



OKLAHOMA
Office of Management
& Enterprise Services

**HUMAN CAPITAL MANAGEMENT
EMPLOYEE BENEFITS DEPARTMENT**

**BENEFITS PARTNER
TRAINING MANUAL**

Revised January 2025

This publication is issued by the Office of Management and Enterprise Services as authorized by Title 62, Section 34. Copies have not been printed but are available through the agency website. This work is licensed under a Creative Attribution- NonCommercial-NoDerivs 3.0 Unported License.

INTRODUCTION

Mission statement

Serving those who serve Oklahomans.

Objectives

1. Introduce expanded flexible benefits.
2. Promote competition among vendors.
3. Maximize the FICA tax savings by increasing participation in Section 125 benefits.

Background of the state flexible benefits plan

Details of the state employees flexible benefits plan can be found in the Oklahoma State Employees Benefits Act (74 O.S. §§ 1341 et seq.) This law was passed in 1989 and became operative on July 1, 1989. Administrative responsibility began with OPM, went to OSEEGIB, next to EBC and then to OMES.

Confidentiality

Benefits partners regularly work with confidential employee information such as social security numbers. Although you work with it daily, please take appropriate measures to protect your employees' confidential information.

- [OAC 260:40-37-13](#) – Employee Benefits Department Rules.
- [OAC 260:45-3-2](#) – Employees Group Insurance Division Administrative Rules.

Benefits partner role

1. To fulfill legislative intent by introducing to the State of Oklahoma employees a benefits program that recognizes differing needs of state employees: age, salary, family status and urban vs. rural.
2. To be professional benefits partners for State of Oklahoma employees:
 - a. Responsible for enrollment and administration of the flexible benefits plan.
 - b. Responsible for all questions of eligibility in accordance with IRC Sections 125 and 129 and expenses outlined in Section 213.
 - c. Responsible for all related financial activities for the group benefit plans included for current state employees.
 - d. Responsible for all daily benefit processes including Workday@OK tasks and notifications to ensure employees receive benefit coverage as soon as possible.

Employee Benefits Department role

The OMES HCM Employee Benefits Department is responsible for the general administration and operation of the benefits offered under the flexible benefits program and to assist benefits partners and all state employers and employees.



RESPONSIBILITIES OF EMPLOYEE BENEFITS DEPARTMENT VS. EMPLOYEES GROUP INSURANCE DIVISION

Employee Benefits Department (EBD) responsibilities:

- Administration of the IRC Section 125 plan.
- Maintain benefits eligibility for all current state employees and their dependents.
- Ensure all newly eligible and change requests are processed in Workday@OK.
- Train new benefits partners and provide training updates for all agency benefits partners.
- Educate the benefits partners throughout the year on midyear changes and enrollment information.

Employees Group Insurance Division (EGID) responsibilities:

- Carrier for the following State of Oklahoma employee benefit plans:
 - HealthChoice High and High Alternative Health plans.
 - HealthChoice Basic and Basic Alternative Health plans.
 - HealthChoice HDHP.
 - HealthChoice Dental Plan.
 - HealthChoice Life Plan.
 - HealthChoice Disability Plan (for employees only).
- Maintain third-party administrators for claims payment for the above-mentioned benefits.
- COBRA notification administration.
- Retiree insurance administrator.

Resources:

- Central benefits partners.
- [EBD website](#).
- Benefits Enrollment Guide.



ELIGIBILITY

Who can participate

Per 74 O.S. § 1371(A), **all** current state employees must purchase at least the basic plan, which is employee-only health, dental plus basic life and disability insurance. The employee and their family members must meet the state's eligibility requirements to participate. The employee is eligible to participate if they are a current State of Oklahoma employee who are:

1. Regularly scheduled to work at least 1,000 hours a year.
2. Not classified as a temporary or seasonal employee.
 - OAC 260:40-13-1 – Employee Benefits Department (EBD) Rules.
 - OAC 260:50-3-15 – Employees Group Insurance Division (EGID) Administrative Rules.

All state employers, as defined in 74 O.S. § 1342, shall offer the flexible benefits plan to their employees. Employers include state agencies, commissions, boards, authorities, bureaus, etc., but do not include State Regents for Higher Education.

- OAC 260:40-1-1 – EBD Rules.

Current state employees also have the right to opt out of the basic health and dental plans under certain conditions. Details are provided on Page 12 of the Benefit Enrollment Guide and 74 O.S. 2011 § 1308.3

The employee's family may be enrolled in the health, dental, vision and dependent life insurance plans. Family includes:

- Legal spouse, including common law. (Same-sex marriage has been recognized in Oklahoma since October 2014.)
- Unmarried or married children up to age 26; dependent children who are totally disabled and unable to support themselves because of a disability which occurred and was verified prior to age 26.

When coverage starts

Effective date of coverage is the first day of the month after the employee's entry-on-duty date.

- OAC 260:40-7-1.

When coverage ends

Termination of coverage will be the last day of the month in which the current employee resigns, retires, etc. A full month of premium is required.

- OAC 260:40-13-3 (a).

Opt-out details

House Bill 1062, which allowed state employees to opt out of all state benefits if they were covered under another group insurance plan, was amended in 2013 by HB 1107, which permits state employees to opt out of health and dental coverage only while retaining their life and disability insurance coverages. The employee will receive \$150 per month (or the biweekly equivalent) in lieu of the standard benefit allowance under both HB 1062 and HB 1107. Employees covered under Indian health, VA, Medicare, Medicaid, SoonerCare or individual coverage are not eligible to opt out. Dependents covered under SoonerCare are not eligible to opt out.

12-month rule

If coverage is discontinued for dependents, the employee cannot reapply for the discontinued coverage for any dependents for at least 12 months.

Exception: The 12-month requirement does not apply when the dependent lost other group health insurance coverage and is seeking reinstatement pursuant to rule.



30-day rule

The employee has 30 days from a qualifying event status change – date of marriage, date of divorce decree or date of a newborn's birth – to make a change to benefits. Changes must be made by the employee through Workday@OK, and the agency's benefits partner must approve. The proper forms must be completed, and applicable documentation must be uploaded in Workday@OK for a change to be considered for approval.

Exceptions to effective dates if application is made on a timely basis and premium is paid:

1. Newborn babies can be covered in the birth month. If newborn medical bills need to be covered, the effective date of coverage must be the first day of the birth month, premiums must be paid and an application completed.
 - OAC 260:40-17-4(d)(1).
2. Children, whom the employee has adopted or has been newly granted physical custody pending adoption, guardianship or other legal custody, may be covered from the first day they are placed in the employee's physical custody, upon payment of the full monthly premium for that individual, not prorated and only after written notice has been given to the EGID within 30 days of obtaining physical custody.
 - OAC 260:40-17-4(d)(2).

Cover one, cover all

Every state employee can cover eligible dependents on any applicable benefit election the employee has chosen. However, the cover-one-cover-all rule must be applied; if an employee wants to cover one family member, then all eligible family members must be covered.

Exceptions:

1. If the employee can provide documented proof of other group insurance coverage for their family members, then the employee can exclude those individuals from that verified coverage.
2. With the passage of HB 1458 effective July 1, 1999, an employee is allowed to cover dependent children without covering the spouse. The Exclusion for Spouse Coverage form must be completed and signed by both the employee and the spouse and uploaded in Workday@OK.

Note: For individuals being excluded from coverage, proof of other group health coverage does **not** allow that individual to be excluded from dental coverage if other family members are enrolled in dental coverage.

Examples:

1. The employee wants to cover just the children. The employee can cover just the children and exclude the spouse with the timely submission of an Exclusion for Spouse Coverage form.
2. The employee has a spouse, one biological child and two stepchildren. The two stepchildren have proof of group coverage from their other biological parent. The employee can cover the spouse and the one biological child and exclude the other two stepchildren with submission of proof of their coverage.
 - OAC 260:50-3-17 – EGID Administrative Rules.

When husband and wife are both state employees

If an employee and spouse are both employees of the state, each one receives a benefit allowance, and each is covered under the basic benefits as an employee. If there are dependent children to be covered on the benefits, then the following options may be considered:

- **Split-dependents status.** One employee may carry a dependent child, and the other employee may carry the other dependent child or children. For example, the husband can carry one child on health and the spouse can carry the other child on health. This also applies to the dental plans.
- **Split-options status.** One employee may carry the dependent(s) on one option and the other employee carry the dependent(s) on another option. For example, the husband can carry the child/children on health and the wife can carry the child/children on dental.
- **Double coverage on dependent life** – This is the only benefit for which double coverage is allowed. Both husband and wife can enroll a spouse and their dependent child/children in dependent life on each their own dependent life option and both be entitled to benefits from their respective dependent life plans. **Double coverage is not allowed on the health, dental or vision plans.**



- **Dependent care flexible spending account** – IRS rules on a dependent care FSA allow \$5,000 maximum contribution per family. Consequently, one employee can utilize the account for the full amount, or the employee and spouse can split amounts between them as long as they stay within IRS guidelines.
- **Health care flexible spending account** – Beginning Jan. 1, every state employee can enroll in a health care FSA to its maximum – \$3,300 per plan year. This means a husband and wife, if both are state employees, can enroll in their own separate accounts for the \$3,300, resulting in a total contribution of \$6,600 that can be used for all family members even if they are not covered on any benefit options.

Adding newborns to coverage

Newborns can be added to the employee's coverage with an effective date of the first of the birth month, regardless of the day the baby is born. There is no prorating of days for premiums. All requests for newborns to be added to the employee's coverage must be made within the regular 30-day notification time frame.

Other eligible dependents

If an employee has other eligible dependents that are not currently covered on health, dental, etc., at the time of the newborn's birth, then they must also cover all other eligible dependents or submit proof of other group insurance coverage to exclude them from the coverage. The employee and spouse may also complete an Exclusion for Spouse Coverage form to cover the eligible children without covering the spouse. Unless otherwise requested, coverage for any other eligible dependents is the first of the month following the newborn birth.

Exceptions

If current dependents are covered on dependent life, then the newborn will be added to the coverage with required birth verification.

