



Web Benefits Employee User Guide

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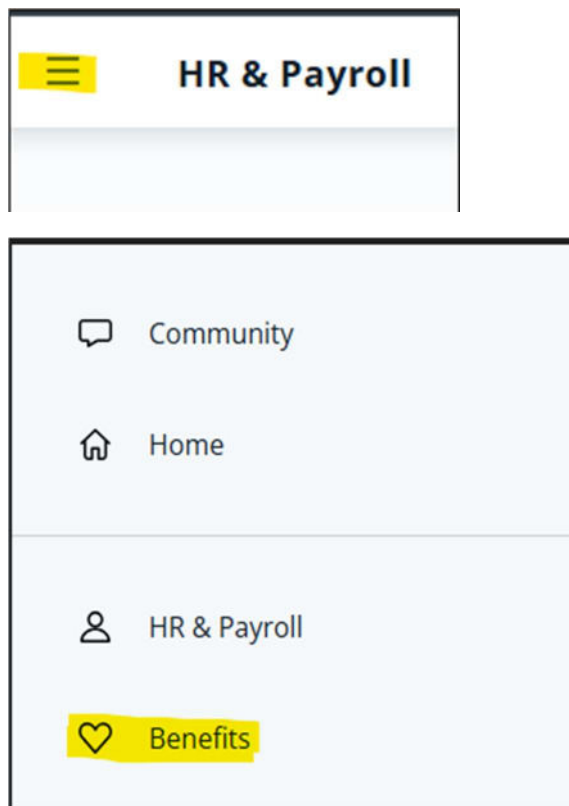
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Overview

Benefits is available for you to make your new hire benefit elections, open enrollment elections, view your current benefits, make updates through life event changes, update family and beneficiary information, and access plan documents.

Accessing Web Benefits

- From your Employee Self Service Home Page, Click on the three lines next to HR & Payroll. Benefits from the dropdown.



- Now, you are in your Web Benefits homepage. Any enrollment windows that are available are flagged under “Action Needed.” Also displayed in the left panel are additional areas of the system for you to access at any time.
- **My Current Coverage:** Review existing benefit coverages for yourself and your dependents (if applicable)
- **Enrollment History:** Check historical enrollment information

- **Change My Coverage:** Process mid-year status changes (life event) to add or remove yourself and dependents from coverage, or update your HSA Contribution mid-year
- **Family Info:** Access your dependents demographic information
- **NOTE:** Adding dependents to this page does NOT automatically enroll them into benefits.
- **Beneficiaries:** Update your beneficiary designations (if beneficiary designations are missed during your enrollment, you will only be able to add them once the coverage becomes effective)



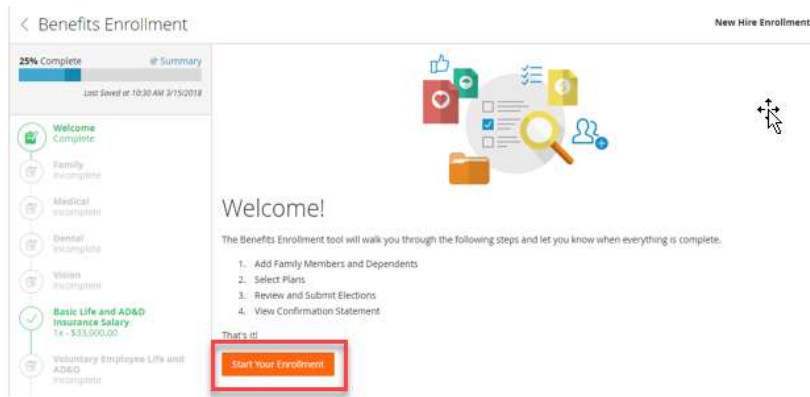
- **Document Center:** Browse plan summaries, brochures and documents

Starting Your Enrollment

1. From your Web Benefits homepage, within the “Action Needed” section, click the “Start” button.



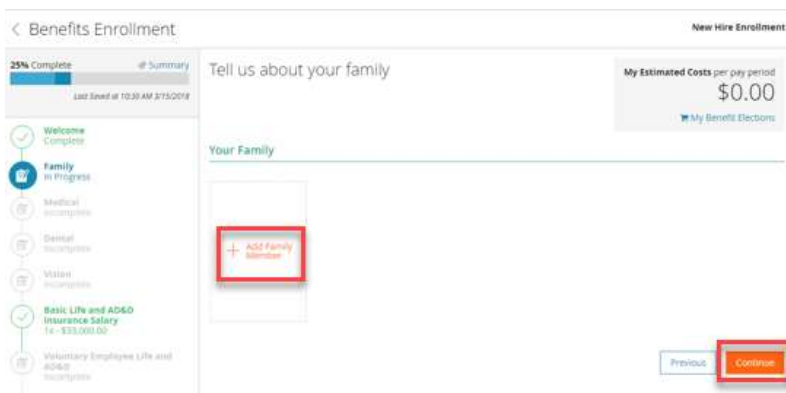
2. Select “Start Your Enrollment” to begin selecting your benefits. You can track your progress or select a specific task from the Enrollment Summary in the left panel.



