

ENROLLMENT IS EASY

Get started

1. Log on to <https://sebt-optimalhealth.benelogic.com> (You may need to copy and paste the address into the web browser.)
2. Enter your new district-specific **UserID**:

First letter of first name, Last name, Last 4-digits of Social Security Number @Employer

For Example

SEBT	ADAMS CENTRAL	jdoh1234@adamscentral
SEBT	BLUFFTON HARRISON	jdoh1234@bhmsd
SEBT	EASTBROOK	jdoh1234@eastbrook
SEBT	MISSISSINEWA	jdoh1234@mississinewa
SEBT	NORTH ADAMS	jdoh1234@northadams
SEBT	NORTHERN WELLS	jdoh1234@nwcs
SEBT	OAK HILL	jdoh1234@oakhill
SEBT	REGION 8	jdoh1234@region8
SEBT	SMITH GREEN	jdoh1234@smithgreen
SEBT	SOUTH ADAMS	jdoh1234@southadams
SEBT	LEWIS CASS	jdoh1234@lewiscass
SEBT	SOUTHERN WELLS	jdoh1234@swraiders
SEBT	WHITLEY	jdoh1234@whitley

Employee Portal

Sign In Tips

- Enter the User ID provided by your employer. If you are having trouble signing in, please note existing User IDs changed before August 1, 2017. To retrieve your new User ID, click the [Forgot User ID/Password](#) link and then click the [I do not know my User ID](#) link. Enter the required information and your User ID will be displayed. If you can contact your employer for your new User ID.
- Enter the initial Password provided by your employer.
- You will immediately be prompted to set a personal Password when

Important Information

- Your password is unique to your account.
- Benelogic is not responsible for any lost, stolen, or otherwise disclosed passwords.
- Benelogic is not responsible for any transactions that occur by unauthorized access to your account.
- For your security, Benelogic employees cannot access your password.



 **Sign In**

User ID

Password

[Forgot User ID/Password?](#)

By clicking **Sign In**, you are stating that you have the right to use this system and the account is assigned to you. Unauthorized use of this system, including accessing an account not assigned to you, is prohibited and may be prosecuted under the law.

Accept the Terms and Conditions

Check the box and click Submit.

The screenshot shows the 'Employee Portal' sign-in interface. A modal window titled 'Terms and Conditions' is overlaid on the page. The modal contains the following text:

Terms and Conditions

Your use of this website and Benelogic is subject to Benelogic's Terms of Use and Privacy Policy.

Federal law requires that certain disclosures be provided to you about your selection of or enrollment in the employee benefits referenced on this website. Before clicking Submit you should thoroughly review the Terms of Use below.

You may access and print the Terms of Use and Privacy Policy by clicking on the links below. Benelogic may at any time revise the Terms of Use or Privacy Policy by updating their respective postings. By using this site, you agree to be bound by any such revisions and should therefore periodically check the current Terms of Use and Privacy Policy by selecting them from the Benelogic home page.

- [Terms of Use](#)
- [Privacy Policy](#)

I accept

By clicking "I accept" you agree to the Terms of Use and Privacy Policy.

Buttons: Cancel, Submit ✓

If you are logging in for the first time, you will need to update 4 security questions.

The screenshot shows the 'Update Security Questions' form. On the left is a 'Profile' sidebar with links for 'My Account', 'Change Password', and 'Update Security Questions'. The main form area has the following structure:

Update Security Questions

You may change your set of security questions and answers by either selecting new ones from the drop down lists or providing new answers to the existing set of questions. All changes you make will take effect immediately. Keep in mind that answers are not case sensitive.

- 1 Security Question**: What was your childhood nickname?
Answer:
- 2 Security Question**: What is the name of your childhood friend?
Answer:
- 3 Security Question**: What street did you live on in t...
Answer:
- 4 Security Question**: What is the middle name of your youngest child?
Answer:

Buttons: Cancel, Save ✓

A red 'SAMPLE' watermark is present over the form.

Begin Enrollment

Click **Go!** when you get the alert in the Attention box to begin the enrollment process.

School Employees' Benefit Trust (SEBT) | Test TestExt01874 | Sign Out

Home My Benefits Change Requests Resources Tools Profile

Attention

It's Enrollment Time! Now is your opportunity to make your **Open Enrollment** elections. You have until 11/17/2017 11:59 PM ET to elect.

Go!

What Do You Want To Do?

