



HUMAN RESOURCES

Illinois State University

[Mybenefits.illinois.gov](https://mybenefits.illinois.gov)

Enrolling in Benefits

Enrolling in Benefits

Benefit Choice Enrollment

Home

WELCOME, here are some things you need to do next:

- Update your email
- Enroll Now**

YOUR BENEFITS
\$430.66
TOTAL MONTHLY COST

\$5,167.92
ANNUAL VALUE OF YOUR BENEFITS

Employee Only

Benefits	Plan	Your Monthly Cost
Medical	Health Alliance HMO	\$137.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	1 x Annual Base Salary	\$0.00
Optional Member Life	4 x Annual Base Salary	\$60.68
Voluntary AD&D	Match Total Life Amount	\$9.48

View All

DECISION SUPPORT TOOL

Compare Plans

Provider Directories and Helpful Information

TOPICS

Self-Service Tools

Once you know which plan is best for you, you can begin the enrollment process.

On the MyBenefits home page, click **Enroll Now** to launch the Enrollment tool.

Enrolling in Benefits

Benefit Choice Enrollment

myElections

Below is a timeline of your elections. You can also [start a new event](#).

View Elections History ▾ Transactions: View All Options: Legend

Timeline: Today's Coverage, **Benefit Choice** (July 1, 2017)

Personal Information | **Your Coverage** | Dependents | Yes | Close

Cost Summary

Your Pre-Tax Costs

Your Costs: \$360.50 / per month

Your Post-Tax Costs

Your Costs: \$70.16 / per month

Benefits

Benefit name	Coverage options	Coverage details	Employer Cost	Your cost
Health & Group Benefits				
Medical	Health Alliance HMO	Employee Only	\$697.46	\$137.00
Dental	Quality Care Dental Plan	Employee Only	\$24.32	\$11.00
Life Insurance				
Basic Life	1 x Annual Base Salary	\$94,800.00	\$31.29	-
Optional Member Life	4 x Annual Base Salary	\$379,200.00	-	\$60.68
Voluntary AD&D	Match Total Life Amount	\$474,000.00	-	\$9.48
Flexible Spending Accounts				
Medical Care Assistance Plan (MCAP)	2550			
Dependent Care Assistance Plan (DCAP)	Waive			

On the MyElections page, click **Benefit Choice**, and then click **Restart**.

Benefit Choice
This transaction is: In progress

Transaction Details
The last date to complete this event is May 31, 2017
Event that has not been completed.

Restart

View All Options: Legend

Timeline: Today's Coverage, **Benefit Choice** (July 1, 2017)

Enrolling in Benefits

Enroll In Benefits

1. Click **View Profile** under your name tile to review your information and make necessary changes.

2. Click **Add Dependent** if necessary, and enter the required information.

3. Once you have reviewed all information and made any necessary changes, click **Next** to continue.

Add a Dependent

1. Add the dependent information. Required fields are marked with an asterisk (*). If the dependent does not yet have a SSN, please contact Human Resources.

Make sure the **Additional Coverage** question is answered correctly for the dependent. This only applies if the dependent you are enrolling in health/dental coverage has other health/dental coverage.

2. To add another dependent, click **Save and Add Another**. To return to the Family page, click **Save and Close**.

Note: You may be required to submit supporting documentation for covered dependents. This process is reviewed in the Upload Required Documents section.

Enrolling in Benefits

Enroll In Benefits

Personalize your benefits plan

Benefit Choice - July 1, 2017

① Family ② Benefits ③ Finalize

Health & Group Benefits

Benefit	Selection	Coverage Level	Your Monthly Cost
1 Medical	Health Alliance H	Who is covered?	\$137.00
Help me decide			
3 Dental	Quality Care Den	Who is covered?	-
Change who is covered			

[Next](#) 5

Your Pre-Tax Costs

Your Costs \$137.00 / per month

YOUR POST-TAX COSTS

Your Costs \$70.16 / per month

Choosing Medical and Dental Coverages

1. Click the **Medical Selection** list and choose your medical plan. Note that some medical plans require you to select a Primary Care Provider.
2. If necessary, click **Change who is covered** to add or remove dependents from the benefit.
3. Click the **Dental Selection** list and choose your dental plan.
4. If necessary, click **Change who is covered** to add or remove dependents from the benefit.
5. Click **Next** to move to Life Insurance. If there is any missing information, a message will be displayed to alert you.

Enrolling in Benefits

Enroll In Benefits

⚠️ There are errors present. 1

Health & Group Benefits ⚠️

⚠️ **Non-critical warnings** If you are electing to Opt Out of the State group insurance health and dental coverage and intend to opt-in to Teamsters coverage, you are required to submit proper documentation to your GIR within 10-days of your election.

