

## Ben.Process.30: Open Enrollment

**System:** Global Human Resource

**Process Description:** This script is used for Open Enrollment (OE) using Employee Space.

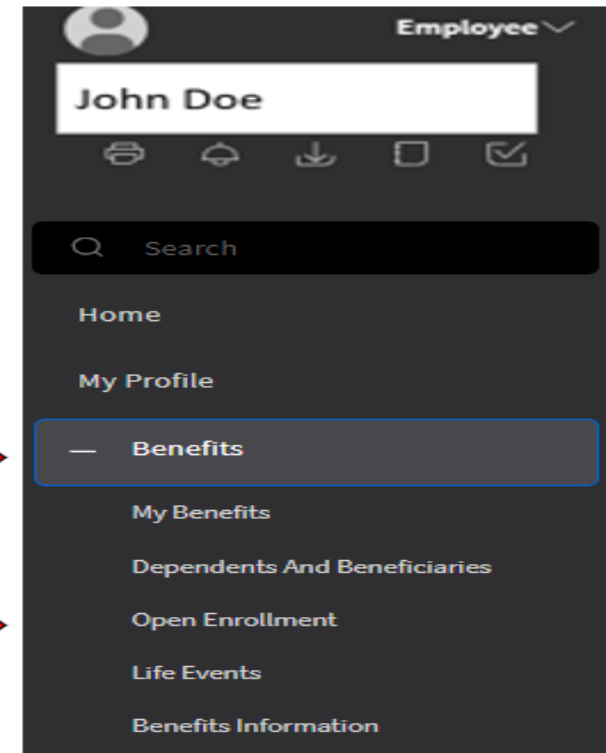
### Employee Process:

#### Login to Employee Space and access Open Enrollment event

Please Note: You must use Chrome when logging into Employee Space, as Internet Explorer is not compatible.

1. Go to Employee Space at <https://bfm.sd.gov/hr/es.aspx>.
2. Select **Proceed to Employee Space**.
3. On the Infor sign in page, select **MySD**.
4. Follow onscreen instructions to login.  
*If you are having trouble logging in, go [here](#) for additional instructions.*
5. Once successfully signed into Employee Space:  
(In the menu bar on the left)
  - a. Select "**Benefits**"
  - b. Select "**Open Enrollment**".

5.

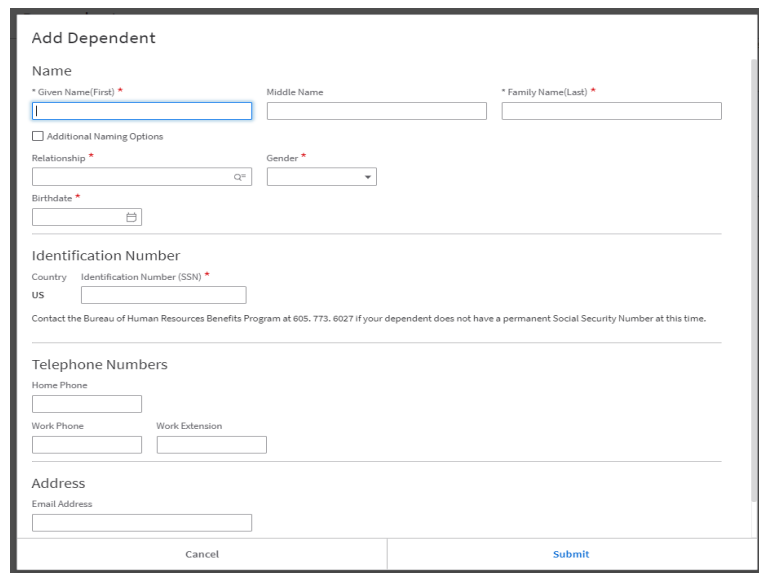
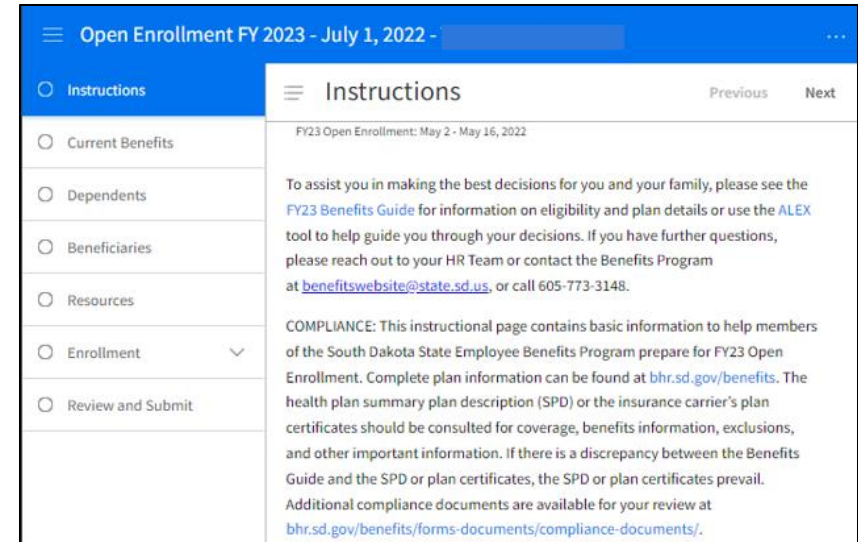


