

Last Updated: 10/26/2021

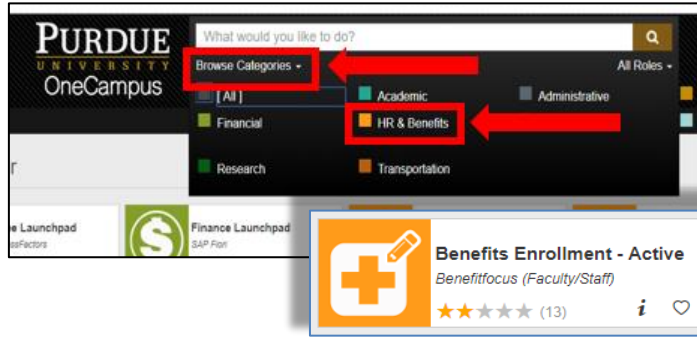
The instructions walk through the steps needed to complete benefit enrollment.

Please Note: Survey questions must be completed, regardless if you are enrolling or declining benefits.

Access Benefitfocus via OneCampus

1. Visit **OneCampus**
2. Search **Browse Categories**
3. Select **HR & Benefits**
4. Click **Benefits Enrollment – Active Benefitfocus (Faculty/Staff)**
5. Log in using **Purdue Career Account ID** and **BoilerKey**.

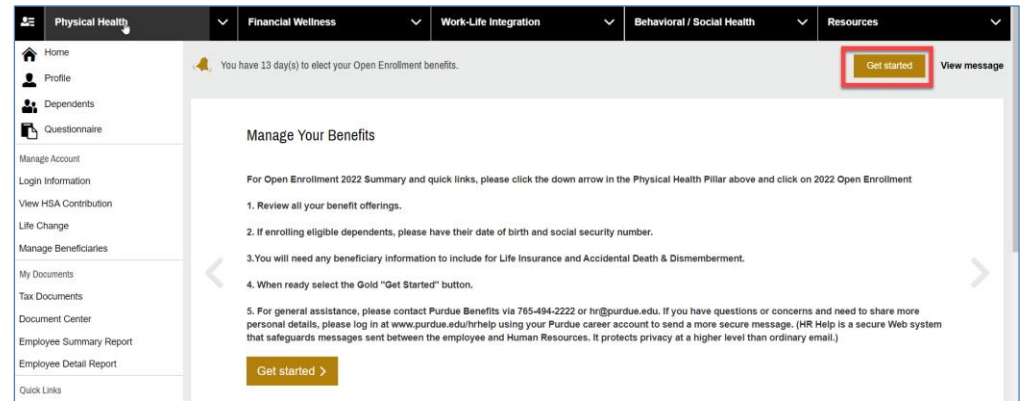
<https://one.purdue.edu/>



For assistance using or setting up BoilerKey, please contact ITaP at itap@purdue.edu or 765-494-4000.

Benefitfocus Access and Survey Questions

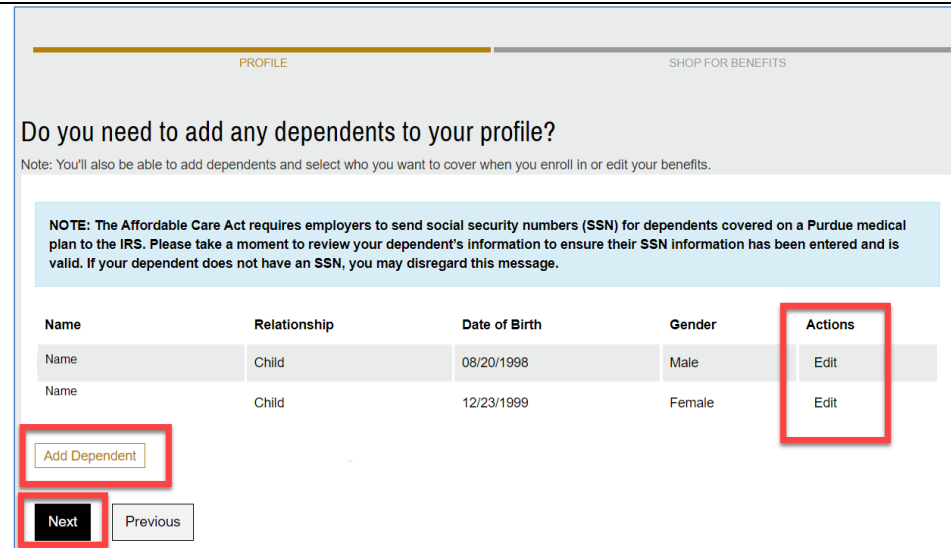
Click **Get Started** from **Manage Your Benefits** homepage



Review dependent information.
If changes are needed:

- Click **Add Dependent** to add additional dependents not listed
- Click **Edit** to edit or change dependent information

Click **Next**



Complete the survey questions by selecting the appropriate answer:

- **Purdue Tobacco Survey**
- **Document Review** (online or notices mailed home)

Purdue Tobacco Survey 2022

Premiums for medical, term life, universal life and critical illness insurance are based in part by whether or not you (and your spouse, if covered) have used tobacco in the last 12 months. Please indicate your tobacco user status below. If you are a tobacco user, you have the option of completing an approved tobacco cessation program to reduce your premium. "Tobacco use" - includes cigars, cigarettes, electronic cigarettes (vaping devices contain nicotine, which is derived from tobacco), chewing tobacco, pipe tobacco or any other tobacco product. "Tobacco use" does NOT include nicotine replacement therapy, such as nicotine patch, nicotine gum, or nicotine lozenges. Detailed information can be found at <https://www.purdue.edu/hr/Benefits/medical/tobaccoCessation.php>

I attest that this certification is accurate and true. I understand that if I have given inaccurate or false information, I may be subject to disciplinary action up to and including termination of employment by Purdue University. I understand further that I may be required to pay additional premiums consistent with my status as a tobacco user.

- I have not used tobacco products in the last 12 months
- I have used tobacco products in the last 12 months

The University complies with various legal requirements related to providing benefit programs for faculty and staff. For your convenience, all of those documents including the HIPAA Notice of Privacy Practices are available online.

To view all of the legal notices, please copy this URL into your web browser: <https://www.purdue.edu/hr/Benefits/medical/hipaa.php>

- I will review the notices on the website above and do not need a paper form mailed to me.
- I would like the notices mailed in paper form to my home address on file at Purdue.

- **Working Spouse** benefit coverage
 - o Review additional messages in red, based on selected answer
 - o If **Working Spouse Premium Waiver** is required, follow directions to upload after completing benefit enrollment steps.
- Click **Save & Continue**

Please choose a category below that describes your situation for 2022 to help determine if you will be charged an additional premium.

WORKING SPOUSE CERTIFICATION

- I will not be covering a spouse on Purdue medical coverage or
 - I will not be electing any Purdue medical coverage
- I will be covered by my spouse through Purdue or
 - I will cover my spouse who works at Purdue or
 - My spouse is not employed or
 - I will cover my spouse and he/she is covered by Medicare/Medicaid/Tricare
- My spouse is employed or self-employed and has access to an employer group plan where the employer pays at least 50% of the employee-only premium, but he/she chooses not to be covered under that plan. I will cover him/her as primary coverage through Purdue.
- I will cover my spouse; he/she is employed outside of Purdue, or self-employed, with no access to employer group coverage where at least 50% of the premium is paid for on his/her behalf or
 - I will cover my spouse who is employed or self-employed and will take his/her employer's group plan. Purdue coverage will be secondary.

Save & Continue Cancel

Dependent on selection, a message in red may appear (examples below)

- I will cover my spouse; he/she is employed outside of Purdue, or self-employed, with no access to employer group coverage where at least 50% of the premium is paid for on his/her behalf or
- I will cover my spouse who is employed or self-employed and will take his/her employer's group plan. Purdue coverage will be secondary.

You won't be charged the Working Spouse Premium, but you must upload a completed Working Spouse Premium Waiver form no later than 12/01/2021 or the additional premium will apply. It needs to be uploaded via the Document Center from the Benefitfocus homepage. Waiver form and detailed instructions found [here](#).

- I will not be covering a spouse on Purdue medical coverage or
- I will not be electing any Purdue medical coverage

- I will be covered by my spouse through Purdue or
- I will cover my spouse who works at Purdue or
- My spouse is not employed or
- I will cover my spouse and he/she is covered by Medicare/Medicaid/Tricare

- My spouse is employed or self-employed and has access to an employer group plan where the employer pays at least 50% of the employee-only premium, but he/she chooses not to be covered under that plan. I will cover him/her as primary coverage through Purdue.

- I will cover my spouse; he/she is employed outside of Purdue, or self-employed, with no access to employer group coverage where at least 50% of the premium is paid for on his/her behalf or
- I will cover my spouse who is employed or self-employed and will take his/her employer's group plan. Purdue coverage will be secondary.

You will be charged the Working Spouse Premium. You do not need to submit a Working Spouse Premium Waiver form.

Enrollment Coverage Selection

The **Open Enrollment Benefits** site contains a summary of the benefit options, outlined through 24 segments.

