

2020

ANNUAL OPEN ENROLLMENT

October 29- November 12, 2019





Table of Contents

Accessing Employee Benefits.....	2
Enrollment Summary.....	4
Medical.....	5
Dental.....	10
County Supplemental Life.....	12
Short Term Disability.....	14
Flexible Spending Health – U.S.....	16
Flex Spending Dependent Care.....	19
Legal Services.....	22
Submitting Enrollment.....	23
Important Reminders.....	26



Photos by Captain Kimo

OPEN ENROLLMENT GUIDE

ACCESSING EMPLOYEE BENEFITS

1. Enter your SIM **User ID** and **Password**.
2. Click on the **Sign In** button.



3. Click on **Benefits**.



4. Select the **Benefits Enrollment** option.



Type of Benefit	Plan Description	Coverage or Participation
Medical	County HMO - Pre Tax	EE + 2 or more Depen >

Carefully read the updates for Plan Year 2020 concerning your benefits.

Benefits Enrollment

JANE EMPLOYEE

Open enrollment is the annual event when you can make changes to your group insurance benefits. Examples of open enrollment actions are changing your current medical or dental plan, adding or deleting dependents, electing or terminating coverage, enrolling or re-enrolling in **FLEX** program and confirming your **Opt-Out** benefit program participation.

Review the Open Enrollment announcement carefully for important information.

Updates for Plan Year 2020:

5. Scroll down and click on **Select** to begin the enrollment process.

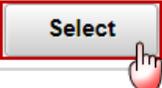
Review the [Group Insurance Information booklet](#) and applicable plan documents for additional details as the information in MyBenefits is only a brief summary. In the event of a conflict between MyBenefits and the applicable Group Insurance policy, the applicable Group Insurance policy and/or certificate shall dictate the insurance and coverage provisions, exclusions, all limitations and terms of coverage.

The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment.

To begin your enrollment, click **Select**.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events

Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2020	Open	FIN ANALYST II	

Once you click Select, it will take a few seconds for your benefits enrollment information to load. Make sure to submit your elections when you have completed the transaction to commit your changes.

ENROLLMENT SUMMARY

The **Enrollment Summary** shows all available benefit options offered to employees. The data shown for each benefit under "Current" reflects the options selected for the current plan year. The information shown under "New" will be your benefit for the upcoming plan year. The Election Summary displays the pay period deductions for enrollment choices made for the upcoming plan year.

Enrollment Summary

	Employee Cost	Credits	Before Tax	After Tax	Edit
Medical					Edit
Current: County HMO - Pre Tax:EE+2+ (3C)					
New: County HMO - Pre Tax:EE+2+ (3C)	170.00	0.00	170.00		
Dental					Edit
Current: High PPO Pre Tax:EE+3+ (4Z)					
New: High PPO Pre Tax:EE+3+ (4Z)	50.61	0.00	50.61		
Life					Edit
Current: County Basic Life: \$25,000					
New: County Basic Life: \$25,000	0.00	0.00		0.00	
County Supplemental Life					Edit
Current: County Addtl Life Insurance150: \$150,000					
New: County Addtl Life Insurance150: \$150,000	25.20	0.00	4.20	21.00	
Dependent Life					Edit
Current: Waive					
New: Waive	0.00	0.00			
Spousal Life					Edit
Current: Waive					
New: Waive	0.00	0.00			
Short-Term Disability					Edit
Current: Waive					
New: Waive	0.00	0.00			
Long-Term Disability					Edit
Current: HMO Basic 50% LTD: 50.00% of Salary					
New: HMO Basic 50% LTD: 50.00% of Salary	0.00	0.00		0.00	
Flex Spending Health - U.S.					Edit
Current: No Coverage					
New: No Coverage					
Flex Spending Dependent Care					Edit
Current: No Coverage					
New: No Coverage					
Legal Services					Edit
Current: No Coverage					
New: No Coverage					

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the County is contributing to subsidize the cost of your benefits.)

Row Label	Total	Before Tax	After Tax	Employer
Costs	245.81	224.81	21.00	968.58
Credits	0.00	0.00		
Your Costs	245.81	224.81	21.00	

Opt-Out credit will be taxed like regular earnings; LTD credit of \$2.30 is an employer reimbursement and not included in taxable earnings.

The Company's contributions towards your benefits may impact the taxes on your paycheck.

