



MISSOURI EDUCATORS' TRUST
Online Benefit Administration System
Open Enrollment Process

Follow the step by step instructions below to complete the benefit enrollment process. Information reflected is for illustrative purposes only and is not specific to your district.

PORTAL AVAILABLE April 26th - May 7th

STEP 1 Go to www.benefitsolver.com

STEP 2 REGISTER

- **First time users must REGISTER, Click REGISTER button**
 - If this is **NOT** your first time using this system, enter the user name and password you entered last year (**GO TO STEP 5**)
 - If you have forgotten your login, click “Forgot your user name or password?”

Welcome

User Name
case sensitive

Password
case sensitive

Login >

Forgot your user name or password?

First time here?
Register to create your user name and password.

Register

- **Enter your information below; Company Key is MET**
Click “CONTINUE”

Info Create Confirm Login

Info

Company Key
MET

Social Security Number
123-45-6789

Date of Birth
MM/DD/YYYY

All fields are required.
If you don't already have your Company Key, contact your benefits administrator.

Cancel Continue >



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STEP 3 CREATE ACCOUNT (for new users)

- Enter a user name, password and security questions
 - Suggestion: use your school (or personal) email as your user name
 - Password requirements are listed on this screen
- Make a note of this information, you will need it in STEP 5
- Click "CONTINUE"

The screenshot shows the 'Create Account' page with a navigation bar at the top containing 'Info', 'Create', 'Confirm', and 'Login'. The 'Create' tab is active. The form has the following sections:

- User Name:** A text input field with a placeholder 'case sensitive'.
- Password:** A text input field.
- Confirm Password:** A text input field.
- Security Questions:** A dropdown menu for 'Security Question *' with 'Please Select' as the current selection, and a text input field for 'Security Answer *'.

Instructions on the right side of the form state: 'Below you must create a User Name and Password. The User Name must not contain any spaces and be at least 8 characters long. If the User Name you have chosen is already in use, you will be instructed to choose a different one. The Password must also be at least 8 characters and contain no spaces. A combination of numbers and letters is required for your Password. In addition, please select a security phrase and complete the answer to this question in the space provided. This will be used if you forget your password and need assistance in recovering it. Note: Your User Name, Password, and Answer to the Security Phrase are case sensitive. You must enter your information in the correct case when accessing the site in the future.'

At the bottom right, there are two buttons: 'Cancel' and 'Continue >'.

STEP 4 CONFIRM

- Click "CONTINUE" – this will take you back to the sign-in page

The screenshot shows the 'Confirm' page with a navigation bar at the top containing 'Info', 'Create', 'Confirm', and 'Login'. The 'Confirm' tab is active. The page displays the following message: 'You have successfully registered. Click the "continue" button and enter your new information on the login page.'

At the bottom right, there is a 'Continue >' button.



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STEP 5 LOGIN

- Enter the information you used to create your account in STEP 3
- Click “LOGIN”

The screenshot shows a login interface with a blue header. The main content area is white and contains a 'Welcome' message. Below this, there are two input fields: 'User Name' and 'Password'. Both fields have a small icon to the left of the input area. Below the 'User Name' field, the text 'case sensitive' is displayed. Below the 'Password' field, the text 'case sensitive' is also displayed. To the right of the input fields, there is a section titled 'First time here?' with the text 'Register to create your user name and password.' and a 'Register' button. At the bottom of the form, there is a blue 'Login >' button and a link that says 'Forgot your user name or password?'.

STEP 6 GET STARTED

- Read and Accept the statement to continue
- Click Yes to accept or No to decline
 - Clicking No will prohibit you from continuing this process
- Click “CONTINUE”

