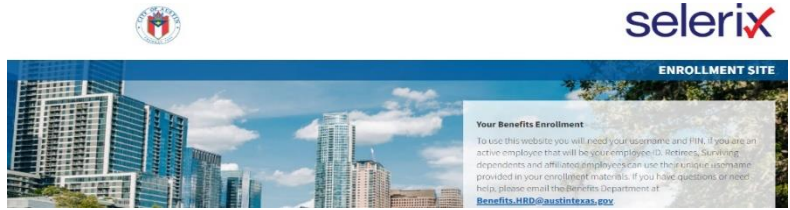


# Qualifying Life Event – Updating Medicare Eligibility on Traditional Medical Plan

1. [Go to - www.benselect.com/coa](http://www.benselect.com/coa)



2. Enter Username and PIN. Select Log in.

## Username:

- First 3 digits of first name, first 3 digits of last name and last 4 digits of social security number.

## PIN:

- **First time user** - Last 4 digits of your Social Security Number and the 2-digit year of your birth.  
*Example:* Last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your PIN would be “321468”
- **Returning User** – Your unique PIN.

3. Select Change my benefits due to a qualifying life event.

4. Select I (or my eligible dependent) recently lost or gained coverage (including Medicare). Select Next

## 5. Select Medicare Advantage Plan and Medical.

- **Enter** your Medicare effective date as the Event Date.
- **Select** the arrow icon to upload a copy of your Medicare ID card.

City of Austin (LIVE) 01/01/2024 - 12/31/2024 | Test Retiree (0) | wsanch22 (Logout)

Select which plans you would like to change.

- Medicare Advantage Plan
- Medical
- Vision

Event Date: 04/01/2024

UPLOAD DOCUMENTATION

If you have any documentation your employer has requested to see related to your personal information or dependent documentation, such as proof of address, citizenship, relationship documentation, you can upload images of that documentation here. All images will be stored with your record with your employer.

Upload from my computer  
Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.

← BACK      NEXT →

## 6. Enter your PIN and select the checkmark icon to confirm your election.

City of Austin (LIVE) 01/01/2024 - 12/31/2024 | Test Retiree (0) | wsanch22 (Logout)

Home   You & Your Family   My Benefits   Sign & Submit   ← BACK   NEXT →

### Life Event: Please Confirm

By entering my PIN below, I certify that one of the following conditions applies:

- I have recently lost coverage in a similar benefit.
- The plan I selected recently underwent a material change in coverage or cost.

Such a material change is a qualifying event under Section 125 of the Internal Revenue Service code, which may entitle me to change certain benefits.

PIN: [REDACTED] ✓

Reason for change: Coverage change.

← BACK

## 7. Select Next

City of Austin (LIVE) 01/01/2024 - 12/31/2024 | Test Retiree (0) | wsanch22 (Logout)

Home   You & Your Family   My Benefits   Sign & Submit   ← BACK   NEXT →

### Life Event: Please Confirm

You are eligible to re-enroll in following benefit plans. Please make selections and press Next button

Dental

Vision

← BACK      NEXT →

## 8. Answer Yes and Select Next

City of Austin (LIVE) 01/01/2024 - 12/31/2024 | Test Retiree (0) | wsanch22 (Logout)

Home   You & Your Family   My Benefits   Sign & Submit   ← BACK   NEXT →

### Medicare Advantage Plan

Please answer the following question(s) in order to determine the correct plans for you and your family.

Are you Medicare Eligible?    Yes    No

You are required to have Medicare Part A & B in order to select a Medicare Health plan with BCBS.  
If not, BCBS may decline your election.

← BACK      NEXT →

**9. Enter your Medicare ID number and effective dates. Select Next.**

Medicare ID:  
Test Retiree 123456789

Part A Begin Date  
Test Retiree 01/01/2000

Part B Begin Date  
Test Retiree 01/01/2000

[← BACK](#) [NEXT →](#)

**10. Answer Yes or No. Select Next.**

# Medicare Advantage Plan

Employees and spouses/domestic partners currently using tobacco products, including but not limited to cigarettes, chewing tobacco, snuff, pipes, snus, shisha and electronic cigarettes will be charged a tobacco premium.  
Employees and spouses/domestic partners enrolled in a City medical plan who use tobacco will each pay \$25.00 per pay period.

Are you a tobacco user?  Yes  No

[← BACK](#) [NEXT →](#)

**11. Select Decline**

MEDICARE ADVANTAGE PPO	
Your Cost:	Per Pay Period
<input checked="" type="radio"/> Employee Only:	\$50.00
Covered People:	Test Retiree
<a href="#">ENROLL</a>	

DECLINE COVERAGE	
Your Cost:	\$0.00
<a href="#">DECLINE</a>	

12. Answer Yes or No. Select Next.

## Medical

Employees and spouses/domestic partners currently using tobacco products, including but not limited to cigarettes, chewing tobacco, snuff, pipes, snus, shisha and electronic cigarettes will be charged a tobacco premium.