## Navigating the Open Enrollment event

Click through the tabs in the left-side menu bar.

1. **Instructions** Tab: Review Open Enrollment Instructions.  
>Click **“Next”** on the header navigation bar.
2. **Current Benefits** Tab: Review Current Benefits elections.  
>Click **“Next”** on the header navigation bar.
3. **Dependents** Tab: Review list of currently covered Dependents. Your dependents will be available when adding coverage in the Benefits Plans.
  - a. Click **“Add”** to enter additional dependent(s).
    1. Complete *pop-up form* for each additional dependent(s) to be enrolled.
    2. Click **“Submit”**.  
>Click **“Next”** on the header navigation bar.

### 3.a.1

4. **Beneficiaries** Tab: Review currently listed Beneficiaries. Listed Beneficiary(ies) will be available when designating beneficiaries.
  - a. Click **“Add”** to enter beneficiary(ies) not listed.
    1. Complete *pop-up form* for each beneficiary(ies) to be enrolled.
    2. Click **“Submit”**.  
>Click **“Next”** on the header navigation bar.
5. **Resources** Tab: Click **“View Worksheet”** to open a printable worksheet of available plans and options in a new tab. Close the Worksheet tab / return to the Open Enrollment tab.  
>Click **“Next”** on the header navigation bar.
6. **Enrollment** Tab: Enrollment Groups are listed in sequence and those Enrollment Groups *requiring* an election choice (including waive) have red exclamations until a valid selection is made. Select the plan for each Enrollment Group and attach dependents or beneficiaries as needed.  
>Click **“Next”** on the header navigation bar.

**PLEASE NOTE: A Spouse Eligibility Survey will pop-up the first time coverage for a Spouse is elected. Complete Survey and "Submit"**

Enroll In Roosevelt \$0 No Deductible

Annual Number Of Contributions  
24

Spouse Survey

Is your spouse a benefit eligible employee either through the State of South Dakota or with the South Dakota Board of Regents?

Yes  
 No

Cancel Submit

Enroll In Roosevelt \$0 No Deductible

Annual Number Of Contributions  
24

Spouse Survey

Is your spouse a benefit eligible employee either through the State of South Dakota or with the South Dakota Board of Regents?

Yes  
 No

Do you plan to cover your spouse on your health plan and/or flexible benefits? Flexible benefits include dental, vision, accident coverage, and hospital indemnity coverage(s).

Before selecting "Yes", please be sure you have read the Health update on page 5 of the Benefits Guide at <https://bhr.sd.gov/BenefitsGuide.pdf> regarding married state employees and dependent children who become employed with the state. Note, if you are covered under another state employee's health plan, you will not receive a contribution to your HSA or HRA account. Only one incentive can be received per covered family.

Yes  
 No

Cancel Submit

If you need to update the Spouse Eligibility Survey: click **View Details** in the Health plan, click the three dots in the upper right corner on the blue bar (see circled on graphic). This will open the survey to make changes. Return to Enrollment and continue.

Enrollment Health Plan Previous Next

Select Benefits ...

**Roosevelt \$0 No Deductible**  **Selected Plan**

Coverage Option: Participant + Spouse  
Pre Tax: 171.60

All eligible dependents are enrolled

Withdraw **View Details**

Save And Return To Enrollment ...

