# Salaried - Self Service Benefits (SSBEN) Login and Enrollment Guide

This guide is designed to help you navigate through the SSBEN benefits enrollment/change process step-by-step. Simply follow along with the text and pictures.

Before you begin the enrollment process please take note of the following:

- ***You will either need to be connected to a printer or be prepared to print your confirmation statement to a file.***

Step 1: To log in, go to www.bistatedev.org. At the bottom left corner of the page, select Employee Resources & go to step 2.
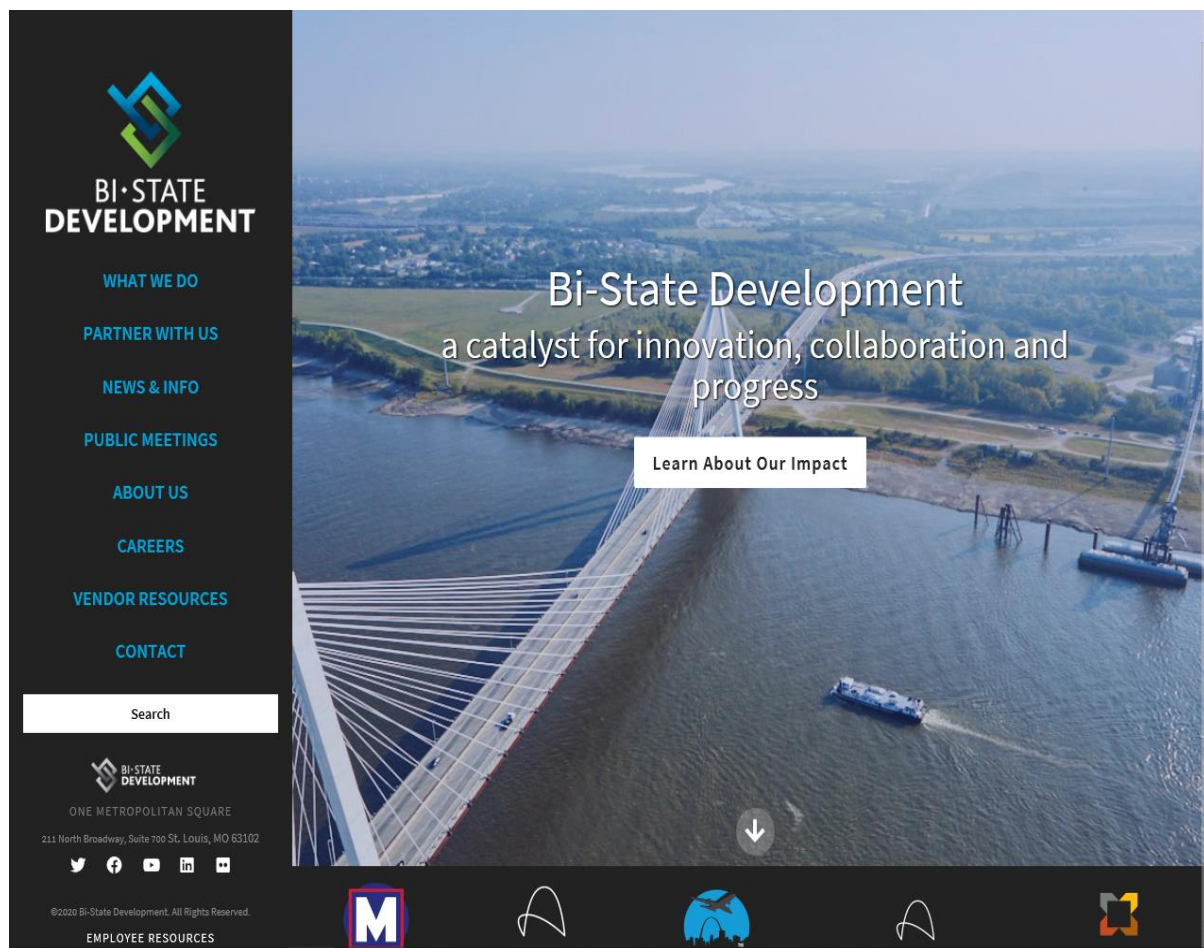
Step 1A. Citrix Users:

If you are logging into the Metro Web via Citrix:

A. Go to the Metro Web & Select Departments.

B. Select Human Resources

C. Select Benefits

Home	Applications	Departments	BSD Websites	Careers	Quick Links	Comments

Home
Applications
Departments
  EEO and Workforce Diversity
  Accounting
  Arts In Transit
  Accounts Payable
  Accounts Receivable
  Tourism Innovation
  Budget
  Communications
  Corporate Compliance and Ethics
  Economic Development
  Engineering
  Financial Statements
  Human Resources
  Information Technology
  Internal Audit

Human Resources

Benefits

Compensation - Philosophy Statement

- Fair Labor Standards Act (FLSA) Information Resources:
  - FLSA Overview
  - FLSA Q&A
  - FLSA Safe Harbor Statement
  - Minimum Wage:
    - Federal Department of Labor
    - Illinois
    - Missouri
  - Overtime Fact Sheet
- Job Evaluation Policies:
  - New Position Evaluation
  - Salary Band Re-Assignment
- Pay Policies:
  - Exempt & Non-Exempt - Salaried
  - Merit Based - Salaried
  - Overtime - Salaried

D. In the White Search Bar type "Employee Login" and hit enter

BI·STATE DEVELOPMENT

WHAT WE DO
PARTNER WITH US
NEWS & INFO
PUBLIC MEETINGS
ABOUT US
CAREERS
VENDOR RESOURCES
CONTACT

Employee Login

EMPLOYEE BENEFITS RESOURCE CENTER

Benefits Information
Manage Your Benefits
Key Benefits Contacts

The People Behind Progress

Welcome to the Employee Benefits Resource Center (EBRC). The Benefits Department within Human Resources supports the Pension, Health and Welfare needs of Bi-State Development's employees, retirees, and their eligible dependents.

The Department is committed to providing an affordable high-quality benefits program while managing health care and plan vendor costs effectively. The Department manages a range of benefits including medical, dental, prescription drug, employee assistance plan/behaviorial health, vision, health and dependent care flexible spending accounts, life insurance, accidental death and dismemberment plans and disability plans in addition to the administration of retirement programs related to defined benefit pension plans and a 401K program.
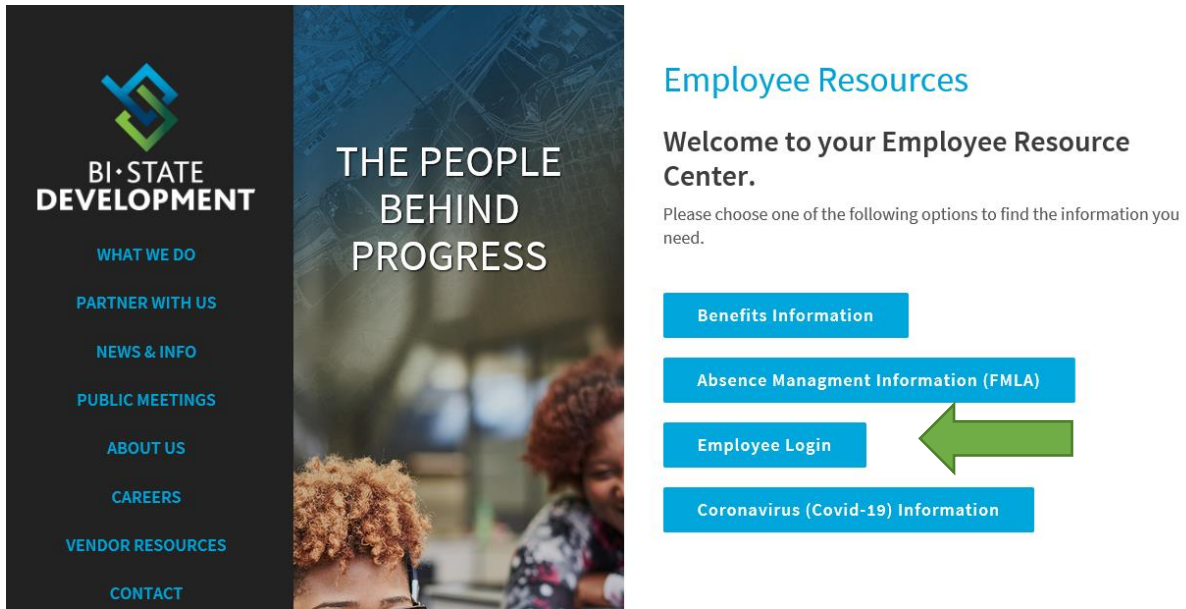
Feel free to contact us at **314/982-1400 ext. 3006** from 8 a.m. to 5 p.m. Monday through Friday or email the department at benefits@bistatedev.org. We are here to help you maximize the value of your benefit plan!

