Adding a Primary Care Provider (PCP) for Yourself and Your Dependent(s)

1.) Click on BenefitsPortal in myDrake.

Drake Employee Home								Search this site
lo <u>yee Home</u> Student Home All Apps								
Employee Home						All a gran and		My R
		Comr	monly Used Apps					
Bb	Campus Calendar Cam	pus Directory	ITS Support	My Email	My Teams	MyDUSIS	ConeDrive	
Human Resources 🗸	-	Campus Resources 🗸	1		/ Learning R	esources 🗸		
Benefits Portal		Bulldog Bucks			Chro	nicle of Higher Education	ı	
Employee Forms		Campus Map			Cowl	les Library		
Employee Wellness		Change Password			🔊 Law I	Library		
Employment Openings		ITS How-to Guides			m Mang	go Languages		
FPM Time Reporting		Parking Tag Registratio	n		I New	York Times		
Manager Evaluations		University Bookstore			E1 Pano	pto		
My Evaluation		Administrativo Tools			Softv	vare Downloads		
20 My Leave Balances		Administrative loois			💷 Wall	Street Journal		

2.) On the screen that comes up, click on "Start Here".



3.) Click on "Start Enrollment".



🖻 🖅 🚱 BenefitSolve	er - Personal × + ×						-	ø ×
← → O @	A https://ua2.benefitsolvi	er.com/benefits/BenefitSolverVies			Test Drake •	<u> </u>	£= ∦	L 18
		1. About You+	2. Election Information - 3. Review		Total Employee Cost			
		UNZ			Ju. Our monthly			
			THIS IS A TEST SITE. YOUR CHANGES WILL NOT BE SAVED! Please go to www.benefitsolver.co	m				
			About You					
			Your Information					
			U					
			riist vaame Test Midde loirial					
			Last Name					
			Drake Suffix					
			Address 1					
			123 Main St Address 2					
			City					
			Ankeny State		UA 2			
			IA ZIP E contra		4.2			
					UA 2			
			K Back					
		© 1999-2020 Busines:	olver Privacy Policy Browser Requirements	engli	sh español français			

4.) Review your information and click "Next" to continue.



4.) Review your dependent information. For this demonstration, a dependent is being added. If you do not need to add a dependent, click "Next" to continue.

6.) Enter all fields. Click "Next".

→ ○ ⋒	A https://ua2.benefitsolve	er.com/benefits/8enefitSolverV	ew?page_name=member/shared/benefits/enroll/dependent_edit8MM_NUM=&TH_NUM=116077404198\&TH_REASON=OE&TH	STATUS=8/CASE_C	T_NUM+&CASE_ME_NUM+&TI	H_BA_NUM+242768 (]] 📩	\$ L	. ₽
		1. About You+	2. Election Information - 3. Review		Total Employee Cost \$0.00/Monthly			
		UAZ						
			Dependent Information					
			Relationship * Child *					
			First Name * Dickens					
			Middle Initial					
			Last Name *					
			Suffix					
			jr., Sr., III, etc.					
			Warning! Please provide an accurate Social Security Number (SSN) or individual Taxpayer Identification Number					
			(TIN) for your dependent. The Affordable Care Act requires that employers request this					
			information for all covered dependents.					
			Social Security Number					
			123-45-6789 123-45-6789					
			Social Security Number Not Valid Gannot provide Social Security Number					
			Date of Ritth *					
			05/03/2015 MM/DD/YYYY					
			Gender *					
			Disabled *					
			My dependent lives at a different address					
			C Back					
			NEAT /					



7.) Review the entered information and click "Looks Good" to continue.

8.) Click "Next" to review your current medical elections.



$\leftrightarrow \rightarrow \heartsuit$ \textcircled{a}	A https://ua2.benefitsolve	er.com/benefits/BenefitSolverView			☆	\$= L.	B ··
		Drake		Test Drake •			
		1. About You- 2. Ele	ection Information - 3. Review	Total Employee Cost \$0.00 /Monthly			
		UAL U	TA UNE UNE UNE UNE	L UN L			
			THIS IS A TEST SITE. YOUR CHANGES WILL NOT BE SAVED! Please go to <u>www.benefitsolver.com</u>				
			Medical				
			•				
			When most people think of benefits, they think about their medical insurance. It's by far the most popular benefit provided by employers and it's not hard to understand why. Medical benefits are an important part of protecting you and				
			your loved ones providing added protection. By proceeding with the election, you will see your paycheck deduction (if				
			Medical Summary Plan Description Drake University PPO				
			Would you like to enroll in Medical coverage?				
			I Want Coverage O Waive Coverage				
UA 2			Kext >				
		© 1999-2020 Businessolver	Privacy Policy Browser Requirements	english español français			

9.) When you select that you want medical coverage, you will be required to indicate which dependents you want covered.





10.) You will then be required to indicate a Primary Care Provider (PCP) for yourself and your dependent. We have prepared a brief video (<u>https://share.vidyard.com/watch/1zjwfRSKgVrjHCtfWC1QSa</u>) showing you how to obtain the information necessary to designate your PCP in the Benefits Portal. You may also visit <u>https://www.wellmark.com/finder</u> to obtain your PCP name, enrollment identification number, and organization name.

🔁 🖘 😡 BenefitSolve	er · Enroll El· × + ×					-	0 >
< → O @	https://ua2.benefitsoh	Drake	en la companya de la	Test Drake •	 ा इत्	h	B .
		1. About You-	2. Election Information - 3. Review	Total Employee Cost			
			UNZ UNZ UNZ UNZ UN	\$0.00/Monthly			
			THE IS A TEST STE VILLE CHANCES WILL NOT BE SMEDI Discus to the weat benefits have com				
			Medical				
			100 B				
			Primary Care Provider				
			The medical plan you selected requires a primary care provider.				
			Test Drake				
			Type Id				
			Last/Organization Name First Name				
			Middle Name Suffix				
			Are you an established patient with this provider?				
			Unknown *				
			Dickens Leto				
			Type Id				
			Please Select One • Last/Organization Name First Name				
			Middle Name Suffix				
			Are you an established patient with this provider?				
			Unknown				
			C Back				
			• weath				



11.) Once you have entered your PCP selections, you will need to select "Looks Good" to continue through the remaining benefit elections.