Click **Submit** to send your final choices to your Group Insurance Office.
 Or click the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

Important: Your enrollment will not be complete until you Submit your choices to your Group Insurance Office.

6. Click on the **Edit** button for the **Medical** section.

MEDICAL

1. Click on the radio button next to the plan option of your choice; the cost shows the pay period deduction for your choice.

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Long-Term Disability

Select an Option
Here Are Your Available Options With Your Costs:

[Overview of all Plans](#)

Select one of the following plans:

If you choose to Waive coverage in this plan, you will receive a \$38.46 credit.

County HMO - Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$15.50	\$0.00	\$15.50	Before-Tax
Employee + 1 Dependent (2)	\$100.50	\$0.00	\$100.50	Before-Tax
EE + 2 or more Dependents (3C)	\$170.00	\$0.00	\$170.00	Before-Tax

County POS - Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$33.50	\$0.00	\$33.50	Before-Tax
Employee + 1 Dependent (2)	\$164.00	\$0.00	\$164.00	Before-Tax
EE + 2 or more Dependents (3C)	\$250.50	\$0.00	\$250.50	Before-Tax

County OAPIN - Pre Tax **NEW**

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$24.50	\$0.00	\$24.50	Before-Tax
Employee + 1 Dependent (2)	\$137.50	\$0.00	\$137.50	Before-Tax
EE + 2 or more Dependents (3C)	\$221.00	\$0.00	\$221.00	Before-Tax

Waive. (You will be required to provide proof of other coverage with this choice.)

ENROLL YOUR DEPENDENTS

2. Scroll down to click on **Add/Review Dependents** (if necessary).

Enroll Your Dependents

The following list displays your dependents. If a dependent is missing from this list, click Add/Review Dependents. Coverage for your dependents is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

You may enroll any of the following dependents for coverage under this plan by checking the **Enroll** box next to the dependent's name.

To remove any currently enrolled dependents, uncheck the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship	
<input checked="" type="checkbox"/>	DEPENDENT NAME	Spouse	Previously enrolled dependents will appear.
<input checked="" type="checkbox"/>	DEPENDENT NAME	Child	

Add/Review Dependents

Continue **Cancel**

ADD A NEW DEPENDENT

3. Click on the **Add a dependent or beneficiary** button.

Add/Review Dependent/Beneficiary

JANE EMPLOYEE

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
SPOUSE NAME	Spouse	MM/DD/YYYY	Married	MM/DD/YYYY	No	No	Yes	Yes
DEPENDENT NAME	Child	MM/DD/YYYY	Single		No	No	Yes	Yes

Add a dependent or beneficiary

[Return to Event Selection](#)

4. Enter the following **required fields** for your new dependent:

First Name, Last Name, Date of Birth, Gender, Social Security Number, Marital Status

Dependent/Beneficiary Personal Information

JANE EMPLOYEE

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2020.

Personal Information

Required Fields

*First Name

Middle Name

*Last Name

Name Prefix

Name Suffix

Date of Birth

*Gender

Social Security Number

*Relationship to Employee

Social Security Number is only required for enrolling dependents for medical insurance (life insurance, dental or etc, are not required)

Status Information

*Marital Status	Single	As of	<input type="text"/>
*Student	No	As of	<input type="text"/>
*Disabled	No	As of	<input type="text"/>
*Smoker	Non Smoker	As of	<input type="text"/>

Address and Telephone

Same Address as Employee

Country United States

Address

Same Phone as Employee

Phone

Save

[Return to Dependent/Beneficiary Summary](#)

The *Return to Dependent/Beneficiary Summary* link will not save the data

- Click on the **Save** button.
- Click **OK** on the Save Confirmation pop up screen to return to the **Add/Review Dependent/Beneficiary** page.



- Click on the **Return to Event Selection** link.

Add/Review Dependent/Beneficiary
 JANE EMPLOYEE

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
SPOUSE NAME	Spouse	MM/DD/YYYY	Married	MM/DD/YYYY	No	No	Yes	Yes
DEPENDENT NAME	Child	MM/DD/YYYY	Single		No	No	Yes	Yes
Name Last	Child	10/22/2008	Single		No	No	Yes	Yes Newly added dependent

[Return to Event Selection](#)

- Click in the **Enroll** box next to the newly added dependent's name. *You may add additional dependents by repeating the process.*

Enroll Your Dependents

The following list displays your dependents. If a dependent is missing from this list, click Add/Review Dependents. Coverage for your dependents is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

You may enroll any of the following dependents for coverage under this plan by checking the **Enroll** box next to the dependent's name.

