

EMPLOYEE BENEFIT ELECTION INSTRUCTIONS

Welcome to the Annual Change period for the 2012 Benefit Plan Year. This is your only opportunity to elect or change certain benefit options for the upcoming year. This year employees must elect their 2012 benefits through SABHRS Employee Self Service. Follow these instructions to help make your 2012 benefit elections.

Although these instructions are detailed, they are not a substitute for the information located on each benefit election page. Read the text on each benefit election page to make sure you don't miss an important piece of information.

****Indicates a benefit for which you must make an election. You must make an election for vision, medical FSA, and dependent/childcare FSA. If you do not wish to participate in any of these benefits, you must make an election of 'Waive Coverage.'**

Login to SABHRS Employee Self Service

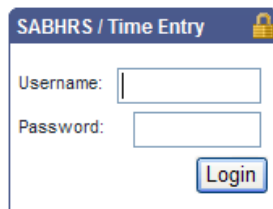
Work Location

- a. In your Internet address bar enter <http://mine.mt.gov>

Home or other public place

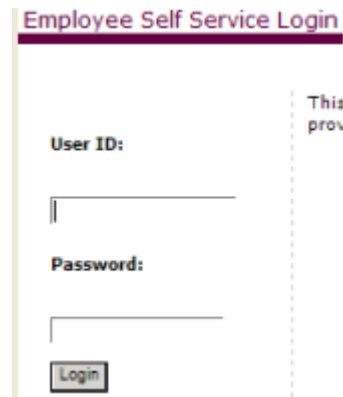
- a. In your Internet address bar enter <http://www.mt.gov/employee>
- b. Select 'Employee Self-Service Portal'

2. Enter your username and password. Your username will be your C number or your HR number. Your password will be the same password you use to login to your computer each morning. If you need help with your password, contact your agency help desk or network administrator.



The screenshot shows a web browser window titled "SABHRS / Time Entry" with a lock icon. It contains two input fields: "Username:" and "Password:". Below the password field is a blue "Login" button.

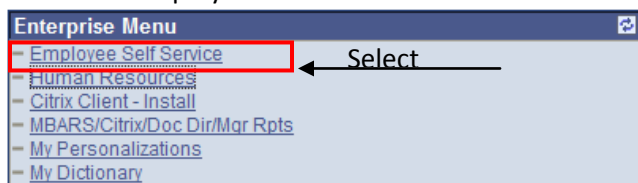
(Work Location)



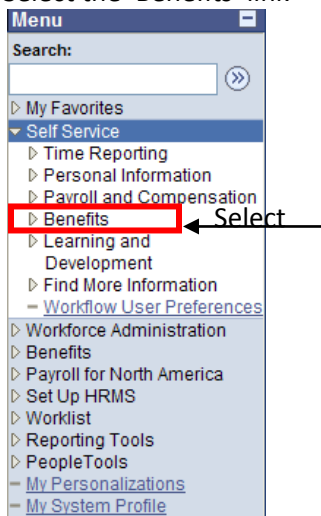
The screenshot shows a web browser window titled "Employee Self Service Login". It contains two input fields: "User ID:" and "Password:". To the right of the User ID field, there is a vertical dashed line and the text "This prov". Below the password field is a "Login" button.

(Home or other public place)

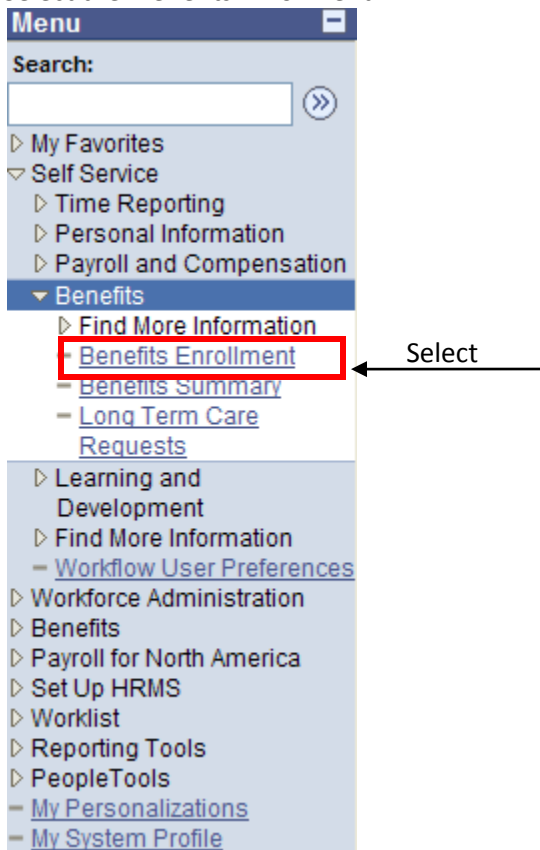
3. Select the 'Employee Self Service' link



