OE2027 MIB Report Job Aid

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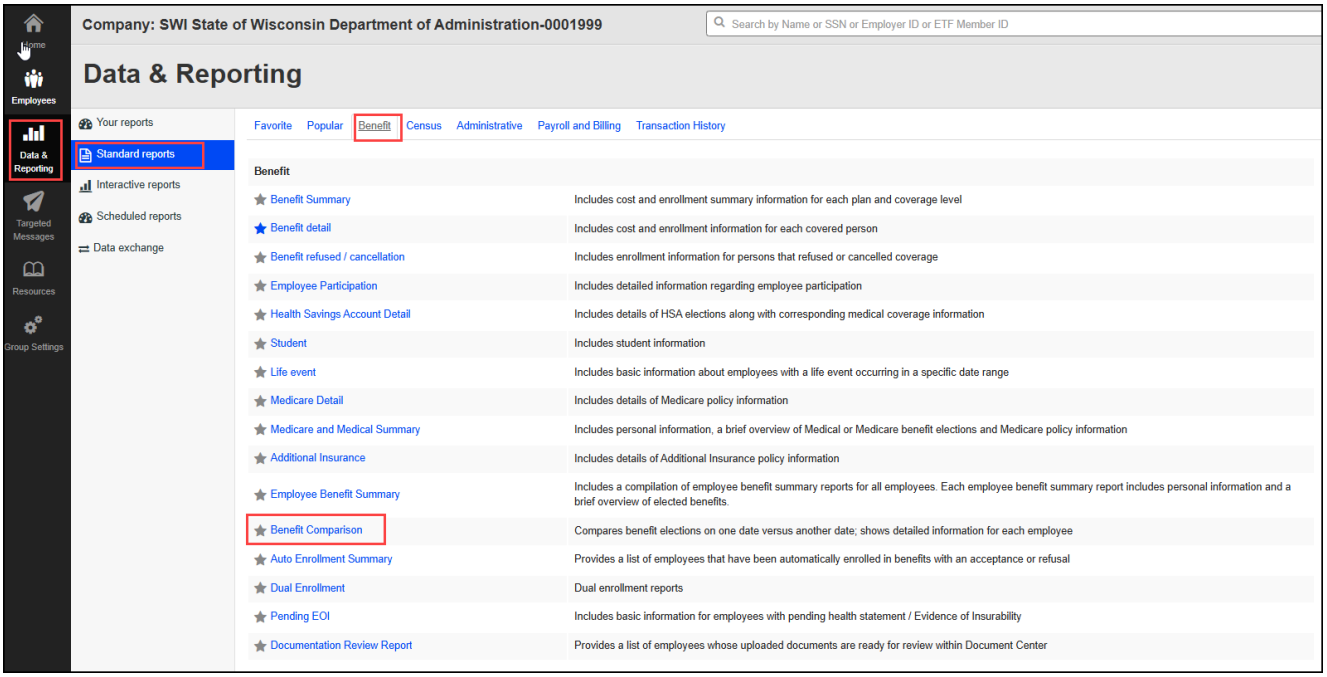
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All open enrollment agency resources are available on the Open Enrollment for Administrators Website.