To remove any currently enrolled dependents, uncheck the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	DEPENDENT NAME	Spouse
<input checked="" type="checkbox"/>	DEPENDENT NAME	Child
<input checked="" type="checkbox"/>	DEPENDENT NAME	Child

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

9. Click on **Continue** to store your choices and return to the Enrollment Summary page.
10. Click **OK** to store your choices. If you need to make changes to a selection, click the **Edit** button once you return to the Enrollment Summary page.

Benefits Enrollment

Medical

JANE EMPLOYEE

i **Important: Your enrollment will not be complete until you click "Submit" to forward your choices to your Group Insurance Office.**

Your Choice
You have chosen **County HMO - Pre Tax**. You are covering **EE + 2 or more Dependents (3C)**.

Your Estimated per-pay-period Cost

Employee Cost	\$170.00
Credits	\$0.00
<hr/>	
Your Cost	\$170.00

Your Covered Dependents

Name	Relationship
DEPENDENT NAME	Spouse
DEPENDENT NAME	Child
DEPENDENT NAME	Child

Notes
Once submitted, this choice will take effect on 01/01/2020. Deductions for this choice will start with the pay period beginning 12/21/2019.

OK  **Cancel**

Click **OK** to store your choices.
If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

DENTAL

1. Click on the **Edit** button for the **Dental** section.

Dental	Employee Cost	Credits	Before Tax	After Tax	Edit
Current: High PPO Pre Tax:EE+3+ (4Z)					
New: High PPO Pre Tax:EE+3+ (4Z)	50.61	0.00	50.61		

2. Click on the radio button next to the plan option of your choice; the cost shows the pay period deduction for your choice.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

i **Important! Your current coverage is: High PPO Pre Tax with EE + 3 or more Dependents (4Z) coverage. You will continue with this coverage if you do not make a choice.**

Select an Option
Here Are Your Available Options With Your Costs:

[Overview of all Plans](#)

Select one of the following plans:

DHMO Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$5.58	\$0.00	\$5.58	Before-Tax
Employee + 1 Dependent (2)	\$9.55	\$0.00	\$9.55	Before-Tax
EE + 2 Dependents (3A)	\$12.94	\$0.00	\$12.94	Before-Tax
EE + 3 or more Dependents (4Z)	\$17.07	\$0.00	\$17.07	Before-Tax

Low PPO Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$8.61	\$0.00	\$8.61	Before-Tax
Employee + 1 Dependent (2)	\$16.34	\$0.00	\$16.34	Before-Tax
Employee + Domestic Partner	\$16.34	\$0.00	\$16.34	Before and After Tax
EE + 2 Dependents (3A)	\$19.98	\$0.00	\$19.98	Before-Tax
EE + 3 or more Dependents (4Z)	\$27.75	\$0.00	\$27.75	Before-Tax

High PPO Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$16.17	\$0.00	\$16.17	Before-Tax
Employee + 1 Dependent (2)	\$30.98	\$0.00	\$30.98	Before-Tax
Employee + Domestic Partner	\$30.98	\$0.00	\$30.98	Before and After Tax
EE + 2 Dependents (3A)	\$35.79	\$0.00	\$35.79	Before-Tax
EE + 3 or more Dependents (4Z)	\$50.61	\$0.00	\$50.61	Before-Tax

Waive

When a change in coverage is selected the new cost will display indicating covered dependents, if any.

- Previously enrolled dependents will appear in the **Enroll Your Dependents** section. You may Add/Review Dependents, as needed, as previously instructed for the Medical section.

Enroll Your Dependents

The following list displays your dependents. If a dependent is missing from this list, click Add/Review Dependents. Coverage for your dependents is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

You may enroll any of the following dependents for coverage under this plan by checking the **Enroll** box next to the dependent's name.

To remove any currently enrolled dependents, uncheck the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	DEPENDENT NAME	Spouse
<input checked="" type="checkbox"/>	DEPENDENT NAME	Child

Add/Review Dependents

Continue **Cancel**

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

- Click **Continue**. Your plan choice and dependents will appear.
- Click **OK**.

Benefits Enrollment

Dental

JANE EMPLOYEE

i **Important: Your enrollment will not be complete until you click "Submit" which will submit your choices to your Group Insurance Office.**

Your Choice

You have chosen **DHMO Pre Tax**. You are covering **Employee Only**.

