

Benefits Choice Enrollment

www.mybenefits.illinois.gov



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MyBenefits Web Portal



The MyBenefits web portal is the employee's *online hub for benefit information and enrollment.*

Tiles displayed on the landing page for **State**, Community College (CIP), Retired K-12 Teachers (TRIP) and Local Governments (Local) provide access to personalized information for each group.



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Welcome DAVID

Search here?

Home

DAVID, here are some things you may do next:

BENEFIT CHOICE
Complete By 5/31/18
Start | Modify

YOUR BENEFITS
\$114.00
YOUR MONTHLY BENEFIT COST

\$11,048.40
ANNUAL VALUE OF YOUR BENEFITS

Employee Only

Benefits	Plan	Year Monthly Cost
Medical	Health Alliance WCO	\$10.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	1 x Annual Base Salary	\$0.00
Optional Voluntary Life	None	\$0.00
Voluntary AD&D	None	\$0.00

DECISION SUPPORT TOOL FY2018

Benefit Choice
Discover Your Options

Benefit Choice Period: May 1-31, 2018
Work Employees Group Insurance Program

Plan Your FY2018 Discover Your Options

Compare Plans

Site is designed with a “Call to Action Bar,” which will notify employees of any actions that need to be taken

Enrollment opportunities, pending documentation and request for updates such as email address, are displayed front and center on the site.



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MyBenefits Web Portal

The screenshot displays the MyBenefits Web Portal interface. At the top, a purple header bar contains the following information: "YOUR BENEFITS \$114.00 YOUR MONTHLY BENEFIT COST", "\$11,048.40 ANNUAL VALUE OF YOUR BENEFITS", and "Employee Only". Below the header is a table with three columns: "Benefits", "Plan", and "Your Monthly Cost". The table lists five benefit categories: Medical, Dental, Basic Life, Optional Member Life, and Voluntary AD&D, each with its corresponding plan name and monthly cost. A "View All" link is located at the bottom left of the table. To the right of the table is a "Self-Service Tools" menu with a list of options: View MyElections, Enroll/make changes, Compare plans, Update my email, View Required Documents, and Upload required documents. At the bottom left of the page, there is a section labeled "RECOMMENDED FOR ME".

Benefits	Plan	Your Monthly Cost
Medical	Health Alliance HMO	\$103.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	1 x Annual Base Salary	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Waive	\$0.00

View All

Self-Service Tools

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

RECOMMENDED FOR ME

Employees have access to several self-service tools

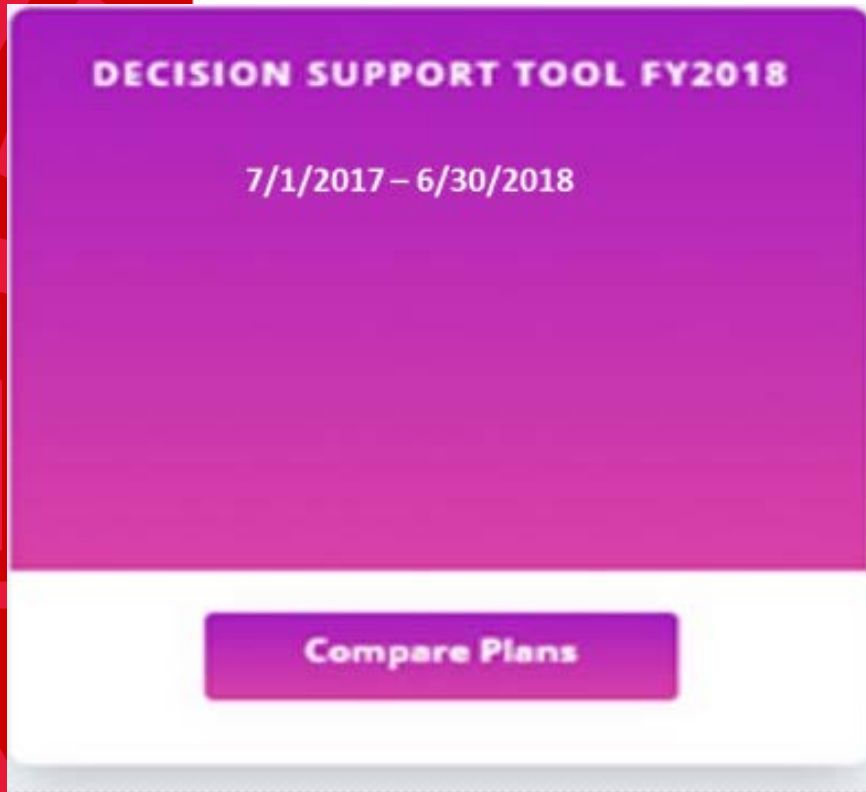
Self service tools allow the employee to complete a variety of changes, view current coverage and upload required documentation.



