

Amwins View Employee Online Users Guide

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**AMWINS**TM

CONNECT ADMINISTRATORS

Table of Contents



1. Introduction—Online Enrollment Employee Benefit Portal

A. Accessing the Online Enrollment Website	3
B. Employee Benefit Portal	3

2. Features

A. Message Center	4
B. Resource/Library	4
Help Request	4
Document Library	4
C. Employee Profile	5
Personal Information	5
Designate Beneficiaries	5
Primary Care/Provider	6
Coordination of Benefits	6
Medicare/Handicapped Status	6
D. Dependent Profile	7
E. My Benefits	7
View Benefit Summary	7
Online Enrollment History	7
F. Employee Benefit Activity	8
New Hire and Open Enrollment	8
Mid-Year Life Event Benefit Election	11

1. Introduction

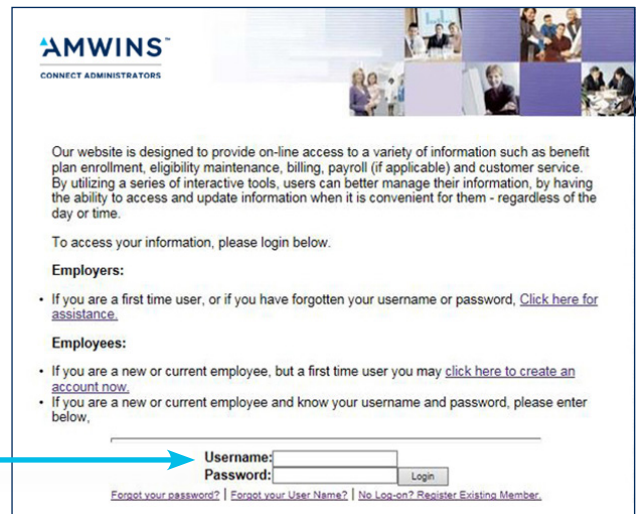
A. Accessing the Online Enrollment Website

We are pleased to provide our Online Enrollment Website which allows you to review benefit options, compare benefit summaries and complete final benefit elections. To access and utilize our Online Enrollment website please visit our website at <https://secure.amwinsconnecttpa.com/AmwinsLogin/Signin.aspx>

All first time Users can create their secured access by clicking on **No Log-on? Register Existing Member** on the Welcome Screen. You will then be asked to authenticate yourself by completing the information requested including your Username and Password.

As a returning user, you can simply enter your Username and Password on the Welcome Screen to gain access.

Please login to access the Online Enrollment Employee Benefit Portal.



The AMWINS CONNECT ADMINISTRATORS Welcome Screen features a header with the AMWINS logo and a collage of people. The main text explains the website's purpose for providing on-line access to benefit information. It includes instructions for login and links for assistance. Below the text are input fields for Username and Password, a Login button, and links for password recovery and registration.

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Our website is designed to provide on-line access to a variety of information such as benefit plan enrollment, eligibility maintenance, billing, payroll (if applicable) and customer service. By utilizing a series of interactive tools, users can better manage their information, by having the ability to access and update information when it is convenient for them - regardless of the day or time.

To access your information, please login below.

Employers:

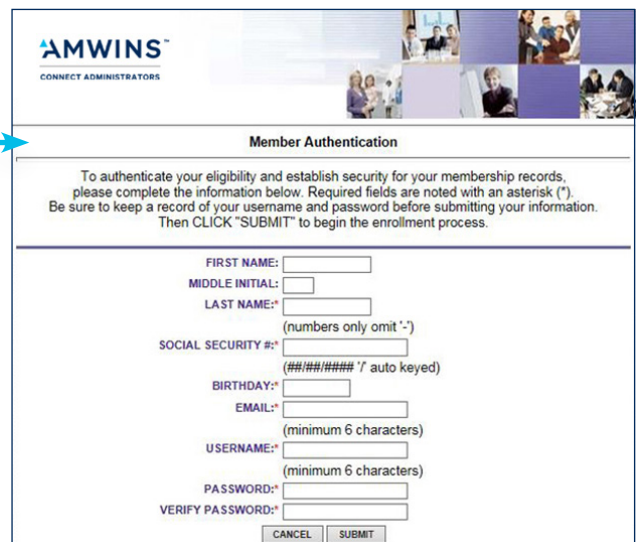
- If you are a first time user, or if you have forgotten your username or password, [Click here for assistance.](#)

Employees:

- If you are a new or current employee, but a first time user you may [click here to create an account now.](#)
- If you are a new or current employee and know your username and password, please enter below.

Username:
Password:

[Forgot your password?](#) | [Forgot your User Name?](#) | [No Log-on? Register Existing Member.](#)



The Member Authentication form is titled "Member Authentication" and includes instructions for completing the form. It contains several input fields for personal information, including First Name, Middle Initial, Last Name, Social Security Number, Birthday, Email, Username, Password, and Verify Password. There are also CANCEL and SUBMIT buttons at the bottom.

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Member Authentication


To authenticate your eligibility and establish security for your membership records, please complete the information below. Required fields are noted with an asterisk (*). Be sure to keep a record of your username and password before submitting your information. Then CLICK "SUBMIT" to begin the enrollment process.