✖️ **Medical**

- To opt out of the selected benefit, you must prove that you are already covered through another insurance plan. To do so, enter the information for your other coverage in the fields below. You will find this information on your group insurance card or certificate.

Prove that you already have coverage 2

Benefit	Selection	Coverage Level	Your Monthly Cost
Medical ⚠️	Opt Out	Who is covered? No one Opt-in with Default Option and Edit coverage details	-
Dental	Waive	Who is covered? No one Opt-in with Default Option and Edit coverage details	-

Next

Opting Out of Medical and Dental Coverages

1. If you are a full-time employee opting out of medical and dental coverage, you will see an error until you provide proof of other coverage.
2. Click **Prove that you already have coverage** to enter required information. The information you'll need should be on the group insurance card or certificate from your existing coverage.

Enrolling in Benefits

Enroll In Benefits

Collect Proof of Coverage

To opt out of the selected benefit, you must prove that you are already covered through another insurance plan. To do so, enter the information for your other coverage in the fields below. You will find this information on your group insurance card or certificate.

***Required fields**

Medical

Coverage offered by: * An employer **1**

Employer or plan name: *

Insurer: *

Policy Number: *

Certificate or identification number: *

2

Do you agree to the following terms and conditions?

☒ I declare the information that I have provided above is complete and accurate. I understand that, based on my selections, I will not be covered for the benefit mentioned above under my employer group insurance program. **3**

4 **Save and Close** Cancel

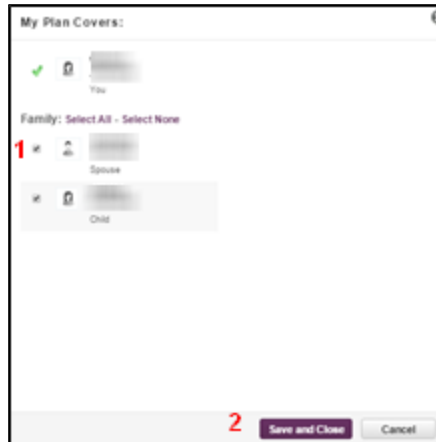
Collecting Proof of Coverage

1. Select where your coverage originates.
2. Enter the appropriate information, which should be available on your existing group insurance card or certificate. Note that all fields are required.
3. Click the checkbox to accept the terms and conditions and acknowledge that you understand you will not be covered by your employer's medical and benefits.
4. Click **Save and Close** to save your entry and return to the .Medical and Dental Benefit selection page.

On the Medical and Dental Benefit selection page, click Next to move to **Life Insurance**. If there is any missing information, a message will be displayed to alert you.

Enrolling in Benefits

Enroll In Benefits



The screenshot shows a window titled "My Plan Covers:". Inside, there is a list of family members with checkboxes for enrollment. The first row is "You" with a green checkmark. The second row is "Spouse" with a red "1" and a checkbox. The third row is "Child" with a checkbox. At the bottom right, there is a red "2" and two buttons: "Save and Close" and "Cancel".

Change Who Is Covered

1. Click the checkbox next to each participant's name to change whether or not they are covered by the selected benefit.
2. Click **Save and Close** to return to the Benefit page.

Enrolling in Benefits

Enroll In Benefits

1

There are errors present.

Health & Group Benefits

Medical

Please click the "Select your Primary Care Provider" button and enter PCP ID information for yourself and any dependents you have elected to cover.

Select your Primary Care Provider

Benefit	Selection	Coverage Level	Your Monthly Cost
Medical	Health Alliance H+	Who is covered? You Change who is covered	\$276.00
Dental	Quality Care Den	Who is covered? You Change who is covered	\$19.50

Next

2

Primary Care Provider

Please enter PCP ID information for yourself and any dependents you have elected to cover. Click the search icon to access a link to the provider directory.

Name	Relationship	PCP ID	PCP Name	Facility Code
You				
Child				
Spouse				

3

Required fields

4

Save and Close Cancel

If you have chosen an HMO:

1. Click **Select your Primary Care Provider**.
2. Enter the missing information. Required fields are marked with an asterisk (*).
3. If you don't know the 10-digit NPI/PCP number or three-digit Facility Code, click the search button to open the Provider Directory in a separate tab or window and look it up. Make note of the NPI number and, if enrolling in one of the Blue Cross/Blue Shield plans, the Facility Code, and then enter the information in the appropriate field.
4. Click **Save and Close** to return to the Benefit page

Enrolling in Benefits

Enroll In Benefits

Personalize your benefits plan

Benefit Choice - July 1, 2017

1 Family 2 Benefits 3 Finalize

Health & Group Benefits

Life Insurance

Benefit	Selection	Coverage Level	Your Monthly Cost
Basic Life	1 x Annual Base	\$94,800.00	-
Optional Member Life	4 x Annual Base	\$379,200.00	\$60.68
Voluntary AD&D	Match Total Life	\$474,000.00	\$9.48

Previous Next 2

Flexible Spending Accounts

Previous Next

Your Pre-Tax Costs
Your Costs \$137.00 / per month

YOUR POST-TAX COSTS
Your Costs \$70.18 / per month

Life Insurance

1. Click each insurance selection list and choose your coverage amount. If you do not want to elect optional coverage, select **Waive**.

