2017 Open Enrollment Instructions

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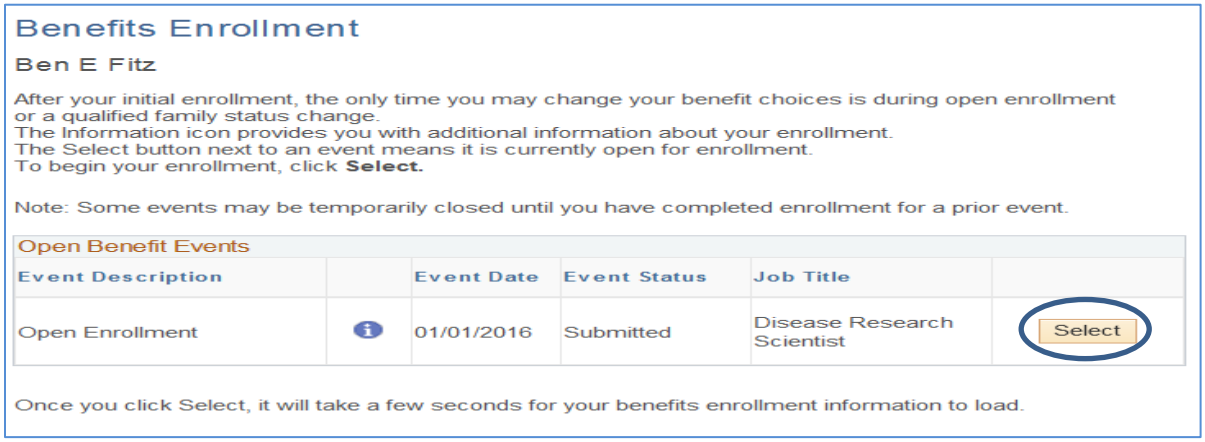
Changing Your Benefit Choices during Open Enrollment

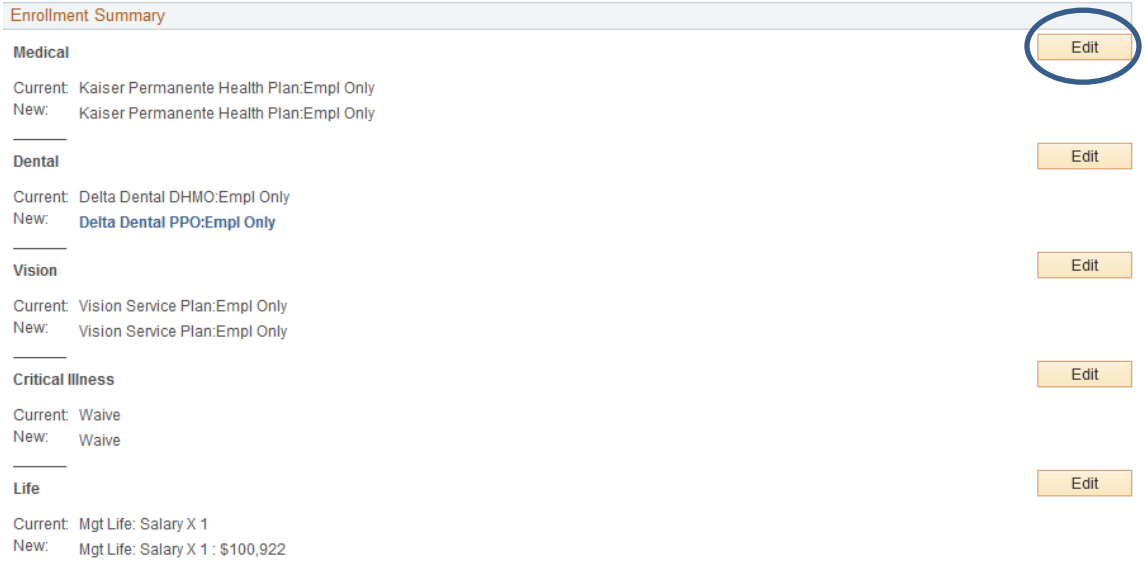
The benefit choices you make will take effect from January 1, 2017 through December 31, 2017. The exception to this is a change in family or job status, which allows you to make the appropriate benefit changes mid-year by notifying Benefits Administration within 60 days of the change.

The following instructions are provided with a screen shot below for easy understanding.

To initiate your benefit enrollment changes, click on "Open Enrollment". During the Open Enrollment period, you will see an "Open" benefit event under the Benefits Enrollment Screen. Click the "Select" button to proceed with reviewing and changing your benefits.



Your available plan choices will vary depending on your eligibility status. An "Edit" button will appear next to each benefit plan. Your current election in the benefit plan is shown, along with the "New" default that will be applied if you do not make a selection. Click the "Edit" button for each plan that you want to change, and then follow the instructions on the screen to complete the plan-specific changes and return to the Enrollment Summary page.



Medical Plan

The following illustrates the steps after clicking "Edit" for the Medical plan. Once you click "Edit", you will need to elect the plan you would like to enroll in.

Select an Option

Please choose one of the plans list below and add your dependents at the bottom of this page. The system will assign the correct Coverage Level.

You are not required to submit a Waiver Form if you waive medical plan.