4. Select the 'Benefits' link



5. Select the 'Benefits Enrollment' link



Make your Benefit Elections

6. Read the entire Benefits Enrollment page. When you are ready to begin your benefit elections, click 'Begin.'

A screenshot of a table titled 'Open Benefit Events'. The table has columns for 'Event Description', 'Event Date', 'Event Status', and 'Job Title'. The first row shows an event for 'Annual Change Period' on '01/01/2011' with status 'Open' for a 'Project Facilitation Specialist'. A yellow 'Begin' button is located at the end of this row, highlighted with a red box, and an arrow labeled 'Click' points to it.

Event Description	Event Date	Event Status	Job Title	
Annual Change Period	01/01/2011	Open	Project Facilitation Specialist	Begin

Make your Benefit Elections (continued)

7. Read the text on the Annual Change Period page for important information. Please note the bottom of the Annual Change Period page has a chart to summarize your benefit **biweekly** costs. This chart will be updated with the new premium amounts as you make your benefit elections. *If you have a negative amount listed, you are not using your entire State Share allowance for benefit costs.*

	Biweekly Total
Biweekly premiums	342.50
State Share	-366.50
Wellness Discount	0.00
Your Bi-Weekly Costs	-24.00

Elect or Delete Long Term Care

8. If you are interested in participating in or deleting Long Term Care, click on the 'Long Term Care Requests' link. If you would like to enroll, select the address you would like your enrollment packet to be sent to and click the yellow 'Submit' button on the bottom of the page.

Long Term Care Enrollment Packet Request

Select where you want the packet sent.

If you would like to terminate your participation in Long Term Care, check the box next to the 'Click here to delete your current Long Term Care Coverage' and click the yellow 'Submit' button on the bottom of the page.

Request to Delete Long Term Care Coverage

Click here to delete your current Long Term Care Coverage

! Please note that Long Term Care election changes are not reflected in the biweekly cost chart summary.

Changing Your Pre-Tax Election

9. If you would like to **change** your Pre-Tax Plan election, click the 'Change my Pre-Tax Election' link. Otherwise, your current Pre-Tax Plan election will continue into the next benefit year. Your current election is noted on the Benefits Enrollment Summary page.

Your Pre-Tax Plan election is **YES**. Click the link below to change to the **After-Tax** plan.

[Change my Pre-Tax Election](#)

Change your Pre-Tax by clicking on the 'Yes, I would like to change my Pre-Tax election' button. A pop-up window will appear to notify you that a message has been sent to the Employee Benefits Bureau requesting the election change. Click 'OK.' Click the yellow 'Return' button at the bottom of the page to return to the benefits enrollment page.

The Pre-Tax Plan allows you to pay for your portion of most of your insurance premiums on a pre-tax basis and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not need to participate in the Pre-Tax Plan unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-Tax Plan.

Your Pre-Tax Plan election is **YES**. Click on the link below to change to the **After-Tax** plan.

[Yes, I would like to change my Pre-Tax election](#)

[Return](#)

Medical Plan Elections

10. If you would like to change medical plans for the new benefit year, click the yellow 'Edit' button next to the word Medical.

Enrollment Summary	
<input type="button" value="Edit"/>	Medical Biweekly Premiums

Choose your medical plan by clicking the circle next to the medical plan of your choice.

