



# 2025 Open Enrollment Guide for PEHT

## No miBenefits Account

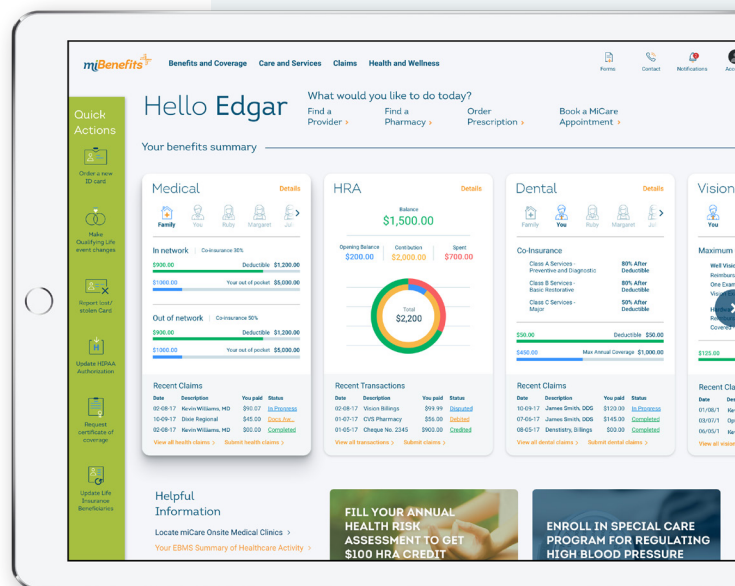
The **miBenefits** portal



Public Education Health Trust Members

## Isn't It About Time Something in Your Life Got Easier?

We have important information about your EBMS benefit plan.



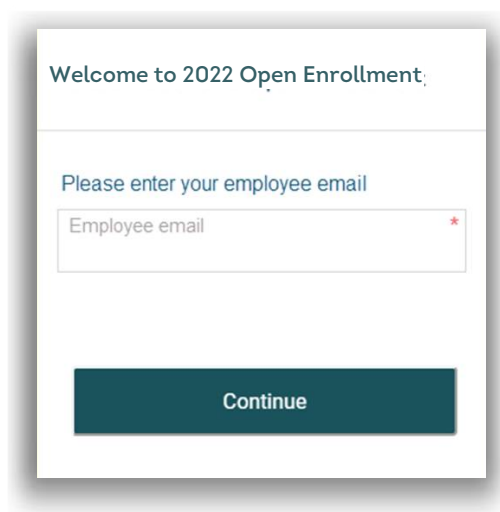
# Public Education Health Trust Members

## Let's get you set-up in the miBenefits web portal!

For those that are not currently enrolled in benefits, you will need to register in the EBMS miBenefits system. You can click the link in the e-mail invitation to Open Enrollment, or go to the miBenefits website listed below to start this process.

**Step 1: Click e-mail invitation link or go to <https://mibenefits.ebms.com/oep/gateway/group/peht> and enter your employer provided e-mail address.**

**Step 2: Enter your date of birth and Social Security Number.**



Welcome to 2022 Open Enrollment;

Please enter your employee email

Employee email \*

Continue



miBenefits

Enrollment Verification

Confirm your basic information

First Name

Last Name

Date of Birth

Social Security Number

Next

### Step 3: Set up your credentials

*You can use your work or personal e-mail address when setting up your credentials, and choose a password that you keep private.*

### Step 4: Click Continue



miBenefits

Set Your Credentials

Create a password for your miBenefits account

Password

Confirm Password

Next



miBenefits

Your credentials have been set

Click here to sign in with your new credentials

Continue to Sign In

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**Step 5: Enter the Username and Password you created during your registration process. Click Sign In.**

**Step 6: Once you are logged in, select **Open Enrollment** on the left hand side of the screen.**

## Step 7: Demographic Information

*This is where you will provide your Name, Date of Birth, Gender, SSN, etc. Fields with \* must be completed before selecting **Next**.*

*Please note: Fields will auto-populate if EBMS has the information on file. Member can correct anything at this time.*

