

MAP Enrollment Step-By-Step Guide

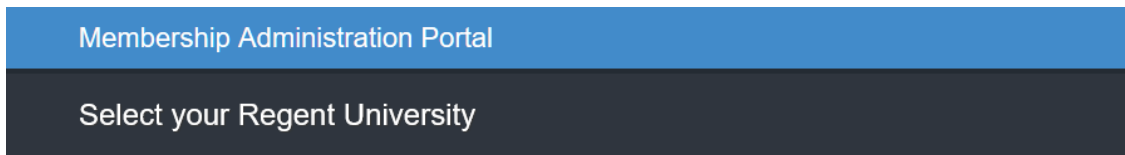
MAP is your portal to select and change your health, dental, vision, spending account and voluntary insurance benefits. Login into MAP during your Initial Enrollment period to enroll.

- **If you have questions about your benefit options, visit [Your State Employee Health Plan Benefits](#).**
- **If you experience difficulties logging in, please visit “[Ready to Enroll](#)” for MAP Enrollment Assistance.**

1 – Go to Member Administrative Portal (MAP)

Link: https://sso.cobraguard.net/seer_login.php

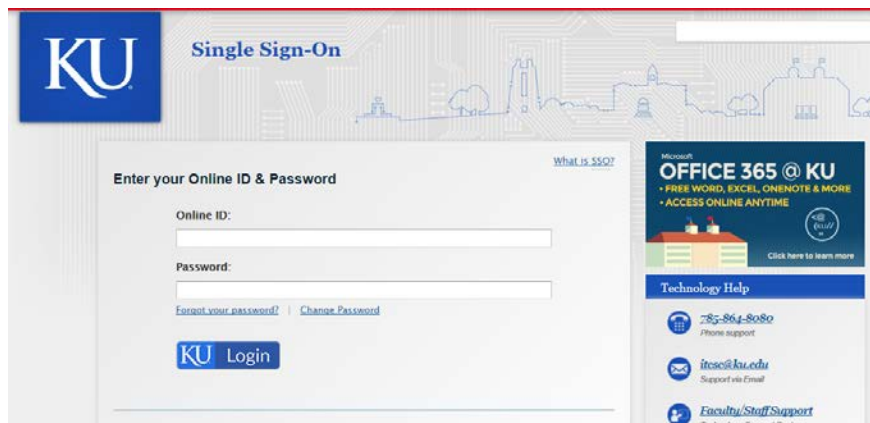
2- If it is your first time visit or if it has been a while since your last login, you will be prompted to select your Regent University (select “University of Kansas”).

This is a screenshot of a web form. At the top, it says "Please select your Regent University:". Below this is a dropdown menu with "University of Kansas" selected. Underneath the dropdown is a checkbox labeled "Remember my choice" which is currently unchecked. At the bottom of the form is a green button labeled "Select".

Welcome

Welcome to the SEHP Membership Admin page for Regents university employees at PSU. You will be redirected to your unive will use your university online ID and pas:

3 - Sign in using your KU online ID and password.



If you experience difficulties logging in, please visit [“Ready to Enroll”](#) for MAP Enrollment Assistance.

4 – Go to “Enrollment & Events” tab. Click “Launch Enrollment”

Enrollment	Opens	Closes	Action
2018 State of Kansas Active Initial Enrollment - 24	November 19th, 2017	December 21st, 2017	Launch Enrollment

5- You will reach the State of Kansas Active Initial Enrollment Welcome page. Click on “Make Your Elections”.

- You may change your elections as often as needed while the enrollment period is open.
- If you logout or click the “Leave Without Saving” button before completing this enrollment and submitting your elections, all your elections/changes will be lost.

[Make Your Elections](#)

6 – Electronic Communication Consent

Electronic Communication Consent

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

Electronic Communication

7- Confirm/update contact information – phone, email, and address. Click “Continue”.

Phone Number

Please provide your preferred contact phone number.

Contact Label

Phone Number

Phone Extension

[Continue](#)

Email Address

Please provide your preferred contact Email address. An Email address is required as your Pending Elections Statement will be sent directly to this Email address.

Contact Label Business

Email Address

Continue

Physical Address

Please provide your preferred physical address.

PLEASE NOTE: A physical address is required for participation in a Health Saving Account (HSA). A PO Box is not an acceptable address to pass the federal HSA identification verification process. If you wish to have a PO Box on record, you may add it to your Contact Information section on your Account Overview screen.

