



# Manage My Benefits

## Open Enrollment 2023

# Open Enrollment Instructions (PEIA)



Visit the [PEIA Site](#)

Benefits Administration System (BAS) Web Application

Please login

Username:  Password:

Forgot your username or password?  
Don't have a Username? Register to get started!

Usetnames are not case-sensitive

Benefits Administration System (BAS) Web Application

Agreement

I hereby certify that I am the authorized Member User whose credentials are being used to access this account. I understand that unauthorized access, including access by spouses and/or dependents and/or Agents, or the use of another person's User ID and password to gain access is a violation of the security provisions for this site.

Please check the 'I Understand' checkbox and click the Continue button.

☒ I Understand

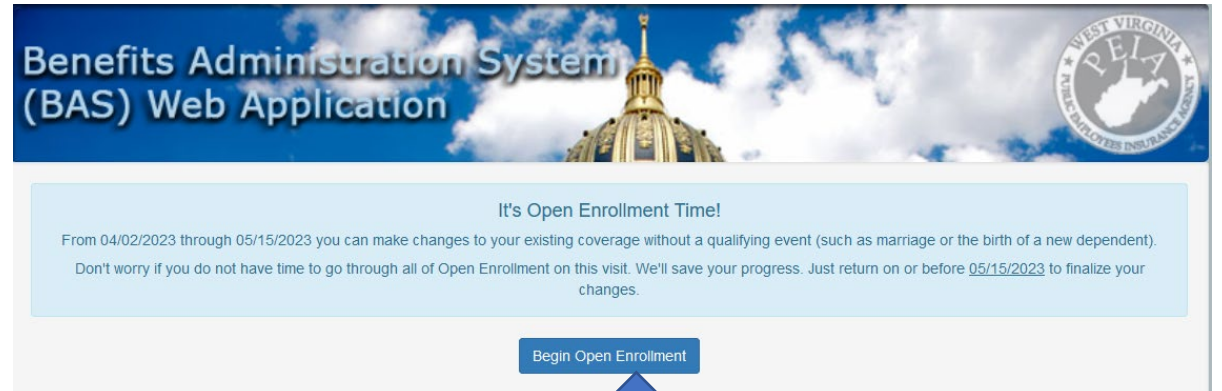
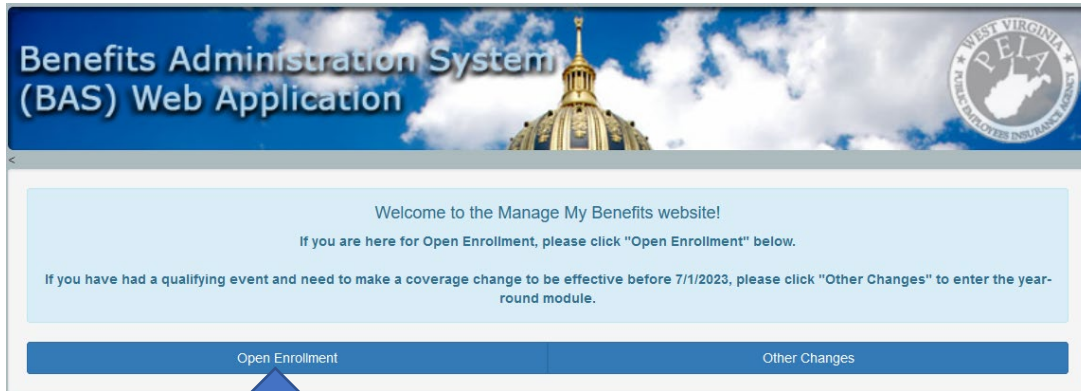
Active Roles

Your Current Roles

Click the **Log In** button to log in as that role.

holder  Benefit Coordinator  Web Contributions

# Open Enrollment Instructions (PEIA)



All changes made during Open Enrollment must be finalized  
by May 15, 2023.

