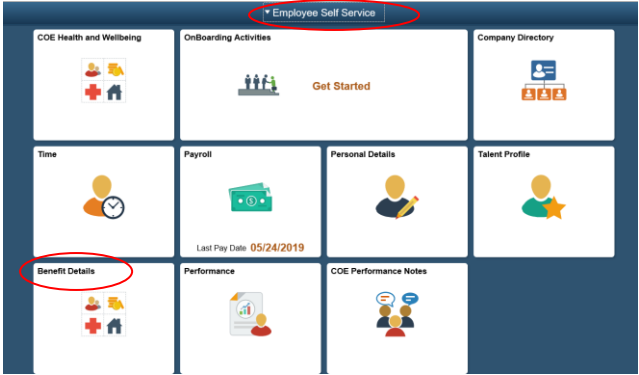
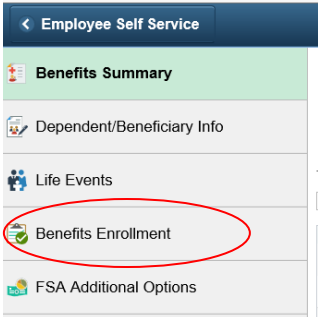


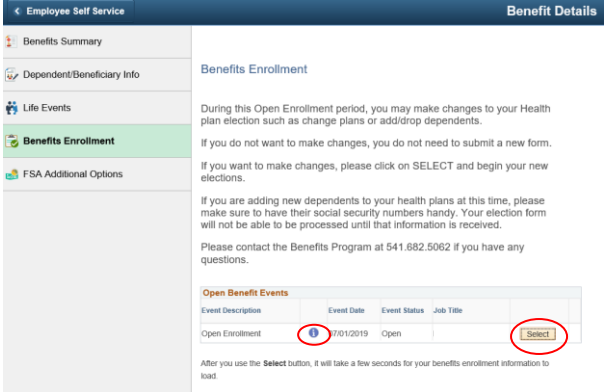
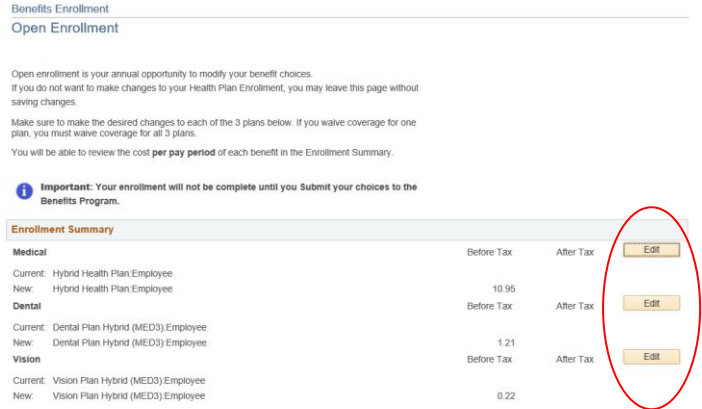


Enrolling in Benefits

Step	Action
1.	<p>Begin by navigating to the Benefits Enrollment page.</p> <p>Click the Employee Self Service menu then click the Benefits Details menu.</p> 
2.	<p>Click the Benefits Enrollment menu.</p> 



How To: Open Enrollment

Step	Action
3.	<p>Click the Information icon to view additional information about your enrollment. Click Select to begin Open Enrollment.</p> 
4.	<p>Notice the Open Enrollment page now populates with your enrollment summary.</p> <p>To begin the enrollment process, click the Edit button next to each plan (Medical, Dental and Vision) and make changes. *Please note: if you only have two medical plan options available your screen will reflect accordingly.</p> 