The screenshot shows a 'Getting Started' page with a blue header. The main content area is white and contains a 'Let's Get Started' message. Below this, there is a section titled 'Getting Started Details' with a paragraph of text. The text reads: 'Please read the following information. After you have read the information either accept or decline the agreement by clicking on the appropriate button below. If you agree, you will be directed to the next step. If you decline, you will be returned to the login page and will have to contact your benefits administrator to enter the system.' Below this, there is a paragraph of text: 'By clicking "Accept" below, I hereby consent to the use of Electronic Signatures as my formal acceptance of all electronic records covered by the Electronic Signature in Global and National Commerce Act of 2000 (ESIGN) which includes documents, forms, account applications, electronic trade confirmations, statements, agreements, and prospectuses. I also consent to receive certain employee benefit plan information through electronic media. I understand it may be necessary for me to inform the company if my email address changes or if I prefer to receive the communication at a different email address. I also understand that I may withdraw this consent at any time by completing a similar form stating I no longer consent to electronic communication. In addition, I understand that I may request a paper version of the electronically furnished documents free of charge if I am unsuccessful at printing the document.' Below this, there is a section titled 'Do you agree?' with two buttons: 'Yes' and 'No'. The 'Yes' button is highlighted in green. At the bottom right of the page, there are two buttons: 'Log Out' and 'Continue >'.



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STEP 7 PERSONAL PREFERENCES

- Enter your preferred method of contact
- An option to OPT-IN to text message alerts is also available here
- Read the information under “Document Delivery” and check “Yes” to agree or “No” to decline to receive stated documents electronically.
- Click “CONTINUE”

Personal Preferences

Please make your personal preferences selection below and click the "Continue" button.

Contact Preferences

Email Address
 Primary

Personal Email Address
 Primary

Cell Phone Number
 Opt Into Text

555-887-5309

Document Delivery

Electronic Consent for Affordable Care Act - Important Tax 1095-C Documentation Preference

Electronic 1095 Delivery Consent:
IMPORTANT TAX DOCUMENTATION
Starting in 2015, the IRS is requiring individuals to report on their healthcare coverage. Your employer is required to supply you this information on a standard form, IRS Form 1095. You will use this form when preparing your taxes. You may choose to receive this form electronically or via mail.

By selecting "yes" I consent to the delivery of the 1095 Employee Statement electronically. This document will then be made available in my personal documents by January 31 the year following a year when I am eligible for or enrolled in Health Coverage. A paper copy will not be sent to me unless I withdraw this consent.

I may withdraw this consent at any time by contacting Businessolver at 844-215-5100 or by going to "My Profile" at www.benefitsolver.com and changing my consent from Yes to No.

I understand that once generated, my completed 1095 form will be available in my Personal Documents as long as Businessolver.com, Inc. is the administrator of my employer's benefits.

This notice will remain in effect until I withdraw consent or until there is a material change in the consent, at which time I will need to reconfirm my consent for electronic delivery.

Do you agree?
 Yes No

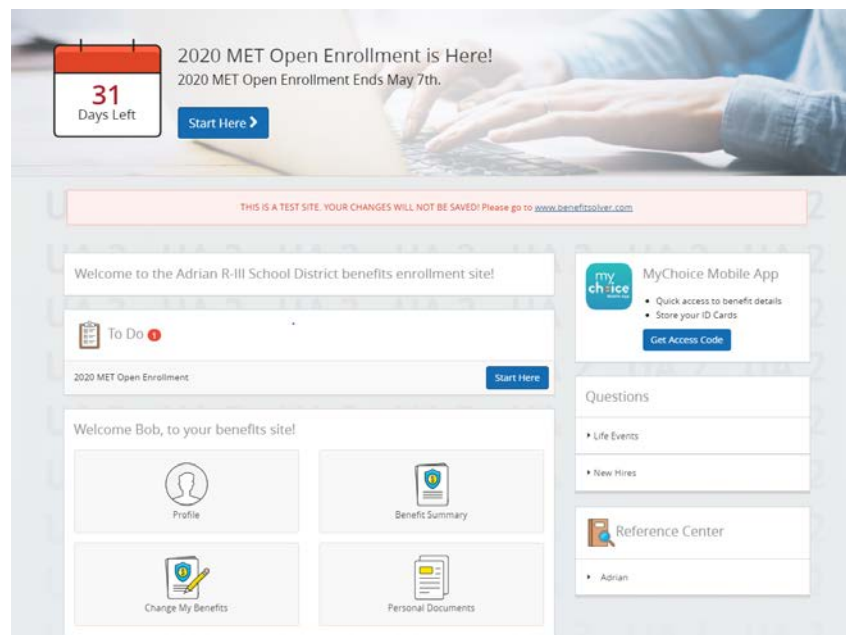
[Continue >](#)