Your Estimated per-pay-period Cost

Employee Cost	\$5.58
Credits	\$0.00
Your Cost	\$5.58

Notes

Once submitted, this choice will take effect on 01/01/2020. Deductions for this choice will start with the pay period beginning 10/21/2019.

OK **Cancel**

Clicking on Cancel will return you to the Dental coverage options

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

COUNTY SUPPLEMENTAL LIFE

1. Click on the **Edit** button for the **Supplemental Life** section.

County Supplemental Life	Employee Cost	Credits	Before Tax	After Tax	Edit
Current: County Addtl Life Insurance150: \$150,000					
New: County Addtl Life Insurance150: \$150,000	25.20	0.00	4.20	21.00	

2. Select the desired amount of coverage by clicking on the adjacent radio button.

County Supplemental Life

JANE EMPLOYEE

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment (AD&D) insurance that provides your beneficiaries with additional financial security if you die or lose a limb or sight due to an accident.

You can elect or increase your current coverage by \$10,000 without Evidence of Insurability (EOI) as long as the resulting coverage does not exceed \$150,000 and as long as you have not been previously declined for coverage. UPDATE

Life insurance beneficiary management is being transferred to Securian Financial (formerly Minnesota Life). If you have not declared your beneficiaries with Securian Financial, please do so at this time by accessing the Securian webpage at LifeBenefits.com. Contact Securian at 877-494-1754 for any questions. If you do not declare your beneficiaries for your group term life insurance directly with Securian Financial by November 12, 2019, any prior beneficiary designations you made are not valid after this date and benefits will be paid according to the group term life policy contract.

Employees who are below \$150,000 of supplemental employee life insurance may increase by one level of \$10,000 as long as the employee was not previously declined. Evidence of insurability is required for all other coverage increases.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

i **Important! Your current coverage is: County Addtl Life Insurance150: \$150,000. You will continue with this coverage if you do not make a choice.**

Notes
* If you select this choice, you will be required to provide Proof of Insurability before coverage, above the guaranteed issue amounts, takes effect.

Select an Option
Here Are Your Available Options With Your Per-Pay-Period Costs:
Select one of the following plans:

Coverage Level	Employee Cost	Credits	Your Cost	Tax Class
<input type="radio"/> County Addtl Life Insurance 10 (\$10,000)	1.68		1.68	Before-Tax
<input type="radio"/> County Addtl Life Insurance 20 (\$20,000)	3.36		3.36	Before-Tax
↓ Continuing in \$10,000 increments				
<input type="radio"/> *County Addtl Life Insurance290 (\$290,000)	48.72		48.72	Before and After Tax
<input checked="" type="radio"/> *County Addtl Life Insurance300 (\$300,000)	50.40	50.40	50.40	Before and After Tax
<input type="radio"/> Waive				

Do not enter life insurance beneficiary information on this page or anywhere in the MyBenefits website as this information will become invalid on November 13, 2019.

Life insurance beneficiary management is being transitioned to the carrier, Securian Financial. If you have not done so already, please follow the instructions in the letter that was mailed to employees by Securian recently to declare your beneficiaries by November 12, 2019. If you do not designate your beneficiaries on LifeBenefits.com, by November 12, 2019, benefits will be paid according to the policy contract. Questions? Contact Securian Financial at 877-494-1754.

IMPORTANT

3. Click **Continue**.
4. Review/confirm your choices and click **OK**.

SHORT TERM DISABILITY

1. Click on the **Edit** button for the **Short-Term Disability** section. (optional)

Short-Term Disability	Employee Cost	Credits	Before Tax	After Tax	Edit
Current: Waive					
New: Waive					

2. Click on the **County Short Term Disability** radio button.
3. Click **Continue**.

Short-Term Disability

JANE EMPLOYEE

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness. The plan is designed to partially fill any gap in your existing sick leave bank until you recover or become eligible for Long-term disability (if enrolled).

Typically, if you are newly electing this coverage during open enrollment, you must successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before the coverage can take effect. However, **for Plan Year 2020 only**, Cigna disability is allowing employees a **ONE-TIME opportunity** to elect short term disability without requiring EOI (without having to answer health questions). If you currently do not participate in the STD program and wish to enroll, Cigna disability will accept your application without any medical underwriting requirement. This applies even if you have been previously declined. This offer is available for this open enrollment period and for Plan Year 2020 only.

