# Your step-by-step guide: 2024-2025 Benefits Open Enrollment

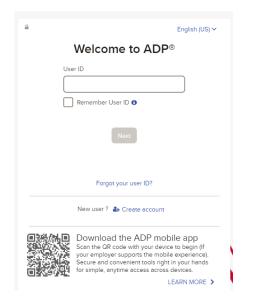
Dear Staff,

We are excited to announce the start of Open Enrollment on the *Employee Self Service* website.

The Open Enrollment period will last 19 days, starting **May 1** and ending **May 20**.

All changes to your benefits must be completed by **midnight May 20, 2024**. The changes that you make to your benefits will take effect on **June 1, 2024**.

Access the Employee Self-Service website. <u>https://workforcenow.adp.com</u>

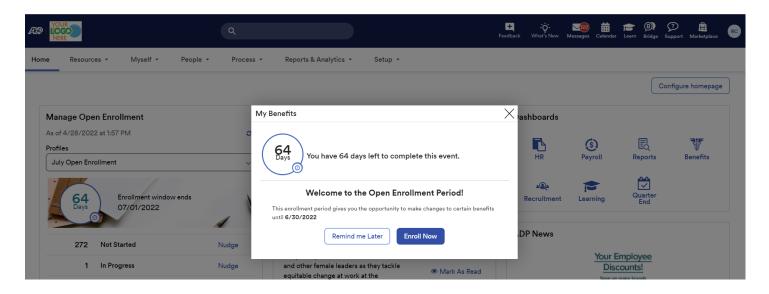


Enter your User ID and password, and then click Sign In.

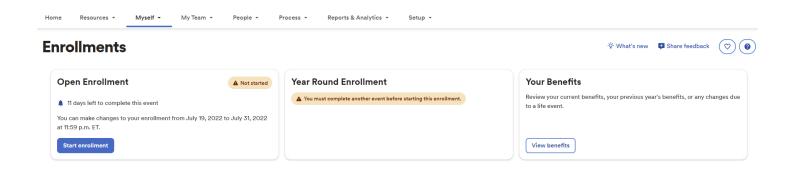
**Note:** If this is your first time logging in, click **Create account**. If you are unsure of the registration code, please contact your HR team.

Upon logging in, you will be presented with a pop-up showing important information about this Open Enrollment period. You can click **Enroll Now** or **Remind Me Later**.

**Note**: This pop-up is displayed each time you log in during the Open Enrollment period. 24-hours after submitting your selections the pop-up will no longer display.



Select **Enroll Now** will bring you to the Myself – Benefits – Enrollments screen where you can click **Start Enrollment**.



You will be taken to the Welcome Note. Please review all information on this page, as there

are often important details regarding your Open Enrollment options. Click **Next** after reviewing the Welcome Note to move to **Manage Dependents**.



The **Manage Dependents** page is where you can add/view/edit your dependent and beneficiaries. Select "**Add dependent or beneficiary**" to add a new dependent/beneficiary. You would use the *3-dot* action icon to view/edit an existing dependent/beneficiary.





Back Next

Click Next to proceed to Surveys.

The **Survey** screen will prompt **only** if applicable based on the settings within the enrollment profile itself. If any tobacco attestation is required you must acknowledge the attestation ("I agree that all the information provided about my dependents and my tobacco usage is true

and correct") in order for **Next** to be available and allow you to continue to the **Select Benefits** page.

Open Enrollment				×
Welcome Manage Dependents	Surveys Before you continue, confirm the following information.			
Surveys	Tobacco Usage			
Select Benefits	Are you a Tobacco User?			
Review and Submit	<ul> <li>No <ul> <li>Yes</li> </ul> </li> <li>Is Spouse Name a Tobacco User?</li> <li>No <li>Yes</li> </li></ul> <li>I agree that all the information provided about my dependents and my tobacco usage is true and correct</li>			
		Finish later	Back	Next

Employee Self Service is split up into three sections: Action Required, Selected Plans and Eligible Benefits.

• Action Required – These are items that need to be reviewed to move forward. These plans could require a beneficiary to be designated or a waive reason to be provided.

	r cost per psycheck	Go to section 🔻
		Go to section 🔹
so waive the benefit.		
	Waive benefit	View all plans
so	waive the benefit.	

