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BAS Online Enrollment

Benefits Administration System

Option Period

October 8 – November 2, 2007

EMPLOYEES
Benefits Council



Online Enrollment Made Easy

The **Benefits Administration System (BAS)** is an award winning benefits enrollment system brought to you by the Oklahoma State Employees Benefits Council. Through online enrollment access during the Option Period from October 8 – November 2, 2007 you can:

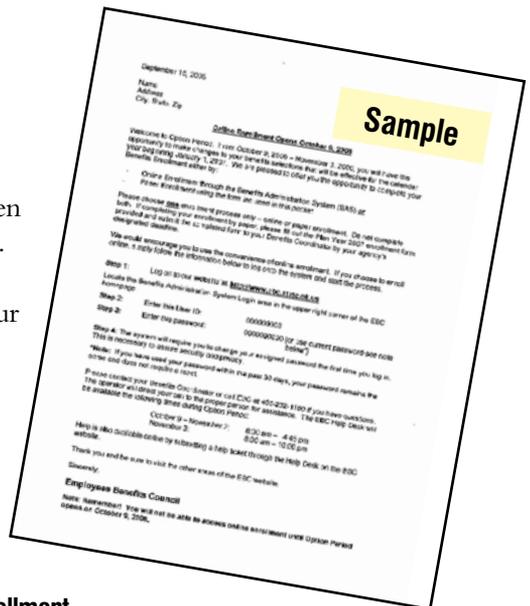
- **Select** your benefit choices for 2008
- **Compare** last year's coverage
- **Print forms** needed to complete changes

BAS is a secured site available 24 hours a day, 7 days a week. EBC personnel are available to assist you Monday-Friday, 8am - 4:30pm

For assistance with BAS Online contact EBC at:
(405) 232-1190 or submit a help desk ticket through the help desk online at <http://www.ebc.state.ok.us>

New for 2008 Enrollment

A User ID (your Employee I.D. number) and Password will be given to each Oklahoma State employee. Social Security numbers are no longer used for login. Look for your password letter in the enrollment materials provided by your agency's Benefits Coordinator. To enroll online, log on to BAS at: <http://www.ebc.state.ok.us>



TIP: Review the HMO and Dental Provider links before you start the enrollment process. Write down the name of the physician you want to choose as your Primary Care Physician or Dentist. Having this information ready when you reach the Health Plan and Dental Plan screens will make your enrollment process even easier. This is not necessary if enrolled with the same HMO, dental prepaid plans or HealthChoice plans.

Step 2: Premium Conversion

Premium Conversion provides you with added tax savings allowing qualified premiums to be paid with pre-tax dollars. You can compare last year's choices by reviewing the shaded area for plan year 2007.

The screenshot shows the 'Benefits Administration System' interface. The user is logged in as Jerry J. Jones. The main navigation menu on the left includes 'Online Enrollment', 'Employee Data', 'Flexible Spending', 'Reports', 'Forms', 'Plan's Doctors, Dentists and Other Information', and 'Change Your Profile and Password'. The 'Online Enrollment' section is expanded to show 'Step 2 Premium Conversion'. The 'Premium Conversion' section contains the following information:

- Choosing "Yes" will result in tax savings on eligible premiums.
- Choosing "No" means applicable premiums will be taxed.
- Plan Year 2007: Yes
- Plan Year 2008: [Dropdown menu]

Buttons for 'PREVIOUS' and 'NEXT' are visible at the bottom of the form.

The screenshot shows the 'Benefits Administration System' interface. The user is logged in as Jerry J. Jones. The main navigation menu on the left is the same as in the previous screenshot. The 'Online Enrollment' section is expanded to show 'Step 3 Health Plan'. The 'Step 3 Health Plan' section contains the following information:

- Enter a Primary Care Physician **only** if choosing a Health Maintenance Organization (HMO). Not necessary if selecting a HealthChoice plan.
- Please select "YES" if the Primary Care Physician (PCP) is the same for all members of the family. If not, you will enter your spouse's and/or child's PCP in Step 9.
- Basic Life and Disability coverage is automatic regardless of election.
- Your health plan options are based on your home or work zip code. If you do not see the choice you want here and you believe your home or work zip code qualifies you for HMO coverage, please exit online enrollment and change your zip code in the Employee Basic Information screen. Then restart online enrollment.

The 'Insurance Carrier' section contains the following information:

- Plan Year 2007: CommunityCare Alternative
- Plan Year 2008: [Dropdown menu]

The 'Primary Care Physician Name' section contains the following information:

- Plan Year 2007: COREY NAGODE
- Plan Year 2008: First Name: COREY, Initial: [Text box], Last Name: NAGODE

The 'Same Primary Care Physician for Entire Family' section contains the following information:

- Plan Year 2007: Yes
- Plan Year 2008: [Dropdown menu]

Buttons for 'PREVIOUS' and 'NEXT' are visible at the bottom of the form.

