



Web Benefits Employee User Guide

Table of Contents

Overview3

Accessing Web Benefits3

Starting Your Enrollment.....4

 Add Family Members/Dependents5

 Select Plans5

 Beneficiaries.....7

 Submit Enrollment – Almost Finished!.....8

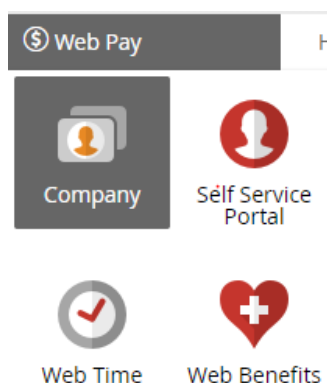
Entering a Life Event.....9

Overview

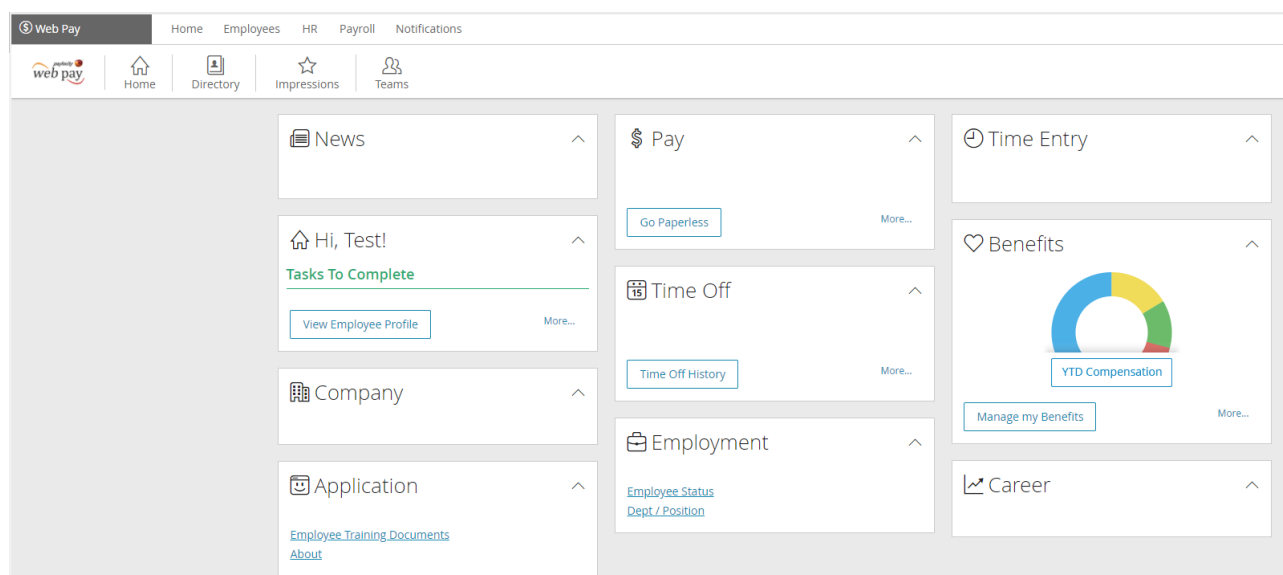
Web Benefits is available for you to make your new hire and/or open enrollment elections, view your current benefits, life event changes, update family and beneficiary information, and access plan documents.

Accessing Web Benefits

1. Click on the “Web Pay” tab and select “Web Benefits” from the dropdown.



2. Click “Manage My Benefits” within the Benefits panel.



Next, you are taken to 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
- **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
- **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.

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	--
<hr/>			
Employee Annual Contribution	--		
Employer Annual Contribution	\$120.00		
Total Annual Contribution	<input type="text" value="\$120.00"/>		
<hr/>			
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.