FIRST NAME:
MIDDLE INITIAL:
LAST NAME:
(numbers only omit "-")
SOCIAL SECURITY #:
(#####-'I' auto keyed)
BIRTHDAY:
EMAIL:
(minimum 6 characters)
USERNAME:
(minimum 6 characters)
PASSWORD:
VERIFY PASSWORD:

B. Employee Benefit Portal

Our online enrollment system is designed to give employees an opportunity to review and update their personal information and perform benefit elections with ease and convenience, any time day or night.

This screen provides an overview of the features of the system. To review any of these functions, click on the options provided on the portal. Each option will provide further instructions to review information or to complete benefit elections.



The Employee Benefit Portal dashboard is titled "Welcome to your Employee Benefit Portal" and features a header with the user's name, BETHANY CAFE KATHY BETHANY. The dashboard is divided into several sections: Message Center, Employee Profile, My Benefits, Dependent Profile, Employee Benefit Activity, and Resource / Library. Each section contains links to various functions.

BETHANY CAFE
KATHY BETHANY

Welcome to your Employee Benefit Portal

Message Center

Open Enrollment Messages

- 07/26/2016 - 08/26/2016
- There are 25 days remaining in Open Enrollment.

Active Dependent ELIZABETH BETHANY is Missing Coverages
Active Dependent TERI BETHANY is Missing Coverages

Employee Profile

Personal Information
Designate Beneficiaries
Primary Care Provider
Coordination Of Benefits
Medicare / Handicapped Status

My Benefits

View Benefit Summary - Current
View Benefit Summary - Open Enrollment
Online Enrollment History

Dependent Profile

Personal Information
Coordination Of Benefits
Medicare / Handicapped Status
Primary Care Provider

Employee Benefit Activity

Open Enrollment
Mid-Year Life Events

Resource / Library

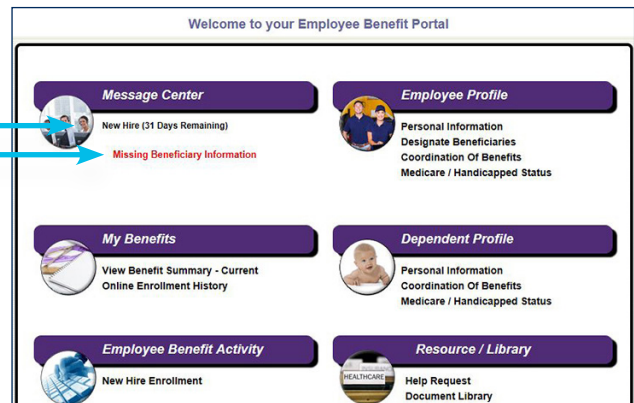
Help Request
Document Library

2. Features

A. Message Center

The Message Center displays the following types of messages:

- New Hire message—
 - Provides the date range for enrollment and a countdown of number of days to complete
- Open Enrollment message—
 - Provides the date range for enrollment
 - Employers may publish a specific message for Open Enrollment instructions
- Alert Messages—
 - Dependents without coverage
 - Missing beneficiaries
 - Missing PCP information



B. Resource/Library

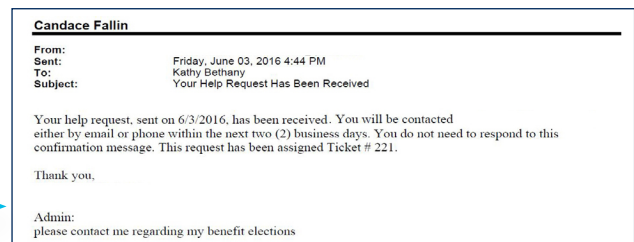
The Resource / Library provides employees access to Carrier Benefit Summaries as well as carrier and Amwins Connect Administrators forms. An employee can also request assistance from their dedicated Amwins Connect Administrators Customer Service Representative.

Help Request

- Select Help Request
- If applicable, add the requested demographic information
- Select assistance regarding Benefits or a Technical Question
- Type your question in the box provided
- Then Click to Submit
- You will receive a confirmation email with an assigned ticket number and a response within two business days



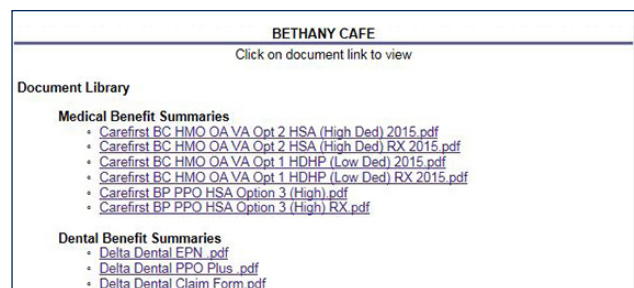
The screenshot shows the 'AMWINS CONNECT ADMINISTRATORS Help Request' form. It includes fields for 'Employer Name' (BETHANY CAFE), 'SSN', 'Employee Name', 'Email Address', and 'Daytime Phone Number'. Below these fields, there is a section for selecting assistance regarding Benefits or a Technical Question, and a text box for the user's question. A blue arrow points to the text box. At the bottom, there is a 'Click to Submit' button.



