OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD

Web Application User Manual

Procedures

Procedures Manual

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REGISTRATION PROCEDURES

NOTE: In order to successfully register as an official user of the Web Application, certain identifying information must already be entered into our system by OSEEGIB Web Support. Please contact OSEEGIB Web Support prior to attempting to register to confirm this identifying information has been entered correctly.

1. If you have previously registered for the OSEEGIB Web Application, please refer to the Logging On/Off procedures below. If you have NOT already registered, proceed to step 2.

2. Open your web browser.

3. Type https://www.healthenroll.com/v3/ into the URL address window and press the <Enter> key on your keyboard or click the **Go** button to the right of the address window. This will open the **Login** page of the Web Application.

NOTE: At this point you may want to save this web page to your "Favorites" list for easier future access. To do this, click "Favorites" on the upper menu bar and select "Add to Favorites…" from the pull down menu then follow the on-line instructions.

4. Click on **click here** beneath "Register for OSEEGIB WEB?" (see Figure 1-1)
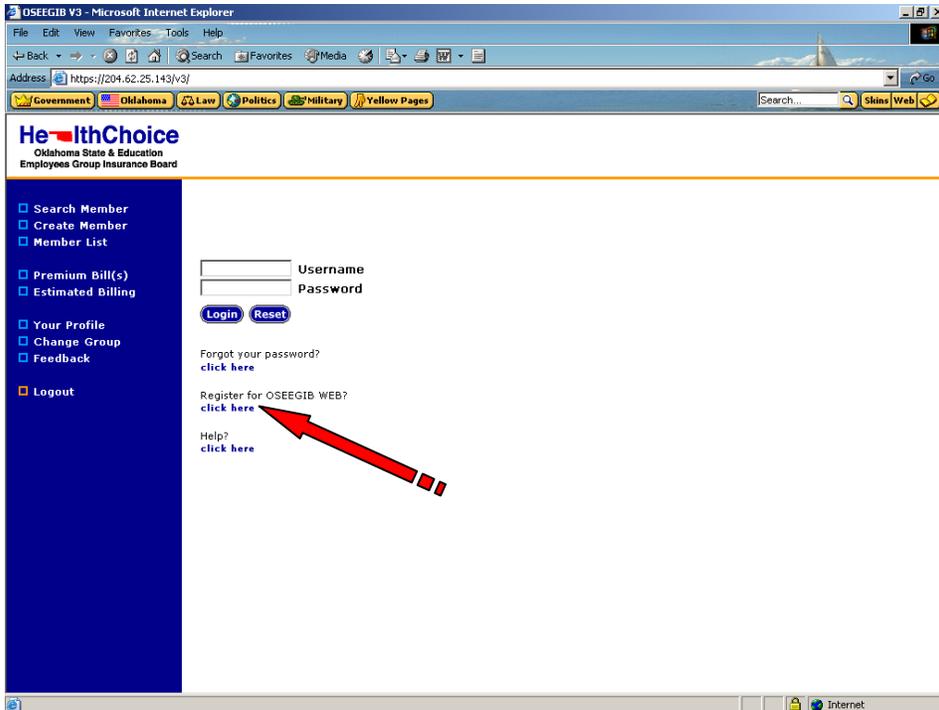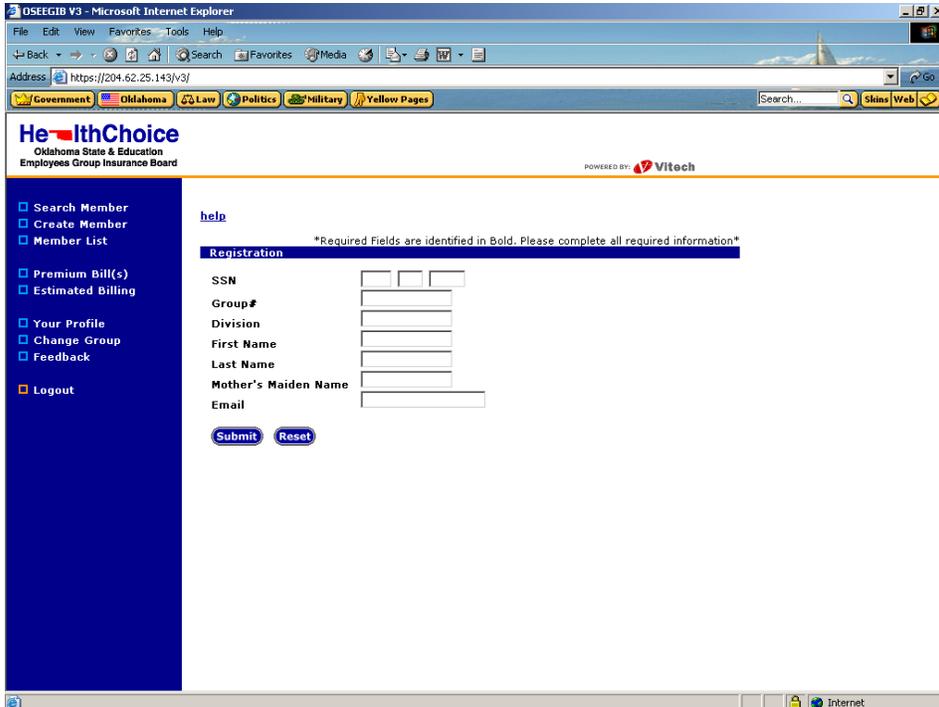
Figure 1-1

Figure 1-2

5. When the **Registration** page appears (Figure 1-2), complete all of the required information as follows:

   a. SSN: Enter your Social Security Number (this will be your Username). You may use another 9-digit number that is unique to you if you so choose. Example: Your zip code + last 4 digits of your SSN, your tax ID number, etc. Please do not use 111-11-1111 or 123-45-6789 or any variation as this is not considered a "unique" number.

   b. Group #: Enter the Group Number of the entity you are registering for access. Your Group Number appears on your monthly billing statement.

NOTE: If you are registering for multiple entities or divisions, you must register for each one separately, one at a time.

   c. Division: Enter the Division Number of the entity you are registering for access.

   d. First Name: Enter your first name.

   e. Last Name: Enter your last name.

   f. Mother's Maiden Name: Enter your mother's maiden name. This information will be used for security purposes if you forget your password.

   g. Email: Enter your complete email address

6. Click **Submit** to complete the registration process.

7. You will receive an email with your temporary password. When you log on for the first time using your temporary password, you will be required to change your password to one of your choosing.

NOTE: If you receive the following error message:

Error - Specified last name, first name, and group combination is invalid

Please review the information that you have entered for accuracy, correct it if necessary, and re-submit. If you continue to get this error after verifying the information entered is correct, contact OSEEGIB Web Support for assistance.

LOGGING ON

1. If you have not previously registered for the OSEEGIB Web Application, please refer to the Registration Procedures above. If you have already registered, proceed to step 2.

2. Open your web browser.

3. Type the following URL into the address window:

    https://www.healthenroll.com/v3/

4. Enter your Username and Password and press the <Enter> key on your keyboard or click **Login** using your mouse. The **Select Employer** page appears.

5. If you are the Coordinator for multiple accounts, use the pull down arrow to the right of the "By Employer/Group:" box to select the Group/Division for which you wish to make changes.

6. Press the <Enter> key on your keyboard or click **Submit** using your mouse.

7. After reading the rules and regulations on the **Acceptance** page, scroll to the bottom of the screen and click the **ACCEPT** button (see Figure 1-3).
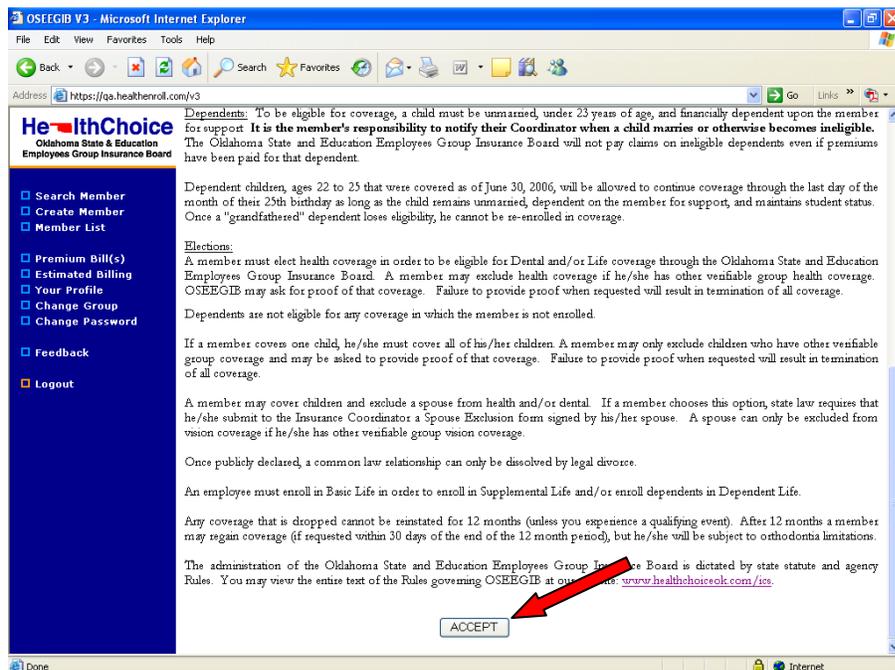

Figure 1-3

8. You are now logged on to the **Search Member** page of the OSEEGIB Web Application and ready to enter Enrollments, Changes, and Terminations.

SEARCH MEMBER

1. There are three (3) different ways to search for an existing member::

    a. Search by Member's SSN or ID Number.

    b. Search by Member's Name.

    c. Search using the Member List.

2. To search by the member's SSN or ID Number::

    a. Enter the member's Social Security Number or Member ID number (omit dashes) in the spaces provided (the cursor will automatically tab to the next box).

    b. Press the <Enter> key on your keyboard or click **Search**.

    c. The **Search Results** screen appears (Figure 1-4).

3. To search by the member's name:

    a. Enter the member's first and last name in the spaces provided.

    b. Press the <Enter> key on your keyboard or click **Search**.

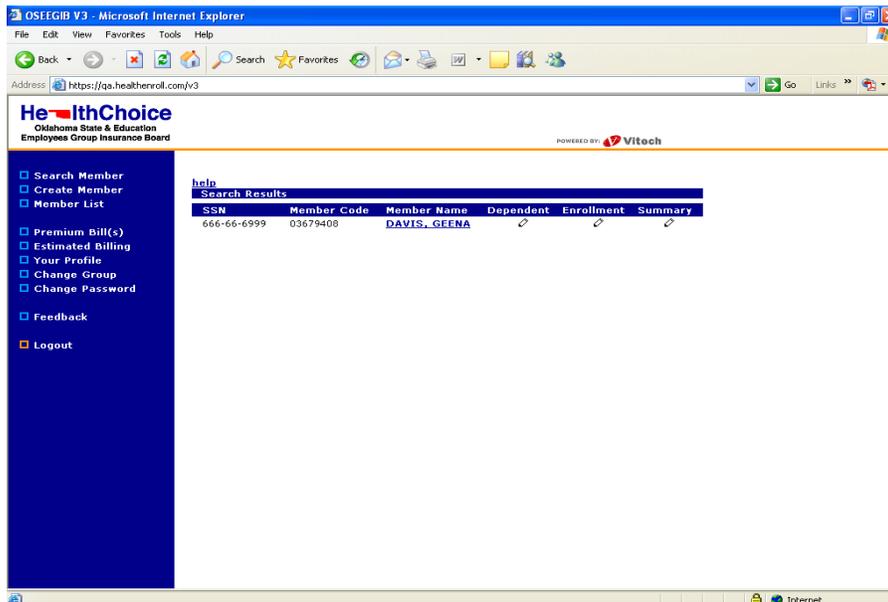   c. The **Search Results** screen appears (Figure 1-4).

Figure 1-4

4. To search using the Member List:

    a. Click **Member List** in the dark blue tool bar on the left part of the **Search Member** page (Figure 1-5).

    b. The **Member List** page appears (Figure 1-6).
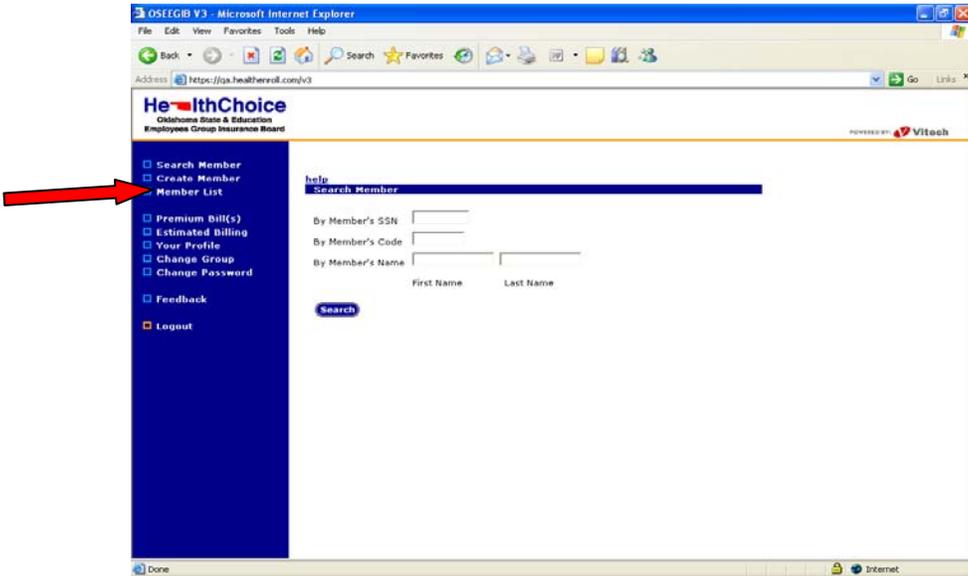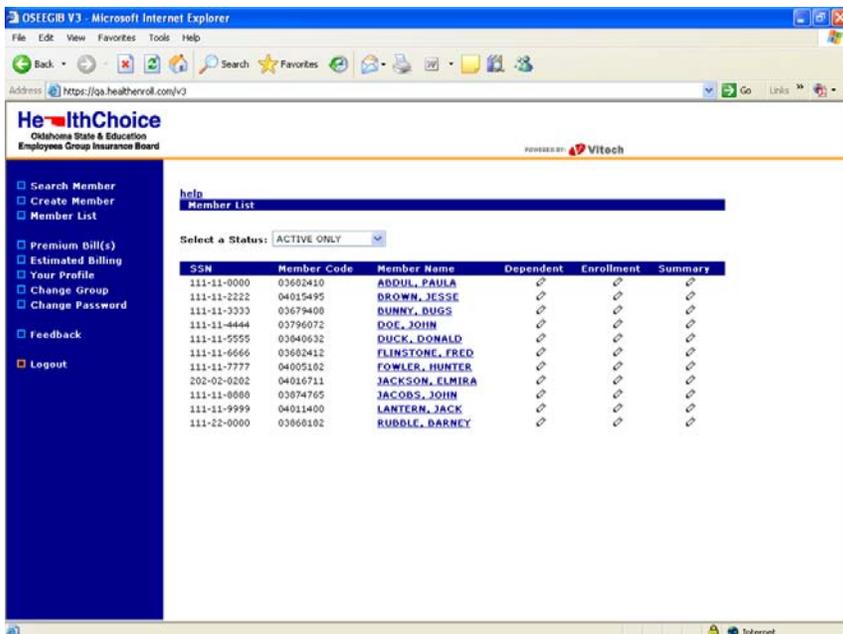

Figure 1-5

Figure 1-6

c. The Member List can be sorted numerically by SSN or Member Code or alphabetically by member last name by clicking on "SSN", "Member Code" or "Member Name" in the header bar as indicated in Figure 1-7.

SSN	Member Code	Member Name	Dependent	Enrollment	Summary

Figure 1-7

d. To view or edit an existing member's personal information, click the member's name (Figure 1-8).

e. To view or edit an existing member's dependent(s) personal information, click the "✐" icon beneath the "Dependent" column to the right of the desired member. (Figure 1-8).

f. To view or edit an existing member's enrollment information, click the "✐" icon beneath the "Enrollment" column to the right of the desired member. (Figure 1-8).

g. To view a summary of an existing member's enrollment information, click the "✐" icon beneath the "Summary" column to the right of the desired member. (Figure 1-8).
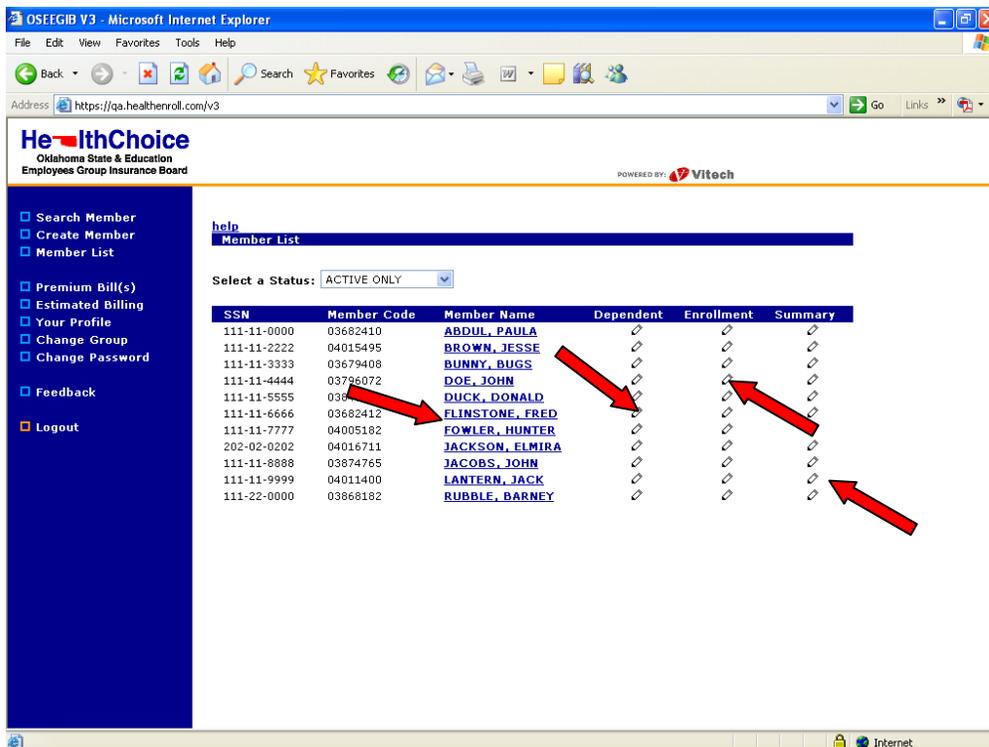

Figure 1-8

THE 210-DAY ELIGIBILITY WINDOW

To prevent accidental and extreme billing adjustments, the Web Application will only allow data entry within a 210-day window.