• **Selected Plans** –*These are benefit plans that you are already enrolled in and can make changes to. This section also displays any enrollments that are pending additional approval.* 

en Enrollment		
	Selected Plans	
	You are enrolled in the following plans. You can make changes until the enrollment period closes.	
	ି Medical	Waive benefit View all plans
	HDHP2021 Effective: July 1, 2022	O Pending Approval
	Who is covered? You, Spouse Name, Child Name and Child Name	Per Paycheck \$138.00
	♀ Miscellaneous	Waive benefit View all plans
	Custom Medical 2022 Effective: January 1, 2022	Selected
	Who is covered? You, newchildnew test, Child Name, Child Name and Spouse Name	Per Paycheck <b>\$2.31</b>

• Eligible Benefits – These are other benefit plans that are available for you to enroll in. If you select a benefit plan in the eligible benefits section, the enrollment will be moved to the Enrolled Benefits section.

Open Enrollment			
	Eligible Plans		
	You're eligible to enroll in the following plans.		
	© Vision	View all plans	)
	Vision, All Employee You have 1 benefit options available to choose from. See what is right for you!		
	at Health Savings Account	View all plans	
	RC HSA You have 1 benefit options available to choose from. See what is right for you!		
	\$ FSA Health Care	View all plans	
	Multiple available options		

*Waive benefit* should only display for benefit plan types that require a waive reason. Employees should only select **Waive benefit** if you do not want to continue enrollment in a benefit or are not enrolled currently and a waive reason is required.

If you chose to *waive* a benefit, you will be required to select a Waive Reason.

	Waive Benefit		×
	Are you sure you want to waive Dental benefit?		
	Waiving this benefit means you do not require coverage. You ca Waive Reason	n still enroll in the plan while the enrollment period is open.	
	Select a reason 👻		
	Coverage does not meet my needs		
	Do not want to be Insured	No, cancel Yes, waive benef	it
	Participating in Domestic Partner's Plan		
	Participating in Parent's Plan		
	Plan to participate in State Exchange Plan	Employer cost per payched	k Ye
ər	Participating in Spouse's Plan	\$13.85	Ş
	Participating in State Exchange Plan		
	Too Expensive		Wa

*View all plans* will allow the employee to view the plans that are available in that plan grouping.

### **Eligible Plans**

You're eligible to enroll in the following plans.

े Medical	Waive benefit	View all plans
Multiple available options		
You have 3 benefit options available to choose from. See what is right for you!		

While enrolling in a plan, please be sure to indicate which dependents should be covered in the **Covered Individuals** section, if applicable. Then proceed with your enrollment.

vailable Plans		
Nedical		
elect the plan that meets your needs and add the dependents you want to cover.		
Your company requires you to enter a reason to waive this coverage.		
Covered Individuals		
✓ John Snow (You) Sally Snow (Spouse)		
Plans Available +* Plan comparison		
Aetna Choice PPO		
(1 individual selected)	Employer cost per paycheck	Your cost per paycheck
Provider Aetna Inc.	\$245.90	\$112.52
Select plan		
RC HDHP		
(1 individual calactad) - 🖪 Additional dataile	_	
		Waive benefit Ba

**Note**: The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family) is driven by which dependents you enroll.

When you choose to enroll in a plan, it will display the **Per Paycheck** cost for the employee and employer.



Confirm details may include some additional information needed (i.e. PCP-ID).

Confirm Details				9
Aetna Inc.: RC PPO				
Covered Individual You				
Primary Care Physician Details				
John Snow Enter Primary Care Physician Details				
First Name	Last Name	ID Numb	er	
Per Paycheck Costs				
Total Cost Per Paycheck \$57.00				

Review your enrollment, costs, and covered individuals carefully before clicking on **Confirm**. Once confimed, you will receive a confirmation message that you are now enrolled and the enrollment will be displayed under **Selected Plans**.

enrolled in RC PPO, Medical PPO.			
<b>47 days left to enroll</b> Effective: October 1, 2022	Employer cost per paycheck \$60.00	Your cost per paycheck \$57.00	Go to section
ected Plans			
ected Plans ire enrolled in the following plans. You can make changes un	til the enrollment period closes.		
	til the enrollment period closes.	Waive be	enefit View all pla
re enrolled in the following plans. You can make changes un	til the enrollment period closes.	Waive be	enefit View all pla
ire enrolled in the following plans. You can make changes un Medical	til the enrollment period closes.	Waive be	
re enrolled in the following plans. You can make changes un Medical RC PPO	til the enrollment period closes.	Waive be	

## **Voluntary Life Elections and Beneficiaries:**

You are automatically enrolled in Life coverage. However, you will also reed to for designate your beneficiaries or take this time to update your beneficiaries read to for

Start by clicking **View all plans**, and then choose the amount of coverage you want to elect from the drop down.

ailable Plans		
Covered Individual		
John Snow (You)		
lan Available		
T - Voluntary Life ndividual selected) ovider <b>uardian Life</b>		
Select Coverage Amount Additional Coverage \$240,000.00		
Evidence of Insurability will be required for this enrollment.		
Over The Limit - Approval Required The Total Actual Coverage Amount is over the guarantee issue amount of \$150,000.00. That amount requires in	Evidence of Insurability (EOI) and approval from t	the insurance carrier.

