


Benefits Enrollment Home Page

Benefits Enrollment

You have 31 days from your 60 day anniversary as a full time associate to make your benefit elections. The only time you may change your benefit elections is during Annual Enrollment or a qualified status change.
Click the Info button for additional information about your enrollment.
To begin your enrollment, click **Select**.

Open Benefit Events			
Event Description	Event Date	Event Status	
New Hire	 10/31/2014	Open	Select

Once you click **Select**, it will take a few seconds for your benefits enrollment information to load.

Read the information on the Benefits Enrollment screen

- Click **Select** to begin your enrollment

Enrollment Page

The benefits for which you are eligible are listed on the page.

- Click **Edit** for any benefit(s) you wish to add.

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New Hire

If you do not enroll it may result in no coverage for you and any eligible dependents.

The only time you can change your benefit elections is during Annual Enrollment or within 31 days of a qualified family status change such as:

- Marriage,
- Significant change in spouses benefit coverage,
- Legal Separation or Divorce,
- Birth, Adoption, or placement for adoption or foster care of a child,
- Death of a spouse or dependent,
- Dependent child losing eligibility for health care coverage.

Contact HR Solutions with questions at 1-800-690-7655 ext 3012, option 5.

IMPORTANT: At the end of the enrollment process, you MUST click Submit and Finalize or your benefit elections will be lost and you will not be enrolled.

Do not close the enrollment window without clicking the Submit and Finalize buttons.

Enrollment Summary

	Medical	Before Tax	After Tax
Current:	No Coverage		
New:	PPO2 - Highmark BCBS/Vision/Individual		27.24
Edit	Dental		
Current:	No Coverage		
New:	United Concordia Dental:Individual		3.01
Edit	Domestic Partner Medical		
Current:	No Coverage		
New:	Waive		
Edit	Domestic Partner Dental		
Current:	No Coverage		
New:	Waive		
Edit	Life and AD&D		
Current:	LIFE & ADD: Salary X 1		
New:	LIFE & ADD: Salary X 1 : \$18,000		
Edit	Supplemental Life		
Current:	No Coverage		
New:	Waive		
Edit	Dependent Life		
Current:	No Coverage		
New:	Waive		
Edit	Short-Term Disability		
Current:	No Coverage		
New:	STD for FT Hourly		
Edit	Voluntary LTD*		
Current:	No Coverage		
New:	Waive		
Edit	Health Flexible Spending*		
Current:	No Coverage		
New:	Waive		0.00
Edit	Dependent Daycare FSA*		
Current:	No Coverage		
New:	Waive		0.00

This table summarizes estimated costs for your new benefit elections.

	Before Tax	After Tax	Total
Your Costs	30.25	0.00	30.25

Submit Click **Submit** to progress to the screen for finalizing your elections.

IMPORTANT: At the end of the enrollment process, you MUST click Submit and Finalize or your benefit elections will be lost and you will not be enrolled.

[Click here for more information on benefit plans](#)

Benefits Enrollment Pages

Benefits Enrollment
Medical

The company sponsored medical plan offers a choice of Preferred Provider Organization plans (PPO). You share the cost of the coverage with the company. You are automatically enrolled in the vision plan when you elect medical.

If you are enrolling your domestic partner, you must enroll yourself first before proceeding to the following plan:

Domestic Partner Medical

Select an Option

Below are your available options with your costs per pay period. For more information about the benefit plan, click the plan name below.

Select one of the following plans:

- [PPO1 - Aetna](#)

Coverage Level	Your Costs	Tax Class
Individual	\$10.00	Before-Tax
Associate+Spouse(Opposite Sex)	\$30.00	Before-Tax
Parent + Child(ren)	\$20.00	Before-Tax
Family (Spouse Opposite Sex)	\$45.00	Before-Tax
Associate + Spouse (Same Sex)	\$30.00	Before-Tax
Family (Spouse Same Sex)	\$45.00	Before-Tax
- [PPO2 - Aetna](#)

Coverage Level	Your Costs	Tax Class
Individual	\$12.00	Before-Tax
Associate+Spouse(Opposite Sex)	\$25.00	Before-Tax
Parent + Child(ren)	\$15.00	Before-Tax
Family (Spouse Opposite Sex)	\$50.00	Before-Tax
Associate + Spouse (Same Sex)	\$25.00	Before-Tax
Family (Spouse Same Sex)	\$50.00	Before-Tax
- [PPO3 - Aetna](#)

Coverage Level	Your Costs	Tax Class
Individual	\$70.00	Before-Tax
Associate+Spouse(Opposite Sex)	\$150.00	Before-Tax
Parent + Child(ren)	\$120.00	Before-Tax
Family (Spouse Opposite Sex)	\$200.00	Before-Tax
Associate + Spouse (Same Sex)	\$150.00	Before-Tax
Family (Spouse Same Sex)	\$200.00	Before-Tax
- [PPO1 - Highmark BCBS](#)