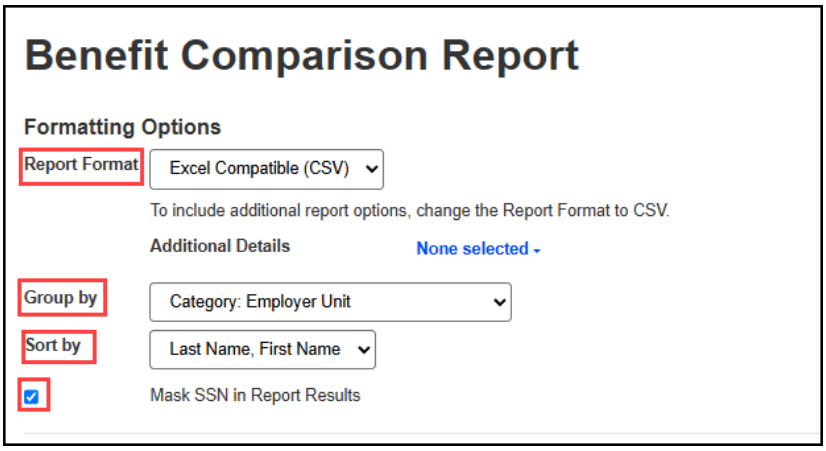
Benefit Comparison Report

MIB reporting is located by clicking on Data & Reporting > Standard Reports > Benefit Tab > Benefit Comparison



The Benefit Comparison Report allows agencies to filter for specific benefits and compare current year to OE enrollments. The agencies will select the following Formatting Options:

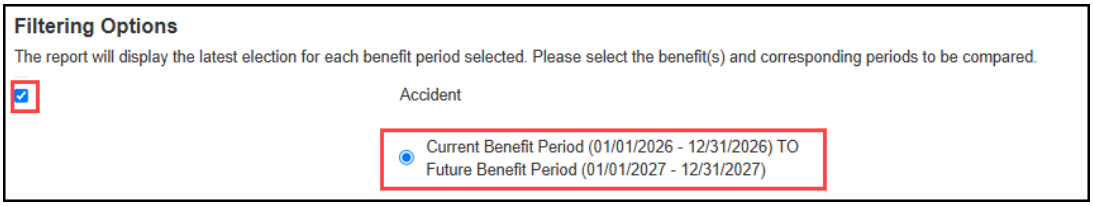
1. Report Format: Excel Compatible (CSV)
2. Group By: Category: Employer Unit
3. Sort by: Last Name, First Name
4. Check the box to Mask SSN in Report Results
5. Filtering Options



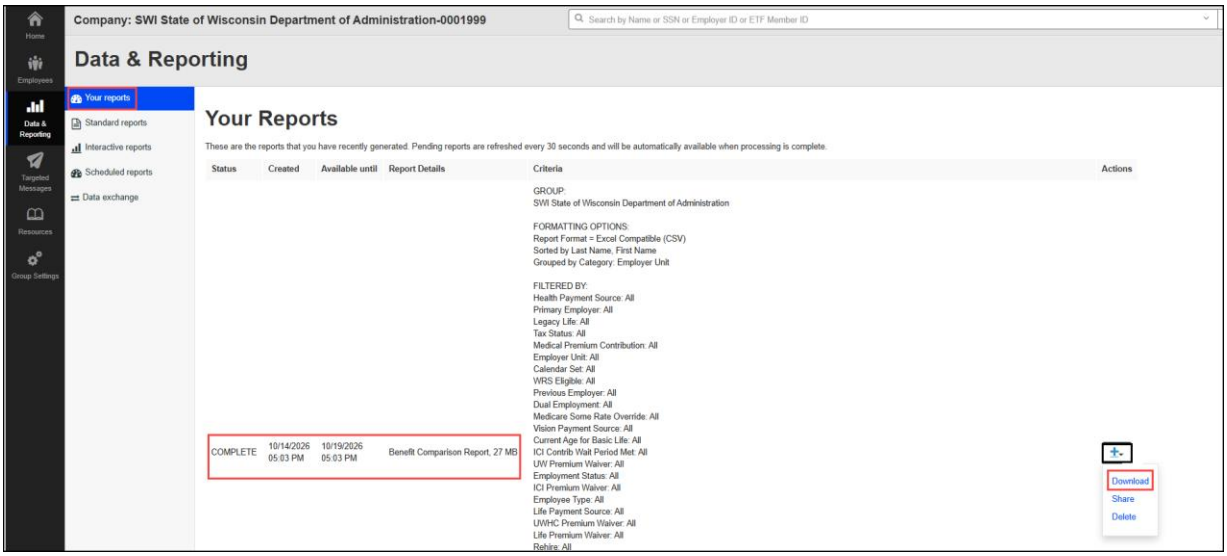
OE2027 Monitoring using the Benefit Comparison Report

Accident Plan

Agencies will select the Accident Plan under the Filtering Options. Click on the radio button for Current Benefit Period (01/01/2026- 12/31/2026) to Future Benefit Period (01/01/2027- 12/31/2027) and then click Create Report at the bottom of the page.