<input type="radio"/>	Traditional Medical Plan	<p>Select one of the medical plans available to you. Please note that medical plan availability is based on the geographic location of your home address, so not all plans may be available to you.</p> <p>You do not have to select the coverage level (i.e. Member Only, Member & Spouse, Etc.) for your medical choice. The benefits enrollment application will automatically assign you your premium based on the dependents you have enrolled in the plan.</p>
Coverage Level		
Member Only		
Member & Spouse		
Member & Children		
Member & Family		
<input checked="" type="radio"/>	Blue Choice Managed Care	
Coverage Level		
Member Only		
Member & Spouse		
Member & Children		
Member & Family		
<input type="radio"/>	New West Health Plan	
Coverage Level		
Member Only		
Member & Spouse		
Member & Children		
Member & Family		

Your medical choice is indicated by a green dot in the middle of the circle. If you would like more information on each of the medical plan choices, click the [View Summary](#) link next to the plan. Please note that dependents **cannot** be added to your medical benefit during annual change. If you would like to remove existing medical coverage from one of your dependents, uncheck the Enroll box next to the dependent's name.

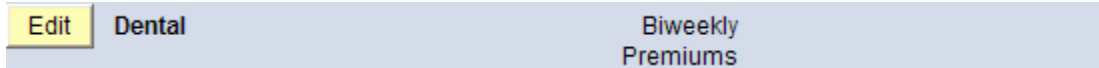
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Daughter

IMPORTANT! If you remove existing medical coverage from one of your dependents in error, you may not re-add that dependent through the online Benefits Enrollment application. In order to add the dependent back to your medical benefits, you must contact Health Care and Benefits Division at (406) 444-7462 or outside Helena, (800) 287-8266. You can also email benefitselectibility@mt.gov with the request.

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your medical plan election and the associated premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your medical plan, click the 'Edit' button to go back to the election page.

Dental Elections

11. Dental is a core benefit, which means every eligible person electing to participate in the State health plan must have dental. During annual change you may add or delete dependents for dental coverage. If you would like to make a change to your enrolled dependents on the dental plan, click the 'Edit' button next to the word Dental.



More information on the dental benefit is available by clicking on the [View Summary](#) link.

If you would like to add or remove dental coverage from one of your dependents, check or uncheck the Enroll box next to the dependent's name. A green checkmark in the box indicates the dependent will be enrolled in the dental benefit for the upcoming plan year.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Daughter

If you would like to add a new dependent to your dental benefit, click the yellow 'Add/Review Dependents' button near the bottom of the page. This will take you to the Enrollment Dependents/Beneficiary Summary page. Select the 'Add a dependent or beneficiary' link to add a new dependent. You will be required to enter the dependent's first name, last name, gender, birthdate, relationship, and marital status. If you are adding a spouse, you **MUST** enter their social security number. Once you have entered all of the required information, click the 'Save' button located at the bottom of the page. The newly added dependent will automatically be enrolled in your dental benefit, as indicated by a green checkmark next to their name.

Once you have made your dental changes, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your dental plan coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your dental plan, click the 'Edit' button to go back to the election page.


****Vision Plan Elections – REQUIRED ELECTION**

12. The vision plan is an optional benefit available to state employees. Even though the benefit is optional, you **MUST** make a decision to enroll or waive this benefit in order to successfully submit your benefit elections to the Benefits Department. To make an election, click on the 'Edit' button next to the words 'Vision/Hardware'.



During annual change, you may:

- elect vision coverage for yourself and your dependents
- delete existing dependents from your coverage
- add new dependents to your coverage, or
- waive the vision benefit.

Make your selection to either add or waive vision coverage by clicking on the circle next to your choice. Your choice is indicated by a green dot  in the middle of the circle. More information on the vision benefit is available to help you make your decision by clicking on the [View Summary](#) link.

If you would like to add or remove vision coverage from one or more of your dependents, check or uncheck the Enroll box next to the dependent's name. A green checkmark in the box indicates the dependent will be enrolled in the vision benefit for the upcoming plan year.

