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# Enrolling in Benefits:

## Open Enrollment

### Overview

This job aid will assist you in making changes to your current health coverages during the annual open enrollment period. Changes will be effective July 1<sup>st</sup>.


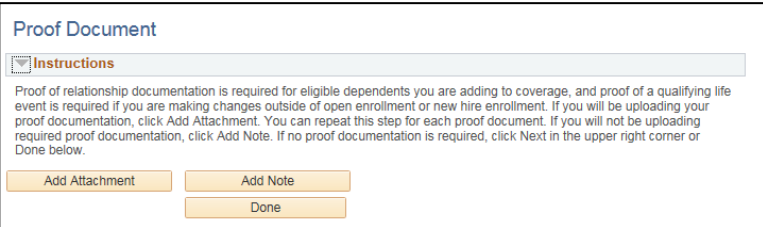
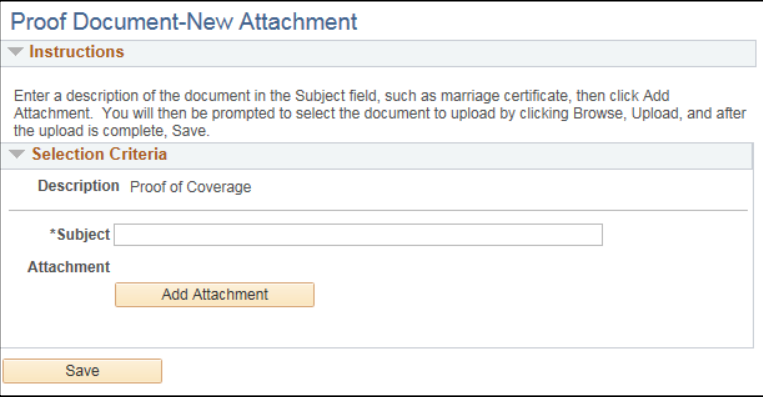
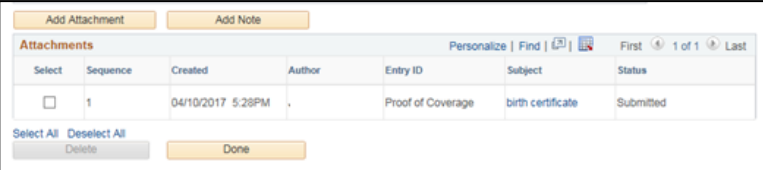
Please note that the costs reflected in this job aid are for illustration purposes only.

### Before You Begin

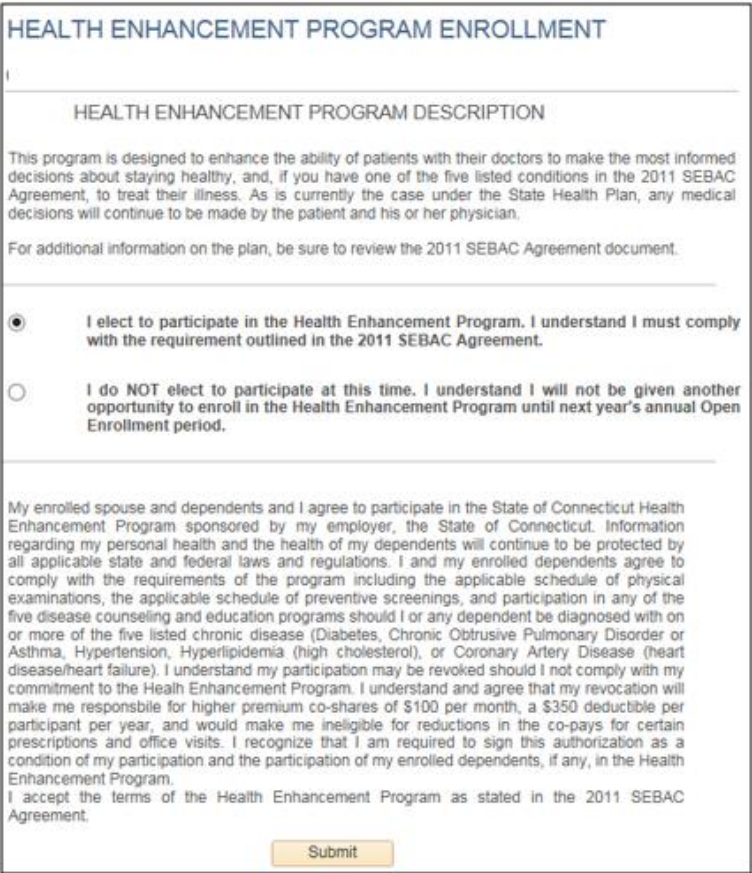
Please refer to the list of items below prior to starting your benefits enrollment in Core-CT:

1. **Family Less Employed Spouse (FLES):** If you and your spouse are both State of Connecticut employees and you have at least one eligible dependent, you must contact your Agency Benefits Specialist for assistance in enrolling in the Family Less Employed Spouse (FLES) options. FLES elections cannot be processed through self-service.
2. **Proof of Relationship Documentation:** Employees must provide proof documentation to enroll eligible dependents in health coverages. Eligible dependents include your spouse, and children/stepchildren up to age 26 for medical and up to age 19 for dental. Core-CT provides you with the option to electronically upload your proof documentation, or to indicate how the proof documentation will be provided, such as fax, mail, email or in person. You will be required to provide the following to add dependents to your health coverages:
  - Marriage Certificate
  - Long form Birth Certificate for each child/stepchild
  - Adoption decree or notification of placement for adoption
3. **Social Security Number:** You will be requested to provide the Social Security Number for any dependent(s) you are adding to coverage.
4. **Legal Guardianship/Disabled Children:** The following children cannot be processed through self-service and require that you contact your Agency Benefits Specialist for assistance:
  - Children for whom you are legal guardian
  - Disabled children over the age of eligibility for coverage

