



**BALL STATE
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BENEFIT OPEN ENROLLMENT TUTORIAL



- Please go to www.bsu.edu/payroll. Once you are on this page click the grey box on the top left that says “Health and Wellness Benefits”. Select the red box “Log in to Enroll” and you will use your BSU credentials to get logged in.



Payroll and Employee Benefits

CONTACT US

Health and Wellness Benefits →
Review insurance plans and other benefits for current employees and retirees.

Payroll →
Find information on wages, deductions, our time clock system, and other matters that affect your pay.

Retirement Plans →
Discover how to save more for retirement with your Ball State plans.

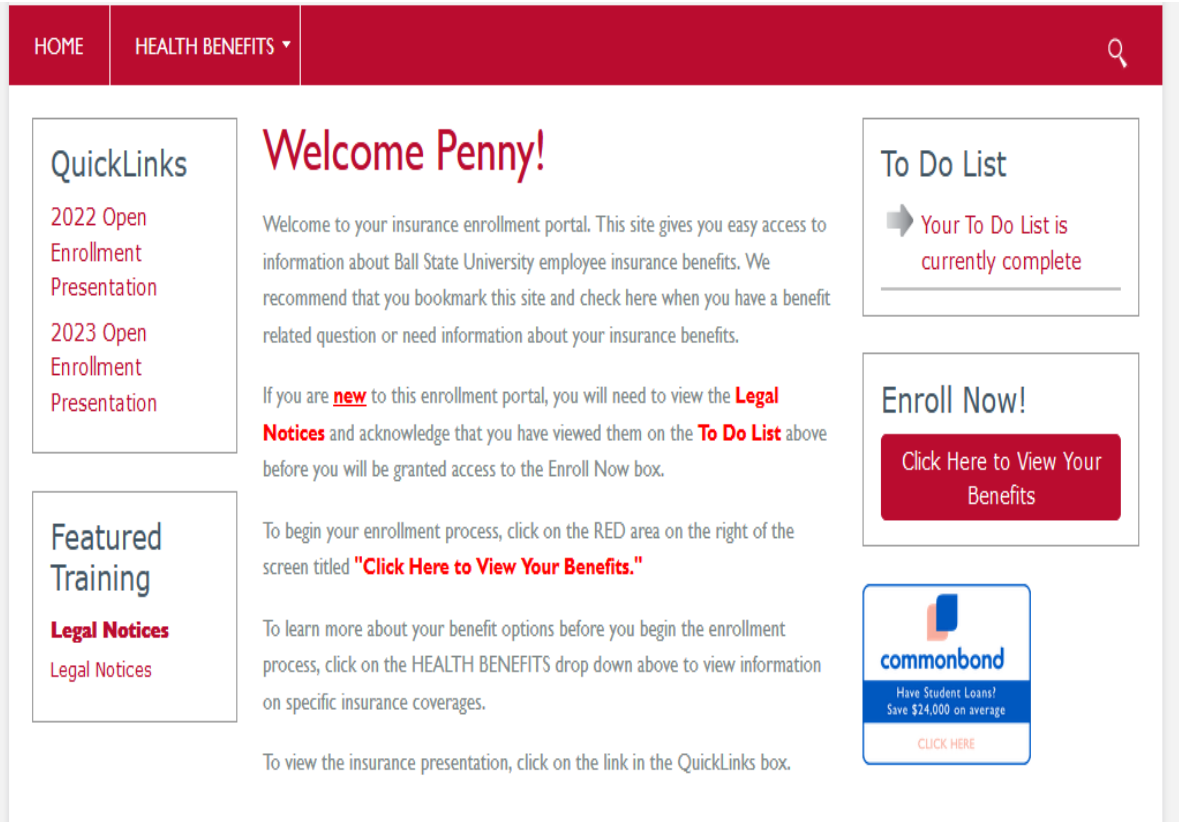
Forms, Policies, and Guides →
Download handbooks, insurance forms, helpful guides, and other important documents.

Time Off →
See our policies, broken down by employee type, for vacation, holidays, sick days, and leaves of absence.

Tuition Remission →
Want to further your education while working here? We offer tuition remission to our employees.



- You will be taken to the Communication Portal (shown here). Under *QuickLinks* you will find the open enrollment presentation that will assist you in the benefit enrollment workflow.
- In order to activate the *Enroll Now* button, you will need to complete your *To Do List* and review the required legal notices. To do so click 'Legal Notices' under the *To Do List*.



