



SIUC NEW EMPLOYEE ORIENTATION

Employee Benefits



EMPLOYEE BENEFITS STAFF

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- Deputy Director

Cathy Yeager

- Benefits Services Supervisor

Holly Rick

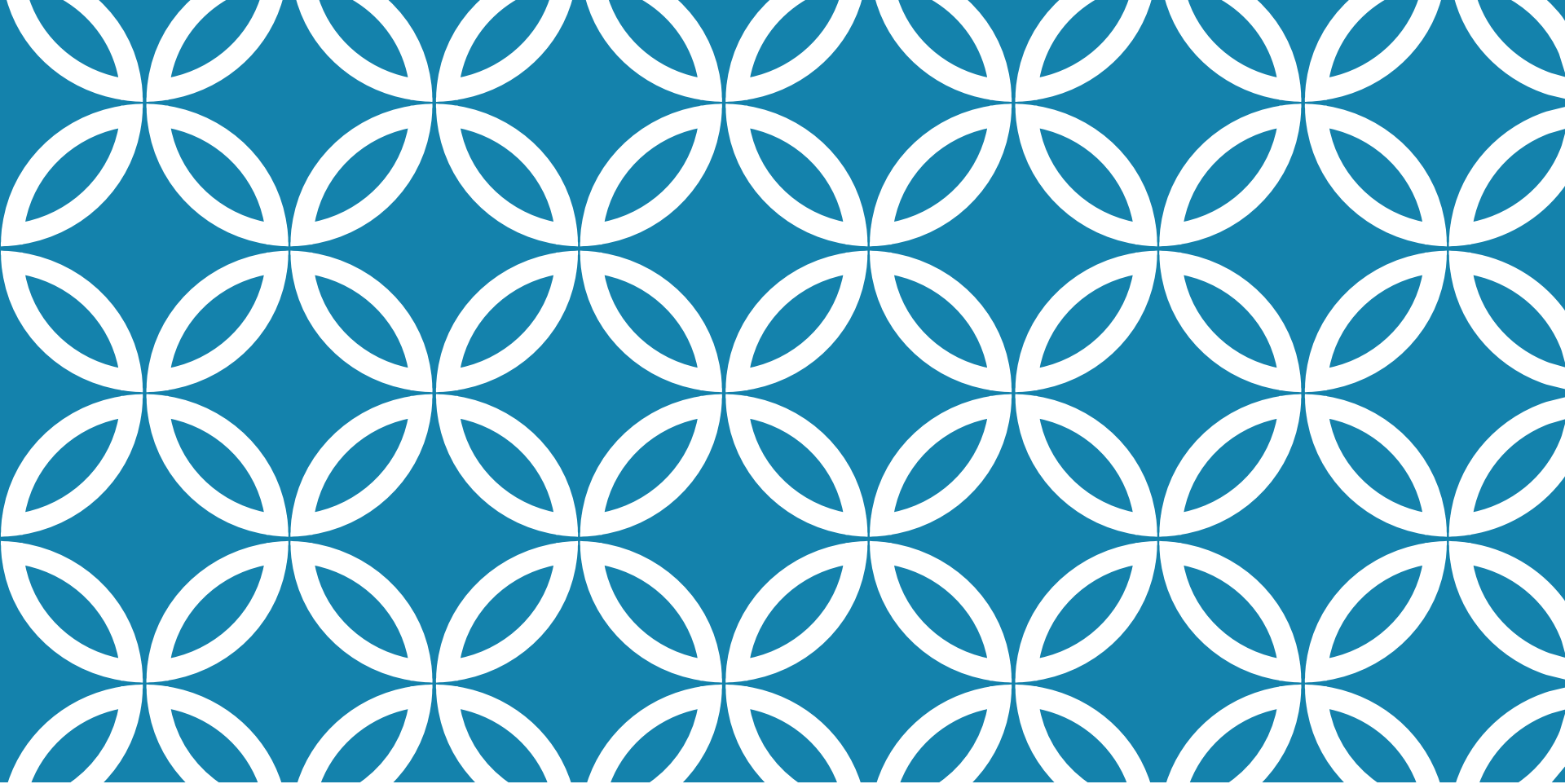
- Human Resource Officer

Beverly Phillips

- Human Resource Assistant

Jeni Batson

- Workers' Compensation & Disability Coordinator



SIU CREDIT UNION

1217 West Main Street

PO Box 2888

Carbondale IL 6290

www.siacu.org 618- 457-
3595

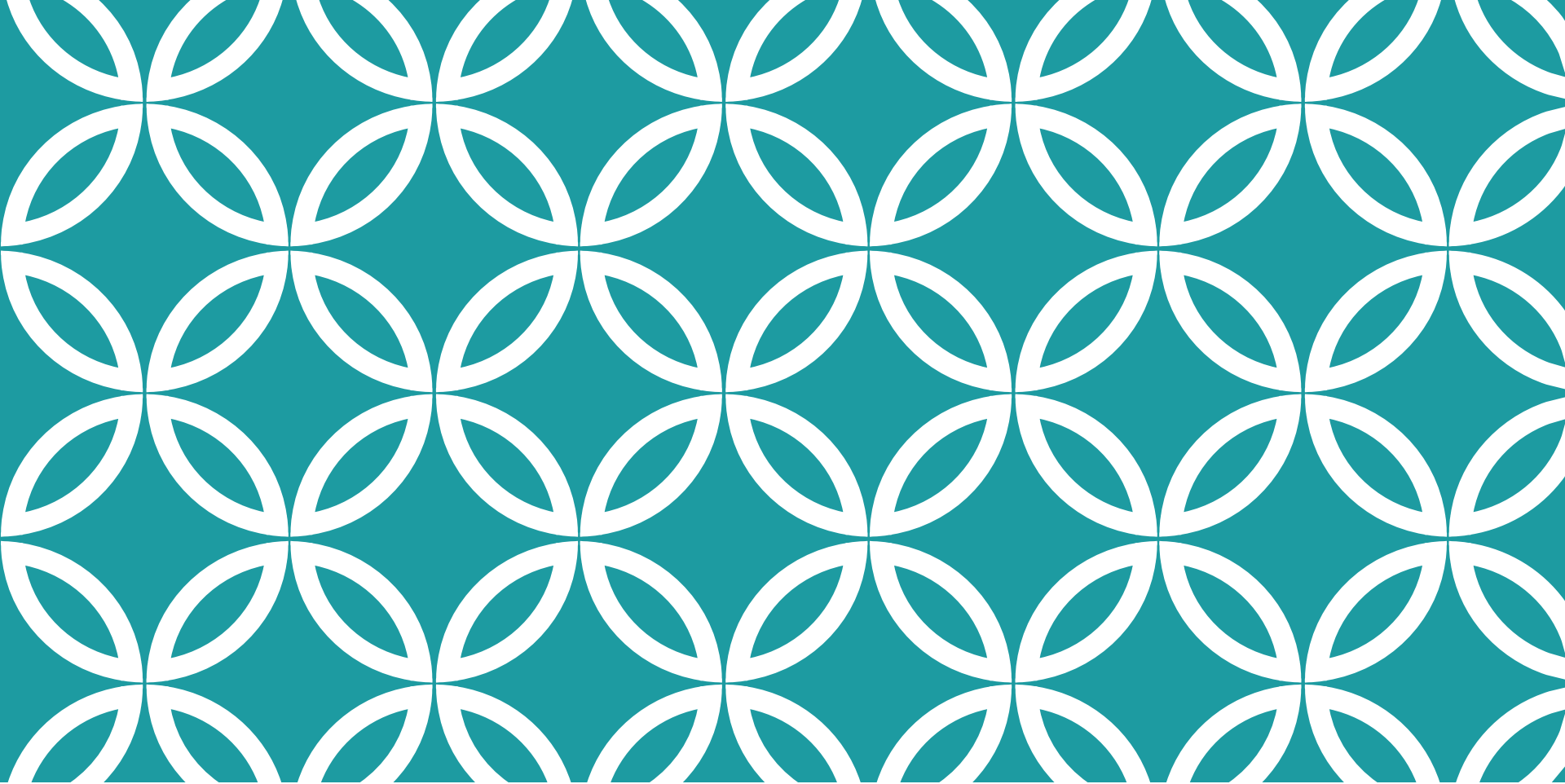


OPTIONAL BENEFIT PROGRAMS

“CU AT WORK” PROGRAM

As an employee of SIUC, you are eligible to join the SIU Credit Union. The partnership between SIU and the Credit Union allows employees to receive:

- Discounts on vehicle loan rates below the basic rate
- Discounts on fixed rate home equity loans below the basic rate
- Increases on certificate of deposits above the basic rate



IMPORTANT INFORMATION |



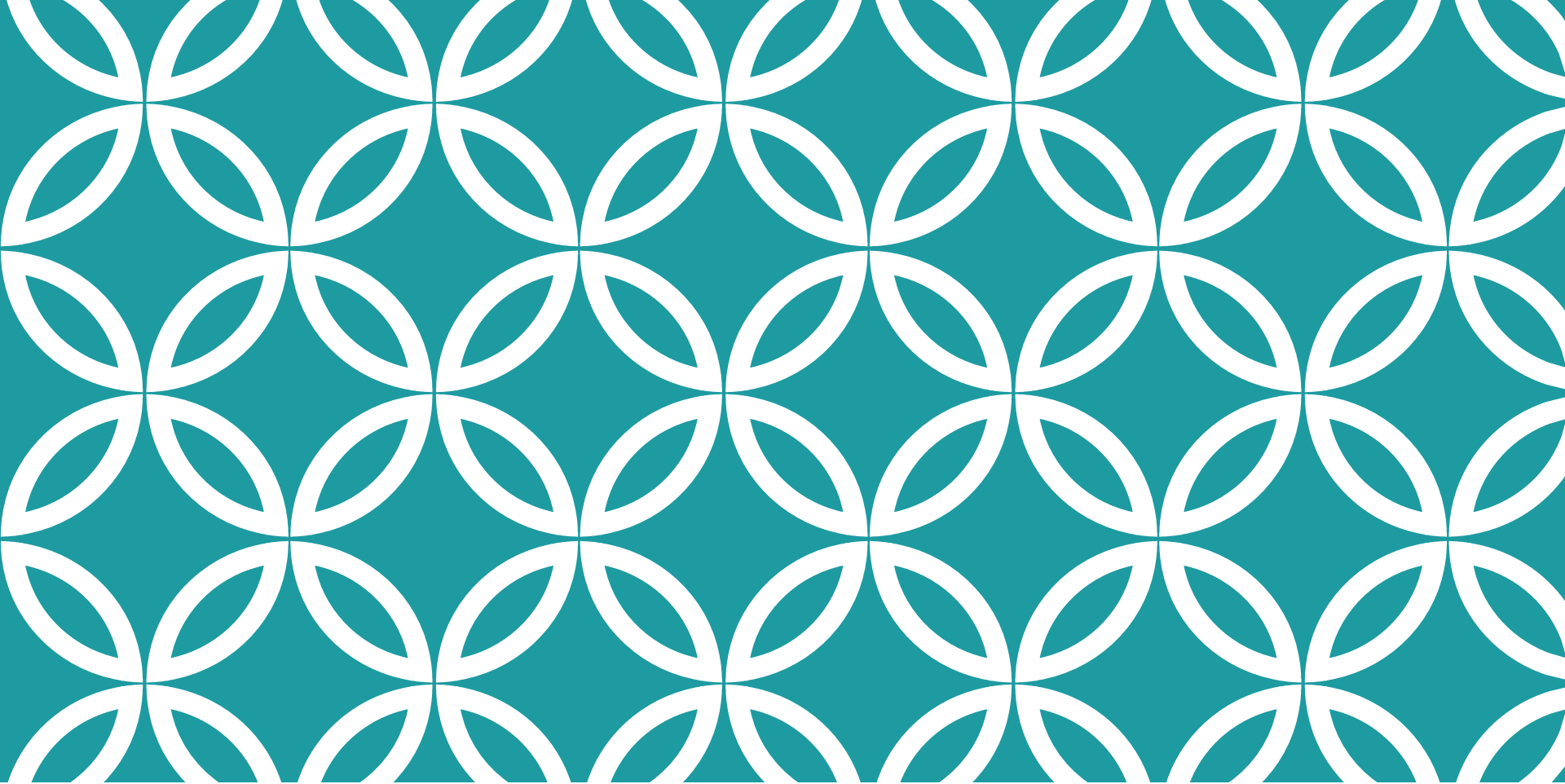
IMPORTANT INFORMATION, TIME LIMITS & RESPONSIBILITIES

IMPORTANT INFORMATION

Website

- SIUC Human Resources: hr.siu.edu
- Department of Central Management System
 - www.benefitschoice.il.gov
- My Benefits Service Center
 - www.mybenefits.illinois.gov
 - Select: SEGIP Member
 - First time users must register

Forms and State Benefit Handbooks are online!



