

MAP Enrollment Step-By-Step Guide

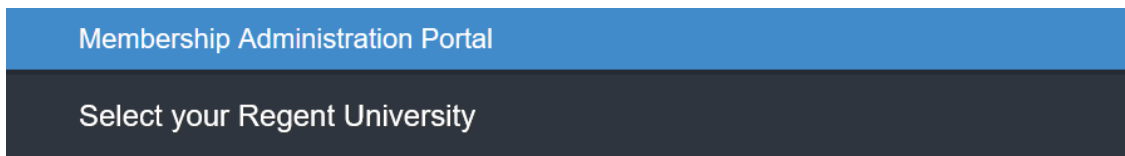
The Open Enrollment tab in MAP will be open from October 1-31. MAP is your portal to select and change your health, dental, vision, spending account and voluntary insurance benefits. Login into MAP during the month of October to view your current elections and to enroll or make changes for next year.

- If you have questions about your benefit options, visit [Your SEHP 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”



Please select your Regent University:

University of Kansas

Remember my choice

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.

The image shows the KU Single Sign-On login page. It features the KU logo in a blue box on the left. The main heading is "Single Sign-On". Below this is a form titled "Enter your Online ID & Password" with fields for "Online ID:" and "Password:". There are links for "Forgot your password?" and "Change Password". A "KU Login" button is at the bottom of the form. On the right side, there is a "What is SSO?" link and a "Microsoft OFFICE 365 @ KU" banner with details about free Word, Excel, OneNote, and more, along with a "Click here to learn more" link. Below the banner is a "Technology Help" section with icons and contact information for phone support (864-8080), email support (itsc@ku.edu), and Faculty/Staff Support (Technician Support Centers).

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

4 – Go to “Enrollment & Events” tab.

Click “Launch Enrollment”

The screenshot shows the Member Portal interface. At the top, there is a blue header with 'Member Portal' on the left and 'Account Overview' and 'Logout' on the right. Below this is a dark grey navigation bar with 'Account Overview' in white. Underneath, a row of tabs includes 'Member & Family', 'Benefits', 'Mid-Year Benefit Changes', 'Enrollments & Events' (which is selected), 'Forms', 'Billing', and 'Payment History'. The main content area has a light blue header for 'Enrollments' with 'Active Enrollments' below it. A text box on the left states: 'All enrollments available to you will appear in the list to the right. You may change your elections at any time, and as often as needed, while the enrollment period is open.' To the right is a table with columns: Enrollment, Opens, Closes, and Action. The table contains one row: '2017 State of Kansas Active Open Enrollment', 'October 1st, 2016', 'October 31st, 2016', and a blue button labeled 'Launch Enrollment'.

Enrollment	Opens	Closes	Action
2017 State of Kansas Active Open Enrollment	October 1st, 2016	October 31st, 2016	Launch Enrollment

5- You will reach the 2018 State of Kansas Active Open Enrollment Welcome page.

- Please make your elections by clicking the “Make Your Elections” button.
- You may change your elections as often as needed while the enrollment period is open (October 1-31).
- 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.

Review content and click on “Make Your Elections”

[Make Your Elections](#)

6 – 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

Email Address

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

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

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.

Tax Status

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

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

medical evacuation or repatriation of remains. J-1 employees covered under the Kansas State Employee Health Plan must purchase additional 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

9 – 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.

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**.

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

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.

Dental Election

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You have the option of waiving the dental program altogether.

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

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.

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.

12 – If you selected:

- a) Medical Plan A, J or Q: you will have the option to select Health Care Flexible Spending Account (FSA).
- b) Medical Plan C, you will answer **Yes** or **No** to **Health Savings Account** questions.

Health Savings Account

Can you answer "Yes" to any of the following questions? If you answer "Yes" to any of these questions, you will only be offered 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. If you still wish to elect the HSA, you may answer "NO" and you will offered the HSA. If you wish to enroll in the HRA, you may answer "YES" and you will be offered the HRA.

Do any of the above questions apply to you

Can you answer "Yes" to any of the following questions? If you answer "Yes" to any of these questions, you will only be offered 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. If you still wish to elect the HSA, you may answer "NO" and you will offered the HSA. If you wish to enroll in the HRA, you may answer "YES" and you will be offered the HRA.

- If **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 FSA.
- If **Yes**. 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 FSA.
- If your answer is **Health Reimbursement Account**: You will continue to HRA Election. You will have the option to select Health Care FSA.

[13 – 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

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

Save and Submit

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

You may go into MAP as many times as needed during the Open 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 open enrollment.

The elections saved as of midnight on October 31, 2017, will become effective January 1, 2018.

Insurance Cards:

- Caremark will send new ID cards to all members.
- Aetna, BCBS, Delta Dental, Surency Vision and Quest will send new cards to members who make changes in coverage.
- NueSynergy and Optum will send new debit cards to new members only.

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.