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# Open Enrollment Instructions (PEIA)

This screenshot shows the 'Your Policyholder Information' screen in the BAS Web Application. The page has a blue header with the title and a navigation bar with 'Back', 'Summary', and 'Next' buttons. Below the header is a tabbed interface with tabs for 'Policyholder', 'Tobacco', 'Health', 'Dependents', 'Spousal Surcharge', 'CCP', and 'Optional Life'. The 'Policyholder' tab is active. The form contains fields for 'Date of Birth' (Month, Day, Year), 'First Name', 'Middle Initial', 'Last Name', 'Generation', 'Gender', 'Home Phone', 'Work Phone', and 'Cell Phone'. There is a checkbox for 'Yes, I would like to receive text messages'. A large text area at the bottom contains a disclaimer about the use of mobile devices and text messaging services. The 'Policyholder Address' section includes fields for 'Address Line 1', 'Address Line 2', 'City', 'State', 'County', 'Country', 'Zip Code', and 'Zip Code Plus 4'. At the bottom, there is a section for 'Effective Date' (Month, Day, Year) and a checkbox for 'Check which dependents also live at this address'.

Make sure that your information is correct. If you have dependents that live with you at the address on file, they will be listed at the bottom of the screen.

This screenshot shows the 'Your Tobacco Status' screen in the BAS Web Application. The page has a blue header with the title and a navigation bar with 'Back', 'Summary', and 'Next' buttons. Below the header is a tabbed interface with tabs for 'Policyholder', 'Tobacco', 'Health', 'Dependents', 'Spousal Surcharge', 'CCP', and 'Optional Life'. The 'Tobacco' tab is active. The form contains a text area with information about tobacco use and a link for 'Need more information? Click here.' Below this is a section for 'Tobacco Status' with four radio button options: 'Tobacco Free', 'Policyholder Uses Tobacco', 'Dependent Uses Tobacco' (which is selected), and 'Family Uses Tobacco'. At the bottom, there is a navigation bar with 'Back', 'Summary', and 'Next' buttons.

Make sure your tobacco status is correct on the screen.

Please note: The screens you see will be personalized for each policyholder's coverage.



# Open Enrollment Instructions (PEIA)



The screenshot shows the 'Benefits Administration System (BAS) Web Application' interface. At the top, there's a navigation bar with 'Back', 'Summary', and 'Next' buttons. Below this is a tabbed menu with 'Policyholder', 'Tobacco', 'Health', 'Dependents', 'Spousal Surcharge', 'CCP', and 'Optional Life'. The 'Health' tab is selected. The main content area is titled 'Your Health Coverage' and contains a blue box with the text: 'Please see menu above for the Shopper's Guide for plan information.' Below this, there are six radio button options for health plans: 'NO HEALTH COVERAGE', 'PEIA PPB PLAN A' (which is selected), 'PEIA PPB PLAN B', 'PEIA PPB PLAN C <sup>1</sup>', 'PEIA PPB PLAN D <sup>2</sup>', and 'THE HEALTH PLAN HMO PLAN A'. At the bottom, there are two more radio button options: 'THE HEALTH PLAN HMO PLAN B' and 'THE HEALTH PLAN POS PLAN C'. A small red footnote at the bottom left explains the deductibles for plans C and D. The bottom navigation bar also includes 'Back', 'Summary', and 'Next' buttons.

The screen will show what coverage you currently have. You may choose to leave it the same or change the plan and click “Next”.

The screenshot shows the 'Benefits Administration System (BAS) Web Application' interface. At the top, there's a navigation bar with 'Back', 'Summary', and 'Next' buttons. Below this is a tabbed menu with 'Policyholder', 'Tobacco', 'Health', 'Dependents', 'Spousal Surcharge', 'CCP', and 'Optional Life'. The 'Dependents' tab is selected. The main content area is titled 'Your Dependents' and displays two dependent entries. The first entry is for 'RONALD H THOMAS' with a 'Relation' of 'SPOUSE' and an 'Edit' button. The second entry is for 'ELIZABETH A THOMAS' with a 'Relation' of 'CHILD' and an 'Edit' button. Below these entries is a blue button labeled 'Add a Dependent'. The section is titled 'Dependent Health Coverage' and asks 'Besides yourself, which dependents do you want to be covered under your health insurance?'. Below this question, there are two dropdown menus: one for 'RONALD THOMAS' and one for 'ELIZABETH THOMAS', both set to 'Yes'. The bottom navigation bar includes 'Back', 'Summary', and 'Next' buttons.

