

Voluntary Benefits

October 7-25, 2024

BiBTR & bswift **Instruction Guide**



iBTR (bswift) Open Enrollment Instructions for CCS <u>Voluntary</u> Benefits

Welcome to the Open Enrollment Instructional Guide for <u>Voluntary</u> Benefits!

For 2025, CCS has engaged a new Voluntary Benefits platform {bswift} through iBTR that will streamline our enrollment process. This partnership will bring a new high-level experience that will help you enroll in, update, and understand the Voluntary Benefits coverage options available to you and your family.

To enroll in or update <u>Voluntary</u> Benefits, you can choose Option 1 or Option 2 below:

Option 1: <u>Schedule an appointment</u> to speak with an iBTR Counselor by one of the following methods below:

- Call the scheduling line at 614-379-8531 starting 9/23/24 through 10/25/24 between the hours of 9am 6pm ET.
- Go to the website:
 <u>https://columbuscityschools.annualenrollment.net</u>
 - Note: When scheduling an appointment online, you will be asked to provide a mobile phone number and an alternate phone number. If you do not have an alternate phone number, please re-enter the primary number.

An iBTR Counselor can also help you enroll in Core Benefits!

Option 2: Self enroll or update Voluntary Benefits by following the instructions below:

- Go to https://columbuscityschools.bswift.com
 - This option is available any time of day during Open Enrollment: October 7 – 25, 2024.
 - Important Note: Please also remember to enroll in your Core Benefits through ESS at <u>https://columbus.munisselfservice.com/default.aspx</u>

iBTR (bswift) Open Enrollment Instructions for CCS Voluntary Benefits



<u>Username</u>: First Initial and Last Name (i.e. JSmith) Please *note, your username is not case sensitive.*

Password: last 4 digits of your SSN (i.e. 7777)

1. Click 'Visit Enrollment Center' on the left side of your screen to get started.



2. On this screen, click 'Enroll Now' to begin enrollment for <u>Voluntary</u> Benefits.



 The next screen that will appear, is 'Employee Information'. Verify your personal information for accuracy and fill in any required fields. (SSN format: XXX-XX-XXXX; Date of Birth format: MM/DD/YYYY)

If you need to make changes to any non-editable fields, such as Name, SSN, DOB, Address, Gender, Phone Number or Email Address, please contact the CCS Benefits Team at 614-365-6475 or email them at <u>benefitquestions@columbus.k12.oh.us</u>.

Verify that all information is accurate and check the box next to "I agree." Then, click the 'Continue' button.

Employee Information	
Sometime before beginning enrollment, all of your personal and family information must be con complete the required fields below, or, if the information has already been entered, please make You'll need to agree to the information and then click Continue.	mplete. Please sure it is accurate. Your Info Employee Information Family Info Questions
Demographics	2 Your Voluntary Benefits
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4. The next screen is 'Family Information'. This is where you can add dependents you are planning on covering for any of the Voluntary Benefits. Please be sure to add all dependents for the <u>Voluntary Benefits</u> to the 'Family Information' section before proceeding to the next section ('Enrollment').

Please note that any dependents you add to your Voluntary Benefits do not have to be the same dependents you add to your Core Benefits. For example, you can add your spouse to your Dental benefits and only add your child to the Voluntary Benefits.

- To do so, click on the '+ Add Dependents' link.
- To edit an existing dependent, click on 'Edit' under their name.

- Once you have finished entering a dependent, you may either 'Save & Add Another' or 'Save & Continue'.
- After confirming all your family information is accurate, check the box next to 'I agree'.
- Click the 'Continue' button to proceed with your enrollment.

Please enter all family in to be covered by your vol family member who has members, click Continue	formation before beginning your luntary benefits or not. To do so, already been entered, click Edit t	enrollment regardless of whether the family me click Add Dependents. To verify or edit the infor inder the person's name. If you do not have any t	mbers are mation of a family	Your Info Employee Information Family Info Questions
Test Female Employee 43 years old (11/4/1986) SSN: 458-65-1234	Test Male Spouse 49 years old (9/22/1974) 55N: 547-56-4567	•	3	Your Voluntary Benefits Enroll Complete Continue
Edit >	Edit >	Add Dependents		

5. The next screen will be related to your tobacco status. Please answer the questions from the drop-down and click 'Continue'.



