



# Benefits Advisor

## Open Enrollment Employee Guide



You want to make a difference. *So do we.*<sup>™</sup>



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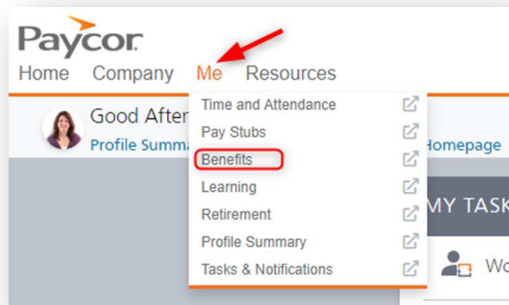
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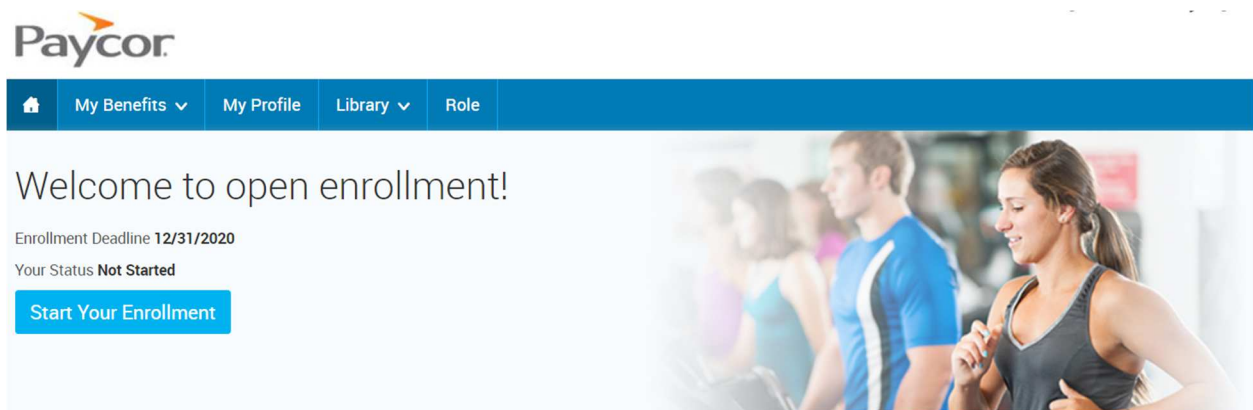
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## Accessing Your Online Benefits Portal

1. Login to Paycor. Hover over **Me**, and then click **Benefits**.

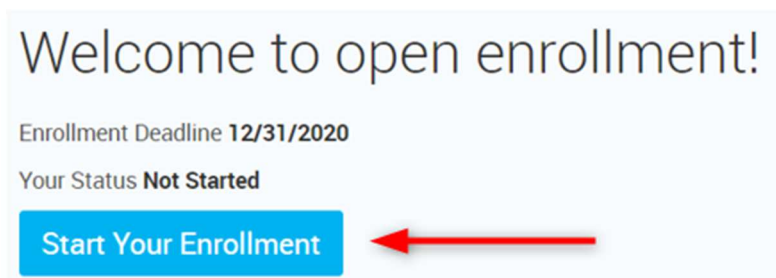


2. You will then be directed to your Benefits Home screen:



## Enrolling in Benefits

On the home screen, select **Start Your Enrollment** on the message board:



## Viewing Your Information

1. Before beginning your enrollment, please verify the accuracy of all your personal information (e.g. address, DOB, etc.)

Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete the required fields below, or if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue.

**Demographics**

Prefix

First Name Jeff

Middle Initial

Last Name Tester

Nickname

Social Security Number xxx-xx-1111

Date of Birth 9/18/1968

Gender Male

1 Your Info  
Employee Info  
Family Info

2 Your Benefits

3 Enroll

4 Complete

Continue

2. When you are finished, check and click **Continue**.

Cell Phone

Work Phone

Work Phone Ext.

**CONTACT 2**

Name

Relationship

Phone

Cell Phone

Work Phone

Work Phone Ext.

Continue

Verify that my personal information is correct.

I agree

## Verify Your Family Information

In this section, please be sure to add all dependents that may be missing from the Family Information section before proceeding to the next section.

1. To do this, click the **Add Dependents** card.

To make corrections or add information to existing dependents, click the **Edit** link on the dependent's name and make the corrections or additions.

**Family Information**

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependents. To verify or edit the information of a family member who has already been entered, click Edit under their information. If you do not have any family members, click Continue.