210-Day Eligibility Window Rule = The start date of the period being edited must fall within a seven (7) month period.

210 Day Eligibility Window
Today's Date = 6/15/2011

Acceptable Effective Dates
5/1/2011, 6/1/2011, 7/1/2011, 8/1/2011, 9/1/2011,10/1/2011,11/1/2011

MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER

4/30/2011, 5/31/2011, 6/30/2011, 7/31/2011, 8/31/2011, 9/30/2011, 10/31/2011
Acceptable Termination Dates

Although entries can be physically made effective on any of the dates available in the eligibility window, Coordinators are still required to apply the most current OSEEGIB guidelines (outlined on the **Acceptance** page during the log in process and on page 10 and 11 in this manual) to all enrollments, changes, and terminations.

THE ACCEPTANCE PAGE

NOTE: Following is the text of the Acceptance page. By clicking on the ACCEPT button at the bottom of the page during log in, you are acknowledging that you have read, understand, and will comply with the guidelines outlined on the Acceptance page.

Please Read and Accept

IMPORTANT – Member elections must be in compliance with state statute and the rules and regulations governing this plan. The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) may audit your elections. You may be required to obtain documentation from a member providing proof of eligibility.

New Hire Enrollments: You may enroll employees and their dependents in any or all coverage.   An employee must make elections within 30 days of his or her entry on duty date or the date the member becomes eligible for benefits.

Supersede Enrollment: A member has 30 days from the date he/she becomes eligible to make any additions or changes to the elected coverage. **Any changes a member makes to original coverage will be effective the 1st of the month following the date of notification.**

Corrections to Benefit Elections: Members shall review their confirmation of coverage statement to ensure that the coverage elected is correct. Any corrections shall be submitted to the Insurance Coordinator within 60 days of the election. Errors reported after the 60 days shall be effective the 1st of the month following notification of the error.

Subsequent Midyear Enrollments: To be eligible for enrollment after initial employment (other than Option Period), a member must have lost other verifiable group coverage. You may only enroll the member or dependents in the specific coverage that was lost. The member must make elections and sign the form within 30 days of the qualifying event (the date the loss occurred).

Strict consistency rules apply to all qualifying events. A benefit election change is only consistent with a qualifying event if the election changes are necessary or appropriate as a result of the event, i.e. adding health coverage (benefit election change) is <u>NOT</u> consistent with the loss of a dependent child (qualifying event). **Allowable Midyear Changes within Plan guidelines include:**

- Change in the member's legal marital status
- Change in the member's number of dependents
- Change in the member's employment status that directly effects eligibility
- An event that causes the dependent to satisfy, or cease to satisfy eligibility requirements
- Changes in the member's place of residence that directly effects eligibility or HMO/DMO availability
- Leaving on or returning from FMLA Leave, Leave Without Pay, USERRA Leave, or Disability Leave

Changes that do not fall into the above categories are generally not allowed except at Option Period. If in doubt as to whether the member qualifies for a change, please contact Member Services.

Dependents: Dependents are not eligible for any coverage in which the member is not enrolled. If one eligible dependent is covered, all eligible dependents must be covered. The member may choose during initial enrollment or during Option Period not to cover dependent children who do not reside with the member, are married, are not financially dependent on the member for support, have other group coverage, or are eligible for Indian or military health benefits. Eligible dependents include:

- The member's legal spouse (including common-law).
- The member's daughter, son, stepdaughter, stepson, eligible foster child, adopted child or child legally placed with the member for adoption up to age 26, whether married or unmarried.
- A dependent, regardless of age, who is incapable of self-support due to a disability that was diagnosed prior to age 26. Subject to medical review and approval.
- Other unmarried dependent children up to age 26, upon completion of an *Application for Coverage for Other Dependent Children*. Guardianship papers or a tax return showing dependency may be provided in lieu of the application.

Dependent children listed in bullet two above can be added or dropped only during the annual Option Period, unless the child gains or loses other verifiable group coverage. **It is the member's responsibility to notify their Coordinator when a child becomes ineligible.** OSEEGIB will not pay claims on ineligible dependents, even if premiums have been paid for that dependent.

Elections:
A member must elect health coverage in order to be eligible for Dental and/or Life coverage through OSEEGIB. A member may exclude health coverage if he/she has other verifiable group health coverage. OSEEGIB may ask for proof of that coverage.   Failure to provide proof when requested will result in termination of all coverage.

A member may cover children and exclude a spouse from health and/or dental. If a member chooses this option, state law requires that he/she submit to the Insurance Coordinator a Spouse Exclusion form signed by his/her spouse. A spouse can only be excluded from vision coverage if he/she has other verifiable group vision coverage.

Once publicly declared, a common law relationship can only be dissolved by legal divorce.

An employee must enroll in Basic Life in order to enroll in Supplemental Life and/or enroll dependents in Dependent Life.

Any coverage that is dropped cannot be reinstated for 12 months (unless the member experiences a qualifying event). After 12 months a member may regain coverage (if requested within 30 days of the end of the 12 month period), but he/she will be subject to orthodontia limitations when enrolling in dental coverage.

The administration of OSEEGIB is dictated by state statute and agency Rules. You may view the entire text of the Rules governing OSEEGIB at our website: www.sib.ok.gov or www.healthchoiceok.com.

LIFE INSURANCE

Basic and Supplemental Life can only be added at New Hire Enrollment using the Web Application. The Web Application will allow entry of Basic Life + Guaranteed Issue (GI) only.

GI is equal to two (2) times yearly salary rounded up to the next $20,000 increment.

The maximum amount of Supplemental Life insurance a member can have in force at any time is equal to five (5) times yearly salary rounded up to the next $20,000 increment not to exceed $300,000.

While entering Age-Rated Life insurance during initial enrollment, the Web Application will ask for the member's salary. This information is used to electronically compute the member's Guaranteed Issue (GI) and once the computation is complete, the information is erased from memory.

Amounts requested over GI require completion of a separate Life Insurance Application. Once approved, OSEEGIB will notify the member and the Coordinator of the effective date of the approved amount. If the Life Insurance Application is denied, OSEEGIB will notify the member and the Insurance Coordinator and the member can re-apply at Option Period.

Although enrollment in life insurance at all other times (Option Period or Midyear Loss of Other Group Coverage) is sometimes permitted, these entries, when approved, must be entered by OSEEGIB staff.

SSN ENTRY AND CORRECTION

The Web Application requires a valid Social Security Number (SSN) for all members and all dependents over 1 year old. If you do not have a valid SSN for a member or dependent, do not use an invalid SSN. Using an invalid SSN to enroll a member or a dependent is fraud and can result in revocation of your access.

Since not all dependent SSNs were provided in the past, there are a number of dependents that were converted from our old benefit administration system without SSNs.

The Web Application will not allow changes to an account with dependents (over 1 year old) enrolled with no SSN. The SSN must be entered before changes can be made to the member's account.

Once a SSN has been entered and submitted, it cannot be changed via the Web Application. Please contact OSEEGIB to correct SSN data entry errors.

OPTION PERIOD ENTRIES

INSTRUCTIONS FOR OPTION PERIOD WILL BE EMAILED TO REGISTERED INSURANCE COORDINATORS BEFORE THE START OF OPTION PERIOD EACH YEAR. PLEASE BE SURE WEB SUPPORT HAS YOUR CURRENT EMAIL ADDRESS.

WHAT ABOUT FORMS?

It is not necessary to submit Enrollment, Change, and Termination Forms to OSEEGIB if you are entering them via the Web Application. There are, however, a few forms that must still be completed by the member and filed either at the entity or at OSEEGIB. These forms are required to be approved or retained on file as indicated below:

REQUIRED FORM	ON FILE AT
Beneficiary Designation Form	OSEEGIB
Life Insurance Application	OSEEGIB
Disabled Dependent Assessment	OSEEGIB
Declaration of Dependency	OSEEGIB
Spouse Exclusion Form	Employer

All of the above forms can be downloaded and printed from the HealthChoice Insurance Coordinator's Website at http://www.healthchoiceok.com/ics.

GOT ANY GREAT IDEAS?

If you have recommendations for improvement of the Web Application or this manual, please email OSEEGIB by clicking on **Feedback** (see Figure 2-1).
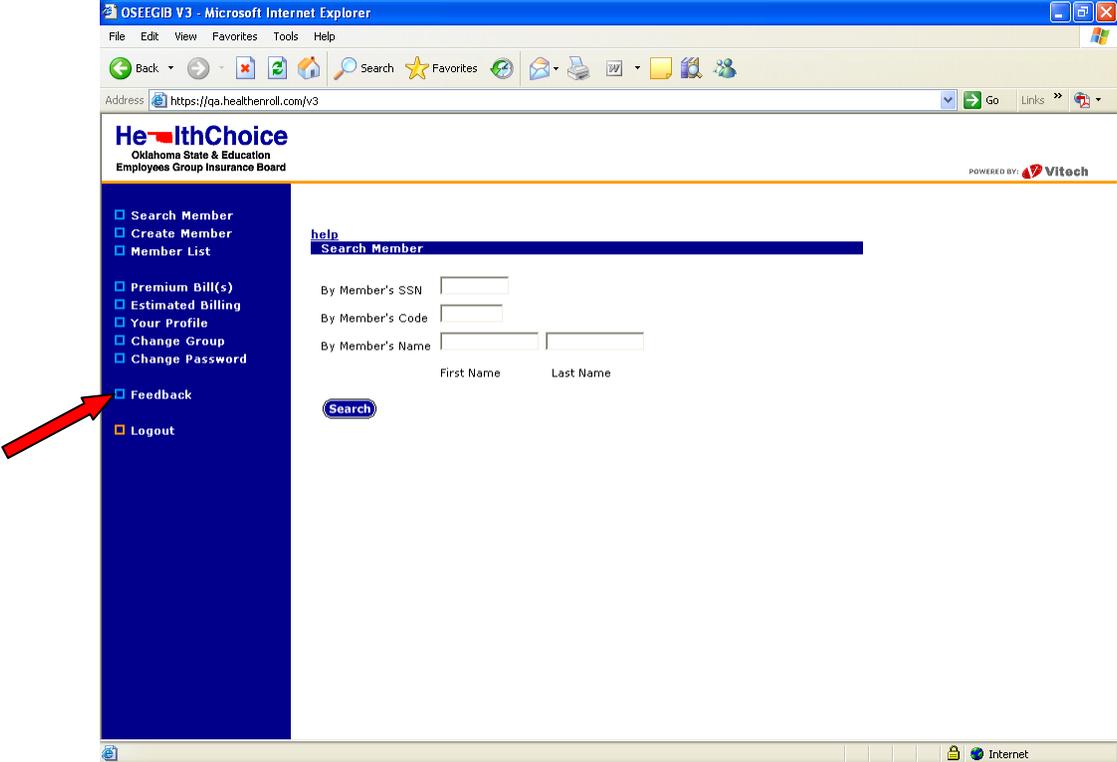
Figure 2-1

NEED IMMEDIATE ASSISTANCE?

If you need immediate assistance, please feel free to call our

WEB SUPPORT LINE

@

1-405-717-8707

or

1-800-543-6044 ext 8707

A member of our Web Support Team will be available to assist you from
8:00 a.m. until 4:30 p.m. Monday through Friday.

ENROLLING A NEW MEMBER

To enroll a new member, enter all required information in the following sequence:

1. Member Personal Information

2. Dependent Personal Information

3. Enrollment Information

4. Enrollment Summary

Member Personal Information

1. Click ☐ **Create Member** in the menu bar along the left hand side of the web page. (Figure 3-1)
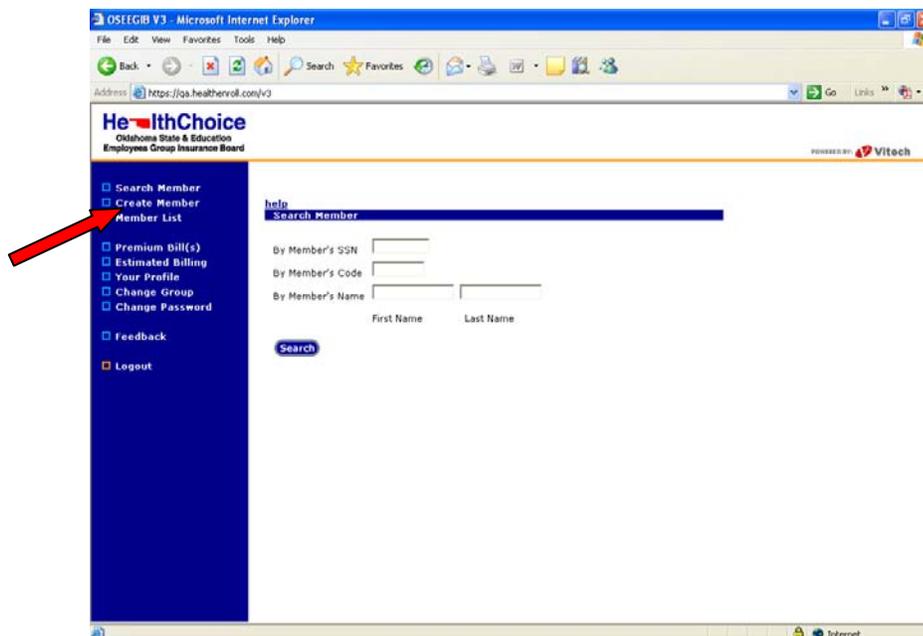
Figure 3-1

2. When the **Add Member** screen appears, type in the member's Social Security Number and click ![Submit] (Figure 3-2). The **Member Information** tab appears (Figure 3-3).
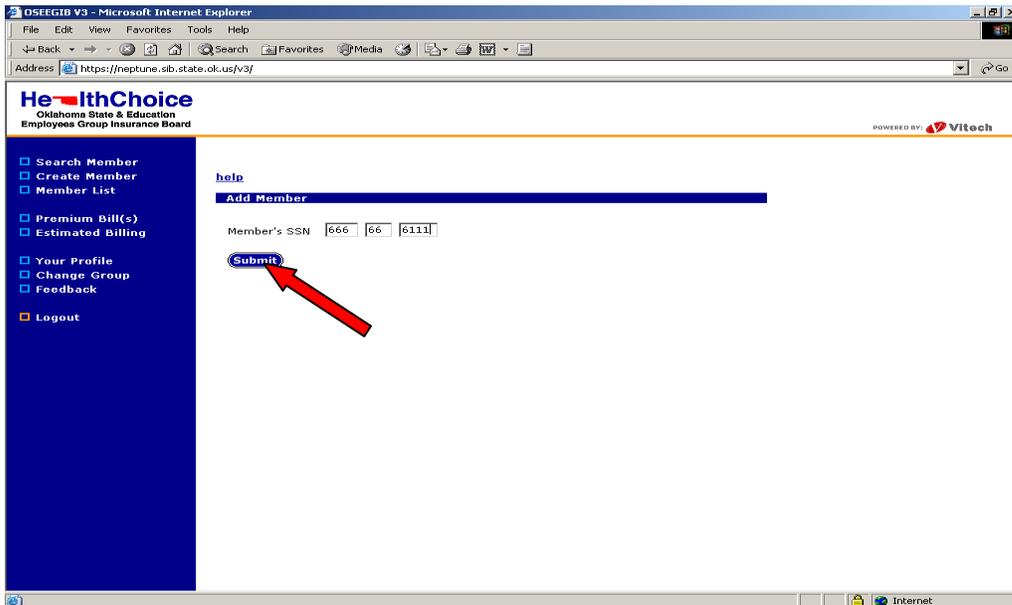
Figure 3-2
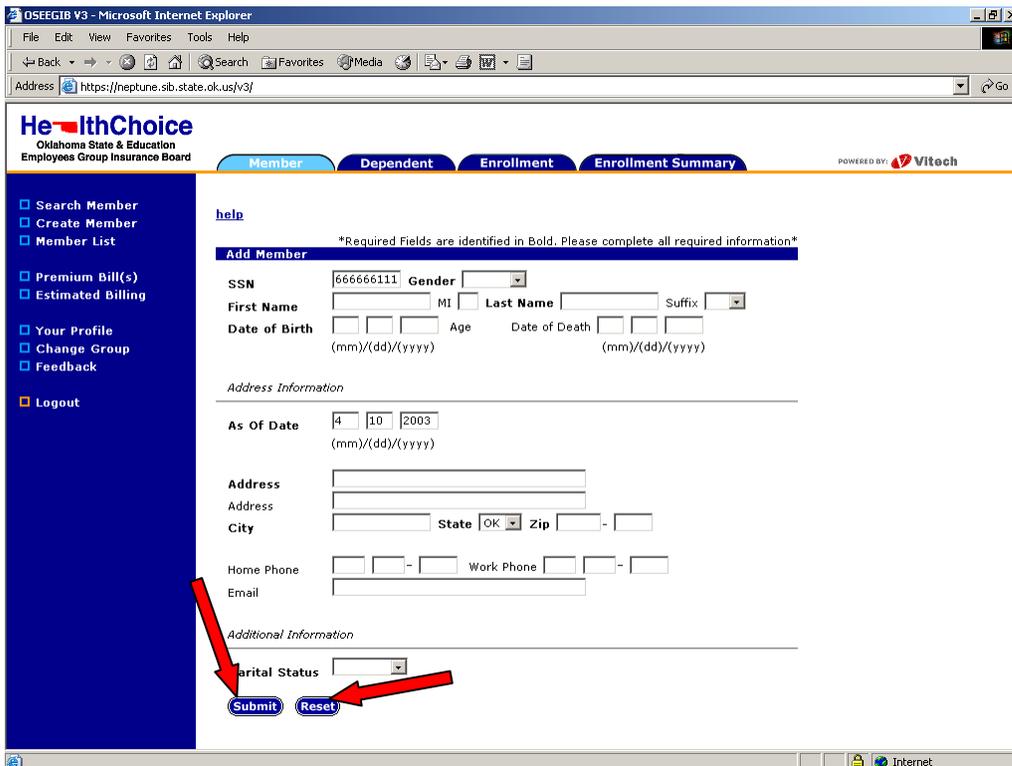
Figure 3-3

NOTE: If the fields in the Add Member screen are already populated when the screen appears, this means the SSN entered belongs to someone that is currently or was previously enrolled in OSEEGIB coverage. Check the member's personal information carefully to ensure the SSN entered is correct. If the personal information is that of the member being enrolled, proceed to "Transferring a Member From Another Entity" (later in this chapter). If the personal information belongs to someone other than the member being enrolled, verify the SSN by asking to view the member's Social Security Card. If the SSN belongs to the member being enrolled, and not the member that appears when entering the SSN, contact OSEEGIB Web Support for assistance.