Open Enrollment FY 2023 - July 1, 2022 -

Roosevelt \$0 No Deductible

Option  
Participant + Spouse

Click on the first column in the following list to enroll the dependent(s) you would like to include in

- Save
- Refresh
- Change Eligibility Survey
- Reset Group Elections
- Withdraw
- Options
- Drill Around®

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>	Brown, Jane	Spouse	4/6/1970

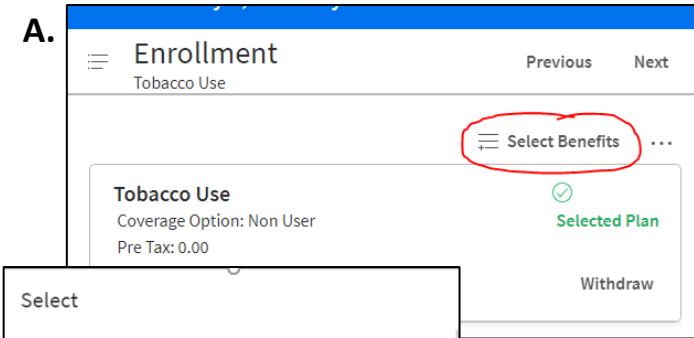
## Making Open Enrollment Elections

### A. Tobacco Use: To change, click “Select Benefits”.

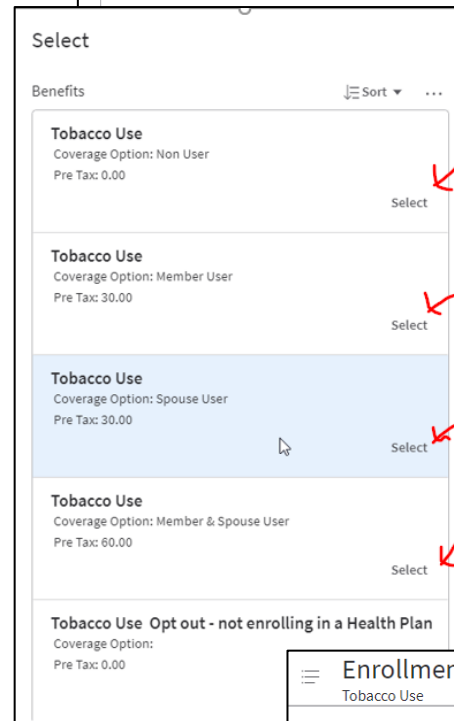
1. Click “**Select**” on the appropriate Tobacco Use Coverage Option or select Tobacco Use Opt Out if not enrolling in a Health Plan.
2. Click “**Close**” to reduce pop-up menu.  
 >Click “**Next**” on the header navigation bar.

### B. Health Plan Options: To change plan option, click “Select Benefits”.

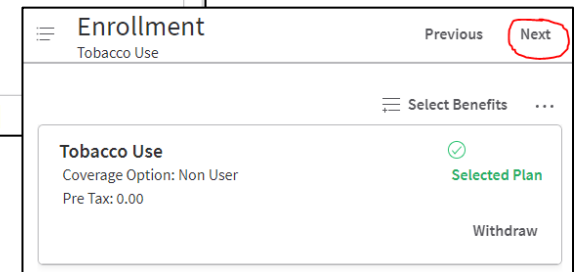
1. Click “**Select**” on your Plan/Coverage Level choice or select Waive.
  - a. (To see all options: scroll down, click the next page arrow at bottom or change the number of visible options).
2. Click “**Close**” to reduce pop-up menu and the Plan/Coverage Level selection will appear.



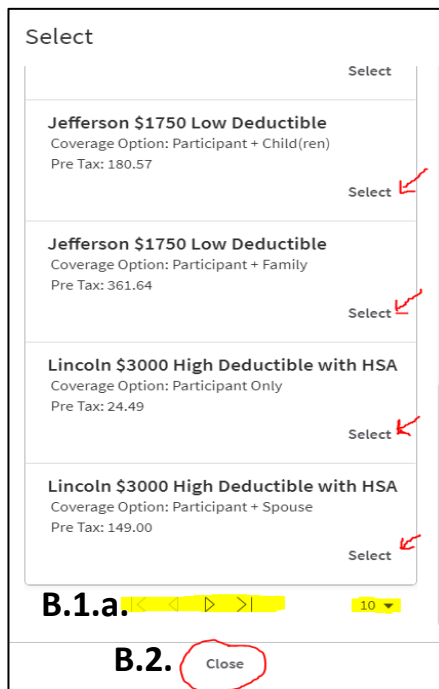
A.1.