Our Benefits Partners:

E. Select the Blue Employee Resources Box
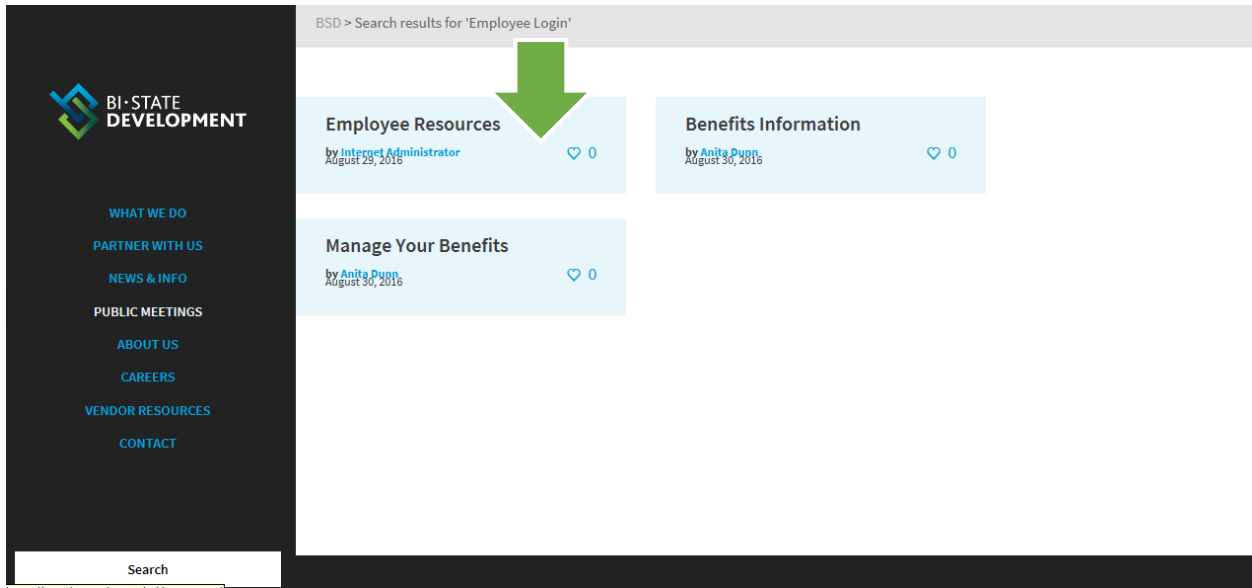
Step 2: Select the Blue Employee Login button.

Step 3: Enter your Oracle **username** and **password**

Step 4: Select **Metro Employee Self-Service**

Step 5: From the drop down menu select **Benefits**

Note that the first screen in the Benefits enrollment/change process is the Dependents and Beneficiaries Screen. If you do not need to add a new dependent, select the next button to be directed to the Select Program Screen (and skip to step 8). If you do not currently insure dependents, this screen may not show as an option (the first screen may be the Select Program Screen)

Step 6: To add a new dependent(s) select the **Add Another Dependent** button. If you do not need to add a new dependent, select the next button and skip to Step 8.

If you need to add a dependent(s), follow the instructions listed below in Steps 7 Part 1 & 2: Please note that these instructions are broken into two parts, but the actual ***Add Dependents and Beneficiaries*** screen is one screen. Once you have been directed to the ***Add Dependents and Beneficiaries*** screen each field listed in the instructions **must** be completed in order to successfully add a dependent.

