2021
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 2022.

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 Thursday, November 4th.

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, 2022. For benefits subject to underwriting, coverage will become effective upon underwriting approval.
How do I Access Open Enrollment?

Type [www.olemiss.edu](http://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 the Family Member data below:

**Spouse**

**Name**
First Name: STEVE  
Last Name: MALLORY

**Other Information**
Data at Birth: 1/1/1963  
Name at Birth: 
Gender: Male

**Other Personal Data**
Social Security Number: 111-22-2345  
Nationality: American US
Second Nationality:  
Third Nationality:  
Reference Personnel Number:

**Address**
Street and House Number:  
Address Line 2:  
City: X  
State:  
ZIP Code:  
Country:  
TelephoneNumber: 000

**Physician**
Physician 1:  
ID Number:  
Physician 2:  
ID Number:  

**Status and Challenge**
Status:  
Challenged: No  
Disability Date:  
Notification Date:  

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.
Open Enrollment Step 2: Benefit Plan Enrollment

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.
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 2022, 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/.
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>Calendar Year Deductible - Individual Coverage</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible - Family Coverage</td>
<td>$3,500</td>
<td>$6,700</td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>0/20/40</td>
<td></td>
</tr>
<tr>
<td>Coinsurance/Co-payment Maximum</td>
<td>$3,000 / $5,500</td>
<td>$4,000 / $7,300</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 different co-insurance (see TPD).

**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 (Jackson Avenue Center – Central) no later than Thursday, November 4th.
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 2022. Please note, coverage in which you are enrolled on 12/31/2021 will continue at the same level for plan year 202 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></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></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></td>
</tr>
</tbody>
</table>

### 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>$184.50</td>
<td>MICHAEL</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

### Plan Year 2022 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>High-Deduct State Health Plan</td>
<td>Network</td>
<td>Employee + Spouse</td>
<td>$212.50</td>
<td>$184.50</td>
<td>MICHAEL</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental:</th>
<th>No Plan Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Plan Selected</td>
</tr>
</tbody>
</table>

### Vision

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

<table>
<thead>
<tr>
<th>Benefit Plan:</th>
<th>Plan Option:</th>
<th>Dependent Coverage:</th>
<th>Employee Pre-Tax Cost:</th>
<th>Dependents:</th>
<th>Relation:</th>
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<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 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-insurability 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 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 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.cummins.edu/benefits/](http://hr.cummins.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, 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. http://hr.olemiss.edu/benefits/open-enrollment/
Department of Human Resources
Contact Information

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Alpha Range A-L

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Alpha Range M-Z

Sherelyn Gooch, Human Resources Generalist

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/