A.2. **Close**



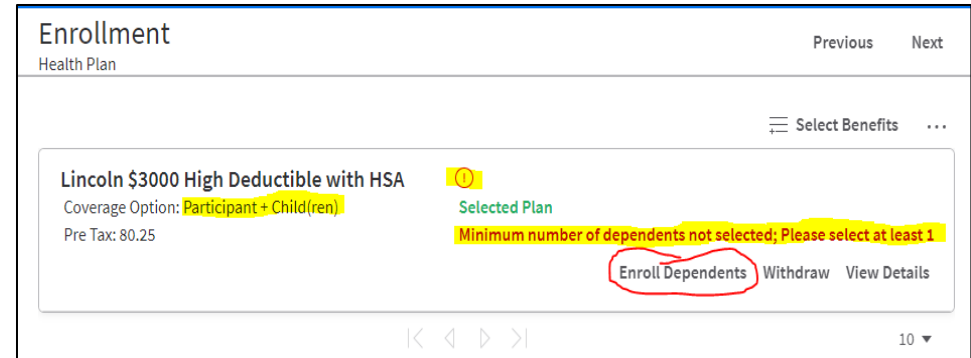
B.1.



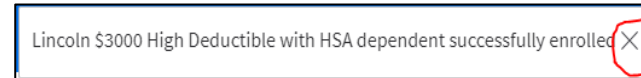
3. When changing health plan options, you must re-enroll dependent(s) if choosing: Spouse, Child(ren) or Family coverage.
  - a. Click **“Enroll Dependents”** and listed dependents from the Dependents tab will appear.
  - b. “Select,” dependent(s) you wish to cover, and you will see a message that states, “dependent successfully enrolled.”
  - c. Click **“Save and Return to Enrollment”** and review your selection. Click **“View Details”** for additional information and/or click **“Withdraw”** to make changes. This process will be similar for benefits going forward.
  
4. **If you are not changing health plan options but would like to view / verify previously enrolled dependent(s) or remove a dependent from coverage, please select “View Details”.**

Click **“Next”** on the header navigation bar.

**B.3.a.**



**B.3.b.**



**C. Health Savings Account (HSA) Options (for HDHP choosers):** To change, click **“Select Benefits”**.

1. **“Select”** an HSA option:
  - a. **HSA with Lincoln HDHP** (match your Health Plan enrollment).
  - b. **HSA with Washington HDHP** (match your Health Plan enrollment).
  - c. **“HSA Ineligible or Declined” OR**
  - d. **“Health Plan Opt Out”** (match your Health Plan Opt Out enrollment).

2. If you select an HSA with your HDHP, a pop-up window will appear. Enter the Pre-tax amount/per pay period to be deducted from your earnings and placed into the HSA.

a. If you are eligible for the Employer Contribution (ER) but do not want pre-tax deductions from your employee earnings, enter \$0.00 per pay period. The ER amount – if eligible – will appear once election is made. ***\*Do not select ineligible/decline as this will not allow you to receive the ER contribution.***

b. IRS limits are based on # of people you enrolled in Health Plan.

3. Click **“Close”** to reduce pop-up menu.
  - >Click **“Next”** on the header navigation bar.

**C.1.**

The screenshot shows a 'Select' menu with a 'Benefits' header and a 'Sort' dropdown. Three options are listed: 'HSA with Lincoln HDHP', 'HSA with Washington HDHP', and 'HSA Ineligible or Declined'. Each option shows 'Pre Tax: 0.00' and 'Employer: 0.00' and has a 'Select' button. A 'Close' button is at the bottom.

**C.2.**

The screenshot shows a pop-up window titled 'Enroll In HSA with Lincoln HDHP'. It has an 'Enrollment' section with a 'Pre Tax' input field (circled in red), a 'Per Pay Period' dropdown menu, and an 'Amount' field. Below this is the 'Annual Number Of Contributions' set to '24'. A 'Limits' section shows '3,650.00'. At the bottom are 'Cancel' and 'Submit' buttons (the 'Submit' button is circled in red).