3. Enter all member personal information. Please note: Addresses should be entered without punctuation. If you make an error and wish to start over, click (Reset) to clear all information and begin again, if not, click (Submit) to continue.   (Figure 3-3).

NOTE: Required fields are identified in Bold. Please complete all required information.

4. If the member is insuring dependents, click the **Dependent** tab to add dependents. If not, click the **Enrollment** tab to continue (Figure 3-4).
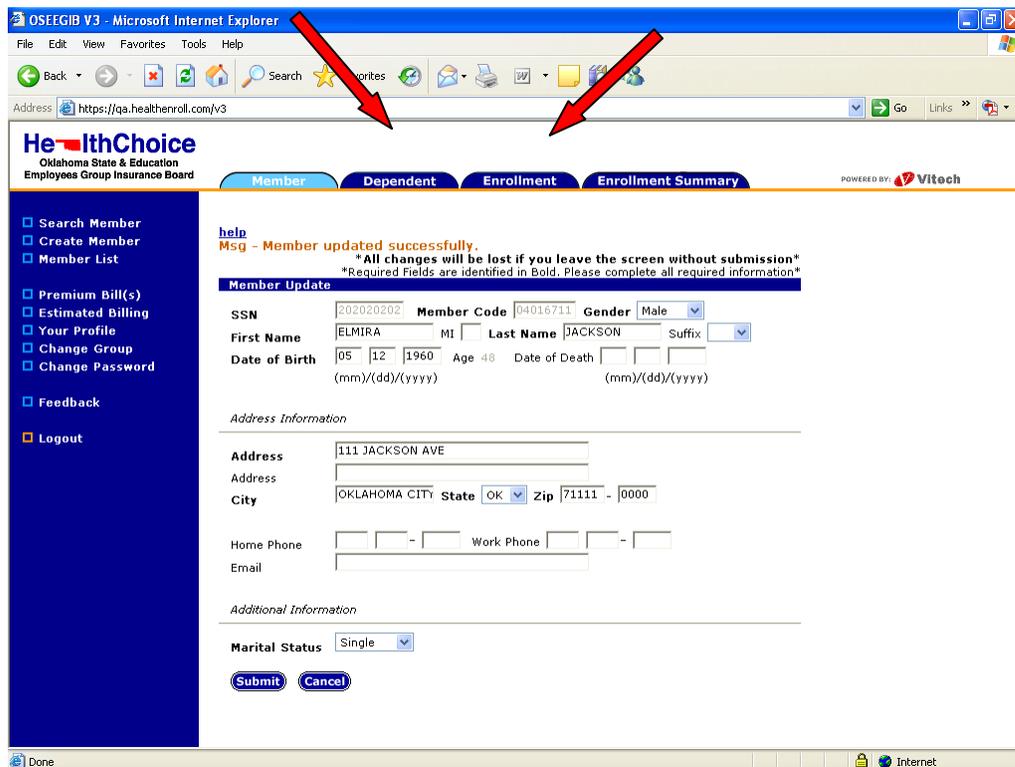

Figure 3-4

Dependent Personal Information

1. From the **Dependent** tab, click **Add a New Dependent** to begin entering dependent personal information (Figure 3-5).

2. Enter all dependent personal information.

3. If you make an error and wish to start over, click [Reset] to clear all information and begin again. If not, click [Submit] to continue (Figure 3-6).

4. Repeat steps 1 and 2 until all dependents have been added.
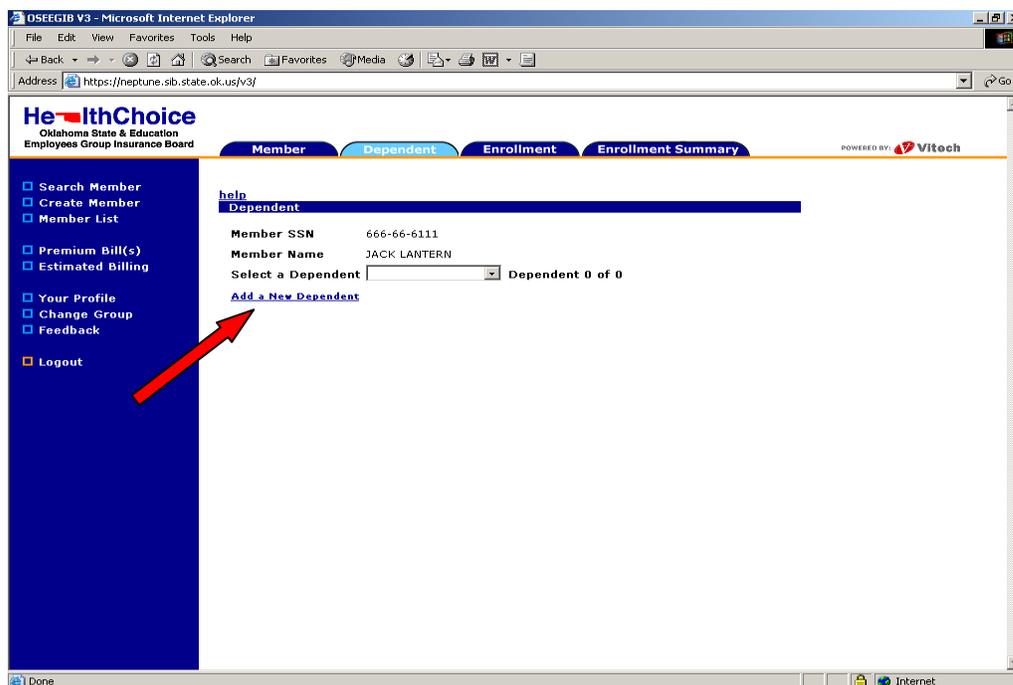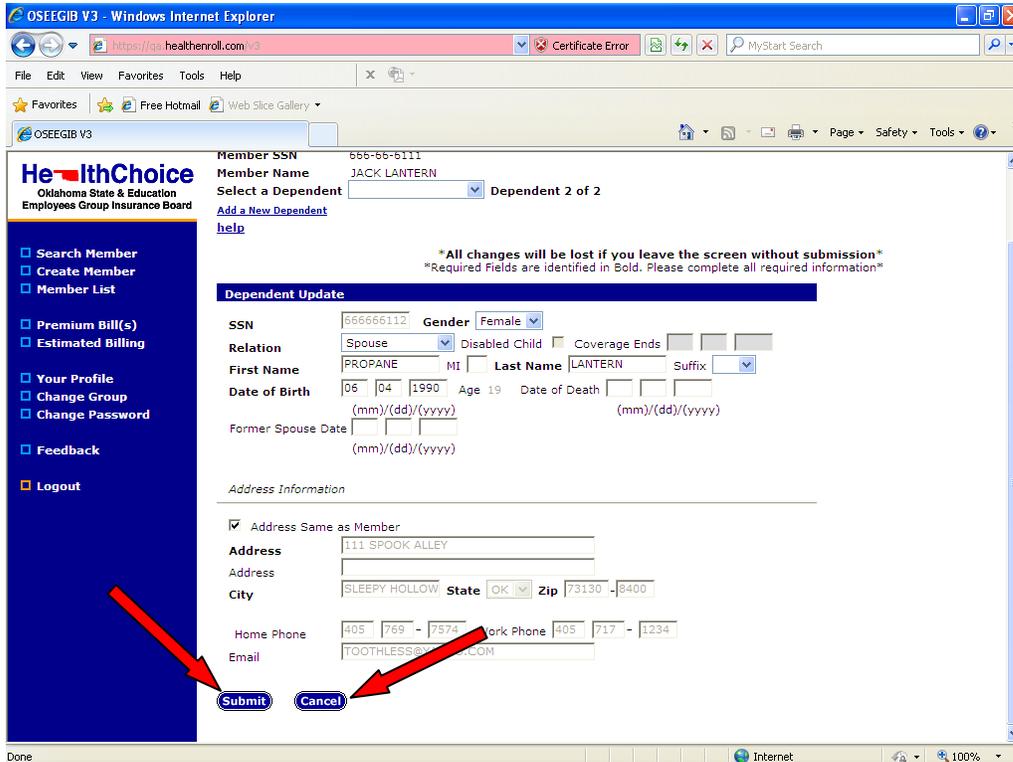
5. Click the **Enrollment** tab to continue (Figure 3-4).

Figure 3-5

Figure 3-6

Enrollment Information

1. From the **Enrollment** tab, click the "Reason" box to select "New Hire Enrollment" or "Midyear Enrollment/Change" depending on the reason for the enrollment being entered (see the **Acceptance** page during log in process or on page 10 and 11 of this manual).

2. After selecting a reason, enter the Effective Date of the member into the "From" boxes (Figure 3-7), and click **Submit**.

NOTE: The Web application automatically defaults to the 1ˢᵗ day of the month following today's date. This can be changed to the first day of the current month, or the first day of the previous month from today's date (i.e. if today's date is 06/15/2011, the dates 05/01/2011, 06/01/2011, 07/01/2011, 08/01/2011, or 9/01/2011 can be entered). If the member's effective date is not within the allowed date range, please contact OSEEGIB Web Support for enrollment assistance.
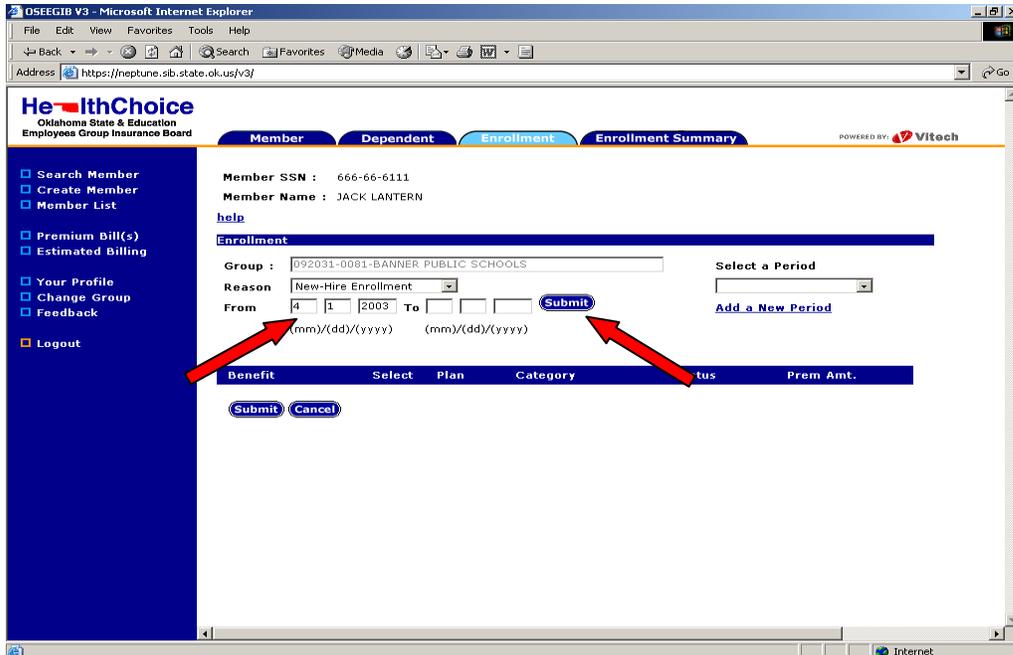
Figure 3-7

3. After clicking **Submit**, **Select A Coverage** appears (Figure 3-8).

4. Click **Select A Coverage** (Figure 3-8) to activate the **Coverage Selection** page (Figure 3-9).
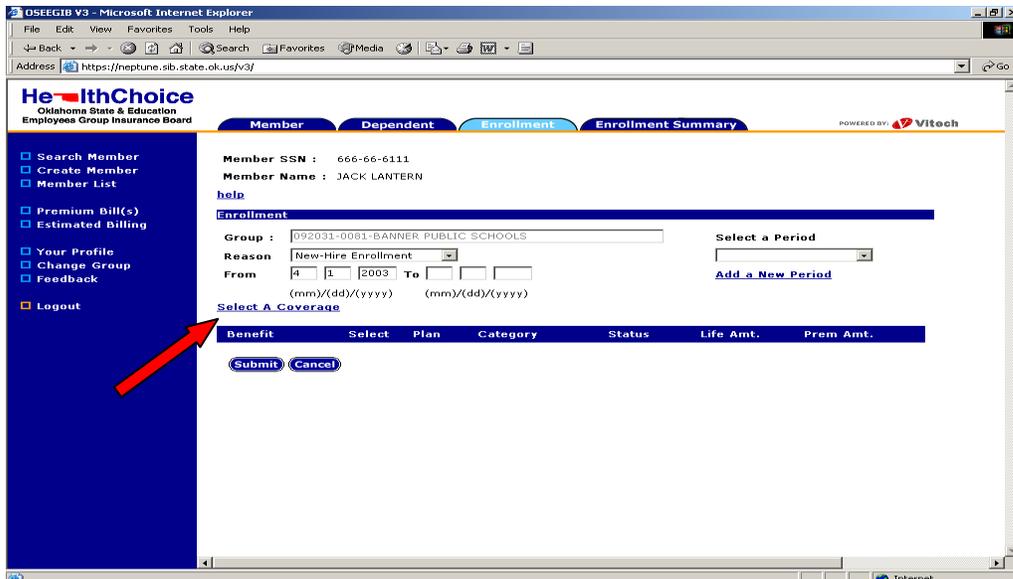

Figure 3-8

Figure 3-9

5. Select all the benefits in which the member wishes to enroll by clicking the check boxes beside the benefit desired (Figure 3-9).

NOTE: When the "Age Rated Life" benefit is selected, a "Please enter the salary" prompt appears. You must enter the member's salary in the box provided and click OK in order to proceed (Figure 3-10). Please see the Acceptance page during log in process for details concerning entering life insurance amounts.

Figure 3-10

6. Once all benefits have been selected, click **Submit**. The benefits are now displayed in the lower portion of the **Enrollment** tab (Figure 3-11).
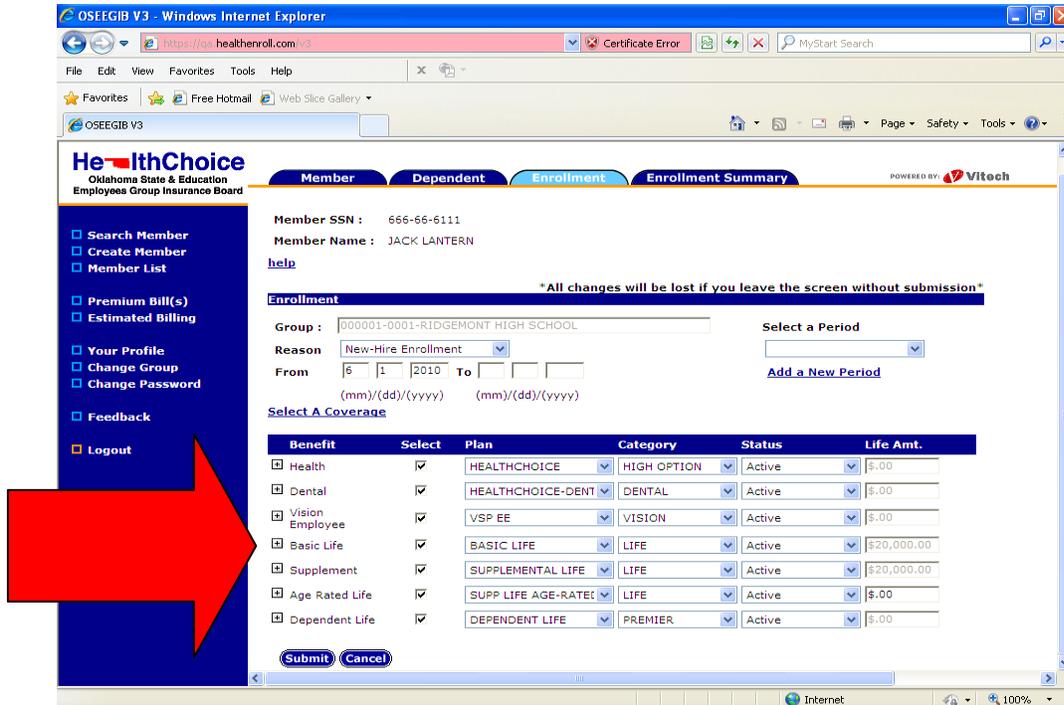
Figure 3-11

NOTE: **The following plans are automatically selected by the web application and must be changed if incorrect:**

Medical:	**HealthChoice High**
Dental:	**HealthChoice**
Vision:	**VSP**

7. Select the desired Plan and Category (High Option, Basic, USA, S-Account, Alternative, or Standard) by clicking on the pull down arrows in the Plan and Category boxes (Figure 3-12). (Only the benefits available in your entity's zip code area will be displayed for selection).