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Employees have access to the Decision Support Tool.

The tool on the homepage displays current information for the current plan year.

The Decision Support Tool for the upcoming plan year can be found inside the Benefit Choice enrollment event.



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All employees eligible for the Benefit Choice Enrollment will see a tile specifically designed to provide information regarding the upcoming plan year.

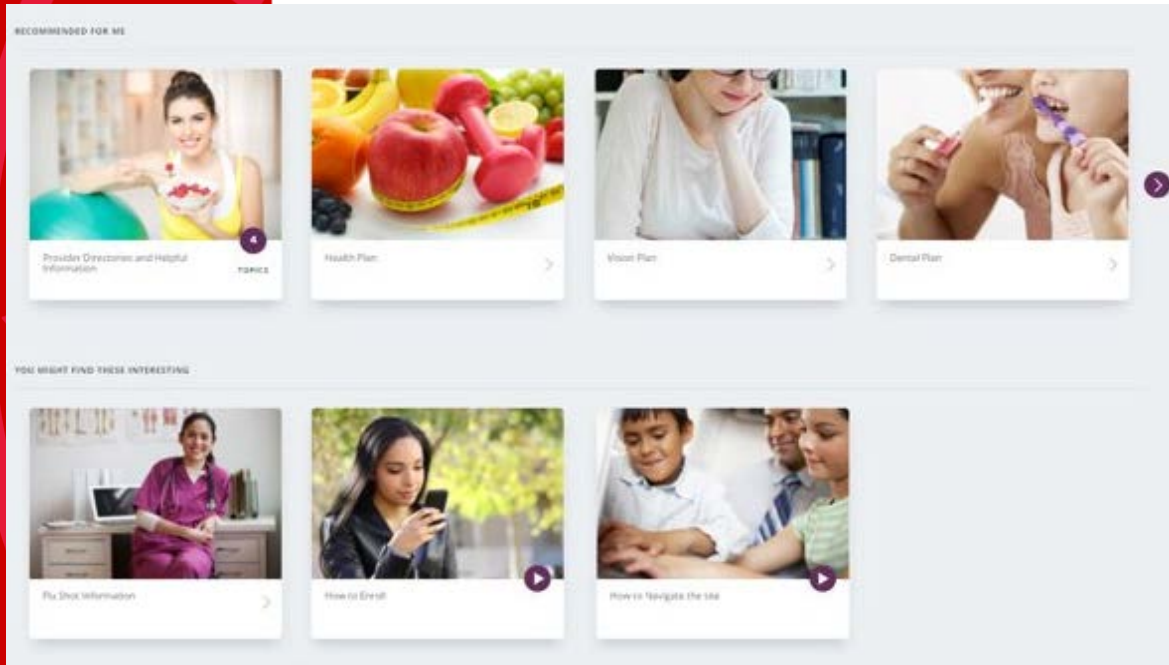
Inside the tile, employees can read through what's changing for the upcoming year, link to the Benefit Choice booklets, and obtain provider information.



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The tiles under the *Recommended For Me* section provide information related to the employee's current benefits, eligibility and optional coverage choices.