This screen shows your dependents. You may add or remove them here.

# Open Enrollment Instructions (PEIA)



## Spousal Surcharge

- If your spouse is covered under PEIA, this affidavit must be answered.
- If no answer is entered, PEIA will begin the monthly surcharge in July.

The screenshot displays the 'Benefits Administration System (BAS) Web Application' interface. At the top, there's a header with a blue background and white text. Below the header is a navigation bar with tabs: Policyholder, Tobacco, Health, Dependents, Spousal Surcharge (selected), CCP, and Options. The main content area is titled 'A Spousal Surcharge Affidavit'. It contains a paragraph explaining the requirement for a spousal surcharge and a section for the user to mark the statement that applies to their spouse. Two radio button options are provided: one for spouses with health coverage through their employer and another for spouses without such coverage. At the bottom, there's a checkbox for a certification statement and a footer with navigation links.

Benefits Administration System (BAS) Web Application

← Back Summary

Policyholder Tobacco Health Dependents **Spousal Surcharge** CCP Options

A Spousal Surcharge Affidavit

A is required by law to charge a spousal surcharge if your spouse is eligible for employer-sponsored coverage through his/her employer's health insurance plan. If applicable, the spousal surcharge will be added to your health insurance premium each month. If your spouse is eligible for employer-sponsored coverage through a PEIA-participating agency, has Medicare, Medicaid, or is retired, the spousal coverage surcharge is waived.

Please mark the statement that applies to your spouse:

☐ My spouse has health coverage (other than PEIA) available through his/her employer. (I understand that if my spouse is on my PEIA health insurance plan, a premium surcharge will be applied to my premium.)

☐ My spouse does not have health coverage available through his/her employer; is not employed, has Medicare, Medicaid or Tri-Care, is retired, or is a PEIA-participating agency. (No surcharge will be applied.)

☐ By checking this box and clicking "NEXT" below, I certify that the above information is true and correct and understand that providing false information on this form is illegal and those who provide false information may be prosecuted. I also understand that if my spouse's employer-sponsored health insurance changes, it is my responsibility to notify PEIA in writing within the month of the change and the two following months. I acknowledge that PEIA has the right to audit the information provided here and I may be required to provide documentation to support this information.

← Back Summary

# Open Enrollment Instructions (PEIA)



## Comprehensive Care Partnership

The screenshot shows the 'Benefits Administration System (BAS) Web Application' interface. At the top, there's a navigation bar with 'Back', 'Summary', and 'Next' buttons. Below this is a tabbed menu with 'Policyholder', 'Tobacco', 'Health', 'Dependents', 'Spousal Surcharge', 'CCP', and 'Optional Life'. The 'CCP' tab is selected. The main heading is 'Comprehensive Care Partnership (CCP) Program Enrollment'. The text explains that the CCP program helps save money on primary care services by using a designated CCP provider. It instructs users to use a 7-digit CCP ID number in the format 0001001 and to enter the CCP provider's ID number. A red warning message states: '\*\*\*To disenroll from the CCP program clear out the Physician's Id text box and click next.\*\*\*'. Below this, there are three input fields for 'KIMBERLY THOMAS Physician's ID Number:', 'RONALD THOMAS Physician's ID Number:', and 'ELIZABETH THOMAS Physician's ID Number:'. The first field contains '1739001', the second contains '1730001', and the third contains '1740001'. At the bottom, there's another navigation bar with 'Back', 'Summary', and 'Next' buttons.