TIME LIMITS |



IMPORTANT INFORMATION, TIME LIMITS & RESPONSIBILITIES

BENEFIT ENROLLMENT TIME LIMITS

Health, Dental & Life

- 30 calendar days from hire date
- Those who do not make a selection will be defaulted into the *Quality Care Health, Quality Care Dental* with no dependent coverage and will receive only *basic* life insurance with no optional life units.

Flex Spending Accounts

- 30 days from date-of-hire

Prudential Voluntary Supplemental Long Term Disability Insurance

- 60 days from date-of-hire

VOYA Supplemental Term Life Insurance

- 30 days from date-of-hire

State Universities Retirement System (SURS)

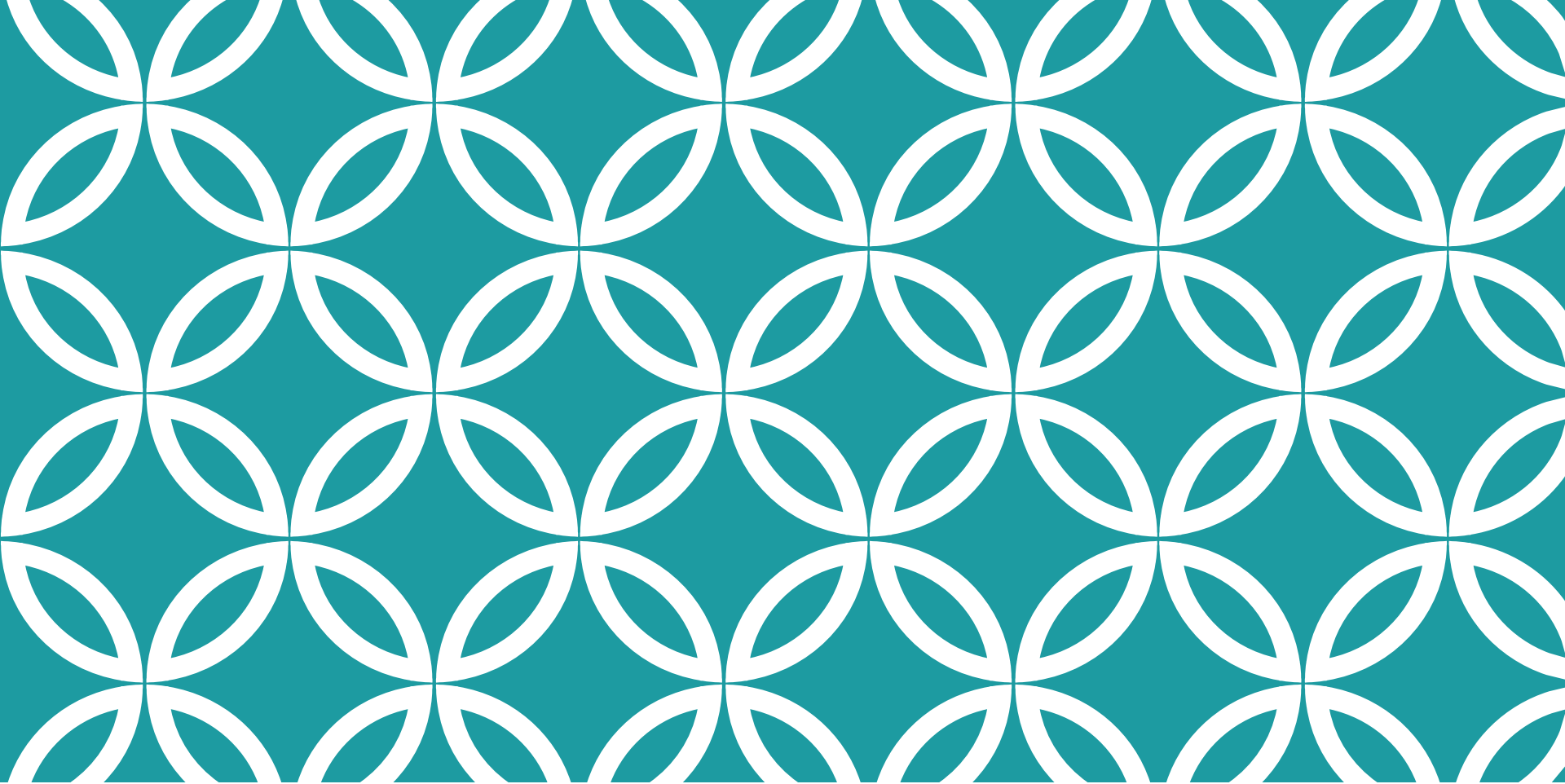
- 6 months from certification

IMPORTANT INFORMATION, TIME LIMITS & RESPONSIBILITIES

BENEFIT ENROLLMENT TIME LIMITS

If no choice is made within the deadlines, you will be defaulted into the Quality Care Health plan without the option of adding dependents.

Participation in some programs will be limited until the next Benefits Choice enrollment period (May 1 – May 31 of each year) or medical under writing may be required.



SOCIAL SECURITY



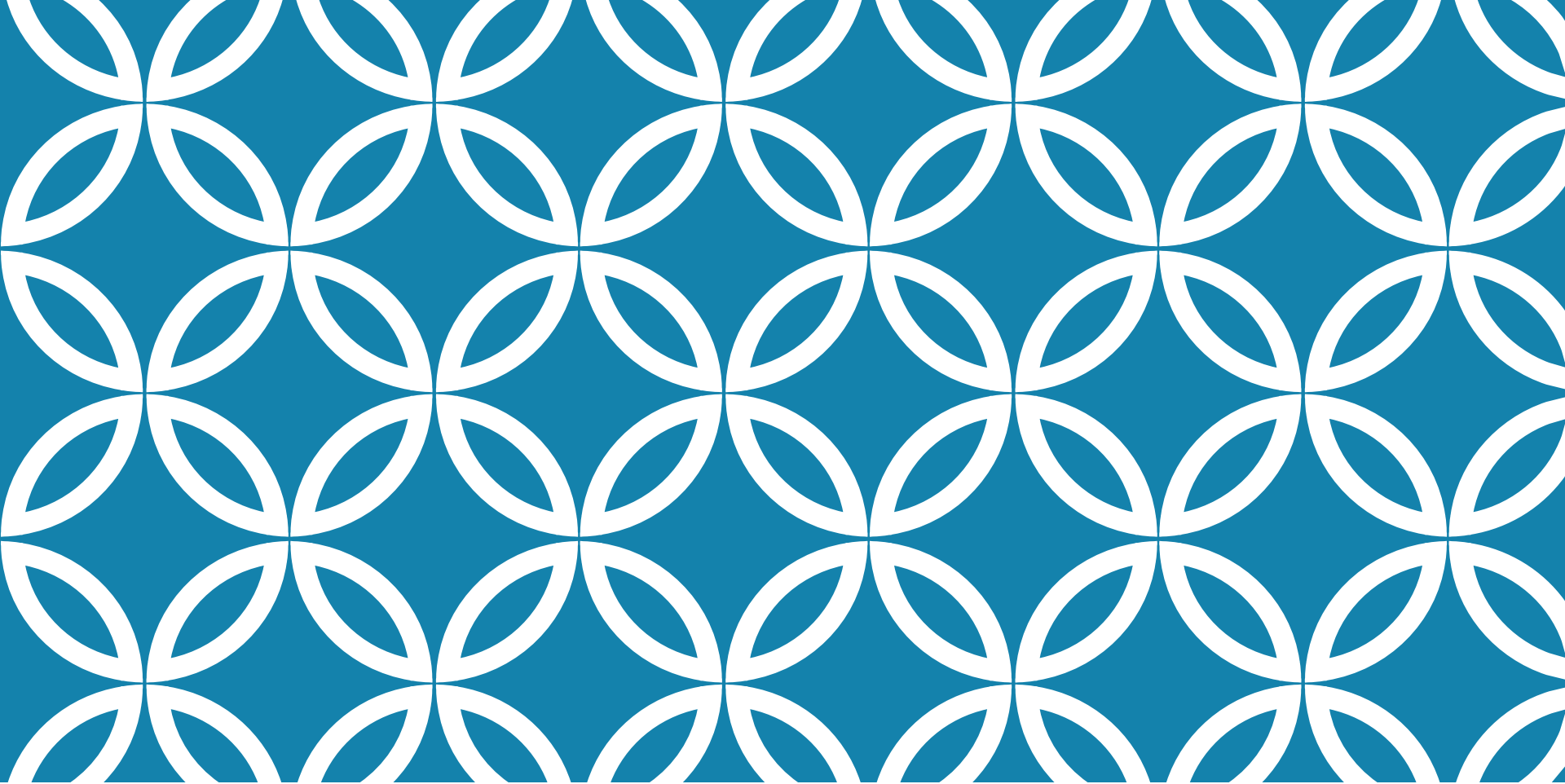
IMPORTANT INFORMATION, TIME LIMITS & RESPONSIBILITIES

SPECIAL NOTICE REGARDING SOCIAL SECURITY

SIUC and its employees are exempt from Social Security participation.

- Social Security will not be deducted from your paycheck.
- Medicare is deducted from your pay (1.45%)

Upon your hire, you are required to have signed a “Statement Concerning Your Employment in a Job Not Covered by Social Security”. As employees of SIUC, social security deductions will not be made; however, you will contribute to the State Universities Retirement System of Illinois which will be discussed in more detail next in this presentation.



STATE UNIVERSITIES RETIREMENT SYSTEM

1901 Fox Drive
Champaign IL 61820
www.surs.org 1-800-
275-7877

RETIREMENT BENEFITS

SURS

SURS provides retirement, disability, death and survivor benefits.

- 8% of your gross salary is contributed to SURS
- Deductions begin from hire date

Members must choose from one of three retirement option plans:

- Traditional
- Portable
- Self Managed Plan (SMP)



RETIREMENT BENEFITS

SURS — PLAN ELECTION

Employees have **six months** to make a decision.

- One-time, life-time irrevocable choice
- If enrolled previously, no need to make another selection.
- Default for no election is the Traditional Plan

New members must choose a plan within six months from the date SURS receives certification of your employment from SIUC. Your choice is permanent and cannot be changed. If you were previously certified with SURS, you will not be allowed to change your selection.