Sick leave offsets (reduces) this benefit.

The plan will not pay any disability benefits for a disability that results, directly or indirectly from injury or sickness for which benefits are paid or payable to you from Workers' Compensation or occupational disease law. Review the coverage certificate for complete list of limitations and exclusions.

Note: If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the [Group Insurance Information booklet](#) and applicable plan documents for additional details.

i Important! Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.

Select an Option

The cost for this plan is \$15.75.

No, I do not want to enroll.

County Short Term Disability

Continue **Cancel**

4. Click **OK**.

Benefits Enrollment

Short-Term Disability

JANE EMPLOYEE



Important: Your enrollment will not be complete until you click “Submit” which will submit your choices to your Group Insurance Office.

Your Choice

You have chosen County Short Term Disability coverage.
The cost for this plan is \$15.75.

Notes

Once submitted, this choice will take effect on 01/01/2020. Deductions for this choice will start with the pay period beginning 12/21/2019.

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

FLEXIBLE SPENDING HEALTH – U.S.

The Flexible Spending Health covers cost for medical, dental and vision expenses incurred by you and your eligible dependents. Examples of eligible expenses are deductibles, co-pays, prescription costs, eyeglasses, and dental work.

1. Click on the **Edit** button for the **Flex Spending Health – U.S.** section. (optional)

Flex Spending Health - U.S.	Employee Cost	Credits	Before Tax	After Tax	Edit
Current: No Coverage					
New: County FSA Health Care: \$1,000.00	166.67	0.00	166.67		

2. Click on the **County FSA Health Care** radio button.

Benefits Enrollment

Flex Spending Health - U.S.

JANE EMPLOYEE

The Health Care Flexible Spending Account (FSA) allows you to set aside and use **pre-tax dollars**, for out-of-pocket health care expenses for you and your eligible dependents. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The health care FSA typically covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance copayments and over-the-counter medications by prescription.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

The minimum contribution amount is \$260.00 and the maximum is \$2,700.00. Review the Group Insurance booklet and applicable plan documents for additional details, or access P&A Group website at www.padmin.com.

Select an Option

No, I do not want to enroll.

County FSA Health Care

3. Click on the **Worksheet** hyperlink to determine your desired Annual Pledge.

This plan requires that you specify an annual pledge amount.

Annual Pledge [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

4. There are two options to calculate your annual pledge:
- a. Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount.

Flex Spending Health - U.S.
JANE EMPLOYEE

Flexible Spending Accounts Worksheet
Use this worksheet to determine your desired Annual Pledge. Once you enter your New Annual Pledge, click **Calculate** and the system will estimate your per-pay-period contributions.

Estimate from Per-Pay-Period Contributions

Your New Annual Pledge	1000.00
Minus Your Year-To-Date Contributions	0.00
Divided by Pay Periods Remaining	26
Estimated Per-Pay-Period Contribution	38.46

[Return](#) **Calculate**

- b. Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount.

Flex Spending Health - U.S.
JANE EMPLOYEE

Flexible Spending Accounts Worksheet
Use this worksheet to enter your estimated Per-Pay-Period Contribution. Once you enter your Per-Pay-Period Contribution, click **Calculate** and the system will determine your annual pledge amount.

Estimate from Annual Pledge

Estimated Per-Pay-Period Contribution	38.46
Multiplied by Pay Periods Remaining	26
Plus Your Year-To-Date Contributions	0.00
Your New Annual Pledge	999.26

[Return](#) **Calculate**

5. Click **Continue**.

Select an Option

No, I do not want to enroll.

County FSA Health Care

This plan requires that you specify an annual pledge amount.

Annual Pledge [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

Continue **Cancel**

6. Review your selections and click **OK**.

Benefits Enrollment

Flex Spending Health - U.S.

JANE EMPLOYEE

i **Important: Your enrollment will not be complete until you click “Submit” which will submit your choices to your Group Insurance Office.**

Your Choice

You have chosen to enroll in the County FSA Health Care plan with an annual pledge of \$1,000.00.

Your Contributions

Your approximate per-pay-period contribution will be \$38.46.

Notes

Once submitted, this choice will take effect on 01/01/2020.

Deductions for this choice will start with the pay period beginning 12/21/2019.