**D. Medical Flexible Spending Account (FSA):** Click **“Select Benefits.”**

1. Click **“Select”** on your choice of Full FSA, Combo FSA or Waive.
2. If selecting a contribution to your FSA, a pop-up window appears. Enter Pre-tax amount/per pay period to be deducted from your earnings and then click **“Submit.”** IRS limits will show.
3. Click **“Close”** to reduce pop-up menu.

>Click **“Next”** on the header navigation bar.

**D.1.**

The screenshot shows a 'Select' menu with a 'Benefits' header and a 'Sort' dropdown. Three options are listed: 'FSA Medical Full', 'FSA Medical Combo', and 'Waive FSA Medical'. Each option shows 'Pre Tax: 0.00' and has a 'Select' button. A 'Close' button is at the bottom.

**E. Dependent Care Flexible Spending Account (FSA):** Click **“Select Benefits.”**

1. Click **“Select”** to contribute to an FSA Dependent Care spending account or to waive.
2. If selecting this option, a pop-up window appears. Enter the Pre-tax amount/per pay period to be deducted from your earnings and the click **“Submit.”** IRS limits will show.
3. Click **“Close”** to reduce pop-up menu.

>Click **“Next”** on the header navigation bar.

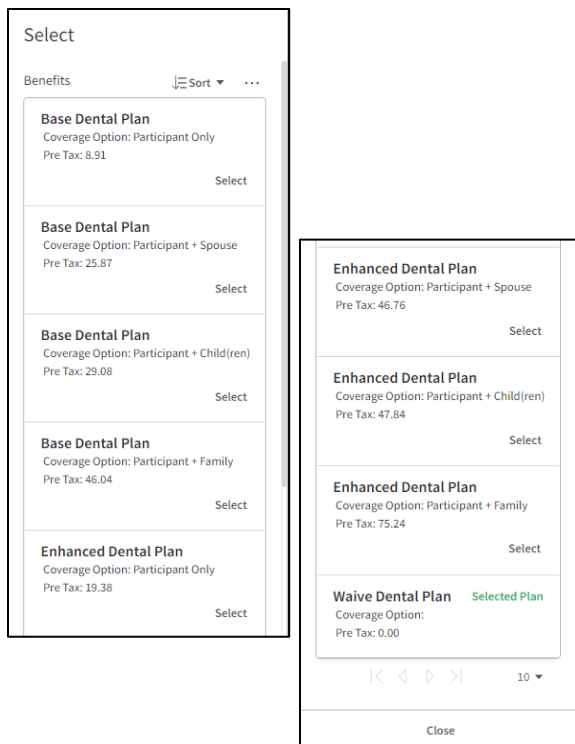
**E.1.**

The screenshot shows a 'Select' menu with a 'Benefits' header and a 'Sort' dropdown. Two options are listed: 'FSA Dependent Care' and 'Waive FSA Dependent Care'. Each option shows 'Pre Tax: 0.00' and has a 'Select' button. A 'Close' button is at the bottom.

- F. Dental, Vision, Accident and Hospital Indemnity:** For each of these plans click **“Select Benefits”** if you wish to make changes
1. **“Select”** the appropriate plan option/coverage level or waive coverage, for each plan. *(To see all options, click the next page arrow at bottom).*
  2. Click **“Close”** to reduce pop-up menu.
  3. When changing any of these plan options, you must re-enroll dependent(s) if choosing: Spouse, Child(ren) or Family coverage.
    - a. Click **“Enroll Dependents”** and listed dependents from the Dependents tab will appear.
    - b. “Select,” dependent(s) you wish to cover, and you will see a message that states, “dependent successfully enrolled.”
    - c. Click **“Save and Return to Enrollment”** and review your selection. Click **“View Details”** for additional information and/or click **“Withdraw”** to make changes. This process will be similar for benefits going forward
  4. **If you are not changing plan options but would like to view / verify previously enrolled dependent(s) or remove a dependent from coverage, please select “View Details”.**

>Click **“Next”** on the header navigation bar.

### Dental



Select

Benefits Sort ...