Step 3: Health Plan

Select your Health Plan from the choices on this screen. Your current coverage will also be displayed. Your choice will be effective for the full calendar year 2008. If choosing an HMO, be sure to name a Primary Care Physician for you and your dependents.

Step 4: Dental Plan

Select a dental plan. If you are choosing a Dental Maintenance Organization, don't forget to name a participating dentist.

The screenshot shows the 'Benefits Administration System' interface for Jerry J. Jones. The 'Online Enrollment' section is active, and 'Step 4: Dental Plan' is selected in the left-hand menu. The main content area displays instructions for selecting a dental plan, including a note about Primary Care Dentist (PCD) selection. The 'Insurance Carrier' section shows 'HealthChoice Dental' selected for both Plan Year 2007 and Plan Year 2008. A 'Note!' box states that this selection does not require a PCD to be entered. Navigation buttons for 'Previous' and 'Next' are visible at the bottom.

Step 5: Vision Plan

This is optional insurance. Select a carrier or choose "none" if you do not want vision coverage.

The screenshot shows the 'Benefits Administration System' interface for Jerry J. Jones. The 'Online Enrollment' section is active, and 'Step 5: Vision Plan' is selected in the left-hand menu. The main content area displays instructions for selecting a vision plan, including a note that coverage is voluntary. The 'Insurance Carrier' section shows 'VSP' selected for both Plan Year 2007 and Plan Year 2008. Navigation buttons for 'Previous' and 'Next' are visible at the bottom.

Step 6: Supplemental Life Insurance

Supplemental Life Insurance may be elected on this screen.* Read carefully and remember additional purchases must be approved by the State Insurance Board.

The screenshot shows the 'Benefits Administration System' interface for Jerry J. Jones. The 'Online Enrollment' section is active, and 'Step 6: Supplemental Life Insurance' is selected in the left-hand menu. The main content area displays instructions for selecting supplemental life insurance, including a note about the State Insurance Board approval process. The 'Insurance Carrier' section shows 'Supplemental Life' selected for both Plan Year 2007 and Plan Year 2008. The 'Coverage Amount' section shows '\$100,000.00' selected for both Plan Year 2007 and Plan Year 2008. Navigation buttons for 'Previous' and 'Next' are visible at the bottom.

* Supplemental life increases are subject to approval

Step 7: Dependent Life Insurance

Life Insurance for your dependents can be selected here. Choose between the Premier, Standard or Low Option coverage.

Online Enrollment

- Discontinue
- Step 1
- Step 2
- Step 3
- Step 4
- Step 5
- Step 6
- **Step 7**
- Step 8
- Step 9
- Step 10
- Thank You

Online Enrollment

Additional dependent life insurance coverage options are available for Plan Year 2007. A new Premier Option has been added and the High Option has been renamed and is now called the Standard Option. Coverage levels for each option are shown below and in the Drop Down Menu.

- Low Option: \$6,000 Spouse/\$3,000 per child/\$1,000 for newborns to 6 months
- Standard Option: \$10,000 Spouse/\$5,000 per child/\$1,000 for newborns to 6 months
- Premier Option: \$20,000 Spouse/\$10,000 per child/\$1,000 for newborns to 6 months

- No evidence of insurability or additional application form is required.
- Select "None" if you do not wish to enroll in Dependent Life Insurance. Coverage is voluntary.
- Select "No Change" if you wish to keep what you have.
- Select "Drop All" if you wish to drop all Dependent Life Insurance.
- You may elect Dependent Life Insurance only if you have eligible dependents.
- Dependents can be added in Step 9. You may then come back to Step 7 using the "Previous" button.

Insurance Carrier

Plan Year 2007	Dependent Life Premier
Plan Year 2008	<input type="text" value="Select One..."/>

EMPLOYEE **VIEW**

TOP

Step 8: Flexible Spending Accounts

Flexible Spending Accounts (Health Care & Dependent Care) offer tax savings by allowing you to set aside money on a pre-tax basis to help pay annual health and daycare expenses. For added convenience, select "YES" to the free debit card used with the Flexible Spending Accounts.

Online Enrollment

- Discontinue
- Step 1
- Step 2
- Step 3
- Step 4
- Step 5
- Step 6
- Step 7
- **Step 8**
- Step 9
- Step 10
- Thank You

Step 8 Flexible Spending Accounts

- Please enter amounts for each account you wish to participate in.
- Leave zero for any account you do not wish to participate in.
- These amounts will be deducted each pay period.

Health Care Account: Allows you to be reimbursed for medical and/or dental expenses not paid by your insurance carrier.

Health Care Amount per Pay Period

Plan Year 2007	\$100.00
Plan Year 2008	<input type="text" value="0.00"/>

Dependent Care Account: Pays qualified caregiver expenses for your children or an adult dependent while you are at work.

Dependent Care Amount per Pay Period

Plan Year 2007	\$0.00
Plan Year 2008	<input type="text" value="0.00"/>

Debit Card:
Great News! The cost of the cards for Plan Year 2008 will be paid by EBC. Would you like to experience the convenience and flexibility of the debit card in 2008?