RETIREMENT BENEFITS

SURS — PLAN ELECTION

Welcome letter with deadline dates from SURS

Tier Fact Sheet indicates whether you are Tier I or Tier II

SURS ID #; This ID number is unique to SURS. Use it to log into your account to view your contributions and to run estimates of your retirement benefit.

Workbook to help you make your choice of retirement plan.



RETIREMENT BENEFITS

SURS — PLAN ELECTION

Election Form: Included in your information from SURS will be an election form.

Complete and submit this form directly to SURS in the postage paid envelope provided or by logging into your account and making the submission on-line.

RETIREMENT BENEFITS

SURS — MAKING YOUR ELECTION

If you need help in making your election, here are some things to help you decide.

- **Webinar:** Sign up for a webinar. Visit the SURS website at <http://www.surs.org/seminars-webinars> and register on a date that fits your schedule.
- **Videos:** Watch a video. There are several videos that you may view at <http://www.surs.org/videos> to help you decide.
- **Member Guides:** Review these guides to further answer questions about the plan.
- **Call SURS:** Call SURS at 1-800-275-7877 if you need further assistance in picking a plan.

RETIREMENT BENEFITS

SURS

After making your election, you will receive confirmation and a beneficiary designation to complete and return to SURS.

If you elect the Self-Managed Plan, you must select your provider and investment options online at netbenefits.com/surs. If you elect the SMP electronically at www.surs.org, you will automatically be directed to the net benefits website to complete your investment selections. If you do not select your provider(s) or investment options, you will be defaulted into an age appropriate target date fund

RETIREMENT BENEFITS

SURS

Accessing your account

You may access your SURS account information at anytime by logging into the SURS Member Website.

Those enrolled in Traditional and Portable Plans can view a daily snapshot of their account including account balance, service credit, beneficiaries and more under the My SURS tab.

Those enrolled in SMP, can view account balance information from both plan providers. These are updated quarterly. Statements will come from the investment service providers.

TIER I AND TIER II

Tier I: Available to those hired or who have eligible Illinois reciprocal system service.

Tier II: Public Act 96-0889 revised the Traditional and Portable benefit plans for members who begin participation on or after January 1, 2011



RETIREMENT BENEFITS

SURS - DISABILITY

You may qualify for disability benefits if, after you have at least two years of service credit, you are sick or injured and unable to work for 60 or more days.

If you become disabled due to an accident, there is no minimum service credit required to qualify for a disability benefit.

RETIREMENT BENEFITS

SURS - DISABILITY

Elimination Period

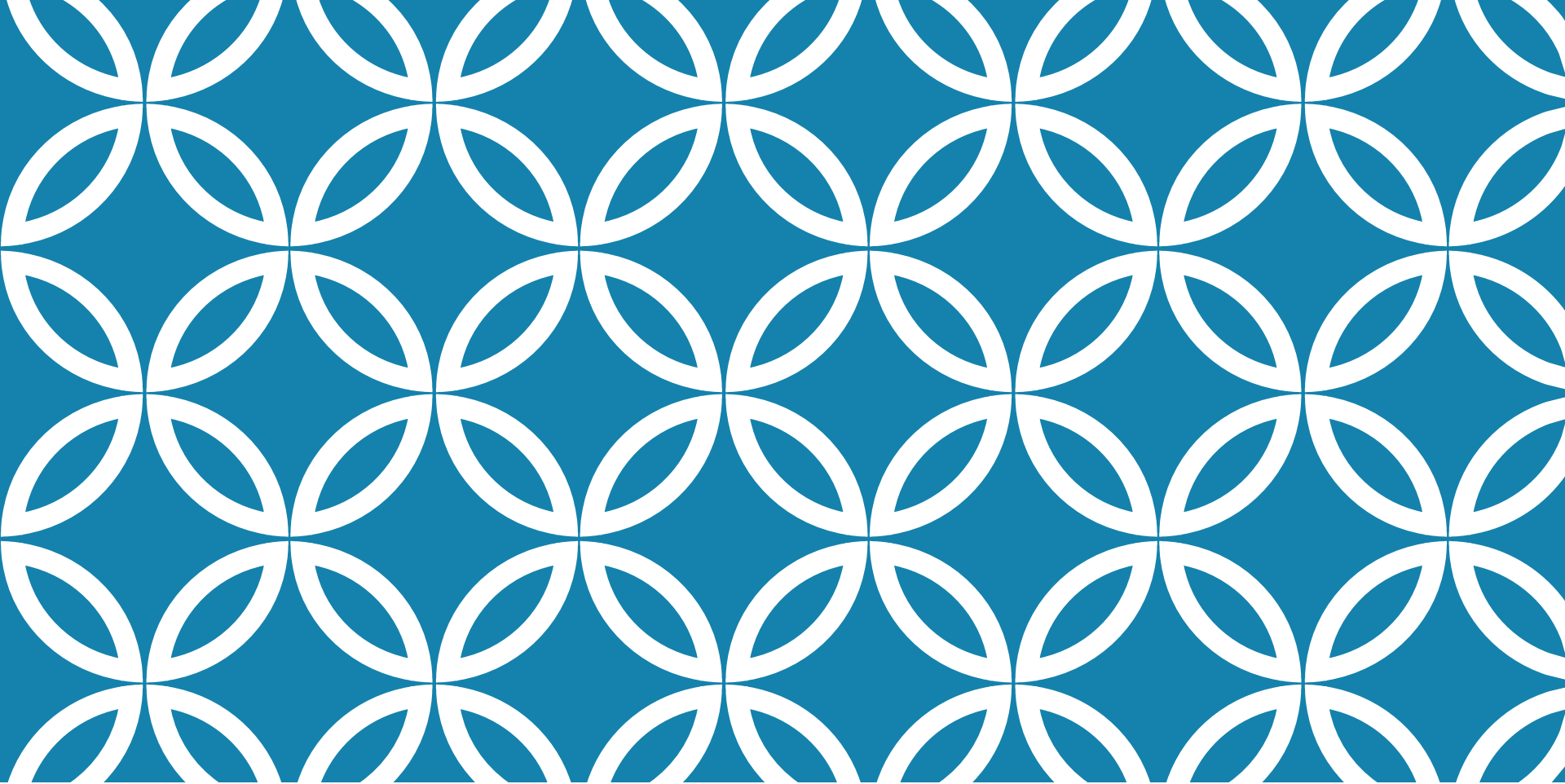
- 60 days or through the exhaustion of your sick leave whichever is greater

Disability Benefit Amount

- Payment will be 50% of your basic compensation on the day you became disabled, or 50% of your average earnings for the 24 months prior to the date you became disabled.

Duration of Disability Benefits

- Maximum benefit amount you can draw is 50% of your total earnings while a participant of SURS.



VOLUNTARY SUPPLEMENTAL LONG TERM DISABILITY PLAN (LTD)

The Prudential Insurance
Company of America
290 West Mount Pleasant
Avenue
Livingston, NJ 07039
1-800-290-5903



OPTIONAL BENEFIT PROGRAMS

PRUDENTIAL LTD

This voluntary LTD plan was designed in consultation with the SURS disability plan and is considered a supplement to your disability coverage with SURS.

SURS provides the greater of (1) 50% of your basic compensation on the day you became disabled or (2) 50% of your average earnings for the 24 months prior to the date you became disabled. It is paid until you have received 50% of your earnings while a participant of SURS.



OPTIONAL BENEFIT PROGRAMS PRUDENTIAL LTD

Advantages of participation:

- Economical group rates – typically lower than individual rates
- Convenient payroll deduction
- Benefits are not subject to income tax
- Partial income replacement
- Rates based on age and salary

OPTIONAL BENEFIT PROGRAMS

PRUDENTIAL LTD

Monthly LTD benefit will be 66.67% of your monthly pre-disability earnings.

If eligible to draw from SURS, Prudential LTD will only pay a maximum of 16.67% for a combined total of 66.67%.

Benefits continue to age 65 if you are unable to perform any gainful occupation.



OPTIONAL BENEFIT PROGRAMS **PRUDENTIAL LTD**

Certain exclusions apply that are listed in your brochure including pre-existing conditions.

If you enroll within 60 days of your date-of-hire, there is no medical underwriting.

Complete and submit the enrollment form and coverage will begin after a 60-day waiting period.

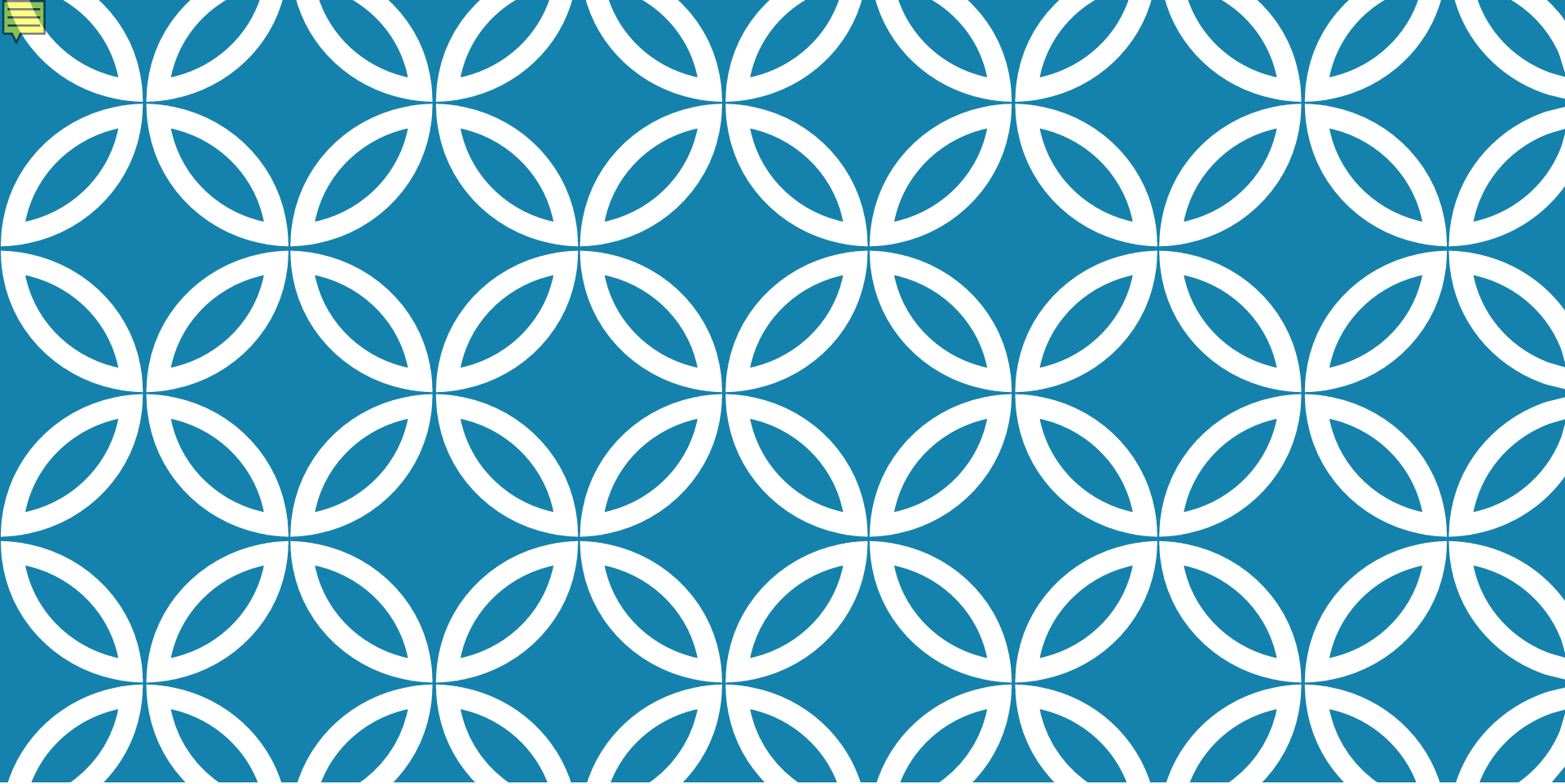


OPTIONAL BENEFIT PROGRAMS

PRUDENTIAL LTD

Other benefits include:

- Catastrophic Disability Benefit
- Critical Illness Benefit
- Survivor Benefit



TAX SHELTERED ANNUITIES (TSA)

403(b) Plans



OPTIONAL BENEFIT PROGRAMS

TAX SHELTERED ANNUITIES

Supplemental retirement investment choices, which also reduces your taxable income

- Defer a dollar amount or a percentage of income
- Enroll or change at any time
- Contributions are conveniently payroll deducted
- Enroll, change or cancel at any time

OPTIONAL BENEFIT PROGRAMS

TAX SHELTERED ANNUITIES

For TIAA-CREF - Enrollment packets are available from SIUC Employee Benefits office.