This screenshot shows the same 'Benefits Administration System (BAS) Web Application' interface, but with a red error message at the top: 'We encountered errors in the information you submitted. Please check the fields marked below and try again.' The 'CCP' tab is still selected. The main heading is 'Comprehensive Care Partnership (CCP) Program Enrollment'. The text explains the CCP program and provides instructions on using the CCP ID number and provider ID number. A red warning message states: '\*\*\*To disenroll from the CCP program clear out the Physician's Id text box and click next.\*\*\*'. Below this, there are three input fields for 'KIMBERLY THOMAS Physician's ID Number:', 'RONALD THOMAS Physician's ID Number:', and 'ELIZABETH THOMAS Physician's ID Number:'. The first field contains '1739001', the second contains '1730001', and the third contains '1740001'. Below these fields, it says 'You have chosen a CCP provider: ERMA ORA BYRD CLINICAL CENTER - (1739001)'. A section titled 'By choosing a CCP Provider, you are enrolling in the Comprehensive Care Partnership (CCP) program...' lists the benefits and requirements. A red box at the bottom contains the text 'Please accept the CCP Participation Terms.' and a checkbox labeled 'I agree to participate in the CCP program with the chosen health care provider...' which is currently unchecked. At the bottom, there's another navigation bar with 'Back', 'Summary', and 'Next' buttons.

For more information on the Comprehensive Care Partnership, please click [here](#).



# Open Enrollment Instructions (PEIA)



## Optional Life Insurance

**Benefits Administration System (BAS) Web Application**

Navigation: Back | Summary | Next

Policyholder | Tobacco | Health | Dependents | Spousal Surcharge | CCP | **Optional Life**

### Your Optional Life

This is not Open Enrollment for Life Insurance. You may cancel or decrease your Optional Life Insurance here, but you cannot increase it or apply for Optional Life coverage if you are not currently enrolled.

If you want to add new coverage or increase your Optional Life or Dependent Optional Life Insurance, you must use our Year-Round Enrollment site and be approved by the life insurance carrier. Once you have completed and finalized your open enrollment, click Menu at the top of the page to navigate to Year-Round Enrollment

You currently have **\$100,000** of Optional Life Coverage.

Please Select One:

☒ Keep my current coverage    ☐ Cancel Optional Life    ☐ Decrease My Coverage

Navigation: Back | Summary | Next

**Benefits Administration System (BAS) Web Application**

Review & Finalize

Please review your changes below. You can finalize now or return later. You must finalize your Open Enrollment changes on or before 08-16-2023.

Policyholder Information	Tobacco Affirm
<b>Current Information</b> KIMBERLY A. THOMAS DOB: 03/18/1973 Female 423794888 (ext) 423794888 (ext) Tobacco Usage: Yes 3355 HORNWOOD RD HUNTINGTON, WV 25705 CABELL UNITED STATES Address Effective Date: 11/01/2014 Has Tobacco? No	<b>Current Information</b> Dependent Uses Tobacco
<b>Proposed Changes</b> Work Phone: 423794888	<b>Proposed Changes</b> No Change
<a href="#">Edit</a>	<a href="#">Edit</a>

Health Coverage	Dependents
<b>Current Information</b> Plan: PEIA PBP PLAN A KIMBERLY THOMAS (Policyholder) RONALD THOMAS ELIZABETH THOMAS Has other health insurance? No Has other prescription drug coverage? No	<b>Current Information</b> RONALD THOMAS ELIZABETH THOMAS
<b>Proposed Changes</b> No Coverage Change	<b>Proposed Changes</b> No Change
<a href="#">Edit</a>	<a href="#">Edit</a>

Primary Care Physician/PCP	Spousal Surcharge Affirm
<b>Current Information</b> KIMBERLY A. THOMAS (Policyholder) Provider: PEIA OCA BYRD CLINICAL CENTER RONALD THOMAS Provider: VALLEY HEALTH EAST HUNTINGTON ELIZABETH THOMAS Provider: MARSHALL UED ONTR PEDIATRICS	<b>Current Information</b> No current value
<b>Proposed Changes</b> No Change	<b>Proposed Changes</b> Monthly premium surcharge will be applied to monthly premium
<a href="#">Edit</a>	<a href="#">Edit</a>

Optional Life
<b>Current Information</b> \$100,000
<b>Proposed Changes</b> No Change
<a href="#">Edit</a>

## Review and Finalize

Make sure all changes have been made. When complete, click “I’m ready to finalize.”