The screenshot shows the Ball State University Health Benefits portal. The navigation bar at the top includes 'HOME' and 'HEALTH BENEFITS' with a dropdown arrow. A search icon is in the top right. The main content area is divided into three columns. The left column contains two boxes: 'QuickLinks' with links for '2022 Open Enrollment Presentation' and '2023 Open Enrollment Presentation', and 'Featured Training' with a link for 'Legal Notices'. The middle column features a 'Welcome Penny!' message, a paragraph about the portal's purpose, instructions for new users to view 'Legal Notices' and complete a 'To Do List' before accessing the 'Enroll Now' box, and a 'commonbond' advertisement. The right column contains a 'To Do List' box stating 'Your To Do List is currently complete' and an 'Enroll Now!' box with a 'Click Here to View Your Benefits' button. Blue arrows point from the text in the first list item to the 'QuickLinks' box, and from the text in the second list item to the 'To Do List' and 'Enroll Now!' boxes. The Ball State University logo is in the bottom right corner.

HOME HEALTH BENEFITS

QuickLinks

- 2022 Open Enrollment Presentation
- 2023 Open Enrollment Presentation

Featured Training

- Legal Notices

Welcome Penny!

Welcome to your insurance enrollment portal. This site gives you easy access to information about Ball State University employee insurance benefits. We recommend that you bookmark this site and check here when you have a benefit related question or need information about your insurance benefits.

If you are **new** to this enrollment portal, you will need to view the **Legal Notices** and acknowledge that you have viewed them on the **To Do List** above before you will be granted access to the Enroll Now box.

To begin your enrollment process, click on the RED area on the right of the screen titled "**Click Here to View Your Benefits.**"

To learn more about your benefit options before you begin the enrollment process, click on the HEALTH BENEFITS drop down above to view information on specific insurance coverages.

To view the insurance presentation, click on the link in the QuickLinks box.

To Do List

➔ Your To Do List is currently complete


Enroll Now!

Click Here to View Your Benefits

commonbond

Have Student Loans? Save \$24,000 on average.

CLICK HERE



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- After you acknowledge that you have reviewed the items, select the box next to **‘Please acknowledge that you have reviewed these items.’** Click **‘Submit’** to continue.

HOME

HEALTH BENEFITS ▾


Q


Legal Notices0% Complete

Legal Notices

Legal Notices

▾ Legal Notices

 Legal Notices
Legal Notices



Legal Notices

Please review the below legal notices.

- Notice of COBRA Continuation Coverage Rights
- Women's Health and Cancer Rights Act Notice
- Notice of Privacy Practices
- New Health Insurance Marketplace Coverage Options and Your Health Coverage

☒ Please acknowledge that you have reviewed these items.

Click on "Submit" to complete the training program.

Submit



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- Click ‘Begin open enrollment’ to begin your enrollment process and make benefit elections.



Welcome back, Charlie

Tuesday, October 10 at 3:06 PM EDT

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TO DO
ITEMS

[View to do list](#)

Begin open enrollment

Print your benefits

Add a dependent


Update your profile

Change website language

Personal Information Review

Please review your contact information, if any information needs corrected please contact our HR Solutions Center at 285-1834

IMPORTANT: The information provided on this screen is the address provided to each of the vendors. You can expect mailings from them including ID cards, FSA/HSA debit cards and explanation of benefits.

Your contact information  [EDIT](#)

Physical address	123 Ball State Way, Muncie, IN 47306, USA
Work email	
Personal email	
Home phone	7652851234
Cell phone	
Work phone	
Work cell phone	
Alternate phone	

[Next step: Review communication preferences](#) [Cancel and return home](#)



- Before you elect any benefits, you can add your dependents information on this screen by clicking “Add Dependent” or you may add them later in the process. Click ‘**Next**’ if you want to add them later when you make your benefit selections.

Profile Shop for benefits

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next Previous



- To add a dependent, you must complete the specified fields. The * designates required fields. If the dependent is added to your medical/dental coverage, a SSN is required.

Add Dependent

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suffix ---Please Select---	Preferred Name <input type="text"/>
-------------------------------	--

Date of Birth *

Gender *
☐ Male ☐ Female

SSN

Relationship *
---Please Select---

Physical Address

☒ Use Employee Address

- Complete the BSU Tobacco Survey by answering the question below. If you answer ‘**No**’ but have completed an approved tobacco-cessation program, contact the Employee Benefits office.
- Click ‘**Save & Continue**’ to proceed to the available benefit offerings.