Vision Plan Elections (continued)

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Daughter

If you would like to add a new dependent to your vision benefit, click the yellow 'Add/Review Dependents' button near the bottom of the page. This will take you to the Enrollment Dependents/Beneficiary Summary page. Select the 'Add a dependent or beneficiary' link to add a new dependent. You will be required to enter the dependent's first name, last name, gender, birthdate, relationship, and marital status. If you are adding a spouse, you **MUST** enter their social security number. Once you have entered all of the required information, click the 'Save' button located at the bottom of the page. The newly added dependent will automatically be enrolled in your vision benefit, as indicated by a green checkmark next to their name.

Once you have made your vision changes, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your vision plan coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your vision plan, click the 'Edit' button to go back to the election page.

Basic Life Elections

13. Basic life is a core benefit, which means every eligible person electing to participate in the State health plan must have basic life. You may click on the yellow 'Edit' button next to the words 'Basic Life;' however, you will not be able to change your election.


Edit	Basic Life	Biweekly Premiums
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Supplemental Life Elections

14. Supplemental life is an optional benefit available to employees. Supplemental life is insurance on the employee's life. To add or increase supplemental life benefits, click on the yellow 'Edit' button next to the words 'Supplemental Life.'

Edit	Supplemental Life	Biweekly Premiums
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You may elect supplemental life amounts beginning with your annual salary rounded up to the next \$5,000 increment up to \$500,000. If you would like more information on the supplemental life benefit, click on the [View Summary](#) link next to any of the available life amounts.

Select your life insurance amount by clicking on the circle next to the life amount you have chosen. Your choice is indicated by a green dot  in the middle of the circle.

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your supplemental life coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your supplemental life, click the 'Edit' button to go back to the election page.

If you add or increase life insurance, you will be required to submit evidence of insurability and receive approval before the coverage takes effect. When you submit your **final** benefit choices, you will receive a **warning** message indicating that evidence of insurability is required. This is just an informational message and no further action is required for you to continue with your final benefit submission.

Supplemental Life Elections (continued)


Supplemental Life		Warning
<p>Your enrollment in this benefit plan requires evidence of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you.</p> <p>Your new coverage will not take effect until your requested Life Insurance is approved.</p>		

Accidental Death&Dismemberment Elections

15. Accidental Death & Dismemberment (AD&D) is an optional benefit available to employees. This coverage provides your beneficiaries with a benefit if you die accidentally or lose a limb or sight due to an accident. To add or increase AD&D benefits, click on the yellow 'Edit' button next to the words 'Accidental Death&Dismemberment.'

Edit	Accidental Death&Dismemberment	Biweekly Premiums
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AD&D is available in \$25,000 increments. Your coverage cannot exceed 10 times your annual salary. AD&D coverage is only available for employees OR employees and dependents. If you choose AD&D with Dependents, a portion of the coverage amount will be paid to you if one of your dependents dies accidentally or loses a limb or sight due to an accident.


Select your AD&D coverage by clicking on the circle next to the amount and coverage option (i.e. employee only or employee and dependent) you have chosen. Your choice is indicated by a green dot  in the middle of the circle.

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your AD&D coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your AD&D coverage, click the 'Edit' button to go back to the election page.

Dependent Life Elections

16. During annual change you may only **delete** existing dependent life elections. To delete coverage, click on the 'Edit' button next to the words 'Dependent Life.' If you do not currently have dependent life, there will not be an 'Edit' button visible.

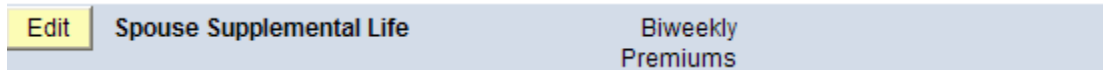
Edit	Dependent Life	Biweekly Premiums
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To delete your dependent life coverage, click on the circle next to 'No, I do not want to enroll.' Your election will be indicated by a green dot  in the middle of the circle. Because this benefit is only available during your initial 31 day enrollment period or within 63 days of acquiring a spouse or your first child, if you delete coverage, **you will not be able to add your dependent back at a later date.**


Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your coverage, click the 'Edit' button to go back to the election page.

