Member Administration Portal Guidance:

Initial/Open Enrollment – Making Elections

Purpose: Instructions to make Initial or Open Enrollment elections in MAP.

Instructions: If adding new dependents for coverage select "Add Family Member" and complete this process for each dependent.

Please note, once all elections have been made, it is important to verify that the correct covered dependents are listed for each election.

lember & Family Benefits	Mid-Year Benefit	Changes En	rollments & Events	Forms	Billing	Documents	Payment History	
Member & Family Add and Edit Family Members	Information							
mily Member (click to view)	Relationship	On Benefits	Eligible					
	Employee	No	Yes	Employee I	D			
d Camily Mombor				Gender			Female	
a Family member				Marital Stat	us		Single	
				-				

Navigate to Enrollments & Events tab, then click "Launch Enrollment"

Account Overview				
Member & Family Benefits Mid-Year Benefit Cl	hanges Enrollments & Events Forms Billing	Documents F	Payment History	
Enrollments Active Enrollments				14.47/
All enrollments available to you will appear in the	Enrollment	Opens	Closes	Action
any time, and as often as needed, while the enrollment period is open.	2020 State of Kansas Active Initial Enrollment - 24 Deduction Cycles	August 23rd, 2020	September 21st, 2020	Launch Enrollmen
If you have any questions regarding your benefits or the elections available to you, please contact the State Employee Health Plan at kdhe.sehpmembership@ks.gov.				

On the Welcome screen, note the status table to the right. If the Status field reads "Not Yet Submitted," your elections have not been made. When the field reads "Enrollment Has Been Submitted," elections have been received by SEHP.

2020 State of Kansas Ad	ctive Initial Enrollment - 24 Deduction Cycles	2019 State of Kansas Active	Open Enrollment - 24 Deduction Cycles
Status	Enrollment Has Been Submitted	Status	Not Yet Submitted
Enrollment Begins	August 23rd, 2020	Enrollment Begins	October 1st, 2018
Enrollment Ends	September 21st, 2020	Enrollment Ends	October 31st, 2018

For your initial enrollment, you will have no previous elections to display on the Welcome screen. During open enrollment, at the bottom of the Welcome screen, your current elections are listed, including the member semi-monthly cost for each coverage type. If you wish to make the same elections for next year, you should make note of these coverage options.

Current Benefits		
Medical	Member Only	\$2.50
Blue Cross Blue Shield Plan N	(Employee)	
Dental	Member Only	\$6.30
Delta Dental	(Employee)	
Vision	Member Only	\$1.98
Surency Vision Basic	(Employee)	
Healthcare FSA	Coverage Waived	\$0.00
HSA Single Health Savings Account Employee Contribution-Single	Per Paycheck Contrib	ution: \$0.00

Before entering the enrollment portal for the first time, you will see the following message display beside current benefits. Once your elections have been completed, the most recent completed enrollment will be displayed in this pane. During open enrollment, you are able to complete the enrollment process as many times as necessary before the end of Open Enrollment, but all elections must be made each time (i.e., to add vision coverage to previously elected medical coverage, both medical and vision must be elected on the next enrollment). During your initial enrollment, once your elections are made the portal will close for processing.



The next screen is for Electronic Communication Consent. If you choose to Opt-In you will receive your Form 1095 online through MAP; if you choose Opt-Out you will receive a paper copy of your Form 1095 in the mail at the address you have listed in MAP.

Electronic Communication Consent		
The Affordable Care Act (ACA) requires the State of Kansas to mail a 1095-C to an employee in January ear received by the employee from the State of Kansas during the previous Plan Year. If you wish to receive this select Opt-In in the box below. If you do not wish to receive this document electronically, please select Opt-C regular mail to the address you have listed with the State Employee Health Plan.	ch year. The 1095-C will document the document electronically in the MAP M but below. If the Opt-Out is selected, th	health insurance coverage ember Portal, please e 1095-C will be sent by
Electr	onic Communication	
		Continue

The next several screens of the enrollment portal will ask you to verify contact information. Carefully confirm that all information is correct, as new cards, plan documents, and other critical information will be sent to members using this contact information.

The SEHP opened the HealthQuest Health Center in Topeka, KS for primary care medical services. On this screen, indicate if you live in the Metro Topeka area.

letro Topeka Indicator		
Do you live or work in the following counties of Kansas? Shawnee, Wabaunsee, C Health Center in Topeka to provide primary care medical services for covered hea health center. To provide more targeted messaging to those members who live an yes if you live or work in the metro Topeka area.	Dsage, Jackson, or Jefferson? In May of this year, the SEHP opened ith plan members. Any SEHP member 2 years old or older may rece d work in the metro Topeka area we are asking for your assistance t	the HealthQuest eive treatment at the o indicate by clicki
	Metro Topeka	

You will have the option to pay premiums on a before-tax or after-tax basis. The majority of members elect before-tax to take advantage of tax incentives and increased take-home pay. However, members who elect after-tax premiums can end coverage or remove dependents mid-year without a qualifying event.

recume / Electronic Continuurication Consent / Privite Number / Email Address / Physical Address		
Tax Status Selection		
You have the option to have your health benefits deducted from your paycheck on a • Before Tax or Pre-Tax means that you are paying your medical/dental/vision in • After Tax means that federal, state, and other taxes are deducted before any n	before tax (pre-tax) or after tax basis. surance premiums before any of the federal, state, and other tax nedical/dental/vision insurance premiums are paid.	es are deducted.
	Tax Status	
		Continue

You will be asked to confirm whether you are in the United States on a J-1 or J-2 visa. Due to insurance cover- age requirements for individuals who are in the United States on a J-1 or J-2 visa, only Plan J is available to these individuals.