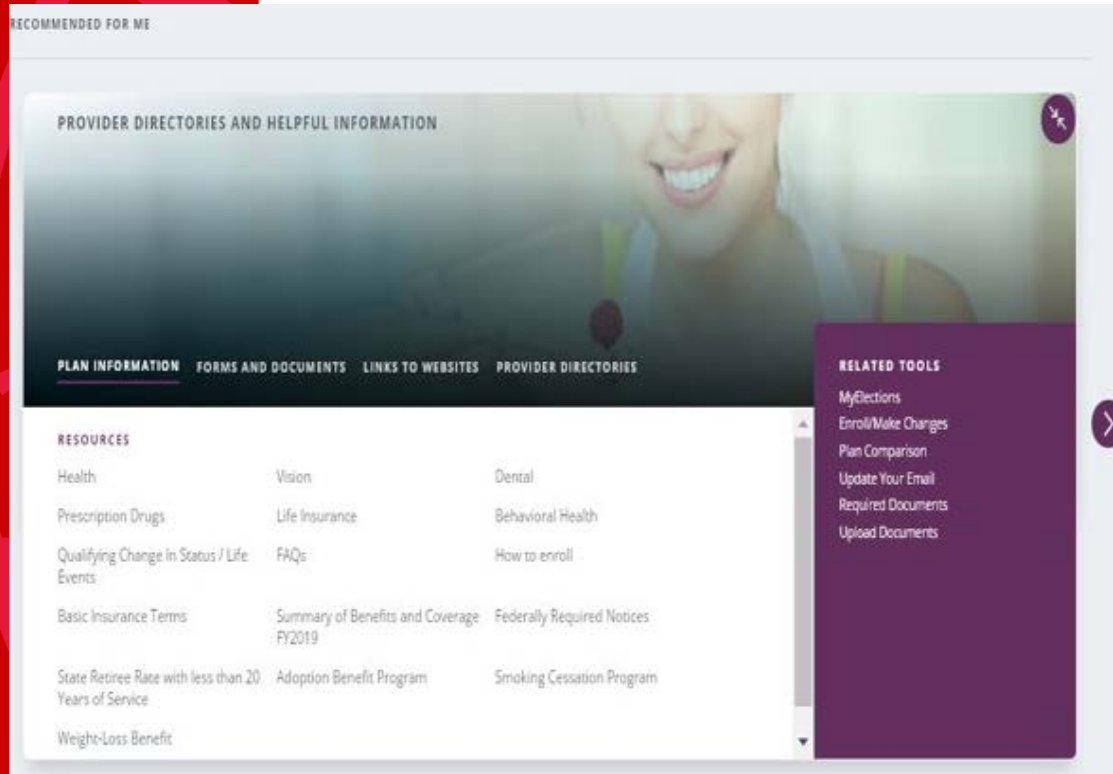
The tiles under the *You Might Find This Interesting* section provide general health and welfare information that might be of interest to the specific employee.



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Each tile will provide specific information and helpful tools to employees.

Displayed is the Provider Directory tile which will allow members to obtain information regarding providers and includes a director to contact each provider.



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Benefit Choice Enrollment Event



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Benefit Choice Enrollment Event

Use the *Start or Modify* button to make elections for the Benefit Choice period.

Start: Make elections for the first time, the event will display an employee's current elections

Modify: Make changes while retaining and reviewing previous elections made within the same event.

DAVID, here are some things you may do next:



BENEFIT CHOICE

Complete By: 5/31/18

Start | Modify



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Benefit Choice Enrollment Event

Personalize your benefits plan

Benefit Choice - July 1, 2018

1 Family 2 Benefits 3 Finalize

Change Photo

DAVID
ADAMS
You
Age: 32

View Profile

You currently have no dependents on file. You may add a dependent or navigate to a different page.

Add a Dependent

Next >

Step 1 - Family

Review and update family information in Step 1 of the enrollment.