Click **Confirm details** and review your selection and beneficiary delegations.

Then click **Confirm** to continue with your enrollment elections.

## **Confirm Details**

Guardian Life	e: BT - Voluntary Life	
Covered Individ	Jual	
You		
Coverage		
Total Actual Covera	ge Amount	
\$240,000.0	0	
Beneficiaries		
Sally Snow (Spou	se)	Primary (100.00%)
Per Paycheck C	costs	
Employer Cost	Your Cost	
\$0.00	\$17.50	



Continue through each step until all elections are complete and all tasks under the **Action** 

**Required** section are addressed. When ready to proceed to the Summary page, click **Next** to proceed to **Review and Submit** step.

×

### **Open Enrollment**

Welcome Manage Dependents	Select Benefits			
Surveys	<b>46 days left to enroll</b> Effective: October 1, 2022	Employer cost per paycheck	Your cost per paycheck \$293.17	Go to section 🔫
Select Benefits		•	•	
Review and Submit	Selected Plans You are enrolled in the following plans. You can make changes until the enrollment period clos	ses.		
	े Medical		Waive benefit	View all plans
	Actna Choice PPO Effective: October 1, 2022			Selected
	Who is covered? You and Sally Snow			Per Paycheck \$253.17
	₩ Dental			View all plans
			Finish late	r Back Next

Review all of your selections/changes. When you have confirmed them, click **Submit** 

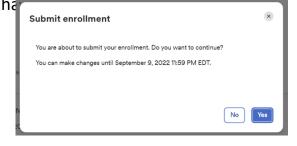
**Enrollment**. Note that your benefit elections will not be processed until you click **Submit** 

**Enrollment.** If you click **Save for later** instead, these enrollments will not be submitted to your HR team until you fully submit the enrollment changes.

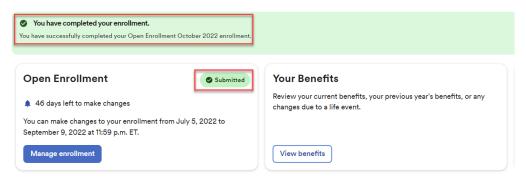
Open Enrollment			
Welcome	Review and Submit		
Manage Dependents			
Surveys	🖬 46 days left to enroll	Employer cost per paycheck	Your cost per paycheck
Select Benefits	Effective: October 1, 2022	\$553.26	\$293.17
Review and Submit	Your benefit elections will not be effective until you click Submit enrollment.		
•	Enrolled plans		
	You are enrolled in the following plans. You can make changes until the enrollment period closes.		
	⁰/y Medical		S Enrolled
	Effective: October 1, 2022		
	Aetna Choice PPO		\$253.17 Per Paycheck
	Who is covered? You and Sally Snow		Per Paycheck

There will be a pop-up confirming your submission notating the date and time of submission. Please ensure you receive the confirmation note indicating

your elections har submitted.



# Enrollments



If you would like to make additional changes or modifications during the Open Enrollment

Period, you may log in and navigate to **Myself > Benefits > Enrollments** and click the **Manage Enrollment** option in the Open Enrollment box. This will bring you back to the beginning of the profile to make any desired election changes.

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Home	Resources 👻	Myself +					
				My Information	Pay	Time & Attendance	Talent
				Profile	Personal Accrued Time	My Time Entry	Performance Dashboard
				Personal Information	Calculators	My Timecard	Performance Goals
				Dependents & Beneficiaries	Payment Options	Actual vs Scheduled	Compensation Notices
				Employment	Tax Withholdings	My Schedule	Career Center
				Organizational Chart	Total Rewards	Annual Summary	My Learning
				My Documents	Pay & Tax Statements	Holiday List	Benefits
				Surveys		Attendance	Enrollments
						Time Off	Employee Discounts - LifeMart
			<b>Enrollme</b> Open Enro			Submitted	

You may also navigate by finding the **My Benefits** tile on the homepage and select **Manage**. The tile will also reflect the "Submitted" status with the date and time of submission.