Document Library

Employers may provide detailed information regarding employer sponsored benefits, carrier information and forms for employees to complete HR or benefit documentation.

- Click on the document link to view the specific document



C. Employee Profile

Employee Profile offers employees the ability to enter or update demographic, employment and beneficiary information. In addition they may update Primary Care Provider selection and provide Coordination of Benefits (other insurance) and Medicare or Handicapped Status changes.

Personal Information—Complete the Personal Information page.

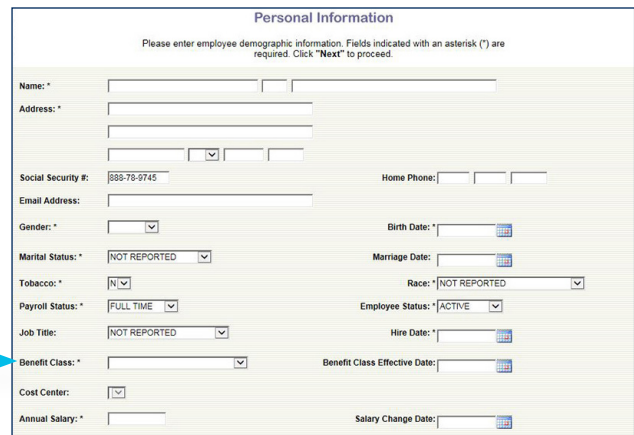
- Benefit class may differentiate benefit availability and / or payroll deductions and is completed by your employer.
- Fields with an asterisk are required.
- When complete, hit Next to finalize.

Designate Beneficiaries

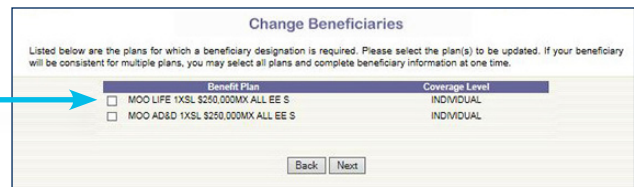
- Select the plan(s) for which updated beneficiary information is required.
- Enter the primary beneficiary name, relationship, percentage of benefit and effective date. If contingent beneficiaries apply, please enter the same information noted above.
- When complete, hit Next to finalize.



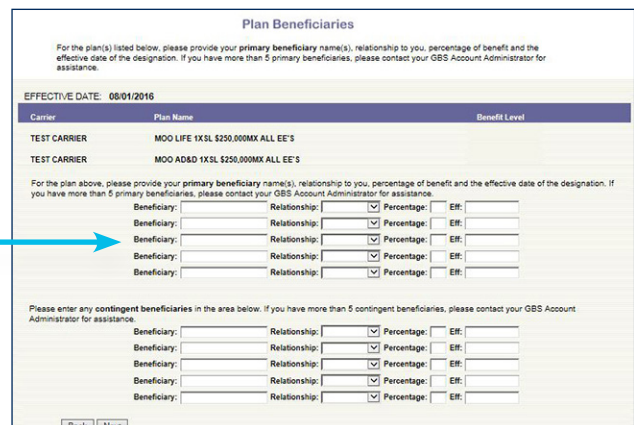
The 'Employee Profile' menu is displayed with a purple header. It includes a circular profile picture of two people. The menu items are: Personal Information, Designate Beneficiaries, Primary Care Provider, Coordination Of Benefits, and Medicare / Handicapped Status.



The 'Personal Information' form contains fields for Name, Address, Social Security #, Email Address, Gender, Birth Date, Home Phone, Marital Status, Tobacco, Payroll Status, Job Title, Benefit Class, Cost Center, Annual Salary, Race, Marriage Date, Employee Status, Hire Date, and Benefit Class Effective Date. Fields with an asterisk (*) are required.



The 'Change Beneficiaries' form lists plans for which a beneficiary designation is required. It includes a table with columns for Benefit Plan and Coverage Level. The plans listed are MOO LIFE 1XSL \$250,000MX ALL EE S and MOO AD&D 1XSL \$250,000MX ALL EE S. The coverage level is set to INDIVIDUAL. There are Back and Next buttons at the bottom.

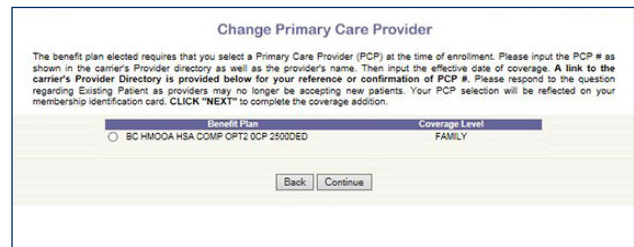


The 'Plan Beneficiaries' form displays the effective date (06/01/2016) and lists the plans: TEST CARRIER MOO LIFE 1XSL \$250,000MX ALL EE S and TEST CARRIER MOO AD&D 1XSL \$250,000MX ALL EE S. It includes a table for entering beneficiary information with columns for Beneficiary, Relationship, Percentage, and Eff. There are Back and Next buttons at the bottom.