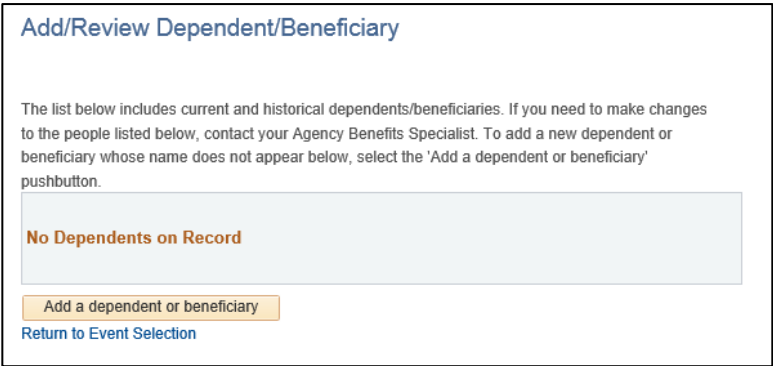
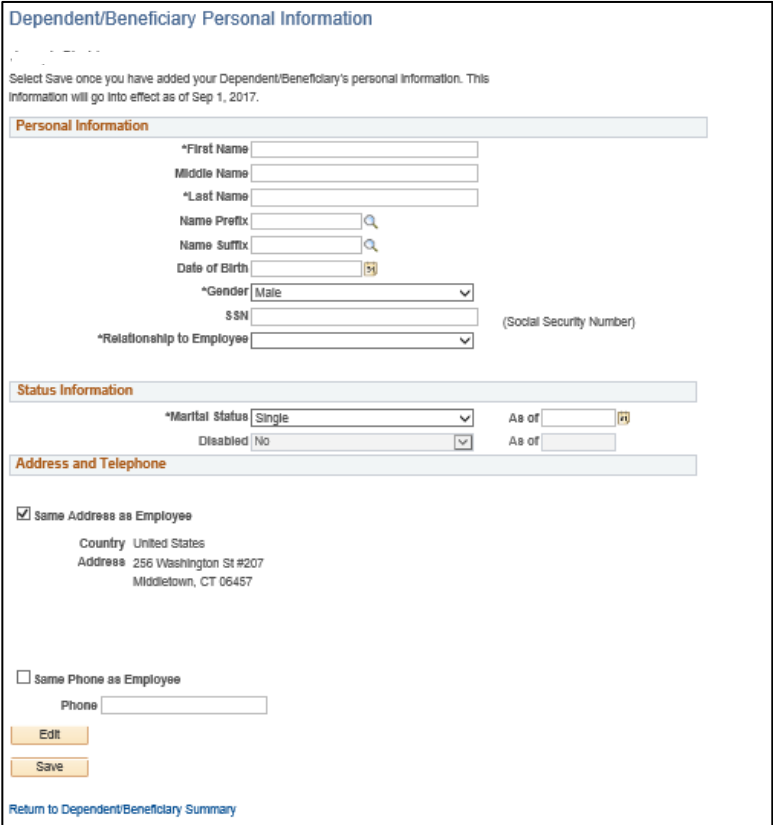
## Process Steps

Step	Action	Screenshot
1	Navigation: <b>Main Menu &gt; Core-CT HRMS &gt; Self Service &gt; Benefits &gt; Benefits Enrollment</b>	
2	<p>On the <b>Benefits Enrollment</b> page, click <b>Select</b> next to Open Enrollment event to begin your enrollment. It will take you to the <b>Proof Document</b> page.</p> <p><b>Note:</b> After you click <b>Select</b>, it will take a few seconds for the <b>Proof Document</b> page to load</p>	
3	<p>You are required to provide proof of relationship documents for any eligible dependents you are enrolling for health coverages. Your enrollment cannot be processed without proper documentation, such as:</p> <ul style="list-style-type: none"> <li>• Marriage certificate for spouse</li> <li>• Long form birth certificates for children/stepchildren</li> <li>• Adoption decree or notification of placement for adoption</li> </ul> <p>If you are not providing your proof documentation in self-service, click <b>Add Note</b> and indicate how you will be providing the proof documentation to your Agency Benefits Specialist, such as by fax, mail, email or in person.</p> <p>If you are uploading your proof documentation in self-service, click on <b>Add Attachment</b>.</p> <p>On the <b>Proof Document – New Attachment</b> page, type the name of the document you will be uploading, such as birth certificate for [name of child]. Then click <b>Add Attachment</b>. A <b>File Attachment</b> pop-up box will appear. Click on <b>Browse</b> to locate the document you will be uploading. Once the document location appears in the box to the left of <b>Browse</b>, click on <b>Upload</b>.</p>	  