Ball State Tobacco Status 2024

Have you and/or all of your dependents enrolling in a Ball State health plan been tobacco-free for the past six months?

The employee's answer will pertain to the employee and dependent children on the plan. If a spouse is listed below, you will answer for them separately.

Charlie C Cardinal

- ☐ Yes, I have been tobacco-free for the last six months. I am eligible for the premium discount.
- ☐ No, I have NOT been tobacco-free for the last six months. I am NOT eligible for the premium discount.

Cindi S Cardinal

- ☐ Yes, I have been tobacco-free for the last six months. I am eligible for the premium discount.
- ☐ No, I have NOT been tobacco-free for the last six months. I am NOT eligible for the premium discount.



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- The workflow will walk you through each benefit election. You are not able to skip a selection. If you do not want a certain benefit, you will have to decline that benefit.

Open Enrollment Benefits

Whether you want to change your benefits or keep them the same as last year, it's still important that you carefully complete each step in the enrollment process to make sure all of your benefits are covered for the upcoming plan year.

[Compare to your current benefits](#)

Your benefits

1. Your Medical coverage

[Begin enrollment](#)



2. Choose your Health Savings Account (HSA) coverage



3. Choose your Health FSA coverage



4. Choose your Dependent Care FSA coverage



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- For dependents you have added in the previous step, select which dependents you want to cover on your medical plan by clicking their name. If you did not previously add your dependents information, you can do so on this screen by clicking **'Add Dependent'**.
- If you do NOT want any medical coverage, select **'Decline Coverage'**.

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.



Who do you want to cover on this plan?

✓ Charlie Cardinal

✓ Cindi Cardinal

✓ Chase Cardinal



- Now you will be able to shop for your medical coverage. Need help choosing the right plan? Use the widget!

HDHP

HSA

☐ Compare

Estimated Annual Cost \$3,114.15

How was this calculated?

HSA Tax Savings

Add Contribution

Individual Deductible

\$2,500

Family Deductible

\$5,000

Individual Out of Pocket Max (OOP Max)

\$4,750

Family Out of Pocket Max (OOP Max)

\$7,150 (Individual)/\$8,250 (Family)

✓ Currently Selected

Plan details

Compare to last year

Plan Documents

PPO

FSA

☐ Compare

Estimated Annual Cost \$3,315.83

How was this calculated?

FSA Tax Savings

Add Contribution

Individual Deductible

\$1,300

Family Deductible

\$3,900

Individual Out of Pocket Max (OOP Max)

\$4,050

Family Out of Pocket Max (OOP Max)

\$9,750

Selected plan

Plan details

Compare to last year

Plan Documents

HSA Qualified Health Plan 2024

\$33.99

Bi-Weekly Cost

PPO Health Plan 2024

\$58.36

Bi-Weekly Cost

13

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- The workflow will show you each health plan option, the premium based on your pay frequency and some plan highlights. From this screen you can compare plans, get additional plan detail by clicking '**Plan details**' and select your health plan by clicking '**Select plan**'.
- If you do NOT want any medical coverage, select '**Decline Coverage**'.

HDHP

HSA

☐ Compare

HSA Qualified Health Plan 2024

\$33.99 Bi-Weekly Cost

Estimated Annual Cost \$3,114.15

HSA Tax Savings

How was this calculated?

Add Contribution

Individual Deductible	\$2,500
Family Deductible	\$5,000
Individual Out of Pocket Max (OOP Max)	\$4,750
Family Out of Pocket Max (OOP Max)	\$7,150 (Individual)/\$8,250 (Family)

✓ Currently Selected

Plan details

Compare to last year

Plan Documents

PPO

FSA

☐ Compare

PPO Health Plan 2024

\$58.36 Bi-Weekly Cost

Estimated Annual Cost \$3,315.83

FSA Tax Savings

How was this calculated?

Add Contribution

Individual Deductible	\$1,300
Family Deductible	\$3,900
Individual Out of Pocket Max (OOP Max)	\$4,050
Family Out of Pocket Max (OOP Max)	\$9,750

Select plan

Plan details

Compare to last year

Plan Documents

Decline Coverage

I would like to decline Medical coverage.

Next

Previous

Cancel



- Acknowledgement of the Ball State Tobacco Usage will pop up.
- Click “**I Agree**” box and then “**Next**” to continue, click Edit if you need to make a change.