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STEP 8 HOME PAGE

- **The Home Screen will provide access to**
 - any TO DOs you need to take care of,
 - review your profile,
 - review benefit summaries,
 - change benefits (until the last day of open enrollment) and
 - review personal documents
- **Other options found on the Home Screen are**
 - an access code for the MyChoice Mobile Application,
 - contact information to get answers to questions concerning enrollment,
 - report life events and
 - enroll as a new hire, and
 - the Reference Center to view plan document information.
- **To access the Open Enrollment option, click “START HERE” at the top of the page or in the TO DO Box**



IMPORANT: Before you begin open enrollment, navigate to the top of the above page and click the down arrow beside your name. A window will open displaying your account information, transactions and plan benefits. Under the Benefits section, click Benefit Summary. This will open your CURRENT BENEFITS (2020-2021) SUMMARY page. At the bottom of the page there is an option to save this document as a PDF. Click PDF and save the document somewhere you will be able to access as you move through open enrollment, i.e., your desktop. You may need to reference this as you make your new 2021-2022 benefit elections.



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STEP 9 START ENROLLMENT

Benefit Enrollment

Let's
Get
Started



Missouri Educators' Trust Open Enrollment

Welcome to the 2020 Open Enrollment through Missouri Educators' Trust! You are requested to use this tool to elect or waive benefit elections that become effective July 1, 2020. The 2020 Open Enrollment period gives you the opportunity to elect or waive coverage and/or add/remove family members from coverage.

Things to remember:

- This is an ACTIVE ENROLLMENT. You must enroll in benefits by the end of the Open Enrollment period.
- Please review your Open Enrollment Summary once you are finished and reach out to your district with any questions.

Start Enrollment >

STEP 10 VERIFY YOUR INFORMATION IS CORRECT

- Check your personal information
- Select tobacco status
- Enter email address and phone number, click "NEXT"

About You

Your Information

First Name:	Boo
Middle Initial:	
Last Name:	Seger
Suffix:	
Social Security Number:	109-20-3521
Date of Birth:	01/01/1970
Gender:	Male
Marital Status:	
Address 1:	1234 Angel Dr
Address 2:	
City:	New Town
State:	MO
ZIP:	62314
Do you or your spouse use tobacco products? *	<input checked="" type="radio"/> No <input type="radio"/> Yes
Email Address:	<input type="text" value="seger@met.com"/>
Confirm Email Address:	<input type="text" value="user@mydomain.com"/>
Home/Cellular Phone **	<input type="text" value="817-455-8888"/> <input type="text" value="555-555-1234"/>
Work Phone:	<input type="text" value="555-555-1234"/>



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STEP 11 DEPENDENT INFORMATION

- **Dependents are defined as**
 - **Your spouse**
 - **Your dependent children – your own or those of your spouse**
 - **The children must be under 26 years of age, and they include your:**
 - **Biological children**
 - **Stepchildren**
 - **Legally adopted children, including any children placed with you for adoption**
 - **Children you are responsible for under a qualified medical support order or court-order (whether or not the child resides with you)**
 - **Grandchildren in your court-ordered custody**
- **IF YOU WILL NOT BE COVERING DEPENDENTS ON ANY BENEFITS, DO NOT ADD THEM**
- **If you have no dependents to add, Click “NO” and “Next”**

Your Family

Do you have any dependents?

Yes No

[< Back](#) [Next >](#)



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- If you have dependents to add to ANY benefit available to you, add them here
 - You will need the dependents social security number and date of birth
- Click “Yes” and “Add a New Dependent”

Your Family

Do you have any dependents?

Yes No

[← Back](#) [+ Add a New Dependent](#)

Enter dependent information

- Click “Save Changes”

Dependent Information X

Relationship: *

First Name: *

Middle Initial:

Last Name: *

Suffix:

Jr., Sr., III, etc.

Warning! Please provide an accurate Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) for your dependents. If you are unable to supply a valid number, please indicate so in the checkbox and select a reason from the drop-down menu. Please note, you can add a valid identifying number in the future.

The Affordable Care Act requires that employers request this information for all covered dependents.

