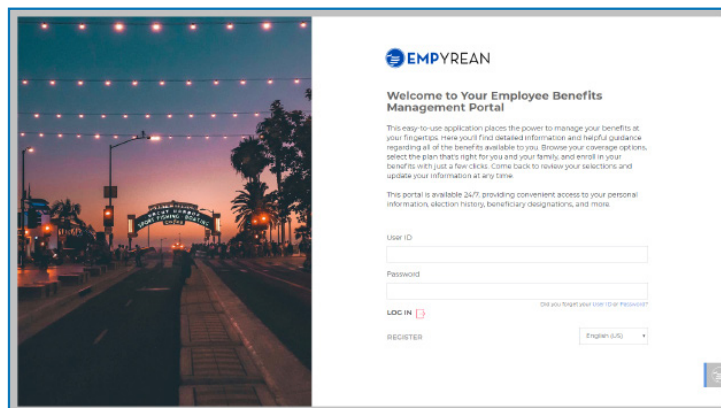


Start by Registering Your User Account - *Direct Access*



1. Visit your enrollment site to create your user ID and password.
 2. Click on **REGISTER**.
 3. Enter your
 - First, Last Name (as filed with employer),
 - Date of Birth
 - Social Security Number/Employee ID
- CLICK **NEXT** WHEN FINISHED —
4. Add a new User ID (work email address, for example).
 5. Create a new password with at least:
 - eight characters
 - one letter
 - one number
 - one symbol (i.e., * & + # \$)
 6. Set a security question and answer (at least six characters), in case you forget your password.
- CLICK **NEXT** WHEN FINISHED —
7. Read the terms of use agreement. To continue enrolling, click I AGREE at the bottom of the page.

NOTE

You only register once. Return and log in with your user ID and password. Our system recognizes you.

HAVE THE FOLLOWING INFORMATION HANDY

Provide eligible dependents' and beneficiaries':

- Full names
- Dates of birth
- Social security numbers

NOTE

Your Plan may require you to provide documents to verify your dependents before they can be covered.

NOTE

Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process

Your registration is complete.
Please go to 'Get Ready to Enroll for Your Benefits' on page 4.

Get Ready to Enroll for Your Benefits.

LAUNCH YOUR ENROLLMENT

When you log in you'll see a pending event screen. (figure 1)

Click on Continue,

Begin on [My Information](#) step of the enrollment flow.

Follow the prompts in each step.

An indicator shows your progress per step.

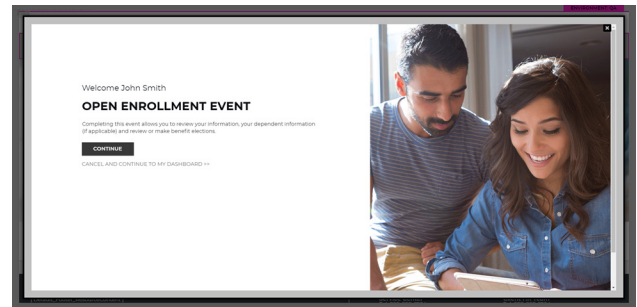


figure 1

SELECT HELP STEP — Select if you want help electing your medical plan (figure 2)

- 1.1 Choose to get help with selecting your medical plan by clicking [GET OUR HELP](#)

NOTE

If you do not want help with selecting your medical plans, you can click [CONTINUE TO DO-IT-YOURSELF](#) and click [Change](#) on the Medical benefit tile on the Select Benefits page to see options.

MY INFORMATION STEP – Personal information (figure 3)

- 2.1 Review your information (automatically populated).
- 2.2 Click the [EDIT](#) button to make changes.

—— Click [I'M DONE REVIEWING MY INFORMATION](#) when finished ——

USER TIPS

Your progress is saved when you click to continue to the next screen in the flow. You can log in later to finish your enrollment.

Click [BACK TO PREVIOUS PAGE](#) to review elections or make changes.

Make sure to finish your enrollment.