ADD FAMILY MEMBERS/DEPENDENTS

The first step in the enrollment process is adding demographic information for eligible dependents that will be covered under your plan. Click “Add Family Member” to add a new dependent to the system. Once all dependents have been added or if do not have any dependents, click “Continue.”

NOTE: The following fields are required for each dependent: First and Last Name, Date of Birth, Relationship, Gender, SSN.



SELECT PLANS

Medical, Dental, Vision

1. Select all dependents you wish to cover by checking the box next to his or her name. The system then generates your cost and coverage tier based on this selection.
2. Click the check mark next to the benefit plan you wish to elect. Coverage details, cost information, additional plan resources and other links may be available throughout the section.
3. Click “Continue” to move onto the next benefit. In order to go back to the prior page, click “Previous”.

TIP: As enrollment in each plan is complete, the benefit type in the left panel updates to a green color and displays the elected plan.

Medical

My Estimated Costs per pay period
\$216.55
[My Benefit Elections](#)

Who do you want to cover on this plan?

TC Test Client10 (Myself) Employee

ST Spouse Tester Spouse

CT Child Tester Child

Choose a Plan

Medical Plan Employee + Family
\$216.55

Provider Aetna

My Estimated Costs per pay period

Employee Contribution	\$216.55
Employer Contribution	\$505.29

Waive Medical

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Health Savings Account/Flexible Spending Account (If Applicable)

1. Enter the amount you'd like to contribute each paycheck in the "Employee Per Pay Period" field. The "Total Annual Contribution" field is updated based on your per pay contribution.

NOTE: Your eligible contribution amount is limited by any contribution that your employer makes along with the IRS limits.

HSA Total Annual Contribution | \$120.00
\$0.00

Contribution Amount		Total Contribution To Date	
Employee Paid to Date	--	Employee Contribution Amount	--
Employee Per Pay Period	<input type="text" value="\$0.00"/>	Employer Contribution Amount	--
Remaining Pay Periods	18	Total Contributions To Date	--
Employee Annual Contribution	--		
Employer Annual Contribution ⓘ	\$120.00		
Total Annual Contribution	<input type="text" value="\$120.00"/>		
Annual Limits			
Min Annual Contribution Amount	--		
Max Annual Contribution Amount	\$4,450.00		

Voluntary Life and AD&D (If Applicable)

1. If enrolling, choose your coverage amount from the dropdown and review your costs.

NOTE: Evidence of Insurability may be required if electing coverage above the guarantee issue amount or if electing coverage after your initial new hire eligibility period. You will know that an Evidence of Insurability is required if your elected amount has an * next to it. If your election requires an Evidence of Insurability, it is best practice to click the

Voluntary Employee Life and AD&D \$50,000.00 Coverage
\$5.93

Coverage Amount: \$50,000.00

Coverage Amount	Cost
\$10,000.00	\$1.19
\$20,000.00	\$2.37
\$30,000.00	\$3.56
\$40,000.00	\$4.74

My Estimated Costs per pay period

Employee Contribution	\$5.93
Employer Contribution	--

link provided within the benefit to complete the necessary forms for the carrier.

Voluntary Disability (If Applicable)

1. If enrolling, choose your coverage amount from the dropdown and review your costs.

Short Term Disability Waive Coverage
\$0.00

Coverage Amount: 0.6x - \$1,000.00

Coverage Amount	Cost
0.6x - \$1,000.00	\$32.50

My Estimated Costs per pay period

Employee Contribution	--
Employer Contribution	--

Employer Provided Benefits (If Applicable)

Your employer may provide benefits at no additional cost to you. With these benefits, you are automatically enrolled into coverage and no additional action is needed on your part. You do not have the option to waive coverage.

Group Term Life and AD&D \$25,000.00 Coverage
\$0.00

Coverage Amount: \$25,000.00

Provider: Metlife

My Estimated Costs per pay period

Employee Contribution	--
Employer Contribution	\$1.50

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Information Only Plans (If Applicable)

The sole purpose of these types of plans is to provide you with information to complete your enrollment elsewhere. You are NOT making your elections for these coverages in Web Benefits and the system does not store any costs or enrollment data for these plans.