Adding adopted children

- The adopted child will be eligible for coverage the first day of the month the employee gets physical custody.
 - OAC 260:40-17-4.
 - OAC 260:50-3-17(10).
- The change must be made in Workday@OK and a copy of the adoption papers or evidence from the court or person of authority verifying the employee was given custody of the child pending final adoption is required to be uploaded in Workday@OK.
 - OAC 260:40-17-4.
- If coverage is not requested within 30 days of birth, guardianship, custody or adoption, coverage cannot be added until the next open enrollment.
 - OAC 260:40-17-4.

Note: All other rules still apply regarding cover one, cover all. Insuring grandchildren or other dependent children because the employee carries them on their taxes still requires a Declaration of Dependency form.

Dependent definition

Dependent means an employee's spouse and married or unmarried child:

- Under age 26, regardless of residence, provided that the employee is primarily responsible for their support, including:
 - An adopted child.
 - A stepchild or child who lives with the employee in a regular parent-child relationship.
- Regardless of age who is incapable of self-support because of mental or physical incapacity that existed prior to reaching age 26.



Waiver of premiums (must be requested)

The plan includes waiver of premiums only for a current employee's basic life insurance, dependent life insurance, supplemental life insurance and accidental death and dismemberment coverage in force should the employee become disabled. Physician certification of disability is required. The waiver begins on the first day of the month after the employee has been on disability for 30 consecutive days and has submitted a request for premium waiver. The waiver terminates when the employee ceases being disabled, returns to active duty or becomes inactive or retired, whichever occurs first. Premium waiver is not retroactive.

- OAC 260:40-13-7.

NEWLY ELIGIBLE ENROLLMENT

1. The employee has 30 days from their hire date to enroll in the program. If the employee does not enroll in the program within 30 days of their hire date, they will be enrolled in the default plan.
2. The default plan includes HealthChoice High, HealthChoice Dental, HealthChoice Disability and HealthChoice Basic Life Insurance coverage for the employee only and is pretaxed.
3. Coverage will become effective the first day of the month following the month in which the newly eligible employee is employed in an eligible full-time status. All employees are enrolled in pretaxed options unless they opt out.
4. If one dependent is covered, all eligible dependents must be covered. Unless verifiable group coverage is provided on the dependent(s) not being covered and/or an Exclusion for Spouse Coverage form is completed.
5. For the health plans, a preexisting condition does not apply.
6. During the employee's 30-day enrollment period, an employee can make any changes to their enrollment election without a qualified status change.
7. Guaranteed Issue equals two times the employee's salary, rounded to the next \$20,000. This is the initial offering. All subsequent offerings of Supplemental Life to the employee after the initial offering require a completed and approved life insurance application.
8. Supplemental Life amounts greater than the Guaranteed Issue requires submission of a completed and approved life insurance application.
9. The newly eligible employee's benefit election is irrevocable except for qualified status changes that are documented with the proper paperwork within 30 days of the event.
10. Financial hardship is not a qualified status change.
11. Transfers from one state agency to another (less than 30-day break in service) are not considered newly eligible; therefore, they cannot modify their benefit elections upon transfer to a new agency, unless they move out of an HMO service area.

Employee information

The newly eligible employee must complete all areas in Workday@OK regarding personal information such as name, address, phone numbers, etc.

Dependent information

The newly eligible employee must complete the dependent information in Workday@OK on any family members (dependents) to be covered on any or all applicable benefits elected. The benefits partner should remind a newly eligible employee that if one dependent is to be covered on an option, all eligible dependents must be covered also, or documentation must be provided to show proof of other group insurance coverage for that dependent. Newly eligible employees may also complete an Exclusion for Spouse Coverage form if it is the spouse that is not to be covered. This form must be signed by both the employee and the spouse to be valid.

Pre-tax and post-tax

Pre-tax deductions are subtracted from an employee's pay before taxes are withheld, and include contributions to retirement plans, health insurance premiums and flexible spending accounts.



Post-tax deductions, on the other hand, are taken from an employee's net salary after taxes have been withheld.

Health plan election

The health plan election is part of each state employee's core benefits, and all employees are required to participate unless opting out is elected. Each state employee has a designated benefit allowance to assist in paying for the cost of their benefits.

Employees will choose **one** carrier for health insurance. That insurance is for the employee and all covered family members.

HMO plans require selecting a primary care physician. Employees and covered family members may select different PCPs within the selected carrier's provider network. Indicate a PCP for each dependent covered in the Dependent Information section. After coverage begins, PCPs may be changed by contacting the health carrier.

Please stress the importance of selecting a PCP to new employees. The health carrier cannot enroll an individual into a plan without a selected PCP and this can delay or hinder obtaining medical services until this issue is resolved.

Dental plan election

The dental plan election is also part of each state employee's core benefits, and all employees are **required** to participate unless electing to opt out.

Employee must choose only one carrier for dental insurance. That insurance is for the employee and all covered family members.

Dental carriers, other than the HealthChoice Dental plan and Delta Dental plan, require a designated primary care dentist. List the designated PCDs for dependents in Dependent Information section.

Please stress the importance of selecting a PCD to new employees. The dental carrier cannot enroll an individual into a plan without a selected PCD and this can delay or hinder obtaining dental services until this issue is resolved.

Vision plan election

Vision is an optional benefit selection for the newly eligible employee and other eligible family members. Employees who opt out of the Basic Plan can still choose vision coverage.

Employee Basic Life and Supplemental Life insurance

The Basic Life insurance is another part of each state employee's core benefits, and all employees are required to participate unless electing to opt out.

Supplemental Life Insurance is an optional selection for the employee. If the employee decides to purchase an amount of supplemental life insurance greater than what is included in Guaranteed Issue, then a life insurance application must be completed and submitted to EGID. Excess coverage will not go into effect until after approval of the life insurance application.

Dependent Life insurance

Dependent Life insurance is also an optional benefit selection for the employee. If the employee elects to purchase Dependent Life, only one of the options available can be purchased, the Premier, Standard or Low.

Reimbursement accounts

The two reimbursement accounts are optional benefit selections. Remind the newly eligible employee that these are use-it-or-lose-it accounts and to carefully calculate elected amounts as well as the amount of time



remaining in the current plan year. Reimbursable services for health care must be rendered on or before March 15 of the following year, but claims can still be processed through March 31.

Employee authorization

Make sure the employee understands when enrolling in their benefits in Workday@OK they must review and sign the form. This is required for salary reduction authorization. Also, remind them to print a copy of their benefit confirmation statement for their record.

Benefits partner authorization

The benefits partner is required to review employee's personal information and benefit elections with required documentation before approval.

Flexible benefit allowance

Employees receive a benefit allowance with which to purchase their core benefits. Employees who have dependent health coverage receive an increased allowance to cover a portion of the covered dependents' health premiums.

- An employee who is not covering dependents on health receives an employee-only benefit allowance determined yearly. Refer to the Benefits Enrollment Guide.
- An employee who is covering dependents on health receives a benefit allowance covering the employee and the dependents determined yearly. Refer to the Benefits Enrollment Guide.

Unless an employee opts out, they are required by state statute to select and be enrolled in the four core benefits – health, dental, life and disability. Beginning Jan. 1, 2014, employees can opt out of just health and dental and keep life and disability insurance. An employee is allowed to opt out of, or waive, the four core benefits of employee coverage with the proper documentation and by completing the Opt-Out Employee Acceptance form.

House bill 1062 which allowed state employees to opt out of all state benefits if they were covered under another group insurance plan was amended in 2013 by HB1107, which permits state employees to opt out of health and dental coverage only, while retaining their life and disability insurance coverage. The employee will receive \$150 per month, or the biweekly equivalent, in lieu of the standard benefit allowance under both HB 1062 and HB1107.

Default enrollment process

New state employees have 30 days from their hire date to make their benefit elections.

If the employee fails to complete their enrollment in Workday@OK within the first 30 days of employment, then the employee will be defaulted into the basic plan for employee only coverage. If a newly eligible employee is defaulted into the core benefits and has dependents, the dependents will not be allowed to be enrolled until the next open enrollment period.

Core benefits:

- Health – HealthChoice High Health Plan.
- Dental – HealthChoice Dental Plan.
- Life – HealthChoice Basic \$20,000 Life Insurance.
- Disability – HealthChoice Disability Plan.

The benefits partner will enroll the newly eligible employee showing HealthChoice High and HealthChoice Dental, HealthChoice Life and Disability insurance with employee-only coverage. A copy of the employees benefit elections should be sent to the employee notifying him or her of enrollment. If a default newly eligible employee has dependents, the dependents will not be allowed to be enrolled until the next Open Enrollment.



REHIRE PROCESS

There are three rehire instances and they should be processed slightly different depending on the circumstances:

1. Less than a 30-day break in service.
2. Less than a 30-day break in service no changes allowed if in the same plan year.
3. More than a 30-day break in service.

Employees that terminate at the same agency are processed as follows:

- The benefits partner enters the employee's Social Security number in Workday@OK.
- The system will check the Social Security number in Workday@OK. If the employee terminated less than 30 days, Workday@OK will ask the question, Reinstate all benefits?
- If the rehire is greater than 30 days, the employee will enter their new hire benefits into Workday@OK and upload required documentation applicable to their new selections.
- If the rehire is within the same plan year and if the employee was previously enrolled in vision or one of the reimbursement accounts, then reelection to those accounts will not be allowed until the next open enrollment.

Employees rehired with more than a 30-day break in service are processed as follows:

- The benefits partner enters the employee's Social Security number in Workday@OK.
- The employee enrolls in benefits in Workday@OK and uploads any required documentation. If the rehire is within the same plan year and if the employee was previously enrolled in vision or one of the reimbursement accounts, the reelection to those accounts will not be allowed until the next open enrollment.

Things to remember

- Employees have 30 days from their hire date to make their benefit elections and make any changes to those elections.
- If an employee does not submit their benefit elections within the 30-day time frame, then the benefits partner is required to enroll that employee in a mandatory default status, which is the basic core benefits with no IRC-125 options and no dependent coverage.
- The employee must comply with the cover-one-cover-all rule. If one eligible dependent is covered, then all eligible dependents must be covered, or submit proof of group coverage to enable those individuals to be excluded from the coverage. An employee and spouse may also complete an Exclusion for Spouse Coverage form for spouse coverage to allow the eligible children to be covered without covering the spouse.
- If additional Supplemental Life insurance coverage above the employee's Guaranteed Issue is requested, then a life insurance application must be completed electronically and submitted to EGID for approval. The employee or benefits partner must email the life insurance application.
- The employee should also complete a Beneficiary Designation Form for life insurance benefits and submit the original form to EGID.