Elections are **NOT** recorded in the system **UNTIL** you save and accept them and get confirmation. (figure 11)

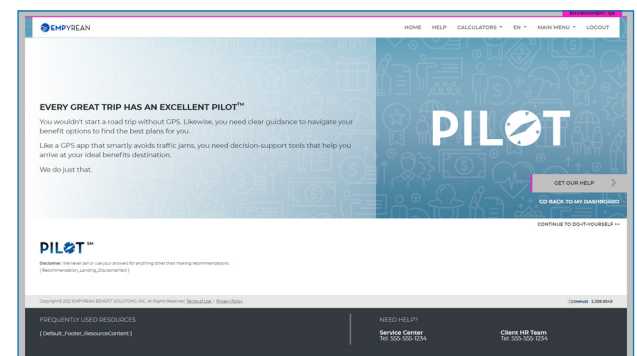


figure 2

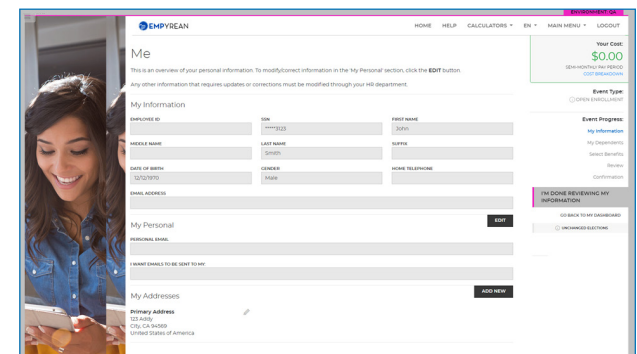


figure 3

Continue Your Enrollment

MY DEPENDENTS STEP — My family (figure 4)

- 3.1 To add Spouse and/or Child(ren), Click **ADD NEW**.
- 3.2 Click the *pencil icon* to make changes.

—— CLICK **I'M DONE WITH DEPENDENTS** WHEN FINISHED ——

NOTE

If proof of a dependent's relationship to you is required, **PENDING** appears in the *Verification Status* column.

SELECT BENEFITS STEP — Select your benefit plans

- 4.1 If you chose to get help, answer a 5 minute survey about your finances, health and personality. (figure 5)
- 4.2 Your answers will allow us to provide you with the best medical plan for you. (figure 5b)
- 4.3 Select the dependent(s) you wish to cover and then select the plan you want.

—— CLICK **I'M DONE WITH MY SELECTION** WHEN FINISHED ——

NOTE

A previously eligible dependent that appears in Step 3 may not appear here (for example, if they aged out). Otherwise, to add a dependent click **ADD DEPENDENTS** and revisit Step 3 in this guide.

My Family

Please review your dependent information.

Important Information Regarding Dependent Coverage

- You may provide medical coverage for your child up to age 26 regardless of their marital, student, or tax status. Medical coverage for a child that has reached this age limit terminates at the end of the month in which the child turns 26. Example: If a child turns 26 on January 30th, their coverage terminates on January 31st.
- Other types of coverage may terminate when the child reaches the maximum age of 19 or 25, depending on the plan. Coverage terminates at the end of the month in which they turn 19 or 25. Please see plan documents on the Resources page for specific details regarding a plan's dependent age limits.

NOTE: You must provide proof of eligibility for all dependents in order for them to be added to coverage. [Click here to learn more.](#)

Dependent Added Successfully

Name	Date of Birth	SSN	Gender	Relationship	Verification Status
Lisa Smith	12/12/1972	***-**-6436	Female	Spouse	Pending
Jane Smith	06/06/2006	***-**-9789	Female	Child	Pending

Update your dependents when you experience a family status change (i.e., a birth/adoption, marriage, divorce, death in the family, etc.)

ADD NEW

I'M DONE WITH DEPENDENTS

[BACK TO PREVIOUS PAGE](#)

[UNACKNOWLEDGED](#)

figure 4

HEALTH QUESTIONS

ABOUT HOW MANY TIMES DID YOU SEE YOUR DOCTOR LAST YEAR? THIS CAN BE ANYTHING FROM A BASIC CHECKUP TO VISITS WITH A SPECIALIST.

None
1 to 3
4 to 5
6 or more

[GO BACK](#) [EXIT THE SURVEY](#)

HEALTH QUESTIONS

Your frequency of visits will help us understand how much medical insurance coverage is right for you.

figure 5

Select Your Medical Plan

Your Medical Plan determines your in-network and out-of-network health care providers, facilities, and costs for annual check-ups, office visits, urgent care services, emergency room visits, surgeries and procedures, hospital stays, and more. For detailed information about this plan, please visit the Resources Page.

1. Select who you want to cover for your Medical Plan

Choose the dependent(s) that will be covered by this plan.