MEDICAL

Medical

Acknowledgement and Agreement

Acknowledgement and Agreement

Over the past several years the University has promoted the value and importance of a healthy lifestyle through both our benefits and our Working Well programs. We are continuing this initiative by providing an annual tobacco-free premium discount to Employees who have certified that they and any of their dependents, who are enrolled in a Ball State University health plan, are “tobacco-free.” The annual discount for 2024 will remain at \$900 or \$75 per month. A new tobacco-free certification must be completed annually to receive the discount for each calendar year.

As an alternative to completing the certification, the Employee and/or their dependents that are tobacco-users may successfully complete a University approved smoking cessation program to receive the premium discount. For information regarding approved programs, please contact Working Well at 765-285-9355 or workingwell@bsu.edu.

By checking the box below, I hereby certify that the answer I provided in the tobacco survey is complete and true.

I understand that tobacco includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes, electronic cigarettes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled.

I understand that if I, and/or any of my enrolled dependents, begin use of tobacco products I am no longer eligible for the premium discount and must report this change to the Payroll & Employee Benefits Office.

I understand that I, and/or any of my enrolled dependents, may be subject to testing for nicotine at any time during the Plan Year 2023. Refusal to submit to testing for nicotine will result in the removal of the Tobacco-Free Premium Discount.

I understand that if I and/or my enrolled dependents use tobacco products and do not notify the University, or if I falsify my “tobacco-free” status on this affidavit, I may face penalties including retroactive collection of additional premiums, cancellation of my health coverage, and disciplinary action.

☐ I agree

Next

Previous

Cancel

- Based on the health plan you selected, you will be asked if you want to participate in the corresponding tax advantage account.
- If you selected the PPO Health Plan or declined medical coverage; you will be asked if you want to enroll in a Health FSA. To enroll, enter your desired contribution amount *within the limits* and click '**Next**'.

Choose your Health FSA plan.
Do you want to participate in a Flexible Spending Account?

Health Care FSA 2024

Select plan

[Decline Coverage](#) I would like to decline Health FSA coverage.

[Previous](#) [Cancel](#)

Health FSA
How much money do you want to contribute to your *Health FSA* account?

You can contribute between \$100.00 and \$3,050.00 per plan year.

Contribution Amount

The amount you enter will be divided into individual deductions over the remainder of the year.

[Decline Coverage](#) I would like to decline Health FSA coverage.

[Next](#) [Previous](#) [Cancel](#)

- If you selected the HSA Qualified Plan, you will be asked if you want to open an HSA. Remember in order to receive the University’s contribution, you must contribute via payroll deduction a minimum of 25% of the University’s contribution.
- Note: Your HSA contribution can be changed as often as needed, at anytime during the calendar year.

Would you like a Health Savings Account (HSA)?

An HSA allows you to pay for current healthcare expenses and save for those in the future. Its first advantage is that contributions made through payroll deduction are pre-tax. Second, the interest earned is tax-free. Even if you had an HSA in previous years, you must re-enroll every benefit year.

1. Would you like an HSA?

☒ Yes, I would like an HSA.

☐ No, I do not want an HSA.

Continue

Previous

Cancel & return home

- When electing an HSA, the workflow will populate the University's contribution based on your coverage level and pay frequency. It will not allow you to over contribute your annual IRS amount.
- You will need to set up a Repeating or One time contribution. Make sure you elect a starting date as to when you want your contribution taken out of your paycheck. Enter how much per paycheck you want to contribute on your own (minimum of 25% of the University's contribution). Then click '**continue**'
- Once you have made all your contribution elections scroll to the bottom of the screen and click "Save and continue"



2. How would you like to contribute to your HSA?

☒ **Custom amount**
Contribute a custom amount to be deducted from one or multiple paychecks.

Continue **Previous** **Cancel & return home**

3. Select a way to contribute to your HSA

☐ One time Contribution
Schedule an amount to be deducted from one specific paycheck.

☒ **Custom paycheck range**
Schedule an amount to be deducted from a custom range of paychecks.

Amount: from Start date: to End date: x 26 paychecks = \$2600.00

Continue **Previous** **Cancel & return home**



- Based on the health plan you selected, you will be asked if you want to participate in the corresponding tax advantage account.
- If you selected the HSA Qualified Health Plan; you will be asked if you want to enroll in a Limited-Purpose Healthcare FSA. To enroll, enter your desired contribution amount *within the limits* and click **‘Next’**.

Choose your Health FSA plan.

Do you want to participate in a Flexible Spending Account? Since you are contributing to a Health Savings Account, the Flexible Spending Account is considered a "Limited-Purpose FSA". A Limited-Purpose FSA allows you to contribute funds for eligible expenses that are limited to "other expenses" like dental and vision expenses. The IRS does not allow anyone to contribute to both a Health Savings Account and a general-purpose Health FSA since both apply funds toward medical expenses.