Important note: The Kansas State Employee Health Plan for State Emp under the Kansas State Employee Health Plan must elect Plan J, or waiv be in compliance with the J-1 regulations.	yees offers one (1) plan, Plan J, which meets the J-1 requirements. J-1 visa emplo coverage and purchase medical coverage outside of the Kansas State Employee	Health Plan
Are you in the United States under a J1 or J2 Visa?		
f you are a US Citizen select No.		

Each coverage type is elected on a separate screen. However, all coverage election screens have certain commonalities:

- 1. The option to Waive Coverage appears at the top of the options as a checkbox highlighted in yellow.
- 2. Plan options, if applicable for the coverage type, are listed as radio buttons. Only one can be selected.
- Dependents will appear as checkboxes. Any or none can be selected for each coverage type.
 For a dependent to be eligible for coverage, the employee must also elect that coverage. Each coverage type is offered and can be elected as a standalone option.
- 4. The calculated rate will update to reflect coverage options and dependents selected.
- 5. If additional information is included about the coverage or plan options, it will be shown in the grey box above coverage options.

Go through the following screens and make your desired elections.

If you enroll in Plan C or Plan N, you will be prompted to elect either an HRA or HSA after the Medical Election screen. If you enrolled in either of those plans, enrollment in an HRA/HSA is not optional.

Once you complete your enrollment you can see if you quality for bottom of your Enrollments and Events tab.	the HealthyKids Program by completing the online application	n by visiting the website found towards the
Waive Coverage		
Choose Your Desired Plan	Covered Dependents	
Plan Selection	In addition to yourself, who would you like	te to cover under this plan?
🔿 Aetna Plan A	No Eligible Dependents	
O Blue Cross Blue Shield Plan A	How do I add a Dependent that's not lis	sted?
🔿 Aetna Plan C	Calculated Rate	\$0.00 / Not Applicable
O Blue Cross Blue Shield Plan C		Estimated cost of this election
🔿 Aetna Plan J		
O Blue Cross Blue Shield Plan J		
🔾 Aetna Plan N		
O Blue Cross Blue Shield Plan N		
🔿 Aetna Plan Q		
Blue Cross Blue Shield Plan Q		

SEHP's dental coverage is provided by Delta Dental.

You have the option of waiving the dental program altogether.	iental plan for any of your dependents.	
Waive Coverage		
Choose Your Desired Plan	Covered Dependents	
Plan Selection	In addition to yourself, who would you like	e to cover under this plan?
O Delta Dental	No Eligible Dependents	
	How do I add a Dependent that's not lis	ted?
	Calculated Rate	\$0.00 / Not Applicable

SEHP's vision coverage is provided by Surency, with two different plan options: Basic or Enhanced.

You may choose to enroll yourself and any eligible dependents in Click here to watch a video about the Surency V	n one of the Vision plans, whether or not you or your dependents Ision plans	are enrolled in the Medical coverage.
Waive Coverage		
Choose Your Desired Plan	Covered Dependents	
Plan Selection	In addition to yourself, who would you like	e to cover under this plan?
O Surency Vision Enhanced	No Eligible Dependents	
O Surency Vision Basic	How do I add a Dependent that's not lis	ted?
	Calculated Rate	\$0.00 / Not Applicable Estimated cost of this election

After you have made your Vision Election, you will be taken though a few screens for enrollment in Supplemental Insurance through The Hartford; Voluntary Benefits Plan include: Hospital Indemnity Insurance, Critical Illness Insurance, and Accident Insurance.

Before submitting final enrollment elections, review all elections options and make certain that the correct covered dependents are listed for each election.

Review and Submit

Please review the elections you made shown below. If you are satisfied If you wish to make any changes, you can return to any page by clicking	with these elections, please click the "Save and Submit"button to continue. g on the page link listed at the top of this page.	
Premium Incentive Discount Status: Non-Qualified		
Elections		
Medical	Coverage Waived	\$0.00
Dental	Coverage Waived	\$0.00
Vision	Coverage Waived	\$0.00
Healthcare FSA	Coverage Waived	\$0.00
Dependent Care FSA	Coverage Waived	\$0.00
Voluntary Supplemental Insurance	Coverage Waived	\$0.00
Voluntary Supplemental Insurance	Coverage Waived	\$0.00
Voluntary Supplemental Insurance	Coverage Waived	\$0.00
Estimated Total Semi-Monthly Deduction		\$0.00
Benefit Details		
Electronic Communication	Opt-In	
Metro Topeka	No	
Tax Status	Before	
J1 or J2 Visa	No	

A Pending Elections Statement will be displayed as confirmation that your complete enrollment has been submitted. This statement will also be sent to the primary email contact in MAP.



Note: During open enrollment, some members may find that some coverage options show \$0.00 cost on their confirmation. This is inaccurate and is likely due to pending HealthQuest premium deductions and/or HealthyKids application status. By the end of open enrollment, the correct rates should display in MAP.