Employees and spouses/domestic partners enrolled in a City medical plan who use tobacco will each pay \$25.00 per pay period.

Are you a tobacco user?  Yes  No

← BACK
NEXT >

13. Select the Coverage Level for the Plan you want to enroll in. (i.e., Employee Only, Employee + Spouse).

Select Enroll

▶ **VIEW EXISTING COVERAGE**

CDHP W/HRA	HMO	PPO <span style="color: orange; font-size: small;">Current</span>
Network: Blue Essentials	Network: Blue Essentials	Network: Blue Choice
Your Cost: <span style="float: right;">Per Pay Period</span>	Your Cost: <span style="float: right;">Per Pay Period</span>	Your Cost: <span style="float: right;">Per Pay Period</span>
<input checked="" type="radio"/> Employee Only: <b>\$91.45</b> <input type="radio"/> Employee + Spouse: \$425.25 <input type="radio"/> Employee + Children: \$269.95 <input type="radio"/> Employee + Family: \$604.68	<input checked="" type="radio"/> Employee Only: <b>\$106.80</b> <input type="radio"/> Employee + Spouse: \$524.42 <input type="radio"/> Employee + Children: \$315.23 <input type="radio"/> Employee + Family: \$743.61	<input checked="" type="radio"/> Employee Only: <b>\$106.80</b> <input type="radio"/> Employee + Spouse: \$524.42 <input type="radio"/> Employee + Children: \$315.23 <input type="radio"/> Employee + Family: \$733.61
Covered People: Test Retiree	Covered People: Test Retiree	Covered People: Test Retiree
<span style="background-color: #2c4e64; color: white; padding: 5px 10px; border-radius: 3px;">ENROLL</span>	<span style="background-color: #2c4e64; color: white; padding: 5px 10px; border-radius: 3px;">ENROLL</span>	<span style="background-color: #2c4e64; color: white; padding: 5px 10px; border-radius: 3px; border: 2px solid orange;">ENROLL</span>

14. Select Next

Our wellness program. HealthyConnections offers a variety of programs to help employees deal with common health issues and save money.

**Diabetes Control Program – Receive Diabetes Medications and Supplies at No Cost**

Learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost. This program is offered to employees and dependents who are diabetic or prediabetic and enrolled in a City medical plan.

**Tobacco Cessation 101 – Receive Cessation Medications**

Gain the resources and support needed to quit using tobacco products. Tobacco Cessation program is available on-demand online by webinar or by one-on-one telephonic coaching. Individuals who complete the program are eligible to receive cessation medication (including over-the-counter products) free for six months with a doctor's prescription. Employees, spouses, and eligible dependents (age 18 years and older) who are enrolled in a City medical plan are eligible.

For more information visit the Healthy Connections page on CitySpace or contact your wellness team to get enrolled at [HealthyConnections@austintexas.gov](mailto:HealthyConnections@austintexas.gov).

← BACK
NEXT >

15. Confirm the changes to the benefits you modified. To save or print a copy of your Confirmation statement, select Enrollment Confirmation at the bottom of the screen.

Select Next.

City of Austin (LIVE) 01/01/2024 - 12/31/2024 | Test Retiree (0) | wsanchez ( @ Logout )

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medicare Advantage Plan	Medicare Advantage PPO; EO	\$0.00	\$50.00	\$107.20
Medical	Waived			
Health Reimbursement Account	Waived			
Dental	DPPO; EO	\$0.00	\$37.74	\$0.00
Vision	Waived			
Basic Life (Retiree)	\$1,000	\$0.00	\$0.00	\$2.50
<b>Total</b>		<b>\$0.00</b>	<b>\$87.74</b>	<b>\$109.70</b>

**SIGNATURES REQUIRED**

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
Enrollment Confirmation	Unsigned	

**NEXT >**

16. This is the last opportunity to review your changes. If correct, enter your PIN to confirm your changes and select Sign Form.

City of Austin (LIVE) 01/01/2024 - 12/31/2024 | Test Retiree (0) | wsanchez ( @ Logout )

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid				
Dental	DPPO; EO	12	03/01/2024	0.00	37.74	0.00		
Vision	Waived							
Basic Life (Retiree)	MetLife Basic Life	EO	12	03/01/2024	1,000	0.00	0.00	2.50

Page 1 of 2 rev. 04-11-2007

Page 1 **DOWNLOAD FORM**

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:  **SIGN FORM**

17. You have completed your changes. A confirmation statement has been emailed to you from [do-not-reply@benselect.com](mailto:do-not-reply@benselect.com).