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◉ Kaiser Permanente Health Plan

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$245.04	$293.50	$-48.46	Before-Tax
Employee + (1) Dependent	$490.08	$438.50	$51.58	Before-Tax
Employee + (2+) Dependents	$693.47	$623.50	$69.97	Before-Tax

○ Kaiser High Deductible Plan

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$191.29	$293.50	$-102.21	Before-Tax
Employee + (1) Dependent	$382.58	$438.50	$-55.92	Before-Tax
Employee + (2+) Dependents	$541.34	$623.50	$-82.16	Before-Tax

○ Anthem HMO - Select

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$313.49	$293.50	$19.99	Before-Tax
Employee + (1) Dependent	$626.89	$438.50	$188.39	Before-Tax
Employee + (2+) Dependents	$887.01	$623.50	$263.51	Before-Tax

○ Anthem HMO - Full Access

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$730.69	$293.50	$437.19	Before-Tax
Employee + (1) Dependent	$1,461.35	$438.50	$1,022.85	Before-Tax
Employee + (2+) Dependents	$2,067.84	$623.50	$1,444.34	Before-Tax

If you waive the County's insurance, you will be given the option at the bottom of the page to waive.

Waive - Individual Plan

I am covered under an individual medical plan outside the County (TIRCARE, Medicare/Medical, Covered CA, individual Plan)

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$0.00	$255.00	$-255.00	After-Tax

Waive - Enrolled HD Plan

I am covered under a High Deductible plan (either under my Spouse's County High Deductible Plan or a High Deductible Plan outside the County)

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$0.00	$255.00	$-255.00	After-Tax

Waive - Enrolled in a Group medical plan outside the County or my spouse's County plan.. (You will

You no longer are required to provide proof of other insurance or a separate waiver form. Once you select your waive option, you will enter the waive reason on the next page.

Waiver Form

Help

On behalf of myself and my eligible dependents (if any), I waive the option to enroll in the County of San Diego's Group Health Care insurance for the following reason:

- I am covered under Medicare or Medi-Cal
- I am covered under a Veterans or Tri-Care coverage
- I am covered under an individual policy purchased through Covered CA or through other means that is not a High Deductible Health Plan

I understand that my elections will determine how excess Flex Credits will be distributed among the Flexible Spending Accounts, Health Reimbursement Account, and/or Health Savings Account according to IRS rules and regulations.

☐ I certify that the above information is true. I certify that I have been given the opportunity to participate in a County sponsored medical plan. I understand that if I lose my other group health coverage I would be ineligible to waive medical coverage. I agree to update this information if a change in my health coverage occurs. I understand all of the above information, and I wish to decline/terminate the medical benefits provided to me by the County of San Diego.

Return

Adding a new Dependent/Domestic Partner

You can add dependents under your profile if they are not listed. However, if you would like to add a new Domestic Partner, you will need to contact the Benefits Division prior to adding their name to your Dependent/Beneficiary list. Please contact the Benefits Division by email at DHRBENEFITS.FGG@sdcounty.ca.gov to request the addition of a Domestic Partner. Once your profile is given the proper coding, you will then be able to add your Domestic Partner to your Dependent/Beneficiary list.

If you need to add a dependent to your list, click on the "Add/Review Dependent". You will then be brought to the "Add/Review Dependent/Beneficiary" screen. Click on "Add a dependent or beneficiary".

Add/Review Dependent/Beneficiary

Ben E Fitz

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Ally Fitz	Spouse	04/13/1978	Single		No	No	Yes	Yes
Junior Fitz	Child	05/05/2009	Single		No	No	Yes	Yes

Add a dependent or beneficiary

Return to Event Selection

You will then need to popluate the approiate demographic information for yor dependent. Click "Save" then click "Return to Dependent/Beneficiary Summary". On "Add/Review Dependent/Beneficiary", click on "Return to Event Selection".

Dependent/Beneficiary Personal Information

Ben E Fitz

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2017.

Personal Information

*First Name

Middle Name

*Last Name

Name Prefix

Name Suffix

Date of Birth

*Gender Male

SSN (Social Security Number)

*Relationship to Employee

Status Information

*Marital Status Single As of

A summary screen appears, illustrating your dependent list, when "Continue" is clicked.

Dependent Beneficiary

Enroll	Name	Relationship
☑	Ally Fitz	Spouse
☑	Junior Fitz	Child

Add/Review Dependents

Continue Cancel

Repeat the same process to add more dependents. When you have completed this section, click on "return to Event Selection".

Click “OK” to save your choices, or “Cancel” to make further changes.

Your Choice

You have chosen ABC - MED/HMO - SELECT with Employee + (2+) Dependents coverage. You are also covering Employee + (2+) Dependents.

Your Estimated per-pay-period Cost

Full Cost	$808.55
Credits	$564.50
Your Cost	**$244.05**

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Ally Fitz	Spouse
Junior Fitz	Child

Notes

Once submitted, this choice will take effect on 01/01/2016. Deductions and/or Credits for this choice will start with the first pay period that includes deductions on your paycheck.

OK | Cancel

Click **OK** to store your choices.

Dental Plan

The following illustrates the steps after clicking “Edit” for the Dental plan or select “waive”.

Dental		Full Cost	Credits	Before Tax	After Tax	Edit
Current:	Delta Dental DHMO:EE+ 2+Deps					
New:	Delta Dental DHMO:EE+ 2+Deps	15.83	0.00	15.83		

Once you click “Edit”, you will need to elect the Dental Plan you would like to enroll in.