8. To access additional options; expand each benefit by clicking on ⊞ (Figure 3-12).

9. If the member has selected an HMO/DMO, the member's Primary Care Physician/Dentist should be entered (if provided by the member) in the "Original Dr" box. Enter N if the member is a new patient for the PCP or C if the member is a current patient, then the 1st initial of the first name of the PCP, then the last name of the PCP with no spaces. (Figure 3-12)

10. If the member is insuring dependents, each dependent must be opted in to each benefit. The web application opts all dependents OUT by default. To opt in a dependent, simply check the Opt In/Out box on the same line as the dependent by clicking on it (Figure 3-12).
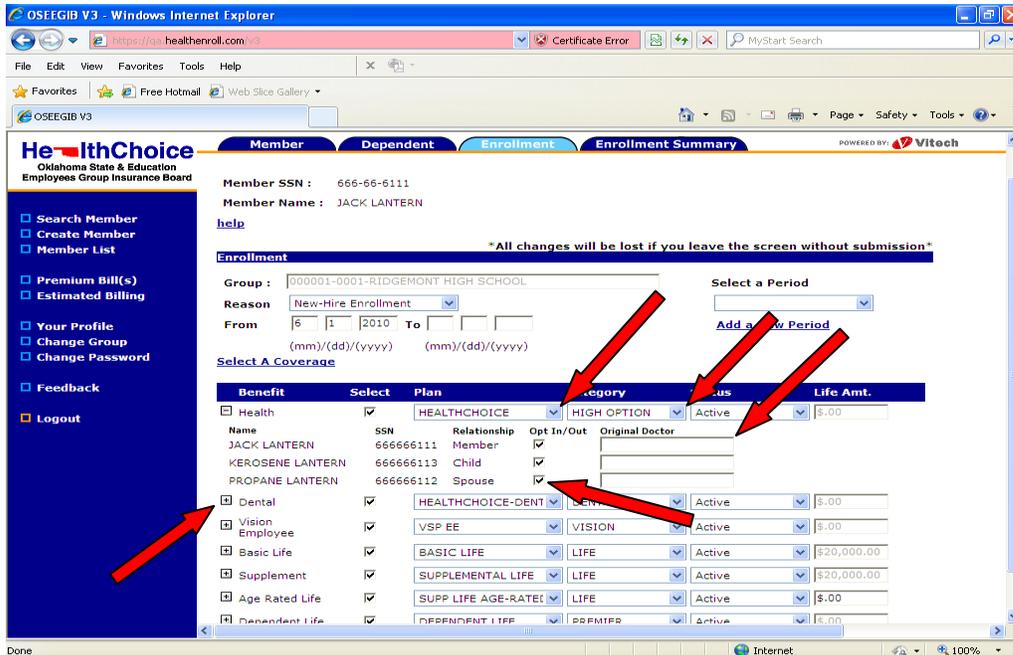
Figure 3-12

11. If the member has elected Age Rated Life, the face amount must be entered in the "Life Amount" box (Figure 3-13). (The web application will only allow life amounts up to the member's Guaranteed Issue. Please see the **Acceptance** page during log in process for details concerning entering life insurance amounts.)
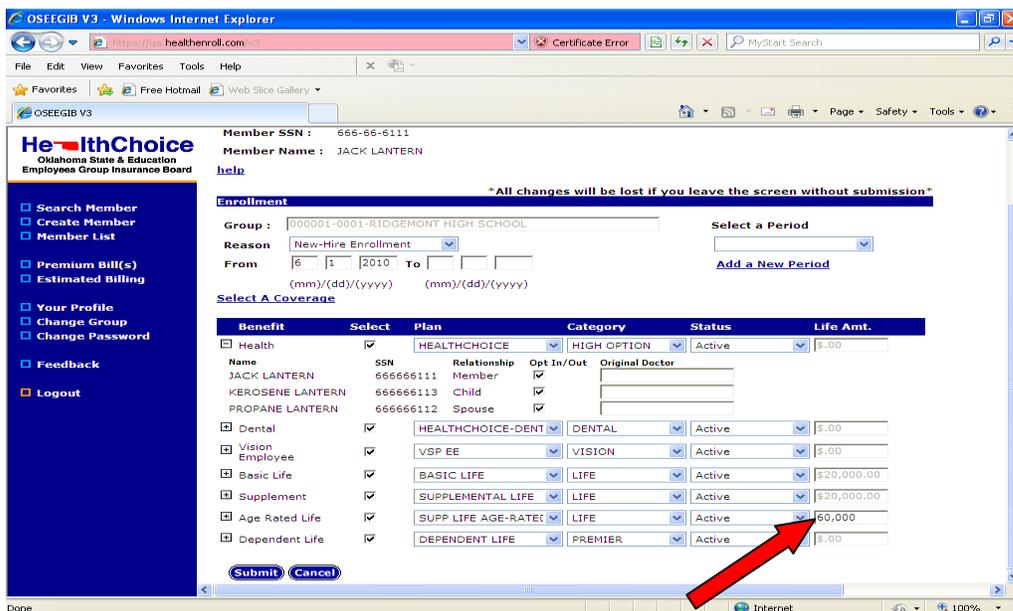

Figure 3-13

12. Once all benefits have been carefully selected, click [Submit] to save all selections.

13. Click the **Enrollment Summary** tab to verify all coverage.

Enrollment Summary

1. The "As of Date" on the **Enrollment Summary** tab defaults to today's date (Figure 3-14). If you want to view the member's coverage as of a previous or future date, click on the date boxes beside the "As of Date", change the date to the date desired, and click [Submit]. The coverage will change to show the coverage in effect as of the date entered.

2. To print a Confirmation Statement:

   a. Verify the correct "As of Date" is displayed. Update per step 1 above if necessary.

   b. Click 🖅**Print Summary** (Figure 3-14) and the Confirmation Statement appears (Figure 3-15).

   c. Use the scroll bar on the right side of the page to further view member's Confirmation Statement.

3. Click the 🖅 icon on the menu bar to print the statement for the member's records and the entity's personnel files.
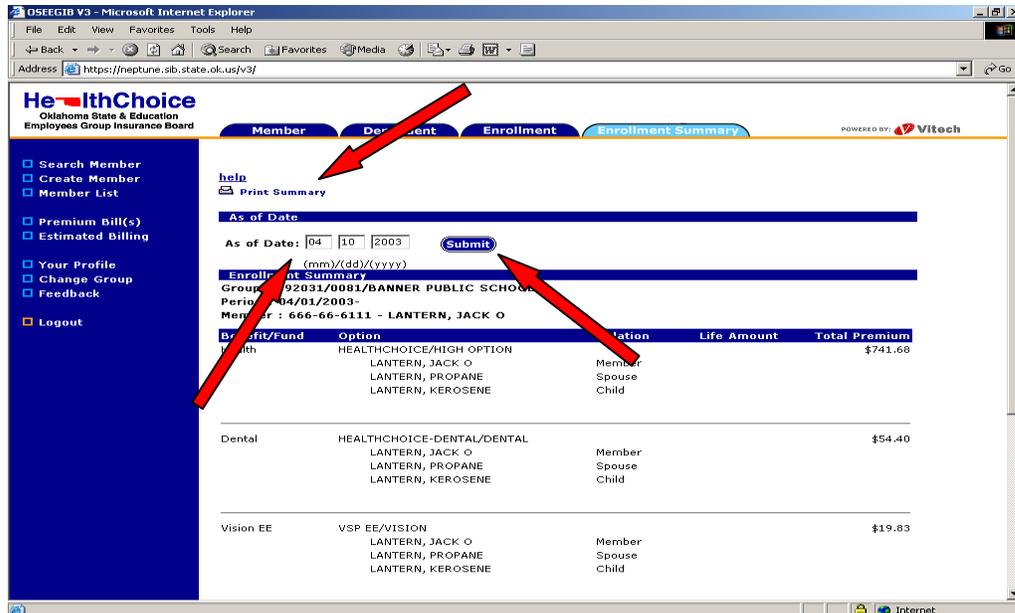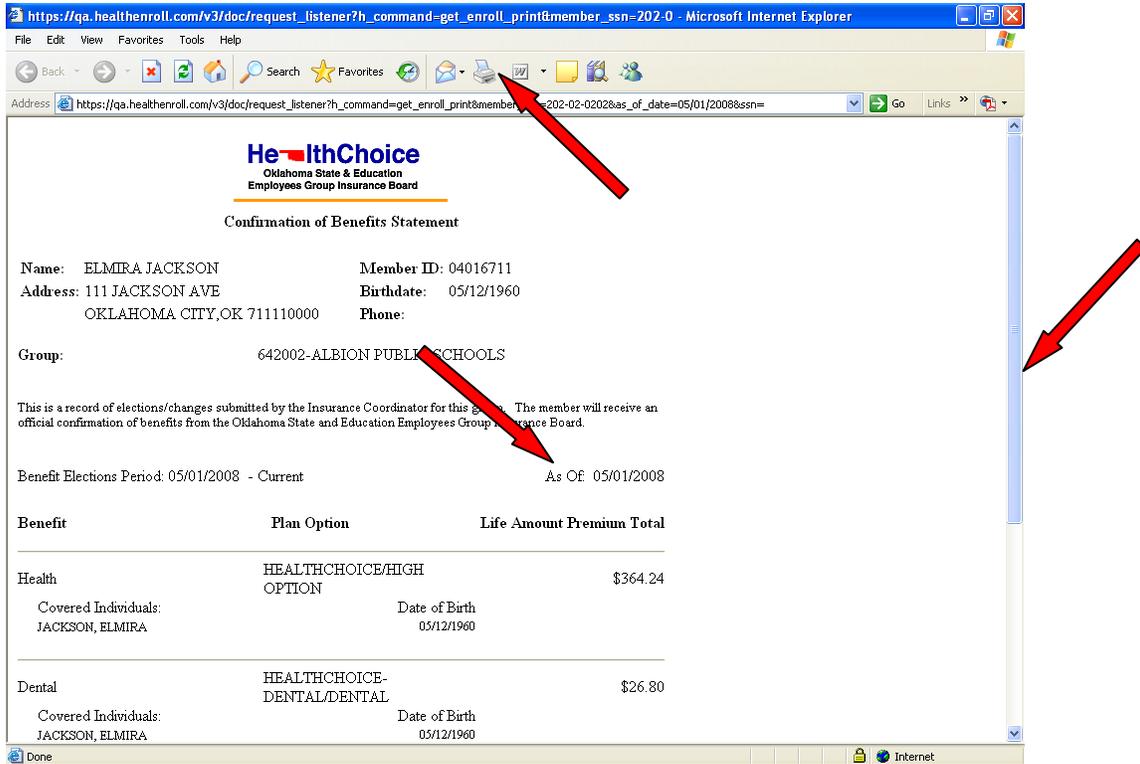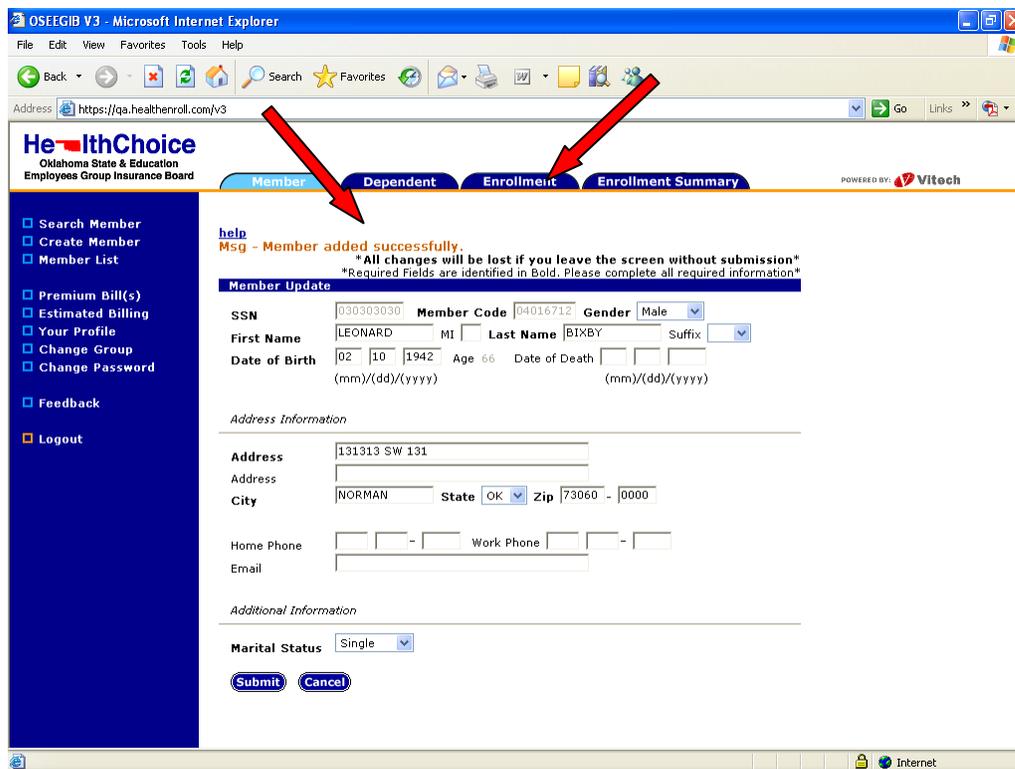

Figure 3-14

Figure 3-15

4. For your protection and record-keeping purposes, OSEEGIB recommends the Coordinator have the member sign a copy of the Confirmation Statement for the entity's personnel files, acknowledging the changes made as those desired by the member.

TRANSFERRING A MEMBER FROM ANOTHER ENTITY

1. Verify all member personal information and update as necessary. If changes are made, click [Submit] to continue.

NOTE: Required fields are identified in Bold. Please complete all required information.

2. If the member is insuring dependents, click the **Dependent** tab to verify or add dependents. If not, click the **Enrollment** tab to continue (Figure 3-16).

Figure 3-16

Dependent Personal Information

1. Verify any existing dependent information.

2. If adding new dependents, click **Add a New Dependent** to begin entering dependent personal information (Figure 3-17).

3. Enter all dependent personal information and click [Submit] to continue. (Figure 3-18).

4. Repeat steps 1 and 2 until all dependents have been verified/added.

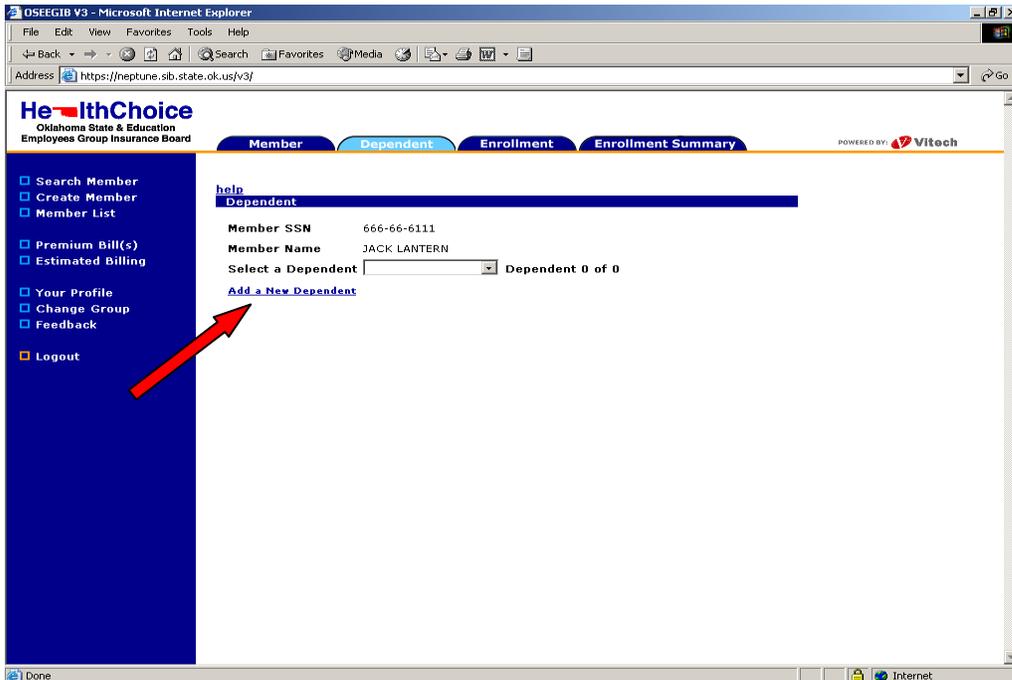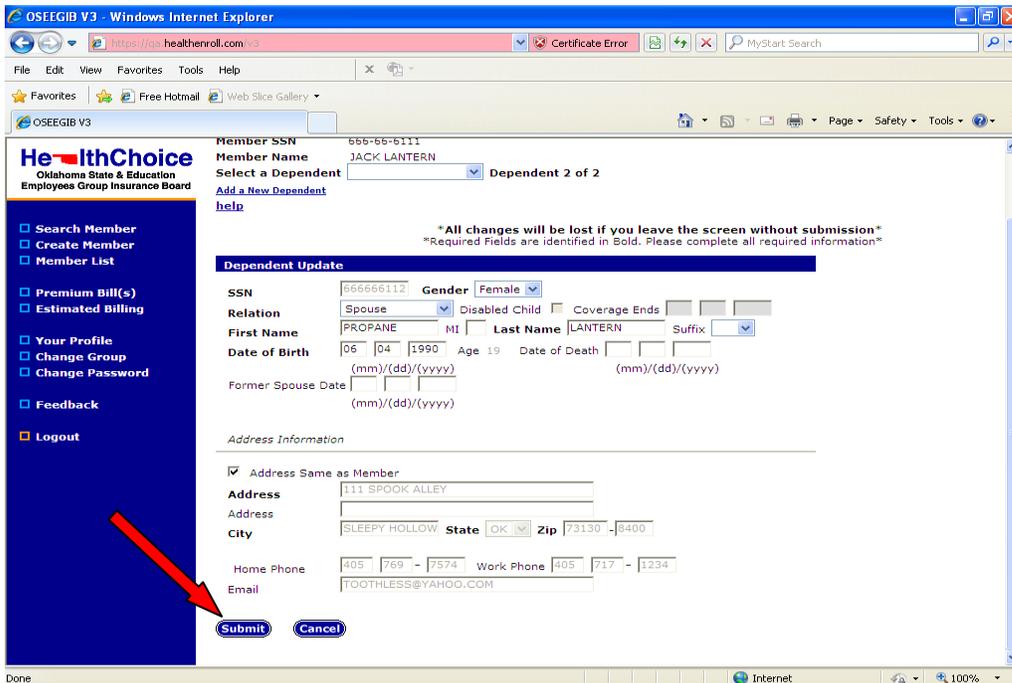5. Click the **Enrollment** tab to continue (Figure 3-16).