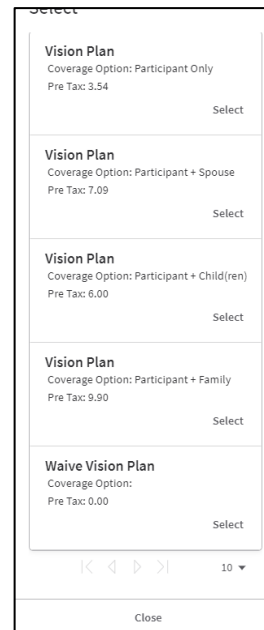
Base Dental Plan Coverage Option: Participant Only Pre Tax: 8.91	Select
Base Dental Plan Coverage Option: Participant + Spouse Pre Tax: 25.87	Select
Base Dental Plan Coverage Option: Participant + Child(ren) Pre Tax: 29.08	Select
Base Dental Plan Coverage Option: Participant + Family Pre Tax: 46.04	Select
Enhanced Dental Plan Coverage Option: Participant Only Pre Tax: 19.38	Select

Enhanced Dental Plan Coverage Option: Participant + Spouse Pre Tax: 46.76	Select
Enhanced Dental Plan Coverage Option: Participant + Child(ren) Pre Tax: 47.84	Select
Enhanced Dental Plan Coverage Option: Participant + Family Pre Tax: 75.24	Select
Waive Dental Plan <b>Selected Plan</b> Coverage Option: Pre Tax: 0.00	Select

10

Close

### Vision



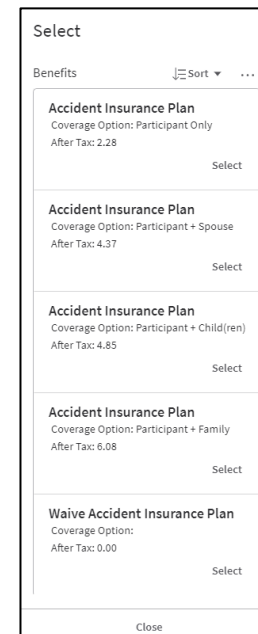
Select

Vision Plan Coverage Option: Participant Only Pre Tax: 3.54	Select
Vision Plan Coverage Option: Participant + Spouse Pre Tax: 7.09	Select
Vision Plan Coverage Option: Participant + Child(ren) Pre Tax: 6.00	Select
Vision Plan Coverage Option: Participant + Family Pre Tax: 9.90	Select
Waive Vision Plan Coverage Option: Pre Tax: 0.00	Select

10

Close

### Accident



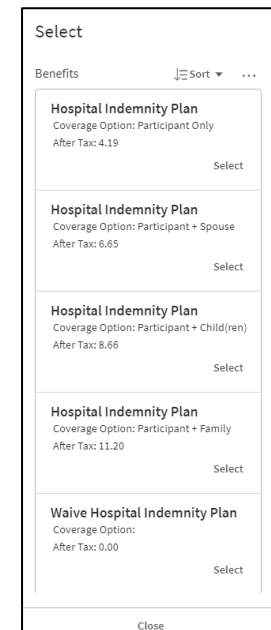
Select

Benefits Sort ...

Accident Insurance Plan Coverage Option: Participant Only After Tax: 2.28	Select
Accident Insurance Plan Coverage Option: Participant + Spouse After Tax: 4.37	Select
Accident Insurance Plan Coverage Option: Participant + Child(ren) After Tax: 4.85	Select
Accident Insurance Plan Coverage Option: Participant + Family After Tax: 6.08	Select
Waive Accident Insurance Plan Coverage Option: After Tax: 0.00	Select

Close

### Hospital Ind.



Select

Benefits Sort ...

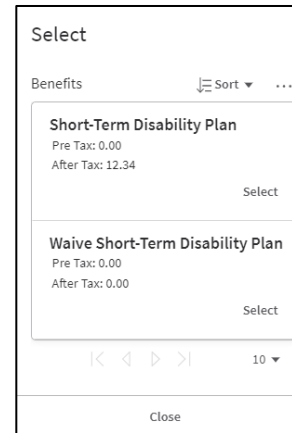
Hospital Indemnity Plan Coverage Option: Participant Only After Tax: 4.19	Select
Hospital Indemnity Plan Coverage Option: Participant + Spouse After Tax: 6.65	Select
Hospital Indemnity Plan Coverage Option: Participant + Child(ren) After Tax: 8.66	Select
Hospital Indemnity Plan Coverage Option: Participant + Family After Tax: 11.20	Select
Waive Hospital Indemnity Plan Coverage Option: After Tax: 0.00	Select

Close

**G. Disability:** To change, click **“Select Benefits”**.

1. Employee can enroll in disability – or – select **waive** if not enrolling. The Per Pay Period rate shows. This benefit takes effect 6 months from hire date not the 1<sup>st</sup> of next month like other benefits.
2. Click **“Close”** to reduce pop-up menu.  
 >Click **“Next”** on the header navigation bar.