5.	<p>Click the Medical plan you want. You can review all available plans and costs by clicking on “Overview of all Plans”. If you have dependents be sure to scroll down and check the box next to each dependent or add new dependents.</p> <p>Benefits Enrollment</p> <p>Medical</p> <p>Your wellbeing is important to us! All of the City’s health plans include benefits to promote wellness and preventative services, as well as to support you and your dependents if you become sick or injured.</p> <p>i Important! Your current coverage is: Hybrid Health Plan with Employee Only coverage. You will continue with this coverage if you do not make a choice.</p> <p>Your enrollment choice on this page will affect your eligible choices for the following type(s) of coverage: Dental Vision</p> <p>Complete your medical enrollment on this page before enrolling in Dental and Vision coverage. Each Medical Plan has corresponding Dental and Vision Plans.</p> <p>Enroll your Dependents at the bottom of the page. You must enroll the same dependents in each plan.</p> <p>Select an Option</p> <p>Here Are Your Available Options:</p> <p>Overview of all Plans</p> <p>Select one of the following plans:</p> <p><input type="radio"/> City Health Plan Calendar Year Deductibles vary. Benefit Levels for most services after the deductible : In-Network participating provider: 80% Non-Network (non-participating) provider: 50% Out-of-Pocket Maximums vary</p> <p><input type="radio"/> Managed Care Medical No Calendar Year Deductible Benefit levels for most services referred by your PCP: In-Network provider: Co-pay specified in the Medical Benefit Summary Non-Network provider: 50% plus co-pay specified in Medical Benefit Summary Out-of-Pocket Maximums vary</p> <p><input checked="" type="radio"/> Hybrid Health Plan Calendar Year Deductible for services requiring co-insurance Benefit levels for most services referred by PCP: In-Network provider: The co-pay or co-insurance and deductible as specified in Medical Benefit Summary Non-Network provider: Normally, 50% plus co-pay or 50% plus co-insurance and deductible as specified in Medical Benefit Summary Out-of-Pocket Maximums vary</p> <p><input type="radio"/> Waive</p>
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How To: Open Enrollment

Step	Action												
	<p>Enroll Your Dependents</p> <p>The following list displays all individuals you have previously identified as a Dependent who may be eligible for coverage on your plan. Use the Add/Review Dependents button to add new dependents, update a dependent's relationship, or investigate why a previous dependent is missing from the list.</p> <p>Eligible dependents are your legal spouse; registered or non-registered domestic partner; and children who meet the definition of eligible dependents and are either within the age limits specified in the City's policies or who have qualified from age 19 under provisions for incapacitated children. Contact Employee Benefits staff if you have questions about your dependent's eligibility for coverage.</p> <p>Domestic Partnership: There may be tax implications if enrolling a Domestic Partner on your plan. Please review the "Domestic Partnership Overview" on the Employee Benefits website for more information.</p> <p>If you are enrolling a Non-Registered Domestic Partner, you will need to submit a "Declaration of Domestic Partnership" form to Employee Benefits. Registered domestic partners (same-sex couples who have registered their partnership with the State of Oregon) do not need to submit the Declaration of Domestic Partnership.</p> <p>If your Domestic Partner is a Tax Dependent for Health Insurance purposes, you will also need to submit a "Declaration of Tax Dependent Status" form to Employee Benefits.</p> <p>Check the Enroll box next to the dependent's name to select the dependent for coverage under your plan. Any dependent covered under your Medical plan must also be covered under your Dental and Vision plans.</p> <table border="1" data-bbox="375 768 906 884"> <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 type="checkbox"/></td> <td></td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td>Child</td> </tr> </tbody> </table>	Dependent Beneficiary			Enroll	Name	Relationship	<input type="checkbox"/>		Spouse	<input type="checkbox"/>		Child
Dependent Beneficiary													
Enroll	Name	Relationship											
<input type="checkbox"/>		Spouse											
<input type="checkbox"/>		Child											
6.	<p>Once you have made your plan and dependent choices click on Update and Continue.</p> <p>Add/Review Dependents</p> <p>Update and Continue Discard Changes</p>												
7.	<p>You will see a summary of your Medical plan choice. Click Update Elections to continue to Dental and Vision.</p> <p>Benefits Enrollment</p> <p>Medical</p> <p>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Program.</p> <p>Your Choice</p> <p>You have chosen Managed Care Medical with Family coverage.</p> <p>Your Estimated Per-Pay-Period Cost</p> <p>Your Cost \$78.33</p> <p>Your Covered Dependents</p> <table border="1" data-bbox="380 1514 894 1625"> <thead> <tr> <th colspan="2">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td></td> <td>Spouse</td> </tr> <tr> <td></td> <td>Child</td> </tr> </tbody> </table> <p>Notes</p> <p>Once submitted, this choice will take effect on 07/01/2019. Deductions and/or Credits for this choice will start with the pay period beginning 07/01/2019.</p> <p>Update Elections Discard Changes</p> <p>Select the Update Elections button to store your choices. Select the Discard Changes button to go back and change your choices.</p>	Dependent Information		Name	Relationship		Spouse		Child				
Dependent Information													
Name	Relationship												
	Spouse												
	Child												