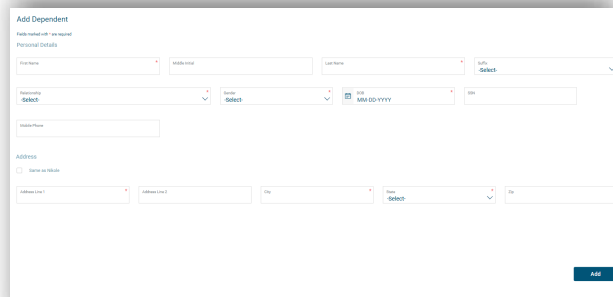
## Step 8: Managing Dependents

*This screen will allow you to add your spouse and/or children onto your enrollment. If you do not have a dependent to enroll, select **Next**.*

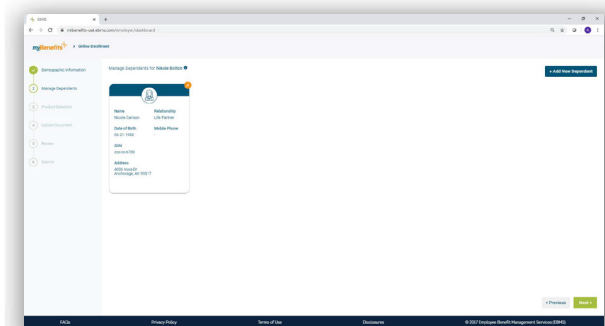
*Please note: Dependents already enrolled will be listed, and member can Edit, Delete or Add new dependent if changes are needed.*

# Public Education Health Trust Members

**Step 9:** If you have dependents to add, you will fill out the requirements as you did for your personal demographics and then select **Add**.

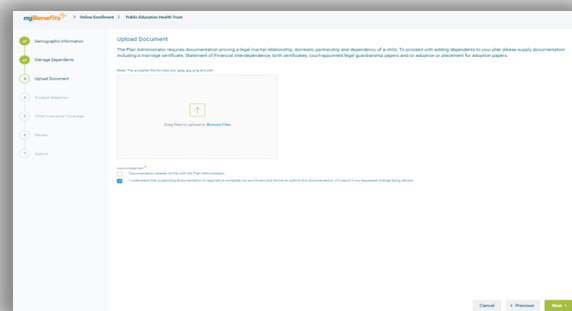


**Step 10:** Once you have selected Add, it will display a brief summary of your dependent's information. If you have additional dependents to add, click **+Add New Dependent**.

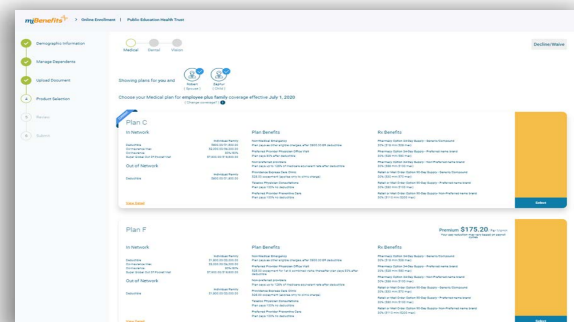


## Step 11: Upload Document

Here you will be able to upload any documentation required for your enrollment. For example, if you are newly enrolling a spouse or dependent, you will need to provide the marriage certificate or birth certificate. If you do not have documentation at this time, or if the PEHT office has the documentation on file, you will be able to check the appropriate box and click Next to continue. Please keep in mind, failure to submit this documentation will result in the requested change being denied.



**Step 12:** Through this step, you will be able to select your medical plan election for yourself and your dependents. After you have chosen your selection click **Next**.



Please note that your specific district/ employer may not display the cost of coverage.

If your district does provide the cost of coverage, you may add/remove dependents by selecting/deselecting them at the top in order to see the cost of different coverage levels.