OK **Cancel**

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

FLEX SPENDING DEPENDENT CARE

The Flexible Spending Dependent Care covers money you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. **Important, this account does NOT reimburse medical expenses for your dependents. It is for qualified daycare expenses only.**

1. Click on the **Edit** button for the **Flex Spending Dependent Care** section. (optional)

Flex Spending Dependent Care	Employee Cost	Credits	Before Tax	After Tax	Edit
Current: No Coverage					
New: County FSA Dependent Care: \$1,999.98	76.92	0.00	76.92		

2. Click on the **County FSA Health Care** radio button.

Benefits Enrollment

Flex Spending Dependent Care

JANE EMPLOYEE

The Dependent Care Flexible Spending Account (FSA) allows you to set aside and use **pre-tax dollars**, for dependent care expenses incurred during the plan year. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective and when you have sufficient balance available in your dependent care account, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The dependent care account generally covers amounts you pay to daycare centers, baby-sitters, caregivers or after school programs so that you and your spouse can work (overnight camps are NOT eligible).

The Dependent Care FSA is **NOT** for the out of pocket medical expenses of your dependents. It is for child care or other care giver expenses that allow you and your spouse to work. **IMPORTANT**

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

The minimum contribution amount is \$260.00 and the maximum is \$5,000.00. If you file a joint tax return; or \$2,500 if you file a separate tax return. Review the [Group Insurance Information booklet](#) and applicable plan documents for additional details, or access P&A Group website at www.padmin.com.

Select an Option

No, I do not want to enroll.

County FSA Dependent Care

3. Click on the **Worksheet** hyperlink to determine your desired Annual Pledge.

This plan requires that you specify an annual pledge amount.

Annual Pledge [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

4. There are two options to calculate your annual pledge:
- a. Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount.

Flexible Spending Accounts Worksheet

Use this worksheet to determine your desired Annual Pledge. Once you enter your New Annual Pledge, click **Calculate** and the system will estimate your per-pay-period contributions.

Estimate from Per-Pay-Period Contributions

Your New Annual Pledge	2000.00
Minus Your Year-To-Date Contributions	0.00
Divided by Pay Periods Remaining	26
Estimated Per-Pay-Period Contribution	76.93

[Return](#) **Calculate**

- b. Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount.

Flexible Spending Accounts Worksheet

Use this worksheet to enter your estimated Per-Pay-Period Contribution. Once you enter your Per-Pay-Period Contribution, click **Calculate** and the system will determine your annual pledge amount.

Estimate from Annual Pledge

Estimated Per-Pay-Period Contribution	76.92
Multiplied by Pay Periods Remaining	26
Plus Your Year-To-Date Contributions	0.00
Your New Annual Pledge	1999.98

[Return](#) **Calculate**

5. Click **Continue**.

Select an Option

No, I do not want to enroll.

County FSA Dependent Care

This plan requires that you specify an annual pledge amount.

Annual Pledge [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

Continue **Cancel**

6. Review your selections and click **OK**.

Benefits Enrollment

Flex Spending Dependent Care

JANE EMPLOYEE

i Important: Your enrollment will not be complete until you click "Submit" which will submit your choices to your Group Insurance Office.

Your Choice

You have chosen to enroll in the County FSA Dependent Care plan with an annual pledge of \$1,999.98.

Your Contributions

Your approximate per-pay-period contribution will be \$76.92.

Notes

Once submitted, this choice will take effect on 01/01/2020.

Deductions for this choice will start with the pay period beginning 12/21/2019.

OK **Cancel**

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

LEGAL SERVICES

1. Click on the **Edit** button for the **Legal Services** section. (optional)

Legal Services	Employee Cost	Credits	Before Tax	After Tax	Edit
Current: No Coverage					
New: Pre-Paid Legal Plan	7.98	0.00		7.98	

2. Click on the **Pre-Paid Legal Plan** radio button.
3. Click **Continue**.

Legal Services

JANE EMPLOYEE

Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues, standard will preparation or buying a home. Coverage covers the employee and eligible dependents.

For any questions regarding the legal plan offered through, ARAG, please contact **Human Resources** at 561-616-6884 or email: retirement@pbcgov.org

i Important! Your current coverage is: **No Coverage**. You will continue with this coverage if you do not make a choice.

Select an Option

The cost for this plan is \$7.98.

No, I do not want to enroll.

Pre-Paid Legal Plan

Continue **Cancel**

4. Review your selection and click **OK**.

Legal Services

JANE EMPLOYEE

i Important: Your enrollment will not be complete until you click "Submit" which will submit your choices to your Group Insurance Office.

