group</td>
<td>High Option</td>
<td>Employee - Family</td>
<td>STEVE MALLORY, Snowitten, Halliday, Halliday</td>
<td>27.04 USD Semi-monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENTAL INS</td>
<td>Current</td>
<td>Delta Dental Group</td>
<td>High Option</td>
<td>Employee - Family</td>
<td>STEVE MALLORY, Snowitten, Halliday, Halliday</td>
<td>41.47 USD Semi-monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH INS</td>
<td>Current</td>
<td>Legacy - Select Plan</td>
<td>Network</td>
<td>Employee - Family</td>
<td>STEVE MALLORY, Snowitten, Halliday, Halliday</td>
<td>335.56 USD Semi-monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INT. CARE LCA</td>
<td>Current</td>
<td>Intensive Care LCA 2011</td>
<td>2011 Plan W/PTC</td>
<td>Employee - Spouse</td>
<td>STEVE MALLORY</td>
<td>7.09 USD Semi-monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AD&amp;D INS</td>
<td>Current</td>
<td>Group Life Insurance</td>
<td>Group Level</td>
<td>200,000 USD</td>
<td>5.40 USD Semi-monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISABILITY INS</td>
<td>Current</td>
<td>Long Term Disability</td>
<td>Group Level</td>
<td>100,000 USD</td>
<td>4.50 USD Semi-monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHR LIFE INS</td>
<td>Current</td>
<td>Group Life Insurance</td>
<td>Group Level</td>
<td>300,000 USD</td>
<td>43.95 USD Semi-monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP CARE MOTHER</td>
<td>Current</td>
<td>Dependent Care - Married</td>
<td>Dependent</td>
<td>106.17 USD Semi-monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
Making a Benefit Election

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 2024, 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

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 via fax (662-915-5836), Secure File Upload, or campus mail/drop off at Human Resources, Jackson Avenue Center – Central no later than Monday, November 6th.
Making a Benefit Election

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 2024. Please note, coverage in which you are enrolled on 12/31/2023 will continue at the same level for plan year 2024 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>
<th>July 17, 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Personnel Number:</td>
<td></td>
</tr>
<tr>
<td>City / State / Zip:</td>
<td>Home Phone:</td>
<td></td>
</tr>
<tr>
<td>SSN:</td>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td>Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Status:</td>
<td>Pay Mode:</td>
<td></td>
</tr>
<tr>
<td>Staff Salary</td>
<td>Semi-Monthly</td>
<td></td>
</tr>
<tr>
<td>Marital Status:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Benefit Elections

<table>
<thead>
<tr>
<th>Benefit Plan:</th>
<th>Plan Option:</th>
<th>Dependent Coverage:</th>
<th>Employer Pre-Tax Cost:</th>
<th>Employer Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacy - Select Plan</td>
<td>Network</td>
<td>Employee only</td>
<td>$10.00</td>
<td>$194.50</td>
</tr>
</tbody>
</table>

### Medical

<table>
<thead>
<tr>
<th>Benefit Plan:</th>
<th>Plan Option:</th>
<th>Dependent Coverage:</th>
<th>Employer Pre-Tax Cost:</th>
<th>Employer Cost:</th>
<th>Dependents:</th>
<th>Relation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-End State Health Plan</td>
<td>Network</td>
<td>Employee + Spouse</td>
<td>$212.50</td>
<td>$194.50</td>
<td>MICHAEL</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

### Vision

<table>
<thead>
<tr>
<th>Benefit Plan:</th>
<th>Plan Option:</th>
<th>Dependent Coverage:</th>
<th>Employer Pre-Tax Cost:</th>
<th>Employer Cost:</th>
<th>Dependents:</th>
<th>Relation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis Vision</td>
<td>Vision Option 1</td>
<td>Employee + 1</td>
<td>$7.04</td>
<td>$7.04</td>
<td>MICHAEL</td>
<td>Spouse</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) are 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 spouse/dependent child, birth/adoption of a child, change in employment status of me or my spouse, cost of coverage/change, HIPAA special enrollment rights, or other event specified by the IRS) within 60 days of 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 declination 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 will 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 provisions of the Internal Revenue Code.

If I participate in dependent care, reimbursements cannot exceed the amount incurred during the Plan Year. If I participate in an unreimbursed medical expense plan, I may be reimbursed for qualified out-of-pocket medical expenses. Claims must be filed with the University Benefits Office no later than 60 days after the end of the 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.oilemiss.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 understand the University is 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 reassigned 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 employer’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. https://hr.olemiss.edu/benefits/open-enrollment/
Department of Human Resources
Contact Information

Madison Hickey Human Resources Associate: (Alpha Range A-L)

Teresa Yarbrough Human Resources Associate: (Alpha Range M-Z)

Lauren Hatton Human Resources Generalist: Leave Administration/Workers Compensation

Sherelyn Gooch Human Resources Manager for Benefits

Human Resources Benefits Office (main line):
Phone: 662-915-7431 • Fax: 662-915-5836
Email: hrbenefits@olemiss.edu

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/