Step 7 - Part 1: ***All*** of the fields listed below **must** be completed to successfully add a new dependent (*All information should be entered in standard upper & lower case format*)

A) Relationship – select either spouse, child(ren), or legal dependent
B) Relationship Start Date – use the current date must be formatted with dashes (Format: dd-mmm-yyyy) (dd=day, mmm=3 letter month, yr=4 digit year, i.e. October 15, 2021 =15-oct-2021)
C) First Name
D) Last Name
E) Address Line 1 - if the dependent has the same address as the employee, select the Shared Residence Box the system will autofill in the address. If the dependent's address is different, complete the required fields
F) City
G) Zip Code

If ***any*** of the required fields are left blank you will be unable to successfully add your dependent and error messages may appear (See Step 7 – part 3 for an explanation of the possible errors and the action required to correct the error(s)). If any of these errors do appear, go back and review your entries and make the necessary correction(s).

Step 7 - Part 2: **_All_** of the required fields listed below **must** be completed to successfully add a new dependent
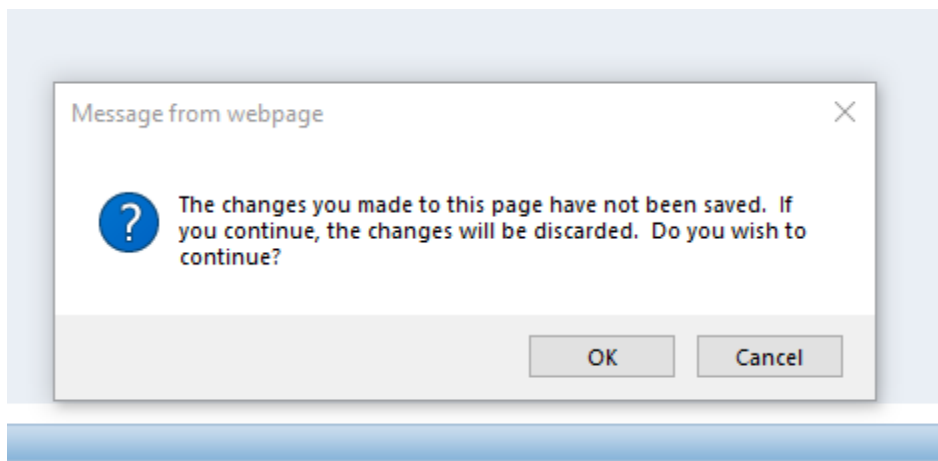
   A) Date of Birth – Dependent's date of birth must be formatted with dashes (Format: dd-mmm-yyyy) (dd=day, mmm=3 letter month, yr=4 digit year, i.e. October 15, 2021 =15-oct-2021)
   B) Gender
   C) Social Security Number – **must** include dashes

The **Student Status**, **Marital Status**, **Is This Person Disabled,** and the **Secondary Medical Coverage** fields should all be skipped.   Once you have completed this page in its entirety, select the Apply button.

If you select the Cancel button, you will see the message below:

If you wish to cancel the dependent election, select **Cancel** to be taken back to the Dependents and Beneficiary Screen.

***Before you continue to Step 7 – Part 3:, please read this carefully**.* Dependents added to Self-Service Benefits are provisionally added, to complete the enrollment process, it is *__your__* responsibility to provide required dependent documentation to the benefits department by the Open Enrollment deadline. *Examples of dependent documentation are: marriage license, birth certificate, adoption certificate, legal guardianship documents.*