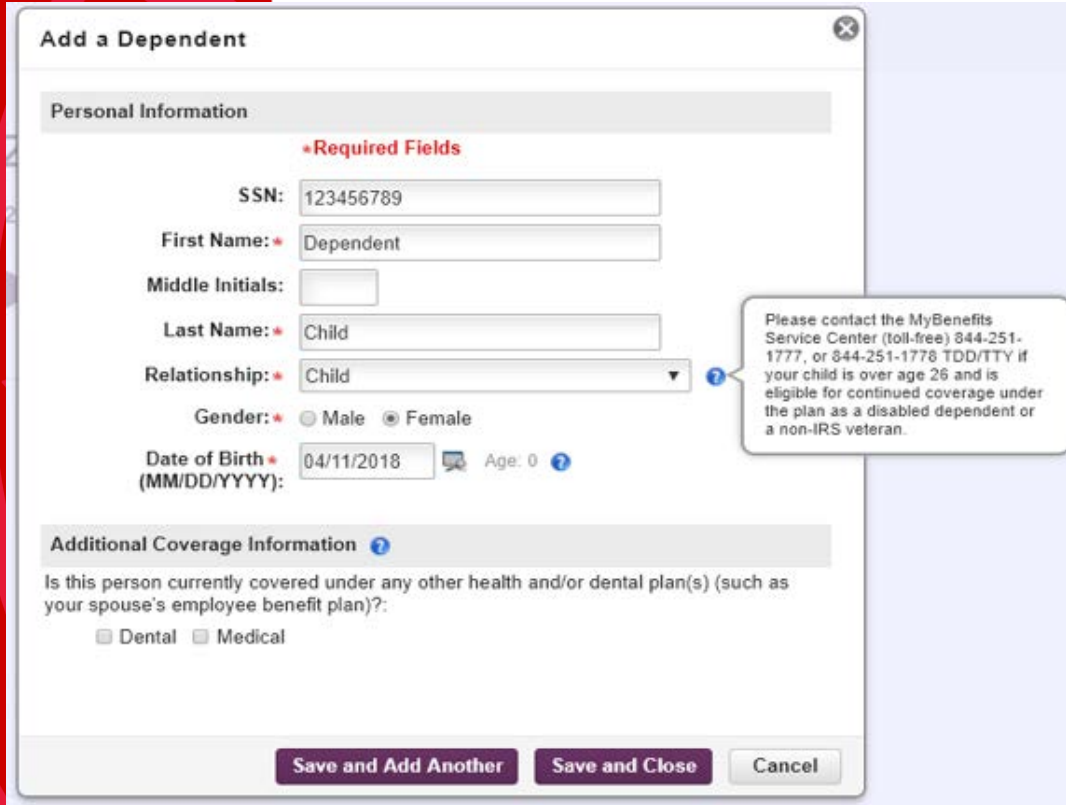
Add dependents and edit basic dependent information.



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Benefit Choice Enrollment Event



Add a Dependent

Personal Information

***Required Fields**

SSN: 123456789

First Name: * Dependent

Middle Initial:

Last Name: * Child

Relationship: * Child

Gender: * Male Female

Date of Birth * (MM/DD/YYYY): 04/11/2018 Age: 0

Additional Coverage Information

Is this person currently covered under any other health and/or dental plan(s) (such as your spouse's employee benefit plan)?

Dental Medical

Save and Add Another Save and Close Cancel

Please contact the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 TDD/TTY if your child is over age 26 and is eligible for continued coverage under the plan as a disabled dependent or a non-IRS veteran.

Step 1 - Family

To add a dependent, enter all required (*) fields, save and close the popup screen.

Use the Tip Tools (?) as a guide to understand requested information.



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Benefit Choice Enrollment Event

Personalize your benefits plan

Benefit Choice - July 1, 2018

1 Family 2 Benefits 3 Finalize

 Change Photo	 Change Photo	Add a Dependent
DAVID ADAMS You Age: 32 View Profile	Dependent Child Child Age: 0 Edit	
Covered elsewhere? 	No	

Next >

Step 1 - Family

After successful addition of dependents, the family screen will display all family members added to the employee's profile.