You will see your completed reports under Your Reports on the left side. Hover over the + sign and click on download.



Reviewing the report

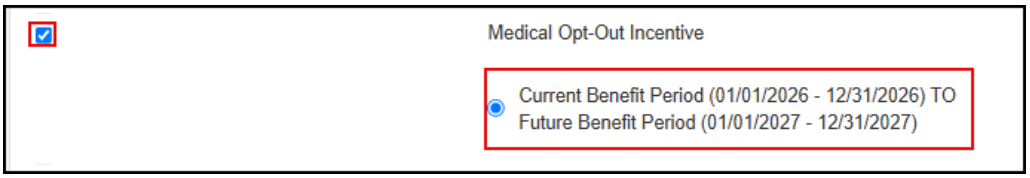
1. Remove Column A (SSN) and Columns E-G
2. Filter on Column F (Earlier Plan= Current Plan) and select the below plans to review the employees who must attach dependents to their current Accident plan:
    a. Individual & Spouse
    b. Individual & Children
    c. Family
3. Filter on Column Q (Later Coverage Level) and Column V (Later Status)
    a. See following table for results

Column F	Column Q	Column V	Column T	Action
Individual & Spouse	**Individual**	**Future Effective Date**	**Later Start Date (Column T) = Earlier Start Date (Column K)**	**Plan changed by BF ee must review, update plan to previous plan and attach appropriate dependents. If no action taken plan will be Individual in 2027**
Individual & Spouse	**Individual & Spouse**	**Future Effective Date**	**01/01/2027**	**No action needed- EE attached spouse to Accident Plan**
Individual & Spouse	**Individual & Children**	**Future Effective Date**	**01/01/2027**	**EE changed plan level and attached appropriate dependents**
Individual & Spouse	**Family**	**Future Effective Date**	**01/01/2027**	**EE changed plan level and attached appropriate dependents**
Individual & Children	**Individual**	**Future Effective Date**	**Later Start Date (Column T) = Earlier Start Date (Column K)**	**Plan changed by BF ee must review, update plan to previous plan and attach appropriate dependents. If no action taken plan will be Individual in 2027**
Individual & Children	**Individual & Spouse**	**Future Effective Date**	**01/01/2027**	**EE changed plan level and attached appropriate dependents**
Individual & Children	**Individual & Children**	**Future Effective Date**	**01/01/2027**	**No action needed- EE attached dependents to Accident Plan**
Individual & Children	**Family**	**Future Effective Date**	**01/01/2027**	**EE changed plan level and attached appropriate dependents**
Family	**Individual**	**Future Effective Date**	**Later Start Date (Column T) = Earlier Start Date (Column K)**	**Plan changed by BF ee must review, update plan to previous plan and attach appropriate dependents. If no action taken plan will be Individual in 2027**
Family	**Individual & Spouse**	**Future Effective Date**	**01/01/2027**	**EE changed plan level and attached appropriate dependents**
Family	**Individual & Children**	**Future Effective Date**	**01/01/2027**	**EE changed plan level and attached appropriate dependents**
Family	**Family**	**Future Effective Date**	**01/01/2027**	**No action needed- EE attached dependents to Accident Plan**

