2022
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 2023.

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. **Step 1:** Review and update family information. Please ensure the Social Security name is provided.

2. **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 21st.

Faculty and staff have the opportunity to make benefit elections and changes from October 1st – November 15th. Employees may access online Open Enrollment as often as necessary during this time.

Coverage is effective January 1, 2023. 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 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?

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.

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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 2023, click the icon to the left of the plan. To enroll in a new plan, click the icon to the left of the plan.
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

State and School Employees’ Health Insurance Plan

University faculty and staff have an opportunity to enroll in health insurance with the State and School Employees’ Health Insurance Plan. Two plan options are available. Both plans provide the same benefits (i.e. wellness/preventive, maternity, basic care, etc.); however, deductibles and premiums are different. Below is a summary of each plan. Additional information is available by visiting the State Health Plan website at [http://knowyourbenefits.dfa.state.ms.us/](http://knowyourbenefits.dfa.state.ms.us/).

Coverage Options

**BASE COVERAGE (High Deductible Health Plan):**

Base Coverage meets the federal government’s criteria of a qualifying high deductible health plan under section 1201 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 in regard to establishing a Health Savings Account. Base Coverage includes a combined medical and pharmacy high deductible. Allowable charges for prescription drugs are applied to the calendar year deductible. After the calendar year deductible has been met, participants will pay applicable prescription drug co-payments. The chart below outlines deductibles, coinsurance amounts, and coinsurance/co-payment maximums.

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible - Individual Coverage</td>
<td>$1,800</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible - Family Coverage</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>0/20</td>
<td>60/40</td>
</tr>
<tr>
<td>Coinsurance/Co-payment Maximum</td>
<td>$3,000 / $5,500</td>
<td>$4,000 / $7,500</td>
</tr>
<tr>
<td>Out-of-Pocket Limit (individual / family)</td>
<td>$6,500 / $13,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Preventive medications are subject to a $75.00 calendar year deductible. Other medications are subject to the Calendar Year Deductible.

*Some benefits may be paid at a different co-insurance (see HDP).

**SELECT COVERAGE**

Select Coverage has separate medical and prescription drug deductibles. The chart below outlines deductibles, coinsurance amounts, and coinsurance maximums.

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 21st.
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.
This page provides a summary of all benefits in which you are enrolled for calendar year 2023. Please note, coverage in which you are enrolled on 12/31/2022 will continue at the same level for plan year 2023 in the absence of an open enrollment change.

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

**Employee Name:**

**Date of Hire:**
July 17, 1997

**Address:**

**City / State / Zip:**

**SSN:**

**Date of Birth:**

**E-mail Address:**

**Gender:**

**Status:**

**Pay Mode:**

**Marital Status:**

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### Current Benefit Elections

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Plan Option</th>
<th>Dependent Coverage</th>
<th>Employee Pre-Tax Cost</th>
<th>Employer Cost</th>
<th>Dependents</th>
<th>Relation</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>
<td>MICHAEL</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

### Medical

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Plan Option</th>
<th>Dependent Coverage</th>
<th>Employee Pre-Tax Cost</th>
<th>Employer Cost</th>
<th>Dependents</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Deduct 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>

### Dental

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Plan Option</th>
<th>Dependent Coverage</th>
<th>Employee 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>

### Vision

<table>
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<th>Benefit Plan</th>
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<td>MICHAEL</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

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**Name:**

**Personnel Number:**

**Page of 3:**

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I acknowledge that I voluntarily and without coercion made elections/declarations 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. 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, death, birth of a child, birth/death of a child, birth/death of a parent, change of employment status of me or my spouse, loss of dependent coverage, 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 stated 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-inclusion 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 a dependent care reimbursement account and exceed the amount incurred during the Plan Year, 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://thr.com/en/privacy](http://thr.com/en/privacy). 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 understand 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 made, 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.

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**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

Lauren Hatton, Human Resources Generalist
Alpha Range A-L

Teresa Yarbrough, Human Resources Associate
Alpha Range M-Z

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/