Coverage Level	Your Costs	Tax Class
Individual	\$10.00	Before-Tax
Associate+Spouse(Opposite Sex)	\$30.00	Before-Tax
Parent + Child(ren)	\$20.00	Before-Tax
Family (Spouse Opposite Sex)	\$45.00	Before-Tax
Associate + Spouse (Same Sex)	\$30.00	Before-Tax
Family (Spouse Same Sex)	\$45.00	Before-Tax
- [PPO2 - Highmark BCBS](#)

Coverage Level	Your Costs	Tax Class
Individual	\$12.00	Before-Tax
Associate+Spouse(Opposite Sex)	\$25.00	Before-Tax
Parent + Child(ren)	\$15.00	Before-Tax
Family (Spouse Opposite Sex)	\$50.00	Before-Tax
Associate + Spouse (Same Sex)	\$25.00	Before-Tax
Family (Spouse Same Sex)	\$50.00	Before-Tax
- [PPO3 - Highmark BCBS](#)

Coverage Level	Your Costs	Tax Class
Individual	\$70.00	Before-Tax
Associate+Spouse(Opposite Sex)	\$150.00	Before-Tax
Parent + Child(ren)	\$120.00	Before-Tax
Family (Spouse Opposite Sex)	\$200.00	Before-Tax
Associate + Spouse (Same Sex)	\$150.00	Before-Tax
Family (Spouse Same Sex)	\$200.00	Before-Tax
- Waive

- Click on each of the plan names to review the summary plan grids for more information.
- To enroll, click the radio button to the left of the benefit plan name. If you already entered your life insurance beneficiary or other eligible dependents, they will be listed in the bottom section of the page.
- Based on the type and number of dependents you enroll, the system will automatically assign the coverage level (i.e., individual, associate/spouse, parent/child(ren), family).

Adding/Reviewing Dependents or Beneficiaries

Click **Add/Review Dependents** to enroll an eligible dependent that is not listed on the previous page. You will be directed to the Enrollment Dependent/Beneficiary Summary page.

- Click [Add a dependent or beneficiary](#) link if you are adding a dependent or beneficiary.
- If you have changes to an existing dependent's information, contact HRSolutions at 1-800-690-7655, ext. 3012, opt 5 or email them at HRSolutions@dcs.com
- Click **"Health Care Dependent Verification"** and follow the instructions noted on the form. You are required to certify dependents under the plan. If information is not received in the Benefits Department, your dependent will be removed from coverage.

Enrollment Dependent/Beneficiary Summary

The individuals listed below may be eligible for Benefit Coverage. Please click on a name to view or modify personal information.

You are required to submit dependent verification for newly added dependents enrolled in medical, dental, vision, and dependent life. Click the "Health Care Plan Dependent Verification" link for a list of acceptable documentation and form for your completion.

[Health Care Dependent Verification](#)
[Add a dependent or beneficiary](#)

Follow the directions on the screens to take you back to the Benefits Enrollment Page and complete your enrollment, remembering to "check" the box(es) next to the dependents you wish to add to your election.

Note: Please make sure all of your dependents have a valid Social Security Number on file

Benefits Enrollment Pages for Domestic Partners/ Domestic Partners Child(ren)

Enrollment Summary		
Edit	Medical	Before Tax After Tax
Current:	PPO1 - Aetna/Vision:Individual	
New:	PPO1 - Aetna:Individual	10.00
Edit	Dental	
Current:	United Concordia Dental:Individual	
New:	United Concordia Dental:Individual	3.20
Edit	Vision	
Current:	Base Vision Plan:Individual	
New:	Base Vision Plan:Individual	0.20
Edit	Domestic Partner Medical	
Current:	Waive	
New:	Waive	
Edit	Domestic Partner Dental	
Current:	Waive	
New:	Waive	
Edit	Domestic Partner Vision	
Current:	Waive	
New:	Waive	

- If you are adding a domestic partner to coverage, you must enroll yourself in the applicable benefit plan(s) first.
- To add your domestic partner (and your domestic partner's child(ren)) click **Edit** next to "Domestic Partner Medical" on the enrollment page.

- To enroll, click the radio button to the left of the benefit plan name you have elected for yourself. Your domestic partner/ domestic partners child(ren) must be covered under the same plan(s) you have elected.

Note: If you would like to elect dental or vision coverage for your domestic partner and domestic partner's child(ren), go to the domestic partner dental or vision and click **Edit**. Follow the same instructions you did to enroll in medical.