Spouse Supplemental Life

17. Spouse supplemental life is an optional benefit available to employees. It provides life insurance on the spouse. In order to enroll in spouse supplemental life, the employee **must** be enrolled supplemental life (step 13 above). To add or increase spouse supplemental life benefits, click on the yellow 'Edit' button next to the words 'Spouse Supplemental Life.'

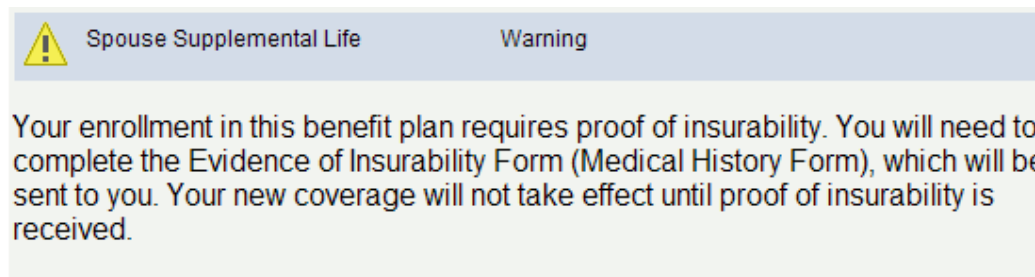


You may elect spouse supplemental life amounts beginning with \$5,000 up to the amount of coverage elected in supplemental life (step 13 above). If you would like more information on the spouse supplemental life benefit, click the [View Summary](#) link next to any of the available life amounts.

Select your life insurance amount by clicking on the circle next to the life amount you have chosen. Your choice is indicated by a green dot  in the middle of the circle.

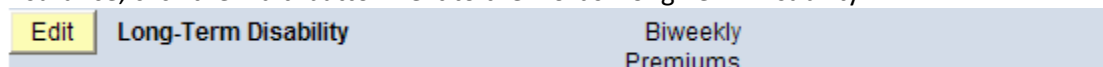
Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your spouse supplemental life coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your spouse supplemental life, click the 'Edit' button to go back to the election page.


If you add or increase life insurance, your spouse will be required to submit evidence of insurability and receive approval before the coverage takes effect. When you submit your **final** benefit choices, you will receive a **warning** message indicating that evidence of insurability is required. This is just an informational message and no further action is required for you to continue with your final benefit submission.



Long Term Disability Elections

18. Long term disability is an optional benefit available to employees. To enroll or cancel your long term disability insurance, click the 'Edit' button next to the words 'Long Term Disability.'

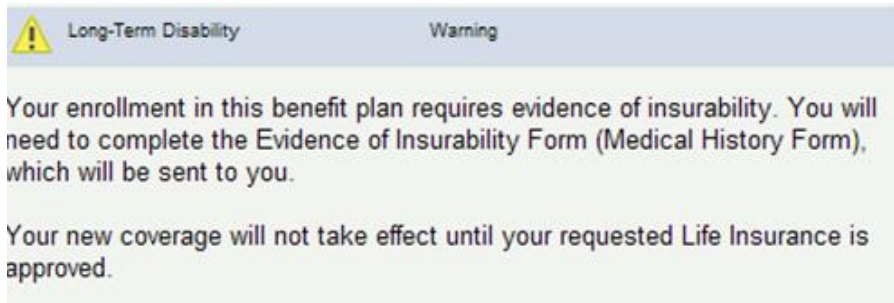


Make your selection to either add or remove long term disability coverage by clicking on the circle next to your choice. Your choice is indicated by a green dot  in the middle of the circle.

Once you have made your election, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your coverage and premium. If you are satisfied with your election, click the 'OK' button located on the bottom of the page. If you would like to make a change to your election, click the 'Edit' button to go back to the election page.

If you add long term disability, you will be required to submit evidence of insurability and receive approval before the coverage takes effect. When you submit your **final** benefit choices, you will receive a **warning** message indicating that evidence of insurability is required. This is just an informational message and no further action is required for you to continue with your final benefit submission.

Long Term Disability Elections (continued)



Warning

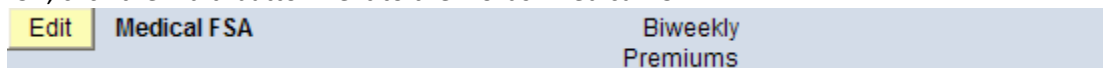
Long-Term Disability

Your enrollment in this benefit plan requires evidence of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you.