C. Employee Profile (continued)

Primary Care / Provider

- Based on the medical plan election, you may be required to select a Primary Care Physician.
- A link to the carrier provider directory is displayed. Please enter the selected provider ID, physician name and effective date.
- Also respond to the question regarding your status as an existing patient.
- When complete, hit Next to finalize.

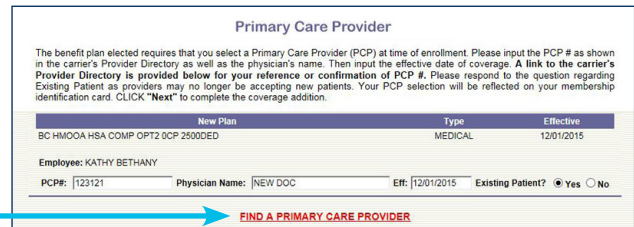


Change Primary Care Provider

The benefit plan elected requires that you select a Primary Care Provider (PCP) at the time of enrollment. Please input the PCP # as shown in the carrier's Provider directory as well as the provider's name. Then input the effective date of coverage. A link to the carrier's Provider Directory is provided below for your reference or confirmation of PCP #. Please respond to the question regarding Existing Patient as providers may no longer be accepting new patients. Your PCP selection will be reflected on your membership identification card. CLICK "NEXT" to complete the coverage addition.

Benefit Plan	Coverage Level
<input type="radio"/> BC HMOOA HSA COMP OPT2 OCP 2500DED	FAMILY

[Back](#) [Continue](#)



Primary Care Provider

The benefit plan elected requires that you select a Primary Care Provider (PCP) at the time of enrollment. Please input the PCP # as shown in the carrier's Provider Directory as well as the physician's name. Then input the effective date of coverage. A link to the carrier's Provider Directory is provided below for your reference or confirmation of PCP #. Please respond to the question regarding Existing Patient as providers may no longer be accepting new patients. Your PCP selection will be reflected on your membership identification card. CLICK "Next" to complete the coverage addition.

New Plan	Type	Effective
BC HMOOA HSA COMP OPT2 OCP 2500DED	MEDICAL	12/01/2015

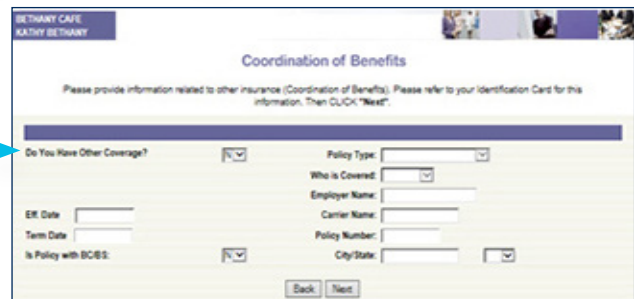
Employee: KATHY BETHANY

PCP#: 123121 Physician Name: NEW DOC Eff: 12/01/2015 Existing Patient? ☒ Yes ☐ No

[FIND A PRIMARY CARE PROVIDER](#)

Coordination of Benefits

- If you are participating in other medical or dental insurance plans, please provide the information so that claims processing can coordinate benefits.
- Required information includes Policy Number, Carrier Name, Members Covered, Effective Date and, if group insurance, the Employer Name
- When complete, hit Next to finalize.



BETHANY CAVE
KATHY BETHANY

Coordination of Benefits

Please provide information related to other insurance (Coordination of Benefits). Please refer to your Identification Card for this information. Then CLICK "Next".

Do You Have Other Coverage? ☐

Policy Type:

Who is Covered:

Employer Name:

Carrier Name:

Policy Number:

City/State:

ER Date:

Term Date:

Is Policy with BCBS: ☐

[Back](#) [Next](#)

Medicare / Handicapped Status

- If you are participating in Medicare Part A or Part B, please complete the information required.
- Updates to Handicapped/Disabled Status may be completed on this screen as well. Please note that additional documentation to substantiate handicapped status may be required from the carrier and you will be contacted by Amwins Connect Administrators when necessary.
- When complete, hit Next to finalize.



Medicare / Handicapped Status

Please provide information related to Medicare coverage or Handicapped/Disabled Status. Please contact GBS for the required carrier form if Handicapped status is answered YES. Click "Next" to proceed.

Medicare: ☒ N ☐ Y

Medicare #:

Handicapped/Disabled: ☒ N ☐ Y

Part A Eff Date:

Part B Eff Date:

Date:

[Back](#) [Next](#)

D. Dependent Profile

Dependent Profile offers employees the ability to enter or update dependent demographic information. In addition they may update dependent Primary Care Provider selection and provide Coordination of Benefits (other insurance) and Medicare or Handicapped Status changes.




Dependent Profile

- Personal Information
- Coordination Of Benefits
- Medicare / Handicapped Status
- Primary Care Provider

E. My Benefits

My Benefits is up to date information regarding your current benefits.



My Benefits

- View Benefit Summary - Current
- Online Enrollment History

View Benefit Summary

- Your Benefit Summary reflects your plan elections, payroll deductions and coverage levels as of the date and time shown. If you have ancillary products, beneficiary information as provided through Online Enrollment, will be displayed.
- Plans for which elections have not been made will be displayed.
- Plans that have been declined will be listed.
- You may print a summary for your records or review prior to making benefit changes.
- You may have both Current and Open Enrollment Benefit Summaries for review.