Contact Label Home

8 – On Tax Status, select “Before Tax” or “After Tax”. Click “Continue”.

Tax Status

You have the option to have your health benefits deducted from your paycheck on a before tax or after tax basis. Having them deducted on a before tax basis means you are entering into an agreement with the State Employee Health Plan to reduce your taxable income by the cost of your health insurance coverage.

Since your income has been reduced, you will not pay Federal, State, Social Security or Medicare taxes on these amounts. As a result, your take home pay may be increased if the before tax option is selected.

Would you like to pay for your State Employee Health Plan benefits on a before or after tax basis?

Before Tax

9 – Select “Yes” or “No” to confirm if you are in the United States on a J-1 or J-2 Visa. Click “Continue”.

J1-J2 Visa Status

Important note: The Kansas State Employee Health Plan for State Employees offers one (1) plan, Plan J, which meets the J-1 requirements. J-1 visa employees covered under the Kansas State Employee Health Plan must elect Plan J, or waive coverage and purchase medical coverage outside of the Kansas State Employee Health Plan to be in compliance with the J-1 regulations.

Are you in the United States on a J1 or J2 Visa?

Continue

10 – Complete your Medical Election. Click “Continue”.

Once you complete your enrollment you can see if you qualify for the [HealthyKids Program](#) by completing the online application by visiting the website found towards the bottom of your Enrollments and Events tab.

If you have questions about your health plan options, visit [Your State Employee Health Plan Benefits](#).

Medical Election

Once you complete your enrollment you can see if you qualify for the **HealthyKids Program** by completing the online application by visiting the website found towards the bottom of your **Enrollments and Events tab**.

11 –Complete your Dental Election. Click “Continue”.

Dental Election

You **must** be enrolled in medical coverage in order to select the dental plan. If you cover family members under your medical plan, you will have the option as to whether or not you want to purchase dental coverage for those family members.

You have the option of waiving the dental program altogether.

12 –Complete your Vision Election. Click “Continue”.

Vision Election

You may choose to enroll yourself and any eligible dependents in one of the Vision plans, whether or not you or your dependents are enrolled in the Medical coverage.

If you choose dependent Vision coverage, and have dependents enrolled in Medical coverage, the dependent children enrolled in the Vision plan **must** match those enrolled in Medical coverage.

13 - Voluntary Supplemental Accident Insurance Election

If you have questions about voluntary supplemental insurance, visit <http://www.metlife.com/stateofks> or call 1800-GET-MET8 (1-800-438-6388) Monday through Friday, 8 am - 8pm EST to speak to a MetLife Benefits Consultant.

Voluntary Supplemental Accident Insurance Election

Your Accident certificate provides limited benefits – read your certificate carefully. By enrolling for Accident Insurance, I declare that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses; I acknowledge that I have received and read a copy of the outline of coverage or other disclosure document for the group Accident plan. In addition, I have read the enrollment documentation and declare that all information I have given is true and complete to the best of my knowledge and belief; I have read the applicable Fraud Warning(s) provided.

This deduction is normally has the full MONTHLY amount taken on the first paycheck of the month.

Waive Coverage

Choose Your Desired Plan

Plan Selection

MetLife Supplemental Accident Insurance

Covered Dependents

In addition to yourself, who would you like to cover under this plan?

No Eligible Dependents

[How do I add a Dependent that's not listed?](#)

14 - Voluntary Supplemental Hospital Indemnity Insurance Election

If you have questions about voluntary supplemental insurance, visit <http://www.metlife.com/stateofks> or call 1800-GET-MET8 (1-800-438-6388) Monday through Friday, 8 am - 8pm EST to speak to a MetLife Benefits Consultant.

Voluntary Supplemental Hospital Indemnity Insurance Election

Your Hospital Indemnity certificate provides limited benefits – read your certificate carefully. By enrolling for Hospital Indemnity Insurance, I declare that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses; I acknowledge that I have received and read a copy of the outline of coverage or other disclosure document for the group Hospital Indemnity plan. In addition, I have read the enrollment documentation and declare that all information I have given is true and complete to the best of my knowledge and belief; I have read the applicable Fraud Warning(s) provided.

This deduction is normally has the full MONTHLY amount taken on the first paycheck of the month.

Waive Coverage

Choose Your Desired Plan

Plan Selection

- MetLife Supplemental Hospital Indemnity Low
- MetLife Supplemental Hospital Indemnity High

Covered Dependents

In addition to yourself, who would you like to cover under this plan?