Your new coverage will not take effect until your requested Life Insurance is approved.

****Medical FSA Elections - REQUIRED ELECTION**


19. The Medical flexible spending account is an optional benefit available to employees. To participate in the Medical FSA, click the 'Edit' button next to the words 'Medical FSA.'

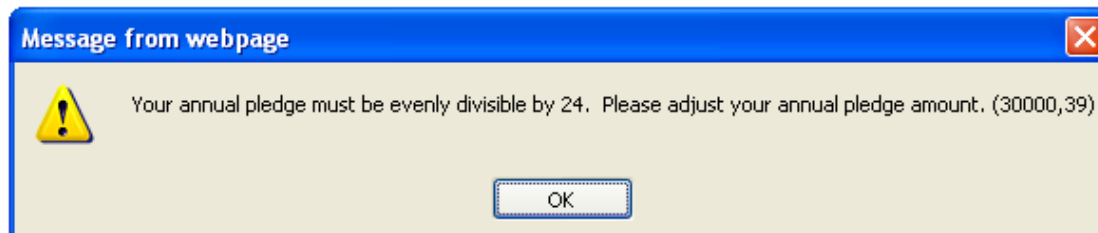


Medical FSA

Biweekly Premiums

Edit

Make your selection to enroll or waive the medical flexible spending account by clicking on the circle next to your choice. Your choice is indicated by a green dot  in the middle of the circle. If you opt to participate in the benefit, once you make your election additional text will appear asking you to indicate the **annual** amount you want to pledge. The amount entered must be evenly divisible by 24. If it is not, you will receive an error message and you will not be able to continue with your election until the amount is adjusted.



Message from webpage

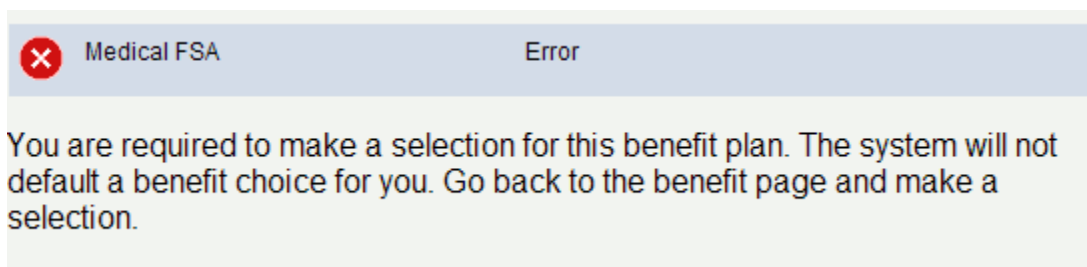
Your annual pledge must be evenly divisible by 24. Please adjust your annual pledge amount. (30000,39)

OK

If you want to estimate your contribution by pay period, you can click on the [Worksheet](#) link next to the annual pledge box.

Once you have made your medical FSA pledge, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your FSA pledge amount and the associated per pay period contribution. If you are satisfied with your pledge, click the 'OK' button located on the bottom of the page. If you would like to make a change to your contribution amount, click the 'Edit' button to go back to the election page.

If you fail to make an election on Medical FSA, you will receive an error message when you submit your final benefit choices. You will be unable to submit your benefits to the Benefits Department until you make an election.



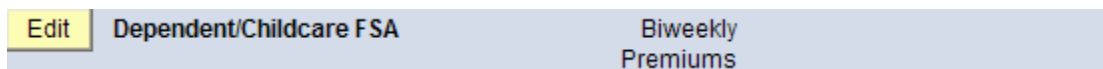
Error


Medical FSA

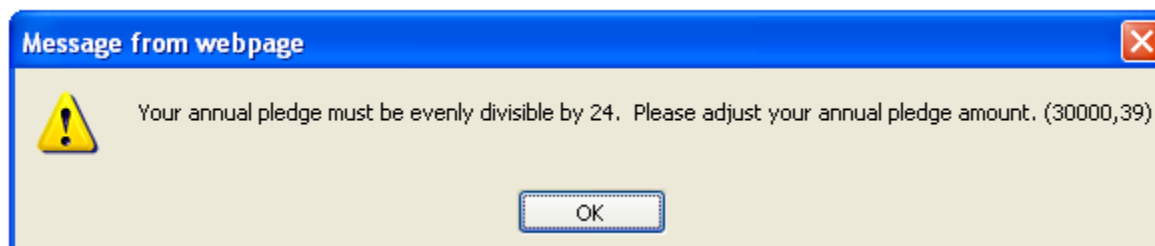
You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.