Select an Option

Here Are Your Available Options With Your Costs:
(Your cost = Full benefit cost - Credits)

Overview of all Plans

Select one of the following plans:

Delta Dental DHMO

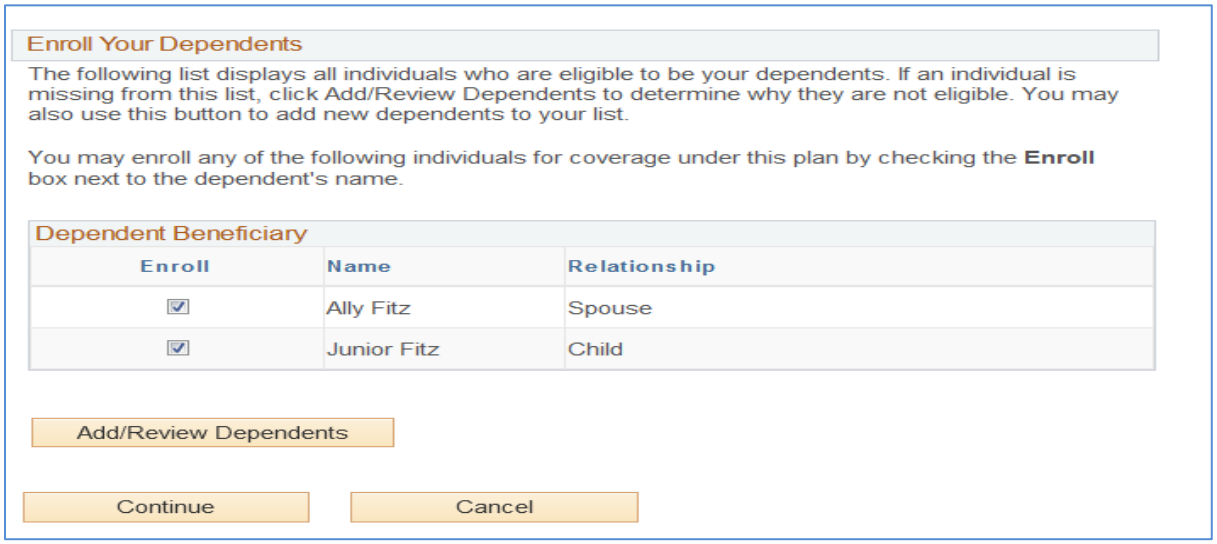
Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$6.84	$0.00	$6.84	Before-Tax
Employee + (1) Dependent	$12.36	$0.00	$12.36	Before-Tax
Employee + (2+) Dependents	$15.83	$0.00	$15.83	Before-Tax

Delta Dental PPO

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$21.47	$0.00	$21.47	Before-Tax
Employee + (1) Dependent	$42.93	$0.00	$42.93	Before-Tax
Employee + (2+) Dependents	$61.31	$0.00	$61.31	Before-Tax

Waive

You will then need to select any dependents you wish to enroll in Dental Insruance. Place a checkmark next to their name. Then click “Continue”



Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

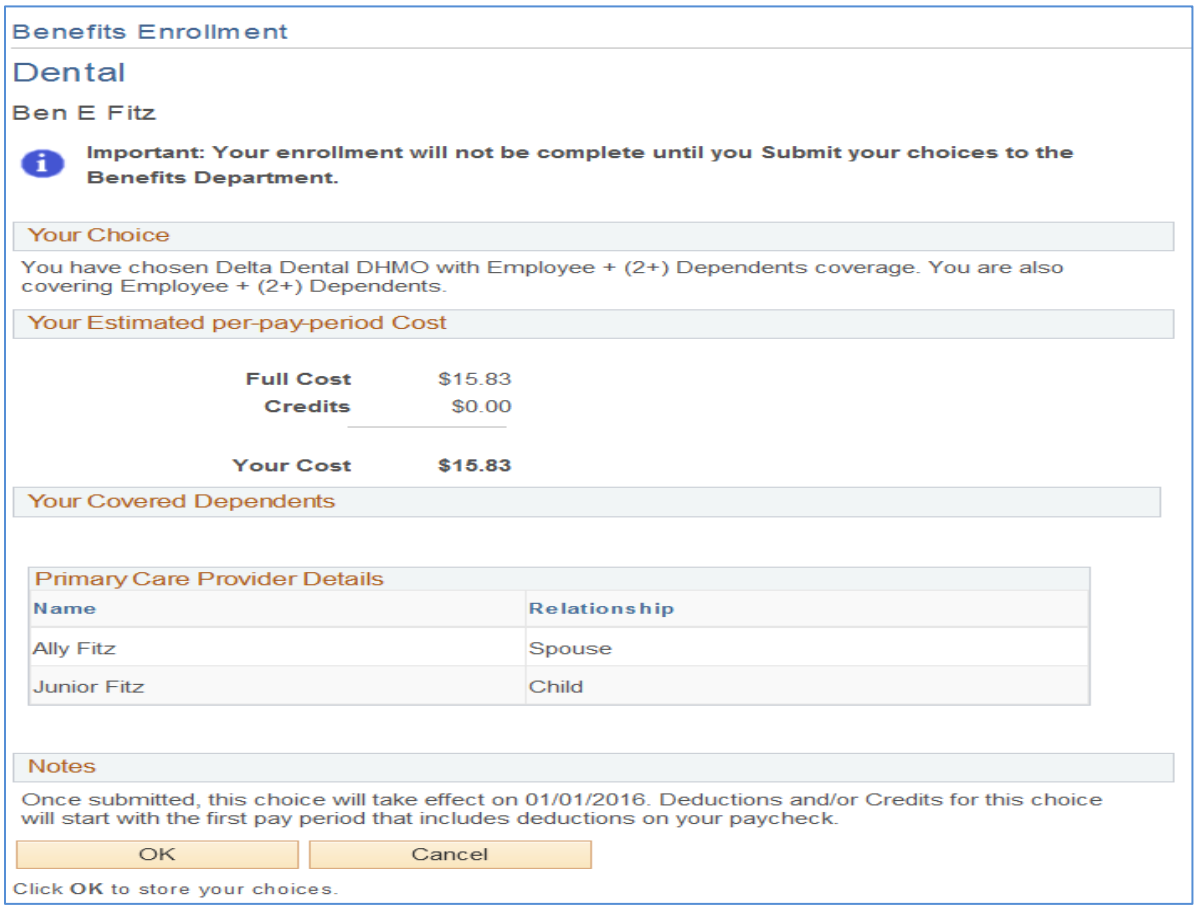
Dependent Beneficiary

Enroll	Name	Relationship
☑	Ally Fitz	Spouse
☑	Junior Fitz	Child

Add/Review Dependents

Continue Cancel

A confirmation page appears, summarizing the Dental plan choices, when “Continue” is clicked. Click “OK” to save your choices, or “Cancel” to make further changes.