Social Security Number: *

Cannot provide Social Security Number

Date of Birth: *

Gender: *

Student: No Yes

Tobacco Use: No Yes

Disabled:

Please enter the dependent address if it is different than yours

Address 1:

Address 2:

City:

State:

ZIP:

[Cancel](#) [Save Changes](#)



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- Repeat this step for each dependent you need to add
- Once all Dependents are added, click “Looks Good”

Name	Relationship	Gender	Date of Birth	
Sally Ray	Child	Female	01/01/2002	Edit

STEP 12

ELECT YOUR BENEFITS

- A PDF of the detailed plan benefits will be accessible in this screen. Click on a link to open and review the document
- To enroll in coverage, click “I Want Coverage” and “Next”
- To waive coverage in this step, select “Waive Coverage” and skip to STEP 13
- Click “Next”

1. About You 2. Election Information 3. Review

Total Employee Cost \$0.00/Monthly

THIS IS A TEST SITE. YOUR CHANGES WILL NOT BE SAVED! Please go to www.benefitsolver.com

Medical

When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

- How do a PPO and HDHP Compare
- Plan 10 SBC 072019
- Plan 11 SBC 072019
- Plan 12 SBC 072019
- Plan 3 SBC 072019
- Plan 5 SBC 072019

Would you like to enroll in Medical coverage?

I Want Coverage Waive Coverage

< Back Next >



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- In the next screen, choose who you want covered by placing a check mark beside each name (if you do not want one or more of your dependents listed to be covered under this benefit, DO NOT place a check mark beside their name)
 - You may also enter dependent data for someone you wish to cover but missed in the previous step;
 - click “Add a New Dependent”
 - follow the steps under “Enter dependent information” in STEP 11

Medical

Who would you like to cover with Medical coverage?

Bob Seger (Required)

Sally Ray

Deselect All

+ Add a New Dependent

< Back

Next >

- All plan options available to you for this benefit will be listed
- Click “Compare” to view a side-by-side comparison of options
- Click “Plan Details” to view the detailed plan benefits
 - These documents will also be available in the REFERENCE CENTER on your Home Page Click “Select” for the plan you wish to elect
- If after you have reviewed options, you decide you want to waive coverage, Click “Waive Medical Coverage” noted at the bottom of the screen by red arrow (Follow the instructions in STEP 13)
- Click “Next”



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Medical

Covered Members
Bob, Sally Info

Plan 3 PPO Open Access Choice POS II

Monthly Premium	Deductible	Out of Pocket Max
\$597.77 Employee and Children	\$2,000 Family	\$5,000 Family

Compare [Plan Details](#)

Plan 5 PPO Open Access Choice POS II

Monthly Premium	Deductible	Out of Pocket Max
\$536.53 Employee and Children	\$3,000 Family	\$7,500 Family

Compare [Plan Details](#)

Aetna HDHP 10

Monthly Premium	Deductible	Out of Pocket Max
\$443.41 Employee and Children	\$5,000 Family	\$5,000 Family

Compare [Plan Details](#)

Aetna HDHP 11

Monthly Premium	Deductible	Out of Pocket Max
\$1004.99 Employee and Children	\$7,000 Family	\$7,000 Family

Compare [Plan Details](#)

Aetna HDHP 12

Monthly Premium	Deductible	Out of Pocket Max
\$961.46 Employee and Children	\$10,000 Family	\$12,000 Family

Compare [Plan Details](#)

Waive Medical Coverage

- Following your medical election, additional information regarding other coverage may be requested. If you are not sure about other coverage, you may select “No” and provide that information at a later time.
- Click, “Next”

Medical

Additional information

Questions for Bob Seger

Is the individual currently enrolled in Medicare?

No Yes

Is the individual currently enrolled in other coverages?

No Yes

Questions for Sally Ray

Is the individual currently enrolled in Medicare?

No Yes

Is the individual currently enrolled in other coverages?