- Make A Change.** If you've had a qualifying status change, you can submit a request to make a change to your enrollment.
- Upload a Document.** You can add supporting documentation or just securely upload it to the File Cabinet.
- Change Your Password.** You can change your password and/or your security questions.
- View Current Benefits.** You can see the benefits you have in effect today.
- Watch an Overview.** You can get a high level preview of how to enroll and the highlights of your portal with this quick tour.

Welcome to Your Benefits Website

Important Information

Current Plan Year
Start: 01/01/2017
End: 12/31/2017

Future Plan Year
Start: 01/01/2018
End: 12/31/2018

Open Enrollment
Event Start: 10/30/2017 12:00 AM ET
Event End: 11/17/2017 11:59 PM ET

Customer Service
info@sebt-optimalhealth.benelogic.com
[1-855-338-5225](tel:1-855-338-5225)

SAMPLE

Confirm your Personal Information

If no changes, click Next.

Effective 01/01/2018

- Personal Information
- Dependent Information
- Spousal Eligibility
- Medical Insurance
- Review

Personal Information

First Name:

Middle Name:

Last Name:

Suffix:

SSN:

Birth Date:

Gender:

Contact Information

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Home/Mobile Phone:

Work Phone:

Work Phone Ext:

Email:

Eligibility

Disabled

Medicare Eligible

Medicare Claim Number:

Part A (Hospital) Effective Date:

Part B (Medical) Effective Date:

Cancel Next

Confirm Dependent Information for any spouse/dependents.

If no Dependents, click **Next**

If Dependents need to be changed:

- Click **Edit** to make changes
- Click **Delete** to remove
- Click **Add New Dependent** to add a spouse or dependent
- Click **Next** to continue

School Employees' Benefit Trust (SEBT) | Test TestExt01657 | Sign Out

Home My Benefits Change Requests Resources Tools Profile

Total Cost for Test TestExt01657 \$476.54

Effective 01/01/2018

- Personal Information
- Dependent Information
- Spousal Eligibility
- Medical Insurance
- Review

Dependent Information

Dependents

Name	Birth Date	Relationship	Edit	Delete
Spouse TestExt01657	04/24/1988	Spouse		
Child1 TestExt01657	01/02/2013	Child		
Child2 TestExt01657	01/02/2013	Child		

[+ Add New Dependent](#)

Cancel Save

Spouse Eligibility:

If you have a spouse, you will be required to select the scenario on this online form which best describes your Spouse's eligibility.

(Documentation may be required related to Spouse coverage availability (i.e. Spousal Coordination of Benefits Worksheet and/or Spousal Employer Verification Form).

(See the last page of this Help guide for a list of required documents and instructions on how to post proof online to confirm that your spouse and/or dependents are eligible.)

School Employees' Benefit Trust (SEBT) | Test TestExt01657 | Sign Out

Home My Benefits Change Requests Resources Tools Profile

Total Cost for Test TestExt01657 \$476.54

Effective 01/01/2018

- Personal Information
- Dependent Information
- Spousal Eligibility
- Medical Insurance
- Review

Spousal Eligibility

- My Spouse is employed by a School under the School Employees' Benefit Trust.
If checked, your spouse may be primary on your family SEBT medical plan.
- My spouse is employed and eligible for health coverage offered by employer.
If checked, your spouse may only be **secondary** on the SEBT medical plan. ** If you wish to enroll your spouse for secondary coverage, enter COB information in the Benelogic System.
- My spouse is retired and eligible to participate in a non-Medicare retiree plan.
If checked, your spouse may only be **secondary** on the SEBT medical plan. ** If you wish to enroll your spouse for secondary coverage, enter COB information in the Benelogic System.
- My spouse is NOT employed and not eligible for a group medical plan.
If checked, your spouse may be primary on your family SEBT medical plan.
- My spouse is retired and not eligible for a group medical plan.
If checked, your spouse may be primary on your family SEBT medical plan.
- My spouse is employed but not eligible for an employer-sponsored medical plan.
If checked, you are **required** to have your spouse's employer complete the **Spousal Employer Verification Form** and return to the Treasurer or Personnel Office or upload to your Benelogic file cabinet.
- My spouse is self-employed and not eligible for a group medical plan.
If checked, your spouse may be primary on your family SEBT medical plan for as long as this situation applies.
- My spouse's employer or retiree plan requires him/her to pay 60% or more.
If checked, you are **required** to have your spouse's employer complete the **Spousal Employer Verification Form** and return to the Treasurer or Personnel Office or upload to your Benelogic file cabinet.
- I do not have a spouse or am planning to Waive Medical Insurance.