CHANGE

Midyear benefit election change

Midyear benefit plan changes are allowed only when a qualifying event occurs, such as birth, marriage or loss of other group coverage. An employee must log into Workday@OK and complete the benefit enrollment within 30 days from the date of the event. The employee must upload documentation as proof the event occurred and when the event occurred.

Examples of documentation include, birth certificate, hospital birth certificate—if newborn and can't get a copy of the original birth certificate within 30 days, marriage license, tax form with both employee and spouse listed with same address, adoption papers, legal guardianship papers, etc.

A petition or filing for divorce is not adequate documentation. We must have the actual divorce decree or court-ordered legal separation document.

Reasons for midyear election changes

- Employee's legal marital status.
- Number of employee's dependents.
- Employment status of employee, spouse, or dependent that affects eligibility.
- Event causing employee's dependent to satisfy or cease to satisfy eligibility requirements such as, gaining other group coverage, etc.
- Commencement or termination of adoption proceedings.
- Judgments, decrees or orders—allowing changes to health, health care flexible spending account and dental.
- Medicare or Medicaid—changes allowed only to health and health care flexible spending account; limit of two changes per year for Medicaid.
- Significant cost increase and decrease—dependent care flexible spending account only.
- Change to other employer group plan coverage on spouse or dependents.
- FMLA leave.
- Other—Refer to Treasury Regulations 1.125-4 and other applicable and prevailing IRS code regulations promulgated under and in accordance with other applicable rules and regulations.

Midyear change: health care and dependent care FSAs and HSA

- If the employee wants to change the health care or dependent care flexible spending account midyear, there must be a qualifying event to change.
- Enter change into Workday@OK.
- HSA accounts can be changed at any time.

Examples of how a status change and notification affect the effective date of coverage

- The child is born on Aug. 20 and the employee completes the change form on Sept. 19. Coverage for the newborn can begin Aug. 1.
- Adoption or placement for adoption – employee gains physical custody of child March 2 pending adoption. Child can be added effective March 1 or April 1, whichever the employee prefers, provided all other eligibility requirements are met.
- Employee gets married and requests to add their spouse and stepchild to health, dental and to add the dependent care reimbursement account. Also, the employee requested **employee-only** vision coverage. The requests for health, dental and the dependent care reimbursement account would be approved. The request for employee-only vision would be denied. The employee should have requested employee-only vision during the Open Enrollment. **Benefit changes must be consistent with the event.**



Termination/retirement

1. The benefits partner will select the termination event in Workday@OK.
2. Enter the termination reason from the following list:
 - Death retirement.
 - Discharge nonpayment.
 - Reduction in force.
 - USERRA-Military leave resignation.
3. Enter the date of termination or retirement. **Date of termination is the last day the employee is on the agency's payroll, not the last day of the month when insurance benefits terminate.**
4. Remember that for terminations, coverage carries to the end of the event month. For example, if the coverage should end 8-31-25, do not put the event date as 9-1-25. This date will cause coverage to continue until 9-30-25.

Agency transfer

- For a break in coverage **less than 30 days**:
 - The receiving agency processes the employee with the same benefits as they had at the previous agency. They are not considered newly eligible as they will continue without a break in coverage.
- For a break in coverage **greater than 30 days**:
 - The receiving agency processes this transfer as a newly eligible employee.
 - **REMEMBER:** If the employee is being rehired within the same plan year, the health care FSA, the dependent care FSA and the vision plan cannot be continued. The only exception is if the health care FSA and vision plan were continued with no break in coverage through COBRA. (The dependent care FSA cannot be continued through COBRA.) If not continued through COBRA, the employee must wait until Open Enrollment to enroll in these benefits.

Rehire within 30 days

- If an employee has been rehired with less than a 30-day break in coverage, the benefits partner will make the change in Workday@OK by selecting the required qualifying event.

Leave without pay (LWOP)

- Benefits partner will enter any LWOP and/or returning from LWOP situations in into Workday@OK if they **affect the employee's benefit deductions**.
- Benefits partner must complete the appropriate modifications in Workday@OK.
- If an employee on LWOP does **not** remit employee/dependent premiums, **drop applicable coverage**. The only exception is the possibility of an approved disability claim, offering the opportunity for the employee/dependent premiums to be deducted from those benefits.

Workers' compensation

- Enter any workers' compensation (WC) and/or returning from workers' compensation situations in Workday@OK if it affects the employee's benefit deductions.
- If an employee on workers' compensation does not remit employee/dependent premiums, a change in Workday@OK must be completed to drop applicable coverage.

Workers' compensation/leave without pay

- Enter any WC/LWOP and/or returning from WC/LWOP situations in Workday@OK if they affect the employee's benefit deductions.
- Complete the appropriate modifications in Workday@OK.
- If an employee on WC/LWOP does not remit employee/dependent premiums, a change in Workday@OK must be completed to drop applicable coverage.

Disability or family leave

- Enter any disability or family leave and/or returning from disability or family leave situations in Workday@OK if it affects the employee's benefit deductions.
- Complete the appropriate modifications in Workday@OK.



- If an employee on disability does not remit employee/dependent premiums, a change in Workday@OK must be completed to drop applicable coverage.

Note: An evidence of insurability (EOI) cannot legally be requested from the employee or previously covered dependents following Family and Medical Leave.

USERRA

Under the Uniformed Services Employment and Reemployment Rights Act of 1994, coverage can be continued for up to 24 months. USERRA provides certain rights and protections for all employees called to serve our nation. All branches of the military, including the Army, Navy, Marines, Air Force, Coast Guard and all military reserve and National Guard units, come under USERRA.

In addition to health coverage provided by the military, employees can:

- **Retain all coverage.** You are responsible for collecting and forwarding all premiums to EGID.
- **Discontinue member coverage but retain dependent coverage.** This is the COBRA option and dependents are billed directly at 102% of premiums, the COBRA rate, for health, dental and/or vision coverage. Under COBRA rules, life insurance cannot be retained.
- **Discontinue all coverage except life insurance.** The member is billed directly. Have member complete the [USERRA Life Insurance Form](#). You must sign and return the completed form to EGID.
- **Discontinue all member and dependent coverage.** There is no penalty when an employee renews coverage upon discharge from active duty if coverage is elected within 30 days of their return to the same employment.

Note: The HealthChoice Disability Plan is not available to state and participating county employees called to active military service. However, upon return to regular employment for five consecutive days, they become eligible for disability coverage.

Changes to Social Security numbers, names and birth dates

- Social Security number (SSN).
 - The benefits partner makes SSN changes or corrections in Workday@OK.
 - A Social Security card is required for processing any stand-alone changes.
- Name changes or corrections.
 - The benefits partner or employee will log in to Workday@OK: Select Menu, Personal Information, Legal Name. Select the pencil to make the edits. Select Submit to complete the change.
 - A Social Security card with legal name is required for processing any stand-alone changes.
- Birth date changes or corrections.
 - The benefits partner or employee will log in to Workday@OK: Select Menu, Personal Information, Legal Name. Select the pencil to make the edits. Select Submit to complete the change.
 - A birth certificate with the correct birth date is required for processing any stand-alone changes.

Transfer process

Employee transfers consist of three different situations:

1. **Agency-to-agency transfers, with less than a 30-day break between.** The benefits partner of receiving agency transfers the employee's record in the Workday@OK.
2. **Intra-agency transfers, location transfers within the same agency.** The benefits partner must be complete a change in Workday@OK stating the employee is transferring from one location to another within their agency. The data entry to change the code number to the new location should be completed in the Workday@OK by the benefits partner of the receiving location.
3. **Transfer of accessible information from one agency to another agency.** This applies to individuals who have been previously employed by the state but are now being hired as a newly eligible employee for a different agency with more than a 30-day break between agencies.



LIFE INSURANCE

Types of life insurance available

- **Basic Life insurance**

Basic Life insurance is mandated by legislation for all state employees, except for those who opt out of the Basic Plan. Coverage is \$20,000 with accidental death and dismemberment benefits—double indemnity.

- **Supplemental Life insurance**

Employees may choose supplemental coverage on themselves in \$20,000 increments up to a maximum coverage of \$500,000. The first \$20,000 of Supplemental Life includes accidental death and dismemberment benefits and has a flat-rate premium equal to that of Basic Life. Any Supplemental Life insurance above \$20,000 does not provide double indemnity and will be issued on an age-rated premium basis.

1. **Initial offering:** The 30 days following the date of employment.

2. **Guaranteed Issue (GI):** The portion of Supplemental Life coverage available to a newly eligible employee during the first 30 days after their entry-on-duty date. The Guaranteed Issue amount is equal to two times the employee's annual salary, rounded up to the nearest \$20,000. It is composed of blended-rate and age-rated premiums. Only the first unit of \$20,000 GI contains the accidental death and dismemberment benefit and is not age-rated.

3. **Above Guarantee Issue:** All coverage above the GI amount. Premiums are age-rated, and the coverage has no accidental death and dismemberment benefit. All additions to coverage at this level require an approved life insurance application.

4. All Supplemental Life coverage can be retained at retirement or vesting.

- **Dependent Life**

Current employees may elect Dependent Life Low option, Dependent Life Standard option or Dependent Life Premier option for eligible dependents. If enrolled in the Dependent Life insurance plan, all eligible dependents will be covered according to the following schedule:

	Low	Standard	Premier
Spouse	\$6,000	\$10,000	\$20,000
Child	\$3,000	\$5,000	\$10,000

When to use a life insurance application

- Use the [Life Insurance Application Option Period/Midyear Change](#) only at Open Enrollment for the employee to apply for Supplemental Life coverage or when the employee has a midyear qualifying event.
- Use the [Life Insurance Application New Hire/Rehire Employee](#) in conjunction with a:
 - Newly Eligible Enrollment if a newly eligible (new-hire) employee is applying for an amount of Supplemental Life coverage above their Guaranteed Issue amount.
 - Rehire if the returning employee has been gone more than 30 days but less than two years and is applying for a greater amount of life coverage than they previously had during prior employment.

The employee must complete the front and back of the life insurance application and send to EGID. It should be completed electronically and emailed as instructed on the form.