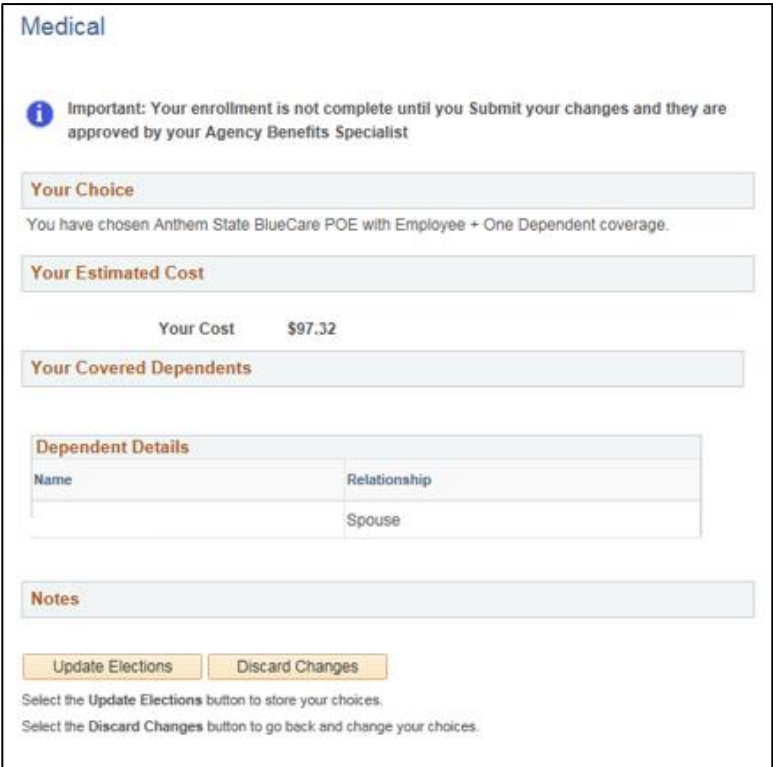
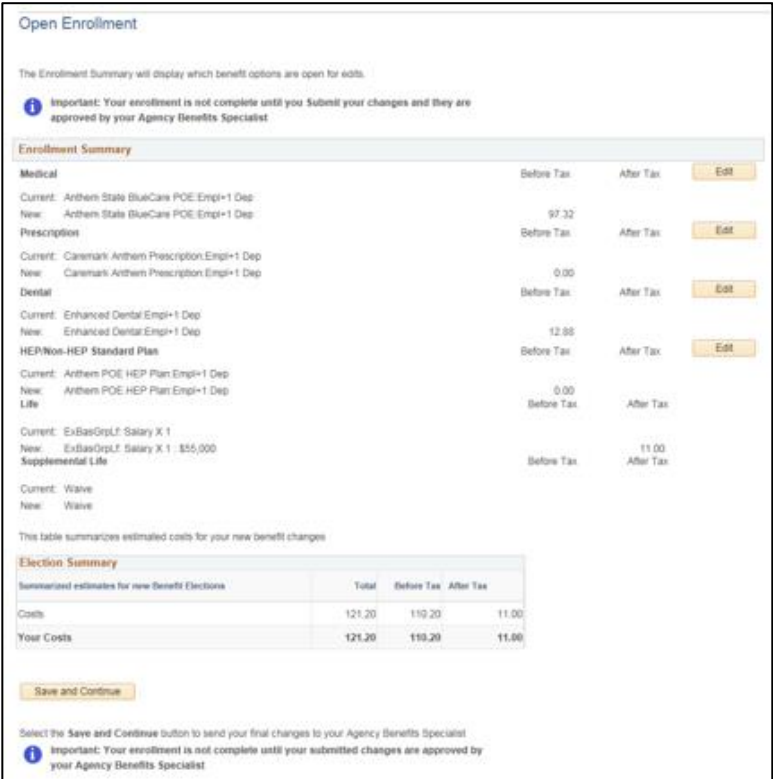
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	<p>The name of your document will now appear to the bottom of <b>Attachment</b>. Click on <b>Save</b> to save your attachment.</p> <p>Repeat the <b>Add Attachment</b> steps for each proof document you are providing via self-service.</p> <p>If you have added a document in error and wish to delete it, check the <b>Select</b> box on the row of the document you wish to delete and the <b>Delete</b> button will be available to click.</p> <p>Once your proof documentation is uploaded or your note is added, click on <b>Done</b> at the bottom of the page to move to the <b>Benefit Enrollment Summary</b> page.</p>																																																																																					
4	<p>The <b>Benefit Enrollment Summary</b> displays your current coverages. Click on <b>Edit</b> next to Medical if you are changing your medical coverage.</p> <p>When you click on <b>Edit</b> next to Medical, the Health Enhancement Program Enrollment form (HEP) automatically displays.</p>	<div><div>Benefits Enrollment</div><div>Open Enrollment</div><div>The Enrollment Summary will display which benefit options are open for edits.</div><div><div>Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</div></div><div><div>Enrollment Summary</div><table><tr><td>Medical</td><td>Before Tax</td><td>After Tax</td><td>Edit</td></tr><tr><td>Current: Anthem State BlueCare POE:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Anthem State BlueCare POE:Empl+1 Dep</td><td>97.32</td><td></td><td></td></tr><tr><td>Prescription</td><td>Before Tax</td><td>After Tax</td><td>Edit</td></tr><tr><td>Current: Caremark Anthem Prescription:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Caremark Anthem Prescription:Empl+1 Dep</td><td>0.00</td><td></td><td></td></tr><tr><td>Dental</td><td>Before Tax</td><td>After Tax</td><td>Edit</td></tr><tr><td>Current: Enhanced Dental:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Enhanced Dental:Empl+1 Dep</td><td>12.88</td><td></td><td></td></tr><tr><td>HEP/Non-HEP Standard Plan</td><td>Before Tax</td><td>After Tax</td><td>Edit</td></tr><tr><td>Current: Anthem POE HEP Plan:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Anthem POE HEP Plan:Empl+1 Dep</td><td>0.00</td><td></td><td></td></tr><tr><td>Life</td><td>Before Tax</td><td>After Tax</td><td></td></tr><tr><td>Current: ExBasGrpLT: Salary X 1</td><td></td><td></td><td></td></tr><tr><td>New: ExBasGrpLT: Salary X 1 : \$55,000</td><td></td><td>11.00</td><td></td></tr><tr><td>Supplemental Life</td><td>Before Tax</td><td>After Tax</td><td></td></tr><tr><td>Current: Waive</td><td></td><td></td><td></td></tr><tr><td>New: Waive</td><td></td><td></td><td></td></tr></table><div>This table summarizes estimated costs for your new benefit changes</div><div><div>Election Summary</div><table><tr><td>Summarized estimates for new Benefit Elections</td><td>Total</td><td>Before Tax</td><td>After Tax</td></tr><tr><td>Costs</td><td>121.20</td><td>110.20</td><td>11.00</td></tr><tr><td>Your Costs</td><td>121.20</td><td>110.20</td><td>11.00</td></tr></table></div><div><div>Save and Continue</div><div>I Have No Changes</div></div></div></div>	Medical	Before Tax	After Tax	Edit	Current: Anthem State BlueCare POE:Empl+1 Dep				New: Anthem State BlueCare POE:Empl+1 Dep	97.32			Prescription	Before Tax	After Tax	Edit	Current: Caremark Anthem Prescription:Empl+1 Dep				New: Caremark Anthem Prescription:Empl+1 Dep	0.00			Dental	Before Tax	After Tax	Edit	Current: Enhanced Dental:Empl+1 Dep				New: Enhanced Dental:Empl+1 Dep	12.88			HEP/Non-HEP Standard Plan	Before Tax	After Tax	Edit	Current: Anthem POE HEP Plan:Empl+1 Dep				New: Anthem POE HEP Plan:Empl+1 Dep	0.00			Life	Before Tax	After Tax		Current: ExBasGrpLT: Salary X 1				New: ExBasGrpLT: Salary X 1 : \$55,000		11.00		Supplemental Life	Before Tax	After Tax		Current: Waive				New: Waive				Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	121.20	110.20	11.00	Your Costs	121.20	110.20	11.00
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5	<p>The Health Enhancement Program (HEP) certificate displays:</p> <ul style="list-style-type: none"> <li>• If you are not currently enrolled in medical coverage, you are required to complete the HEP form.</li> <li>• If you are enrolled in medical and want to change your HEP election, complete the form</li> <li>• If you are enrolled in medical and do not want to change your HEP election</li> <li>• If you are enrolled in medical and are HEP non-compliant, you are not eligible to make a change.</li> <li>• Click <b>Submit</b> at the bottom of the form</li> </ul>	 <p><b>HEALTH ENHANCEMENT PROGRAM ENROLLMENT</b></p> <hr/> <p><b>HEALTH ENHANCEMENT PROGRAM DESCRIPTION</b></p> <p>This program is designed to enhance the ability of patients with their doctors to make the most informed decisions about staying healthy, and, if you have one of the five listed conditions in the 2011 SEBAC Agreement, to treat their illness. As is currently the case under the State Health Plan, any medical decisions will continue to be made by the patient and his or her physician.</p> <p>For additional information on the plan, be sure to review the 2011 SEBAC Agreement document.</p> <hr/> <p> <input checked="" type="radio"/> I elect to participate in the Health Enhancement Program. I understand I must comply with the requirement outlined in the 2011 SEBAC Agreement.       <input type="radio"/> I do NOT elect to participate at this time. I understand I will not be given another opportunity to enroll in the Health Enhancement Program until next year's annual Open Enrollment period.   </p> <hr/> <p>My enrolled spouse and dependents and I agree to participate in the State of Connecticut Health Enhancement Program sponsored by my employer, the State of Connecticut. Information regarding my personal health and the health of my dependents will continue to be protected by all applicable state and federal laws and regulations. I and my enrolled dependents agree to comply with the requirements of the program including the applicable schedule of physical examinations, the applicable schedule of preventive screenings, and participation in any of the five disease counseling and education programs should I or any dependent be diagnosed with one or more of the five listed chronic disease (Diabetes, Chronic Obstructive Pulmonary Disorder or Asthma, Hypertension, Hyperlipidemia (high cholesterol), or Coronary Artery Disease (heart disease/heart failure). I understand my participation may be revoked should I not comply with my commitment to the Health Enhancement Program. I understand and agree that my revocation will make me responsible for higher premium co-shares of \$100 per month, a \$350 deductible per participant per year, and would make me ineligible for reductions in the co-pays for certain prescriptions and office visits. I recognize that I am required to sign this authorization as a condition of my participation and the participation of my enrolled dependents, if any, in the Health Enhancement Program.</p> <p>I accept the terms of the Health Enhancement Program as stated in the 2011 SEBAC Agreement.</p> <p><b>Submit</b></p>