Column F	Column Q	Column V	Column T	Action
Individual & Spouse	Individual	Incomplete	Later Start Date (Column T) = Earlier Start Date (Column K)	Plan changed by BF ee must review, update plan to previous plan and attach appropriate dependents. If no action taken plan will be Individual in 2027
Individual & Spouse	Individual & Spouse	Incomplete	01/01/2027	EE attached dependents to Accident plan; but agency needs to complete other review tasks
Individual & Spouse	Individual & Children	Incomplete	01/01/2027	EE changed level and attached dependents to Accident plan; but OE Pending task or agency needs to complete other review tasks
Individual & Spouse	Family	Incomplete	01/01/2027	EE changed level and attached dependents to Accident plan; but OE Pending task or agency needs to complete other review tasks
Individual & Children	Individual	Incomplete	Later Start Date (Column T) = Earlier Start Date (Column K)	Plan changed by BF ee must review, update plan to previous plan and attach appropriate dependents. If no action taken plan will be Individual in 2027
Individual & Children	Individual & Spouse	Incomplete	01/01/2027	EE changed level and attached dependents to Accident plan; but OE Pending task or agency needs to complete other review tasks
Individual & Children	Individual & Children	Incomplete	01/01/2027	EE attached dependents to Accident plan; but agency needs to complete other review tasks
Individual & Children	Family	Incomplete	01/01/2027	EE changed level and attached dependents to Accident plan; but OE Pending task or agency needs to complete other review tasks
Family	Individual	Incomplete	Later Start Date (Column T) = Earlier Start Date (Column K)	Plan changed by BF ee must review, update plan to previous plan and attach appropriate dependents. If no action taken plan will be Individual in 2027
Family	Individual & Spouse	Incomplete	01/01/2027	EE changed level and attached dependents to Accident plan; but OE Pending task or agency needs to complete other review tasks
Family	Individual & Children	Incomplete	01/01/2027	EE changed level and attached dependents to Accident plan; but OE Pending task or agency needs to complete other review tasks
Family	Family	Incomplete	01/01/2027	EE attached dependents to Accident plan; but agency needs to complete other review tasks

Opt-Out Incentive

Agencies will select the Medical Opt-Out Incentive under Filtering Options. Click on the radio button for Current Benefit Period (01/01/2026- 12/31/2026) to Future Benefit Period (01/01/2027- 12/31/2027) and then click Create Report at the bottom of the page.



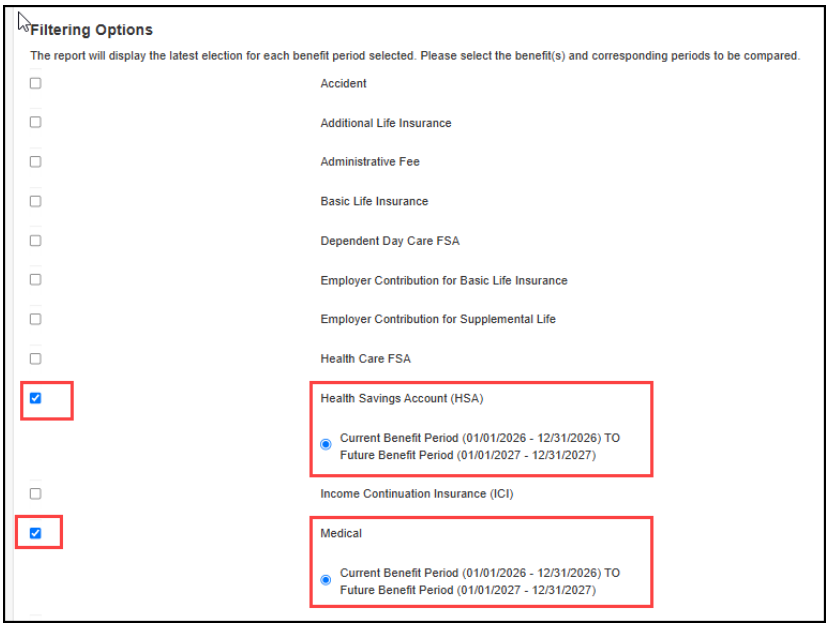
Reviewing the report

1. Remove Column A (SSN) and Columns D-F
2. Column D (Basic Benefit= Medical Opt-Out Incentive)
3. Filter on Column F (Earlier Plan= Current Plan) and select the plans below to review the employees who must reenroll in the Opt-Out Incentive for 2027:
    a. Medical Opt-Out Incentive 2026
4. Filter on Column O (Later Plan) and Column V (Later Status)
    a. See the results below