**G.1.**



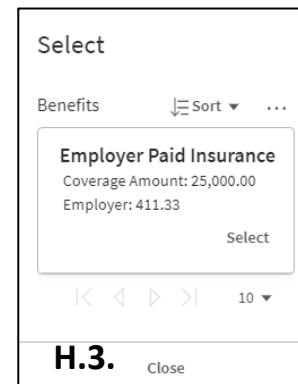
The screenshot shows a 'Select' pop-up menu with a 'Benefits' header and a 'Sort' dropdown. Two options are listed: 'Short-Term Disability Plan' (Pre Tax: 0.00, After Tax: 12.34) and 'Waive Short-Term Disability Plan' (Pre Tax: 0.00, After Tax: 0.00). Each option has a 'Select' button. At the bottom, there are navigation arrows and a 'Close' button.

**H. Employer Paid Insurance:** Employees must be enrolled in this plan and assign Primary and Contingent Beneficiaries to the plan. If you have previously assigned beneficiaries, you can view your selections by selecting **“View Details”**

1. Select **“Designate Beneficiaries.”**
2. The Beneficiary panel appears and for each beneficiary you wish to declare, do the following:
  - a. Double click the name of the beneficiary to be assigned.
  - b. In the Pop-Up window, Select Primary or Contingent.
  - c. Enter the % of benefit\* the beneficiary should receive.  
 \*If total % is less than 100, a warning will appear.
  - c. Click **“Submit”**.
  - d. Click **“Save and Return to Enrollment”** in the blue header navigation bar.

>Click **“Next”** on the header navigation bar.

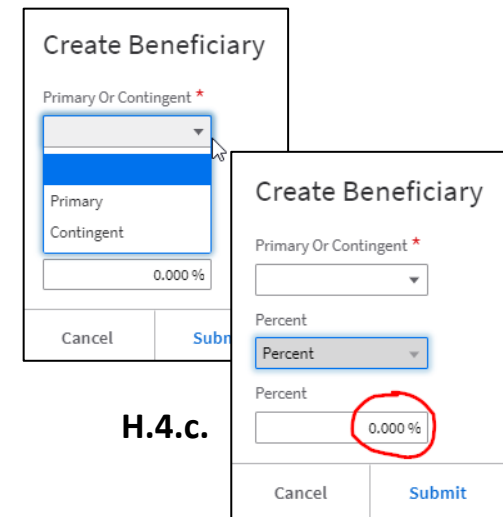
**H.2.**



The screenshot shows a 'Select' pop-up menu for 'Employer Paid Insurance' with a 'Coverage Amount: 25,000.00' and 'Employer: 411.33'. A 'Select' button is visible. At the bottom, there are navigation arrows and a 'Close' button.

**H.3.**

**H.4.b.**



The first screenshot shows the 'Create Beneficiary' form with a dropdown menu for 'Primary Or Contingent \*' showing 'Primary' and 'Contingent' options. The 'Percent' field is set to '0.000 %'. The second screenshot shows the same form with the 'Percent' dropdown menu open, showing 'Percent' as the selected option, and the '0.000 %' value is circled in red.

**H.4.c.**



- I. **Supplemental Life:** Select 1 to 7 times your annual salary or waive coverage. If Evidence of Insurability (EOI) is required a warning appears after election is made.
  1. To change, click **“Select Benefits”**.
  2. Click **“Select”** on your plan option/coverage level choice or waive. *(To see all options, click the next page arrow at bottom).*
  3. Click **“Close”** to reduce pop-up menu.
  4. Click **“Designate Beneficiaries”** (see Employer Paid Insurance steps above).
  5. Click **“Save and Return to Enrollment”** on the blue header bar.
    - >Click **“Next”** on the header navigation bar.