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6	<p>During open enrollment, you can enroll in or waive coverage and add or remove dependents:</p> <ul style="list-style-type: none"><li>Enroll or change coverage – click on the radio button in front of the plan name</li><li>Terminate your coverage – click on the radio button in front of <b>Waive</b></li><li>Remove a dependent - uncheck the <b>Enroll</b> box in front of the dependents name under the Enroll Your Dependents section</li><li>Add a dependent - click on the <b>Add/Review Dependents</b> button at the bottom of the page</li></ul> <p>Please note that any children or stepchildren age 26 or older are not eligible for Medical and will not be listed.</p>	<div><p>Overview of all Plans</p><p>Select one of the following plans:</p><p><input type="radio"/> Anthem State BlueCare POS</p><table><thead><tr><th>Coverage Level</th><th>Your Costs</th></tr></thead><tbody><tr><td>Employee Only</td><td>\$41.61 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$143.76 Before-Tax</td></tr><tr><td>Family</td><td>\$166.08 Before-Tax</td></tr></tbody></table><p><input checked="" type="radio"/> Anthem State BlueCare POE</p><table><thead><tr><th>Coverage Level</th><th>Your Costs</th></tr></thead><tbody><tr><td>Employee Only</td><td>\$32.30 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$97.32 Before-Tax</td></tr><tr><td>Family</td><td>\$129.54 Before-Tax</td></tr></tbody></table><p><input type="radio"/> Anthem State BlueCare POE Plus</p><table><thead><tr><th>Coverage Level</th><th>Your Costs</th></tr></thead><tbody><tr><td>Employee Only</td><td>\$29.41 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$85.05 Before-Tax</td></tr><tr><td>Family</td><td>\$109.28 Before-Tax</td></tr></tbody></table><p><input type="radio"/> Oxford Freedom Select POS</p><table><thead><tr><th>Coverage Level</th><th>Your Costs</th></tr></thead><tbody><tr><td>Employee Only</td><td>\$34.09 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$117.78 Before-Tax</td></tr><tr><td>Family</td><td>\$136.08 Before-Tax</td></tr></tbody></table><p><input type="radio"/> Oxford HMO Select</p><table><thead><tr><th>Coverage Level</th><th>Your Costs</th></tr></thead><tbody><tr><td>Employee Only</td><td>\$26.04 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$78.48 Before-Tax</td></tr><tr><td>Family</td><td>\$104.46 Before-Tax</td></tr></tbody></table><p><input type="radio"/> Oxford HMO</p><table><thead><tr><th>Coverage Level</th><th>Your Costs</th></tr></thead><tbody><tr><td>Employee Only</td><td>\$22.20 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$63.58 Before-Tax</td></tr><tr><td>Family</td><td>\$81.69 Before-Tax</td></tr></tbody></table><p><input type="radio"/> Waive</p></div> <div><p>Enroll Your Dependents</p><p>Check the Enroll box next to the name of eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. <b>Note:</b> If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.</p><table><thead><tr><th colspan="3">Dependent Beneficiary</th></tr><tr><th>Enroll</th><th>Name</th><th>Relationship</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/></td><td></td><td>Spouse</td></tr></tbody></table><p>Add/Review Dependents</p><p>Update and Continue Discard Changes</p></div>	Coverage Level	Your Costs	Employee Only	\$41.61 Before-Tax	Employee + One Dependent	\$143.76 Before-Tax	Family	\$166.08 Before-Tax	Coverage Level	Your Costs	Employee Only	\$32.30 Before-Tax	Employee + One Dependent	\$97.32 Before-Tax	Family	\$129.54 Before-Tax	Coverage Level	Your Costs	Employee Only	\$29.41 Before-Tax	Employee + One Dependent	\$85.05 Before-Tax	Family	\$109.28 Before-Tax	Coverage Level	Your Costs	Employee Only	\$34.09 Before-Tax	Employee + One Dependent	\$117.78 Before-Tax	Family	\$136.08 Before-Tax	Coverage Level	Your Costs	Employee Only	\$26.04 Before-Tax	Employee + One Dependent	\$78.48 Before-Tax	Family	\$104.46 Before-Tax	Coverage Level	Your Costs	Employee Only	\$22.20 Before-Tax	Employee + One Dependent	\$63.58 Before-Tax	Family	\$81.69 Before-Tax	Dependent Beneficiary			Enroll	Name	Relationship	<input checked="" type="checkbox"/>		Spouse
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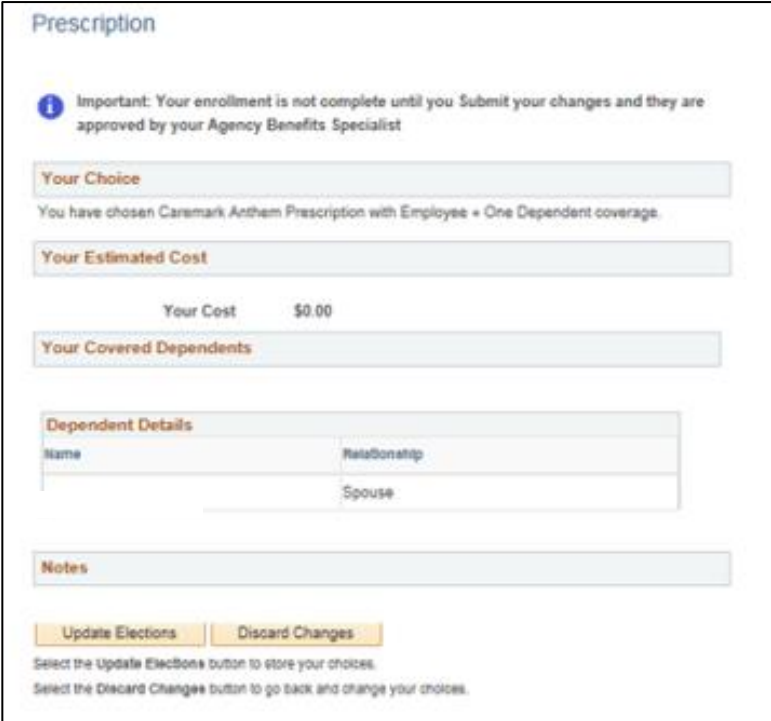
Step	Action	Screenshot
7	<p>If you are adding dependents and clicked on <b>Add/Review Dependents</b> you will be brought to the <b>Add/Review Dependent/Beneficiary</b> page.</p> <p>Click on <b>Add a dependent or beneficiary</b> to add your dependents.</p>	
8	<p>You will be prompted to enter information about the dependent you are adding:</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Date of Birth</li> <li>• Gender</li> <li>• Social Security Number</li> <li>• Relationship to Employee*</li> <li>• Marital Status</li> <li>• Same Address as Employee</li> </ul> <p>*Only spouses, children and stepchildren are eligible dependents for enrollment in health coverages.</p> <p><b>Important Note: <u>Carefully review the information you entered for accuracy before clicking Save.</u></b> Once the information is saved, you will <u>not</u> be able to make changes. Changes must be requested through your Agency Benefit Specialist.</p> <p>After your careful review, click <b>Save</b>. A confirmation page will appear. Click <b>OK</b>.</p> <p>Repeat this step for each dependent you are enrolling. Then click on <b>Return to Event Selection</b>.</p>	