Select the Next button to move on to Step 2.



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Benefit Choice Enrollment Event

Personalize your benefits plan

Benefit Choice - July 1, 2018

1 Family 2 Benefits 3 Finalize

Health & Group Benefits

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical	Health Alliance	Who is covered? You Change who is covered	\$103.00
Dental	Quality Care Der	Who is covered? You Change who is covered	\$11.00

[Help me decide](#)

[Next](#)

Life Insurance

Flexible Spending Accounts (MCAP/DCAP)

Your Pre-Tax Costs
Your Costs \$114.00 / per month

Your Post-Tax Costs
Your Costs \$0.00 / per month

Step 2 - Benefits

Step 2 in the enrollment process allows employees to elect coverage.

Use the [Help me decide](#) link to compare medical plans side by side.



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Benefit Choice Enrollment Event

Compare Plans

Here are some other great plans that may interest you.

[HMO](#) [OAP](#) [PPO](#)

BlueAdvantage HMO	Aetna HMO
\$103.00 /mo	\$103.00 /mo
INCLUDES:	INCLUDES:
Compare Plan	Compare Plan

Health Alliance HMO HMO Illinois

Step 2 - Benefits

The [Help me decide](#) link will direct employees to the Decision Support Tool

Employees will select the appropriate coverage tier, type of plan, and plans they would like to compare.



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Benefit Choice Enrollment Event

The screenshot displays a comparison of two health plans. On the left is the Aetna HMO plan, and on the right is the Quality Care Health Plan. Each plan card includes a 'Remove' link at the top, the plan name, a 'PLAN GROUP' label, the plan type (HMO or PPO), the monthly premium, and links to the 'Benefit Choice Book' and 'Provider Website'. Below the plan cards, there are three categories of drug coverage: Prescription Mail Order 90 Day Supply (Generic Drugs), Non-Preferred Brand Drugs, and Preferred Brand Drugs. Each category has a table comparing in-network and out-of-network costs for both plans.

Category	Plan	In-Network	Out-of-Network
Prescription Mail Order 90 Day Supply (Generic Drugs)	Aetna HMO	\$20 (COPAY, DEDUCTIBLE APPLIES)	NOT COVERED
	Quality Care Health Plan	\$25 (COPAY, DEDUCTIBLE APPLIES)	\$25 (COPAY, DEDUCTIBLE APPLIES)
Non-Preferred Brand Drugs	Aetna HMO	\$125 (COPAY, DEDUCTIBLE APPLIES)	NOT COVERED
	Quality Care Health Plan	\$150 (COPAY, DEDUCTIBLE APPLIES)	\$150 (COPAY, DEDUCTIBLE APPLIES)
Preferred Brand Drugs	Aetna HMO	\$65 (COPAY, DEDUCTIBLE APPLIES)	NOT COVERED
	Quality Care Health Plan	\$75 (COPAY, DEDUCTIBLE APPLIES)	\$75 (COPAY, DEDUCTIBLE APPLIES)

Step 2 - Benefits

Employees can select up to 3 plans to compare side by side

The plan design will be displayed under each selection making it easy to identify differences between plans.

Use the Remove link at the top of the page to eliminate plans.



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Benefit Choice Enrollment Event

Health & Group Benefits

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical	Quality Care He	Who is covered?	Recalculate
Help me decide			
Dental	Quality Care Health Plan	Who is covered?	\$11.00
	Opt Out		

Next

Life Insurance

Flexible Spending Accounts (MCAP/DCAP)

Step 2 - Benefits

Using the drop down, the enrollment tool will display only plans that are available to each specific employee.

If an HMO plan is selected, employees will be prompted to assign their primary care physician.





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Benefit Choice Enrollment Event

Health & Group Benefits


Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical	Quality Care He	Who is covered?	Recalculate
Help me decide			
		 You Change who is covered	
Dental	Quality Care De	Who is covered?	\$11.00
		 You Change who is covered	

[Next](#)


Life Insurance

Flexible Spending Accounts (MCAP/DCAP)

My Plan Covers:

 DAVID ADAMS
You

Family: [Select All](#) - [Select None](#)

 Dependent Child
Child

To add a dependent to coverage, select the [Change who is covered link](#).