BENEFIT SUMMARY

Your Benefit Summary reflects your plan elections, payroll deductions and coverage levels as of the date and time shown below.

JULY 22, 2016
11:05:10 AM

Employee Demographics			
Employee:	KATHY BETHANY	Social Security #: 000-XX-5001	Gender: Female
Address:	1234 SHORE DRIVE BALTIMORE, MD 21201-0000	Date of Birth: 08/02/1955	Status: Active
Phone:	(303) 525-2525	Date of Hire: 01/01/2000	E-mail: kbetha@bbco.net

Dependent(s) Enrolled (If Applicable)			
Name	Relationship	Date of Birth	Plans Enrolled
WILLIAM BETHANY	Husband	02/05/1955	Medical/Dental/Vision/Other
EMILY BETHANY	Daughter	11/10/2001	Medical/Dental/Vision/Other
ELIZABETH BETHANY	Daughter	01/09/2010	Not Enrolled
TERI BETHANY	Daughter	01/01/2015	Not Enrolled

Selected Plan(s)	Per Pay Deductions	Coverage/Benefit Level	Benefit Effective
BC MUDDA HSA COVP OPT2 OCP 200000	.00	FAMILY	10/01/2015
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	.00	FAMILY	01/01/2015
DELTA DENTAL PPO PLUS PREMIER ACTIVE	.00	FAMILY	01/01/2015
ELUVISION PLUS OPT1 \$012	.00	FAMILY	01/01/2015
MOO LIFE 1XSL \$250,000MX ALL GS S	.00	\$50,000	01/01/2015
MOO ADDL 1XSL \$250,000MX ALL GS S	.00	\$50,000	01/01/2015
MOO STD 60NLSL \$2,000MX 1813 ALL GS S	.00	\$177 / week	01/01/2015
MOO VOL LTD 60NLSL \$10,000MX 200Y ALL GS	.00	\$2,500 / month	01/01/2015
Per Pay Deductions Total	\$.00		

No Elections Made

OPTIONAL EMPLOYEE LIFE

OPTIONAL SPOUSAL LIFE

OPTIONAL DEPENDENT LIFE

DEPENDENT CARE PSA

Beneficiary Information	Relationship	Percentage	Effective Date
MOO LIFE 1XSL \$250,000MX ALL GS S			
Primary: JULIE BETHANY	DAUGHTER	100	12/01/2015
MOO ADDL 1XSL \$250,000MX ALL GS S			
Primary: JULIE BETHANY	DAUGHTER	100	12/01/2015

Close Print Summary





Online Enrollment History





- A history of transactions performed through Online Enrollment is maintained.
- You may view the detail of each transaction in the list by selecting the Action button. Transactions are displayed by date and transaction type.
- You may print an Employee Election Form which reflects the transaction performed by selecting the print button under Action.

ENROLLMENT TRANSACTION SEARCH

Search: Submit Search

Filter Options: [] SHOW [*] HIDE

Action	Trans Date	Trans Time	Employee ID	Name	Transaction Type
	07/19/2016	07:17 AM	XXX-XX-5001	BETHANY, KATHY	
	07/20/2016	02:47 PM	XXX-XX-5001	BETHANY, KATHY	ADD
	07/21/2016	08:34 AM	XXX-XX-5001	BETHANY, KATHY	ADD
	07/21/2016	04:43 PM	XXX-XX-5001	BETHANY, KATHY	ADD

Return

F. Employee Benefit Activity

Employee Benefit Activity provides the employee the ability to perform various enrollment transactions during the following periods; New Hire, Open Enrollment or Mid-Year Life Events.

- Select the Benefit Activity.
- Employees must review the Electronic Signature Policy. Following the acceptance of the terms and conditions surrounding electronic signature, the employee may proceed to elect benefits.

New Hire and Open Enrollment—Performing Benefit Elections—Medical, Dental and Vision

- All benefit options available to the employee will be shown on the left margin and the election process then progresses through each benefit election screen Step by Step.
- All Company Paid benefit plans are automatically elected and appear with a GREEN check mark in the left margin.
- Complete enrollment as follows:
 1. Add dependents to be enrolled in each benefit plan.
 2. Review list of plan options.
 3. Click on up to three plan options to compare benefits.
 4. Review the Side by Side Comparison.
 5. Click on the Benefit Description above any plan option to display a detailed Summary of Benefits.

Employee Benefit Activity

The screenshot shows a web browser window titled "Online Enrollment System". The main heading is "E-Signature Terms and Conditions". Below the heading, there is a paragraph stating that some or all of the online employee benefits enrollment, election or waiver materials on the website (collectively, "enrollment materials") will be made available to you in electronic format. At the bottom of the page, there are three buttons: "Accept and Proceed to Benefit Elections", "Make No Benefit Changes", and "Decline Electronic Signature". A red arrow points from the left margin to the first button. Above the buttons, there is a section titled "IMPORTANT:" followed by a detailed instruction about declining enrollment in a benefit plan at the time of initial eligibility. The background of the page has a light blue gradient with faint icons representing various life events like marriage, birth, divorce, etc.