Your enrollment has changed, which requires you to select a new Health FSA plan.

Limited-Purpose Healthcare FSA 2024

Select plan

[Decline Coverage](#)

I would like to decline Health FSA coverage.

Previous

Cancel



- Regardless of the medical plan you chose; you will be asked if you want to enroll in a Dependent Care FSA. To enroll, click “Select Plan” enter your desired contribution amount *within the limits* and click ‘**Next**’. Again, this FSA is only for qualified daycare expenses.

Choose your Dependent Care FSA plan.

Do you want to participate in a Dependent Care Flexible Spending Account?

Dependent Care FSA 2024

Select plan

Decline Coverage

I would like to decline Dependent Care FSA coverage.

Previous

Cancel

- That will complete your Medical Benefit Enrollment.
- Click the green save button at the bottom of the page

Health 2024 Summary

Your Health 2024 benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

Medical

HSA Qualified Health Plan 2024

Offered By: ANTHEM

Effective Date: 10/01/2023

You Pay: \$33.99 every two weeks

Persons Covered: Charlie C Cardinal

Additional Information

Show details

Edit coverage

Edit plan

Plan details

Plan Documents

Health Savings Account (HSA)

Health Savings Account 2024

Offered By: H S A Bank

Effective Date: 01/01/2024

Your Contributions

Employee Per Pay Period Contribution: \$100.00 Bi-Weekly (01/12/2024 - 12/27/2024)

Total Employee Ongoing Contribution: \$2,600.00 per benefit year

Total Employee Contributions: \$2,600.00 per benefit year

Employer Contributions

Employer Scheduled Contributions: \$528.06 per benefit year

Total Employer Contributions: \$528.06 per benefit year

Total Employer and Employee Contributions: \$3,128.06 per benefit year

Additional Information

Show details

Edit contribution

Edit coverage

Plan details

Cost Summary

This is a summary of your OE benefit elections.

Hide all

Benefit Elections (6 items)

Bi-Weekly

Medical

Dental

Vision

Life

AD&D

Long-Term Disability

\$33.99

\$15.00

\$14.09

\$3.81

\$0.22

\$3.01

Pending approval. Costs are subject to change

Bi-Weekly Total

\$70.72

Tax Advantage Accounts (2 items)

Bi-Weekly Contributions

Health Savings Account (HSA) Employee Contribution

Scheduled Contributions

Health Savings Account (HSA) Employer Scheduled Contributions

Show deduction schedule

\$100.00

+\$528.06

Bi-Weekly Contributions Total

Scheduled Contributions Total

\$100.00

\$528.06

You Pay


Bi-Weekly Total

\$170.72

Save

Cancel

- Before clicking on the green “Complete Enrollment” button scroll down to review each of the other benefit options available, make any changes necessary by clicking the “Edit coverage” button



Your Dental coverage

Dental Plan 2024

Offered By:

Delta Dental of Indiana

Requested Coverage Level:

Employee and Family

Effective Date:

10/01/2023

Persons Covered:

Charlie C Cardinal, Cindi S Cardinal, Chase B Cardinal

Edit coverage

Compare to your current plan

Show Plan Details ▾

\$15.60

every two weeks





[Complete Enrollment](#)



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✓ Congratulations Charlie, you have successfully updated your benefits!

Below is a summary of your updated benefits and next steps

 Medical HSA Qualified Health Plan 2024 Just You	 Health Savings Account (HSA) Health Savings Account 2024	 Dental Dental Plan 2024 You, +2 dependents	 Vision Premier Coverage 2024 You, +1 dependent
---	---	--	--

[Show all 7 of my benefits](#) ▼

Helpful things to do right now



Review and print a copy of your
[Benefit Detail Report](#)



Verify the following dependents:
Chase Cardinal, Cindi Cardinal

Congratulations, you have completed your Benefits Open Enrollment for the 2024 calendar year! If you want further verification of your open enrollment elections or tobacco status, please call

1-765-285-1834. Please print your enrollment details to [Show more](#) ▼

[Continue to next page](#)

[View and edit all benefits](#)

- For the Open Enrollment process the workflow will stop. You can print a Benefit Detail Report, view and edit benefits or continue to the next page.
- **Remember to upload any documents that may be needed if you added any new dependents or you needed to complete the working spouse affidavit.**



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