Benefits Enrollment

Dental

Ben E Fitz

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen Delta Dental DHMO with Employee + (2+) Dependents coverage. You are also covering Employee + (2+) Dependents.

Your Estimated per-pay-period Cost

Full Cost	$15.83
Credits	$0.00
Your Cost	**$15.83**

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Ally Fitz	Spouse
Junior Fitz	Child

Notes

Once submitted, this choice will take effect on 01/01/2016. Deductions and/or Credits for this choice will start with the first pay period that includes deductions on your paycheck.

OK Cancel

Click **OK** to store your choices.

Vision Plan

The following illustrates the steps after clicking "Edit" for the Vision plan.

Vision		Full Cost	Credits	Before Tax	After Tax	Edit
Current:	Vision Service Plan:EE+ 2+Deps					
New:	Vision Service Plan:EE+ 2+Deps	13.93	0.00	13.93		

Once you click "Edit" you will need to enroll in the Vision plan or select "Waive".

Benefits Enrollment

Vision

Ben E Fitz

Vision coverage allows you and your dependents to see an opthamologist, optometrist, or optician to assist you with your eyecare needs.

Important! Your current coverage is: Vision Service Plan with Employee + (2+) Dependents coverage. You will continue with this coverage if you do not make a choice.

Select an Option

Here Are Your Available Options With Your Costs:
(Your cost = Full benefit cost - Credits)

Overview of all Plans

Select one of the following plans:

Vision Service Plan

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$4.45	$0.00	$4.45	Before-Tax
Employee + (1) Dependent	$10.28	$0.00	$10.28	Before-Tax
Employee + (2+) Dependents	$13.93	$0.00	$13.93	Before-Tax

Waive

You will then need to select any dependents you wish to enroll in Vision Insurance. Place a checkmark next to their name. Then click "Continue"

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
☑	Ally Fitz	Spouse
☑	Junior Fitz	Child

Add/Review Dependents

Continue Cancel

A confirmation page appears, summarizing the Vision plan choices, when “Continue” is clicked. Click “OK” to save your choices, or “Cancel” to make further changes.

Benefits Enrollment

Vision

Ben E Fitz

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen Vision Service Plan with Employee + (2+) Dependents coverage. You are also covering Employee + (2+) Dependents.

Your Estimated per-pay-period Cost

Full Cost	$13.93
Credits	$0.00
Your Cost	**$13.93**

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Ally Fitz	Spouse
Junior Fitz	Child

Notes

Once submitted, this choice will take effect on 01/01/2016. Deductions and/or Credits for this choice will start with the first pay period that includes deductions on your paycheck.

OK Cancel

Click **OK** to store your choices.

Major Medical (Critical Illness)

The following illustrates the steps after clicking “Edit” for the Major Medical plan.

Major Medical	Full Cost	Credits	Before Tax	After Tax	Edit
Current: No Coverage					
New: **Waive**	0.00	0.00			

Once you click “edit”, you will need to enroll in one of the Major Medical Plans or select “Waive”.

Select one of the following plans:

AllState Critical Illness 10K

AllState Critical Illness Basic Plan - 10,000

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$5.39	$0.00	$5.39	After-Tax
Employee + Child	$5.39	$0.00	$5.39	After-Tax
Employee + (2+) Children	$5.39	$0.00	$5.39	After-Tax
Employee + Spouse	$9.46	$0.00	$9.46	After-Tax
Employee + (2+) Dependents	$9.46	$0.00	$9.46	After-Tax

AllState Critical Illness 20K

AllState Critical Illness Enhanced Plan - 20,000

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$8.03	$0.00	$8.03	After-Tax
Employee + Child	$8.03	$0.00	$8.03	After-Tax
Employee + (2+) Children	$8.03	$0.00	$8.03	After-Tax
Employee + Spouse	$13.42	$0.00	$13.42	After-Tax
Employee + (2+) Dependents	$13.42	$0.00	$13.42	After-Tax

AllState Critical Illness 30K

AllState Critical Illness Enhanced Plan - 30,000

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$10.66	$0.00	$10.66	After-Tax
Employee + Child	$10.66	$0.00	$10.66	After-Tax
Employee + (2+) Children	$10.66	$0.00	$10.66	After-Tax
Employee + Spouse	$17.36	$0.00	$17.36	After-Tax
Employee + (2+) Dependents	$17.36	$0.00	$17.36	After-Tax

You will then need to select any dependents you wish to enroll in Major Medical (Critical Illness) Insruance. Place a checkmark next to their name. Then click “Continue”

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
☑	Ally Fitz	Spouse
☑	Junior Fitz	Child

Add/Review Dependents

Continue Cancel

A confirmation page appears, summarizing the Major Medical (Crticial Illness) plan choices, when "Continue" is clicked. Click "OK" to save your choices, or "Cancel" to make further changes.

Ben E Fits

Important: Your enrollment will not be complete until you click Submit.

Your Choice

You have chosen Critical Illness 30K with Employee + (2+) Dependents coverage.