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9	<p>You will be returned to the <b>Benefits Enrollment</b> - page. Check the <b>Enroll</b> box next to the names of the dependents you are enrolling for coverage.</p> <p>Click <b>Update and Continue</b>.</p>	<div><p>Overview of all Plans</p><p>Select one of the following plans:</p><p><input type="radio"/> Anthem State BlueCare POS</p><table><tr><td>Coverage Level</td><td>Your Costs</td></tr><tr><td>Employee Only</td><td>\$41.61 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$143.78 Before-Tax</td></tr><tr><td>Family</td><td>\$166.08 Before-Tax</td></tr></table><p><input checked="" type="radio"/> Anthem State BlueCare POE</p><table><tr><td>Coverage Level</td><td>Your Costs</td></tr><tr><td>Employee Only</td><td>\$32.30 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$97.32 Before-Tax</td></tr><tr><td>Family</td><td>\$129.54 Before-Tax</td></tr></table><p><input type="radio"/> Anthem State BlueCare POE Plus</p><table><tr><td>Coverage Level</td><td>Your Costs</td></tr><tr><td>Employee Only</td><td>\$29.41 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$85.05 Before-Tax</td></tr><tr><td>Family</td><td>\$109.28 Before-Tax</td></tr></table><p><input type="radio"/> Oxford Freedom Select POS</p><table><tr><td>Coverage Level</td><td>Your Costs</td></tr><tr><td>Employee Only</td><td>\$34.09 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$117.78 Before-Tax</td></tr><tr><td>Family</td><td>\$136.08 Before-Tax</td></tr></table><p><input type="radio"/> Oxford HMO Select</p><table><tr><td>Coverage Level</td><td>Your Costs</td></tr><tr><td>Employee Only</td><td>\$26.04 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$78.48 Before-Tax</td></tr><tr><td>Family</td><td>\$104.48 Before-Tax</td></tr></table><p><input type="radio"/> Oxford HMO</p><table><tr><td>Coverage Level</td><td>Your Costs</td></tr><tr><td>Employee Only</td><td>\$22.20 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$83.58 Before-Tax</td></tr><tr><td>Family</td><td>\$81.69 Before-Tax</td></tr></table><p><input type="radio"/> Waive</p></div> <div><p><b>Enroll Your Dependents</b></p><p>Check the Enroll box next to the name of eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. <b>Note:</b> If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.</p><table><tr><th colspan="3">Dependent Beneficiary</th></tr><tr><th>Enroll</th><th>Name</th><th>Relationship</th></tr><tr><td><input checked="" type="checkbox"/></td><td></td><td>Spouse</td></tr></table><p><b>Add/Review Dependents</b></p><p><b>Update and Continue</b> <b>Discard Changes</b></p></div>	Coverage Level	Your Costs	Employee Only	\$41.61 Before-Tax	Employee + One Dependent	\$143.78 Before-Tax	Family	\$166.08 Before-Tax	Coverage Level	Your Costs	Employee Only	\$32.30 Before-Tax	Employee + One Dependent	\$97.32 Before-Tax	Family	\$129.54 Before-Tax	Coverage Level	Your Costs	Employee Only	\$29.41 Before-Tax	Employee + One Dependent	\$85.05 Before-Tax	Family	\$109.28 Before-Tax	Coverage Level	Your Costs	Employee Only	\$34.09 Before-Tax	Employee + One Dependent	\$117.78 Before-Tax	Family	\$136.08 Before-Tax	Coverage Level	Your Costs	Employee Only	\$26.04 Before-Tax	Employee + One Dependent	\$78.48 Before-Tax	Family	\$104.48 Before-Tax	Coverage Level	Your Costs	Employee Only	\$22.20 Before-Tax	Employee + One Dependent	\$83.58 Before-Tax	Family	\$81.69 Before-Tax	Dependent Beneficiary			Enroll	Name	Relationship	<input checked="" type="checkbox"/>		Spouse
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Coverage Level	Your Costs																																																										
Employee Only	\$34.09 Before-Tax																																																										
Employee + One Dependent	\$117.78 Before-Tax																																																										
Family	\$136.08 Before-Tax																																																										
Coverage Level	Your Costs																																																										
Employee Only	\$26.04 Before-Tax																																																										
Employee + One Dependent	\$78.48 Before-Tax																																																										
Family	\$104.48 Before-Tax																																																										
Coverage Level	Your Costs																																																										
Employee Only	\$22.20 Before-Tax																																																										
Employee + One Dependent	\$83.58 Before-Tax																																																										
Family	\$81.69 Before-Tax																																																										
Dependent Beneficiary																																																											
Enroll	Name	Relationship																																																									
<input checked="" type="checkbox"/>		Spouse																																																									