To Enroll:

- Open an account on the TIAA-CREF web page at <https://www.tiaa.org/public/index.html>
 - Register; Access Code: 103379
- Complete a Salary Reduction Agreement Form
- Return Salary Reduction Agreement Form to Employee Benefits for processing.

OPTIONAL BENEFIT PROGRAMS

TAX SHELTERED ANNUITIES

Maximum Deferral Amounts

- If under age 50, \$18,500
- If over age 50, \$24,500

Enrollment may be done at any time during your employment and is not restricted at any particular time. Enroll when it is convenient for you.



DEFERRED COMPENSATION PROGRAM

801 South 7th Street
PO Box 19208
Springfield IL 62794
1-800-442-1300



OPTIONAL BENEFIT PROGRAMS

DEFERRED COMPENSATION PLAN

Pre-tax Deferred Compensation – supplemental tax-deferred retirement plan for state employees. Distributed monies are fully taxable for federal tax purposes. The funds are never taxed by the State of Illinois.

After-tax Roth – deductions made with after-tax contributions. Allows earnings to be withdrawn tax-free when taking a qualified distribution.

OPTIONAL BENEFITS PROGRAMS

DEFERRED COMPENSATION PLAN

Benefits of a Pre-Tax Supplemental retirement investment plan:

- Lowers your current taxable income
- Contributions are made with before-tax dollars
- Any earnings grow tax-deferred

Withdrawal Info:

- Your contributions and any associated earning are taxed upon distribution.

OPTIONAL BENEFITS PROGRAMS

DEFERRED COMPENSATION PLAN

Benefits of an After-Tax Supplemental retirement investment plan:

- Contributions are made with after-tax dollars
- Does not lower your current taxable income
- Any earnings grow tax-deferred

Withdrawal Info:

- Your contributions and any associated earning are tax-free if you take a qualified distribution.

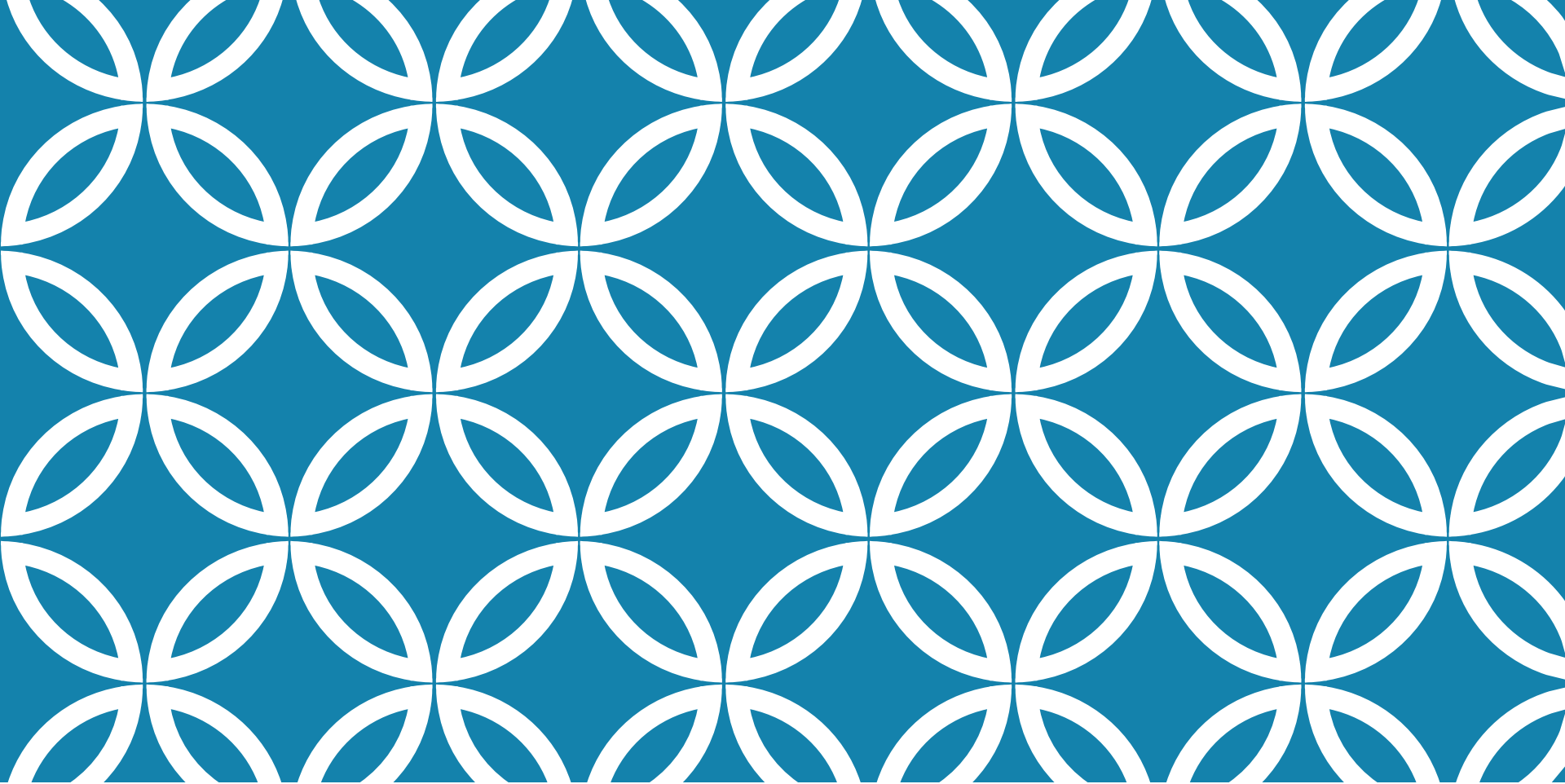
OPTIONAL BENEFIT PROGRAMS

DEFERRED COMPENSATION PLAN

Maximum Deferral Amounts

- If under age 50, \$18,500
- If over age 50, \$24,500

- Enrollment may be done at any time during your employment and is not restricted at any particular time.
- Enroll when it is convenient for you; Deferred Compensation does require a completed enrollment form a month prior to the first deduction.



WORKERS' COMPENSATION

Tristar Risk Management
PO Box 2803
Clinton IA 52733-2803
1-855-495-1554

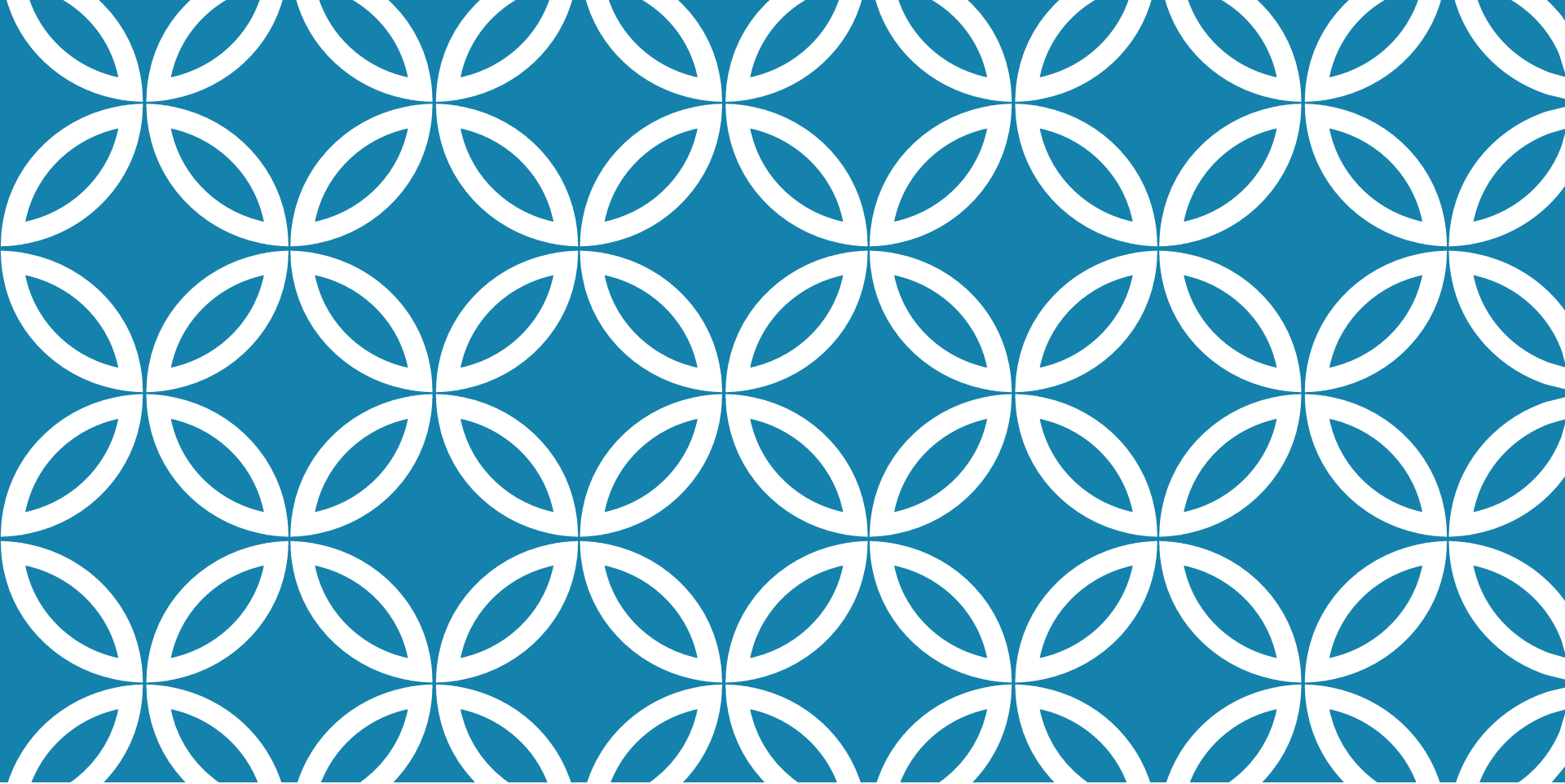


WORKERS' COMPENSATION PROGRAM

Administered by TriStar Risk Management

Steps to take if injured on the job:

- For life threatening injuries, seek prompt medical care and then proceed with the reporting process
- Notify Supervisor
- Report the accident to TriStar 1-855-495-1554
- If medical treatment is needed, contact your primary care physician.
- Contact Jeni Batson at 618-453-6690
- Complete the injury packet!