Your Estimated per-pay-period Cost

Full Cost	$17.36
Credits	$0.00
Your Cost	**$17.36**

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Ally Fitz	Spouse
Junior Fitz	Child

LIFE INSURANCES

County of San Diego employees are provided a Basic Life Insurance policy, a Basic Accidental Death & Dismemberment policy and a $2,000 Dependent Life Policy. You will also be given the opportunity to purchase Supplemental Life Insurance (Subject to Medical History review) and Supplemental AD&D.

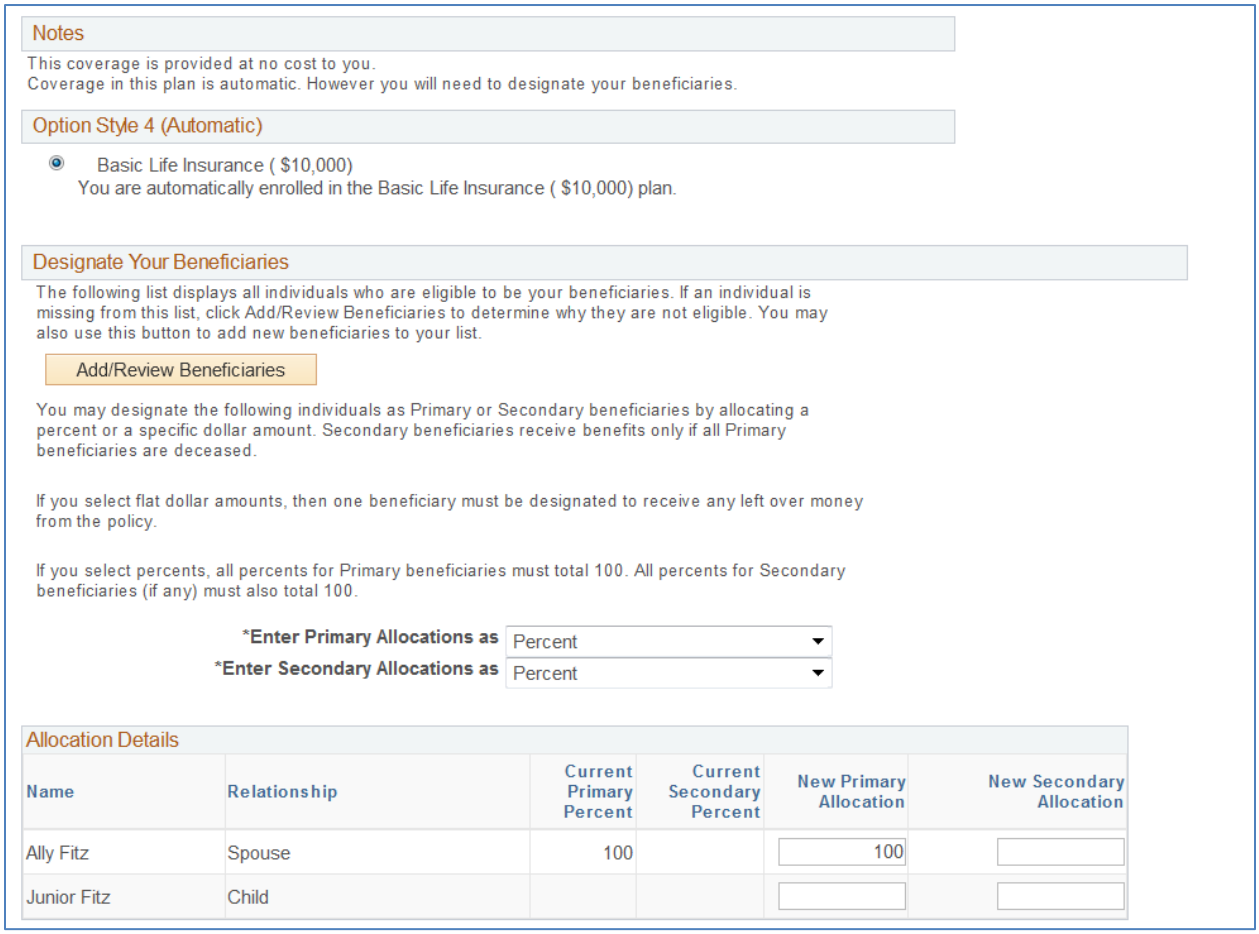
While you do not need to elect the Basic coverages (they are County paid), you can use the e-Benefits system to assign beneficiaries to your plan.

Assigning Beneficiaries

To review your beneficiaries under the Basic Life or the Basic AD&D plan, click on "edit"

Life		Full Cost	Credits	Before Tax	After Tax	Edit
Current:	Basic Life Insurance: $10,000					
New:	Basic Life Insurance: $10,000	0.00	0.00			

You can allocate a desired amount among your beneficiaries at the bottom of the screen. Please make sure that all your primary beneficiaries equal 100% and all your secondary beneficiaries equal 100%.



Notes

This coverage is provided at no cost to you.
Coverage in this plan is automatic. However you will need to designate your beneficiaries.

Option Style 4 (Automatic)

Basic Life Insurance ($10,000)
You are automatically enrolled in the Basic Life Insurance ($10,000) plan.

Designate Your Beneficiaries

The following list displays all individuals who are eligible to be your beneficiaries. If an individual is missing from this list, click Add/Review Beneficiaries to determine why they are not eligible. You may also use this button to add new beneficiaries to your list.

Add/Review Beneficiaries

You may designate the following individuals as Primary or Secondary beneficiaries by allocating a percent or a specific dollar amount. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from the policy.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.

*Enter Primary Allocations as Percent
*Enter Secondary Allocations as Percent

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		100	
Junior Fitz	Child				

Electing Supplemental Life Insurance

The following illustrates the steps after clicking “Edit” for the Supplemental Life Insurance plan.

