

SELECT YOUR BENEFITS


Open Enrollment is the time of year to review your benefit elections and make changes. You will have from **November 1st** through **November 18th** to elect and/or make changes to your benefits. All benefit elections and changes are effective January 1, 2020.

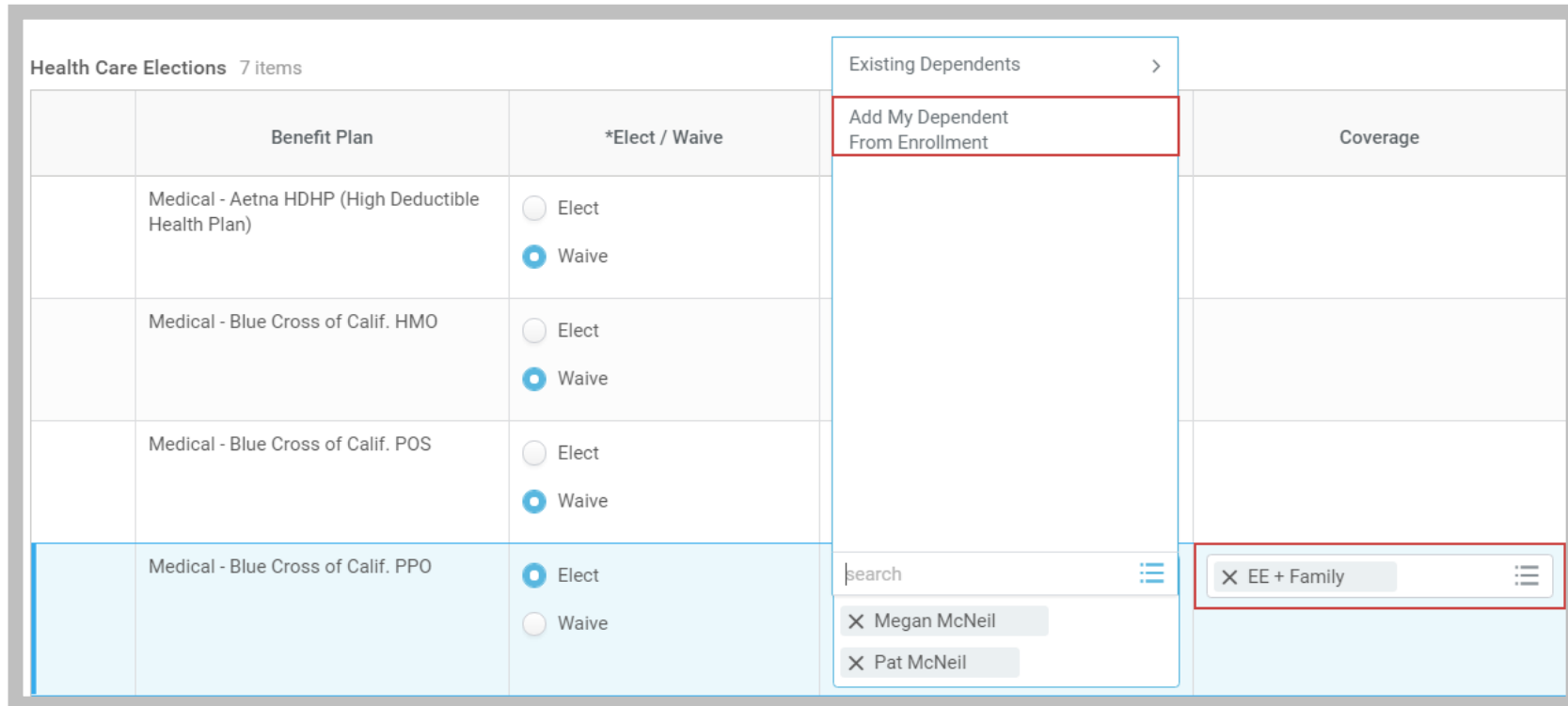
1. Click your **Profile** icon > **Inbox**.
2. Click the **Open Enrollment Change** task.
3. Select **Elect** or **Waive** for each Benefit Plan choice. Your current elections are defaulted or mapped to 2019 plans.
4. Modify your level of coverage, if needed. (i.e. Employee + Spouse, Family, Employee + Domestic Partner, etc).