Figure 3-17

Figure 3-18

Enrollment Information

1. From the **Enrollment** tab, click the "Reason" box to select "New Hire Enrollment" or "Midyear Enrollment/Change" depending on the reason for the enrollment being entered (see the **Acceptance** page during log in process or on page 10 and 11 of this manual).

2. After selecting a reason, enter the Effective Date of the member into the "From" boxes (Figure 3-19), and click **Submit**.

NOTE: The Web application automatically defaults to the 1st day of the month following today's date. This can be changed to the first day of the current month, or the first day of the previous month from today's date (i.e., if today's date is 06/15/2011, the dates 05/01/2011, 06/01/2011, 07/01/2011, 08/01/2011, etc., up to 5 months in the future, can be entered). If the member's Effective date is not within the allowed date range, please contact OSEEGIB for enrollment assistance.

Figure 3-19

3. A decision screen appears (see Figure 3-20) inquiring whether the member should be terminated in the other entity.

4. If the member is definitely a new employee with your entity, click **OK**, if the member has not reported for work, cancel and wait.
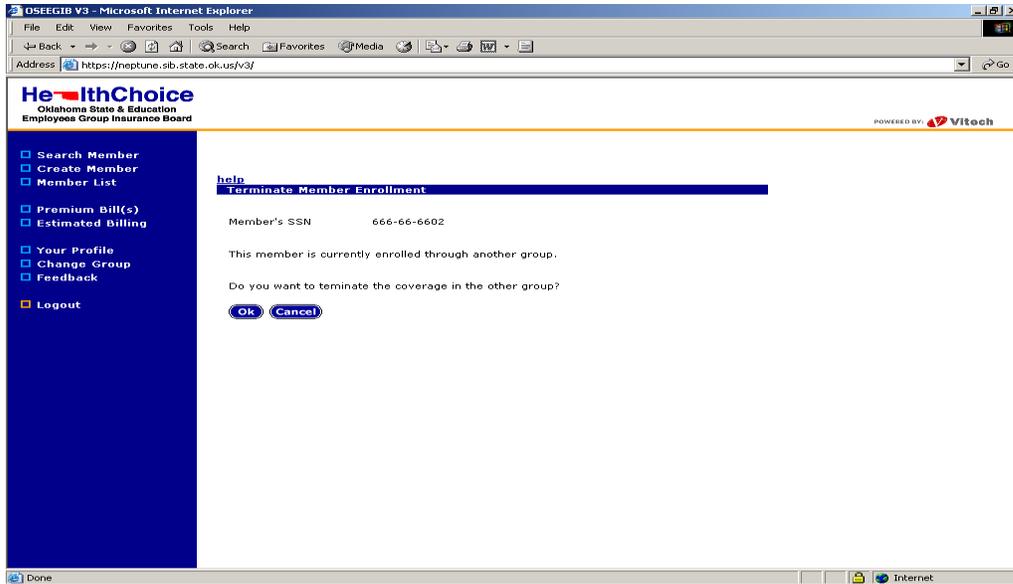
Figure 3-20

5.   After clicking **OK**, **Select A Coverage** appears (Figure 3-21).

6.   Click **Select A Coverage** (Figure 3-21) to activate the **Coverage Selection** page (Figure 3-22).
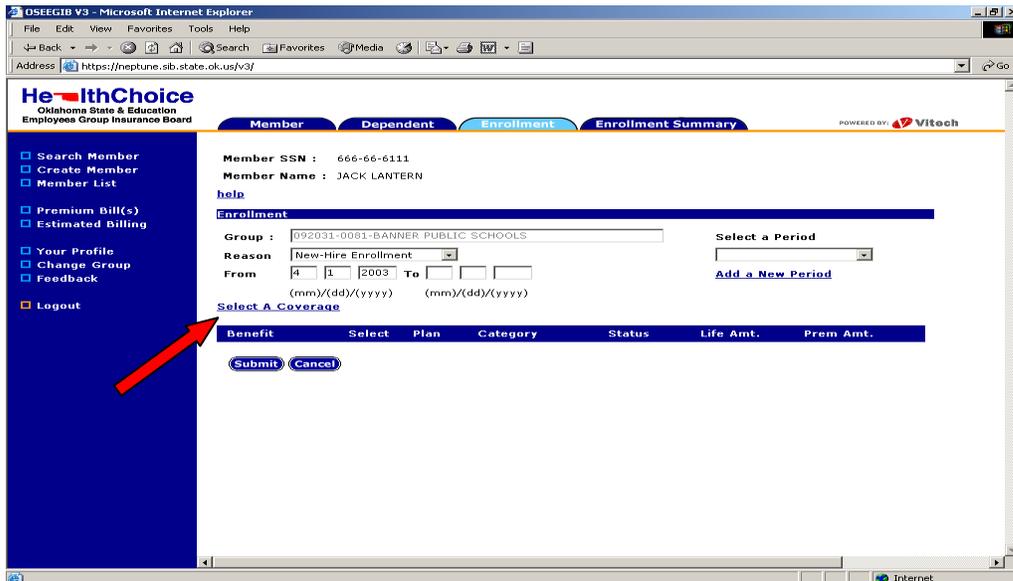
Figure 3-21
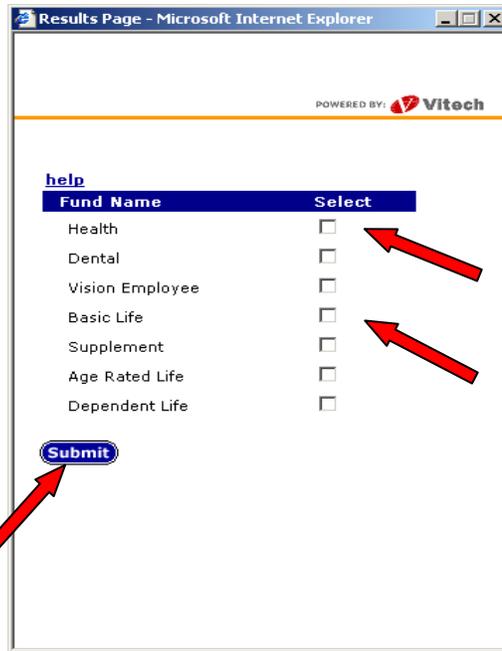
Figure 3-22

7. Select all the benefits in which the member wishes to enroll by clicking on the check boxes beside the benefit desired (Figure 3-22).

NOTE: When the "Age Rated Life" benefit is selected, a "Please enter the salary" prompt appears. You must enter the member's salary in the box provided and click OK in order to proceed (Figure 3-23). Please see the Acceptance page during log in process for details concerning entering life insurance amounts.

Figure 3-23

8. Once all benefits have been selected, click **Submit**. The benefits are now displayed in the lower portion of the **Enrollment** tab (Figure 3-24).

Figure 3-24

**NOTE: The following plans are automatically selected by the web application
and must be changed if incorrect:**

Medical:	**HealthChoice High**
Dental:	**HealthChoice**
Vision:	**VSP**

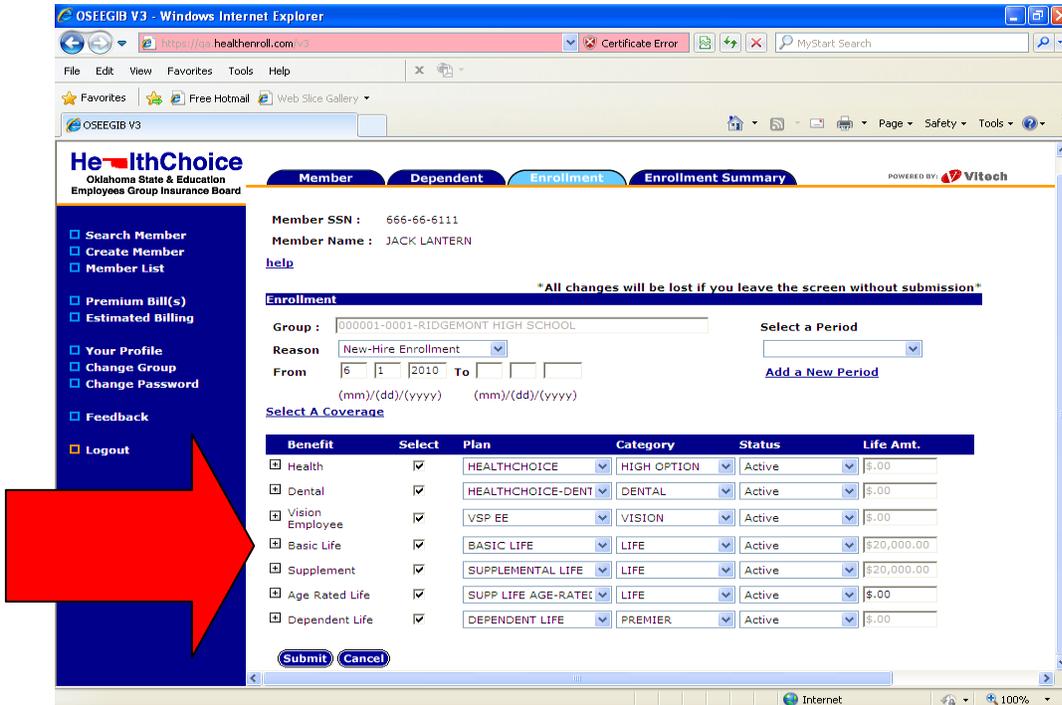9. Select the desired Plan and Category (High Option, Basic, USA, S-Account, Alternative, or
    Standard) by clicking on the pull down arrows in the Plan and Category boxes (Figure 3-25).
    (Only the benefits available in your employer's ZIP Code area will be displayed for selection).

10. To access additional options; expand each benefit by clicking on ⊞ (Figure 3-25).

11. If the member has selected an HMO/DMO, the member's Primary Care Physician/Dentist
    should be entered (if provided by the member) in the "Original Dr" box. Enter N if the
    member is a new patient for the PCP or C if the member is a current patient, then the 1ˢᵗ initial
    of the first name of the PCP, then the last name of the PCP with no spaces. (Figure 3-25).

12. If the member is insuring dependents, each dependent must be opted in to each benefit. The
    web application opts all dependents OUT by default. To opt in a dependent, simply check the
    Opt In/Out box on the same line as the dependent by clicking on it (Figure 3-25).
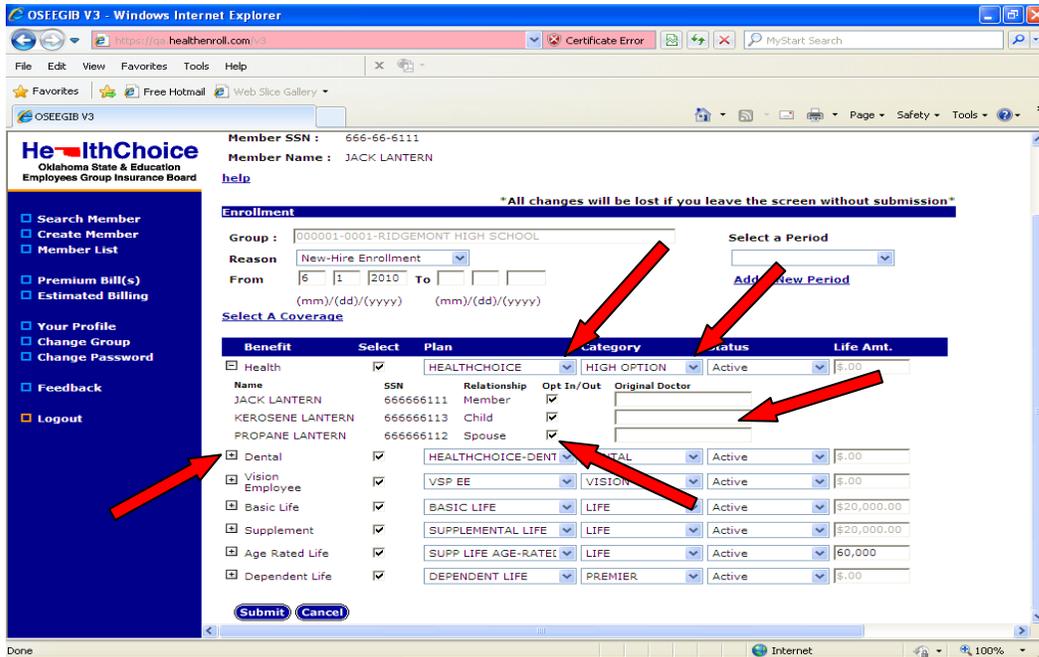
Figure 3-25

13. If the member has elected Age Rated Life, the face amount must be entered in the "Life Amount" box (Figure 3-26). (The web application will only allow life amounts up to the member's Guaranteed Issue. Please see the **Acceptance** page during log in process for details concerning entering life insurance amounts.)
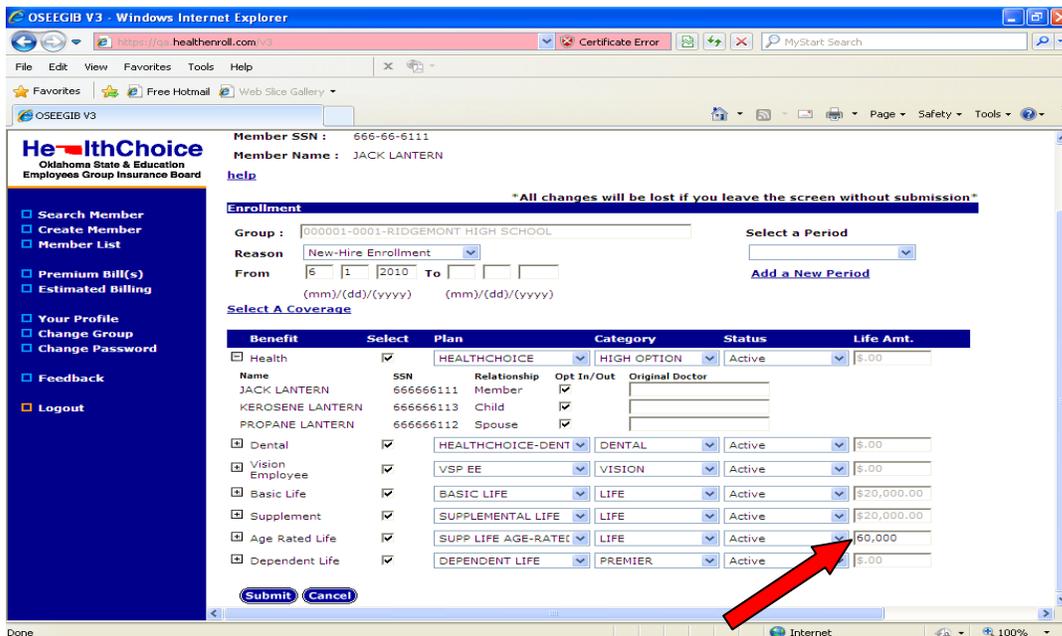

Figure 3-26

14. Once all benefits have been carefully selected, click [Submit] to save all selections.

15. Click the **Enrollment Summary** tab to verify all coverage.

Enrollment Summary

1. The "As of Date" on the **Enrollment Summary** tab defaults to today's date (Figure 3-27). If you want to view the member's coverage as of a previous or future date, click on the date boxes beside the "As of Date", change the date to the date desired, and click [Submit]. The coverage will change to show the coverage in effect as of the date entered.