No Eligible Dependents

How do I add a Dependent that's not listed?

15 - Voluntary Supplemental Critical Illness Insurance Election

If you have questions about voluntary supplemental insurance, visit <http://www.metlife.com/stateofks> or call 1800-GET-MET8 (1-800-438-6388) Monday through Friday, 8 am - 8pm EST to speak to a MetLife Benefits Consultant.

Voluntary Supplemental Critical Illness Insurance Election

Your Critical Illness certificate provides limited benefits – read your certificate carefully. By enrolling for Critical Illness Insurance, I declare that no person proposed for Critical Illness coverage is covered under any Title XIX program (Medicaid or any similarly named program); that all persons to be insured have medical coverage in force that provides benefits for medical treatment, including hospital, surgical and medical expenses; I acknowledge that I have received a Shopper's Guide to Cancer Insurance; and I have received and read a copy of the outline of coverage or other disclosure document for the group Critical Illness plan. In addition, I have read the enrollment documentation and declare that all information I have given is true and complete to the best of my knowledge and belief; I have read the applicable Fraud Warning(s) provided.

This deduction is normally has the full MONTHLY amount taken on the first paycheck of the month.

Waive Coverage

Choose Your Desired Plan

Covered Dependents

16 – If you selected:

- Medical Plan A, J or Q: you will have the option to select **Health Care Flexible Spending Account (FSA)**.
- Medical Plan C or N, you will answer **Yes** or **No** to **HSA/HRA Eligibility Check & Election** questions.

HSA/HRA Eligibility Check & Election

For Plan Year 2018 participants in a Qualified High Deductible Health Plan (QHDHP) can elect either an HSA or an HRA.

Electing an HSA allows you to contribute your own funds as well as receiving an employer contribution from the State of Kansas. If electing an HRA you will receive an employer contribution from the State of Kansas but will not be able to contribute additional funds.

Can you answer "Yes" to any of the following questions? If you answer "Yes" to any of these questions, you will need to elect an HRA.

- 1) Are you covered by another health plan that is not a Qualified High Deductible Health Plan?
- 2) Are you enrolled in Medicare or TRICARE Benefits?
- 3) Can you be claimed as a dependent on someone else's tax return next year?
- 4) Do you have a dependent child between ages 23 and 26? **NOTE:** For question #4 only, you may still select an HSA, however, you will not be able to use your HSA funds for any dependent between those ages.

What plan would you like to enroll in?

If all answers are **No**: You will continue to **HSA Election**. Plan C requires *minimum contribution of \$25* semi-monthly. You will have the option to select Limited Scope Health Care FSA.

If **Yes to any of the questions**, you will continue to **HRA Election**. You will have the option to select Health Care FSA.

c) Medical Plan N, you will select **Health Savings Account** or **Health Reimbursement Account**.

- If your answer is **Health Savings Account**: You will continue to HSA Election. If you enroll in Plan N you do not have to contribute to the HSA in order to get the employer contribution. You will have the option to select Limited Scope Health Care FSA.
- If your answer is **Health Reimbursement Account**: You will continue to HRA Election. You will have the option to select Health Care FSA.

Note: for Employer Contribution information, please visit 27-29 in the [2018 Enrollment Book](#), or visit [SEHP HSA](#) page.

17 – Complete your Dependent Care FSA Election. Click “Continue”.

Dependent Care FSA Election

You may set aside pre-tax dollars to cover eligible work-related dependent day care expenses for children under the age of 13 or an adult unable to care for themselves.

Please choose your desired FSA Plan below then choose the **Per Paycheck** amount you would like to contribute for this plan.

Waive Coverage

Choose Your Desired Plan

Plan Selection	
<input type="radio"/> Dependent Care FSA	
Min. Contribution:	\$16.00
Max. Contribution:	\$208.33

Contribution Amount

Please choose the amount of your desired contribution for this plan.

Contribution Amount \$ 0.00

Continue

18 – Review your elections. Click green “Save and Submit” button.

Save and Submit

19 – Print or Save Pending Elections Statement. Keep document for your records.

You may go into MAP as many times as needed during the Initial Enrollment period to make changes.

Pending election statements will be emailed to your registered email address each time an election is saved in the portal. The pending election statement indicates that you have completed enrollment.

Reminder -HealthyKIDS:

Once you complete your enrollment you can see if you qualify for the [HealthyKids Program](#) by completing the online application by visiting the website found towards the bottom of your Enrollments and Events tab in MAP.