E-Signature Terms and Conditions

Enroll: some or all of the online employee benefits enrollment, election or waiver materials on this website (collectively, "enrollment materials") will be made available to you in electronic format.

After reading the above terms and conditions, click on one of the following options:

IMPORTANT: If you decline enrollment in a benefit plan at time of initial eligibility, for you or your dependents, you may still be eligible for benefits in the future due to a mid-year life event change (i.e. marriage, birth, divorce, etc.). If you experience a mid-year life event, you must process your online enrollment transaction within 30 days of the event and provide supporting documentation as required including Evidence of Insurability for voluntary life benefits.

If you need assistance during the enrollment process, please contact your company benefits representative or GBS Account Administrator.

Benefit Options

Medical	✓
HRA Benefit	✓
Dental	✓
Vision	✓
Life Insurance	✓
ACAD	✓
STD Benefit	✓
Voluntary LTD Benefit	?
Voluntary EE Life	?
Voluntary SP Life	?
Voluntary Dep Life	?
FSA Dep	?

You and your dependents (if applicable) may enroll in our company-sponsored benefits program (refer to plans below). If you decline benefit(s), you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies:

☐ Check New Hire who will be used as dependent.

Select Dependents	Relationship	DOB Date	Plan Enrolled	Status
<input checked="" type="checkbox"/> HILARY BETHANY	Husband	02/28/1994	Medical/Dental/Vision/Other	Active
<input checked="" type="checkbox"/> EMMERSON BETHANY	Daughter	11/10/2001	Not Enrolled/Vision/Other	Active
<input checked="" type="checkbox"/> EMMERSON BETHANY	Daughter	01/02/2010	Not Enrolled	Active
<input type="checkbox"/> TERI BETHANY	Daughter	04/10/2015	Not Enrolled	Active

[Add New Dependent](#)

The monthly premiums shown below is a total for the employee and selected dependents (if applicable) cost:

(Once you have made your plan decision, click the F1/FCT button next to the plan you wish to enroll in. Please make sure you have selected the dependents you wish to cover (if applicable).

ELECT	DECLINE	EFFECTIVE DATE	07/01/2016	PAYROLL DEDUCTION FREQUENCY	SEMI-MONTHLY				
Elect	Carr	Plan Name	View / Compare	Coverage Level	Monthly Premium Employee Cost	Monthly Premium Employer Cost	Per Pay Deduction		
<input checked="" type="radio"/>	<input type="radio"/>	* TEST CARRIER	BC/MHMOA.HSA.COMP.OPT2.DCP.3000SD	<input checked="" type="checkbox"/>	FAMILY	\$1,263.11	\$1,263.11	\$0.00	\$0.00
<input type="radio"/>	<input checked="" type="radio"/>	* TEST CARRIER	BP.HSA.COMP.OPT3.2000NDN.4000NDOT	<input checked="" type="checkbox"/>	FAMILY	\$1,363.31	\$1,363.31	\$0.00	\$0.00
<input type="radio"/>	<input checked="" type="radio"/>	* TEST CARRIER	BC/MHMOA.HMHP.OPT1.S15SP.C	<input checked="" type="checkbox"/>	FAMILY	\$1,422.99	\$1,422.99	\$0.00	\$0.00

[Compare](#)

[Back] [Next] [F1] [Search for a Provider](#)

View / Compare	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

F. Employee Benefit Activity (continued)

New Hire and Open Enrollment (continued)

Performing Benefit Elections—Medical, Dental and Vision

- Employer cost and employee payroll deductions for each plan option (based on coverage level / dependents included in the plan) are displayed on the benefit election screen as well as the benefit comparison.

Side-By-Side Comparison of Benefits
Coverage Level: FAMILY
Session Id: 688001000502042E Date: 06/08/2016 Time: 01:03 PM
Additional details may be obtained by reviewing your Summary of Benefits and Coverage.

BENEFIT DESCRIPTION	BLUECHOICE HMO OPEN ACCESS HIGH DEDUCTIBLE	BLUE PREFERRED HIGH DEDUCTIBLE	BLUECHOICE HMO OPEN ACCESS LOW DEDUCTIBLE
TYPE OF PLAN	HEALTH MAINTENANCE ORGANIZATION (HMO)	PREFERRED PROVIDER ORGANIZATION (PPO)	HEALTH MAINTENANCE ORGANIZATION (HMO)
INDIVIDUAL IN-NETWORK DEDUCTIBLE	\$2,500	\$2,000	\$1,200
INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE	N/A	\$4,000	N/A
OFFICE VISIT CHARGES IN-NETWORK	NO CHARGE AFTER DEDUCTIBLE	NO CHARGE AFTER DEDUCTIBLE	\$15 PCP / \$25 SPECIALIST AFTER DEDUCTIBLE
OFFICE VISIT CHARGES OUT-OF-NETWORK	N/A	DEDUCTIBLE THEN 20% OF ALLOWED BENEFIT	N/A
PRESCRIPTION DRUG COVERAGE IN-NETWORK RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE	INTEGRATED MEDICAL & RX DRUG DEDUCTIBLE
GENERIC / PREFERRED BRANDS / NON-PREFERRED BRAND / SPECIALTY	\$0 / \$25 / \$45 / 50% UP TO MAXIMUM OF \$75	\$0 / \$25 / \$45 / 50% UP TO MAXIMUM OF \$75	\$0 / \$25 / \$45 / 50% UP TO MAXIMUM OF \$75
INDIVIDUAL IN-NETWORK OUT-OF-POCKET MAXIMUM	\$5,000	\$4,000	\$2,400
INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET MAXIMUM	N/A	\$8,000	N/A