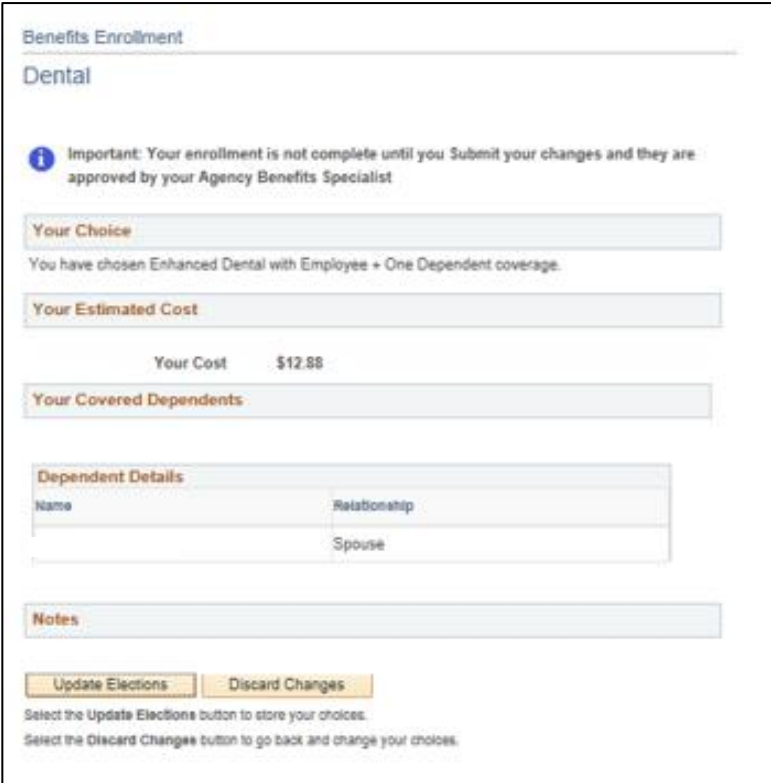
Step	Action	Screenshot
10	<p>The <b>Benefits Enrollment - Medical</b> page displays your choice, cost and covered dependents.</p> <p>Please note: The Prescription and HEP coverages must correspond to your Medical election. Make a note of the Medical plan you elected and your dependent enrollment. You will need to <b>Edit</b> your Prescription and HEP elections.</p> <p>When you are done reviewing the information, click on <b>Update Elections</b> at the bottom of the page. You will be brought back to the <b>Benefits Enrollment Summary</b> page.</p> <p>If you wish to return to the previous page and make updates to your elections, click <b>Discard Changes</b>.</p>	
11	Click <b>Edit</b> next to Prescription. You will be brought to the <b>Benefits Enrollment – Prescription</b> page.	



Step	Action	Screenshot																									
12	<p>On the <b>Benefits Enrollment – Prescription</b> page, select a Prescription plan whose name includes:</p> <ul style="list-style-type: none"><li>• The name of your Medical carrier</li><li>• If you are enrolled in an out-of-area Medical plan, includes “out-of-area”</li></ul> <p>At the bottom of the <b>Benefits Enrollment - Prescription</b> page:</p> <ul style="list-style-type: none"><li>• Click <b>Enroll</b> checkbox for each dependent you enrolled in <b>Medical</b></li><li>• Uncheck <b>Enroll</b> for each dependent you removed from <b>Medical</b></li></ul> <p>Then, click <b>Update and Continue</b>.</p>	<p><b>Select an Option</b></p> <p><a href="#">Overview of all Plans</a></p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> Caremark Anthem Prescription</p> <table><tr><th>Coverage Level</th><th>Your Costs</th></tr><tr><td>Employee Only</td><td>\$0.00 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$0.00 Before-Tax</td></tr><tr><td>Family</td><td>\$0.00 Before-Tax</td></tr></table> <p><input type="radio"/> Caremark Oxford Prescription</p> <table><tr><th>Coverage Level</th><th>Your Costs</th></tr><tr><td>Employee Only</td><td>\$0.00 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$0.00 Before-Tax</td></tr><tr><td>Family</td><td>\$0.00 Before-Tax</td></tr></table> <p><input type="radio"/> Waive</p> <p><b>Enroll Your Dependents</b></p> <p>Check the Enroll box next to the name of eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. <b>Note:</b> If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.</p> <table><tr><th colspan="3">Dependent Beneficiary</th></tr><tr><th>Enroll</th><th>Name</th><th>Relationship</th></tr><tr><td><input checked="" type="checkbox"/></td><td></td><td>Spouse</td></tr></table> <p><a href="#">Add/Review Dependents</a></p> <p><a href="#">Update and Continue</a> <a href="#">Discard Changes</a></p>	Coverage Level	Your Costs	Employee Only	\$0.00 Before-Tax	Employee + One Dependent	\$0.00 Before-Tax	Family	\$0.00 Before-Tax	Coverage Level	Your Costs	Employee Only	\$0.00 Before-Tax	Employee + One Dependent	\$0.00 Before-Tax	Family	\$0.00 Before-Tax	Dependent Beneficiary			Enroll	Name	Relationship	<input checked="" type="checkbox"/>		Spouse
Coverage Level	Your Costs																										
Employee Only	\$0.00 Before-Tax																										
Employee + One Dependent	\$0.00 Before-Tax																										
Family	\$0.00 Before-Tax																										
Coverage Level	Your Costs																										
Employee Only	\$0.00 Before-Tax																										
Employee + One Dependent	\$0.00 Before-Tax																										
Family	\$0.00 Before-Tax																										
Dependent Beneficiary																											
Enroll	Name	Relationship																									
<input checked="" type="checkbox"/>		Spouse																									

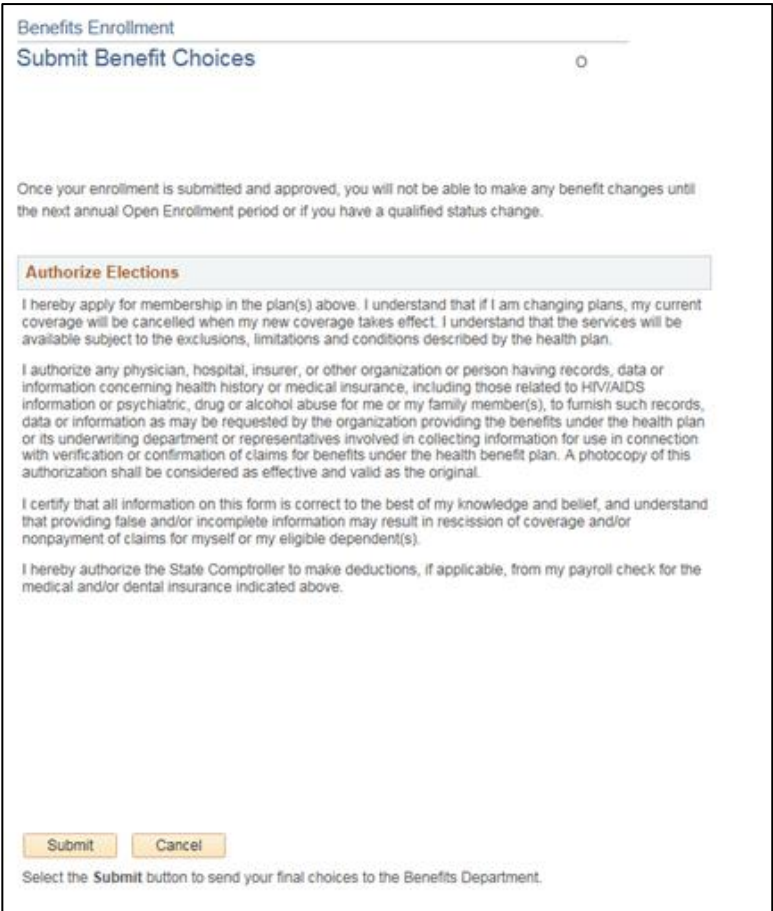
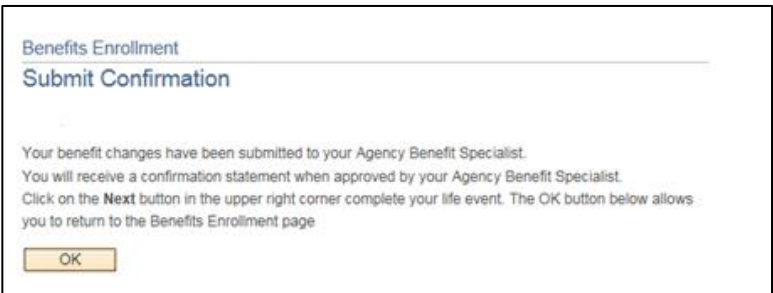
Step	Action	Screenshot
13	<p>The <b>Benefit Summary -Prescription</b> page displays your choice, cost and covered dependents. When you are done reviewing the information, click on <b>Update Elections</b>.</p> <p>If you wish to return to the previous page and make updates to your elections, click <b>Discard Changes</b>.</p>	