Your Choice

You have chosen Pre-Paid Legal Plan coverage.
The cost for this plan is \$7.98.

Notes

Once submitted, this choice will take effect on 01/01/2020.

OK **Cancel**

SUBMITTING ENROLLMENT

1. Once you have selected and reviewed all of your benefit options, click on the **Submit** button.

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the County is contributing to subsidize the cost of your benefits.)

Election Summary

Row Label	Total	Before Tax	After Tax	Employer
Costs	161.31	110.28	51.03	730.50
Credits	0.00	0.00		
Your Costs	161.31	110.28	51.03	

Opt-Out credit will be taxed like regular earnings; LTD credit of \$2.30 is an employer reimbursement and not included in taxable earnings.

The Company's contributions towards your benefits may impact the taxes on your paycheck.

Submit

Click **Submit** to send your final choices to your Group Insurance Office.

Important: Your enrollment will not be complete until you Submit your choices to your Group Insurance Office.

Any **Errors and Warnings** will appear as determined by the system. Errors must be corrected to submit. Warnings serve as a reminder.

2. Click **Continue**.

Errors and Warnings

JANE EMPLOYEE

Your enrollment contains some errors/warnings. The following list displays your errors/warnings for each benefit choice. **WARNINGS** are informational for you and will allow you to submit your final benefit choices. However, you will need to correct your **ERRORS** before you can submit your final benefit choices. Contact your Group Insurance Office for assistance, if needed.

Benefit Errors and Warnings

 County Supplemental Life	Warning
--	---------

Remember, you will need to provide Proof of Insurability before coverage amounts subject to Evidence of Insurability takes effect.

Your enrollment in this benefit plan requires further documentation or processing before it can be finalized. This may include proof of other coverage or successful completion of Evidence of Insurability processing.

Return Click **Return** to go back to the Enrollment Summary and correct your benefit choices.

Continue

Carefully read the important text concerning your benefits choices.

3. Click **Submit**.

Submit Benefit Choices

JANE EMPLOYEE

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to your Group Insurance Office for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Rollover Excess Credits Area

*Excess Credit Rollover To

Authorize Elections

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing your Group Insurance Office to send the necessary personal information to your selected providers to initiate and support your coverage.

DEPENDENT COVERAGE:

By clicking submit you are affirming that the dependents you have enrolled are eligible dependents of yours, in accordance with County PPM and applicable insurance policy/certificate. It is your responsibility to ensure your dependents continue to be eligible for coverage and you must notify your group insurance office IMMEDIATELY, if a dependent of yours loses eligibility (e.g. a "spouse" becomes an "Ex-spouse" due to divorce, and, therefore, can no longer remain covered under your group insurance plans). You must notify your Group Insurance Office to update your coverage and remove any ineligible dependents. If it is determined that employees have covered dependents not eligible for coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination. Review County PPM CW-P-023 for further information or contact your Group Insurance Office with any questions you may have.

OPT-OUT CREDIT:

The Opt-Out credit does not roll over from year to year, rather, you MUST apply and qualify for it each Plan Year. You have to submit proof of your other coverage (stating your name) to your Group Insurance office during the open enrollment period. Scan the info and email it to BCCMyBenefits@pbcgov.org or fax to 561-242-7184.

If you waive medical coverage, you acknowledge that you understand that neither you nor your dependents can enroll or re-enroll in any of the medical plans sponsored by BCC prior to the next Open Enrollment unless coverage ceases in the other group plan. Proper documentation must be received by your Group Insurance Office within 30 days from the date the other coverage ceases.

IMPORTANT Please check the first paycheck in January 10, 2020 for Opt-Out credit funding and report any issues to Group Insurance IMMEDIATELY.