No Yes



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- Complete and review your election for each type of coverage being offered (medical, dental, vision, life insurance)
- Click, “Looks Good”

Medical Election Summary

Review Your Election

Enrolled in Medical?	Yes	Edit
Covered Members		Edit
Members	Covered	
Bob Seger Effective Date: 07/01/2020	Yes	
Sally Ray Effective Date: 07/01/2020	Yes	
Plan Selected		Edit
Plan Selected	Plan 3 PPO Open Access Choice POS II	
Employee Cost	\$597.77 Monthly	

[Back](#) [Looks Good](#)

STEP 13 WAIVING COVERAGE

- If you wish to waive coverage, a reason for waiving will be requested in the drop down menu under “Why Waive Coverage”.
- You have the option to not elect an answer here and click “Next”,
- or, if you elect that coverage is being waived because of other coverage, information for that other coverage will be requested.
- If you do not have or know this information, you may click “No” to provide that information at a later time; click “Next”

Medical

When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers, and it's not hard to understand why. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

How do a PPO and HDHP Compare

Plan 10 SBC 072019

Plan 11 SBC 072019

Plan 12 SBC 072019

Plan 5 SBC 072019

Plan 8 SBC 072019

Would you like to enroll in Medical coverage?

Worst Coverage Waive Coverage

Why Waive Coverage

Please Select One

[Back](#) [Next](#)

Medical

Additional information

Questions for Bob Seger

Is the individual currently enrolled in Medicare?

No Yes

Is the individual currently enrolled in other coverages?

No Yes

Questions for Sally Ray

Is the individual currently enrolled in Medicare?

No Yes

Is the individual currently enrolled in other coverages?

No Yes

[Back](#) [Next](#)



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STEP 14 REVIEW ELECTIONS

- Review the information in the “About You” and “Dependents” tabs at the top of the page
- The total cost to your employer will appear in the blue box and your total cost will appear in the box below that
 - Note: Total Employee Cost based on elections approved on the Review Enrollment page
- Be sure benefits elected are correct. No changes can be made after the Open Enrollment period without a qualifying event, until the 2021 Open Enrollment period
- If accurate, click “Approve”

Please review the following information after you have verified that all your information is correct. Click on the "Approve" button. If you would like to make changes or new selections, simply click on the "Back" link to the right of the area in which you would like to make the change.

Review Enrollment

You're almost done! Please review your enrollment below.
You must click the **Approve** button before you will be enrolled in any plans.

• About You
• Dependents: 1

Your Elections

Plan	Coverage	Employee Cost
Medical Plan 1 (Self Only) - Standard Plan 1	\$0 Self	257.71
DENTAL Standard Plan 1	\$0	0.00
Vision Vision Plan 1	\$0 Self	4.52

Your Employer's Cost
\$40.54 Monthly
This is the cost amount your employer will be paying for these benefits to cover your spend cost.

Total Cost \$602.27 Monthly

*This amount does not represent the total approved cost of benefits included on the summary. Other benefits not displayed are not included.
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the BenefitsAdmin system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.
Employer remains responsible for any and all loss or damages, and in no event shall Businessowner be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, minimum-amount flows, health plans or other claims, cancellations or reinstatement fees, or penalties, for a failure to pay a carrier vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessowner.
Even after you have made or made information accurate, for the possibility of any errors, in case of any conflict between your benefits election contribution and an official plan document, the plan document will be the final authority. Please note, some insurance coverage options may become effective upon approval of your address or increasing the carrier.

[Back](#) [Approve](#)

STEP 15 COMPLETE ENROLLMENT

- Click “I Agree” to complete enrollment

Confirmation

By selecting "I Agree" you have confirmed your benefits elections for 2020.
By selecting "I Disagree" your elections will not be submitted.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the BenefitsAdmin system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.
Employer remains responsible for any and all loss or damages, and in no event shall Businessowner be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, minimum-amount flows, health plans or other claims, cancellations or reinstatement fees, or penalties, for a failure to pay a carrier vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessowner.

[I Disagree](#) Total Employee Cost: \$602.27 Monthly [I Agree](#)



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Note: If you have elected a benefit that requires Evidence of Insurability, you will have an Action to complete. Click the “Complete Application” button to navigate to the online form. Once completed, click “Next”:

- **Confirmation – note Confirmation Number in top right hand corner**

- **From the above screen, Click “Print Benefit Summary” to save or print a copy of all benefits elected (example below)**

- **You can either logout or go HOME**
- **Refer back to STEP 8 for options on the HOME SCREEN**