BENEFICIARY DESIGNATIONS

All state employees, regardless of whether they are married or have any dependents, should designate a beneficiary or beneficiaries for their life insurance proceeds.

As a newly eligible employee, each employee should be given a Beneficiary Designation Form to accommodate their decision regarding beneficiaries. If the employee does not designate a beneficiary, then upon the employee's death, the proceeds will automatically be paid to the employee's estate. The Beneficiary Designation Form should be sent directly to EGID.

Designations on the Beneficiary Designation Form can be stated in three ways:

1. Designate percentages to Primary and Contingent beneficiaries.
2. Indicate equal designation to each Primary and Contingent beneficiary listed without designating any percentages.
3. Designate specific directives for special proceed payout designations (requires an additional sheet of paper for specific designations).

Examples

1. Designated percentages scenario:

Employee with three children, all children designated with 33 1/3% of the benefit. All four are in a car accident and the employee and eldest child do not survive; 33 1/3% of the benefit will be paid to the other two children. However, the 33 1/3% for the eldest child will be paid to the employee's estate.

Note: This depends on who died first, the employee or the child.

2. Designated equally or survivor scenario:

Same scenario as in example 1. An employee with three children, all children designated with equal benefits. All four are in a car accident and the employee and eldest child do not survive; the remaining two children will receive the proceeds equally at 50% each.

3. Designated specific directives for proceed payout scenario:

Same scenario as in example 1. An employee with three children; all children designated with a 33 1/3% benefit. All four are in a car accident, and the employee and the eldest child do not survive; if specifically designated, the two surviving children could be paid 33 1/3% each, with the remaining 33 1/3% for the eldest child being paid to their dependent child, the grandchild of the employee. Specific instructions are submitted on an additional sheet.

Waiver of premiums – must be requested

The plan includes waiver of premiums only for a current employee's Basic Life, Dependent Life, Supplemental Life and accidental death and dismemberment coverage in force should the employee become disabled. Physician certification of disability is required. The waiver begins on the first day of the month after the employee has been disabled for 30 consecutive days and has submitted a request for premium waiver. The waiver terminates when the employee ceases being disabled, returns to active duty or becomes inactive or retired, whichever occurs first. Premium waiver is not retroactive.

- OAC 260:40-13-7



FLEXIBLE BENEFITS PROGRAM

Rules governing health and dependent care flexible spending accounts (FSAs)

- FSAs are ways for employees to save money and reduce their taxes.
 1. A health care FSA allows employees to be reimbursed for expenses, co-pays, deductibles, etc., that are not covered by their health, dental or vision plan and saves tax dollars on those amounts.
 2. A dependent care FSA allows employees to pay child care and dependent elder care expenses with tax-free dollars.
- Participation is totally voluntary.
- All expenses must be incurred during the period Jan. 1 - March 15 of the following year, and while actively participating.
- The IRC 125 use-it-or-lose-it rule applies to these accounts.
- There is a claims runout period for filing and processing between Jan. 1 and March 31 of each year, but this is for services received between Jan. 1 and March 15 of the current year. For example, the claim filing deadline is March 31, 2025, for services rendered Jan.1-March 15, 2025.
- Money may not be transferred from one account to the other.
- Employees on LWOP can retain their health care and dependent care FSAs on a post-tax basis. However, if they choose not to retain them, upon returning to work, they will not be able to participate until the next plan year, unless they have been out on Family and Medical Leave.
- Health care FSAs may also be continued through COBRA on a post-tax basis, but dependent care FSAs cannot.

Health care FSA

An employee can authorize a designated amount each plan year to be deducted from their salary for expenses, copays, deductibles, etc., that are not covered by the employee's benefit plans.

As employees spend their own money for the above-mentioned expenses, they can file claims vouchers and be reimbursed from their own tax-free account. The employee may also use the Flexible Benefit Debit Card. Eligible claims vouchers are paid to the employee within a week to 10 days. The P&A Group office is at 6400 Main St., Ste. 210, Williamsville, NY 14221, and their fax is 877-855-7105. To set up their account, employees can register at and log in to the [P&A Group website](#).

1. Employees may elect up to the maximum limit for the plan year – all tax-free dollars.
2. Eligible health care expenses claimed through the health care FSA may not be claimed on the federal income tax return.
3. Changes can be made to the account during the plan year if an employee experiences a qualifying event. The change must be requested within 30 days of the event, and the request must be consistent with the event and allowed under the IRC Section 125 guidelines.
4. Eligible expenses include expenses for medical services or supplies not covered by their health plans—these generally include eye exams, eyeglasses, hearing aids and transportation charges for medical care. Other expenses are reimbursable if they are allowed by IRC Section 213.
5. Claims can be processed for the employee and other tax-deductible dependents. These dependents **do not** have to be enrolled on the employee's health, dental or vision options.
6. Claims may be filed for eligible expenses as they occur. All claims are paid on a weekly basis, so there is little delay in receiving reimbursement money.
7. Employees can keep track of their account balances by logging in to the [P&A Group website](#).
8. Don't forget that according to the IRS rules, any unused funds in the account at the end of the plan year will be forfeited. However, the employee is offered a grace period of 2 1/5 months. So, an employee can incur expenses through March 15 and have until March 31 to submit claims.
9. Certain over-the-counter drugs have been approved by the IRS for reimbursement to participants in health care accounts. Refer to the EBD website for details.
10. Further information, restrictions and exclusions can be found in the IRS Publication #502, although this pertains more to deductions on tax returns than reimbursement accounts.



Dependent care FSA

1. This account is elected to reimburse the employee with tax-free dollars for dependent day care expenses for children or other eligible dependents while both the employee and spouse (if married) are working.
2. In most cases, depending on the employee's income, the reimbursement account is more advantageous than the dependent care credit that is allowable on the yearly IRS income tax return. However, they cannot do both.
3. Employees can authorize as much as \$5,000 per plan year with \$416.66 per month deducted from their paycheck or as little as \$600 per plan year at \$50 per month—all tax-free.
4. Eligible dependent care expenses claimed through the account may not be claimed on the federal income tax return.
5. Claims may be filed for eligible dependent care expenses as they occur but can only be reimbursed for the balance in the account. All claims are paid on a weekly basis, so there is little delay in receiving reimbursement money once the payroll deductions have been received and the claims have been filed.
6. Claims can be processed for dependent children age 12 and younger and other tax-deductible dependents (disabled child or elder parent). These dependents do not have to be enrolled in any of the employee's options.
7. Changes can be made to the account during the plan year if an employee experiences a qualifying event. The change must be requested within 30 days of the event, and the request must be consistent with the event and allowable under the IRS Section 125 guidelines.
8. Employees can keep track of their account balances by logging in to the [P&A Group website](#).
9. Don't forget that according to the IRS rules, any unused funds in the account at the end of the plan year will be forfeited. However, the employee is offered a grace period of 2 1/5 months. So, an employee can incur expenses up to March 15 and have until March 31 to submit claims.
10. Further information, restrictions and exclusions can be obtained in the IRS Publication #503.

Permitted exceptions to the irrevocability rules

Exceptions that are allowed within plan guidelines are as follows:

1. Change in employee's legal marital status.
2. Number of employee's dependents.
3. Employment status of employee, spouse or dependent that affects eligibility.
4. Event causing employee's dependent to satisfy or cease to satisfy eligibility requirements.
5. Commencement or termination of adoption proceedings.
6. Judgments, decrees or orders—changes allowed to health, health care FSA and dental.
7. Medicare or Medicaid—changes allowed only to health and health care FSA; limited to two changes per year for Medicaid.
8. Significant cost increase or decrease—dependent care FSA only.
9. Change in other employer group plan coverage on spouse or dependent(s).
10. Family Medical Leave (FMLA leave).
11. Leave without pay (LWOP) – If all coverage is dropped within 30 days and the employee returns to work status after a 30-day break in coverage, the employee will be treated as a newly eligible employee and allowed to reenroll dependents, except for unreimbursed medical, dependent day care and vision.
12. USERRA and others.

Changes or modifications to employee benefit elections due to any of the above situations must be consistent with the reason that such change was permitted.

Example

Birth of a baby:

1. Dropping family coverage would be inconsistent with the change.
2. Increasing dependent care FSA contributions would be consistent.



CAUTION!

Decisions on how much an employee wants to set aside per pay period before earnings are taxed should be estimated conservatively. This cannot be changed midyear unless the employee experiences a qualified status change that is requested, processed and approved within the required 30-day time frame from the event.

HMOs versus the HealthChoice plans

When an employee is contemplating whether to select an HMO or one of the HealthChoice plans, there are several important issues to point out that the employee must first consider prior to making their decision.

1. HMOs – A primary care physician that is a provider with the chosen HMO must be selected.
2. HealthChoice – An employee and/or dependents can obtain medical services from any physician or specialist of their choice on the HealthChoice plans. Discounted charges apply when network physicians are used. Non-network services will cost more.
3. HMOs – Have designated copayments instead of yearly deductibles with few percentage payments for services.
4. HealthChoice – Plans require employee/family yearly deductibles with designated percentages for most services rendered.
5. HMOs – An employee/dependent must live or work within the designated ZIP code service area to enroll in an HMO plan.
6. HealthChoice – Plans do not require that an employee/dependent live in any designated area to qualify for participation.

Preexisting conditions for health coverages

There are no preexisting conditions with any of the health plans.

HIPAA

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. It provides employees and dependents certain rights and protections related to their ability to transfer group health insurance from one employer to another. HIPAA includes protections against limitations or exclusions for preexisting conditions and prohibits discrimination against employees and dependents based on their health status. As amended in 2013, HIPAA also includes provisions related to the security and privacy of protected health information and the way it is used, shared and stored by medical providers and insurance plans. The Health Information Technology for Economic and Clinical Health Act imposes additional administrative, physical and technical safeguards for protected health information under HIPAA. For more information, visit hhs.gov/hipaa/index.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a law that allows eligible employees and/or dependents the opportunity to continue their health and/or dental coverage upon termination of current state employee coverage. Coverage is converted to a pay-by-the-month basis, paid directly to EGID by the 10th of each month to remain in effect.