Supplemental Life	Full Cost	Credits	Before Tax	After Tax	Edit
Current: SLif2x: Salary X 2					
New: SLif2x: Salary X 2 : $107,744	1.78	0.00		1.78	

Once you click “Edit” you can enroll in the Supplemental Life Insurance plan or you can select “waive”. Please note that an <u>increase</u> in coverage requires a Medical History Review form. Your life insurnace provider Metlife will mail the medical history form to your home address.

Supplemental Life

Ben E Fitz

Supplemental Life insurance allows you to purchase coverage in addition to what's provided by the basic life plan.

Important! Your current coverage is: Supp. Life Insurance - 2x Sal: Salary X 2 . Coverage for this plan will be waived if you do not make an election.

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:
(Your cost = Full benefit cost - Credits)

Select one of the following plans:

	Coverage Level	Full Cost	Credits	Your Cost	Tax Class
○	Supp. Life Insurance - 1x Sal ($53,872)	0.89		0.89	After-Tax
◉	Supp. Life Insurance - 2x Sal ($107,744)	1.78		1.78	After-Tax
○	Supp. Life Insurance - 3x Sal ($161,616)	2.67		2.67	After-Tax
○	Waive				

Be sure to designate your beneficiaries at the bottom of the same page.

Designate Your Beneficiaries

The following list displays all individuals who are eligible to be your beneficiaries. If an individual is missing from this list, click Add/Review Beneficiaries to determine why they are not eligible. You may also use this button to add new beneficiaries to your list.

Add/Review Beneficiaries

You may designate the following individuals as Primary or Secondary beneficiaries by allocating a percent or a specific dollar amount. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from the policy.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.

*Enter Primary Allocations as Percent
*Enter Secondary Allocations as Percent

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		100	
Junior Fitz	Child				
			Total	100	0

Continue Cancel

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Voluntary Accidental Death and Dismemberment Insurance

The following illustrates the steps after clicking "Edit" for the Supplemental Voluntary AD&D Insurance plan.

Supplemental AD and D	Full Cost	Credits	Before Tax	After Tax	Edit
Current: VADD 3x F: Salary X 3					
New: VADD 3x F: Salary X 3 : $161,616	2.02	0.00	2.02		

Once you click "edit" you can enroll in the Supplemental Voluntary AD&D Insurance plan. Voluntary AD&D Employee will cover the employee only. Voluntary AD&D Family will cover the employee and will also cover any spouse/dependent children at a percentage. Or you may select "waive".

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:
(Your cost = Full benefit cost - Credits)

Select one of the following plans:

Coverage Level	Full Cost	Credits	Your Cost	Tax Class
Voluntary ADD 1x Sal Employee ($53,872)	0.41		0.41	Before-Tax
Voluntary ADD 2x Sal Employee ($107,744)	0.81		0.81	Before-Tax
Voluntary ADD 3x Sal Employee ($161,616)	1.21		1.21	Before-Tax
Voluntary ADD 1X Sal Family ($53,872)	0.68		0.68	Before-Tax
Voluntary ADD 2X Sal Family ($107,744)	1.35		1.35	Before-Tax
Voluntary ADD 3X Sal Family ($161,616)	2.02		2.02	Before-Tax
Waive				

Be sure to designate your beneficiaries at the bottom of the same page.

Designate Your Beneficiaries

The following list displays all individuals who are eligible to be your beneficiaries. If an individual is missing from this list, click Add/Review Beneficiaries to determine why they are not eligible. You may also use this button to add new beneficiaries to your list.

Add/Review Beneficiaries

You may designate the following individuals as Primary or Secondary beneficiaries by allocating a percent or a specific dollar amount. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from the policy.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.

*Enter Primary Allocations as Percent
*Enter Secondary Allocations as Percent

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		100	
Junior Fitz	Child				
			Total	100	0

Continue Cancel

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Electing Short Term Disability

The following illustrates the steps after clicking "Edit" for the Short Term Disability Insurance plan

Short-Term Disability	Full Cost	Credits	Before Tax	After Tax	Edit
Current: Waive					
New: Waive	0.00	0.00			

Once you click "edit", you will need to enroll in Short Term Disability Insurance or you can select "No, I do not want to enroll".

Benefits Enrollment

Short-Term Disability

Ben E Fitz

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.

Important! Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.

Select an Option

Cigna Voluntary STD Class 4 (24 weeks) - 25% of weekly salary up to max of $1000
The cost for this plan is $8.03.

Twice monthly cost

- **No, I do not want to enroll.**
- Cigna Voluntary STD Class 4

Continue | Cancel

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

A confirmation page appears, summarizing the Short Term Disability plan choices, when "Continue" is clicked. Click "OK" to save your choices, or "Cancel" to make further changes.

Benefits Enrollment

Short-Term Disability

Ben E Fitz

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen Cigna Voluntary STD Class 4 coverage.
The cost for this plan is $8.03.

Notes

Once submitted, this choice will take effect on 01/01/2016. Deductions and/or Credits for this choice will start with the first pay period that includes deductions on your paycheck.

OK | Cancel

Click **OK** to store your choices.
Click **Edit** to go back and change your choices.

Electing Voluntary Long Term Disability (Available to those who do not participate in the County provided Long Term Disability)

The following illustrates the steps after clicking "Edit" for the Voluntary Long Term Disability Insurance plan.

Voluntary Long-Term Disability		Full Cost	Credits	Before Tax	After Tax	Edit
Current:	Waive					
New:	Waive	0.00	0.00			

Once you click "edit", you will need to enroll in Voluntary Long Term Disability Insurance or you can select "No, I do not want to enroll".