BlueChoice HMO
Open Access • HRA/HSA

Summary of Benefits

Services	In-Network You Pay ¹
Visit www.carefirst.com/doctor to locate providers	
BLUE REWARDS Visit www.carefirst.com/bluerewards for more information Blue Rewards is an incentive program where you can earn up to \$300 per adult and \$750 per family for taking an active role in getting healthy and staying healthy.	
ANNUAL DEDUCTIBLE (BENEFIT PERIOD):	

- Select a plan option and click Search for a Provider to confirm physician participation in the selected plan option.
- Elect the plan option for this coverage type OR Decline.
- Hit Next.

Carefirst

Find A Doctor

Medical Dental Pharmacy Vision

Click the following option if you are a:

- Medigap Member
- TPA/CareFirst Administrators Member
- State of Maryland Employee
- CareFirst - Network Leasing Member

To find a provider outside of the CareFirst service area (Maryland, the District of Columbia and Northern Virginia):

- BlueCross BlueShield National Doctor and Hospital Finder

CareFirst members seeking Methadone Maintenance treatment may obtain services at any licensed Methadone Maintenance treatment center. [Learn More](#)

Search By

Provider Name Provider Type

Location (Key Zip code or City/State)

Zip Code Or City, State Distance 3 Miles

Use My Current Location

Plan (Recommended)

Select a Plan

Where Should I Go For Care?
Urgent Care Center?

Need Medical Advice After Hours?
Call our free 24/7 nurse advice line
800-535-9700

Search

Note: As you proceed to the next benefit option, you will note that your decision regarding the election or decline of the prior plan is noted in the left margin. Listed dependents will carry over to each plan option to allow for coverage election.

Benefit Options

Medical ☒ HRA Benefit ☒ Dental ☒ Vision ☒ Life Insurance ☒ ACORD ☒ STD Benefit ☒ Voluntary LTD Benefit ☒ Voluntary EEL Life ☒ Voluntary SP Life ☒ Voluntary Dep Life ☒ FSA Dep ☒

Legend
Elected ☒ Pending ☒ Declined ☒

Dental Plan Election

You and your dependents (if applicable) may enroll in your company-sponsored benefits program (refer to plans below). If you decline benefits, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies.

☐ Check here if you would like to select all dependents.

Current Dependents	Relationship	Birth Date	Plans Enrolled	Status
<input type="checkbox"/> LULL ANDERSON	Wife	07/04/1985	Medical Other	Active
<input type="checkbox"/> ERIC ANDERSON	Son	10/02/1998	Not Enrolled	Active
<input type="checkbox"/> JUSTIN ANDERSON	Son	10/29/2010	Not Enrolled	Active

[Add New Dependent](#)

The monthly premiums shown below is a total for the employee and selected dependents (if applicable) cost.

Once you have made your plan decision, click the ELECT button next to the plan you wish to enroll in. Please make sure you have selected the dependents you wish to enroll (if applicable).

ELECT	DECLINE	EFFECTIVE DATE: 07/01/2016	COVERAGE LEVEL	MONTHLY PREMIUM	MONTHLY EMPLOYEE COST	MONTHLY EMPLOYER COST	PER PAY DEDUCTION
<input type="radio"/>	<input type="radio"/>		INDIVIDUAL	\$40.56	\$24.34	\$16.22	\$5.11
<input type="radio"/>	<input type="radio"/>		INDIVIDUAL	\$71.96	\$19.18	\$12.78	\$5.39

[View / Compare](#)

F. Employee Benefit Activity (continued)

Reviewing Benefit Elections–Company Paid Group Life, AD&D, STD and LTD

- Details regarding the benefit level will be displayed.
- Proceed to the next screen to enter beneficiary information.
- Then click NEXT to finalize.

Performing Benefit Elections–

Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD.

When a single plan option / coverage level is available, complete enrollment as follows:

1. Review the coverage level and cost associated with your plan option
2. Select Elect or Decline
3. Proceed to the next screen and enter the beneficiary information

When a range of coverage is available, complete enrollment as follows:

1. Review the plan screen to determine the benefit levels available for election. Information is provided regarding minimum and maximum coverage as well as Guaranteed Issue amounts.
2. Elect the plan option for this coverage type OR Decline.
3. Enter the benefit amount you wish to purchase, hit Calculate Cost, and review the monthly employee cost. Amounts elected over Guaranteed Issue will require Evidence of Insurability and are subject to carrier approval.
4. Employees will receive a message that amounts above Guaranteed Issue will require EOI and they are asked to contact their HR department for assistance in applying for additional coverage.