1. Newly eligible employees are requested to sign a COBRA notification form to verify that they have been informed of their COBRA rights.
2. At the employee's termination and/or family status events that warrant dropping dependent coverage, the proper COBRA forms are processed for the employee and/or covered dependents to retain their insurance if desired.
3. In addition to the health and dental coverage that can be retained in COBRA status, vision coverage and a health care flexible spending account can also be retained.
4. A 2% administrative fee is added to the regular benefit premium for COBRA.
5. None of the life insurance policies can be retained through COBRA.
6. COBRA for employees – Coverage can be extended from 1-18 months depending on how many months of continued coverage the individual might need, not to exceed a total of 18 months.
7. COBRA for dependents – Coverage for dependents can be utilized up to a maximum of 36 months. Premiums for COBRA on dependents cannot be deducted from an employee's regular state check. Those premiums must be paid monthly to EGID, even if they are court directives.



8. COBRA extensions – There are a few exceptions to the rule when COBRA benefits are extended for an additional 11 months, when they are related to disability situations.

When an employee is eligible for COBRA, EGID will mail the COBRA information within 90 days from the coverage effective date. Refer the employee to EGID for assistance or questions on COBRA benefits.



STANDARD OPERATING PROCEDURES

BENEFITS PARTNER NEW HIRE APPROVAL/SEND BACK PROCESS IN WORKDAY@OK

Always log in to Workday@OK and process all tasks in Workday@OK daily.

1. Sign in to Workday@OK and go to your inbox.
2. Select the **Benefit Change – New Hire** notification that needs review. The event you are reviewing is for newly eligible employees that have the benefit change pending. The main objective is to confirm that all required benefits are elected with the correct benefit and effective date and the supporting documentation has been uploaded by the employee.

The screenshot displays the 'My Tasks' interface in Workday@OK. On the left, a sidebar contains navigation options: 'All Items' (selected), 'Saved Searches', 'Filters', 'Archive', 'Bulk Approve', and 'Manage Delegations'. The main area is titled 'All Items' and shows a list of 118 items. A search bar at the top right of the main area contains the text 'Search: All Items'. Below the search bar, there is a link for 'Advanced Search'. The list of items includes three entries, each with a title, a date, and a star icon. The first entry is 'Benefit Change - Employment status or increase/decrease of coverage on spouse or dependent affecting eligibility : [redacted] on 11/30/2024', with a due date of 12/21/2024 and an effective date of 11/30/2024. The second entry is 'Open Enrollment Change: [redacted] on 01/01/2025', with a due date of 12/19/2024 and an effective date of 01/01/2025. The third entry is 'Benefit Change - Employment status or increase/decrease of coverage on spouse or dependent affecting eligibility : [redacted] on 11/26/2024', with a due date of 12/21/2024 and an effective date of 11/26/2024.

Task Title	Date	Star
Benefit Change - Employment status or increase/decrease of coverage on spouse or dependent affecting eligibility : [redacted] on 11/30/2024	12/19/2024	☆
Open Enrollment Change: [redacted] on 01/01/2025	12/19/2024	☆
Benefit Change - Employment status or increase/decrease of coverage on spouse or dependent affecting eligibility : [redacted] on 11/26/2024	12/19/2024	☆



- Review the elected coverages, unless the employee has opted out, they are required to enroll in the minimum required benefits—health, dental, basic life, disability. Verify that each benefit has been selected and all at either Before-Tax or Post-Tax. **Selecting all Post-Tax is not common; confirm this election with your employee before approving.**

Elected Coverages 6 items



Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents
Health - Blue Cross Blue Shield of Oklahoma HMO BlueLincs - Before-Tax	11/01/2024	11/01/2024	Employee		
Dental - Delta Dental PPO - Before-Tax	11/01/2024	11/01/2024	Employee		
Basic Life and AD&D - HealthChoice Before-Tax (Employee)	11/01/2024	11/01/2024	\$20,000	\$20,000.00	
Before-Tax Life Insurance (for Payroll Purposes Only) - HealthChoice (Employee)	11/01/2024	11/01/2024	\$10,000	\$10,000.00	
Disability - HealthChoice - Before-Tax	11/01/2024	11/01/2024			

- If the employee is electing their Guaranteed Issue (GI) of supplemental life, verify it is not more than two times their annual salary rounded up to the next 20,000. If the employee has elected more than their GI, send it back to the employee to elect their GI and advise that they will need to complete a life insurance application for the additional amount requested. Submit this application to EGID for approval/denial.

Basic Life and AD&D - HealthChoice Before-Tax (Employee)	10/01/2024	10/01/2024	\$20,000	\$20,000.00		
Supplemental Life and AD&D - \$20,000 - HealthChoice - Before-Tax (Employee)	10/01/2024	10/01/2024	\$20,000	\$20,000.00		
Supplemental Life - over \$20,000 - HealthChoice (Employee)	10/01/2024	10/01/2024	\$40,000	\$40,000.00		
Before-Tax Life Insurance (for Payroll Purposes Only) - HealthChoice (Employee)	10/01/2024	10/01/2024	\$10,000	\$10,000.00		



- OKGOV - Worker Benefit Elections

Benefits

Benefit Election History

Retirement Savings

Dependents

Add

Dependents 1 item

Dependent	Relationship	Age	Benefit Elections	
[REDACTED]	Spouse	84 years, 2 months, 7 days	<div>[REDACTED] Benefit Elections Active on 01/01/2024 (Dental - HealthChoice - Before-Tax) (Elect)</div> <div>[REDACTED] Benefit Elections Active on 01/01/2024 (Dependent Life - HealthChoice Premier Option (\$20,000 Spouse/\$10,000 per Child) (Dependent)) (Elect)</div> <div>[REDACTED] Benefit Elections Active on 01/01/2024 (Health - HealthChoice High and High Alternative - Before-Tax) (Elect)</div> <div>[REDACTED] Benefit Elections Active on 01/01/2024 (Vision - Vision Service Plan (VSP) - Before-Tax) (Elect)</div>	<div>Edit</div>

- PDF

Health Care Management Nurse

Actions

Phone

Email

Team

Summary

Job

Compensation

Benefits

Absence

Pay

Contact

Personal

Performance

Personal Information

Names

IDs

Documents

Additional Data

Add

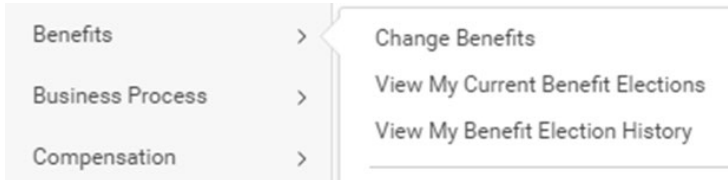
none entered

7. If after reviewing the new hire benefit event any of the requirements are not met, you will send back the event to the employee for correction. Select **Send Back** and add a comment on why you are sending the event back – make sure to list all items that need corrected with an explanation. Once the employee has corrected and submitted, the event will route back to the benefits partner for review and approval again.
8. If after reviewing the new hire benefit event all the requirements have been met, you may approve the benefit event by selecting **Approve**. It will then be routed to the Central Benefits team for approval and finalization.



BENEFITS ENROLLMENT FOR NEWLY ELIGIBLE AND QUALIFYING EVENT CHANGES

1. From the Workday@OK homepage, select the **Profile** icon or the employee's picture.
2. Select **View Profile**.
3. Select **Actions**.
4. Hover over **Benefits** and select **Change Benefits**.
Note: You can also access **Benefits** through the Global Navigation icon in the top left of the homepage. First select **View More**, next **Benefits and Pay**, and then **Change Benefits**.



5. Select the appropriate **Change Reason** from the drop-down menu.
Qualifying events must be entered within 30 days of the event (Administrative Rule 260:40-17-4(c)).

A screenshot of the 'Change Reason' drop-down menu. The menu is open, showing a list of options. The first option is 'select one', which is highlighted in blue. Below it are 'Birth, Adoption, or Placement of Adopted Child' and 'Change Beneficiaries'.

Note: The enrollment offering types that display will update based on the event type selected. Select only one change reason.

6. Enter the **Benefit Event Date** for which you want this to take effect.

A screenshot of the 'Benefit Event Date' input field. The field is labeled 'Benefit Event Date' with a red asterisk. It contains the text 'MM/DD/YYYY' and a calendar icon.

Note: The Submit Elections By box will automatically populate.

A screenshot of the 'Submit Elections By' input field. The field is labeled 'Submit Elections By' with a red asterisk. It contains the date '08/19/2022' and a calendar icon.

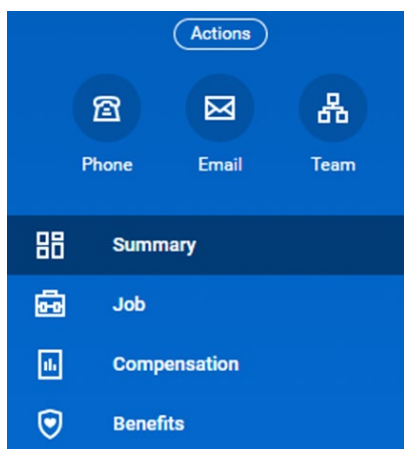
7. Upload required documents (birth certificates, court documents, marital records, etc.) as **Attachments**.

A screenshot of the 'Attachments' upload area. It features a light blue box with the text 'Drop files here' and a small 'or' button. Below the 'or' button is a 'Select files' button.

8. Select **Submit**.



9. Return to the **Benefits** menu from your profile.



10. Select the **Inbox** icon.

11. Select **Let's Get Started**.

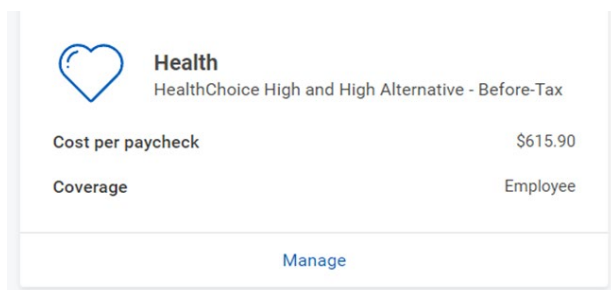
Initiated On 08/19/2022

Submit Elections By 08/19/2022

Let's Get Started

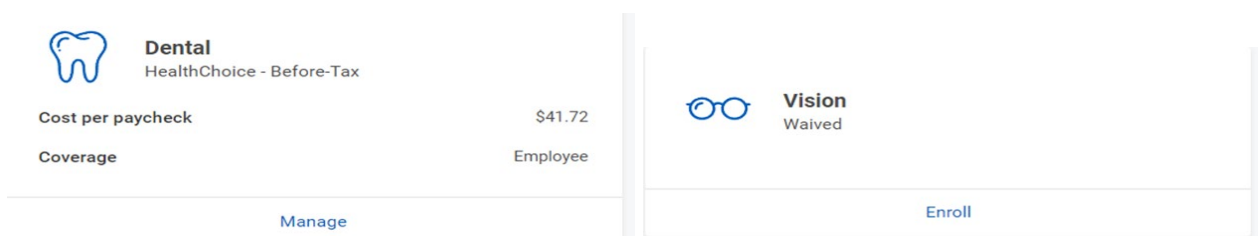
12. Select a health insurance plan. You can only select one of each plan—one health plan, one dental plan, etc.