NOTE: The \$1,000 credit is not provided to any employee who is enrolled in a plan to which the BCC contributes – including the health plan of the BCC, Palm Tran and Supervisor of Elections as well as any other entities that may join the BCC health plan in the future. Employees who are enrolled in the health plan of Palm Beach County Fire Rescue are also excluded from the Opt-Out benefit as long as BCC contributes towards the funding of the Fire Rescue health plan in accordance with the provisions of the Collective Bargaining Agreement

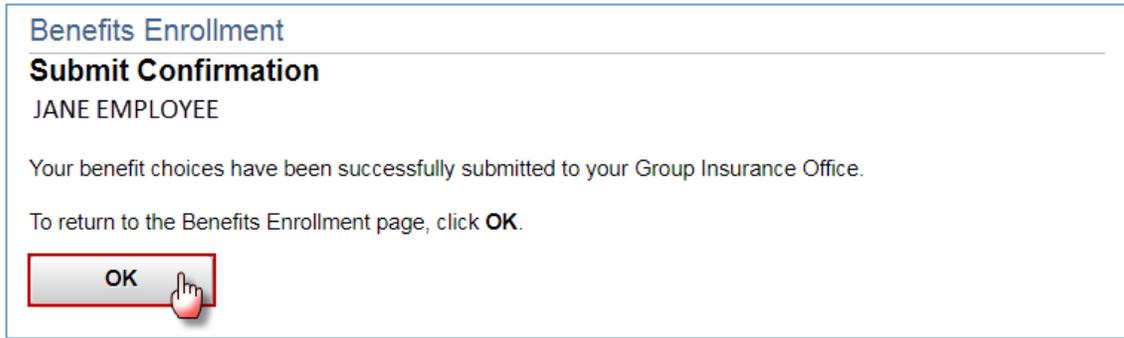
County employees contact 561-233-5400.

Contact **Human Resources** at 561-616-6884 or email: retirement@pbcgov.org for questions about the **ARAG legal plan**.

Click **Submit** to send your final choices to your Group Insurance Office.

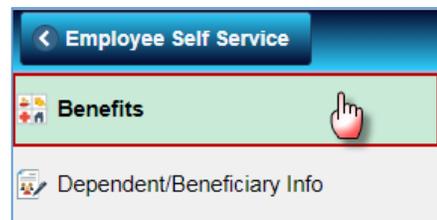
Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

4. Click **OK**.

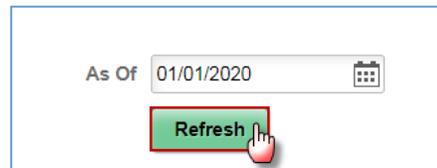


After your Group Insurance office has finalized the Open Enrollment event in MyBenefits (which takes several days) your MyBenefits will no longer be available for Open Enrollment entry. To review your finalized choices for the upcoming Plan year, follow these steps:

1. Select **Benefits** from the left **Navigation Bar**.



2. Enter **01/01/2020** in the **As Of** date field.
3. Click **Refresh**.



My Benefits

JANE EMPLOYEE
FIN ANALYST II

Benefits

As Of: 01/01/2020

Refresh

Type of Benefit	Plan Description	Coverage or Participation
Medical	County HMO - Pre Tax	EE + 2 or more Depen
Dental	High PPO Pre Tax	EE + 3 or more Depen
Life	County Basic Life	\$25000
County Supplemental Life	County Addtl Life Insurance150	\$150000
Dependent Life		Waived
Spousal Life		Waived
Short-Term Disability		Waived
Long-Term Disability	HMO Basic 50% LTD	50% of Salary
Florida Retirement System	FRS BCC Pension Plan Reg Empls	3% of Earnings

Click on the arrows to see more information about your selection.

IMPORTANT REMINDERS

Remember you must **finalize and submit your elections by November 12, 2019**. If you have already submitted your elections and wish to make a change, contact your group insurance office at 561-233-5400 or Palm Tran at 561-841-4337.

Submit the required dependent verification documentation to your Group Insurance office for newly added dependents, no later than Nov 12.

Forward your **proof of other coverage to your Group Insurance office by Nov 12**, if you participate in the **Opt-Out program**.

Closely review the open enrollment **confirmation statement that will be mailed** to your address on record in **early December** and notify your Group Insurance office of any errors immediately and in **no event later than December 20, 2019**.

Additionally, **review the paycheck dated January 10, 2020 for your Opt-Out credit**, if applicable, and notify your Group Insurance office of any discrepancies immediately.

Any errors or discrepancies that were included in your open enrollment confirmation statement and were not be **reported to your group insurance office by 12/20/19** cannot be corrected after this date.

If you have questions or need assistance with your group insurance options, contact your Group Insurance office at:

Tel: 561-233-5400

Fax: 561-242-7184

Email: BCCMyBenefits@pbcgov.org

Palm Tran Tel: 561-841-4337

Fax: 561-841-4283

Email: BCCMyBenefits@pbcgov.org