Cancel Save

Make your Medical elections or waive coverage

If you are waiving Medical coverage for 2019, click Waive Medical Insurance. Then select **Next** to continue.

If you are electing Medical coverage for 2019:

- Make your election for Medical Insurance Plan Type. (Inside the Resource tab are comparison documents which will assist in making your benefit elections.)
- Make your election for Coverage Level in the drop-down box, which will include available plan choices based on your eligibility and dependent selections.
- Check the box to the left of each member that you intend to include in your coverage.

School Employees' Benefit Trust (SEBT) | Test TestExt01657 | Sign Out

Home My Benefits Change Requests Resources Tools Profile

Total Cost for Test TestExt01657 \$230.33

Effective 01/01/2018

- Personal Information
- Dependent Information
- Spousal Eligibility
- Medical Insurance**
- Review

Resources

Plan Information

- PPO (NWD) Summary of Benefits
- CDHP A Summary of Benefits
- CDHP B Summary of Benefits
- CDHP C Summary of Benefits
- Medical Plan Comparison Chart

General Information

- 2018 Open Enrollment Packet
- Medical Summary Plan Description

Medical Insurance

SEBT PPO (NWD) (Aetna Signature Network) Plan Details

SEBT CDHP A (Aetna Signature Network) Plan Details

SEBT CDHP B (Aetna Signature Network) Plan Details

SEBT CDHP C (Aetna Signature Network) Plan Details

Waive Medical Insurance

Coverage Level

Select Coverage Level

Covered

Select	Name	Relationship
<input type="checkbox"/>	Test TestExt01657	Employee
<input type="checkbox"/>	Spouse TestExt01657	Spouse
<input type="checkbox"/>	Child1 TestExt01657	Child
<input type="checkbox"/>	Child2 TestExt01657	Child

+ Add New Dependent

View Benefits as of Today

Cancel Save

Coordination of Benefits (COB): Medical

Following the identification of dependent coverage, a message of Coordination of Benefits (COB) will be displayed. Select No or Yes, based on any other coverage your spouse and/or dependents may be entitled to access.

If Yes (for COB), complete the required fields and then **ONLY** check the box to the left of those members that are covered by another Plan.

School Employees' Benefit Trust (SEBT) | Test TestExt01874 | Sign Out

Home My Benefits Change Requests Resources Tools Profile

Total Cost for Test TestExt01874 \$141.75

Effective 01/01/2018

- Personal Information
- Dependent Information
- Spousal Eligibility
- Medical Insurance**
- Review

Resources

Plan Information

- Medical Plan Comparison Chart

General Information

- 2018 Open Enrollment Packet
- Medical Summary Plan Description

Medical Insurance - Coordination of Benefits

Do you or any of your covered dependents have other Medical Insurance coverage?

No

Yes

Policyholder

Policy Number

Insurance Company

Effective Date

Covered

Select	Name	Relationship	Birth Date
<input type="checkbox"/>	TestExt01874, Test	Employee	06/18/1973

Previous

Cancel Next

Review and Save:

Once Personal and Dependent Information is reviewed, edited and is accurate, click **Submit** to save
 Once your Benefit Elections are reviewed, edited and are accurate, click **Submit** to save.

Note: Enrollment and Changes are saved ONLY IF the user clicks **Submit** and acknowledges any additional system prompts.

School Employees' Benefit Trust (SEBT) | Test TestExt01876 | Sign Out

Home
My Benefits
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Total Cost for Test TestExt01876 \$97.68

Review - 01/01/2018

Review the following summary of your benefit elections to ensure that it is accurate and complete. To make changes click the **Edit** icon to the right of the information section you wish to change. Any changes made will be effective 01/01/2018. Once you are satisfied with your benefit elections, click **Submit**.

Cancel
Submit

Personal Information

Name	Test TestExt01876	Home/Mobile Phone	(none)	Email	TestExt01876@testemployee.com	✎
Address	8857 Stony Blvd Hialeah, FL 92300	Work Phone	(none)			

Dependent Information

Name	Relationship	Gender	✎
Spouse TestExt01876	Spouse	Female	
Child1 TestExt01876	Child	Female	
Child2 TestExt01876	Child	Male	

Your Benefit Selections

Benefit	Your Selection	Coverage Level	Cost Breakdown
Spousal Eligibility	I do not have a spouse or am planning to Waive Medical Insurance.		\$0.00
Medical Insurance	SEBT PPO (NWD) (Aetna Signature Network) <i>Covered by this benefit: Test TestExt01876 - Employee</i>	Single	\$97.68
Employee Per Pay Cost			\$97.68