Note: You can add dependents from this page. Dependent information required includes name, date of birth, address, SSN and relationship to you.



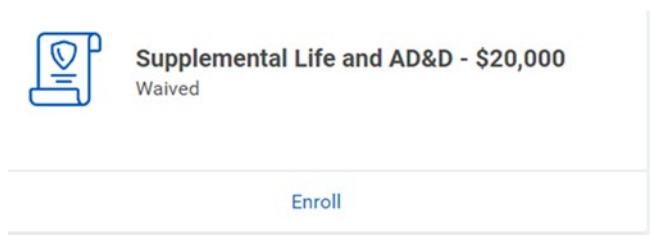
13. Repeat Step 14 for selecting a dental plan.

Note: Add your dependents at dental and/or vision elections. Choosing a vision plan is optional.



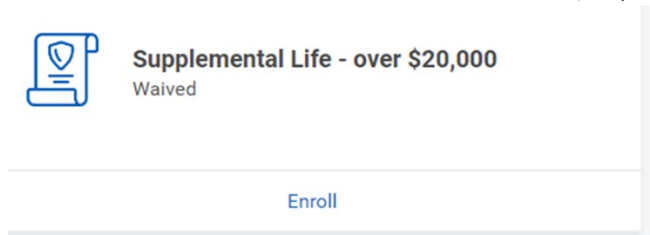
14. You have the option to enroll in additional life insurance.

- a. For the first \$20,000 above the Basic Life insurance, select **Supplemental Life and AD&D – \$20,000**.



- b. For more than \$40,000 in coverage, select **Supplemental Life – over \$20,000**.

Note: This election is in addition to the first \$40,000 of life insurance coverage.



15. The following are voluntary insurance elections:

- Vision.
- Health savings account.
- Health care flexible spending account.
- Dependent care flexible spending account.
- Dependent Life Insurance.

16. Check **I Accept** and select **Submit**.

For additional assistance, visit your local human resources office or contact the Benefits Hotline at 405-425-2770.

Adding a dependent

- During your enrollment/qualifying event, after you select manage in your Health option, unless you are electing coverage as a new employee, you will not be able to change your plan. Select **Confirm and Continue**.
- If you do not have a dependent checkbox, then you will need to select **Add New Dependent**.
- Do **not** select **Use as Beneficiary**, just select **OK**.
- Complete the items with a red asterisk.
- Complete Contact Information for the address of dependent. This can be the same as yours.
- Complete National ID to enter the Social Security number.
- Select **Save** and continue with the other insurance elections.

If your dependent is already in Workday@OK, you can select the box to the left of their name.

- No checkmark is no coverage.
- Checkmark indicates the dependent is covered.



Qualifying events and required documents

Per Administrative Rule 260:40-17-4(c), you have 30 days to make changes to your insurance for a qualifying event. The effective date of any change is always the first of the month following notification, except for births or adoptions. Per Administrative Rule 260:40-17-4(d), births or adoptions will be effective the first of the month of the qualifying event.

- **Marriage.**
 - Marriage license.
 - Social Security card for name change.
 - Birth certificates for added children.
- **Divorce.**
 - Divorce decree.
- **Birth** – document must include parental name(s), baby's name and date of birth. Use one of the following:
 - Hospital birth record (preferred) or birth certificate.
 - Copy of Social Security application.
 - Birth announcement, e.g., newspaper clipping.
- **Adoption.**
 - Adoption order.
- **Loss of coverage.**
 - Proof of lost coverage.
 - Dependent proof documentation.
- **Judgments, decrees or orders.**
 - Court order(s).
- **Employee dependents start with an EGID company.**
 - Employee needs to update Workday@OK or they will continue to cover the dependent. In the comment, indicate the relationship.
- **Medicare or Medicaid** – dependent only.
 - ID card(s).
- **Death of dependent.**
 - Obituary (electronic online or hardcopy accepted).
- **Change of name.**
 - Copy of Social Security card.
- **Change of birth date.**
 - Copy of birth certificate.
- **Gain other group coverage/Tricare.**
 - Opt-out affidavit form.
 - Proof of other coverage.



BENEFITS PARTNER NEW HIRE APPROVAL/SEND BACK

1. Sign in to Workday@OK.

2. Go to your inbox.



3. Select a New Hire Benefit Event notification that needs reviewed.

Benefit Change - New Hire : [REDACTED] 10/01/2024 ☆

[REDACTED] on 09/03/2024

Due: 10/03/2024

Effective: 09/03/2024

4. The event you are reviewing is for newly eligible employees that have the New Hire benefit event pending. The main objective is to review that all required benefits are elected with the correct benefit effective date and that the supporting documentation has been uploaded by the employee.

5. Unless the employee is opting out, they are required to enroll in the core benefits (health, dental, basic life, disability). Verify that each benefit has been selected and are at either Before-Tax or Post-Tax. Selecting Post-Tax is not common, so please confirm this election with your employee before approving.

Elected Coverages 7 items



Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	
Health - HealthChoice Basic and Basic Alternative - Before-Tax	10/01/2024	10/01/2024	Employee, Spouse & Child		[REDACTED]		
Dental - Blue Cross Blue Shield of Oklahoma BlueCare Dental High Plan - Before-Tax	10/01/2024	10/01/2024	Employee, Spouse & Child		[REDACTED]		
Vision - Superior Vision - Post-Tax	10/01/2024	10/01/2024	Employee, Spouse & Child		[REDACTED]		
Basic Life and AD&D - HealthChoice Before-Tax (Employee)	10/01/2024	10/01/2024	\$20,000	\$20,000.00			
Before-Tax Life Insurance (for Payroll Purposes Only) - HealthChoice (Employee)	10/01/2024	10/01/2024	\$10,000	\$10,000.00			
Disability - HealthChoice - Before-Tax	10/01/2024	10/01/2024					
							Total:





6. If the employee is electing their Guaranteed Issue (GI) of supplemental life, verify that it is not more than twice their annual salary rounded up to the next \$20,000.

Basic Life and AD&D - HealthChoice Before-Tax (Employee)	10/01/2024	10/01/2024	\$20,000	\$20,000.00			\$2.60	
Supplemental Life and AD&D - \$20,000 - HealthChoice - Before-Tax (Employee)	10/01/2024	10/01/2024	\$20,000	\$20,000.00			\$2.60	
Supplemental Life - over \$20,000 - HealthChoice (Employee)	10/01/2024	10/01/2024	\$80,000	\$80,000.00			\$5.60	
Before-Tax Life Insurance (for Payroll Purposes Only) - HealthChoice (Employee)	10/01/2024	10/01/2024	\$10,000	\$10,000.00				

7. If the employee has elected more than their GI, send the task back to the employee to elect their GI and advise that they will need to complete and submit a life insurance application to EGID for approval/denial of the additional amount requested.

Basic Life and AD&D - HealthChoice Before-Tax (Employee)	10/01/2024	10/01/2024	\$20,000	\$20,000.00			\$2.60	
Supplemental Life and AD&D - \$20,000 - HealthChoice - Before-Tax (Employee)	10/01/2024	10/01/2024	\$20,000	\$20,000.00			\$2.60	
Supplemental Life - over \$20,000 - HealthChoice (Employee)	10/01/2024	10/01/2024	\$80,000	\$80,000.00			\$5.60	
Before-Tax Life Insurance (for Payroll Purposes Only) - HealthChoice (Employee)	10/01/2024	10/01/2024	\$10,000	\$10,000.00				



8. If the employee wants to add their eligible dependents to their benefits, you must ensure the required documentation has been uploaded. For spouse or common-law spouse, a marriage certificate or common-law spouse affidavit is required. For dependent children, the official birth certificate is required if over the age of 6 months.

Worker Documents			
Worker	Worker Document	Worker Document Category	Upload Date
	 Birth Cert [redacted].jpeg	Dependents	10/01/2024 03:51:04 PM
	 Marriage Lic.jpeg	Dependents	10/01/2024 03:51:04 PM

9. Please check the dependent information tab in Workday@OK to verify that the SSN has been entered for each dependent. For dependent children, verify the correct spelling of names and dates of birth are reflected in the dependent tab in Workday@OK. Please keep in mind the Cover-One-Cover-All administrative rule; refer to your Benefit Enrollment Guide for additional information on the rule.

10. The employee may opt out of benefits if they have other group coverage. There are two options for opting out:
- Opt out of health and dental.
 - Opt out of all benefits.
11. If the employee elects either opt-out option, verify the employee has uploaded a completed opt-out form and proof of other group coverage. Please refer to the Benefit Enrollment Guide for details on opting out and what is considered other group coverage.

⌵ RPT00285 - Worker Documents ⚙️

Worker Documents				
Worker	Worker Document	Worker Document Category	Upload Date	Updated By
██████████	 360250 ████████ 2023 Opt-out.pdf	Benefits	04/11/2023 07:29:47 AM	John
	 ████████ Proof of other Coverage.pdf	Benefits	04/11/2023 07:29:47 AM	John

12. If after reviewing the New Hire benefit event the requirements are not met, select **Send Back** to send the event to the employee for correction. You will be able to add a comment on why you are sending the event back. Make sure to list all items that need correcting with an explanation. Once the employee has corrected and submitted, the event will route back to you for review and approval again.
13. If after reviewing the New Hire benefit event and all the requirements have been met, you may select **Approve** to route it to the Central Benefits team for approval and finalization.