Start with :

1. Your Medical coverage

Click **Begin enrollment**

****Click Decline Coverage if declining medical coverage****

Best Practices:

- Follow the numbered benefit plans in order.
 - You will not be able to 'submit' or complete enrollment until a decision has been completed for all benefit plans highlighted in blue (example below)

1. Your Medical coverage

- Confirm the correct dependents selected by ensuring their name is highlighted in green
 - Click **Add Dependent**, if needed
- Click **Select Plan** to choose the plan you want
 - If enrolled previously in a plan, it will display that one as *Currently Selected*.
- Click **Decline Coverage**, after scrolling to bottom of page if medical coverage is not needed
- Click **Next** when finished

A Health Savings Account (HSA) is offered with each Medical Plan.

Select **Yes** or **No** to answer the **HSA Eligibility Survey**.

- If answer is **No**, a Health Reimbursement Arrangement (HRA) is offered.

Please Note: Only Purdue can make contributions to your HRA – the employee cannot make contributions to a HRA.

- If answer is **Yes**, please select **Yes** to include the HSA account with your medical coverage, or select **No** if you do not want an HSA.
- If **Yes**, answer survey question related to contribution amount
 - Click **Continue**
 - Dependent on selection, additional questions may need answered. *(Example: 3. Select a way to contribute)*

Health Savings Account (HSA)

HSA Eligibility Survey

To be eligible to contribute to or receive the Purdue University contribution for a health savings account (HSA), you must meet the following criteria:

1. You are enrolling in Purdue's Premier, Standard, or Limited Consumer-Driven Health Plan.
2. You are not also covered by a non-HSA-eligible medical plan, including Medicare, Medicaid, or Tricare.
 - If you enroll in Medicare in 2021, you will no longer be eligible to receive contributions to an HSA. If you enroll mid-year, you must pro-rate your contributions based on how many months you were eligible to receive them. Additionally, if you delay Medicare enrollment past your 65th birthday (as you are not required to enroll in Medicare upon turning 65 if you are still working), your Medicare coverage will be retroactive to your 65th birthday or 6 months before you apply for Medicare – whichever is later.
3. You are not currently receiving Social Security payments.
4. You may not be claimed as a dependent on another individual's tax return.
5. You or your spouse (if applicable) are not participating in healthcare Flexible Spending Account (FSA) or a Health Reimbursement Arrangement (HRA).

Do you certify that you meet the criteria outlined above? **(Please note: If you select "No" you will not be eligible for a Health Savings Account but you will be eligible for an HRA.)**

Yes

Next Previous Cancel

Please factor in any amount you intend to receive from the Healthy Boiler Incentive offering for the calendar year as you set your total contribution amounts for employer/employee.

An HSA allows you to pay for current healthcare expenses and save for those in the future. Its first advantage is that contributions made through payroll deduction are pre-tax. Second, the interest earned is tax-free. Even if you had an HSA in previous years, you must re-enroll every benefit year.

1. Would you like an HSA?

- Yes, I would like an HSA.
- No, I do not want an HSA.

Continue Previous Cancel & return home

2. How would you like to contribute to your HSA?

- Maximize contribution
You will have 11 contributions of \$558.33 and one last contribution of \$558.37 to total \$7,900.00 for the year.
- Custom amount
Contribute a custom amount to be deducted from every paycheck within a defined date range.
- Employer only
I don't want to contribute right now (you will still receive your employer's contribution).

Continue Previous Cancel & return home

3. Select a way to contribute to your HSA

Custom paycheck range

Schedule an amount to be deducted from a custom range of paychecks.

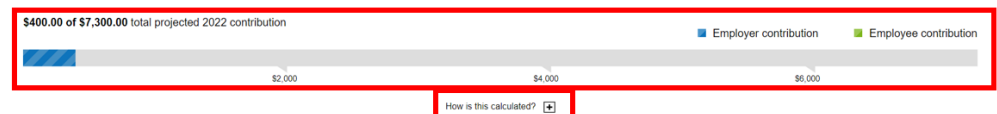
Amount: from Start date: to End date:

x 0 paychecks = \$0.00

Continue Previous Cancel & return home

Please note: The bar at the top of the screen will show your contributions vs. IRS rules, to ensure you're not over-contributing.

If you want to understand more about HSA contributions, click on "How is this calculated?" at the top of the page. Keep in mind the system only calculates your base contribution from Purdue—not the Healthy Boiler incentive. So if you plan to participate in the program and earn the additional HSA contribution, be sure to consider that as you decide on how much you plan to contribute.



- If contributing to an HSA, review Contribution summary
 - Click **Save & Continue**
- Click **Next**, to confirm HSA eligibility, when applicable.
- Click **Next** (again) to move on.