# Open Enrollment Instructions (PEIA)



To complete enrollment, please read and review before finalizing enrollment.

**Benefits Administration System (BAS) Web Application**



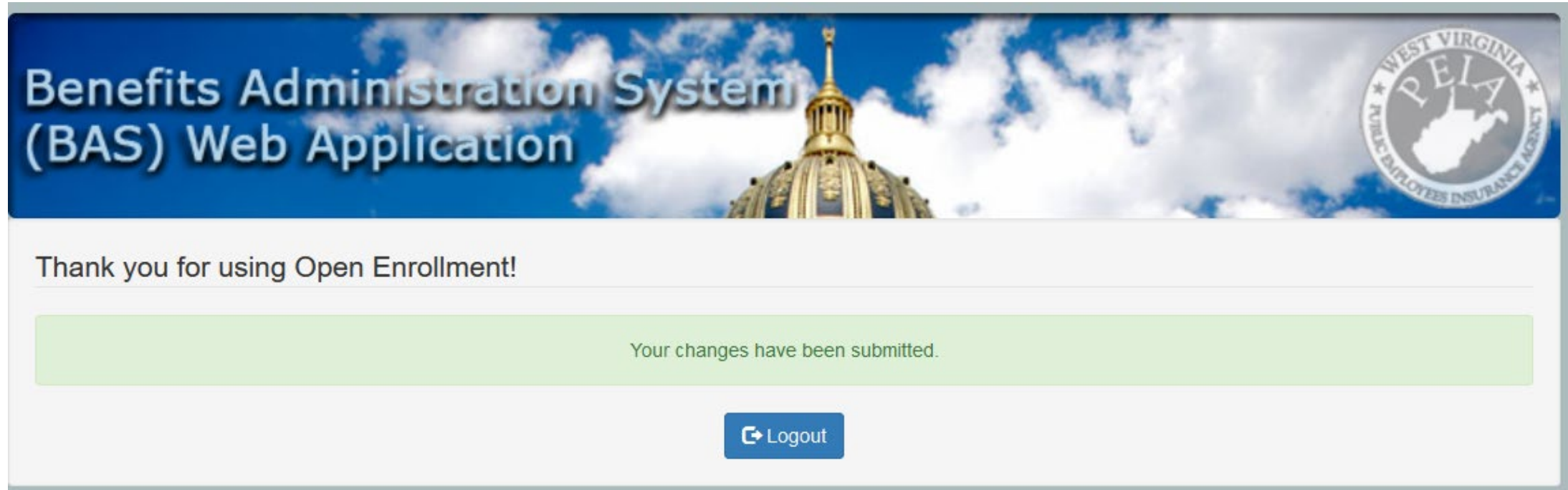
By clicking the "Yes, Finalize" button below, I agree to the following:

- I accept the Health & Life Insurance plan enrollment choices indicated above effective through June 30, 2024, and authorize payroll deduction for my contribution.
- I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.
- I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.
- I understand that this change is binding through June 30, 2024, unless there is a qualifying event.
- I acknowledge by making my selection on this website and finalizing my open enrollment on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes before June 30, 2024, I will notify PEIA of such change.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.
- I certify that the individuals enrolled for coverage on the previous pages are my legal dependents, and that they have not been made ineligible by an event such as divorce.

You also have the option to print before finalizing.

Would you like to print before you finalize?

# Open Enrollment Instructions (PEIA)



If you have questions about Open Enrollment, please contact  
[benefits@marshall.edu](mailto:benefits@marshall.edu).

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