BENEFITS ENROLLMENT FOR OPEN ENROLLMENT

1. Navigate to your **Inbox** and select **Open Enrollment Change**.

Open Enrollment Change: [REDACTED] 12/13/2024 ☆
[REDACTED] on 01/01/2025
Effective: 01/01/2025

2. Select the **Let's Get Started** button.

Change Benefits for Open Enrollment








2023 Open Enrollment 09/30/2022-10/31/2022

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started






3. Select the **Manage** option for each account to make changes.

Health Care and Accounts

 Health HealthChoice Basic and Basic Alternative - Before-Tax Cost per paycheck: \$511.82 Coverage: Employee Manage	 Dental HealthChoice - Before-Tax Cost per paycheck: \$47.48 Coverage: Employee Manage	 Vision Waived Enroll
 TRICARE Supplement (for Retired Military Only) Waived Enroll	 Health Savings Account Waived Enroll	 Healthcare FSA Waived Enroll
 Dependent Care FSA Waived Enroll		

- a. Flexible spending accounts are defaulted to \$0. Current enrollments will need to be reenrolled for the next plan year.
 - b. The health savings account is only available to those who select the HealthChoice High Deductible Health Plan.
4. A life insurance coverage change requires managing the Workday@OK Open Enrollment elections and completing a life insurance application. The application is due to EGIDMail@omes.ok.gov. Each year, EGID announces the deadline to submit the completed application.

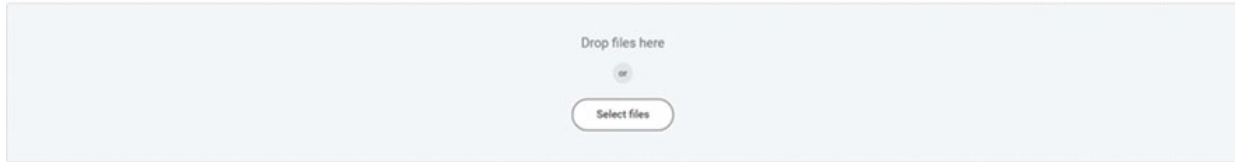
Insurance

 Basic Life and AD&D HealthChoice Before-Tax (Employee) Cost per paycheck: \$5.20 Coverage: \$20,000 Manage	 Supplemental Life and AD&D - \$20,000 HealthChoice - Before-Tax (Employee) Cost per paycheck: \$5.20 Coverage: \$20,000 Manage	 Supplemental Life - over \$20,000 HealthChoice (Employee) Cost per paycheck: \$1.90 Coverage: \$20,000 Manage
 Dependent Life Waived Enroll	 Before-Tax Life Insurance (for Payroll Purposes Only) HealthChoice (Employee) Cost per paycheck: Included Coverage: \$10,000 Manage	



5. After electing your coverage for the next plan year, select the **Review and Sign** button.
6. Attach required documentation* for any dependents added, common-law spouse or opting out.

Attachments

A light blue rectangular box representing a file upload area. Inside the box, the text "Drop files here" is centered at the top. Below it, the word "or" is centered. At the bottom, there is a rounded rectangular button with the text "Select files".

7. Electronic signature required. Check **I Accept**.
8. Review your enrollment elections and then select **Submit**.
9. To make additional changes during open enrollment, navigate to Benefits from the Menu icon or through View All Apps, then select **Change Open Enrollment**.

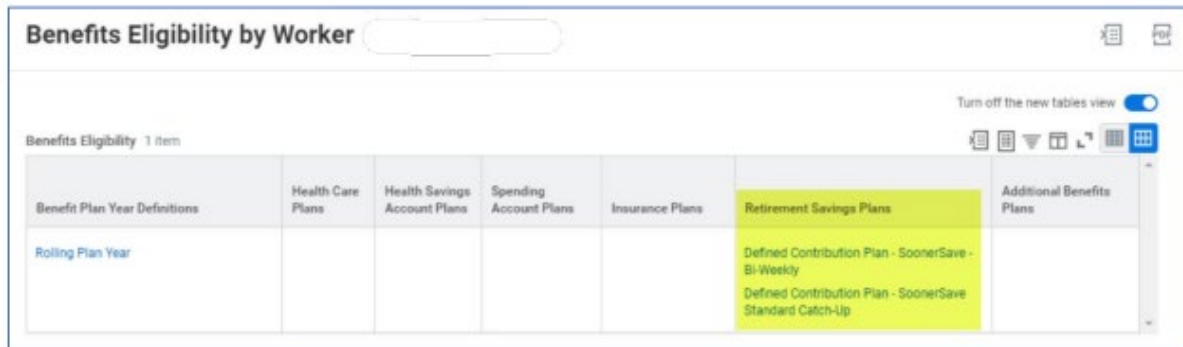
***Required documentation:**

- Spouse.
 - Marriage license.
- Common-law spouse.
 - Common-Law Spouse Certification – signed by both parties.
- Children under age 26.
 - Birth certificate.
- Opting out.
 - Employee Opt-Out Acceptance affidavit.
 - Proof of other group insurance coverage.
- Not acceptable: SoonerCare, Medicare, Indian health benefits, individual insurance plans, spousal benefits with EGID.

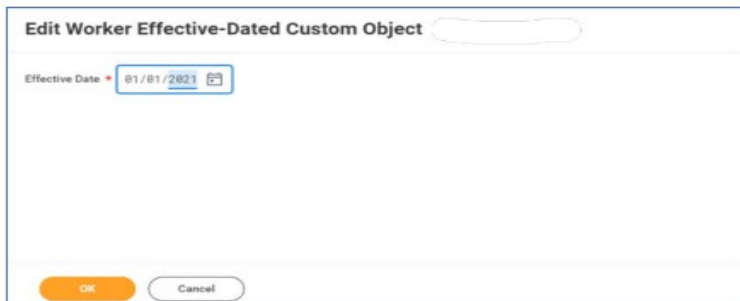


HOW TO ENROLL EMPLOYEE IN A RETIREMENT PLAN

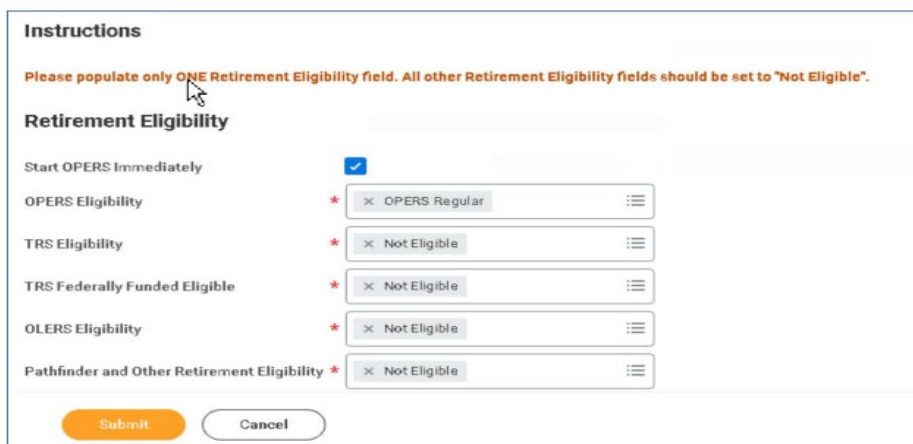
Step 1: Go to Benefits > View Benefits Eligibility. Review the Retirement Savings Plans. If the Retirement Plan shows up for the worker, go to Step 3, otherwise proceed to Step 2. Also, if you are just enrolling a worker in SoonerSave, proceed to Step 3.



Step 2: Update Retirement Eligibility Custom Object of the worker. Go to Additional Data > Edit Effective-Dated Custom Object. Enter the date of hire in Effective Date and select **OK**.



If the worker was a prior OPERS participant and coverage should start right away, select the **Start OPERS Immediately** box; otherwise, coverage will start the first of the next month. Select the retirement plan the worker is eligible for and **Submit**.



This process makes the worker eligible for selecting a plan. It does not enroll them in the plan. A nightly process will run enrolling the participant in the correct plan. If you want to enroll them manually instead, proceed to Step 3.

Note: Step 2 is for catch-up purposes only or if you need to manually enroll someone in a retirement plan. The above Retirement Eligibility page will be sent to HR automatically during onboarding, and the enrollment process will occur automatically that night. You will not have to proceed to Step 3 for regular new hires going forward.

Step 3: Enroll worker in their retirement plan. Go to Benefits > Change Benefits. Enter a Change Reason of Change Retirement Savings and a Benefit Event Date (date the worker should be enrolled) and **Submit**.

The 'Change Benefits' form includes a title bar with a search icon. Below the title, there are three main sections: 'Change Reason' with a dropdown menu set to 'Change Retirement Savings'; 'Benefit Event Date' with a date picker set to 08/02/2021; and 'Submit Elections By' with a date picker set to 04/21/2022. An 'Open Elections for' dropdown is set to 'Defined Contribution Plan'. To the right, an 'Instructions' section provides guidance on documentation for adding/removing dependents and divorce events. At the bottom, an 'Attachments' section is followed by three buttons: 'Submit' (orange), 'Save for Later' (light blue), and 'Cancel' (light blue).

Open the Event and select **Let's Get Started**. Select the **Manage** button under the appropriate Coverage Type.

The 'Change Retirement Savings' event page shows a title bar with a search icon and a 'Projected Total Cost (Per Pay Period)' of \$0.00. The main content area is titled 'Retirement' and features a card for the 'Defined Contribution Plan' (Pathfinder) with a contribution rate of 4.5%. A 'Manage' button is located below the card. At the bottom, there are two buttons: 'Review and Sign' (orange) and 'Save for Later' (light blue).

Enroll the worker in the appropriate plan(s) and contribution percentages and **Save**.

The 'Contribute' form is titled 'Contribute' and includes the instruction 'Enter how much you want to contribute as a percentage.' It features a 'Contribution Type' dropdown set to 'Percentage' and a 'Contribution (%)' input field with the value 4.5. Below the input field, it shows 'Minimum Percentage: 4.5' and 'Maximum Percentage: 100'. At the bottom, there are two buttons: 'Save' (orange) and 'Cancel' (light blue).

Select **Review and Sign**, next **Accept the Electronic Signature**, and then **Submit**.