9

Step 7 - Part 3: **Possible Error Messages from the Add Dependents and Beneficiaries Screen:**

a. ***Error*** - A Value must be entered for relationship/***Solution*** - relationship chosen must be a spouse, child, or legal dependent
b. ***Error*** - A Value must be entered for first name/ ***Solution*** - the dependents first name must be added
c. ***Error*** - A Value must be entered for last name/ ***Solution*** - the dependents last name must be added
d. ***Error*** - A Value must be entered for Address Line 1/ ***Solution -*** the dependents Address must be entered (if the dependent's address is same as employee, check the Shared Residence box, if the dependent's address is different manually complete the address fields items using the instructions from items e-g below:
e. ***Error*** - A Value must be entered for city/ ***Solution -*** dependent's city must be entered
f. ***Error*** - A Value must be entered for Zip Code/ ***Solution -*** dependent's zip code must be entered
g. ***Error*** - A Value must be entered for Date of Birth/ ***Solution -*** the dependents date of birth must be entered
h. ***Error*** - Form validation failures: A Value must be entered for date of birth/ ***Solution*** – a date of birth must be entered in the "dd-MMM-yyyy" format
i. ***Error*** - Relationship start date is not a date formatted as "dd-MMM-yyyy"/ ***Solution*** – the date of birth is formatted incorrectly, must be entered in the "dd-MMM-yyyy" format

Once you are back on the Dependents and Beneficiaries Screen, Select **Next**

Step 8: By Selecting Next, you are taken to the Select Program Screen. There will be two selection buttons – **Metro Active Employee Program** and **Metro Optional Life**. *(Please note that the Metro Optional Life Screen will be blank if chosen – this does not mean that you are not enrolled in Optional Life. Changes to Optional life insurance are not part of the open enrollment process).*

By Selecting the **Metro Active Employee Program** Radio Button, and selecting next, you will be taken to the Benefits Enrollment/Current Benefits Screen – There are two tabs on this screen – Benefits Enrollment and Current Benefits.

The **Current Benefits** tab will show your benefit elections for the current plan year (not the open enrollment plan year).

Plan	Option	Coverage Start Date	Coverage	Pre-Tax	After-Tax
Medical - Waive Medical		01-Jan-2021		0.00	0.00
Dental - Waive Dental		01-Jan-2021		0.00	0.00
Vision - Waive Vision		01-Jan-2021		0.00	0.00
HCFSA - Waive Health Care FSA		01-Jan-2021		0.00	0.00
DCFSA - Waive Dependent Care FSA		03-Aug-2020		0.00	0.00
STD - STD		01-Jan-2021		0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + $25,000	03-Aug-2020	92,000.00	0.00	0.00
AD&D - AD&D Salaried	1 X Salary + $25,000	03-Aug-2020	92,000.00	0.00	0.00
EAP - Employee Assistance Program		03-Aug-2020		0.00	0.00
Metro 401K - Metro 401K ER 4%		03-Aug-2020		0.00	0.00
			Total	0.00	0.00

11

If you wish to make changes for the upcoming plan year, select the **Benefits Enrollment** tab and follow the instructions in Step 9. If you do not want to make any changes, from the **Benefits Enrollment** tab select Logout at the top of the screen to exit Self Service Benefits (SSBEN).

*Please note that for Flexible Spending Accounts – Health Care (HCFSA) or Dependent Care (DCFSA), a new election *_must_* be entered for the new plan year, the current year FSA election(s) **WILL NOT** rollover.

Step 9: Select **Update Benefits**

To make changes for the upcoming plan year, select the **Benefits Enrollment** tab, and select Update Benefits you will be directed to the Update Enrollments Screen.

Before you begin the process of making changes to your benefits elections here are a few helpful tips:

- If you select the Back button, you will be returned to the Current Benefits screen and your enrollment selections will not be saved.
- Select the Recalculate button to determine the FSA Health Care (HCFSA) or Dependent Care (DCFSA) per paycheck deduction amount.
- Select the Next button to move to the next Screen

Step 10. Part 1. Medical, Dental, Vision

To make changes to your Medical, Dental, or Vision plans elections:

a. Determine the plan and plan option that best suits you and your family's health needs.

b. Click the box where your selected plan and plan option intersect. The dollar amount next to the box reflects the per paycheck deduction for that selection.