All dependents who were set up in Step 1 will appear in the popup window.

If the dependents are over-age or ineligible, the tool will not allow that dependent to be added to coverage.

If dependents are not checked, they will not be covered.



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Benefit Choice Enrollment Event

Health & Group Benefits

Critical warning Your dependents must be covered under both medical and dental.

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Help me decide	Quality Care He	Who is covered?   Change who is covered	\$376.00
Dental	Quality Care De	Who is covered?  Change who is covered	\$11.00

[Next](#)

Step 2 – Benefits

After adding any dependent to the medical plan, the enrollment tool will display a critical error to ensure that the dependent is added to dental coverage.

Critical errors, displayed in red, will appear throughout the enrollment to enforce all plan rules.

Employees will not be able to complete their enrollment if a critical error is present.



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Benefit Choice Enrollment Event

Benefit Choice - July 1, 2018

1 Family 2 Benefits 3 Finalize

Health & Group Benefits

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical	Quality Care He	Who is covered?	\$376.00
Help me decide			
		You Depen...	
		Change who is covered	
Dental	Quality Care De	Who is covered?	\$17.00
		You Depen...	
		Change who is covered	

Your Pre-Tax Costs
Your Costs \$363.00 / per month

Your Post-Tax Costs
Your Costs \$0.00 / per month

Step 2 – Benefits

All covered dependents will appear in the tool, if a new dependent is added within Step 1 – Family, the dependent will also need to be added to coverage in Step 2.



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Benefit Choice Enrollment Event

Benefit Choice - July 1, 2018

① Family ② Benefits ③ Finalize

Health & Group Benefits

Life Insurance

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Basic Life	1 x Annual Base ▼	\$56,000.00	-
Optional Member Life	6 x Annual Base ▼	Recalculate	Recalculate
Child Life	\$10,000 per Chi ▼	Recalculate	Recalculate
Voluntary AD&D	Match Basic Life ▼	Recalculate	Recalculate

Previous Next

Flexible Spending Accounts (MCAP/DCAP)



Step 2 – Benefits

To make life insurance changes within the Benefit Choice enrollment, use the drop downs to select the desired volume of coverage.

Options shown are unique to everyone.

The tool will prompt employees to recalculate when changes are made in order to display accurate costs.



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Benefit Choice Enrollment Event

Life Insurance 

i **Information** In order to qualify for the benefit level you have chosen, you and/or your spouse are required to provide evidence of insurability. Complete and submit the Evidence of Insurability form, which will be available at the end of the enrollment process. The selected benefit level must be approved by Securian/Minnesota Life.

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Basic Life	1 x Annual Base ▼	\$56,000.00	-
Optional Member Life i	6 x Annual Base ▼	\$336,000.00	\$20.16
Child Life	\$10,000 per Chil ▼	\$10,000.00	\$0.70
Voluntary AD&D	Match Basic Life ▼	\$56,000.00	\$1.12

Previous

Next

Step 2 – Benefits

If the volume elected requires an Evidence of Insurability form, an informational warning will appear to remind the user that EOI is required.



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Benefit Choice Enrollment Event

Flexible Spending Accounts (MCAP/DCAP)

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP) ?	<input type="text" value="\$ 0"/>	-	-
Dependent Care Assistance Plan (DCAP) ?	<input type="text" value="\$ 0"/>	-	-

Previous

Flexible Spending Accounts

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP) ?	<input type="text" value="\$ 0"/>	-	-
Dependent Care Assistance Plan (DCAP) ?	<input type="text" value="\$ 0"/>	-	-

Previous

MCAP allows to you to use tax-free dollars to pay out-of-pocket eligible medical, dental, and vision expenses incurred during the plan year July 1st through June 30th for you and your dependents, in accordance with IRS regulations.

The entire elected amount is eligible for reimbursement your first day of eligibility.