2. To print a Confirmation Statement:

3. Verify the correct "As of Date" is displayed. Update per step 1 above if necessary.

4. Click 📧**Print Summary** (Figure 3-27) and the Confirmation Statement appears (Figure 3-28).

5. Use the scroll bar on the right side of the page to further view member's Confirmation Statement.

6. Click the 🖨 icon on the menu bar to print the statement for the member's records and the entity's personnel files.
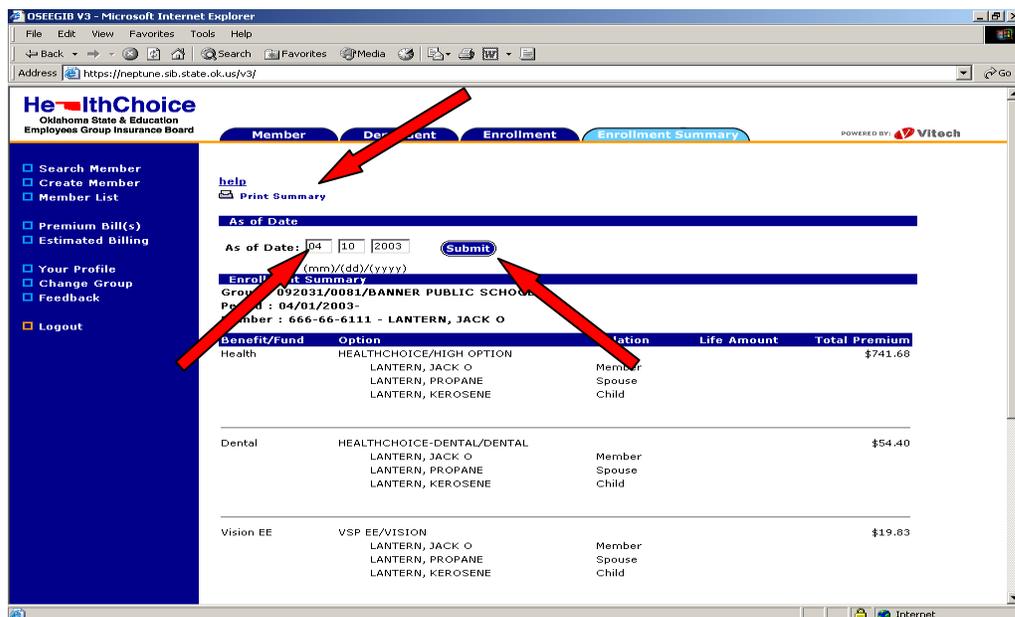
Figure 3-27
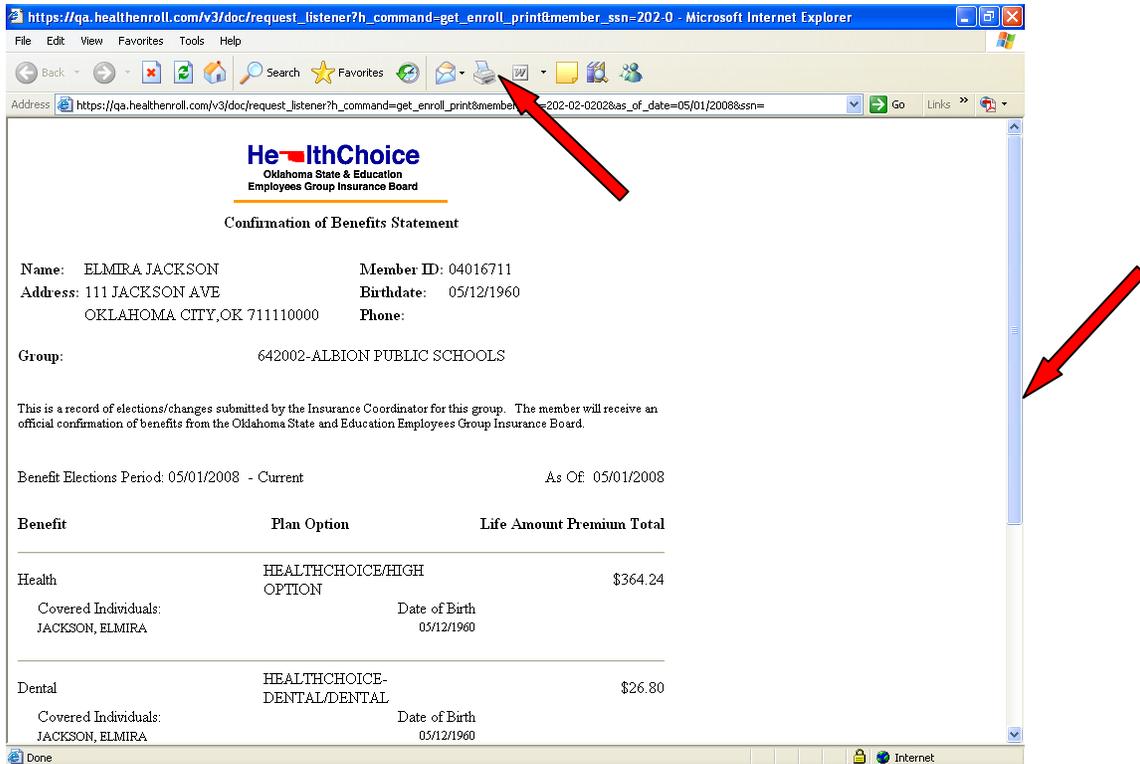
Figure 3-28

7. For your protection and record-keeping purposes, OSEEGIB recommends the Coordinator have the member sign a copy of the Confirmation Statement for the entity's personnel files, acknowledging the changes made as those desired by the member.

CHANGES & TERMINATIONS

CHANGING MEMBER PERSONAL INFORMATION

1. Locate the desired member using one (1) of the Member Search functions described in Chapter One (1).

2. Click the member's name. This is a hyperlink that will jump to the **Member** tab (see Figure 4-1).

Figure 4-1

3. All fields that are not "grayed out" are editable by clicking on the field and typing the desired changes.

4. When all changes are complete, click **Submit** to save changes.

CHANGING DEPENDENT PERSONAL INFORMATION

1. Locate the desired member using one (1) of the Member Search functions described in Chapter One (1).

2. Click the **Dependent** tab.

3. Click the [⏷] pull-down menu to select the desired dependent (see Figure 4-2). The selected dependent's personal information will be displayed.
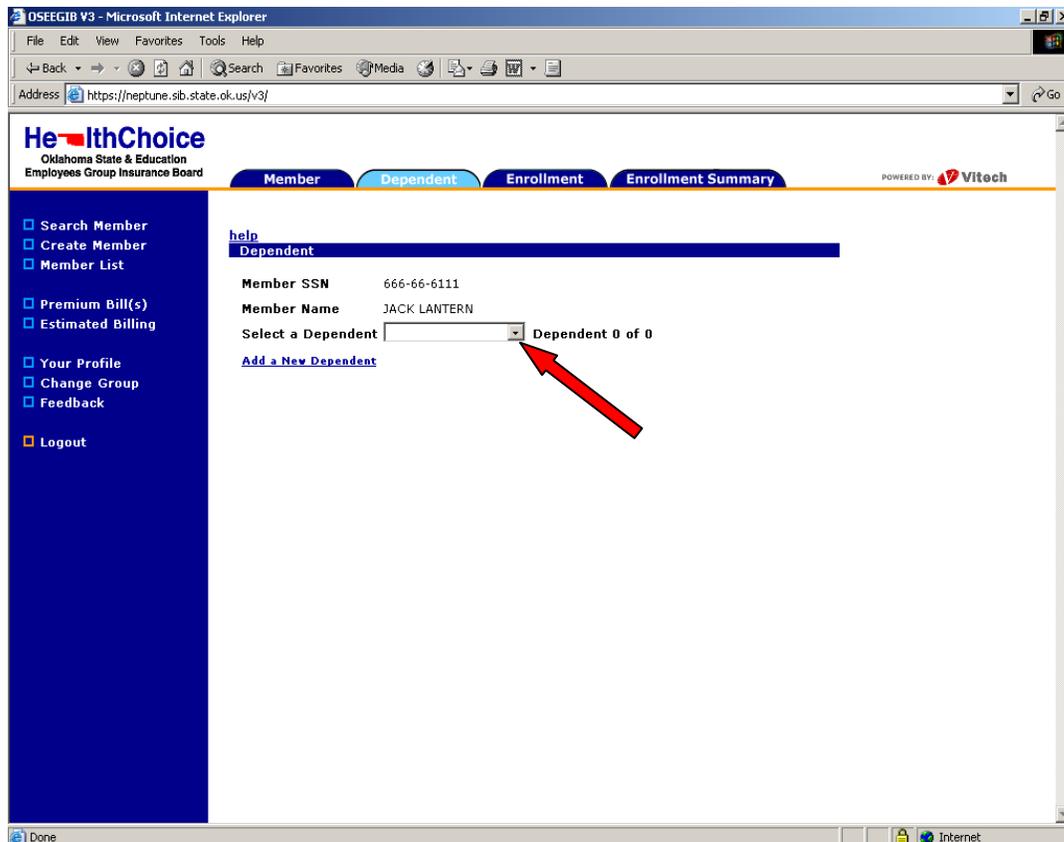
Figure 4-2

4. All fields that are not "grayed out" are editable by clicking on the field and typing the desired changes (see Figure 4-3).

5. If the dependent's address is not the same as the member's, uncheck the "Address Same as Member" box and enter the dependent's address. Please note: Addresses should be entered without punctuation.

Figure 4-3

6. When all changes are complete, click [Submit] to save changes.

ADDING A BENEFIT

1. Locate the desired member using one (1) of the Member Search functions described in Chapter One (1).

2. Click the **Enrollment** tab.

3. If the date displayed in the "From" box (see Figure 4-4) is the same as the effective date of the change being entered, then skip to step 5. If not, continue to step 4.

4. Click **Add a New Period** (see Figure 4-4).

5. Click the [Select a Reason ▼] pull-down menu (see Figure 4-4).

6. Change the date in the "From" box to the effective date of the change if necessary (this date always defaults to the 1st day of the month following today's date) (see Figure 4-4).

7. Click [Submit] to save these entries (see Figure 4-4).
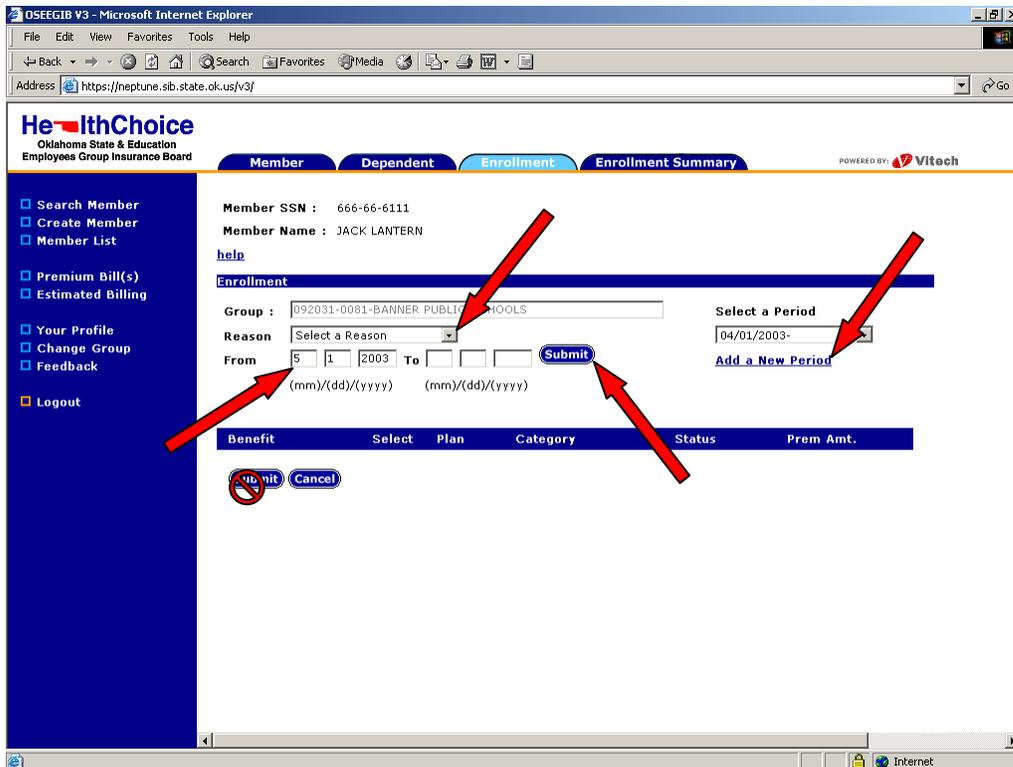
Figure 4-4

8. Click **Select A Coverage** (Figure 4-5) to activate the **Coverage Selection** page (Figure 4-6).
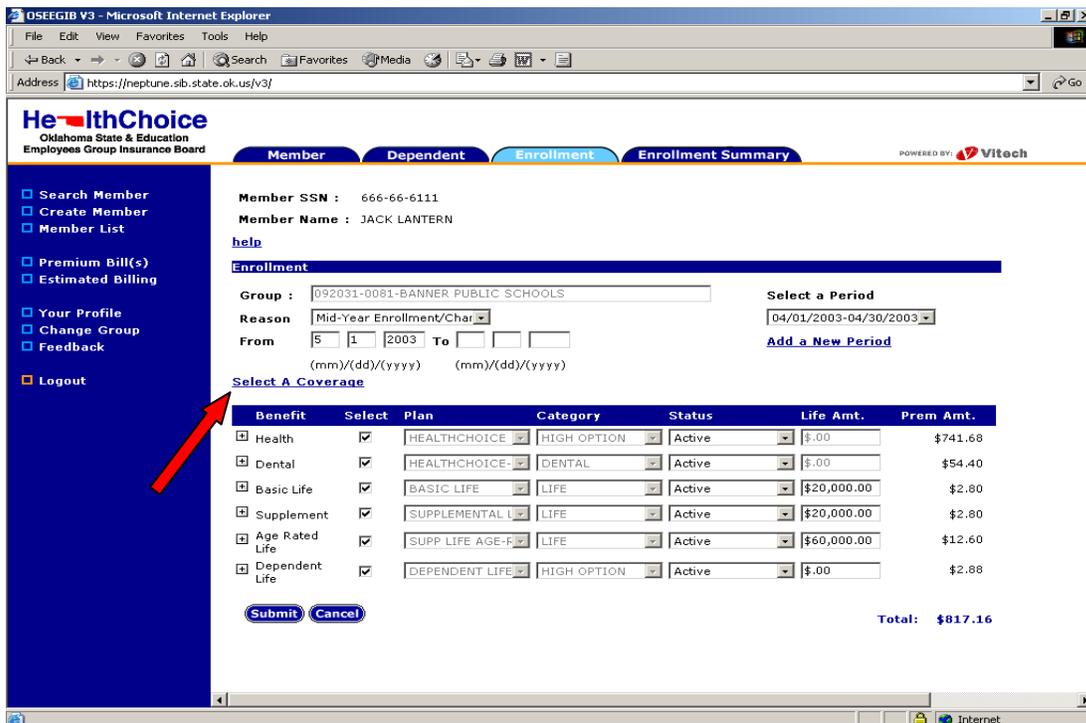
Figure 4-5
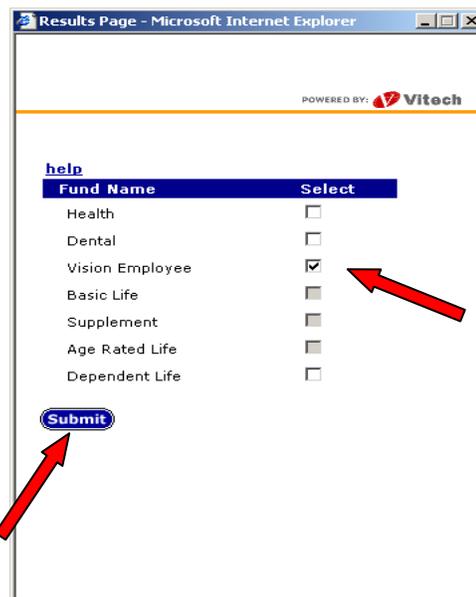
Figure 4-6

9. Select all the benefits the member wishes to add by clicking on the check boxes beside the benefit desired (Figure 4-6).

10. Click **Submit** to save these entries (see Figure 4-6) and return to the **Enrollment** tab.

NOTE: The following plans are automatically selected by the web application and must be changed if incorrect:

Medical:	**HealthChoice High**
Dental:	**HealthChoice**
Vision:	**VSP**

11. Select the desired Plan and Category (High Option, Basic, Alternative, or Standard) by clicking on the pull down arrows in the Plan and Category boxes (Figure 4-7).

12. To access additional options; expand each benefit by clicking on ⊞.

13. If the member has selected an HMO/DMO, the member's Primary Care Physician/Dentist should be entered (if provided by the member) in the "Original Dr" box. Enter N if the member is a new patient for the PCP or C if the member is a current patient, then the 1st initial of the first name of the PCP, then the last name of the PCP. (Figure 4-7).

14. If the member is insuring dependents, each dependent must be opted in to each benefit. The web application opts all dependents OUT by default. To opt in a dependent, simply check the Opt In/Out box on the same line as the dependent by clicking on it (Figure 4-7).
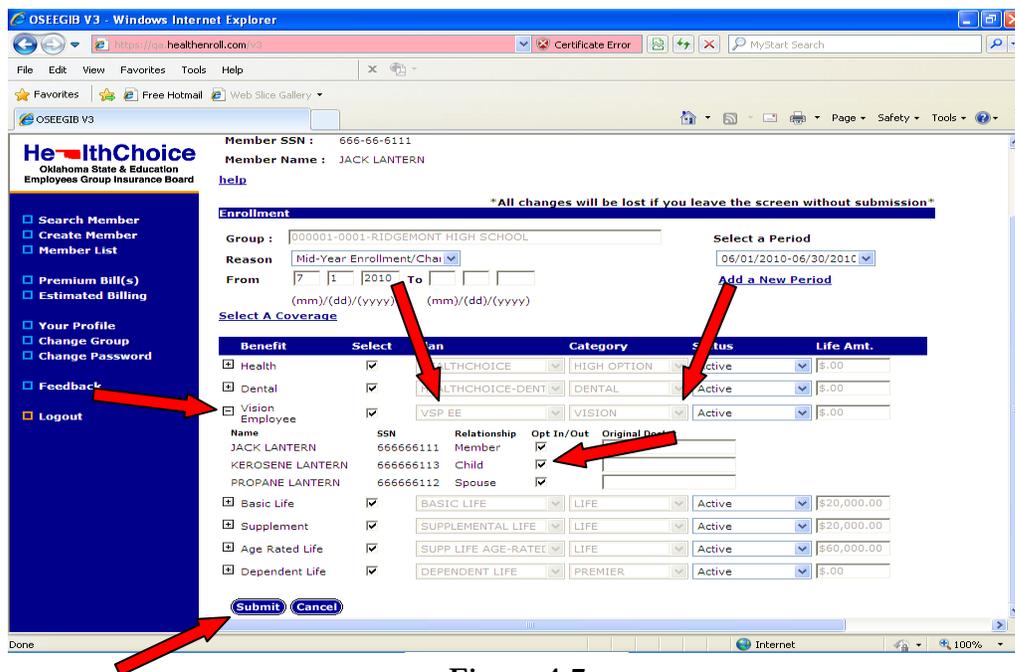
Figure 4-7

15. When all changes are complete, click **Submit** to save changes (Figure 4-7).

16. Follow instructions under "Enrollment Summary" in Chapter Two (2) to verify coverage and print a Confirmation Statement.