FLEXIBLE SPENDING ACCOUNTS (FSA)

Connect Your Care

<http://www.connectyourcare.com>

1-888-469-3363



OPTIONAL BENEFIT PROGRAMS

WHAT IS AN FSA?

- An account that you set up and contribute a predetermined amount of money thru payroll deductions.
- Deductions begin the first of the following month following your enrollment and ends at the fiscal year on 6/30/xx.
- This lowers your taxable income which saves in federal income taxes.
- Separate accounts are set up for medical expenses and/or dependent care expenses.



OPTIONAL BENEFIT PROGRAMS

FSA TYPES

Medical Care Assistance Plan (MCAP)

- Allows eligible out-of-pocket medical, dental and vision expenses that are not covered by your insurance plans to be paid by tax-free dollars.

Dependent Care Assistance Plan (DCAP)

- Allows eligible child and/or adult day care expenses to be paid with tax-free dollars.

OPTIONAL BENEFIT PROGRAMS

FSA ACCOUNT INFORMATION

MCAP

- Minimum deposit is \$20 per month or \$240 annually
- Maximum deposit \$2,600 annually

DCAP

- Minimum deposit is \$20 per month or \$240 annually
- Maximum deposit is \$5,000 annually
- DCAP amount is per family

OPTIONAL BENEFIT PROGRAMS

FSA — NEW CARRYOVER

Beginning with FY2018 plan year, MCAP participants who have a balance in their MCAP account after September 30th, will be eligible to have up to \$500 of that account balance carried over to their next plan year. Employees must re-enroll in MCAP for the new plan year in order to qualify for the rollover benefit.

This carried-over amount will be available for use throughout the next plan year.

OPTIONAL BENEFIT PROGRAMS

EFFECTIVE DATES OF FSA

New Hires: Effective on the hire date along with the other benefits enrollment online.

Mid-Year Enrollments: Effective the first day of the pay period **following** the date the enrollment is completed online or the date of the qualifying event, whichever is later.

Benefits Choice: Enrollment is during May with an effective date of 7/1/xx.



OPTIONAL BENEFIT PROGRAMS

ENROLLMENT & RE-ENROLLMENT

Enrollment and Reenrollment must be done online at www.mybenefits.Illinois.gov

- You have 30 days from your date-of-hire
- 60 days from a qualifying event.
- Re-enrollment is not automatic and must be completed during Benefits Choice in the month of May using the www.mybenefits.Illinois.gov website.

OPTIONAL BENEFIT PROGRAMS

PAYMENT CARD FOR MCAP

Every participant who enrolls in MCAP will receive in the mail a payment card to pay for qualified expenses.

- Use it as a credit card, with funds deducted directly from the Flexible Spending Account.
- Save your receipts. Documentation may be required for some paid services. Notification will be sent to you if substantiation is needed. Failure to substantiate a claim may result in the use of your payment card being suspended.

ONLINE AND MOBILE CLAIMS SUBMISSION

Download the App on your smart phone, CYC Mobile to review your account or upload receipts.

- Use it to see your claims, pay claims, view your balances and more.

FSA CLAIM REIMBURSEMENTS

Reimbursement of MCAP or DCAP funds must be requested before the end of the run-out period each year, which is September 30. Only expenses incurred on or before June 30th will be eligible for reimbursement. Request for reimbursement of eligible funds by:

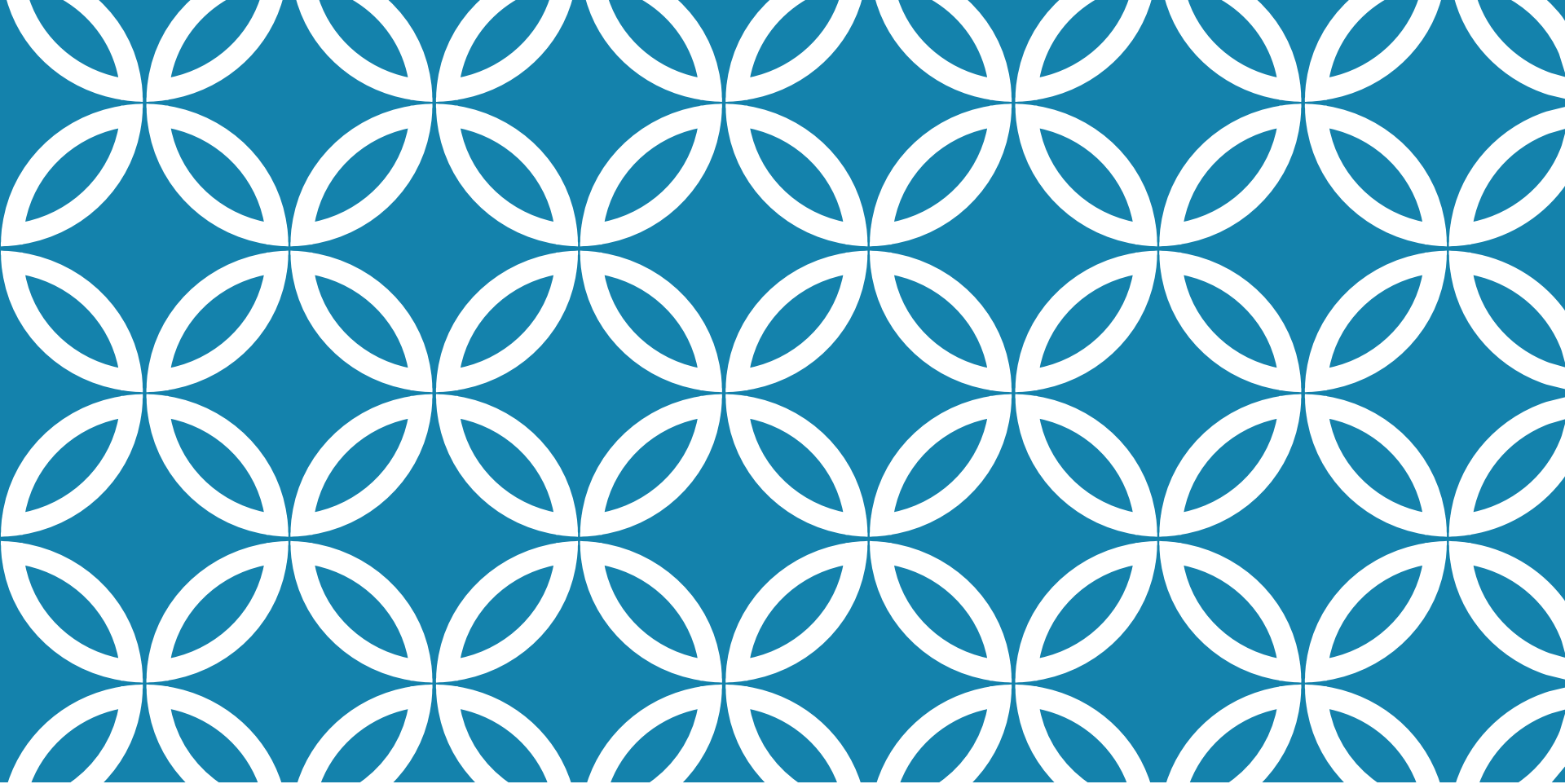
- Faxing the claim form to 443-681-4602
- Mailing the form to: ConnectYourCare, Claims Department, PO Box 622317, Orlando FL 32862-2317
- Uploading documents via the ConnectYourCare website or mobile app.

OPTIONAL BENEFIT PROGRAMS

FLEX SPENDING WHILE ON A LEAVE

Employees may continue to contribute while on a Leave of Absence.

Go online to www.mybenefits.illinois.gov or call customer service at 844-251-1777

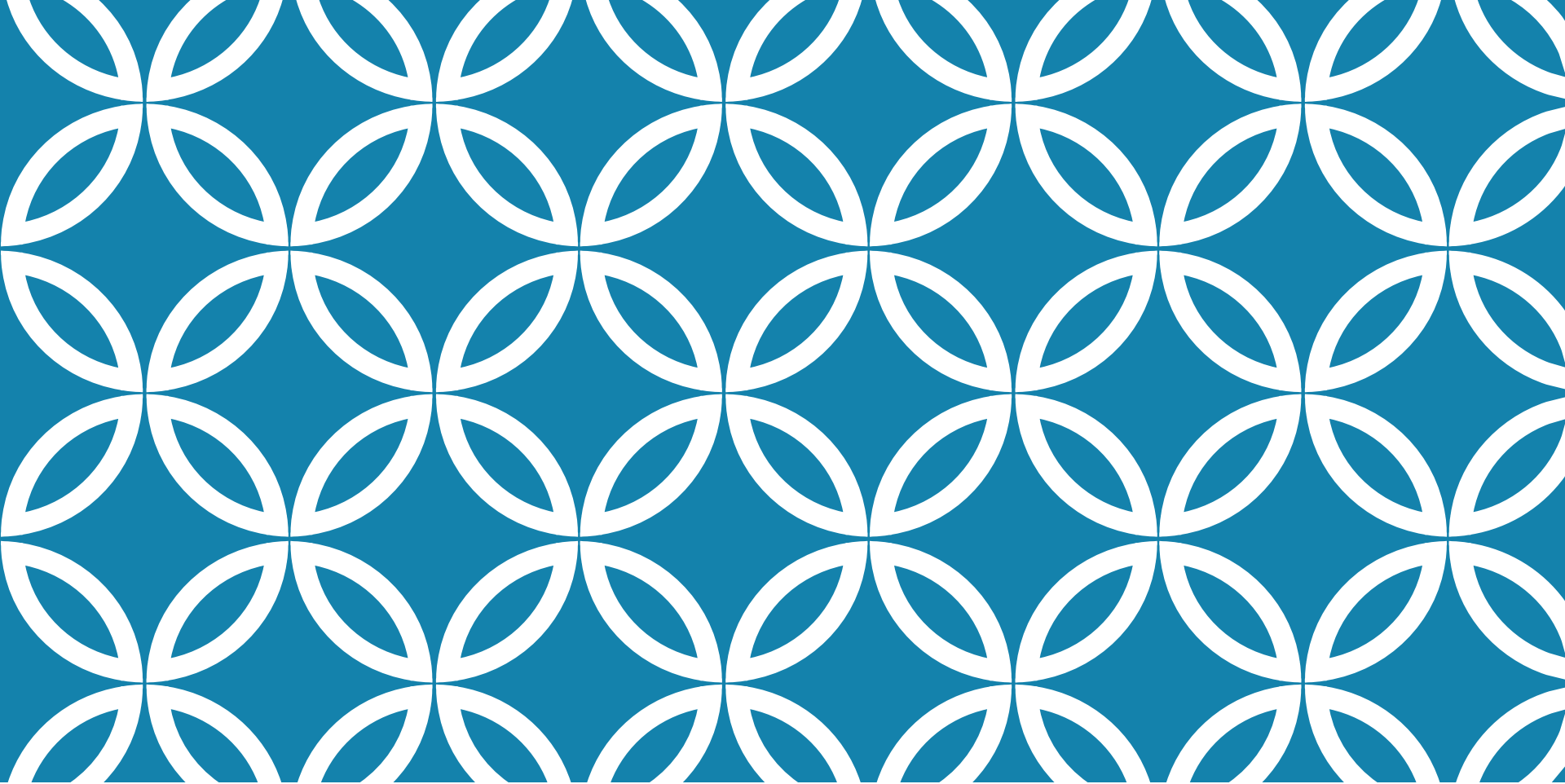


PRORATE |

PRORATE

Employees on a 9-month academic appointment may spread their pay over 12 months.