Note: To ensure consistency in your payroll deductions, the annual paid amount may be adjusted slightly from the elected goal amount based on the number of pay periods in the plan year.

Step 2 – Benefits

To enroll in flex benefits, employees will enter the annual goal amount in the coverage option fields.

Tip Tools have been added to provide members guidance on Flexible Spending Accounts.



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Benefit Choice Enrollment Event

Benefit Choice - July 1, 2018

1 Family 2 Benefits 3 Finalize

▼ Health & Group Benefits

▼ Life Insurance ⓘ

▶ Flexible Spending Accounts (MCAP/DCAP)

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP) ⓘ	<input type="text" value="\$ 2560.00"/>	-	-
Dependent Care Assistance Plan (DCAP) ⓘ	<input type="text" value="\$ 5000.00"/>	-	-

Previous

Recalculate

Step 2 – Benefits

After entering the desired goal amounts for the plan year, the enrollment tool will require users to recalculate in order to display the correct benefit costs.

Each time an employee changes the entered amount the tool will require a recalculation.



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Benefit Choice Enrollment Event

Flexible Spending Accounts (MCAP/DCAP) ⚠️ ⓘ

⚠️ Non-critical warnings You have elected an amount greater than the maximum allowable amount. Your election has been automatically adjusted to the maximum amount available.

ⓘ Information To ensure consistency in your payroll deductions, the annual paid amount may be adjusted slightly from the elected goal amount based on the number of pay periods in the plan year.

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP) ⓘ ⚠️ ⓘ	<input type="text" value="\$ 2559.96"/>	\$2,559.96	\$213.33
Dependent Care Assistance Plan (DCAP) ⓘ ⚠️ ⓘ	<input type="text" value="\$ 4999.92"/>	\$4,999.92	\$416.66

Previous

Step 2 – Benefits

If an amount is selected that is over the yearly maximum, the tool will display a non-critical warning message and automatically adjust the employee's election to the maximum for the year.

All goal amounts are rounded down to the nearest penny to ensure the election is divisible by the number of pay period for the year. Additional rounding or adjustments may occur after the close of Benefit Choice for those faculty/staff who are paid over less than 12 months.



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Benefit Choice Enrollment Event

1 Family 2 Benefits 3 Finalize

Health & Group Benefits

Life Insurance

Flexible Spending Accounts (MCAP/DCAP)

Non-critical warnings You have elected an amount greater than the maximum allowable amount. Your election has been automatically adjusted to the maximum amount available.

Information To ensure consistency in your payroll deductions, the annual paid amount may be adjusted slightly from the elected goal amount based on the number of pay periods in the plan year.

Benefit	Coverage Options	Coverage Level	Your Monthly Cost
Medical Care Assistance Plan (MCAP)	\$ 2559.96	\$2,559.96	\$213.33
Dependent Care Assistance Plan (DCAP)	\$ 4999.92	\$4,999.92	\$416.66

Previous

Previous Next

Your Pre-Tax Costs
Your Costs \$1,022.99 / per month

Your Post-Tax Costs
Your Costs \$21.98 / per month

Step 2 – Benefits

Once completed and all critical errors throughout the enrollment are cleared the user will select the Next button to continue to the 3rd and final step of the enrollment process.



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Benefit Choice Enrollment Event

Benefit Choice - July 1, 2018

1 Family 2 Benefits 3 Finalize

Cost Summary

Items that have been changed

Your Pre-Tax Costs	
Your Costs	\$1,022.99 / per month
Your Post-Tax Costs	
Your Costs	\$21.98 / per month