ADDING A DEPENDENT

1. Locate the desired member using one (1) of the Member Search functions described in Chapter One (1).

2. If adding an EXISTING dependent to EXISTING coverage, skip to step 6.

3. If adding a NEW dependent, click the **Dependent** tab.

4. Once the **Dependent** screen appears, click the **Select a Dependent** pull down menu to view existing dependents and ensure the dependent to be added does not already exist.

5. Click **Add a New Dependent** to activate a new dependent page and follow the instructions under "Dependent Personal Information" in Chapter Two (2) and then proceed to step 6.

6. Click the **Enrollment** tab.

7. If the date displayed in the "From" box (see Figure 4-8) is the same as the effective date of the change being entered, then skip to step 9. If not, continue to step 8.

8. Click **Add a New Period** (see Figure 4-8).

9. Click the **Select a Reason** pull-down menu (see Figure 4-8).

10. Change the date in the "From" box to the effective date of the change if necessary (this date always defaults to the 1st day of the month following today's date) (see Figure 4-8).

11. Click **Submit** to save these entries (see Figure 4-8).
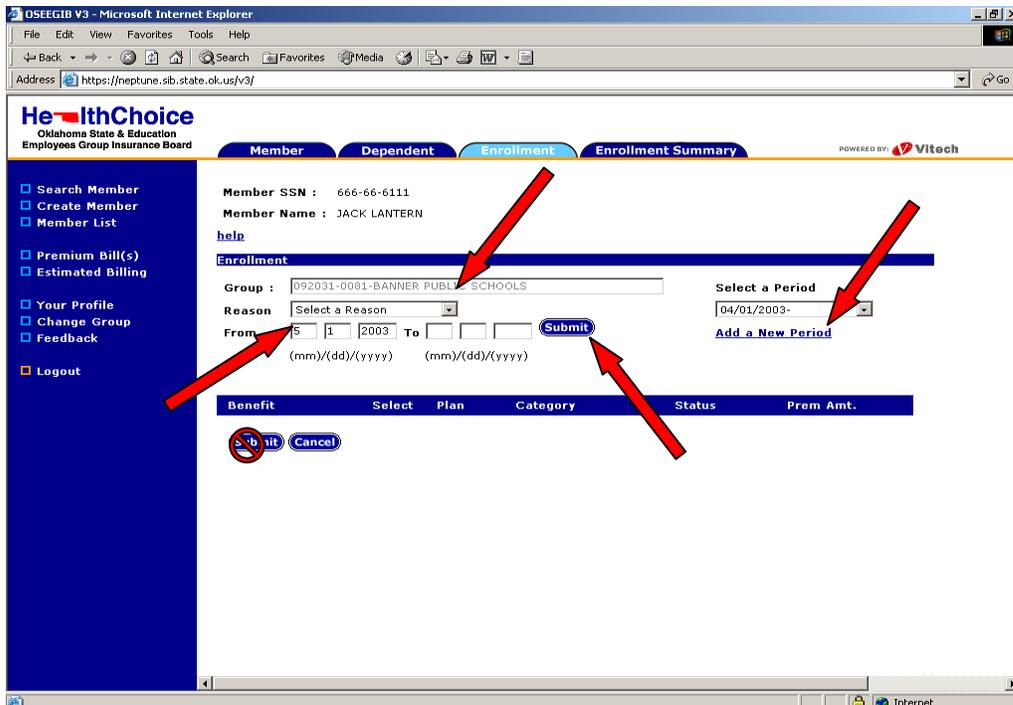
Figure 4-8

Figure 4-9

12. Add the dependent to each benefit desired by expanding each benefit (clicking on ⊞) and checking the dependent's Opt In/Out box (see Figure 4-9).

13. Once all benefits have been carefully selected, click **Submit** to save all selections.

14. Follow instructions under "Enrollment Summary" in Chapter Two (2) to verify coverage and print a Confirmation Statement.

DROPPING A BENEFIT

1. Locate the desired member using one (1) of the Member Search functions described in Chapter One (1).

2. Click the **Enrollment** tab.

3. If the date displayed in the "From" box is the same as the effective date of the change being entered, then skip to step 5. If not, continue to step 4.

4. Click **Add a New Period** (see Figure 4-10).

5. Click the [Select a Reason ▼] pull-down menu to select an appropriate reason.

6. Change the date in the "From" box to the effective date of the change if necessary (always defaults to the 1st day of the month following today's date).

7. Click [Submit] to save these entries (see Figure 4-10).
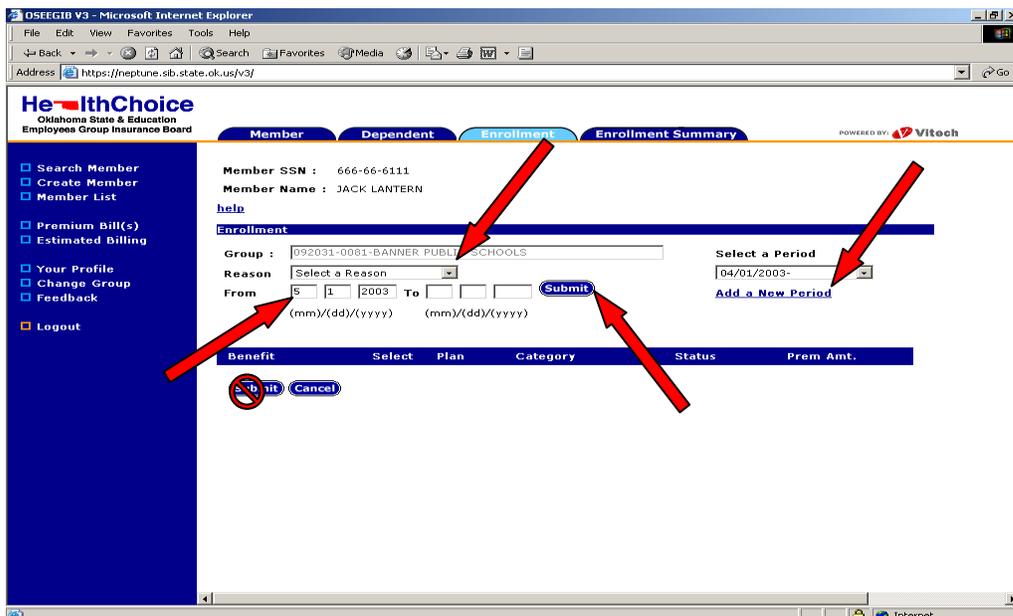
Figure 4-10

8. Drop the desired benefit from the newly created period by un-checking the **Select** box beside the desired benefit (see Figure 4-11).

9. When all benefits to be dropped have been de-selected, click [Submit] to save these entries (see Figure 4-11).

Figure 4-11

10. Follow instructions under "Enrollment Summary" in Chapter Two (2) to verify coverage and print a Confirmation Statement.

DROPPING A DEPENDENT

1. Locate the desired member using one (1) of the Member Search functions described in Chapter One (1).

2. Click the **Enrollment** tab.

3. If the date displayed in the "From" box is the same as the effective date of the change being entered, then skip to step 5. If not, continue to step 4.

4. Click **Add a New Period** (see Figure 4-12).

5. Click the [Select a Reason ▼] pull-down menu and select an appropriate reason.

6. Change the date in the "From" box to the effective date of the change if necessary (this date always defaults to the 1st day of the month following today's date) (see Figure 4-12).

7. Click [Submit] to save these entries (see Figure 4-12).
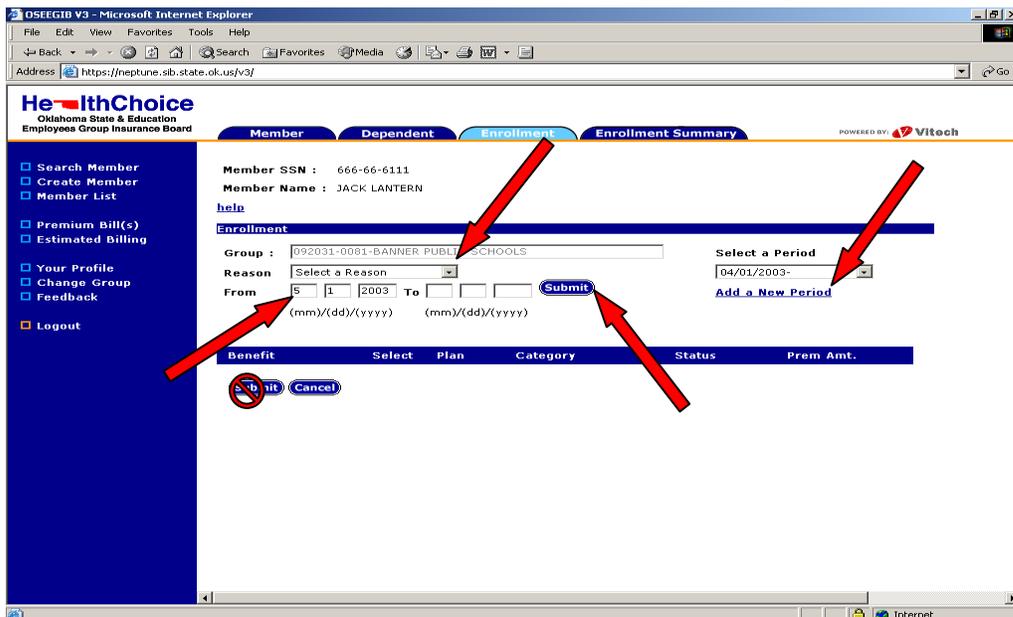
Figure 4-12
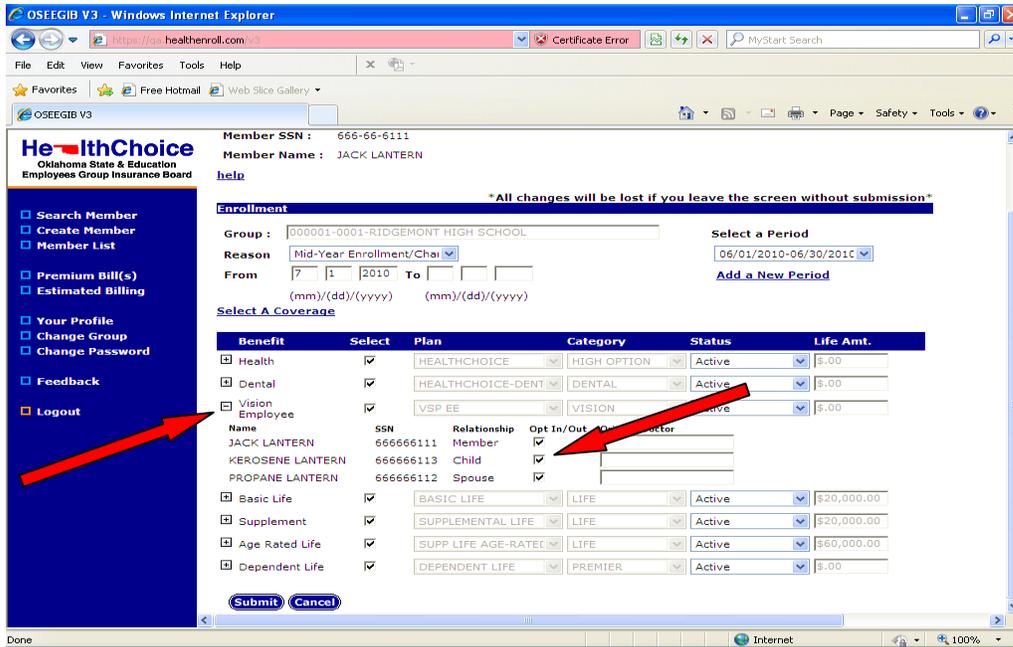
Figure 4-13

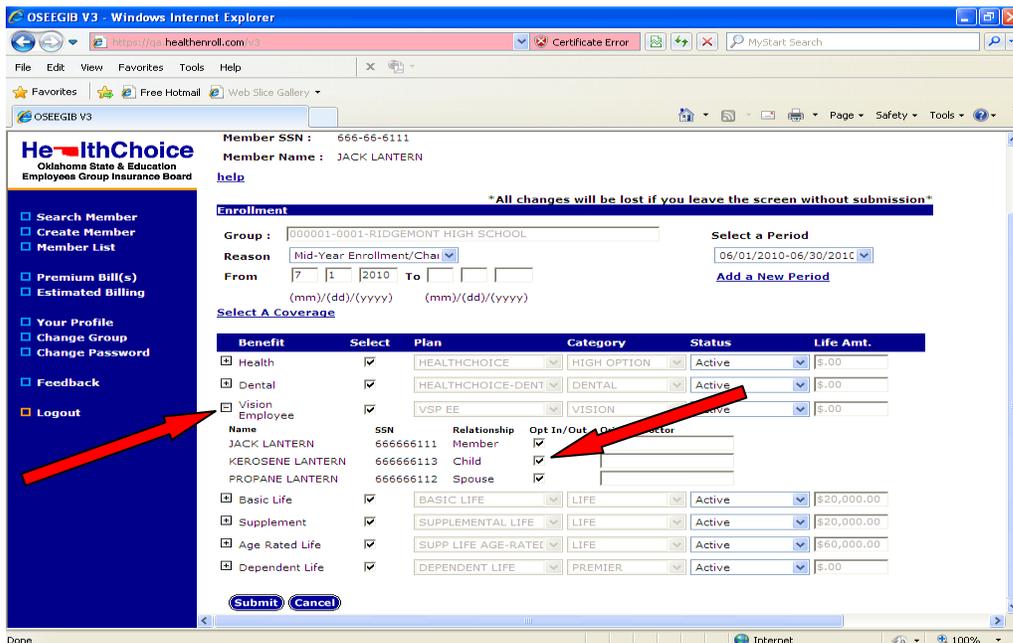8. Drop the dependent from each benefit desired by expanding each benefit (clicking on ⊞) and un-checking the dependent's Opt In/Out box (see Figure 4-13).

9. Once all desired dependents have been dropped from all desired benefits, click **Submit** to save all selections.

10. Follow instructions under "Enrollment Summary" in Chapter Two (2) to verify coverage and print a Confirmation Statement.

TERMINATING ALL COVERAGE

1. Locate the desired member using one (1) of the Member Search functions described in Chapter One (1).

2. Click the **Enrollment** tab.

3. Click the ⎡ Select a Reason ▼ ⎤ pull-down menu to select an appropriate reason.

4. A Pop-Up box will appear (Figure 4-14). Click **OK** to close the box.
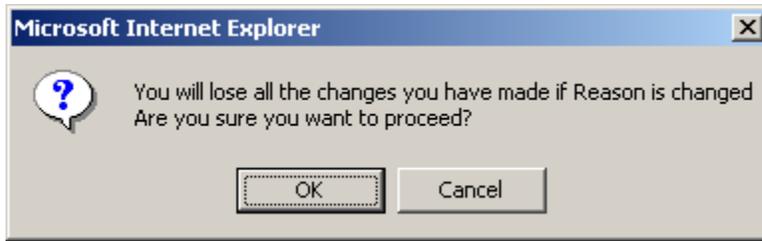
Figure 4-14

5. Enter the Termination Date in the "To" box (see Figure 4-15).

NOTE: Termination dates must be the last day of the month. Please enter the last day of the last month of coverage for which a premium will be paid for this member. This may or may not be the date the member left employment. OSEEGIB does not prorate a premium at termination. Premium must be paid in full month increments.
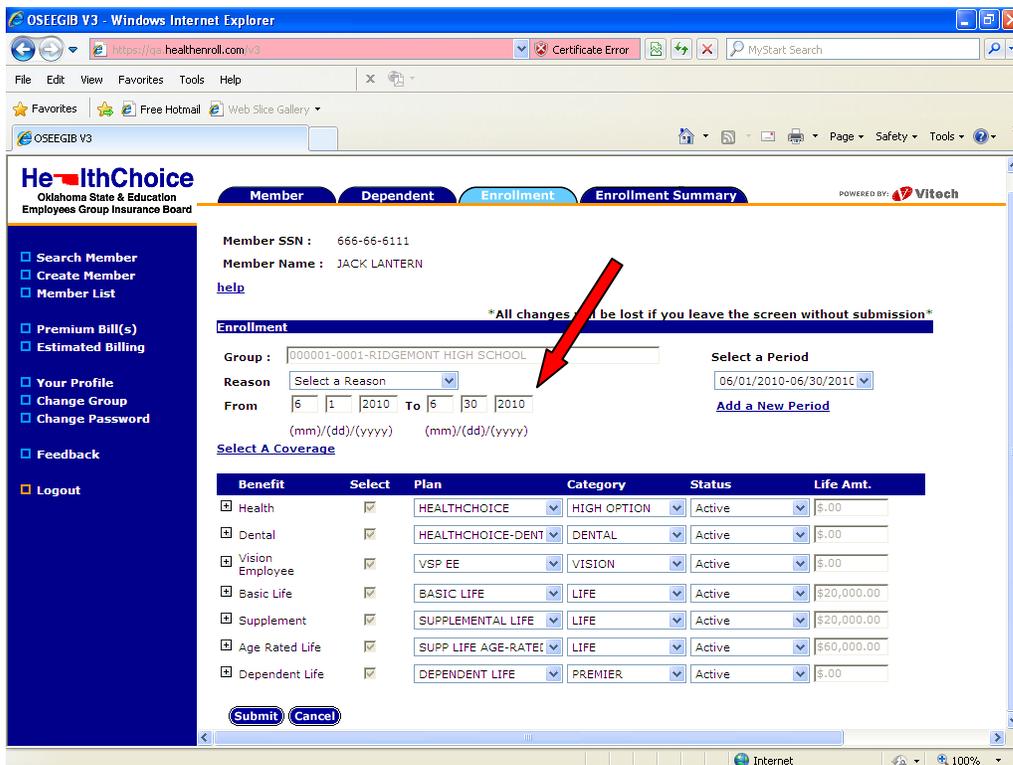
Figure 4-15