Name **Jasmine Ruptesting** Program **Metro Active Employee Program**
Event Name **Open** Enrollment Period **12-AUG-2020 - 31-DEC-2020**

Recalculate | Back | Next

Currency = US Dollar

Plans →

Medical		Plan Options		
Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Medical Economy	☐ 8.64	☐ 29.93	☐ 27.45	☐ 42.06
Medical Preferred	☐ 89.70	☐ 97.97	☐ 136.09	☐ 137.66
Medical Premium	☐ 114.16	☐ 235.66	☐ 216.32	☐ 331.15
Waive Medical	☑			
Opt Out Medical	☐			

Plans →

Dental		Plan Options		
Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Dental High Option	☐	☐ 7.77	☐ 15.13	☐ 23.15
Dental Low Option	☐	☐ 4.91	☐ 10.02	☐ 15.25
Waive Dental	☑			
Opt Out Dental	☐			

Plans →

Vision		Plan Options		
Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Vision	☐ 1.81	☐ 3.44	☐ 3.62	☐ 5.33
Waive Vision	☑			
Opt Out Vision	☐			

Step 10. Part 2. Health Care FSA (HCFSA) and Dependent Care FSA (DCFSA)

To enroll in a Health Care FSA (HCFSA) or Dependent Care FSA (DCFSA) please read the following:

a. If you wish to enroll for the coming plan year, click the select box next to Health Care or Dependent Care FSA.

b. Enter the annual contribution amount that you wish to contribute for the year in the coverage field (must be in whole dollars, no amounts with anything other than zero cents will be accepted).

c. To find out the per period deduction amount, select the Recalculate button – shown in above photo

Annual Contribution

Plans →

HCFSA				
Plan	Select	Coverage	Annual Cost	Cost
Health Care FSA	☐	260.00 ⓘ	260.00	10.00
Waive Health Care FSA	☑			
Opt Out Health Care FSA	☐			

Annual Contribution

Plans →

DCFSA				
Plan	Select	Coverage	Annual Cost	Cost
Dependent Care FSA	☐	520.00 ⓘ	520.00	20.00
Waive Dependent Care FSA	☑			
Opt Out Dependent Care FSA	☐			

14

Step 10. Part 3: Company Paid Benefits – no changes allowable

    a. Salaried employees are eligible for Basic Life, AD&D, and EAP as of the hire date, no changes are allowed for company paid benefits

    b. Salaried employees are eligible for STD on the first of the month following 90 days of full time employment, and eligible for LTD after one year of full time employment. Only those benefits for which you have satisfied the eligibility requirement will be reflected on the screen.

    c. Metro 401k, Salaried Pension, Frozen Salaried Pension – dependent upon your date of hire, you may see a combination of plans listed under the Metro 401k (this is the Company funded 401k, not the elective 401k), no changes are allowed for company paid benefits.

Once you have completed your selections, select the **Next** button.

Step 11: Once Next is selected, you will be taken to the Update Benefits Cover Dependents Screen (note: if an employee does not have dependents, there will be a message that indicates that the selections made do not require the designation of benefits). Check the Cover box for any dependents that you wish to cover and Select Next.

Step 12: You have been directed to the **Confirmation Page**. Carefully review your benefit elections. Once you are satisfied with your elections, select the Confirmation Statement button.

Step 13: To Print the Confirmation Statement, select the Open option at the bottom of the page. When the statement opens, print it and *__keep the statement for your records__*. **To complete this enrollment**, **select finish, then select Logout at the top of the page**. This statement will serve as your proof of enrollment or proof of changes made for the upcoming plan year. *__Please note that a copy of your confirmation statement is required for corrections to be made.__*

| Update Enrollments | Cover Dependents | Review Beneficiaries | Confirmation Statement |

Confirmation

Your changes have been saved. To make additional changes/corrections, return to the Update Benefits: Update Enrollments page and repeat the process.

Confirmation Statement

Name	Jasmine Ruptesting	Program	Metro Active Employee Program
Event Name	Open	Enrollment Period	12-AUG-2020 - 31-DEC-2020

[Back] [Printable Page] [Confirmation Statement] [Finish]