Health Care Elections <small>11 Items</small>						
Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Provider Website
MEDICAL - UnitedHealthcare HDHP UHC \$1500 Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					UnitedHealthcare
MEDICAL - UnitedHealthcare HDHP UHC \$2500 Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee + Spouse			UnitedHealthcare
MEDICAL - UnitedHealthcare PPO \$500 Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					UnitedHealthcare
DENTAL - MetLife DEN Dental Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		X Family			MetLife
VISION - Vision Service Plan VISION Vision Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive					
Critical Illness - MetLife \$15,000 Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					MetLife
Critical Illness - MetLife \$30,000 Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					MetLife
Accident - MetLife Accident Low Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					MetLife
Accident - MetLife Domestic Partner	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					MetLife
Hospital Indemnity - MetLife Domestic Partner	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					MetLife

ADD DEPENDENTS

If you elect or modify a benefit plan during open enrollment, you can also add dependents.

1. Click the **prompt** icon  in the desired field in Coverage column.
2. Select a health care Coverage target.
3. Click the **prompt** icon in the Enroll Dependents column.
4. Select **Existing Dependents** to add an existing dependent or **Add My Dependent from Enrollment** to add a new dependent. Complete all required information.




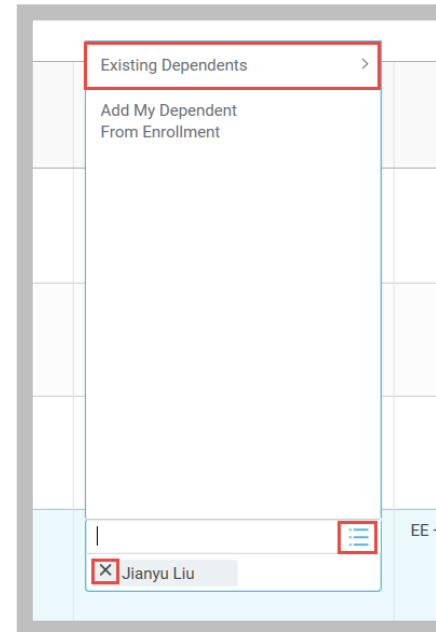
The screenshot displays the 'Health Care Elections' section with 7 items. A table lists four medical benefit plans, each with 'Elect' and 'Waive' options. The 'Medical - Blue Cross of Calif. PPO' plan is selected. A dropdown menu is open over the 'Enroll Dependents' column, showing 'Existing Dependents' and 'Add My Dependent From Enrollment'. A search bar below the dropdown lists 'Megan McNeil' and 'Pat McNeil'. A red box highlights the 'Add My Dependent From Enrollment' option and the search results. Another red box highlights the 'EE + Family' option in the 'Coverage' column.

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
	Medical - Aetna HDHP (High Deductible Health Plan)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Existing Dependents Add My Dependent From Enrollment	
	Medical - Blue Cross of Calif. HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Blue Cross of Calif. POS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Blue Cross of Calif. PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	search X Megan McNeil X Pat McNeil	X EE + Family

MODIFY DEPENDENTS

From the Change Benefits for Open Enrollment – Health Care Elections table:

1. Click the **prompt** icon  in the Enroll Dependent field.
2. Select **Existing Dependents**.
3. Select the dependent you want to add to the plan.
4. Click the **X** next to a dependent's name to remove them from the plan.
5. Click **Continue**.



ADD THE HEALTH SAVINGS ELECTION

The next step displays the Health Savings Election information. Depending on your elections from the previous screen, you may or may not be eligible for this plan. Your election from 2019 will already be populated.

1. Select **Elect** or **Waive** for the Health Savings election.
2. Enter the **amount** you want to contribute.
3. Click **Continue**.

Health Savings Account Plan Dependencies

2 Items

Cross Plan Dependency

MEDICAL - UnitedHealthcare HDHP UHC \$1500 Plan -- is (are) prerequisite(s) for -- Health Savings - Navia Benefits \$1500 Plan.

MEDICAL - UnitedHealthcare HDHP UHC \$2500 Plan -- is (are) prerequisite(s) for -- Health Savings - Navia Benefits \$2500 Plan.

Health Savings Election 2 Items

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
Health Savings - Navia Benefits \$1500 Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive <input type="radio"/> None of the above	Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00	Provider Website Navia Benefits
Health Savings - Navia Benefits \$2500 Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? <input type="text" value="0.00"/> How much do you want to contribute per paycheck (Semi-monthly)? <input type="text" value="0.00"/>	Employer Contribution (Annual) \$2,500.00 Maximum Contribution (Annual) \$6,900.00 Provider Website Navia Benefits

Continue Save for Later Go Back Cancel

The next step displays the Spending Account Savings Election information. Depending on your elections from the previous screen, you may or may not be eligible for this plan. You must re-elect these plans for 2020.

1. Select **Elect** or **Waive** for the Flexible Spending Account election.
2. Enter the **amount** you want to contribute.
3. Click **Continue**.