- If you do not prorate your check prior to September 1, you will be billed by Central Management System (CMS) for the insurance premiums over the summer months.
- Payments are made directly to CMS
- Contact Human Resources, Employee Benefits to request a form or click here to be directed to the Prorate form: <http://eforms.siu.edu/siuforms/info/hro3024.php>



INSURANCE BENEFITS



STATE OF ILLINOIS EMPLOYEE BENEFITS

Administered by Illinois Department of Central Management Services
(CMS) Bureau of Benefits

Plan Year : July 1, 20xx to June 30, 20xx

My Benefits Web Portal www.mybenefits.illinois.gov



WWW.MYBENEFITS.ILLINOIS.GOV

The State of Illinois now offers a web-based online platform entitled MyBenefits. All plans administered by the State of Illinois, including the State Employees Group Insurance Program (SEGIP).

The site is designed specifically for you to access your benefit options into a one-stop shop for your insurance needs. This includes learning more about your current insurance benefits, making enrollment decisions, changing your current coverage and finding contact information for all your plan administrators.

EMPLOYEE ELIGIBILITY

Full-time: Employees who work 100% of a normal work week with at least an 8-month appointment.

Part-time: Employees who work a schedule of 50% or greater and have at least an 8-month appointment

Employees who are 50% to 99%: These employees pay a portion of the State rate. Contact Human Resources for the appropriate costs.

Less than 50%: Employees less than 50% are not eligible for insurance benefits.

OPT OUT

Full time employees may be allowed to “opt out” of the State insurance program. Requirements are:

- Provide proof of other insurance coverage in another health care plan other than the State of Illinois plan

Note: Full-time employees may not Opt Out to be a dependent of another member enrolled in a plan administered by the Department of Central Management System.

WAIVE INSURANCE COVERAGE

Part-time employees are allowed to waive coverage of the State of Illinois insurance program. Requirements are:

Do not have to show proof of other coverage

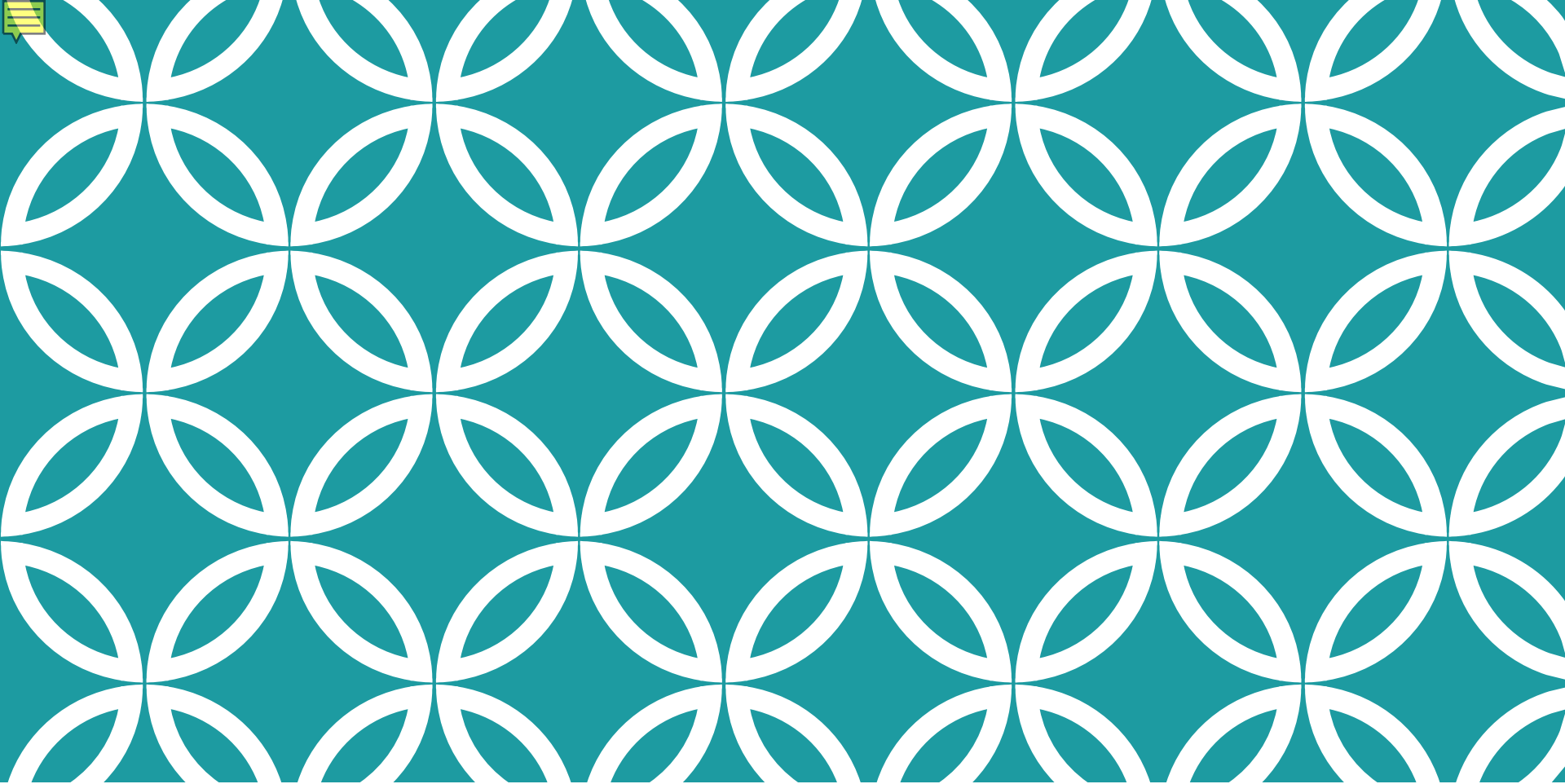
Must have basic life coverage

Note: Part-time employees may not waive coverage to be a dependent of another member enrolled in a plan administered by the Department of Central Management System.



BENEFIT STATEMENTS

- Members of the State of Illinois Insurance Program may view their group insurance benefits information online.
- Go to: www.mybenefits.illinois.gov. Login to view your account.
- Other programs offered through the University that are not administered by CMS will not be reflected on this statement. Please contact the Employee Benefits department if you have questions.



DEPENDENT COVERAGE



ELIGIBLE DEPENDENTS

- Spouse or Civil Union Partner
- Natural child(ren) up to age 26
- Adopted child(ren) up to age 26
- Step child(ren) or Child of Civil Union Partner up to age 26
- Child with legal guardianship up to age 26
- Disabled Child age 26 and older
- Adult Veteran Child age 26 up to 30
- Other – Organ Transplant recipient
- Adjudicated child



ELIGIBLE DEPENDENTS

Documentation requirements:

- Spouse – marriage certificate/civil union certificate
- Natural child(ren) – birth certificate
- Adopted child(ren) – court documents
- Step child(ren) – marriage certificate and/or civil union certificate and birth certificate of child
- Legal Guardianship – court documents

ELIGIBLE DEPENDENTS

- Disabled Child(ren) – birth certificate, letter with diagnosis code, condition etc. from the child's physician, copy of Medicare card, and eligibility certification statement (CMS-138)
- Adult Veteran Child – Birth certificate, proof of Illinois residency, DD-214, Eligibility certification statement (CMS-138) and copy of tax return
- Other – birth certificate, proof of organ transplant performed, eligibility certificate statement (CMS-138) and copy of tax return for dependent
- Adjudicated child – judicial support order from a judge or copy of DHFS qualified medical support order



DEPENDENTS

A valid Social security number is required to add dependent coverage.

Employees must provide a copy of their Medicare card for themselves or for any dependents who are enrolled in Medicare.



STATE OF ILLINOIS
HEALTH, DENTAL, VISION, MENTAL
HEALTH AND LIFE INSURANCE COVERAGE





EyeMed

Out-of-Network Claims

PO Box 8504

Mason OH 45040-7111

www.eyemedvisioncare.com/stil

1-866-723-0312

1-800-526-0844 TDD

VISION COVERAGE

EYEMED |



VISION COVERAGE EYEMED

Vision coverage is provided at **no additional cost** to members enrolled in any of the State-sponsored health plans.

All members and enrolled dependents have the same vision coverage regardless of the health plan selected.

Members choosing to “Opt Out” of the health plans are not eligible for the vision program.



VISION COVERAGE EYEMED SUMMARY

Service	Network	Out-of-Network	Frequency
Eye Exam	\$25 co-payment	\$30 allowance	Once every 12 months
Spectacle Lenses	\$25 co-payment	\$50 allowance for single vision lenses \$80 allowance for bifocal and trifocal lenses	Once every 12 months
Standard Frames	\$25 co-payment (up to \$175)	\$70 allowance	Once every 24 months
Contact Lenses	\$120 allowance	\$120 allowance	Once every 12 months



VISION COVERAGE

EYEMED

Providers:

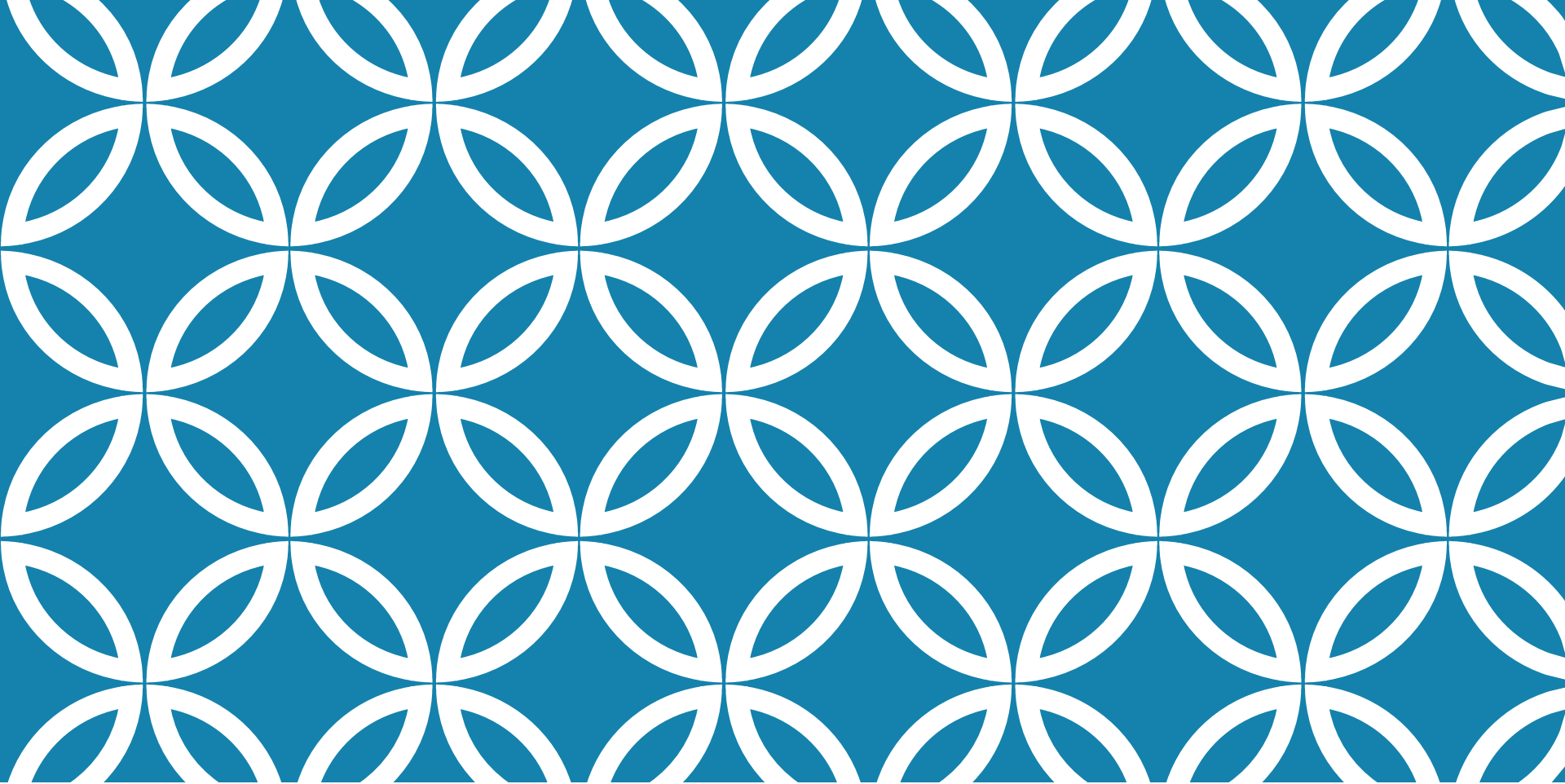
- Private, independent providers
- Optical retailers available include:
 - JC Penney Optical
 - Lens Crafters
 - Pearle Vision
 - Sears Optical
 - Target Optical