Column F	Column O	Column V	Action
Medical Opt-Out Incentive 2026	**Medical Opt-Out Incentive 2027**	**Future Effective Date**	**EE re-enrolled in the Opt-Out Incentive; could have other OE enrollments to complete**
Medical Opt-Out Incentive 2026	**Medical Opt-Out Incentive 2027**	**Incomplete**	**EE re-enrolled in the Opt-Out Incentive; but agency needs to complete other review tasks**

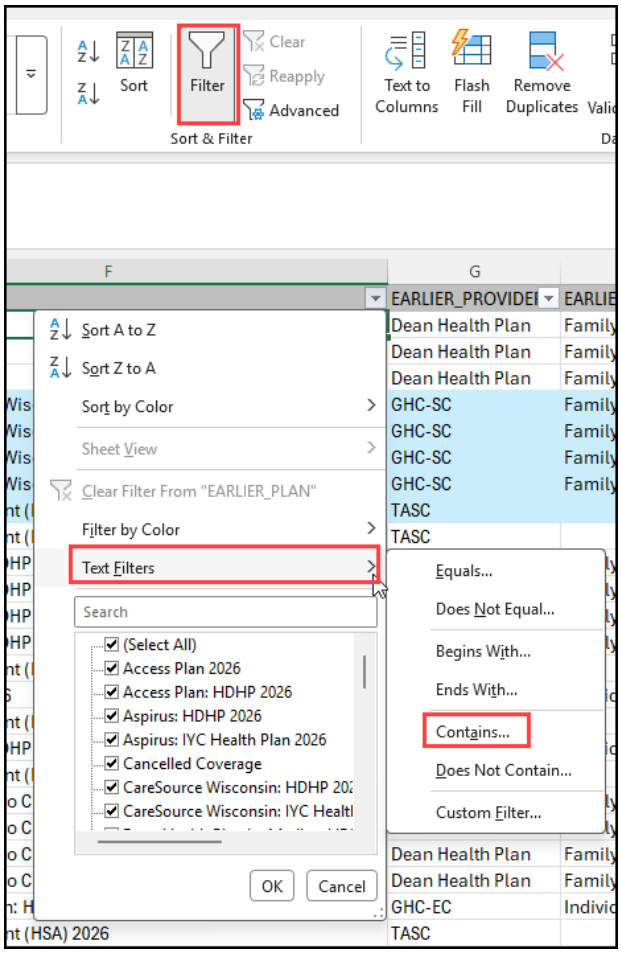
HDHP and HSA enrollments

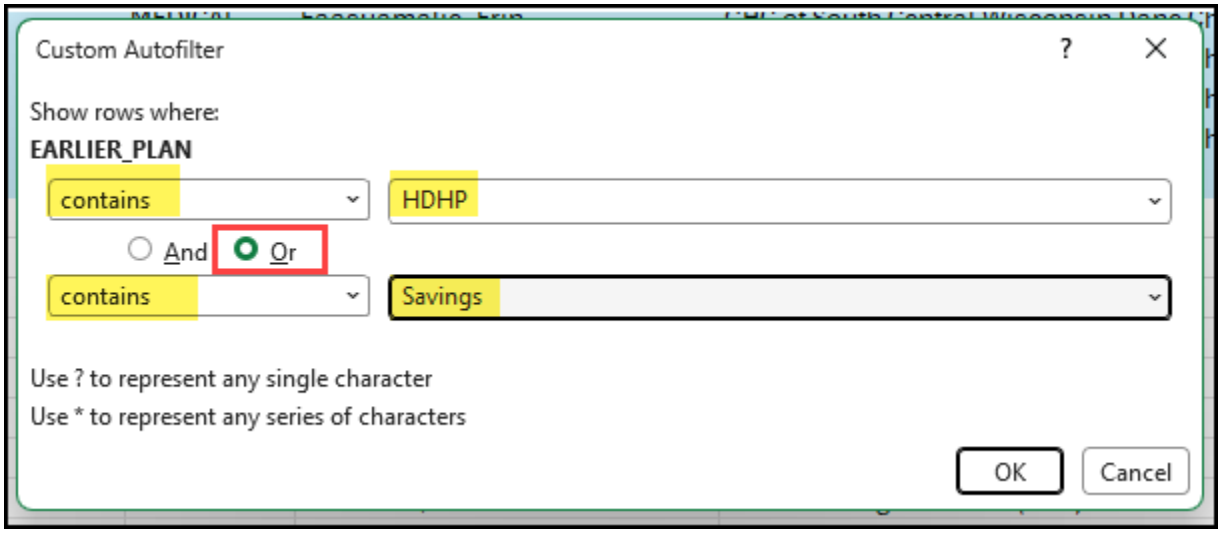
Agencies will select the Health Savings Account (HSA) and Medical under Filtering Options. Click on the radio button for Current Benefit Period (01/01/2026- 12/31/2026) to Future Benefit Period (01/01/2027- 12/31/2027) and then click Create Report at the bottom of the page. This report will not show the HSA annual contribution amount.



Reviewing the report

1. Remove Column A (SSN) and Columns D-F
2. Filter on Column F (Earlier Plan= Current Plan) and select text filter > contains. In the popup box, select “contains” in the first drop down and enter “HDHP” in the second field. Select the radio button next to “Or”, select “contains” in the second drop down and enter “Savings” in the second field to review employees enrolled in HDHP plans who must re-enroll in their HSA:

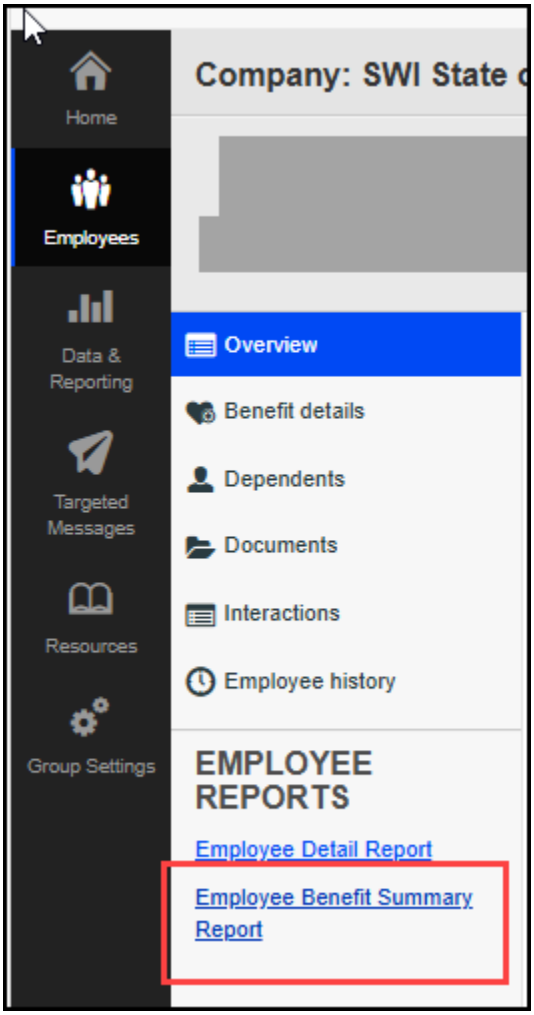


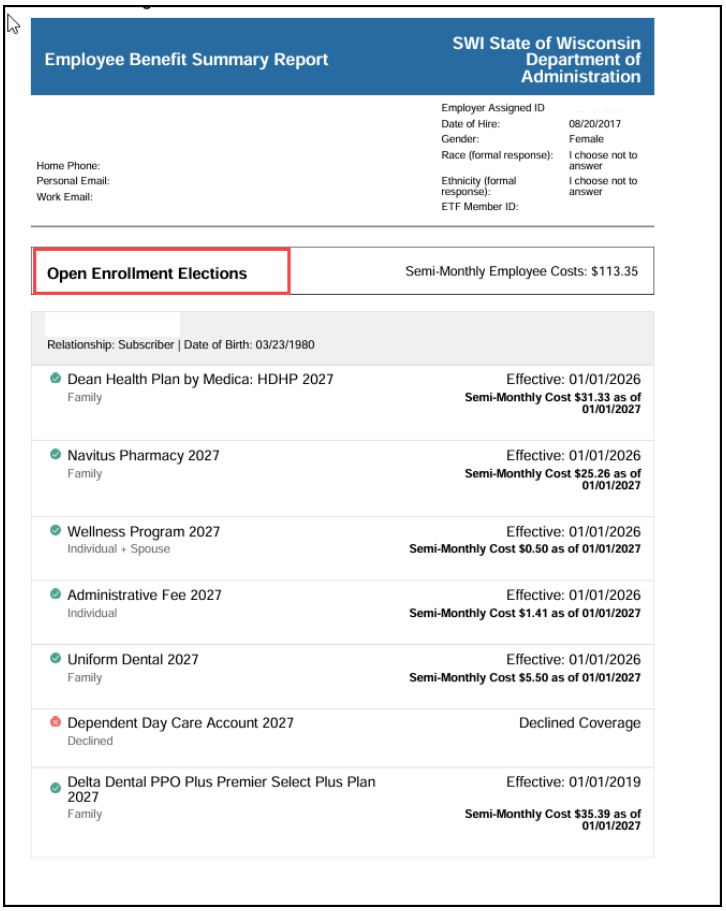


3. Each employee should have at least two lines (one for the HDHP enrollment and one for the HSA). If your employee has family coverage each dependent will be listed as well.
4. Filter on Column V (Later Status):
    a. Select Incomplete and Blanks
    b. These are your employees enrolled in the HDHP for 2026 who have not reenrolled in their 2027 HSA

Benefit Summary Report

In MIB, Agency Admin can search for their employees and review their Benefit Summary Report. The report is found on the left side under Employee Reports. The Benefit Summary Report is broken down to show the Open Enrollment elections at the top and then current year elections. Each dependent will also be listed with the benefits they are enrolled in.





Employee Benefit Summary Report

SWI State of Wisconsin Department of Administration

Home Phone:
Personal Email:
Work Email:

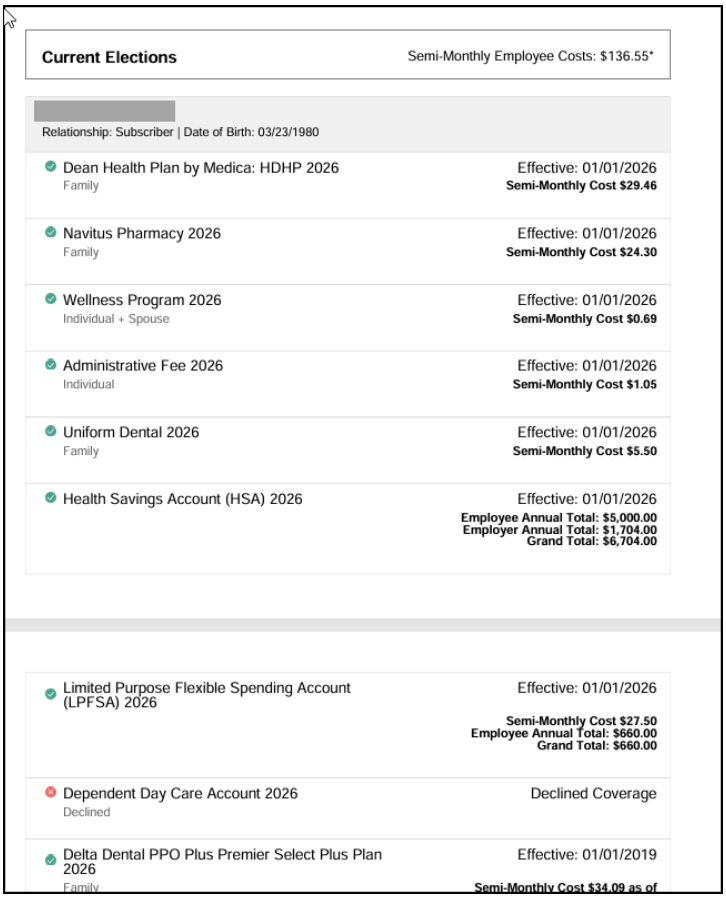
Employer Assigned ID
Date of Hire: 08/20/2017
Gender: Female
Race (formal response): I choose not to answer
Ethnicity (formal response): I choose not to answer
ETF Member ID:

Open Enrollment Elections

Semi-Monthly Employee Costs: $113.35

Relationship: Subscriber | Date of Birth: 03/23/1980

Dean Health Plan by Medica: HDHP 2027 Family	Effective: 01/01/2026 **Semi-Monthly Cost $31.33 as of 01/01/2027**
Navitus Pharmacy 2027 Family	Effective: 01/01/2026 **Semi-Monthly Cost $25.26 as of 01/01/2027**
Wellness Program 2027 Individual + Spouse	Effective: 01/01/2026 **Semi-Monthly Cost $0.50 as of 01/01/2027**
Administrative Fee 2027 Individual	Effective: 01/01/2026 **Semi-Monthly Cost $1.41 as of 01/01/2027**
Uniform Dental 2027 Family	Effective: 01/01/2026 **Semi-Monthly Cost $5.50 as of 01/01/2027**
Dependent Day Care Account 2027 Declined	Declined Coverage
Delta Dental PPO Plus Premier Select Plus Plan 2027 Family	Effective: 01/01/2019 **Semi-Monthly Cost $35.39 as of 01/01/2027**



Current Elections

Semi-Monthly Employee Costs: $136.55*

Relationship: Subscriber | Date of Birth: 03/23/1980

Dean Health Plan by Medica: HDHP 2026 Family	Effective: 01/01/2026 **Semi-Monthly Cost $29.46**
Navitus Pharmacy 2026 Family	Effective: 01/01/2026 **Semi-Monthly Cost $24.30**
Wellness Program 2026 Individual + Spouse	Effective: 01/01/2026 **Semi-Monthly Cost $0.69**
Administrative Fee 2026 Individual	Effective: 01/01/2026 **Semi-Monthly Cost $1.05**
Uniform Dental 2026 Family	Effective: 01/01/2026 **Semi-Monthly Cost $5.50**
Health Savings Account (HSA) 2026	Effective: 01/01/2026 **Employee Annual Total: $5,000.00** **Employer Annual Total: $1,704.00** **Grand Total: $6,704.00**
Limited Purpose Flexible Spending Account (LPFSA) 2026	Effective: 01/01/2026 **Semi-Monthly Cost $27.50** **Employee Annual Total: $660.00** **Grand Total: $660.00**
Dependent Day Care Account 2026 Declined	Declined Coverage
Delta Dental PPO Plus Premier Select Plus Plan 2026 Family	Effective: 01/01/2019 **Semi-Monthly Cost $34.09 as of**