****Dependent/Childcare FSA Elections - REQUIRED ELECTION**

20. The dependent/childcare flexible spending account is an optional benefit available to employees. To participate in the dependent/childcare FSA, click the 'Edit' button next to the words 'Dependent/Childcare FSA.'

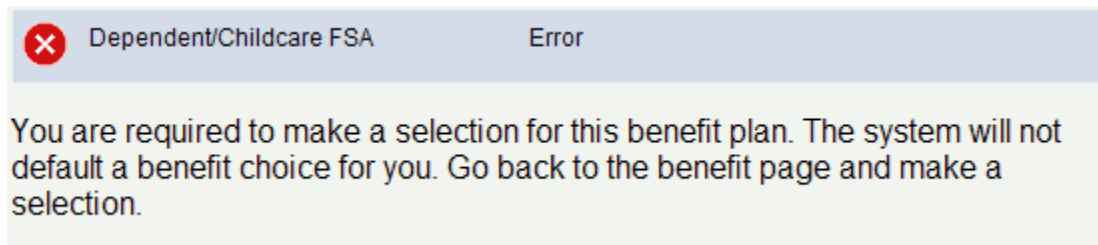


Make your selection to enroll or waive the dependent/childcare flexible spending account by clicking on the circle next to your choice. Your choice is indicated by a green dot  in the middle of the circle. If you opt to participate in the benefit, once you make your election additional text will appear asking you to indicate the **annual** amount you want to pledge. The amount entered must be evenly divisible by 24. If it is not, you will receive an error message and will not be able to continue with your election until the amount is adjusted.



Once you have made your dependent/childcare FSA pledge, click the 'Save' button located at the bottom of the page. You will see a confirmation page of your FSA pledge amount and the associated per pay period contribution. If you are satisfied with your pledge, click the 'OK' button located on the bottom of the page. If you would like to make a change to your contribution amount, click the 'Edit' button to go back to the election page.

If you fail to make an election on dependent/childcare FSA, you will receive an error message when you submit your final benefit choices. You will be unable to submit your benefits to the Benefits Department until you make an election.



Submit Your Benefit Elections

21. Once you have made all of your benefit elections and are satisfied with your choices and the associated premiums, you are ready to submit your final benefit elections. Scroll to the bottom of the Annual Change Period page and click the yellow 'Submit' button. If you have not made an election for vision, medical FSA, or dependent/childcare FSA, you will receive an error message and **you will not be able to submit your benefit choices until you make an election**. To make an election, click the 'Return' button at the bottom of the page and follow steps 11, 18, and 19 above.

Submit Your Benefit Elections (continued)

Important Message



Vision/Hardware

Error

You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.



Medical FSA

Error

You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.



Dependent/Childcare FSA

Error

You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.

If you have added or increased supplemental life, spouse supplemental life, or long term disability, you will receive a **warning** message explaining that proof of insurability and approval are required before the benefit will be effective. This is just a warning and you may continue with your benefit submission by clicking the 'Continue' button at the bottom of the page.

Important Message



Supplemental Life

Warning

Your enrollment in this benefit plan requires evidence of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you.

Your new coverage will not take effect until your requested Life Insurance is approved.




Spouse Supplemental Life

Warning

Your enrollment in this benefit plan requires proof of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you. Your new coverage will not take effect until proof of insurability is received.

Submit Your Benefit Elections (continued)

 Long-Term Disability Warning

Your enrollment in this benefit plan requires evidence of insurability. You will need to complete the Evidence of Insurability Form (Medical History Form), which will be sent to you.