Step	Action	Screenshot
14	<p>The <b>Benefits Enrollment – Dental</b> page reflects available dental coverages and costs for each Coverage Level. Please note the costs reflected in this job aid are for illustration purposes only.</p> <p>Select a dental plan.</p> <p>At the bottom of the <b>Benefits Enrollment - Dental</b> page, click on the <b>Enroll</b> checkbox next to the name of each dependent you are enrolling. Uncheck <b>Enroll</b> next to the names of dependents you are removing.</p> <p>Please note that any children or stepchildren age 19 or older are not eligible for dental and will not be listed.</p> <p>Click <b>Update and Continue</b>.</p>	<div><div>Dental</div><div><div><div><div><div><div></div><div>Important! Your current coverage is: Enhanced Dental with Employee + One Dependent coverage. You will continue with this coverage if you do not make a choice.</div></div></div><div><div>Select an Option</div></div></div></div><div><div>Overview of all Plans</div><div>Select one of the following plans:</div><div><div><div><div><div></div><div>DHMO Dental</div></div></div></div><div><div><div>Coverage Level</div><div>Employee Only</div><div>Employee + One Dependent</div><div>Family</div></div><div><div>Your Costs</div><div>\$0.00 Before-Tax</div><div>\$4.85 Before-Tax</div><div>\$8.87 Before-Tax</div></div></div><div><div><div><div><div></div><div>Basic Dental</div></div></div></div><div><div><div>Coverage Level</div><div>Employee Only</div><div>Employee + One Dependent</div><div>Family</div></div><div><div>Your Costs</div><div>\$0.00 Before-Tax</div><div>\$14.95 Before-Tax</div><div>\$14.95 Before-Tax</div></div></div><div><div><div><div><div><div></div><div>Enhanced Dental</div></div></div></div><div><div><div>Coverage Level</div><div>Employee Only</div><div>Employee + One Dependent</div><div>Family</div></div><div><div>Your Costs</div><div>\$0.00 Before-Tax</div><div>\$12.88 Before-Tax</div><div>\$12.88 Before-Tax</div></div></div><div><div><div><div><div></div><div>Waive</div></div></div></div></div></div><div><div>Enroll Your Dependents</div><div><div>Check the Enroll box next to the name of eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.</div><div><div><div>Dependent Beneficiary</div><div><div><div><div><div>Enroll</div><div>Name</div><div>Relationship</div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div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div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><div><div></div><div></div></div>&lt;</div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div>

Step	Action	Screenshot
15	<p>The <b>Benefits Enrollment - Dental</b> page displays your choice, cost and covered dependents. When you are done reviewing the information, click on <b>Update Elections</b>.</p>	