Benefits Enrollment

Voluntary Long-Term Disability

Ben E Fitz

Important! Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.

Select an Option

Cigna Voluntary LTD - 60% of Monthly Salary up to max of 5,000
The cost for this plan is $3.64.

No, I do not want to enroll.

Cigna Voluntary LTD

Twice monthly cost

Continue | Cancel

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

A confirmation page appears, summarizing the LTD plan choice, when "Continue" is clicked. Click "OK" to save your choices, or "Cancel" to make further changes.

Benefits Enrollment

Voluntary Long-Term Disability

Ben E Fitz

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen Cigna Voluntary LTD coverage.
The cost for this plan is $3.64.

Notes

Once submitted, this choice will take effect on 01/01/2016. Deductions and/or Credits for this choice will start with the first pay period that includes deductions on your paycheck.

OK | Cancel

Click **OK** to store your choices.

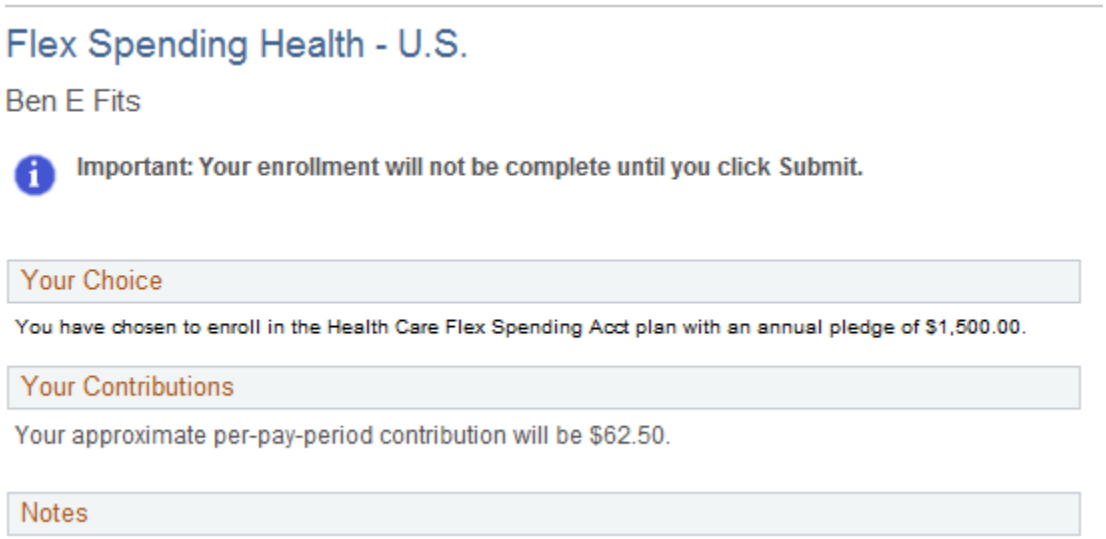
Click **Edit** to go back and change your choices.

Flex Spending Health Care Account

The following illustrates the steps after clicking “Edit” for the Flex Spending Health.

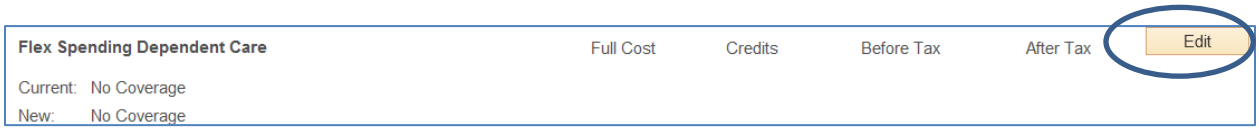
Once you click “edit”, you will be able to allocate money to the Flex Spending Health. Click on the radial button next to “Health Care Flexible Spending Account”. You will need to enter the amount you wish to allocate for the year in the “Annual Pledge” box, then click continue or you can select “No, I do not want to enroll”.

A confirmation page appears, summarizing your choice, when “Continue” is clicked. Click “OK” to save your choices, or “Cancel” to make further changes.

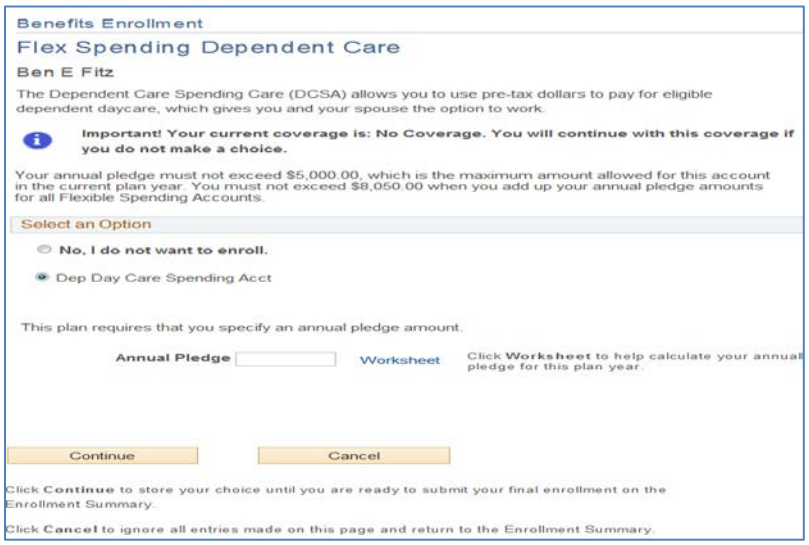


FLEX SPENDING DEPENDENT CARE

The following illustrates the steps after clicking “Edit” for the Flex Spending Dependent Care



Once you click “edit”, you will be able to allocate money to the Dependent Day Care Flexible Spending Account. Click on the radial button next to “Dep Day Care Acct”. You will need to enter the amount you wish to allocate for the year in the “Annual Pledge” box, then click continue or you can select “No, I do not want to enroll”.