- J. **Dependent Life:** To change, click **“Select Benefits”**.
  1. Click **“Select”** for plan coverage or waive.
  2. Click **“Close”** to reduce pop-up menu.
  3. Click **“Enroll Dependents”** and select dependents.
  4. Click **“Save and Return to Enrollment”** on blue header bar.
    - >Click **“Next”** on the header navigation bar.

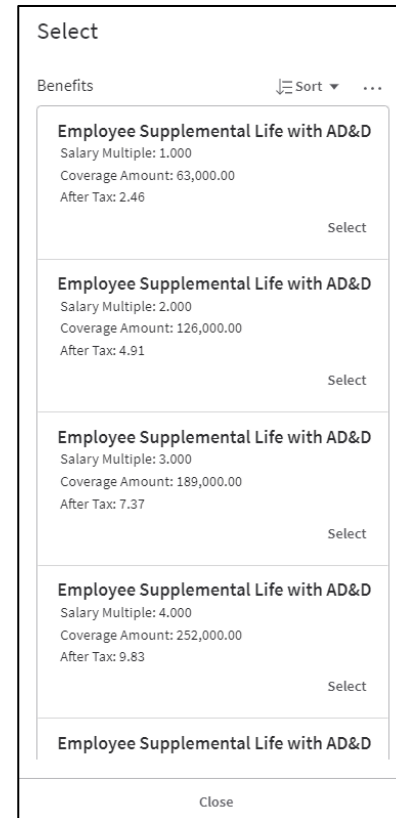
7. **Review and Submit:**

- a. Errors need to be cleared before clicking submit.
- b. Warnings or messages should be reviewed but are allowed to submit.
- c. Click **“Submit”** to submit your enrollment.
- d. Attention pop-up appears, add signature, and date. Click **“Submit”**
- e. Notification and the **“Confirmation”** link appear on the screen along with a time and date stamp. You will receive an email that your enrollment has been submitted.
- f. **Review your confirmation statement** carefully when received to verify that all of your elections are correct. Take special notice that all eligible dependents that you wish to enroll are listed on each plan. Please keep the Benefits Confirmation Statement for your records.
- g. Your enrollment is complete.

**Next Steps:**

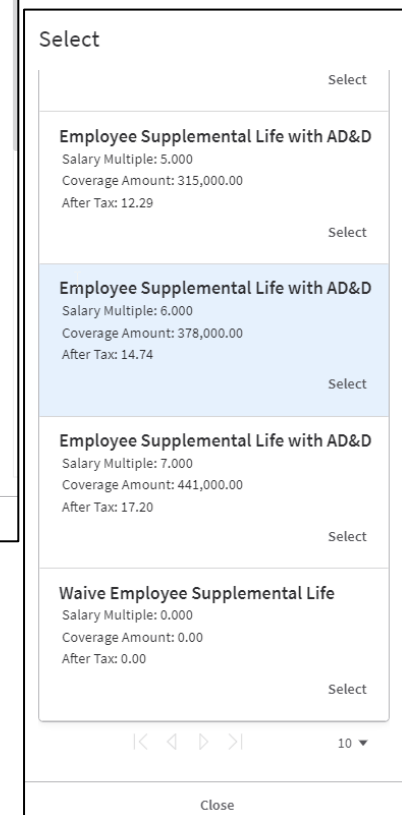
**Once enrollment ends the Benefits Team will process elections. You will receive an email when your elections have been finalized.**

**I.2.**



Option	Salary Multiple	Coverage Amount	After Tax
Employee Supplemental Life with AD&D	1.000	63,000.00	2.46
Employee Supplemental Life with AD&D	2.000	126,000.00	4.91
Employee Supplemental Life with AD&D	3.000	189,000.00	7.37
Employee Supplemental Life with AD&D	4.000	252,000.00	9.83
Employee Supplemental Life with AD&D	5.000	315,000.00	12.29

**I.2.**



Option	Salary Multiple	Coverage Amount	After Tax
Employee Supplemental Life with AD&D	5.000	315,000.00	12.29
Employee Supplemental Life with AD&D	6.000	378,000.00	14.74
Employee Supplemental Life with AD&D	7.000	441,000.00	17.20
Waive Employee Supplemental Life	0.000	0.00	0.00