- If you already have a debit card, Choose "YES" and the same account will be credited with your 2007 annual enrollment election and you may continue to use the cards you have.
- If you do not have a debit card, and wish to use the card, Choose "YES" and EBC will provide the cards at no cost to the employee for Plan Year 2008.

Use Debit Card

Plan Year 2008	<input checked="" type="radio"/> Yes
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Step 9: Dependent Options

Select benefits for your dependents using this screen. Remember eligible dependents include:

- Spouse
- Unmarried children to age 23
- Pre-approved incapacitated children

Online Enrollment

- Discontinue
- Step 1
- Step 2
- Step 3
- Step 4
- Step 5
- Step 6
- Step 7
- Step 8
- **Step 9**
- Step 10
- Thank You

Step 9 Dependents Options

- If you wish to exclude your spouse from the Health and/or Dental plan, select "Yes" for Spousal Exclusion. Please complete the form and return it to your Benefits Coordinator.
- Select "Yes" in the box(es) for coverage(s) that you WANT for the new plan year. Select "No" in the box(es) for coverage(s) that you DO NOT WANT for the new plan year.
- If Primary Care Physicians and/or Primary Care Options are different for each family member, please enter them below.
- If you elected vision coverage in Step 5 and wish to cover family members, select appropriate box for each dependent listed.
- The Working Families Tax Relief Act of 2004 changed the definition of dependent for federal income tax purposes. The IRS indicates that the change is not intended to affect the coverage of dependents under employer-sponsored medical plans. However, if you cover dependents, EBC suggests you obtain professional tax advice when completing your income tax returns).

BRENDA B JONES | Supervisor | 1008 | 9/29/2006

Spousal Exclusion

Plan Year 2007	No
Plan Year 2008	<input type="text" value="No"/>

Options

	Health	Dental	Vision	Dependent Life
Plan Year 2007	Yes	Yes	Yes	Yes
Plan Year 2008	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes

Primary Care Physician Name

Plan Year 2007	CDRY MAGDOE
Plan Year 2008	First Name <input type="text"/> CDRY

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Benefits Administration System

Jerry J. Jones
 111-16-0611
 Agency: 813-000
 Plan Period: 2007

Online Enrollment
 • Dashboard
 • Step 1
 • Step 2
 • Step 3
 • Step 4
 • Step 5
 • Step 6
 • Step 7
 • Step 8
 • Step 9
 • **Step 10**
 • Thank You

Online Enrollment
 Step 10 Confirm your Choices

• Please review this summary of costs and coverage.

Retired Military Opt Out

Plan Year 2007	No
Plan Year 2008	No

Premium Conversion

Plan Year 2007	Yes
Plan Year 2008	Yes

	Option	Coverage	Pre-tax	Post-tax
Plan Year 2007	CommunityCare Alternative	Employee and spouse	\$824.84	\$0.00
Plan Year 2008	CommunityCare Alternative	Employee and spouse	\$824.84	\$0.00
Plan Year 2007	HealthChoice Dental	Employee and spouse	\$53.40	\$0.00
Plan Year 2008	HealthChoice Dental	Employee and spouse	\$53.40	\$0.00

Health
Dental
Vision

Confirm Your Choices

Here you can view the options you have selected, see the costs and what will be covered by your state Employee Benefits Allowance. Changes can be made by choosing the “previous” button. If you are finished, choose the “submit” button. After you “submit” a copy of your selections will be available to print along with any forms needed. Remember to save your copy to compare to your final Confirmation of Benefits. Remember to access early. Enrollment choices can be changed until midnight, November 2, 2007.

Dependent Coverage

	Health	Dental	Vision	Dependent Life
BRENDA B JONES (Spouse) SSN: 813-000-0000				
Plan Year 2007	Yes	Yes	Yes	Yes
Plan Year 2008	Yes	Yes	Yes	Yes

Employee / Dependent Physician and Dentist

	Primary Care Physician	Primary Care Dentist
Jerry J Jones		
Plan Year 2007	CORY NAGOGE	
Plan Year 2008	CORY NAGOGE	

	Primary Care Physician	Primary Care Dentist
BRENDA B JONES (Spouse) SSN: 813-000-0000		
Plan Year 2007	CORY NAGOGE	
Plan Year 2008	CORY NAGOGE	

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Benefits Administration System

Jerry J. Jones
 111-16-0611
 Agency: 813-000
 Plan Period: 2007

Online Enrollment

Congratulations!
 Your process was successful. (045000000)

Thank you. Your new choices will take effect on 01/01/2008. If you have any questions, please contact your Benefits Coordinator.

Open the [Enrollment Result](#) to print a copy of your election.

Note:
 Save for your records with a link here from the [State and County Sites](#).

• Dashboard
 • Step 1
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• Employee Data
 • Flexible Spending
 • Reports
 • Forms
 • Plans, Doctors, Dentists and Other Information
 • Change Your Profile and Password

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EMPLOYEES Benefits Council



This information has been provided by

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www.ebc.state.ok.us

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