After completing the HSA information, you can choose to use a Limited Purpose Health Care Flexible Spending Account

Click **Select**, to choose **FSA plan**

Click **Decline Coverage** if you do not want the FSA

If **Select Plan** is clicked:

- Enter **Contribution Amount**
- Click **Next**

A Benefit Summary page displays after completing Medical Coverage, including HSA/HRA and/or FSA showing your medical coverage selection.

- Click **Edit coverage** or **Edit plan** to change medical coverage
- Click **Plan Details** to review medical plan

Click **Save**

Please Note:

Your vision and dental benefits will roll over. If you want to make changes, you will need to edit your coverage.

Benefit	Cost
Medical	\$220.00
Pharmacy	\$0.00
Dental	\$0.00
Term Life	\$0.00
AD&D	\$0.00
Voluntary Term Life	\$0.11
Voluntary Dental Term Life	\$1.00
Voluntary Spouse AD&D	\$0.00
Voluntary Child Term Life	\$1.00
Monthly Total	\$224.00
Tax Advantage Accounts (TAA)	
Health Savings Account (HSA) Employee Contribution	-\$100.00
Flexible Spending Account Employee Contribution	\$10.00
Dependent Care FSA Employee Contribution	\$40.00
Monthly Contributions Total	\$50.00
You Pay	\$274.00

Save
Cancel

After Benefit Summary, it will lead to the **Dependent Care FSA coverage**

- Click **Begin enrollment** if wanting a dependent care FSA
- Click **Decline coverage** if not needed

If **Begin enrollment** is chosen:

- Click **Select Plan**
- Type **Contribution Amount**
- Click **Next**

7. Choose your Dependent Care FSA coverage

Begin enrollment
View your current plan
Decline coverage

Dependent Care Flexible Spending Account (FSA) 2022

The Dependent Care FSA plan allows you to set aside up to \$5,000 pre-tax funds to be used for dependent care (child/adult dependents). Funds you contribute to this account are available on or after each pay date and must be used by the end of the plan year. If you are married, but file separate tax returns are limited to \$2,500.

Select plan
Plan details

Dependent Care FSA

How much money do you want to contribute to your *Dependent Care FSA* account?

You can contribute between \$100.00 and \$5,000.00 per plan year.

Contribution Amount

The **dependent care** Flexible Spending Account is separate from the **health Flex**. The amount you enter will be divided into individual deductions over the remainder of the plan year.

Next
Previous
Cancel

The application will continue to take you through each benefit option. Click **Begin Enrollment** to select plan or **Decline coverage**.

\$ 7. Choose your Dependent Care FSA coverage
You have declined this benefit.

[Edit coverage](#)

8. Choose your Critical Illness coverage

[Begin enrollment](#) [View your current plan](#) [Decline coverage](#)

+ 9. Choose your Voluntary Accident coverage

+ 10. Choose your Supplemental Hospital Insurance coverage

⚖ 11. Choose your Legal coverage

I have reviewed the information above

[Complete Enrollment](#) [Cancel](#)

Don't forget to Review **Dental** if changes are needed (otherwise the plans roll over from the previous year)

- Click **Edit coverage**, if changes are needed

🦷 5. Your Dental coverage
Dental PPO Plan Option 2 - 2022

Offered By: Delta Dental of Indiana
Effective Date: 01/01/2022
Persons Covered:

[Edit coverage](#) [Compare to your current plan](#)

Further down the summary, you will see the life insurance plans being offered. This is a good time to check your beneficiary information. Please note, you may change beneficiaries at any time.

If you are increasing your voluntary term life, Benefitfocus will alert you if you need to go through the EOI process.

<p>🛖 14. Your AD&D coverage Basic Employee AD&D Insurance 2022</p> <p>Offered By: Securian Life Coverage Amount: \$15,000.00 Effective Date: 01/01/2022 Persons Covered: Beneficiaries: Edit</p> <p>Edit coverage</p>	Not Available
<p>🛖 15. Your Voluntary Term Life coverage Voluntary Term Life 2022</p> <p>Offered By: Securian Life Coverage Amount: \$150,000.00 (3 times salary up to \$2,000,000.00) Effective Date: 01/01/2022 Persons Covered:</p> <p>Edit coverage</p>	Not Available

Once you've selected all enrollment options and have scrolled through to the bottom of the page, you are ready to submit your enrollment:

- Click to checkmark **I have reviewed the information above**
- Click **Complete Enrollment**

This page is displayed, once enrollment is completed.

- Please **click Review and print a copy of your Benefit Summary Report** and retain a copy for your records
- Click **Show all of my benefits** to review benefit selection, when applicable
- Click **View and edit all benefits** to make any needed changes, when applicable

To end enrollment, click **Continue to next page**

Complete or skip survey. This survey is feedback on the Benefitfocus enrollment platform and is not shared with Purdue HR, Benefits.

A confirmation of submitted benefit enrollment is received via email