Use the Eyemed website to locate a provider near you!

VISION COVERAGE USING EYEMED

Schedule an appointment with an in-network provider and tell them you are a State of Illinois Plan Participant.

- Provide your ID# or other identifying information needed
- Pay co-pay(s) at the time of the visit
- The provider and EyeMed will take care of the rest.



MENTAL HEALTH |

MENTAL HEALTH

MAGELLAN BEHAVIORAL HEALTH (QCHP)

Behavioral Health Administrator:

Magellan Behavioral Health

- QCHP Group #3181456
 - PO Box 2216, Maryland Heights MO 63043
 - 800-513-2611 (nation wide)
 - 800-526-0844 (TTD)

- www.MagellanHealth.com

MENTAL HEALTH

MAGELLAN BEHAVIORAL HEALTH

Access is easy and confidential. Assistance is available 24 hours a day, 7 days a week at no cost to you and your eligible dependents.

Call to speak with a trained professional on a variety of concerns, including but not limited to:

- Stress
- Grief
- Family or parenting issues
- Alcohol or drug dependencies
- Marital or relationship issues
- Adjusting to change
- Work/life balance
- Child and or elder care
- Anger
- Pre & Postnatal concerns

MENTAL HEALTH

MAGELLAN BEHAVIORAL HEALTH

Referrals and authorization is required for seeing a counselor face-to-face.

www.magellanhealth.com

- Online screening tools
- Self-assessments
- Personalized improvement plans

Financial and legal help offered at a discount. Call Magellan for more information.

MENTAL HEALTH

MANAGED CARE PLANS (HMO & OAP)

- Behavioral health services are provided under the managed care plans.
- Covered services for behavioral health must meet the managed care plan administrator's medical necessity criteria and will be paid accordance with the schedules of benefits.
- Please contact plan providers for specific benefit information.

MENTAL HEALTH

EMPLOYEE ASSISTANCE PROGRAM

For NON-AFSCME represented employees

Employee Assistance Program (EAP)

- Administrator: Magellan Behavioral Health
 - 866-659-3848 (nationwide)
 - 800-456-4006 (TDD/TTY)

- www.Magellan Health.com

MENTAL HEALTH

PERSONAL SUPPORT PROGRAM

For AFSCME represented employees

AFSCME Council 31

- Personal Support Program (PSP – AFSCME – EAP)
 - 800-647-8776 (statewide)
 - 800-526-0844 (TDD/TTY)
- www.afscme31.org



Delta Dental of Illinois

Group #: 20240

PO Box 5402

Lisle IL 60532

800-323-1743

800-526-0844 (TDD/TTY)

<http://soi.deltadentalil.com/>

QUALITY CARE DENTAL PLAN





QUALITY CARE DENTAL PLAN DELTA DENTAL

Enrollment into the dental plan is optional.

- Members are eligible to “Opt Out”. The election to enroll or not enroll will remain in effect the entire plan year, without exception. The next time to change coverage will not be available until the next Benefit Choice Period.
- All members and enrolled dependents have the same dental benefits available regardless of the health plan selected.

QUALITY CARE DENTAL PLAN

DELTA DENTAL

- Plan participants who are enrolled may choose any dental provider for services, but may pay less out-of-pocket when using a network provider.
- Plan year runs from July 1, 20xx to June 30, 20xx.
- Members must enroll in the health plan to be eligible to enroll in the dental plan.
- The dental plan has an annual plan deductible. Once the deductible has been met, each member is subject to a maximum dental benefit, including orthodontia, for both in-network and out-of-network providers.

QUALITY CARE DENTAL PLAN
DELTA DENTAL - RATES

Dental Monthly Rates	FY2019
Member Only	\$11.00
Member Plus One Dependent	\$17.00
Member Plus Two or More Dependents	\$19.50

QUALITY CARE DENTAL PLAN

DELTA DENTAL

- QCDP reimburses a predetermined maximum benefit amount for each covered service.
- Benefit schedules are provided on-line at <https://www2.illinois.gov/cms/benefits/StateEmployee/Documents/FY2018%20BC/2018StateDental.pdf>
- Members are responsible for any charges over the scheduled benefit amount
- Cleanings are available twice a year.

QUALITY CARE DENTAL PLAN

DELTA DENTAL — IN NETWORK

Provider Networks

- Delta Dental PPO network
- Delta Dental Premier network

If using a network dentist, you will not have to pay the dentist at the time of service. Go to <http://soi.deltadentalil.com/> to do a provider search.

What you do need to pay for are deductibles, non-covered services and charges over the amount listed in the Schedule of Benefits and/or amounts over the annual maximum benefit.

QUALITY CARE DENTAL PLAN

DELTA DENTAL — OUT OF NETWORK

Participants who use out-of-network dentist will have to pay the entire bill at the time of service and/or file their own claims depending on the payment arrangements the plan participant has with their dentist.

When using an out-of-network dentist, insurance payments will be sent directly to the member and the member is responsible for paying the dentist.



QUALITY CARE DENTAL PLAN DELTA DENTAL — DEDUCTIBLE AND PLAN YEAR MAXIMUMS

Service		FY2019	
Annual Deductible for Preventive Services		N/A	
Annual Deductible for All Other Covered Services		\$175	
Annual Maximum (In-Network)		\$2,500	
Annual Maximum (Out-of-Network)		\$2,000	
Ortho Length of Treatment	Maximum Benefit		
0 – 36 Months	In-network \$2,000	Out-of-network \$1,500	
0 – 18 Months	In-network \$1,820	Out-of-network \$1,364	

QUALITY CARE DENTAL PLAN

DELTA DENTAL - PRETREATMENT

- It is strongly recommended that plan participants obtain a pretreatment estimate for any service over \$200, regardless of whether that service is to be received from an in-network or an out-of-network provider.
- Failure to do so may result in unanticipated out-of-pocket costs.
- Questions regarding a pretreatment estimate can be addressed by Delta Dental.

QUALITY CARE DENTAL PLAN

DELTA DENTAL

Delta Dental has a mobile app that you can download on Apple and Android smartphones and tablets. Visit the App Store or Google Play to download and install their free app.

- Can view coverage
- Cost Estimator
- Find a dentist
- Email ID Card
- Toothbrush Timer



Quality Care Health Plan – Aetna PPO (D3)

Health Alliance HMO (AH)

HealthLink OAP (CH)

Aetna HMO (AS)

Aetna OAP (CH)

HEALTH PLANS





GENERAL INFORMATION

- There are several health plans available based on geographic location.
- All plans offer comprehensive benefit coverage.
- Health maintenance organizations (HMOs) have limitations including geographic availability and defined provider networks.
- Open Access Plans (OAPs) and Quality Care Health Plan (QCHP) have nationwide networks of providers available to their members.

INSURANCE COSTS

- While the State covers most of the cost to employee health coverage, employees must also make a monthly salary based contribution.
- Employees who are working less than 100% will pay a portion of the State costs. Please contact the Human Resource Benefits office for premium rates as the following rates will not apply to you.

INSURANCE COSTS

EMPLOYEE MONTHLY CONTRIBUTIONS

Employee Annual Salary	Managed Care Plans	Quality Care Health Plan
	FY2019	FY2019
\$30,200 & Under	\$68.00	\$93.00
\$30,201 - \$45,600	\$86.00	\$111.00
\$45,601 - \$60,700	\$103.00	\$127.00
\$60,701 - \$75,900	\$119.00	\$144.00
\$75,901 - \$100,000	\$137.00	\$162.00
\$100,001 & Above	\$186.00	\$211.00

INSURANCE COSTS

DEPENDENT MONTHLY CONTRIBUTIONS

Health Plan Name & Code	One Dependent FY2019	Two or More Dependents FY2019
Quality Care Health Plan - Aetna PPO (D3)	\$249.00	\$287.00
Aetna HMO (AS)	\$111.00	\$156.00
Aetna OAP (CH)	\$111.00	\$156.00
Health Alliance HMO (AH)	\$113.00	\$159.00
HealthLink OAP (CF)	\$126.00	\$179.00



AETNA PPO

QCHP Group #: 285658

1-855-339-9731 (nationwide)

1-800-628-3323 (TDD/TTY)

www.aetnastateofil.com

QUALITY CARE HEALTH PLAN



QUALITY CARE HEALTH PLAN (QCHP)(AETNA PPO)

- Under QCHP (Administered by Aetna), plan participants may choose any physician or hospital for medical services; however, plan participants will receive enhanced benefits, resulting in lower out-of-pocket costs when receiving services from a QCHP network provider.
- QCHP has a nationwide network of physicians, hospitals and ancillary providers.
- To search:
<https://www2.illinois.gov/cms/personnel/benefits/pages/healthplanproviderdirectories.aspx>

QUALITY CARE HEALTH PLAN (QCHP)(AETNA PPO)

- QCHP Notification and Medical Case Management Administrator requires preauthorization for certain medical services. In order to avoid penalties, call the number on the back of your insurance card.
- QCHP utilizes Magellan for behavioral health benefits and CVS/caremark for prescription benefits.
- QCHP utilizes CVS Caremark for pharmacy needs. There is a \$125 prescription deductible that applies to each plan participant for prescription benefits. More on this in the pharmacy slides.