☒ John Smith (You) (DOB: 1/1/1970) ☐ Lisa Smith (Spouse) (DOB: 12/12/1972) ☐ Jane Smith (Child) (DOB: 06/06/2006)

[SELECT ALL](#) [ADD DEPENDENTS](#)

2. Review and select your plan

Plan Name	Annual Deductible	Out-of-Pocket Max	Monthly Premium
Bronze PPO \$750 0%	\$1,500.00	\$4,500.00	\$343.75
Silver PPO 3500 20%	\$3,500.00	\$2,000.00	\$250.00
Silver PPO 5000 30%	\$2,500.00	\$4,000.00	\$312.50
Basic PPO \$350 N/O			\$166.66

[Plan Details](#) [SELECT](#)

figure 5b

SELECT BENEFITS STEP — Review your selected plan (figure 6)

- 4.4 The plan you selected appears showing the cost per pay period for your coverage level (per dependents covered).
- 4.5 Review your selection. If it impacts other benefits, an alert (in the shaded box) will explain. (figure 6)
- 4.6 Click [VIEW COST BREAKDOWN](#), if available, to see cost details.

—— CLICK [SAVE MY ELECTION](#) WHEN FINISHED ——

SELECT BENEFITS STEP — Continue selecting benefits (figure 7)

- 4.7 Click [CHANGE](#) on another benefit tile to select or update a plan.
- 4.8 Repeat until all available benefits are selected or waived.

—— CLICK [I'M DONE SELECTING BENEFITS](#) WHEN FINISHED ——

NOTE

Plans provided by your employer, at no cost to you, will not have a [CHANGE](#) button...enrollment is automatic.

NOTE

Elections screens vary per benefit (i.e., *health vs. life vs. HSA or FSA*).

NOTE

To learn more about a benefit, click [MORE DETAILS](#) in the lower right corner of the associated benefit tile.

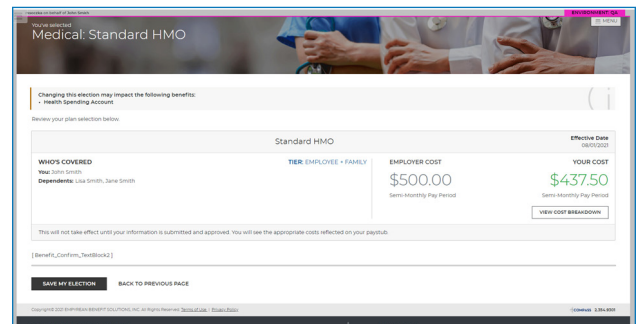


figure 6

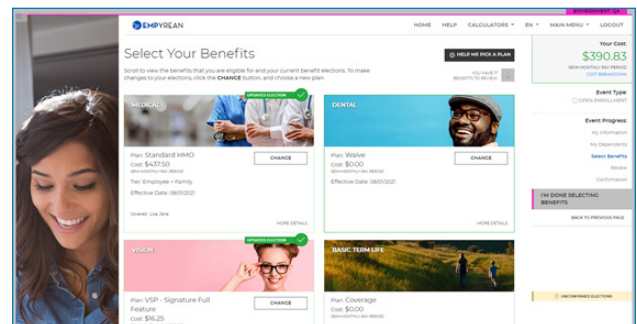


figure 7

EVENT REVIEW STEP — Review Beneficiary Allocation (figure 8)

- 5.1 Review, update or change designated beneficiaries.
- 5.2 Click **ADD NEW BENEFICIARY** to add a beneficiary.
 - a. Click on the **pencil icon** to edit data.
 - b. To delete a beneficiary, click on the **X icon**.
 - c. Click on **CHANGE ALLOCATION** to change beneficiary allocations for the associated benefit.

—— CLICK **I'M DONE WITH BENEFICIARIES** WHEN FINISHED ——

NOTE

A red warning sign / flag and message appears if:

- A (required) beneficiary is not designated;
- You didn't allocate a portion to each beneficiary;
- Less than 100% is allocated to primary beneficiary/ies.
- Follow message prompts.

EVENT REVIEW STEP — Evidence of Insurability (EOI), Dependent Verification and/or Event Verification (figure 9)

- 5.3 If applicable, complete/provide EOI.
- 5.4 If required by your employer, verify eligibility for any dependent added for coverage by uploading required documentation.
- 5.5 If required by your employer, upload required documentation if the enrollment needs to be verified.
- 5.6 A checkmark means additional verification is not required at this time.

—— CLICK **I'M READY TO FINALIZE MY ELECTIONS** WHEN FINISHED ——

NOTE

A warning sign and message box will indicate pending actions. Follow message prompts to fulfill them.

If you continue enrolling without completing the pending actions, certain coverage may not fully apply until they are met.

figure 8

figure 9

EVENT REVIEW STEP — Final Review (figure 10)

- 6.1 Carefully review cost summary, benefit elections, and dependent data for accuracy.
- 6.2 Click the [pencil icon](#) to make changes.

—— CLICK [SUBMIT MY ELECTIONS](#) WHEN FINISHED ——

One last pop-up message appears...