Select an Option		
Below are your available options with your costs per pay period. For more information about the benefit plan, click the plan name below.		
Select one of the following plans:		
<input type="radio"/>	PPO1 - Aetna	
CDHP + Health Reimbursement Account		
Coverage Level	Your Costs	Tax Class
Domestic Partner	\$20.00	After-Tax
Dom Partner Adult+Child (ren)	\$35.00	After-Tax
<input type="radio"/>	PPO2 - Aetna	
Notice that this option is disabled because you have to choose the PPO2 - Aetna in the Medical/Vision benefit for this option to be valid.		
Coverage Level	Your Costs	Tax Class
Domestic Partner	\$13.00	After-Tax
Dom Partner Adult+Child (ren)	\$38.00	After-Tax
<input type="radio"/>	PPO3 - Aetna	
Notice that this option is disabled because you have to choose the PPO3 - Aetna in the Medical/Vision benefit for this option to be valid.		
Coverage Level	Your Costs	Tax Class
Domestic Partner	\$80.00	After-Tax
Dom Partner Adult+Child (ren)	\$130.00	After-Tax
<input type="radio"/>	PPO1 - Highmark BCBS	
Notice that this option is disabled because you have to choose the PPO1 - Highmark BCBS in the Medical/Vision benefit for this option to be valid.		
Coverage Level	Your Costs	Tax Class
Domestic Partner	\$20.00	After-Tax
Dom Partner Adult+Child (ren)	\$35.00	After-Tax
<input type="radio"/>	PPO2 - Highmark BCBS	
Notice that this option is disabled because you have to choose the PPO2 - Highmark BCBS in the Medical/Vision benefit for this option to be valid.		
Coverage Level	Your Costs	Tax Class
Domestic Partner	\$13.00	After-Tax
Dom Partner Adult+Child (ren)	\$38.00	After-Tax
<input type="radio"/>	PPO3 - Highmark BCBS	
Notice that this option is disabled because you have to choose the PPO3 - Highmark BCBS in the Medical/Vision benefit for this option to be valid.		
Coverage Level	Your Costs	Tax Class
Domestic Partner	\$80.00	After-Tax
Dom Partner Adult+Child (ren)	\$130.00	After-Tax
<input checked="" type="radio"/>	Waive	
Continue	Click Continue to view your election.	
Cancel	Click Cancel to return to the Enrollment Summary.	

Updating Beneficiaries for Life Insurance

To add or update beneficiaries for life insurance, click **Edit** next to “Life and AD&D” or “Supplemental Life” on the “Enrollment Summary”.

Follow the instructions under the “Designate Your Beneficiaries” section.

- Complete the required fields for your beneficiary and click **Save**.
- Click **OK** to take you back to the Life Insurance enrollment page.
- Designate your beneficiaries by entering a percentage in the Primary or Contingent Allocation fields.
- Follow the directions on the screens to take you back to the Enrollment Summary Page.

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Life and AD&D

Life insurance plays an important role in ensuring that your family is financially secure if you pass away while covered by the plan. Accidental Death & Dismemberment (AD&D) insurance provides you or your beneficiaries with additional financial security if you pass away or experience a dismemberment due to an accident.

Below are your available options with your costs per pay period.

[Life and ADD \(\\$41,000\)](#)
You are automatically enrolled in the Life and AD&D (\$41,000) plan. The company pays the premium.

Designate Your Beneficiaries

Please indicate your beneficiary designations from the list below. Click **Add/Review Beneficiaries** to add new beneficiaries to your list or to update existing beneficiaries.

Add/Review Beneficiaries

You may designate the following individuals as Primary or Contingent beneficiaries by allocating a percent. Contingent beneficiaries receive benefits only if all Primary beneficiaries are deceased.

All percents for Primary beneficiaries must total 100. All percents for Contingent beneficiaries (if any) must also total 100.

Primary Allocation Method: Percent
Secondary Allocation Method: Percent

Name	Relationship	Current Primary Percent	Current Contingent Percent	New Primary Allocation	New Contingent Allocation
Beneficiary #1	Father			100	
Beneficiary #2	Sister				100
Total:				100	0

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

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

Evidence of Insurability (Proof of Good Health)

The system will tell you if you select a life insurance option (in Supplemental Life or Dependent Life) that requires **Evidence of Insurability** (EOI).

- Open the [Life and Disability EOI Enrollment Form](#) Link on the benefit enrollment page
- Print the Life and Disability enrollment form.
- Complete the form
 - Sign and date
 - Fax or mail the completed form to HR Solutions
- Click **Continue**
- Click **OK** on the Benefits Enrollment page to store your elections

NOTE on elections requiring Evidence of Insurability: You will receive an EOI form and instructions in the mail from the Benefits department. Complete and mail the forms as instructed. You will be notified by the carrier when your election is approved. At that time, the deduction for the approved coverage will start being withheld from your pay.

Benefits Enrollment

Supplemental Life

Supplemental Life insurance allows you to purchase coverage in addition to what's provided by the Life and AD&D plan.

Complete the Evidence of Insurability Request Form.

Select an Option

Below are your available options with your costs per pay period.
Select one of the following plans:

Coverage Level	Your Cost	Tax Class
<input checked="" type="radio"/> Supplemental Life 1X (\$52,000)	1.92	After-Tax
<input type="radio"/> Supplemental Life 2X (\$103,000)	3.80	After-Tax
<input type="radio"/> Supplemental Life 3X (\$155,000)	5.72	After-Tax
<input type="radio"/> Supplemental Life 4X (\$206,000)	7.61	After-Tax
<input type="radio"/> Supplemental Life 5X (\$258,000)	9.53	After-Tax
<input type="radio"/> Waive		

Notes

* Requires Evidence of Insurability.
[Evidence of Insurability Request Form](#)