Electronic Signature

I authorize and agree to any NECESSARY salary reduction to implement my elections. I UNDERSTAND MY ELECTIONS ARE BINDING AND IRREVOCABLE AND WILL REMAIN IN EFFECT FOR THE FULL PLAN YEAR UNLESS I EXPERIENCE AN ALLOWABLE MIDYEAR CHANGE EVENT. I understand I have 30 days from the event to request any applicable changes to my options for this plan year. I also understand any money left in the reimbursement account(s) will be forfeited at the end of the plan year grace period or upon my termination with the state.

If you are declining enrollment for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact your agency's benefits coordinator.

*

I Accept ☒

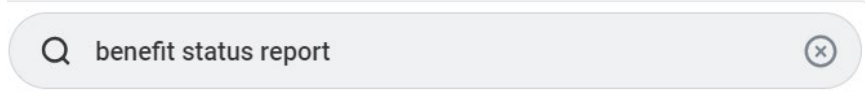
SubmitSave for LaterCancel

Step 4: Verify the Worker's Enrollment of the worker. Go to Benefits, view Benefits Coverage History, view the Retirement Savings tab for the election.

Benefit Coverage History									
Benefit Groups State of Oklahoma Part-Time Bi-Weekly Benefit Group									
Retirement Savings 1 item									
Current	Benefit Plan	Event Date	Enrollment Event Type	Coverage Begin Date	Deduction Begin Date	Coverage End Date	Deduction End Date	Contribution	Benefici
Yes	Defined Contribution Plan - Pathfinder	08/02/2021	Change Retirement Savings	08/02/2021	08/02/2021			4.5%	

HOW TO RUN BENEFIT EVENT STATUS REPORT

1. Type the name of the report in the search bar and hit the Enter key.



A search bar with a magnifying glass icon on the left, the text "benefit status report" in the center, and a circular button with an "x" icon on the right.

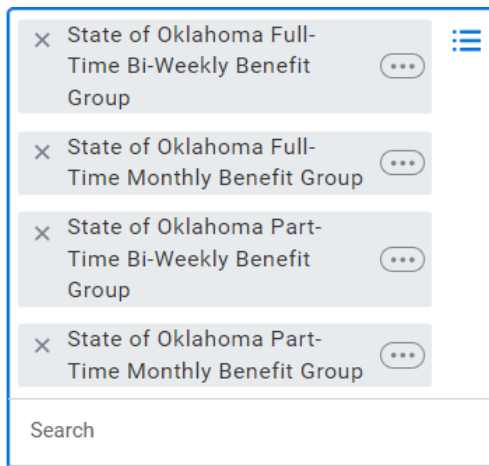
2. Select the blue report link.

Tasks and Reports

[Benefit Events Status Report](#)

Report

3. In the benefit groups square, select all groups for which you want to run the report.

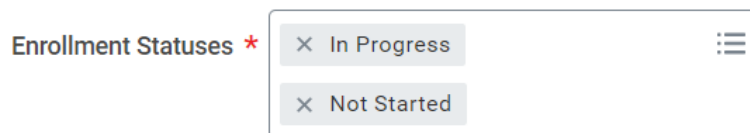


A selection interface for benefit groups. It contains a list of four items, each with a blue "x" icon on the left, a text label, and a blue "..." icon on the right. A blue menu icon is at the top right. A search bar is at the bottom.

x	State of Oklahoma Full-Time Bi-Weekly Benefit Group	...
x	State of Oklahoma Full-Time Monthly Benefit Group	...
x	State of Oklahoma Part-Time Bi-Weekly Benefit Group	...
x	State of Oklahoma Part-Time Monthly Benefit Group	...

Search

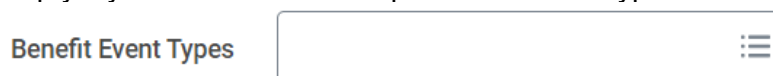
4. In Enrollment Statuses, unselect any group you do not want to include in the report.



An interface for selecting enrollment statuses. It has a label "Enrollment Statuses" with a red asterisk. Below it is a list of two items, each with a blue "x" icon and a text label. A blue menu icon is at the top right.

x	In Progress
x	Not Started

5. In Benefit Event Types, select all and select which benefit event you want to run the report for or leave empty if you want to run the report for all event types.



An interface for selecting benefit event types. It has a label "Benefit Event Types" and a large empty rectangular box with a blue menu icon on the right.

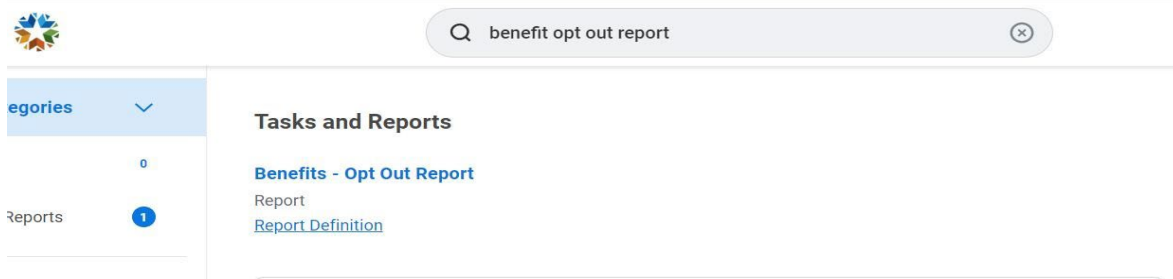
6. Select **OK**.

Review the report and contact your agency staff listed in it and remind them to complete their enrollment. The report also shows when their enrollment event started (initiated on) and the date they need to complete their enrollment (submit by).

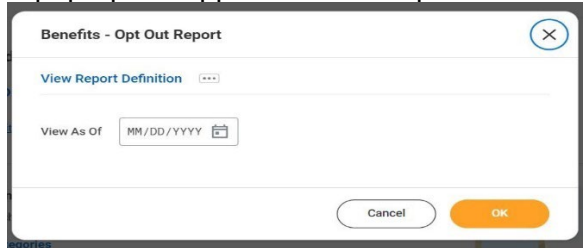
Run this report as often as possible for status of enrollment for your agency staff; remind them to enroll until the enrollment is completed.

HOW TO RUN THE OPT-OUT REPORT

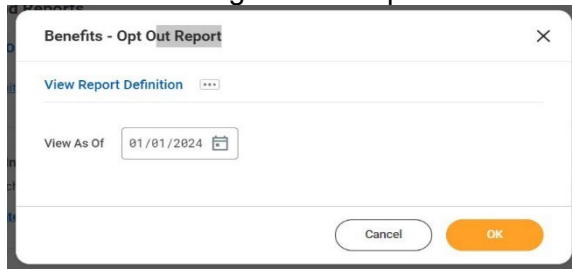
1. In Workday@OK, search for and select **Benefits – Opt Out Report**.



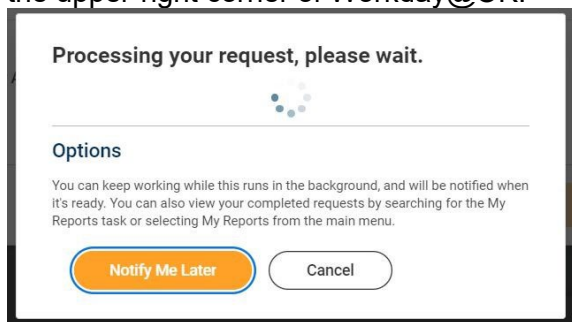
2. A pop-up will appear – View Report Definition.



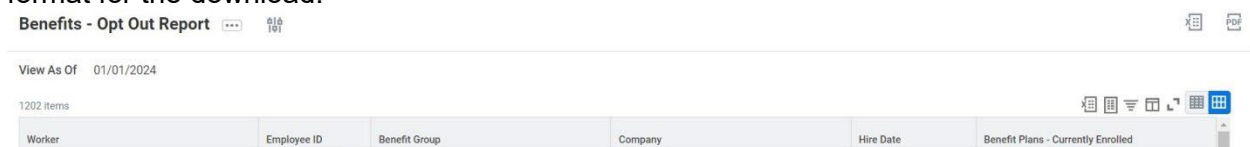
3. Select a date range for the report.



4. This could take several minutes. You can wait for the report to run or you can select **Notify Me Later**. You will receive an automatic notification when the report is complete. The notification is in the upper-right corner of Workday@OK.



5. In the upper-right corner of the report are two icons: one for an Excel file and one for a PDF file. Choose the format you want for saving your report. To work the report, Excel is the suggested format for the download.



DEFINITIONS

COBRA: The acronym for the Consolidated Omnibus Budget Reconciliation Act of 1985 which gives workers and their families who lose their health, dental and/or vision benefits the right to continue group coverage provided by their group insurance plan. COBRA is available for limited periods of time and under certain circumstances, such as voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce and other life events.

Coinsurance: A percentage of costs the employee pays after your deductible is met.

Copay: A set amount the employee pays for certain services as a cost-sharing agreement.

Deductible: The out-of-pocket amount you pay before insurance pays expenses. Many plans provide certain coverages before deductible. Refer to plan for specifics.

Explanation of benefits (EOB): A statement provided by your health insurance company explaining how medical treatments and services were paid.

Network provider: A provider who has entered into a contract with an insurance plan to accept the plan's allowable fees for services and/or supplies provided to plan participants.

Out-of-pocket maximum: A predetermined amount a covered individual must reach before insurance pays 100% of eligible medical expenses.

Premium: The amount you pay for insurance each pay period.

Primary care physician (PCP): A physician of your choice, who provides both first contact and continuing care for a variety of medical conditions. Some HMOs require a PCP referral for other services.



CHECKLISTS

The Open Enrollment, New Hire and Midyear Change checklists are available on the [Benefits Partners page](#).

CONTACT INFORMATION

Employee Benefits Department

[Benefits Service Portal](#)

Phone: 405-522-5528

Fax: 405-521-6308

Central benefits partners

Bryan Ramsey

Peggy Utter

Ryan Barr

Sacha Cason

Central benefits partners supervisor

Sharon Saunders

Director of benefits operations

Mechele Berry

Employees Group Insurance Division (EGID)

oklahoma.gov/omes

405-717-8780 or 800-752-9475

TTY 711