Step	Action	Screenshot																						
16	<p>On the <b>Benefits Enrollment – HEP/Non-HEP Standard Plan</b> page, you must select the option that corresponds to your medical and Health Enhancement Program (HEP) elections.</p> <p>Helpful hints:</p> <p>If you are currently enrolled in HEP and are compliant or if you are newly enrolling in Medical and enrolled in HEP:</p> <ul style="list-style-type: none"><li>• All options with either “Standard Plan” or “NonCmplnt” in the name will be grayed out</li><li>• You will select the option with the same name as your medical election and ends in “HEP Plan”</li></ul> <p>If you chose not to enroll or waived HEP, you will select the option with the same name as your Medical plan and ends in “Standard Plan” or “Std”</p> <p>If you are HEP non-compliant, you will select the option with the same name as your Medical plan and ends in “NonCmplnt”.</p> <p>At the bottom of the <b>Benefits Enrollment - HEP/Non-HEP Standard Plan</b> page:</p> <ul style="list-style-type: none"><li>• Click <b>Enroll</b> checkbox for each dependent you enrolled in <b>Medical</b></li><li>• Uncheck <b>Enroll</b> for each dependent you removed from <b>Medical</b></li></ul> <p>Then, click <b>Update and Continue</b>.</p>	<p>Benefits Enrollment</p> <h3>HEP/Non-HEP Standard Plan</h3> <p><b>Important!</b> Your current coverage is: Anthem POE HEP Plan with Employee + One Dependent coverage. You will continue with this coverage if you do not make a choice.</p> <p>This benefit plan requires you also enroll in the following plan(s): Medical</p> <p><b>Select an Option</b></p> <p><a href="#">Overview of all Plans</a></p> <p>Select one of the following plans:</p> <p><input type="radio"/> Anthem POS Standard Plan</p> <p>Notice This Option is disabled because you have chosen to participate in the Health Enhancement Program</p> <table><tr><th>Coverage Level</th><th>Your Costs</th></tr><tr><td>Employee Only</td><td>\$45.15 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$45.15 Before-Tax</td></tr><tr><td>Family</td><td>\$45.15 Before-Tax</td></tr></table> <p><input type="radio"/> Anthem POE Standard Plan</p> <p>Notice This Option is disabled because you have chosen to participate in the Health Enhancement Program</p> <table><tr><th>Coverage Level</th><th>Your Costs</th></tr><tr><td>Employee Only</td><td>\$45.15 Before-Tax</td></tr><tr><td>Employee + One Dependent</td><td>\$45.15 Before-Tax</td></tr><tr><td>Family</td><td>\$45.15 Before-Tax</td></tr></table> <p><b>Enroll Your Dependents</b></p> <p>Check the Enroll box next to the name of eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. <b>Note:</b> If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.</p> <table><tr><th>Enroll</th><th>Name</th><th>Relationship</th></tr><tr><td><input checked="" type="checkbox"/></td><td>Christopher Osden</td><td>Spouse</td></tr></table> <p><a href="#">Add/Review Dependents</a></p> <p><a href="#">Update and Continue</a> <a href="#">Discard Changes</a></p>	Coverage Level	Your Costs	Employee Only	\$45.15 Before-Tax	Employee + One Dependent	\$45.15 Before-Tax	Family	\$45.15 Before-Tax	Coverage Level	Your Costs	Employee Only	\$45.15 Before-Tax	Employee + One Dependent	\$45.15 Before-Tax	Family	\$45.15 Before-Tax	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Christopher Osden	Spouse
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17	<p>The <b>Benefits Enrollment – HEP/Non-HEP Standard Plan</b> page displays your choice, cost and covered dependents. When you are done reviewing the information, click on <b>Update Elections</b></p>	<div><h3>HEP/Non-HEP Standard Plan</h3><div><div><div><div><div></div><div>Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</div></div></div></div></div><div><div>Your Choice</div><div>You have chosen Anthem POE HEP Plan with Employee + One Dependent coverage.</div></div><div><div>Your Estimated Cost</div><div><div>Your Cost</div><div>\$0.00</div></div></div><div><div>Your Covered Dependents</div><div><div><div>Dependent Details</div><table><tr><th>Name</th><th>Relationship</th></tr><tr><td></td><td>Spouse</td></tr></table></div></div></div><div><div>Notes</div></div><div><div><div>Update Elections</div><div>Discard Changes</div></div><div>Select the <b>Update Elections</b> button to store your choices.</div><div>Select the <b>Discard Changes</b> button to go back and change your choices.</div></div></div>	Name	Relationship		Spouse																																																																																
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18	<p>On the bottom of the page, the <b>Election Summary</b> table summarizes the costs of your coverages.</p> <p>Click <b>Save and Continue</b> to submit your elections to your Agency Benefits Specialist.</p>	<div><div>Benefits Enrollment</div><div>Open Enrollment</div><div>The Enrollment Summary will display which benefit options are open for edits.</div><div><div><div>Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</div></div></div><div><div>Enrollment Summary</div><table><tr><td>Medical</td><td>Before Tax</td><td>After Tax</td><td><div>Edit</div></td></tr><tr><td>Current: Anthem State BlueCare POE:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Anthem State BlueCare POE:Empl+1 Dep</td><td>97.32</td><td></td><td></td></tr><tr><td>Prescription</td><td>Before Tax</td><td>After Tax</td><td><div>Edit</div></td></tr><tr><td>Current: Caremark Anthem Prescription:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Caremark Anthem Prescription:Empl+1 Dep</td><td>0.00</td><td></td><td></td></tr><tr><td>Dental</td><td>Before Tax</td><td>After Tax</td><td><div>Edit</div></td></tr><tr><td>Current: Enhanced Dental:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Enhanced Dental:Empl+1 Dep</td><td>12.88</td><td></td><td></td></tr><tr><td>HEP/Non-HEP Standard Plan</td><td>Before Tax</td><td>After Tax</td><td><div>Edit</div></td></tr><tr><td>Current: Anthem POE HEP Plan:Empl+1 Dep</td><td></td><td></td><td></td></tr><tr><td>New: Anthem POE HEP Plan:Empl+1 Dep</td><td>0.00</td><td></td><td></td></tr><tr><td>Life</td><td>Before Tax</td><td>After Tax</td><td></td></tr><tr><td>Current: ExBasGrpLf: Salary X 1</td><td></td><td></td><td></td></tr><tr><td>New: ExBasGrpLf: Salary X 1 : \$55,000</td><td></td><td>11.00</td><td></td></tr><tr><td>Supplemental Life</td><td>Before Tax</td><td>After Tax</td><td></td></tr><tr><td>Current: Waive</td><td></td><td></td><td></td></tr><tr><td>New: Waive</td><td></td><td></td><td></td></tr></table><div>This table summarizes estimated costs for your new benefit changes</div><div><div>Election Summary</div><table><tr><td>Summarized estimates for new Benefit Elections</td><td>Total</td><td>Before Tax</td><td>After Tax</td></tr><tr><td>Costs</td><td>121.20</td><td>110.20</td><td>11.00</td></tr><tr><td>Your Costs</td><td>121.20</td><td>110.20</td><td>11.00</td></tr></table></div><div><div>Save and Continue</div></div><div>Select the <b>Save and Continue</b> button to send your final changes to your Agency Benefits Specialist</div><div><div><div>Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist</div></div></div></div></div>	Medical	Before Tax	After Tax	<div>Edit</div>	Current: Anthem State BlueCare POE:Empl+1 Dep				New: Anthem State BlueCare POE:Empl+1 Dep	97.32			Prescription	Before Tax	After Tax	<div>Edit</div>	Current: Caremark Anthem Prescription:Empl+1 Dep				New: Caremark Anthem Prescription:Empl+1 Dep	0.00			Dental	Before Tax	After Tax	<div>Edit</div>	Current: Enhanced Dental:Empl+1 Dep				New: Enhanced Dental:Empl+1 Dep	12.88			HEP/Non-HEP Standard Plan	Before Tax	After Tax	<div>Edit</div>	Current: Anthem POE HEP Plan:Empl+1 Dep				New: Anthem POE HEP Plan:Empl+1 Dep	0.00			Life	Before Tax	After Tax		Current: ExBasGrpLf: Salary X 1				New: ExBasGrpLf: Salary X 1 : \$55,000		11.00		Supplemental Life	Before Tax	After Tax		Current: Waive				New: Waive				Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	121.20	110.20	11.00	Your Costs	121.20	110.20	11.00
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19	<p>You have almost completed your enrollment.</p> <p>If you have no additional changes, read the <b>Authorize Elections</b> section and click <b>Submit</b>.</p>	 <p>Benefits Enrollment</p> <p>Submit Benefit Choices</p> <p>Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.</p> <p><b>Authorize Elections</b></p> <p>I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions described by the health plan.</p> <p>I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.</p> <p>I certify that all information on this form is correct to the best of my knowledge and belief, and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).</p> <p>I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.</p> <p>Submit Cancel</p> <p>Select the <b>Submit</b> button to send your final choices to the Benefits Department.</p>
20	<p>Click <b>OK</b> on the <b>Submit Confirmation</b> page to complete your enrollment.</p> <p>Your benefits enrollment will be sent to your Agency Benefits Specialist. Once your enrollment is processed and approved by your Agency Benefits Specialist, you will be sent a Confirmation Statement.</p>	 <p>Benefits Enrollment</p> <p>Submit Confirmation</p> <p>Your benefit changes have been submitted to your Agency Benefit Specialist.</p> <p>You will receive a confirmation statement when approved by your Agency Benefit Specialist.</p> <p>Click on the <b>Next</b> button in the upper right corner complete your life event. The OK button below allows you to return to the Benefits Enrollment page</p> <p>OK</p>