Family Member	Relationship	Age	SSN	Action
Jeff Tester	Male Employee	47 years old (9/18/1968)	SSN: XXX-XX-1111	<a href="#">Edit &gt;</a>
Jen Tester	Female Spouse	36 years old (1/1/1980)	SSN: 999-22-2222	<a href="#">Edit &gt;</a>
Danny Tester	Male Child	7 years old (1/1/2009)	SSN: 999-33-3333	<a href="#">Edit &gt;</a>

[Add Dependents](#)

**Progress:**

- 1 Your Info (Selected)
- 2 Employee Info
- 3 Family Info
- 4 Your Benefits
- 5 Enroll
- 6 Complete

[Continue](#)

**Note:** If you wish to add dependents, all fields with an asterisk (\*) are required.

When all your family information has been entered, read through the **Dependent Information Notice** section, check **I agree** and click **Continue**.

## Navigating the Plan Type Pods

Most plan types will require you to select a plan. This will be noted in the lower left corner of the plan type pod with red text - **\*Selection Required**.

1. You can waive out of the plan by selecting **I don't want this benefit (waive)**. Selecting **View Plan Options** will open a plan selection page, detailed in the Plan Selection section.

**Medical** NO PLAN SELECTED

\* Selection Required

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

2. After a plan is selected or the plan is waived the plan type icon will turn green. The **\*Selection Required text** changes to **Completed**. This lets you know the enrollment for that plan type is complete. The plan pod will display the plan's name, vendor, coverage level, and whether dependents are covered, not covered, or ineligible. Anytime during the enrollment process changes can be made by selecting **View Plan Options**.



**Medical** \$261.26   
Your Cost per pay period

PLAN [Core Plan](#) / [United Healthcare](#) / [View plan details](#)

COVERAGE **Employee + Family**

Lydia Employee	Employee	<input checked="" type="checkbox"/> Cover
Lester Employee	Spouse	<input checked="" type="checkbox"/> Cover
Lilly Employee	Child	<input checked="" type="checkbox"/> Cover

☒ Completed

3. When auto-enrolled or employer-paid plans without a waive option are offered, they'll appear in their own pod. Clicking the **View Plan Options** button opens the plan selection page for that plan type where you will find information about the plan entered by administrators, including plan data, benefit coverage and plan highlights.

**Basic Employee Life** \$0.00   
Your Cost per pay period

PLAN [Basic Group Life](#) / [SunLife](#) / [View plan details](#)

COVERAGE **\$25,000.00**

☒ Completed

4. In enrollments where you may have a previous election (e.g. open enrollment), these can be re-saved without having to view or update plan selections by using the **Keep My Selection** button.

\* Selection Required

## Enroll in a Plan:

1. **View Plan Options** will bring you to the plan selection page. If the plan can cover your dependents, you must first choose which of those dependents to cover before being able to review all the plans available. You can cover a dependent by checking the box next to the dependent's name. Click **Back** to

return to the landing page or click **Continue** to proceed after selecting dependents.

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**Note:** You can change the dependents covered on the next page as well.

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2. Add additional family members by clicking the **Add Dependents** link. Clicking this link takes you back to the Family Information page of the Your Info step, where you can enter information about the new dependent. To return to Your Benefits step after adding a new dependent, you should save the dependent and continue through the rest of the **Your Info** step.


The screenshot shows a web interface for selecting a medical plan. At the top, there is a blue header bar with a back arrow and the word "Medical". Below the header, the main content area has a title "Who will be covered by this plan?". Under this title, there are three checked boxes with names and roles: "Jeff Tester Employee", "Jen Tester Spouse", and "Danny Tester Child". To the right of these is a blue link with a plus icon and the text "Add Dependents". At the bottom of the main content area, there is a grey bar with a back arrow and the word "Back" on the left, and an orange button with the word "Continue" on the right.

## Plan Selection

1. Each plan offered is listed in a pod which explains the plans name, vendor, and plan data. The **Plan Brochure** link, if available, will download the summary of benefits and the **View Plan Details** shows more details.

The screenshot shows a "Core Plan" pod. On the left, it lists "United Healthcare" with a green Rx icon. Below this, it shows "DEDUCTIBLE:" with "Individual: \$700" and "Family: \$1,900". To the right, it shows "OUT-OF-POCKET MAX:" with "Individual: \$2,100" and "Family: \$4,200". Further right, it shows "CO-INSURANCE: 20%". A red oval highlights a "View plan details" link. On the right side of the pod, it shows "Your Cost per pay period: \$261.26" with a dropdown arrow. Below this, it shows "Tier: Employee + Family" and a green checkmark with the word "Selected". At the bottom right, there is an orange button with the text "Keep Selection".

2. The plan's cost appears to the right of any plan data. Clicking the arrow next to the cost opens a flyout menu with more detailed information, which typically includes the total premium and employer contribution. The coverage tier, if applicable, appears below your cost.