✔ TIP Select Confirmation Statement to receive a document which confirms your benefit selections. Select Finish to complete the enrollment process.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Cost 1	Cost 2	Cost 3
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021		27.45	0.00	0.00
Dental - Dental High Option	Employee + Spouse	01-Jan-2021		7.77	0.00	0.00
Vision - Vision	Employee + Child(ren)	01-Jan-2021		3.62	0.00	0.00
HCFSA - Waive Health Care FSA		01-Jan-2021		0.00	0.00	0.00
DCFSA - Waive Dependent Care FSA		03-Aug-2020		0.00	0.00	0.00
STD - STD		01-Jan-2021		0.00	0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + $25,000	03-Aug-2020	92,000.00	0.00	0.00	0.00
AD&D - AD&D Salaried	1 X Salary + $25,000	03-Aug-2020	92,000.00	0.00	0.00	0.00
EAP - Employee Assistance Program		03-Aug-2020		0.00	0.00	0.00
Metro 401K - Metro 401K ER 4%		03-Aug-2020		0.00	0.00	0.00
			Total	38.84	0.00	0.00

Covered Dependents

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803
Dental - Dental High Option	Employee + Spouse	01-Jan-2021	Husband Ruptesting	Spouse	888-88-8802
Vision - Vision	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803

[Back] [Printable Page] [Confirmation Statement] [Finish]

Do you want to open or save **BENSSCNF_CHBN219285140_out.pdf** (13.9 KB) from **sqatest.metrostlouis.org**?   [Open] [Save ▼] [Cancel]   ×   ...6, Oracle. All rights reserved.

Bi-State Development Agency
3300 Spruce Street
Saint Louis,MO,63103

Benefits Confirmation & Summary

Ruptesting, Jasmine
1 Main St.
High Ridge,MO,63049

Badge Number
888801

Dear Jasmine Ruptesting,

As a result of your Open enrollment on 01-Jan-2021, you have elected the following benefits. By electing these benefits, you are authorizing Payroll to deduct from your pay check compensation any and all required employee contributions for the elected benefits. You acknowledge that by electing Metro Active Employee Program benefits, you are authorizing deductions with respect to those benefits that will remain in effect until you make changes to or drop coverage during open enrollment or as a result of a qualifying event. You acknowledge that this election of benefits as stated below may carry over to subsequent plan years along with any changes in employee contributions.

Benefit Selections
The selections below were either specifically chosen by you or are provided by Bi-State Development at no cost to you.
Note: Rates are per pay period.

Plan	Option	Coverage	Coverage Start Date	Employee Cost	Bi-State Development Employer Cost
Medical - Medical Economy	Employee + Child(ren)		01-Jan-2021	27.45	0.00
Dental - Dental High Option	Employee + Spouse		01-Jan-2021	7.77	0.00
Vision - Vision	Employee + Child(ren)		01-Jan-2021	3.62	0.00
HCFSA - Waive Health Care FSA			01-Jan-2021	0.00	0.00
DCFSA - Waive Dependent Care FSA			03-Aug-2020	0.00	0.00
STD - STD			01-Jan-2021	0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + $25,000	92,000.00	03-Aug-2020	0.00	0.00
AD&D - AD&D Salaried	1 X Salary + $25,000	92,000.00	03-Aug-2020	0.00	0.00
EAP - Employee Assistance Program			03-Aug-2020	0.00	0.00
Metro 401K - Metro 401K ER 4%			03-Aug-2020	0.00	0.00
			Totals	38.84	0.00

* STD = Short Term Disability
** LTD = Long Term Disability
*** ER = Employer

Covered Dependents
These are the dependents you have elected to enroll in benefits.

Plan	Option	Full Name	Relationship	Start Date
Medical - Medical Economy	Employee + Child(ren)	Ruptesting, Child	Child	01-Jan-2021

Dental - Dental High Option	Employee + Spouse	Ruptesting, Husband	Spouse	01-Jan-2021
Vision - Vision	Employee + Child(ren)	Ruptesting, Child	Child	01-Jan-2021

The confirmation statement is not a guarantee of coverage or coverage level. All coverage is subject to verification of eligibility by the Bi-State Development Benefits Department and may be modified to exclude those who are ineligible or include those who are required by law to be covered. If you have any questions regarding your benefits, please contact the Bi-State Development Benefits Department 314-982-1400 ext 3006 or benefits@bistatedev.org.

Regards,

Bi-State Development Benefits Department

*note – employee used in the guide is a fictitious employee

18