- 6.3 To continue reviewing or updating click on [DENY](#) or
To confirm your enrollment click [ACCEPT](#).

NOTE

When you click [ACCEPT](#), updates are recorded into the system and ready to go into effect when annual enrollment closes.

If you do not click [ACCEPT](#), pending updates will not take effect

CONFIRMATION STEP — Confirmation (figure 11)

- 7.1 Review the final confirmation summary and use the confirmation number for future reference.

NOTE

Total costs will not match approved costs in the first four columns if:

- A part of additional life insurance is pending EOI, and/or
- Proof (as required) of a dependent's relationship to you has not been provided.

- 7.2 To print for your records, click [PRINT](#),
or
To print later, login and click [Benefits History](#) from the [Home page](#).

—— LOG OUT WHEN FINISHED ——

Return to manage your benefits whenever you need.
See page 9 for more information.

figure 10

	SEMI-MONTHLY PAY PERIOD COST (SELECTED)	ANNUAL COST (SELECTED)	SEMI-MONTHLY PAY PERIOD COST (APPROVED)	ANNUAL COST (APPROVED)
CREDITS	\$0.00	\$0.00	\$0.00	\$0.00
EMPLOYER PRE-TAX AMOUNT	\$298.33	\$6,200.00	\$298.33	\$6,200.00
EMPLOYEE POST-TAX AMOUNT	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL COST OF BENEFITS	\$298.33	\$6,200.00	\$298.33	\$6,200.00
YOUR TOTAL: \$390.83 (Semi-Monthly Pay Period Cost)				

figure 11

Congratulations! You're enrolled.

MANAGE MY BENEFITS

This includes creating a qualified life event to add/drop dependents or make benefit changes.

You can do this by clicking [CHANGE YOUR CURRENT BENEFITS](#) from the Home page. (figure 12)

CREATE LIFE EVENT — Select Life Event Type (figure 13)

6.1 Review the life options available and click the appropriate radio button.

—— CLICK [SAVE AND CONTINUE](#) WHEN FINISHED ——

CREATE LIFE EVENT — Select Date Life Event Occurred (figure 14)

7.1 Enter in the date the life event occurred.

NOTE

Some changes may force you to use the current date as the date of the change.

See page 4 for more information on the workflow. Some pages/steps may not apply based on the selected life event type.

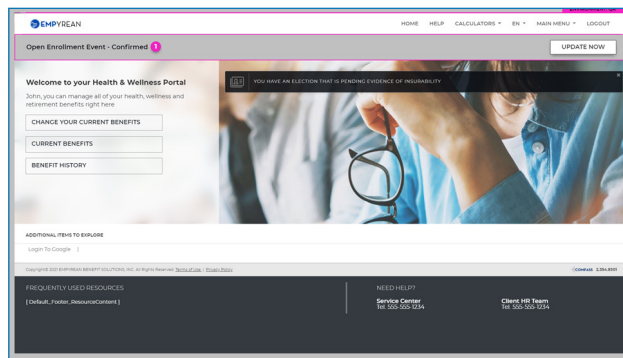


figure 12

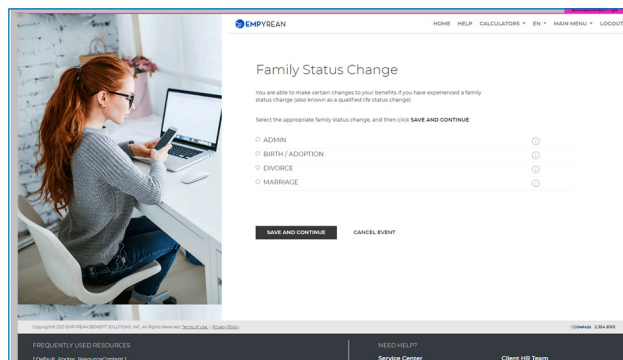


figure 13

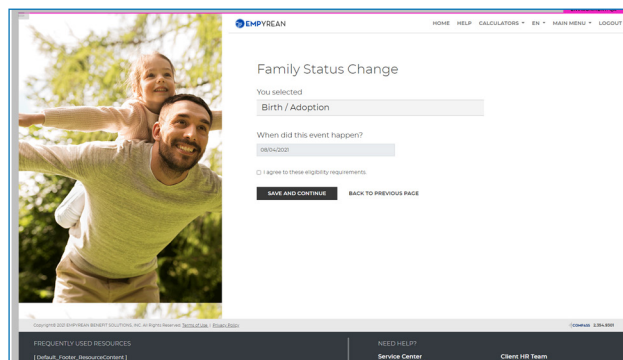


figure 14

Congratulations! You've updated your benefits.