Benefits

Benefit name	Coverage options	Coverage details	Employer Cost	Your Costs
Health & Group Benefits				
Medical	Quality Care Health Plan	Employee + 1	\$1,807.62	\$376.00
Dental	Quality Care Dental Plan	Employee + 1	\$50.24	\$17.00
Life Insurance				
Basic Life	1 x Annual Base Salary	\$56,000.00	\$18.48	-
Optional Member Life	6 x Annual Base Salary	\$336,000.00	-	\$20.16
Child Life	\$10,000 per Child	\$10,000.00	-	\$0.70
Voluntary AD&D	Match Basic Life Amount	\$56,000.00	-	\$1.12
Flexible Spending Accounts (MCAP/DCAP)				
Medical Care Assistance Plan (MCAP)	2559.96	\$2,559.96	-	\$213.33
Dependent Care Assistance Plan (DCAP)	4999.92	\$4,999.92	-	\$416.66
Totals:			\$1,876.34	\$1,044.97

Dependents

Dependent	Birth Date	Coverage	Coverage Elsewhere
Dependent Child (SSN: ****6789): Child, Female	April 11, 2018	Dental, Medical	No

Step 3 – Finalization

Step 3 of the enrollment is the Finalization step.

Employees will have an opportunity to review all of their elections.

Elections that have changed will be displayed in blue to highlight changes made.



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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 7/1/2018, 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 certify that the information and documentation I have provided is true and complete. I understand that falsifying or misrepresenting any information or documentation, or failing to provide requested information or documentation, in order to obtain or continue coverage under the Program will be considered a fraudulent act which may result in the forfeiture of insurance coverage and that I may also be subject to a financial penalty, including but not limited to repayment of all premiums and claims paid by the State on behalf of myself or any of my dependents and all expenses incurred by the Program arising out of the coverage provided to me.

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 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 »

Step 3 – Finalization

In order to finalize elections, employees will have to accept the attestation statement by checking the box to acknowledge the statement.

Once the attestation acknowledgement is checked the Next button will engage allowing employees to submit their elections.



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Print your confirmation statement

The selections you made have been submitted successfully.

Event name: Benefit Choice

Effective date: July 1, 2018

Date completed: April 11, 2018

Your selections will appear in your Personal Profile after May 31st, the end of the Benefit Choice election period. Benefit elections may be changed through the end of business on May 31st by going to Self-Service Tools "View my Elections" and Restarting or Modifying the event.

[If you wish, you can print a summary of your new selections.](#)

You will also need to provide the following forms in order to finalize the enrollment.

Forms

Forms

Birth Certificate/Official Adoption Decree (Dependent Child)
(Provide by: June 5, 2018)

Done

Step 3 – Finalization

Once elections have been successfully submitted employees can **print a confirmation summary** of the elections made during the Benefit Choice event.

If documentation is required members will see a Form box outlining what is required.



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Step 3 – Finalization

When the Benefit Choice enrollment is complete, the icon on the Call-to-Action Bar will display in green indicating completion.

The Benefit Choice event will remain on the Call-to-Action Bar until the end of the enrollment period, allowing employees to make additional changes.

DAVID, here are some things you may do next:



BENEFIT CHOICE
VIEW CHANGES
Start | Modify



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Benefit Choice Enrollment Event

YOUR BENEFITS
\$114.00
YOUR MONTHLY BENEFIT COST

\$11,048.40
ANNUAL VALUE OF YOUR BENEFITS

Employee Only

Benefits	Plan	Your Monthly Cost
Medical	Health Alliance HMO	\$103.00
Dental	Quality Care Dental Plan	\$11.00
Basic Life	1 x Annual Base Salary	\$0.00
Optional Member Life	Waive	\$0.00
Voluntary AD&D	Waive	\$0.00

[View All](#)

Self-Service Tools

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

RECOMMENDED FOR ME

Step 3 – Finalization

If documentation is required a new action icon will display in the Call-to-Action Bar.

Employees can also use the Self-Service Tool to review, and upload required documents.



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Upload documents

This page lists the documents that you are required to submit related to enrollment 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 appears in the list.

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 uploaded, this will remove all of them.

— Birth Certificate/Official Adoption Decree - Not Received

Required for **Dependent Child**

Upload

Step 3 – Finalization

The documentation page will designate what document or documents are required to complete the enrollment.

Documents are reviewed daily, and the standard approval timeline is 72 hours.



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