Spending Account Plan Dependencies

2 Items

Cross Plan Dependency

Primary plan(s) include Health Savings - Navia Benefits \$1500 Plan, Health Savings - Navia Benefits \$2500 Plan and Secondary plan(s) include FSA Health Care - Navia Benefits. You cannot elect a primary plan and a secondary plan. They are mutually exclusive.

Primary plan(s) include FSA Health Care - Navia Benefits and Secondary plan(s) include FSA Health Limited - Navia Benefits Limited. You cannot elect a primary plan and a secondary plan. They are mutually exclusive.

Spending Account Elections 3 Items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
FSA Health Care - Navia Benefits	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00	Maximum Contribution (Annual) \$2,650.00 Provider Website Navia Benefits
FSA Health Care - Navia Benefits Limited	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? <input type="text" value="120.00"/> How much do you want to contribute per paycheck (Semi-monthly)? <input type="text" value="5.00"/>	Maximum Contribution (Annual) \$2,650.00 Provider Website Navia Benefits
FSA Dependent Care - Navia Benefits	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00	Maximum Contribution (Annual) \$5,000.00 Provider Website Navia Benefits

Continue Save for Later Go Back Cancel

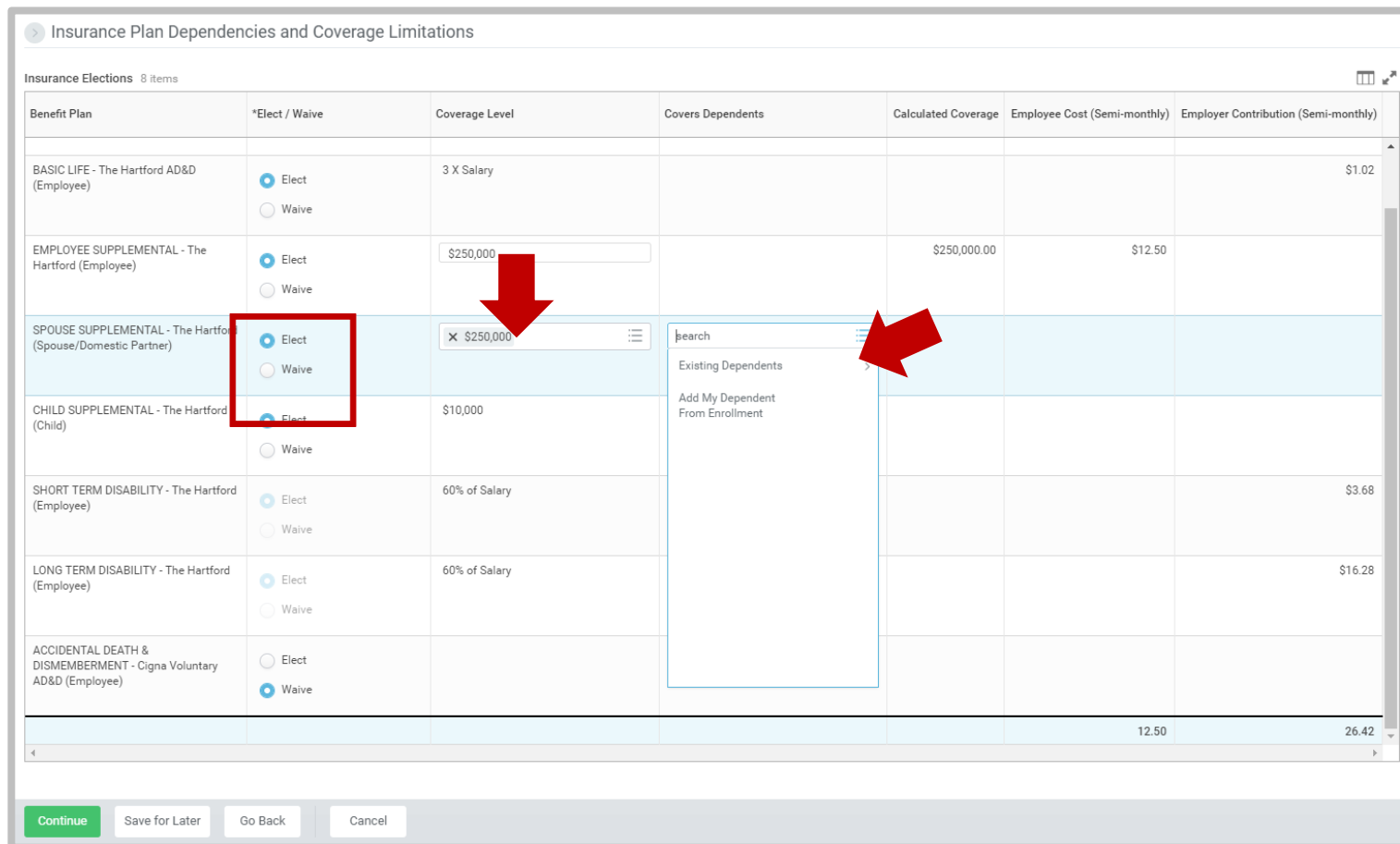
ADD SUPPLEMENTAL LIFE INSURANCE

During Open Enrollment, Evidence of Insurability (EOI) will be required if you're electing Voluntary coverage for the first time or elect additional voluntary life insurance coverage for yourself or your dependents. Your dependent coverage cannot exceed 100% of your elected coverage. You will receive an email from Hartford with instructions for completing the EOI.

If you have existing coverage, you will be allowed to increase one level without requiring EOI. Your current coverage will remain in effect until we receive approval for the increase.

Click the **Arrow**  to expand the Insurance Plan Dependencies and Coverage Limitations section. This will outline coverage rules for these plans.




4. Select **Elect** or **Waive** for each insurance election and modify your Coverage Levels, as needed. Include any covered **dependents** as applicable.
5. Click **Continue**.





Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
BASIC LIFE - The Hartford AD&D (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	3 X Salary				\$1.02
EMPLOYEE SUPPLEMENTAL - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$250,000		\$250,000.00	\$12.50	
SPOUSE SUPPLEMENTAL - The Hartford (Spouse/Domestic Partner)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	X \$250,000	<input type="text" value="Search"/> Existing Dependents Add My Dependent From Enrollment			
CHILD SUPPLEMENTAL - The Hartford (Child)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$10,000				
SHORT TERM DISABILITY - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary				\$3.68