Special Enrollment Rights: If you decline coverage for the Medical component of your plan for yourself or your dependents (including your spouse) because of other health insurance through an employer group sponsored plan, retiree or disability coverages, you may be able to enroll yourself or your dependents in the plan if you or your dependents lose eligibility for that other coverage, provided you request enrollment within 31 days after your other coverage ends and you or your dependents meet the eligibility requirements of the plan. If you have a new dependent as a result of marriage, you may be able to enroll your dependent, provided you request enrollment within 31 days after the marriage, and your dependent meets eligibility requirements of the plan. In addition, if you have a new dependent as a result of birth, adoption, or placement for adoption, you may be able to enroll your new dependent, provided you request enrollment within 60 days after the marriage, birth, adoption or placement for adoption and your dependent meets eligibility requirements of the plan.

Acceptance: You are applying, on behalf of yourself and each dependent listed above, for the coverage elected (or waived). Coverage will be provided according to the terms and conditions of the governing plan documents and related materials. You are hereby authorizing any physician, hospital or other provider of service to furnish any information, reports or copies of records, related to care or services rendered to you or any of the dependents listed above to the insurance carrier(s) or other third parties who require such information to administer the plan. Such information is to be held confidential. By completing this enrollment process, you are making a binding election (including those made by default or waiver) with regard to your benefits and are authorizing your employer to make the deductions necessary to pay your share of the cost of coverage. You cannot cancel or change this election during the current plan year unless you experience a Change-in-Status or are entitled to a Special Enrollment Right. You are also authorizing subsequent payroll deductions in future plan years unless you notify your employer of a change in your election. If any of these benefit selections are incorrect, please contact your Human Resources Department immediately.

Cancel
Submit

Print

After you are finished, **View Confirmation** and print a copy to make sure you selected the correct benefit and the dependents that you want covered on your plan. Keep a copy for future reference.

Note: You can make changes to your enrollment elections up until the end of your Open Enrollment period. The last elections that you save will be your benefits beginning January 1, 2018.

Home
My Benefits
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Profile

Finished!

View Confirmation

Make Changes

Take Survey

Enrollment Summary

Data as of: 01/01/2018	
Name: TestExt00019, Test	Location: Butler County Educational Service Center
User ID: TestExt00019	

Benefit	Your Selection	Coverage Level	Employee Per Pay Cost
Medical Insurance	Butler Health Plan PPO	Employee Only	\$40.28
Dental Insurance	Delta Dental Premium	Employee Only	\$6.00
Total			\$47.18

Dependent Information	
Name	TestExt00019, Chn01
Relationship	Spouse
Name	TestExt00019, Chn02
Relationship	Child

SAMPLE

Special Enrollment Rights: If you decline coverage for the Medical component of your plan for yourself or your dependents (including your spouse) because of other health insurance through an employer group sponsored plan, retiree or disability coverages, you may be able to enroll yourself or your dependents in the plan if you or your dependents lose eligibility for that other coverage, provided you request enrollment within 31 days after your other coverage ends and you or your dependents meet the eligibility requirements of the plan. If you have a new dependent as a result of marriage, you may be able to enroll your dependent, provided you request enrollment within 31 days after the marriage, and your dependent meets eligibility requirements of the plan. In addition, if you have a new dependent as a result of birth, adoption or placement for adoption, you may be able to enroll your new dependent, provided you request enrollment within 60 days after the marriage, birth, adoption or placement for adoption and your dependent meets eligibility requirements of the plan.

Acceptance: You are applying, on behalf of yourself and each dependent listed above, for the coverage elected (or waived). Coverage will be provided according to the terms and conditions of the governing plan documents and related materials. You are hereby authorizing any physician, hospital or other provider of service to furnish any information, reports or copies of records, related to care or services rendered to you or any of the dependents listed above to the insurance carrier(s) or other third parties who require such information to administer the plan. Such information is to be held confidential. By completing this enrollment process, you are making a binding election (including those made by default or waiver) with regard to your benefits and are authorizing your employer to make the deductions necessary to pay your share of the cost of coverage. You cannot cancel or change this election during the current plan year unless you experience a Change-in-Status or are entitled to a Special Enrollment Right. You are also authorizing subsequent payroll deductions in future plan years unless you notify your employer of a change in your election. If any of these benefit selections are incorrect, please contact your Human Resources Department immediately.