F. Employee Benefit Activity (continued)

Performing Benefit Elections (continued)–

Voluntary Employee and Dependent Life, AD&D and Employee STD and LTD

- Employers will receive an email alerting them that the employee has attempted to enroll for an amount requiring EOI.
- Enrollment will be completed for the amount up to Guaranteed Issue.
- You may make changes or hit Next to finalize.
- Proceed to the next screen and enter the beneficiary information. Please bear in mind that Spousal or Dependent coverage may warrant a change in the carried over beneficiary information.

Performing Benefit Elections–FSA Medical, Dependent Care, Premium Reimbursement and Parking/Transit

Complete enrollment as follows:

- Review the plan screen to determine the maximum plan year contribution.
- Elect the plan option for this coverage type OR Decline.
- Enter either the per pay contribution amount in the Yearly Contribution Calculator or enter the Total Contribution Amount for the Plan Year to calculate the per pay deduction. You can view the deductions calendar by clicking on the highlighted deduction count.
- Hit “Select this calculation” in the calculator where an election amount has been entered
- Calculated amounts Per Pay and per plan year will display.
- If amounts shown are acceptable, hit Next to finalize.

Mid-Year Life Event Benefit Election

- Enter the Mid-Year Life Event date.
- Select the type of Mid-Year Life Event & hit Continue
- You will see a listing of plans (highlighted) as eligible for change based on the type of Mid-Year Life Event.
- Hit Continue.

Performing Benefit Elections

- Proceed with the enrollment changes to any eligible plan, by following the step by step process for the benefit types (Medical, Life, FSA etc.) as outlined under New Hire and Open Enrollment.

From: On-line Enrollment
Sent: Wednesday, May 04, 2016 11:08 AM
To: Shelly Rapski
Cc: Shelly Rapski; Candace Fallin; Cindy Whitehead; Shelly Rapski
Subject: Guaranteed Issue Election: RODNEY ANDERSON

May 04, 2016

BETHANY CAFE

RODNEY ANDERSON has attempted to enter a benefit election of \$250,000 for the OPTIONAL EMPLOYEE LIFE which is in excess of the Guaranteed Issue amount and requires an Evidence of Insurability form.

The employee has been directed to contact their Human Resources Department to obtain this document.

Sincerely,

Cindy Whitehead
Vice President, Administration

BETHANY CAFE
STEPHEN TYLER

Benefit Options

Medical: ☒ HRA Benefit: ☒ Dental: ☒ Vision: ☒ Life Insurance: ☒ AD&D: ☒ STD Benefit: ☒ Voluntary LTD Benefit: ☒ Voluntary SS Life: ☒ Voluntary SP Life: ☒ Voluntary Dep Life: ☒ FSA Dep: ☒

Dependent Care FSA

You may enroll in your company sponsored benefits program. If you do not elect, you must wait until your next annual open enrollment unless you have a Mid-Year Life Event.

Please check below all the dependents for which this coverage applies.

☐ Check here if you would like to select all dependents.

Current Dependents	Relationship	Birth Date	Plans Enrolled	Status
<input type="checkbox"/> JOHN TYLER	Son	01/26/2010	Dental/Vision	Active

[Add New Dependent](#)

☐ ELECT ☐ DECLINE

EFFECTIVE DATE: 03/01/2017

PAYROLL DEDUCTION FREQUENCY: SEM-MONTHLY

Elect	Carrier	Plan Name	Annual Contribution	Per Pay Deduction
<input type="radio"/> TEST CARRIER	DEPENDENT CARE FSA			\$0.00

You can contribute up to \$5,000 per year. In the plan year, you have 8 DEDUCTIONS remaining.

Yearly Contribution Calculator

Per Pay Amount:

Deductions Remaining: 8

Plan Year Contribution:

[Select this calculation](#)

OR

Per Pay Calculator

Plan Year Contribution Amount:

Deductions Remaining: 8

Pay Period Contribution:

[Select this calculation](#)

Mid-Year Life Event Changes

Select the Event Date and applicable Mid-Year Life Event below to proceed with your enrollment changes.

Enter Event Date: 06/06/2016

☐ Birth / Adoption

☒ Marriage

☐ Add dependent to benefits

☐ Terminate current benefits

☐ Change in Employment Status

☐ Change in Spouse's Employment/Coverage

☐ Court Order/Judgment

☐ Dependent Limiting Age/Student Status Changed

Mid-Year Life Event Changes

The plans highlighted below are eligible for change based on your Mid Year Life Event.

Event Date: 06/06/2016

Event Type: Marriage

Elected Plan(s)	Current Coverage
BC HMOA HSA COMP OPT2 OCP 25000ED	FAMILY
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	FAMILY
DELTA DENTAL PRO PLUS PREMIER ACTIVE	FAMILY
BLUEVISION PLUS OPT1 80/2	FAMILY
MOO LIFE 1XSL \$250,000MX ALL EE S	\$ 50,000
MOO AD&D 1XSL \$250,000MX ALL EE S	\$ 50,000
MOO STD 60%SL \$2,000MX 18/13 ALL EES	\$ 577 / week / week
MOO VOL LTD 60%SL \$40,000MX 18/13 ALL EES	\$ 2,500 / month / month



CONNECT ADMINISTRATORS