LONG TERM DISABILITY - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary				\$16.28
ACCIDENTAL DEATH & DISMEMBERMENT - Cigna Voluntary AD&D (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					
					12.50	26.42



DESIGNATE LIFE INSURANCE BENEFICIARIES

If your life insurance plan requires beneficiaries, the Requires Beneficiaries checkbox will be marked. This means that you must designate one or more beneficiaries for each plan.

1. Click the **Add Row** icon  to add a beneficiary.
2. Click the **prompt** icon  in the Beneficiary field to select from a list of existing beneficiaries. Or, select **Create** to add a new beneficiary. To remove a beneficiary, click the **Remove Row** icon  next to that beneficiary.
3. Enter the percentage of benefits for each beneficiary in the Primary Percentage / Contingent Percentage column. Your primary beneficiary and contingent beneficiaries must add up to 100%.
4. Click **Continue**.

Beneficiary Designations 2 items

Benefit Plan	Provider Website	Requires Beneficiary	
Voluntary Supplemental Life - Liberty Mutual (Employee)	Liberty Mutual	<input checked="" type="checkbox"/>	
			

Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries	
			*Beneficiary	*Primary Percentage / Contingent Percentage
Supplemental Life - Liberty (Employee)	Liberty Mutual	<input checked="" type="checkbox"/>	 	<input type="text" value=""/> <input type="text" value="Jianyu Liu"/>
				<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

ADD ADDITIONAL BENEFITS

The additional benefits section is where you can elect legal assistance insurance.

1. Review your elections for accuracy. Notice your monthly cost in the upper-right corner.
2. Scroll down and confirm that your coverage information is accurate.
3. Click **Continue**.

Change Benefits for Open Enrollment Open Enrollment for Amelia Casias - Step 6 of 7

Event Date 01/01/2018
Initiated On 11/13/2017
Submit Elections By 11/30/2017
8 minute(s) ago - Due 11/15/2017; Effective 01/01/2018

Additional Benefits Elections 1 item

Benefit Plan	*Elect / Waive	Coverage	Amount (Semi-monthly)	Percent	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Provider Website
Hyatt Legal - MetLife	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		0.00	0			MetLife
					0	0	

Total Employee Net Cost/Credit
\$121.00 Semi-monthly Cost

COMPLETE YOUR ENROLLMENT

1. Check the **I Agree** box to confirm your electronic signature if needed.
2. Click **Submit**. A confirmation page displays.
3. Click **Print** to generate a PDF version for your records. You will also receive an email notification.

Attachments

Drop files here

or

Select files

Electronic Signature

LEGAL NOTICE: Please Read

Your Name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I AGREE" check box, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that any required government documents will be sent to you electronically.
3. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.

I Agree

Submit Go Back Cancel