6. The next screen is your 'Voluntary Benefits Open Enrollment' – where you can begin to view, enroll in, and/or change any of the Voluntary Benefits offered.

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Company Critical Illness - Employee	WAVED
You have waived this benefit.	ew Plat Oppore

 Under each plan type, click on the 'View Plan Options' button to see what choices are available to you. Here you can find flyers or documents related to the plan to review before making a decision.



• After you click 'View Plan Options' you will see this screen:



• To view a flyer or document, click on 'View Plan Details' and then 'Plan Links & Documents'.



8. You will be asked to choose any dependents you intend to cover on this plan. Check the box next to each dependent you would like to cover. Unchecking a box will exclude them from coverage. Click 'Continue'.

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Back to Benefit	ts					
Group \	Whole Life	- Spouse				
Who will be	e covered by this j	blan?				
	Test Spouse	Add Dependents				
@ Back			\rightarrow		Cont	tinue

9. Once you click 'Continue', you can either enroll/keep your selection or waive the benefit.



Once you make a selection, bswift will save it and take you back to the enrollment page to view the remaining Voluntary Benefits offered to you. *Please note – you will not be able to complete your enrollment until each benefit has been completed by either enrolling in or waiving coverage.*

As you are enrolling in your benefits, bswift will keep a running total of your costs on the right-hand side of the screen. Once you've completed your selections, you will click 'Continue' to view all your benefit selections.



10. If you've enrolled in any benefits that require beneficiaries, you will be asked to add those here:

Beneficiary represents the person or person due after death of the employee retrieve. You cick Continue. The page will refresh for you page.	is designated in writing and in accordance with the terms may add additional beneficiantis directly from this page. O to service, if all selections are correct click <mark>"Continue</mark> " agr	of the plan to receive any benefits nore al 'Beneficiales ' are selected an to move to the review and confirm	Your Info Your Voluntary Benefits Enroll Beneficiaries Review and Confirm
Group Whole Life - Emple Please choose your beneficiaries Primary Beneficiaries (required)	oyee		4 Complete Your Cost per pay period \$164.81
Name	Percentage	Remove	Continue
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Add Beneficiary Secondary Beneficiaries (optional) Secondary beneficiaries receive mon	Total: 100.0000%	serit.	

- You may add beneficiaries that are not your dependents (parents, siblings, etc.) by clicking '+ Add New Beneficiary'. Enter all required information and then click 'Save' or 'Save & Add Another'.
- You may split the amount among your beneficiaries, but both primary and secondary percentages must total 100%.

- When you are finished with beneficiaries, questions, and/or other coverages, click the 'Continue' button to proceed to the final step of enrollment.
- 11. Last Step Confirm and Save your Elections!
 - If needed, you may still edit your elections by clicking 'Edit Selection' on the bottom of any plan type.
 - Please read over any agreement text at the bottom of the page.
 - Check the 'I agree, and I'm finished with my enrollment' box and click the 'Complete Enrollment' button.



- **12.** The final screen will show 'Your enrollment is complete!' This means you have completed your enrollment successfully.
 - From here, you may print, view or email your confirmation statement by clicking the chosen icon in the lower right-hand corner.



 You may access a copy of your confirmation statement at any time by clicking 'My Benefits' in the upper left corner of the homepage.



You may edit your enrollment until the end of Open Enrollment (10/25/2024 at midnight) by clicking the 'Visit the Enrollment Center' button on your homepage.

If you need assistance during or after your enrollment, you can schedule an appointment with an iBTR Counselor, by calling our Open Enrollment Scheduler at 614-379-8531 between the hours of 9am – 6pm through 10/25/2024, or by visiting

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