Core Plan			Your Cost per pay period: <b>\$261.26</b>	
United Healthcare 				
DEDUCTIBLE:	OUT-OF-POCKET MAX:	CO-INSURANCE: 20%	<a href="#">View plan details</a>	
Individual: \$700	Individual: \$2,100			
Family: \$1,900	Family: \$4,200			

Cost Summary (per pay period)	
Total Premium	\$752.92
Spousal Surcharge	\$0.00
Employee Cost	\$261.26

Once you have chosen a plan, the selection will appear in the corresponding benefit plan type pod on the landing page as complete.

## Life Insurance

1. You may elect additional life insurance for you or your family members. When viewing the plan type, click **Select** then select an amount.
2. **Continue** completes the election choice.


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**Note:** The maximum is based on your plan parameters.

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[Back to Benefits](#)

### Supplemental Employee Life




[Coverage Calculator](#)  
[How Much Do I Need?](#)

[Life Insurance FAQ](#)

[VOICEOVER AUDIO](#)  


Voluntary Life - Employee
 Symetra

 **Selected**


[View plan details](#)

**Coverage Amount:**

Minimum Coverage Amount: \$25,000.00  
 Maximum Coverage Amount: \$232,942.32  
 Increments of: \$1,000.00  
 Guaranteed Coverage Amount: \$150,000.00

Cost Summary (per pay period)	
Total Premium	\$22.15
Employer Cost	\$0.00
Spousal Surcharge	\$0.00
Employee Cost	\$22.15

[Continue](#)

 Waive Supplemental Employee Life

[Waive](#)

3. If you elect more than the Guaranteed Coverage amount you will be presented with the following message:



Voluntary Employee Life

Coverage amount exceeds the guaranteed issue from the insurance carrier. Therefore, you will need to complete an Evidence of Insurability form. You will be directed to the SunLife web page after confirming this enrollment and will need to select "Apply for Evidence of Insurability online" under "My Life insurance benefits". When the carrier approves the requested amount, your HR Manager will update the system and the new coverage amount will be reflected on your confirmation statement and in your pay check.

OK

Beneficiaries

Designate or add beneficiaries on this page. Your Totals for each plan must equal 100% to continue. When finished, click **Continue**.

Company Wide Enrollment

Beneficiary Information

Designate or add beneficiaries to this page. When finished, click Continue to review your elections and complete your enrollment.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Jen Tester (Spouse)	100.00 %
Danny Tester (Child)	<input type="text"/> %
Total: 100%	

+ Add New Beneficiary

▼ Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Review and Confirm

4 Complete

Your Cost per month

\$131.42


Continue

## Review and Confirm

1. Carefully review all your benefit elections and covered dependents. Note that you may change your elections by clicking **Edit Selection** for any of your plan selections. The dependents you wish to have included in your coverage will be listed.

### Review and Confirm

Almost Finished!


**Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

**Your Total Cost**  
Your total cost (pending approval)

**\$303.26**  
Per Pay Period  
**\$307.46**  
Per Pay Period




**Medical\***

Your cost per pay period **\$261.26**

**Core Plan** United Healthcare  
Coverage: **Employee + Family**

COST DETAILS PER PAY PERIOD


Who will be covered on this plan:

Name	Relationship	Coverage
Lydia Employee	Employee	 Cover
Lester Employee	Spouse	 Cover
Lilly Employee	Child	 Cover

Edit Selection

Total Premium \$1,244.57

Employee Cost \$261.26

**Basic Employee Life\***

Your cost per pay period **\$0.00**

**Basic Group Life Plan** CIGNA

COST DETAILS PER PAY PERIOD

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Beneficiaries

Review and Confirm

Complete Enrollment

2. If you have elected more than the Guaranteed Coverage on a plan, information regarding completion of the Evidence of Insurability will be found on this page as well. You will be able to **download the required form** and can view the current coverage amount and premium versus the pending coverage amount and premium.

**Supplemental Employee Life\*** Your cost per pay period **\$42.00**

⚠ This benefit election is pending until approved by HR Department

Your requested coverage amount exceeds the Guaranteed Issue Amount, so you will need to file an Evidence of Insurability Form. You may [download the form now](#), or it will be presented to you once you've completed your enrollment.

Pending coverage: \$110,000.00 Pending cost per pay period **\$46.20**

**Voluntary Life - Employee** CIGNA COST DETAILS PER PAY PERIOD

Coverage: **\$100,000.00**

Total Premium	\$42.00
Employee Cost	\$42.00

[Edit Selection](#)

3. Once you have reviewed your selections, check **I agree** and click **Continue**.

## Success Page

It is highly recommended that you send yourself an email or print off your confirmation statement of your elections.

**✓ Your enrollment is complete!**

You may make changes to your elections until: **June 30, 2016**

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)

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**Note:** The EMAIL option will only appear if you have an email address on file.

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