6. Click ![Submit] to save the termination.

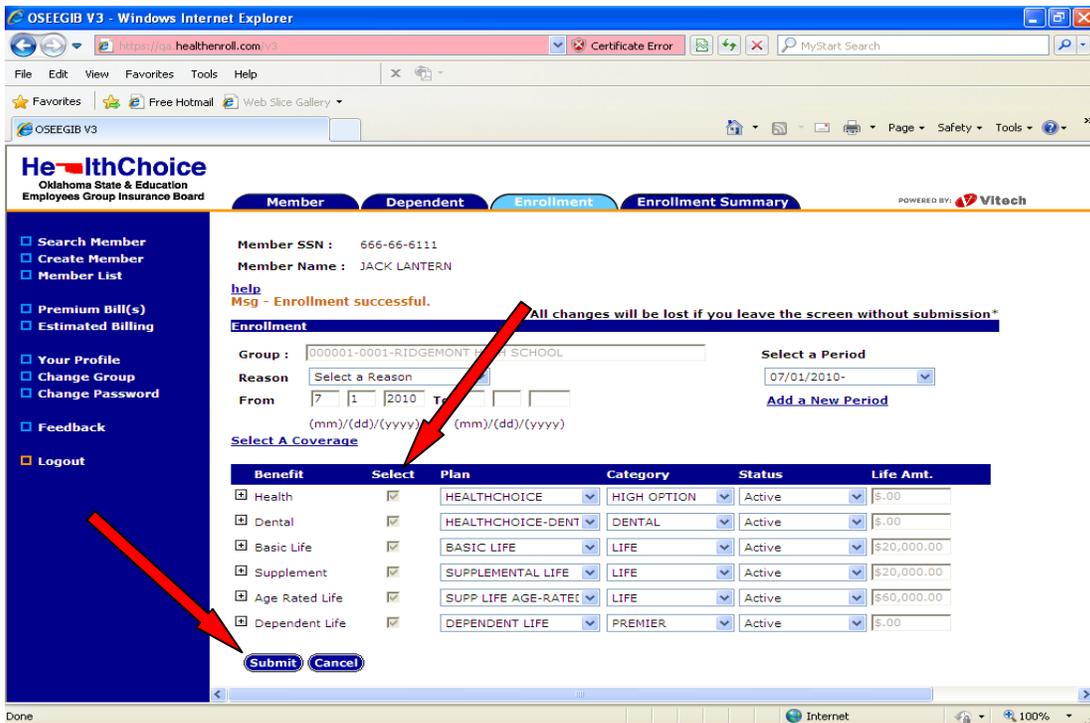7. Follow instructions under "Enrollment Summary" in Chapter Two (2) to verify coverage and print a Confirmation Statement.

PREMIUM BILL LIST

1. To view and download actual copies of past monthly bills (exactly as they appeared when originally printed), click **Premium Bill(s)** (see Figure 5-1).

Figure 5-1

2. To view or download a particular monthly bill, click the "✐" icon beside the desired month. This will display that particular bill in an Adobe Acrobat Reader© format suitable for viewing or downloading as desired (see Figure 5-2 (view mode) & 5-3 (download mode)).

HealthChoice
Oklahoma State & Education
Employees Group Insurance Board

- Search Member
- Create Member
- Member List

- Premium Bill(s)
- Estimated Billing

- Your Profile
- Change Group
- Feedback

- Logout

OKLAHOMA STATE EDUCATION EMPLOYEES GROUP INSURANCE BOARD
P.O. BOX 850171
OKLAHOMA CITY, OK 73125-0171
(405)717-8701 1-800-543-6044

BANNER PUBLIC SCHOOLS
P O BOX 849
EL RENO,OK 730360000

Group No: 092031
Division No: 0081
Month of Coverage: FEBRUARY, 2003
Date of Bill: 04/21/2003

NAME OF EMPLOYEE Please add new employees and draw a line through terminated employees	SOCIAL SECURITY NO. (This must be shown for all employees)	CURRENT MONTH PREMIUM						Explanation of Differences Indicate whether a change form has been submitted to OSEEGIB or the change has been made over the web. For terminations indicate the effective date of termination.
		Health	Dental	Vision	Life	Disability	Total	
BETCHA, YOU	666-66-6604	430.22	34.62	19.83	.00	.00	484.67	
CAT, CURIOUS T	666-66-6608	741.68	54.40	.00	.00	.00	796.08	
CLAUS, NICHOLAS	666-66-6606	267.68	.00	.00	.00	.00	267.68	
COTTONTAIL, PETER	666-66-6605	267.68	19.78	8.88	.00	.00	296.34	
MILLION, WANNA A	666-66-6601	.00	.00	19.83	.00	.00	19.83	
NUMBER, TAKE A	666-66-6603	.00	79.44	25.16	.00	.00	104.60	
OWN, ONMY	666-66-6610	393.06	34.62	.00	.00	.00	427.68	
SMITH, JEKYL	666-66-6602	815.26	79.44	25.16	.00	.00	919.86	
THEWORLD, JOY T	666-66-6611	238.50	.00	8.88	.00	.00	247.38	
					Current Month Total:		3,564.12	
					Total adjustments:		.00	
					Previous Balance Forward:		.00	

GROUP 092031 PAYMENTS ARE DUE ON OR BEFORE (03/10/2003)
Page 1 of 2

OKLAHOMA STATE EDUCATION EMPLOYEES GROUP INSURANCE BOARD
P.O. BOX 850171
OKLAHOMA CITY, OK 73125-0171

Figure 5-2

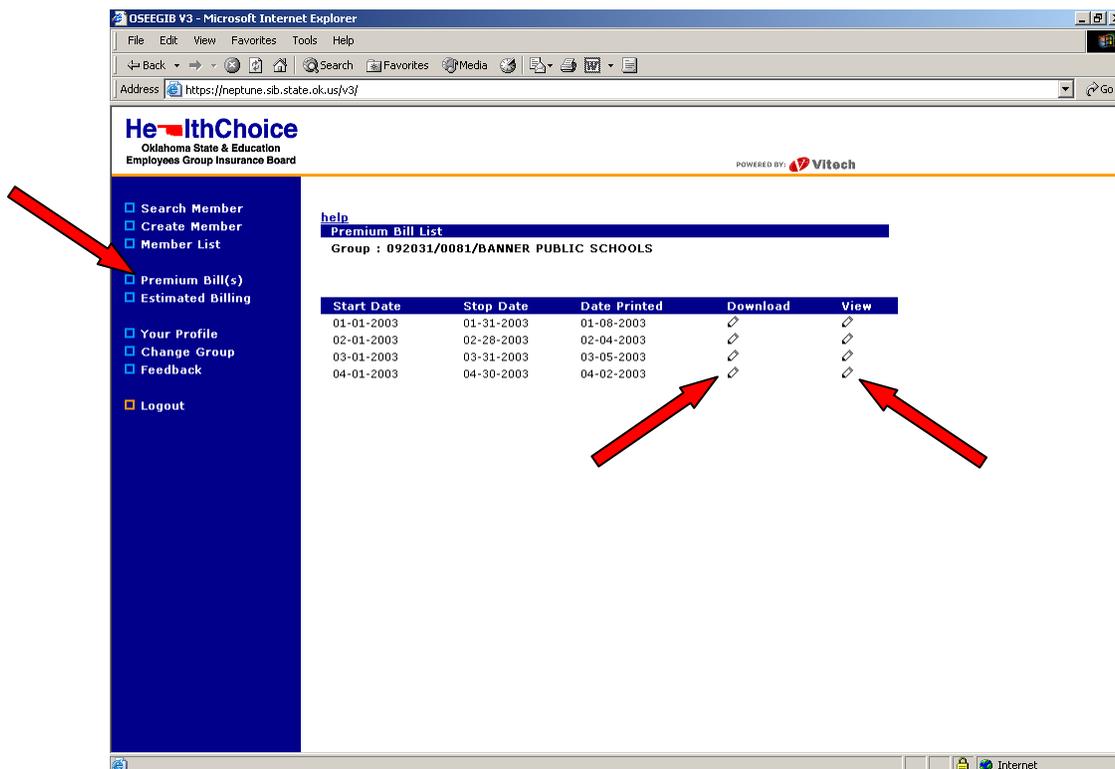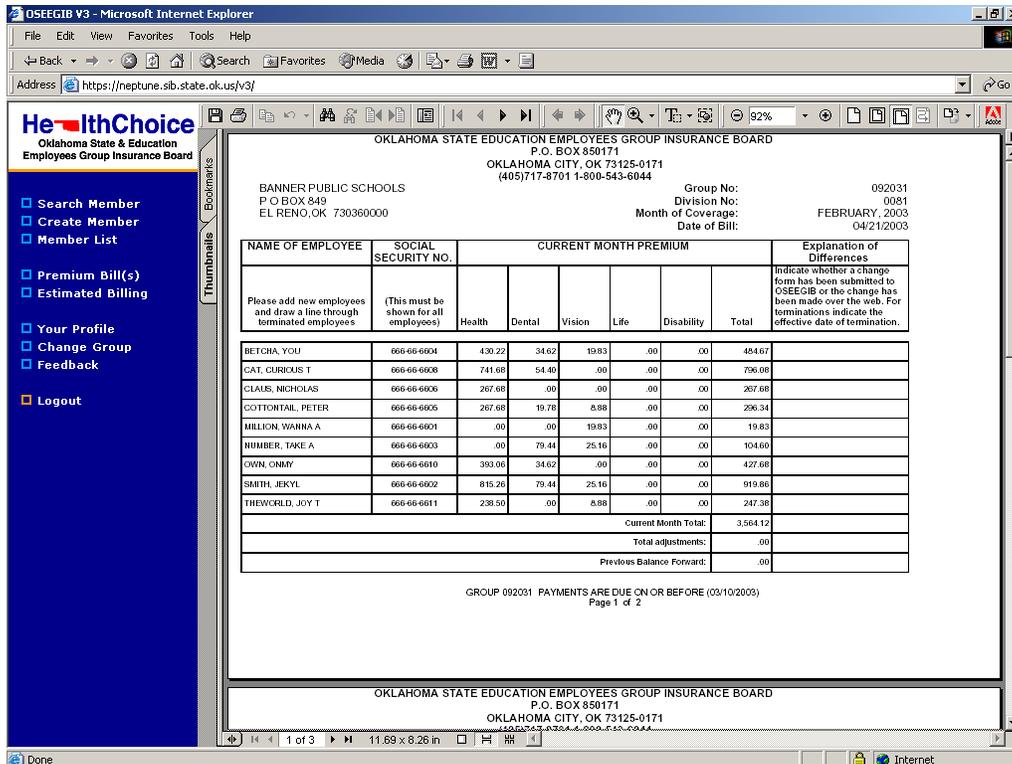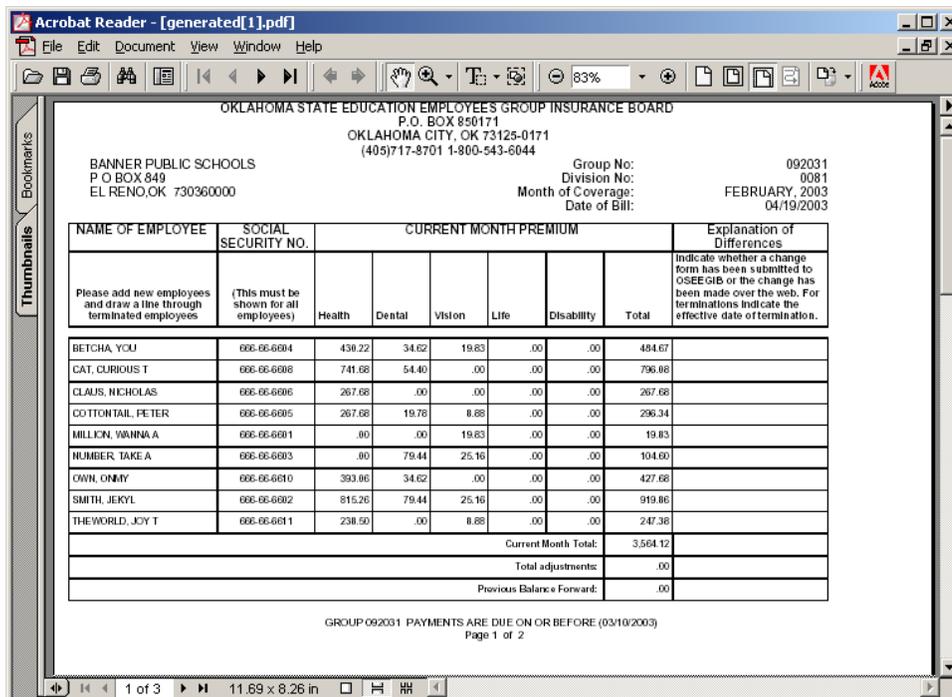Acrobat Reader - [generated[1].pdf]
File   Edit   Document   View   Window   Help

OKLAHOMA STATE EDUCATION EMPLOYEES GROUP INSURANCE BOARD
P.O. BOX 850171
OKLAHOMA CITY, OK 73125-0171
(405)717-8701 1-800-543-6044

BANNER PUBLIC SCHOOLS
P O BOX 849
EL RENO,OK 730360000

Group No: 092031
Division No: 0081
Month of Coverage: FEBRUARY, 2003
Date of Bill: 04/19/2003

NAME OF EMPLOYEE Please add new employees and draw a line through terminated employees	SOCIAL SECURITY NO. (This must be shown for all employees)	CURRENT MONTH PREMIUM						Explanation of Differences Indicate whether a change form has been submitted to OSEEGIB or the change has been made over the web. For terminations indicate the effective date of termination.
		Health	Dental	Vision	Life	Disability	Total	
BETCHA, YOU	666-66-6604	430.22	34.62	19.83	.00	.00	484.67	
CAT, CURIOUS T	666-66-6608	741.68	54.40	.00	.00	.00	796.08	
CLAUS, NICHOLAS	666-66-6606	267.68	.00	.00	.00	.00	267.68	
COTTONTAIL, PETER	666-66-6605	267.68	19.78	8.88	.00	.00	296.34	
MILLION, WANNA A	666-66-6601	.00	.00	19.83	.00	.00	19.83	
NUMBER, TAKE A	666-66-6603	.00	79.44	25.16	.00	.00	104.60	
OWN, ONMY	666-66-6610	393.06	34.62	.00	.00	.00	427.68	
SMITH, JEKYL	666-66-6602	815.26	79.44	25.16	.00	.00	919.86	
THEWORLD, JOY T	666-66-6611	238.50	.00	8.88	.00	.00	247.38	
					Current Month Total:		3,564.12	
					Total adjustments:		.00	
					Previous Balance Forward:		.00	

GROUP 092031 PAYMENTS ARE DUE ON OR BEFORE (03/10/2003)
Page 1 of 2

Figure 5-3

ESTIMATED BILLING REPORT

NOTE: The "Estimated Billing Report" is a tool designed to display a snap-shot of the employer's roster of covered employees at any given time reflecting all eligibility changes made to members' coverage.

1. To view, download, or print an Estimated Billing Report, click **Estimated Billing** (see Figure 5-4).

Figure 5-4

2. To view a future bill, change the "As of Date" to the future date desired and click Submit (see Figure 5-4).

3. To view the next of multiple pages, either click the next page number desired or click "[Next >>]" to scroll to the next consecutive page (see Figure 5-4).

4. To print the future estimated bill, click ⌨ **Print Report** (see Figure 5-4).

5. To download the future estimated bill into a Microsoft Excel© spreadsheet, click ✎ **Download Report** (see Figure 5-4 & Figure 5-5).

	A	B	C	D	E	F	G	H	I
1	Member SSN	Member Name	Total Premium Amount	Medical Premium	Dental Premium	Visual Premium	Life Premium	Disability Premium	
2	666666608	CAT, CURIOUS T	$796.08	$741.68	$54.40	$0.00	$0.00	$0.00	
3	666666607	BRED, SOONER	$267.68	$267.68	$0.00	$0.00	$0.00	$0.00	
4	666666606	CLAUS, NICHOLAS	$267.68	$267.68	$0.00	$0.00	$0.00	$0.00	
5	666666605	COTTONTAIL, PETER	$296.34	$267.68	$19.78	$8.88	$0.00	$0.00	
6	666666604	BETCHA, YOU	$568.80	$483.98	$59.66	$25.16	$0.00	$0.00	
7	666666987	CRUNCH, CAPTAIN	$314.54	$267.68	$19.78	$8.88	$18.20	$0.00	
8	666666603	NUMBER, TAKE A	$938.06	$833.46	$79.44	$25.16	$0.00	$0.00	
9	666666933	BENDER, FENDER	$832.79	$741.68	$54.40	$19.83	$16.88	$0.00	
10	666666602	SMITH, JEKYL	$546.13	$466.64	$59.66	$19.83	$0.00	$0.00	
11	666666611	THEWORLD, JOY T	$247.38	$238.50	$0.00	$8.88	$0.00	$0.00	
12	666666601	MILLION, WANNA A	$19.83	$0.00	$0.00	$19.83	$0.00	$0.00	
13	666666610	OWN, ONMY	$427.68	$393.06	$34.62	$0.00	$0.00	$0.00	
14	666666111	LANTERN, JACK O	$817.16	$741.68	$54.40	$0.00	$21.08	$0.00	

Figure 5-5