Voluntary Employee Life and AD&D

\$50,000.00 Coverage
\$5.93

Coverage Amount		My Estimated Costs per pay period										
<div style="border: 1px solid #ccc; padding: 2px;"> \$50,000.00 </div> <div style="margin-top: 5px;"> -- Select -- </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage Amount</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>\$10,000.00</td> <td>\$1.19</td> </tr> <tr> <td>\$20,000.00</td> <td>\$2.37</td> </tr> <tr> <td>\$30,000.00</td> <td>\$3.56</td> </tr> <tr> <td>\$40,000.00</td> <td>\$4.74</td> </tr> </tbody> </table>			Coverage Amount	Cost	\$10,000.00	\$1.19	\$20,000.00	\$2.37	\$30,000.00	\$3.56	\$40,000.00	\$4.74
Coverage Amount	Cost											
\$10,000.00	\$1.19											
\$20,000.00	\$2.37											
\$30,000.00	\$3.56											
\$40,000.00	\$4.74											

* This plan

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		My Estimated Costs per pay period				
<div style="border: 1px solid #ccc; padding: 2px;"> -- Select -- </div> <div style="margin-top: 5px;"> -- Select -- </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage Amount</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>0.6x - \$1,000.00</td> <td>\$32.50</td> </tr> </tbody> </table>			Coverage Amount	Cost	0.6x - \$1,000.00	\$32.50
Coverage Amount	Cost					
0.6x - \$1,000.00	\$32.50					

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 <div> <div>\$25,000.00</div> <div>▼</div> </div>		My Estimated Costs per pay period Employee Contribution -- Employer Contribution \$1.50
Provider Metlife		

[Previous](#)
[Continue](#)

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

[Previous](#)
[Continue](#)

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:

- Click the "Add Beneficiary" button.
 - Your percentage(s) must total 100%.
 - You are required to designate one primary beneficiary for each benefit.
 - Secondary beneficiaries are optional.
- If multiple plans are listed and you'd like to designate the same beneficiaries for each benefit, select the "Apply to All" button.
- 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

[Previous](#)
[Continue](#)

SUBMIT ENROLLMENT – ALMOST FINISHED!

- 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

	Name	Gender	DOB	Tobacco	Full-Time Student
TC	Test Client10 (Myself) Employee	Female	05/04/1974 (43)	No	N/A
ST	Spouse Tester Spouse	Female	08/08/1980 (37)	No	N/A
CT	Child Tester Child	Female	08/08/2017 (0)	No	No

My Benefit Elections

Please review your benefit elections below to make sure all information is correct.

[Expand All](#)

Medical Plan ▼	Employee + Family \$216.55
Dental Plan ▼	Employee + Spouse \$11.96
Vision	Waived Coverage
Group Term Life and AD&D ▼	2x - \$123,000.00 Coverage \$0.00
Short Term Disability ▼	0.6x - \$710.27 Coverage \$0.00
Long Term Disability ▼	0.6x - \$3,100.00 Coverage \$0.00

[Previous](#)
[Submit](#)

- 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.

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

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

⌚ The elections below are pending approval.

My Estimated Costs
\$193.92 [View PDF](#)

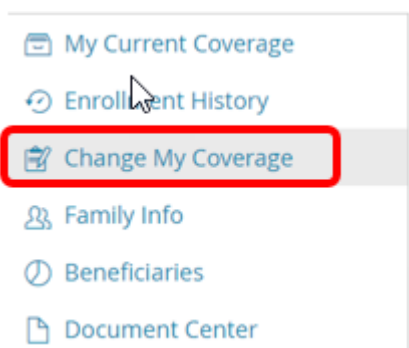
[Expand All](#)

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

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.

- Click ‘Change My Coverage’ on the left side of the page.



- My Current Coverage
- Enrollment History
- Change My Coverage**
- Family Info
- Beneficiaries
- Document Center

- Choose the appropriate life event you have experienced from the drop down menu. Enter the effective date of the life event. Click ‘Start’ when you are finished.

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


Start a new Life Event

What happened?
-- Select --
Legal Separation
Marriage
Mid year HSA
Spouse gains other Coverage
Spouse loses other Coverage
Update Transit and Parking

When did this happen?
3/22/2018

Start

- 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

- 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.

Previous

Submit