Your new coverage will not take effect until your requested Life Insurance is approved.

To submit your benefit elections, read the authorize elections and agree to terms on the Submit Benefit Choices page, then click the 'Submit' button located at the bottom of the page. If you want to make changes to your benefit choices, click the 'Cancel' button to return to the Enrollment Summary page.

Once you click the 'Submit' button, you will receive a confirmation message indicating your benefit elections have successfully been submitted to the Benefits Department.

Benefits Enrollment

Submit Confirmation

Jane Doe

Your benefit choices have been successfully submitted to the Benefits Department. Your electronic confirmation statement will be sent to your e-mail shortly. Please notify benefiteligibility@mt.gov if you have any questions.

To return to the Benefits Enrollment page, click OK.

OK

You will also receive an email from sabhrrs_hr@mt.gov with your eConfirmation Statement (see Appendix A). This statement is a confirmation of your benefit elections for the upcoming plan year. If you have a work email address, the eConfirmation statement will be sent to it. If you do not have a work email address, please see Appendix B for instructions on how to add an email address to SABHRS Self Service.

You may return to the Benefits Enrollment link within Self Service and change your benefit elections as many times as you like up until October 26, 2011 at midnight.

Appendix A

EMPLOYEE CONFIRMATION OF YOUR COVERAGE AS OF JANUARY 1, 2012

BENEFIT OPTIONS	TYPE/AMOUNT OF COVERAGE	MONTHLY CONTRIBUTION
Medical	Blue Choice Managed Care/Member Only	\$ 682.00
Dental	Dental/Member Only	\$ 34.90
Vision	Vision Hardware Plan/Member Only	\$ 7.64
Basic Life (Plan A)	14,000	\$ 1.90
Dependent Life (Plan B)		\$
Employee Supplemental (Plan C)	285,000	\$ 23.94
Spouse Supplemental (Plan D)	285,000	\$ 23.94
AD & D (Plan E)	375,000 with Dependents	\$ 5.63
Long Term Care		\$
Long Term Disability		\$ 11.26
Dependent Care Flexible Spending amount	120.00	\$ 5.00
Medical Flexible Spending amount	120.00	\$ 5.00
		\$
State Contribution		\$ 733.00
Wellness Prevention Screening Discount		\$
TOTAL MONTHLY OUT-OF-POCKET COSTS		\$ 68.21
Pre-Tax Plan		N/A

(Effective 01/25/12 paycheck)

MEMBER AND DEPENDENT(S) COVERAGE

Name	*Rel.	Birthdate	**Coverage	Social Security #	Tax Status
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Appendix B

1. Access MINE

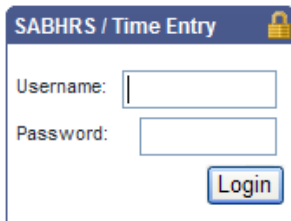
Work Location

- a. In your Internet address bar enter <http://mine.mt.gov>

Home or other public place

- a. In your Internet address bar enter <http://www.mt.gov/employee>
- b. Select 'Employee Self-Service Portal'

2. Enter your username and password. Your username will be your C number or your HR number.



A screenshot of a web browser window titled "SABHRS / Time Entry". It features a login form with two input fields: "Username:" and "Password:". Below the fields is a blue "Login" button. The browser's address bar is not visible.

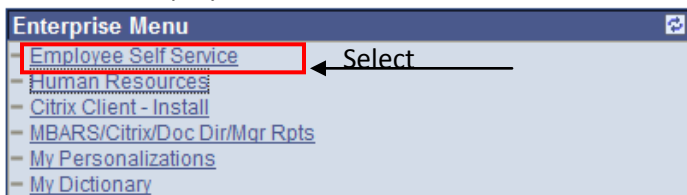
(Work Location)



A screenshot of a web browser window titled "Employee Self Service Login". It features a login form with two input fields: "User ID:" and "Password:". Below the fields is a "Login" button. To the right of the "User ID:" field, there is a vertical dashed line and the text "This prov".

(Home or other public place)

3. Select the 'Employee Self Service' link



4. Select 'Personal Information'