Plan

Travel Assistance ^

Provider Mutual of Omaha

Documents [Travel Assistance](#)

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BENEFICIARIES

Your company may require that you assign at least one beneficiary for any company provided or voluntary life insurance plans. Any dependents you previously entered automatically display on this panel. If you wish to include additional beneficiaries:

1. Click the “Add Beneficiary” button.
 - Your percentage(s) must total 100%, in the primary beneficiary column.
 - You are required to designate one primary beneficiary for each benefit.
 - Secondary beneficiaries are optional.
2. If multiple plans are listed and you’d like to designate the same beneficiaries for each benefit, select the “Apply to All” button.
3. Once complete, click “Continue.”

Beneficiaries

ST **Spouse Tester**
Spouse (Family Member)

CT **Child Tester**
Child (Family Member)

Add Beneficiary

Beneficiary Designation

Group Term Life and AD&D Apply to All

Name	Primary Beneficiary %	Secondary Beneficiary % (optional)
Spouse Tester	0.00	0.00
Child Tester	0.00	0.00
Totals	0.000	0.000

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SUBMIT ENROLLMENT – ALMOST FINISHED!

1. Please review **all** elections on the Enrollment Summary page prior to submitting for administrative review and approval. Clicking the “Expand All” button displays the details of each election, including covered dependents. If you need to make a change, select the benefit that needs updating from the left panel to re-enter the enrollment window. If all information is accurate, select “Submit” to complete your enrollment.

NOTE: Once your elections are submitted, additional edits may not be permitted.

Enrollment Summary
Please review your family information and benefit elections to make sure all information is correct. If not, you may make corrections at this time. You must **Submit Enrollment** at the bottom of the page to complete your benefits enrollment.

My Estimated Costs per pay period
\$228.51
[My Benefit Elections](#)

My Family Information

✓ Success: Your enrollment is 100% complete and is pending approval.

Soouse Tester

My coverage as of **6/1/2018** Viewing coverage as of

⌚ The elections below are pending approval.

My Estimated Costs
\$193.92

[View PDF](#)

[Expand All](#)

Medical	Employee + Family
UHC PPO AGWT/2V ▾	\$126.83
Dental	Employee + Family
Delta Dental Premier Plus PPO ▾	\$42.47

Long Term Disability ▾
0.6x - \$3,100.00 Coverage
\$0.00

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Submit

2. Once you submit your enrollment, the confirmation page shows that your enrollment is complete and is now pending approval by an administrator. Click “View PDF” to save or print a copy of your benefit elections for your records.

Entering a Life Event

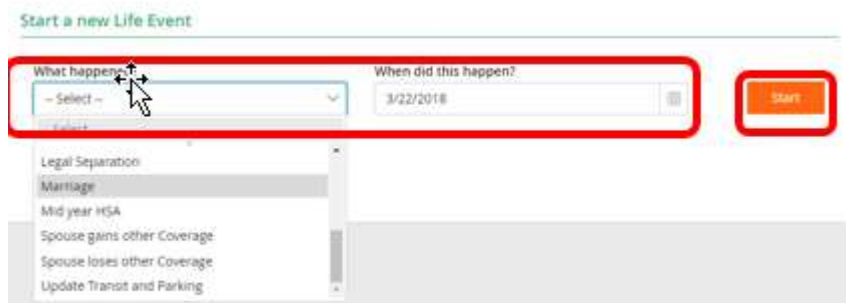
Life Events are situations that may require you to make changes to your benefits, such as marriage or birth of a child.

1. Click 'Change My Coverage' on the left side of the page.



2. Choose the appropriate life event you have experienced from the drop down menu. Enter the effective date of the life event. (Life Events cannot be future dated. Life Events can either be effective on the day that you are entering the event or 30 days in the past. If your Life Event needs to be a future date, please contact HR) Click 'Start' when you are finished.

NOTE: If you do not see the applicable Life Event or effective date, please contact HR.



3. Click "Start Your Enrollment" to add/update dependent information and benefit elections.



Welcome!

The Benefits Enrollment tool will walk you through the following steps and let you know when everything is complete.

1. Add Family Members and Dependents
2. Select Plans
3. Review and Submit Elections
4. View Confirmation Statement

That's it!

[Start Your Enrollment!](#)

NOTE: Some plans may not be eligible for an update or change depending on the Life Event option you have chosen.

4. After all elections are entered, you can review your elections prior to submitting your enrollment. Click 'Submit' when you are finished. Your Life Event enrollment will pend administrator approval.