Note: If you choose to add optional life coverage or spouse life coverage, you or your spouse will need to complete a Statement of Health and submit it to Minnesota Life. Statement of Health forms are available on the main page under Forms and Documents.

2. Click **Next** to move to Flexible Spending Accounts.

Enrolling in Benefits

Enroll In Benefits

The screenshot shows a web form titled "Flexible Spending Accounts". It contains a table with two rows for selecting benefits. The first row is for the "Medical Care Assistance Plan (MCAP)" and the second is for the "Dependent Care Assistance Plan (DCAP)". Each row has a "Selection" column with a dollar sign and a number, a "Coverage Level" column with a hyphen, and a "Your Monthly Cost" column with a hyphen. Red numbers 1 and 2 are placed next to the selection fields. Below the table is a "Previous" button. At the bottom of the form, there is a "Previous" button on the left, a red number 3 in the center, and a "Next" button on the right.

Benefit	Selection	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP)	\$ 0 1	-	-
Dependent Care Assistance Plan (DCAP)	\$ 0 2	-	-

Previous

Previous **3** Next

Flexible Spending Accounts

1. Click in the Medical Care Assistance Plan and enter the total annual amount you want to contribute.
2. Click in the Dependent Care Assistance Plan and enter the total annual amount you want to contribute.
3. Monthly costs are figured over a 12 month period. If your contract is less than 12 months, your actual costs will be higher than those displayed on your enrollment.
4. Click **Next** to move to the final review. If you want to review Medical/Dental or Life Insurance selections, click **Previous**.

Enrolling in Benefits

Enroll In Benefits

Personalize your benefits plan

Benefit Choice - July 1, 2017

1 Family 2 Benefits 3 Finalize

This screen lets you personal information and your entries during this session. Review this information carefully. If you are not satisfied with your entries, go to the appropriate step. If you are satisfied with your entries, click NEXT to proceed.

Event Details

Type: Benefit Choice effective July 1, 2017

Personal Information

Full Name:
Employee / Member
Identification:
Savings:
Date of Birth:
Sex:
Full Address:
Preferred Email
Address:
Group Insurance Rep
/ Health Plan Rep:

Cost Summary

Items that have been changed

Your Pre-Tax Costs	
Your Costs	\$137.00 / per month
Your Post-Tax Costs	
Your Costs	\$70.18 / per month

Benefits

Benefit name	Coverage options	Coverage details	Employer Cost	Your Costs
Health & Group Benefits				
Medical	Health Alliance HMO	Employee Only	\$728.96	\$137.00
Dental	Quality Care Dental Plan	Employee Only	\$36.26	-
Life Insurance				
Basic Life	1 x Annual Base Salary	\$84,800.00	\$31.29	-
Optional Member Life	4 x Annual Base Salary	\$379,200.00	-	\$60.68
Voluntary ACOD	Match Total Life Amount	\$474,000.00	-	\$5.48
Flexible Spending Accounts				
Medical Care Assistance Plan (MCAP)	0		-	-
Dependent Care Assistance Plan (DCAP)	0		-	-
Totals:			\$799.61	\$207.16

Dependents

Dependent	Birth Date	Coverage
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Do you agree to the following terms and conditions?

- ☐ I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information because of Benefit Choice. I understand that the modifications made during this session are effective 7/1/2017, subject to the approval of any required evidence of insurability. I declare that the information contained on this form, if any, is complete and true (any false or incomplete declaration may nullify coverage).
- I consent to the collection, use, and exchange of my personal information by and between:
- My Employer;
 - The administrators of my Employee benefits program;
 - The agents retained by my Employer or the Benefits Administrator;
 - A company who requires information for the purpose of retirement, savings, or other Employee benefits plan administration.
- I authorize these parties to obtain, and exchange between them, any information about me, my spouse, or my dependent children that they require for the purpose of determining my benefit entitlements, and for record-keeping, file identification, reporting, procurement of health information, claims resolution, and other services provided to me and my Employer from time to time.
- I authorize the company to deduct from my salary amounts required to pay the cost of coverage and/or contributions plus applicable taxes, if any.