Step	Action
8.	<p>Click Edit for Dental and Vision repeating the same process as Medical. Notice, the only option available is the one that corresponds with your Medical plan. Don't forget to check Dependents if any.</p>
9.	<p>Continue with the Update and Continue then Update Elections buttons to move on to Vision.</p>



Step	Action																																																				
<p>10.</p>	<p>Once Vision is complete and the Update and Continue and Update Elections buttons have been clicked you will click on the Save and Continue button.</p> <p>Benefits Enrollment Open Enrollment</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. If you do not want to make changes to your Health Plan Enrollment, you may leave this page without saving changes.</p> <p>Make sure to make the desired changes to each of the 3 plans below. If you waive coverage for one plan, you must waive coverage for all 3 plans.</p> <p>You will be able to review the cost per pay period of each benefit in the Enrollment Summary.</p> <p>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Program.</p> <p>Enrollment Summary</p> <table border="1"> <thead> <tr> <th></th> <th>Before Tax</th> <th>After Tax</th> <th>Edit</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current: Hybrid Health Plan:Family</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Managed Care Medical:Family</td> <td>78.33</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: Dental Plan Hybrid (MED3):Family</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Dental Plan Non-Hybrid (MED2):Family</td> <td>6.44</td> <td></td> <td></td> </tr> <tr> <td>Vision</td> <td>Before Tax</td> <td>After Tax</td> <td>Edit</td> </tr> <tr> <td>Current: Vision Plan Hybrid (MED3):Family</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Vision Plan Non-Hybrid (MED2):Family</td> <td>0.84</td> <td></td> <td></td> </tr> </tbody> </table> <p>This table summarizes estimated costs for your new benefit choices.</p> <p>Election Summary</p> <table border="1"> <thead> <tr> <th>Summarized estimates for new Benefit Elections</th> <th>Total</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Costs</td> <td>85.61</td> <td>85.61</td> <td>0.00</td> </tr> <tr> <td></td> <td>85.61</td> <td>85.61</td> <td>0.00</td> </tr> </tbody> </table> <p>These costs do not include certain choices that are based on variable earnings.</p> <p>Save and Continue</p>		Before Tax	After Tax	Edit	Medical				Current: Hybrid Health Plan:Family				New: Managed Care Medical:Family	78.33			Dental	Before Tax	After Tax	Edit	Current: Dental Plan Hybrid (MED3):Family				New: Dental Plan Non-Hybrid (MED2):Family	6.44			Vision	Before Tax	After Tax	Edit	Current: Vision Plan Hybrid (MED3):Family				New: Vision Plan Non-Hybrid (MED2):Family	0.84			Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	85.61	85.61	0.00		85.61	85.61	0.00
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<p>11.</p>	<p>Next click on the Submit button to complete your Open Enrollment elections.</p> <p>Benefits Enrollment Submit Benefit Choices</p> <p>Bucich, Christina Ann You have almost completed your Benefit enrollment!</p> <p>Do not submit your benefit choices until you have carefully reviewed and completed all the steps for enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you like until your enrollment deadline.</p> <p>Once you select the Submit button your benefit choices will be sent to the Benefits Program for processing.</p> <p>Once your enrollment deadline is past, you may not be able to make any further changes until the next Open Enrollment period, unless you have a qualified job or family status change, or if the change will not impact your health plan payroll deduction.</p> <p>Authorize Elections</p> <p>By submitting your benefit choices you are authorizing the City of Eugene to take payroll deductions to pay for your benefit costs. You are also authorizing the release of the information on this form to be used by the City of Eugene or any insurance company providing benefits under the plan(s) that is required to establish the validity of your claim for yourself or your covered dependents.</p> <p>Submit Cancel</p> <p>Select the Submit button if you have no further changes and want to finalize your benefit choices.</p> <p>Select the Cancel button if you are not ready to submit your choices and wish to return to the Enrollment Summary. Your previous choices have already been saved.</p>																																																				



How To: Open Enrollment

Step	Action
12.	<p>Click OK. You are Finished!</p> <p>Benefits Enrollment Submit Confirmation Blucich, Christina Ann</p> <p>Your benefit choices have been successfully submitted to the Benefits Program! If something was missed on your Enrollment, the Benefits Program will contact you for additional information.</p> <p><input type="button" value="OK"/></p>