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**Step 13: Dental and Vision are pre-selected for you once your Medical Plan has been chosen. Select Next to continue.**

mybenefits360 - Public Education Health Trust

Demographic Information | Manage Dependents | Product Selection | **Enrollment** | Review

Showing plans for **Wanda Butler** and **Child(ren)**

Choose your dental plan for employee plan coverage effective **07-01-2020**

Your benefits are included with your election at the same coverage level. Select Next to continue.

Plan	Frequency	In-Network	Out-of-Network
Plan C	Once Every Calendar Year	\$25.00	Up to \$25.00 per year
Plan D	Once Every Calendar Year	\$25.00	Up to \$25.00 per year
Plan E	Once Every Calendar Year	\$25.00	Up to \$25.00 per year
Plan F	Once Every Calendar Year	\$25.00	Up to \$25.00 per year

Next

## Step 14: Review

*This step will allow you to review the information entered. Be sure to double check that Names, Date of Birth, SSN, Plan Benefits, etc. have been entered correctly for your enrollment.*

mybenefits360 - Public Education Health Trust

Demographic Information | Manage Dependents | Product Selection | Other Insurance Coverage | **Review**

Personal Details

Field	Value
Name	Wanda Butler
Date of Birth	12-15-1989
SSN	98765 4321
Address	1234 Main St, Anytown, NY 12345
Employer	Public Education Health Trust
Effective Date	07-01-2020

Medical plan for you

Public Education Health Trust Medical Plan C

Your Total Contribution: \$379.05

## Step 15: Review Continued

mybenefits360 - Public Education Health Trust

Demographic Information | Manage Dependents | Product Selection | Other Insurance Coverage | **Review**

Medical plan for you

Public Education Health Trust Medical Plan C

Your Total Contribution: \$372.54

**Step 16: Once you have confirmed the data entered and that everything is correct, Select Submit, and then you can download your enrollment confirmation form. Please be sure that you click Submit!**

mybenefits360 - Public Education Health Trust

Demographic Information | Manage Dependents | Product Selection | Other Insurance Coverage | **Submit**

Submit

Signature

Upload a scanned image of your signature or a digital signature.

Next

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Step 17: The download option will provide you a PDF copy of everything that was completed for your enrollment. It also includes the date and time the enrollment was completed, which you can save or print for your records.

## You have now completed your Open Enrollment!

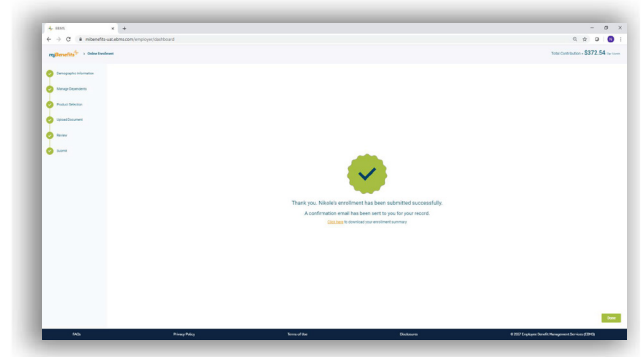
**EnrollmentReview**  
Completed on 04-22-2022

**Demographic Information**

Personal Details			
First Name Nikole	Middle Initial -	Last Name Bolton	Suffix -
Date of Birth 12-15-1989	Gender Female	SSN 987-65-3211	Marital Status Married
Email ID nbolton2@mailinator.com	Mobile Phone -	Home Phone -	Location/Division Anchorage Education Association
Department/Class All participants/Tiered Bill	Date of Hire 06-05-2013	Life Style -	Address 1234 Hoop Ln Anchorage, AK 99501

**Product Selection** Your Total Contribution = \$379.05 / Pay Period

Medical	Your Contribution = \$379.05 / Pay Period
Public Education Health Trust Medical Plan C	



### Other features to check out:

- Claims status in real time
- Separate tabs for each family member on your plan
- At-a-glance tracking of where you are in terms of deductibles and out-of-pocket maximums

### What you'll find in the miBenefits Portal:

- ✓ One login for everything – medical, dental, vision, and prescriptions
- ✓ Quick-links to find a physician, order an ID card, and perform other common tasks
- ✓ Simplified navigation – get 80% of what you need right from the home page