Previous

Next

Finalizing Your Benefits Choices

1. Review your Benefits Plan. Any changes you have made from your previous choices are highlighted in blue.
2. Review the Terms and Conditions. Click the checkbox to agree.
3. If you need to make changes, click **Previous**.
4. Click **Next** to finish. You'll see the confirmation page and the option to **print your confirmation statement**. Click **Done** to leave enrollment and complete this step. You'll be notified if there are any required documents you'll need to upload.

Enrolling in Benefits

Self-Service Tools – View and Upload Required Documents



Some benefit choices will require you to provide supporting documentation before they can be applied.

YOUR BENEFITS
\$11.10
TOTAL MONTHLY COST

\$133.20
ANNUAL
VALUE OF
YOUR
BENEFITS

**MEDICARE
ELIGIBLE
RETIREE ONLY**

Benefits	Plan	Your Monthly Cost
Medicare Advantage Prescription Drug (MAPD)	UnitedHealthcare PPO	\$0.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	\$5,000 Basic Life	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Match Basic Life Amount	\$0.10

[View All](#)

Self-Service Tools

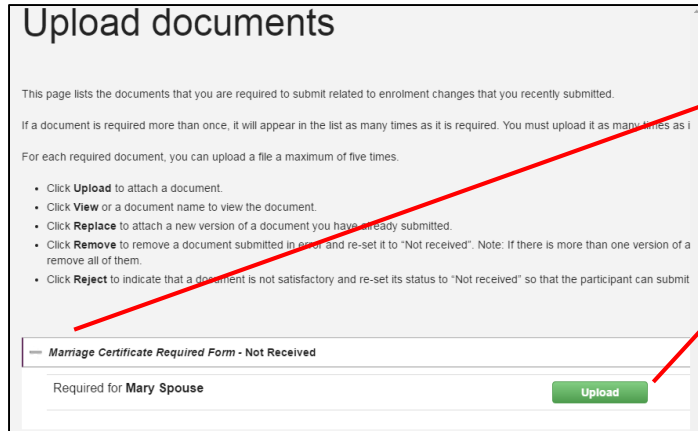
- View my elections
- Enroll/make changes
- Compare plans
- Update my email
- View Required Documents
- Upload required documents

Click either location to begin uploading documents.

All documents must be uploaded by June 5, 2017, for coverage changes to be effective.

Enrolling in Benefits

Upload Required Documents



Upload documents

This page lists the documents that you are required to submit related to enrolment changes that you recently submitted.

If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it is required.

For each required document, you can upload a file a maximum of five times.

- Click **Upload** to attach a document.
- Click **View** or a document name to view the document.
- Click **Replace** to attach a new version of a document you have already submitted.
- Click **Remove** to remove a document submitted in error and re-set it to "Not received". Note: If there is more than one version of a document, clicking Remove will remove all of them.
- Click **Reject** to indicate that a document is not satisfactory and re-set its status to "Not received" so that the participant can submit a new document.

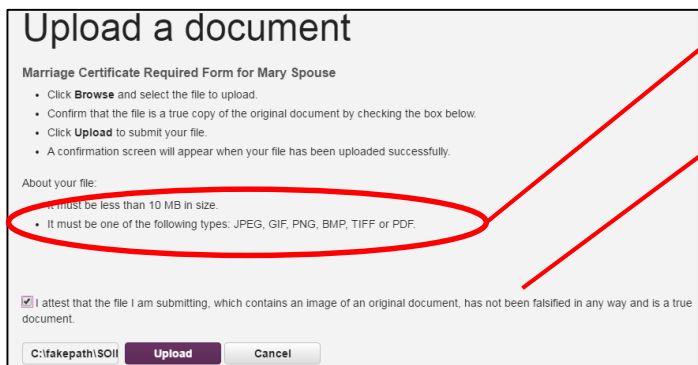
Marriage Certificate Required Form - Not Received

Required for **Mary Spouse**

Upload

Click to show details about the Required Form and to access the upload function.

Click **Upload** to begin the process.



Upload a document

Marriage Certificate Required Form for Mary Spouse

- Click **Browse** and select the file to upload.
- Confirm that the file is a true copy of the original document by checking the box below.
- Click **Upload** to submit your file.
- A confirmation screen will appear when your file has been uploaded successfully.

About your file:

- It must be less than 10 MB in size.
- It must be one of the following types: JPEG, GIF, PNG, BMP, TIFF or PDF.

☒ I attest that the file I am submitting, which contains an image of an original document, has not been falsified in any way and is a true document.

C:\fakepath\SOII **Upload** Cancel

Click **Browse** and select the document to be uploaded. Note the file requirements.

Click to accept the statement attesting that the document is true and valid.

Click **Upload**. A confirmation screen will be displayed when the file has uploaded successfully.

If you have issues uploading documents, please bring your documents to HR and we will upload them for you.