A confirmation page appears, summarizing your choice, when “Continue” is clicked. Click “OK” to save your choices, or “Cancel” to make further changes.

Benefits Enrollment

Flex Spending Dependent Care

Ben E Fits

Important: Your enrollment will not be complete until you click Submit.

Your Choice

You have chosen to enroll in the Dep Day Care Spending Acct plan with an annual pledge of $5,000.00.

Your Contributions

Your approximate per-pay-period contribution will be $208.33.

Notes

HEALTH SAVINGS ACCOUNT

The following illustrates the steps after clicking “Edit” for the Health Savings Account. Please remember that you can only elect a Health Savings Account if you are enrolled in Anthem Blue Cross High Deductible Health Plan or Kaiser Permanente High Deductible Health Plan or you can select “No, I do not want to enroll”.

Health Savings Account	Full Cost	Credits	Before Tax	After Tax	Edit
Current: No Coverage					
New: No Coverage					

Once you click “edit”, you will be able to allocate money to the Health Savings Account. Click on the radial button next to Health Savings Account associated with the carrier that is providing your High Deductible Health Plan You will need to enter the amount you wish to allocate for the year in the “Annual Pledge” box, then click continue.

Changing your choices for any of the benefit plans listed above, may invalidate your enrollment on this page.

Select an Option

- Anthem Health Savings Account
- Kaiser Health Savings Account
- Health Savings Account
- Waive

You may enter your total elected annual contribution amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.

Calculations

Maximum total contribution	$6650.00
Maximum Employee Annual Contribution	$6650.00
Total Elected Contribution Amount	$0.00

Continue Cancel

A confirmation page appears, summarizing your choice, when “Continue” is clicked. Click “OK” to save your choices, or “Cancel” to make further changes.

Benefits Enrollment

Health Savings Account

Ben E Fitz

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen to enroll in the Kaiser Health Savings Account plan with an annual pledge of $5,000.00.

Your Contributions

Your approximate per-pay-period contribution will be $208.33.

Notes

Deductions and/or Credits for this choice will start with the first pay period that includes deductions on your paycheck.

OK | Cancel

Click **OK** to store your choices.

Click **Edit** to go back and change your choices.

SUBMISSION OF ELECTIONS

Once you have completed and are satisfied with your elections, please click on “Submit” at the bottom of the benefits enrollment page.

If you have elected to contribute money into your Health Care Flexible Spending Account (HCFSA), please note that the amount listed under 'Your Costs' may not be correct. Any amount that you have elected to contribute to your HCFSA is out-of-pocket. As required by the IRS, any excess flex credits will be deposited into a new, Health Reimbursement Account (HRA) or Health Savings Account (HSA) depending on which Medical Plan you have chosen.

Submit

Click **Submit** to send your final choices to the Benefits Department.

Important: Your enrollment will not be complete until you click Submit.

You will then be taken to the “Submit Benefit Choices” screen. You will need to click “Submit” to finalize your 2017 Benefit Elections.

Benefits Enrollment

Submit Benefit Choices

Ben E Fitz

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Excess Flexible Credits

If the "Before Tax" costs total on the Enrollment Summary page is negative, it means the credits the County is providing for your benefits exceeds your actual benefit costs. The County applies the costs associated with all of your Health Plan elections (Medical, Dental and Vision), Spending Accounts (FSA and HSA) and Supplemental Life to the credits you received based on your Medical Plan election. Any excess can be applied to either a Health Care Flexible Spending Account or Health Savings Account. That amount will be determined when your elections are finalized and will appear on your paycheck that includes the deductions for your new elections.

Authorize Elections

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit Cancel

Click **Submit** to send your final choices to the Benefits Department.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

You should now see your total flex credits, plan election costs, and any costs out of pocket if any. Click Continue if you do not have any changes. You can always go back and make changes up to the last day of open enrollment (October 27, 2016).

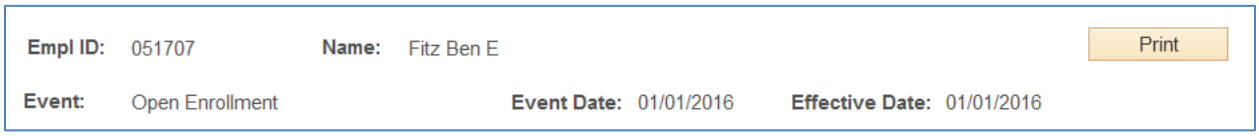
Name: Ben E Fits

Empl ID: 062002

Flex Credits: 268.00

Print

		Cost	Flex Credit	Employee Out of Pocket
Medical	Waive			
Dental	DDPPO	68.66	68.66	0.00
Vision	VSP	13.93	13.93	0.00
Critical Illness	ASCIP3	17.36	17.36	0.00
Life*	BASLIF			
AD & D*	BASADD			
Dependent Life*	DEPLIF			
Supplemental Life	SLIF3X	2.29	2.29	0.00
Supplemental AD & D	VADD3F	1.73	1.73	0.00
Short-Term Disability	VSTD24	6.89	6.89	0.00
Long-Term Disability*	N/A			
Voluntary LTD	VLTDC	5.20	5.20	0.00
Dependent DayCare	DDCFSA	208.33	151.94	56.39
Flex Spending Account	HCFSA	62.50	0.00	62.50
Health Savings Account	No Coverage			
Health Reimbursment Account	N/A			
Total pay per Pay Period		386.89	268.00	118.89

Continue

You will then be taken to a screen where you can print your elections for your records.