QUALITY CARE HEALTH PLAN (QCHP) (AETNA PPO)

ANNUAL DEDUCTIBLES

FY2019 Annual Deductibles	Individual Plan Year Deductible	Family Plan Year Deductible Cap
Employee \$60,700 or less	\$375	\$937
\$60,701 - \$75,900	\$475	\$1,187
\$75,901 and above	\$525	\$1,312
Retiree/Annuitant/Survivor	\$375	\$937
Dependents	\$375	N/A



QUALITY CARE HEALTH PLAN (QCHP) (AETNA PPO)

DEDUCTIBLES

Deductibles	FY2019
Inpatient Hospitalization (In-Network)	\$100 deductible per admission 15% coinsurance
Inpatient Hospitalization (Out-of-Network)	\$500 deductible per admission 40% coinsurance
Emergency Care – Hospital	\$450 deductible 15% coinsurance

QUALITY CARE HEALTH PLAN (QCHP) (AETNA PPO)

OUT OF POCKET MAXIMUMS

Out of Pocket Maximums	FY2019
Plan Year and Lifetime Maximum	Unlimited
Individual (In Network)	\$1,500
Individual (Out-of-Network)	\$6,000
Family (In Network)	\$3,750
Family (Out-of-Network)	\$12,000

Amounts over the plan's allowable charges are the member's responsibility and do not go toward the out-of-pocket maximum.

QUALITY CARE HEALTH PLAN (QCHP) (AETNA PPO)

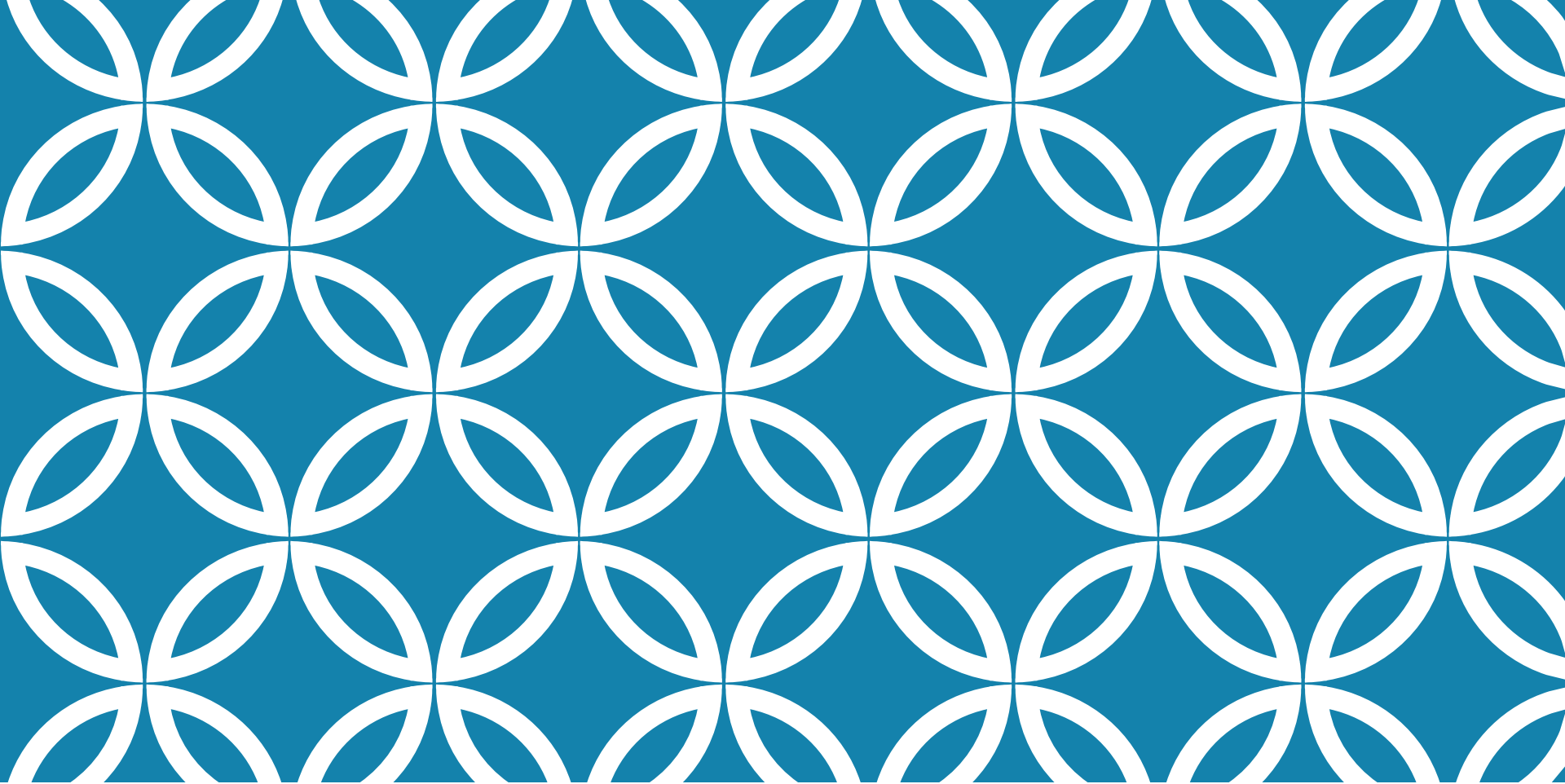
OUT OF POCKET MAXIMUMS

Effective July 1, 2015, in accordance with the Affordable Care Act (ACA), prescription deductibles and copayments paid by members will also apply toward the out-of-pocket maximum; therefore, once the out-of-pocket maximum has been met, eligible medical, behavioral health and prescription drug charges will be covered at 100 percent for the remainder of the plan year.

These types of charges that apply to the out-of-pocket maximum by QCHP are:

- Annual medical plan year deductible
- Annual prescription plan year deductible
- Prescription copayments
- Medical coinsurance
- QCHP additional medical deductibles

Eligible charges for in-network and out-of-network services will accumulate separately and will not cross accumulate.



MANAGED CARE PLANS

HMO Plans

FY2019 MANAGED CARE PLANS

The HMO managed care plans available in our area are:

- Health Alliance HMO (AH)
 - 800-851-3379
 - <https://www.healthalliance.org/stateofillinois>
- Aetna HMO (AS) Group #285654
 - 855-339-9731
 - www.aetnastateofillinois.com

MANAGED CARE HMO PLANS

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

- Members must select a primary care physician (PCP) from a network of participating providers.
- The PCP directs healthcare services and makes referrals for specialists and hospitalizations.
- A PCP can be a family practice, general practice, internal medicine, pediatric or an OB/GYN physician. To change your PCP, call your HMO directly.
- When care and services are coordinated through the PCP, only a copayment will apply.
- There are no annual plan deductibles.

MANAGED CARE HMO PLANS

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

- Prescription deductible of \$100 applies to each plan participant.
- HMO plans have their own separate prescription benefit plan.
- Prescription benefits will be reviewed later in the presentation.

MANAGED CARE HMO PLANS

HEALTH MAINTENANCE ORGANIZATION

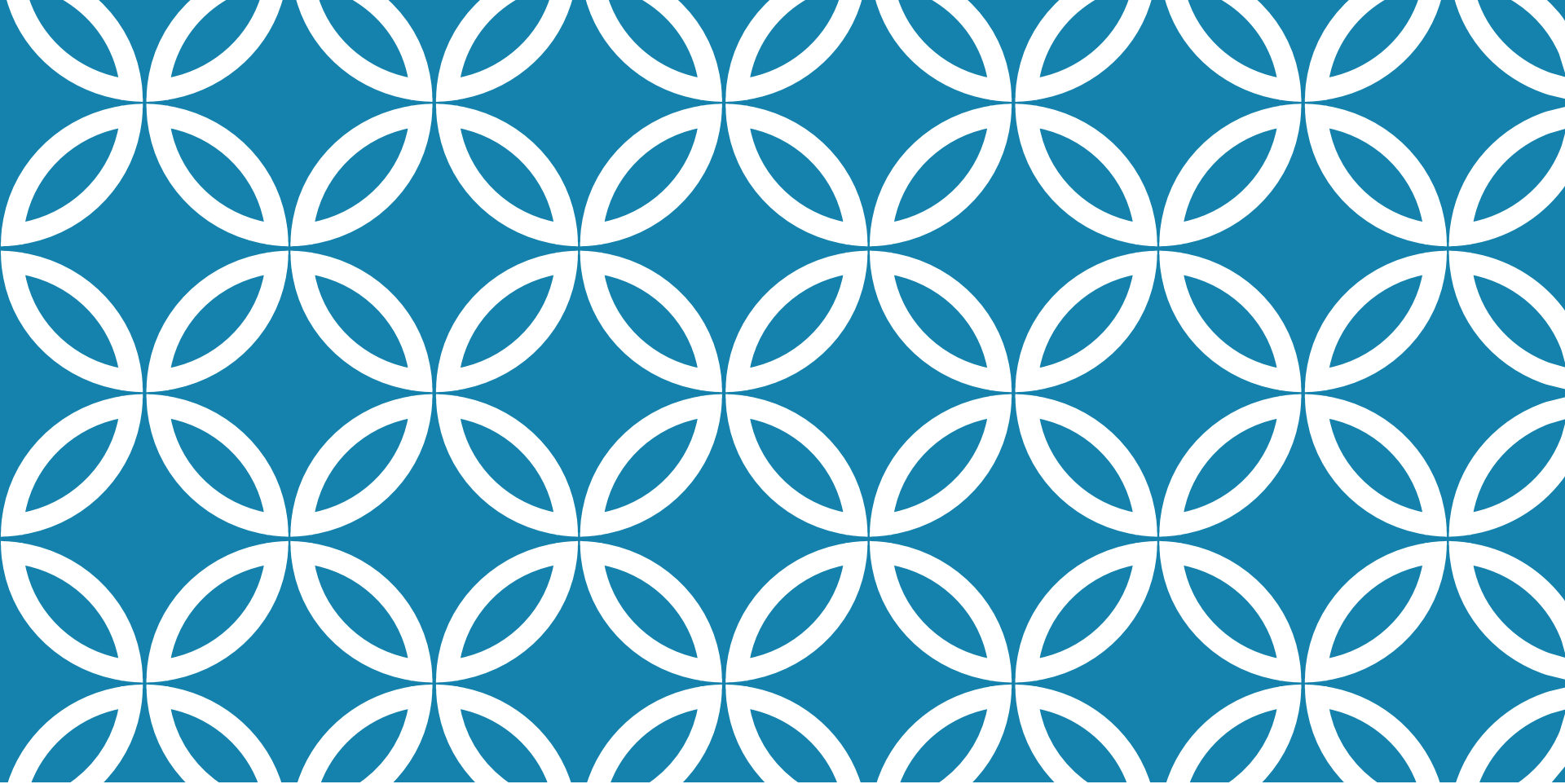
Services	Co-pay FY19
Office Visit (Primary Care Physician)	\$20 per visit
Office Visit (Specialist)	\$30 per visit
Home Health Visit	\$30 per visit
Inpatient Hospitalization	\$350 per visit
Outpatient Surgery	\$250 per visit
Emergency Room	\$250 per visit

Some HMOs may have benefit limitations based on a calendar year.

HMO

OUT-OF-POCKET MAXIMUMS

Out-of- Pocket Maximums	FY2019
Individual	\$3,000
Family	\$6,000



OPEN ACCESS PLANS

OAP Plans

MANAGED CARE OAP PLANS

FY2019 MANAGED CARE PLANS

The managed care OAP plans available in our area are:

- Aetna OAP (CH) Group #285650
- 855-339-9731
- www.aetnastateofillinois.com

- HealthLink OAP (CF)
 - 800-624-2356
 - https://www.healthlink.com/illinois_index.asp

MANAGED CARE OAP PLANS

OPEN ACCESS PLANS (OAPS)

- Open access plans combine similar benefits of an HMO with the same type of coverage benefits as a traditional health plan.
- Members who elect an OAP will have three tiers of providers from which to choose to obtain services.
- The benefit level is determined by the tier in which the healthcare provider is contracted.
- Members enrolled in an OAP can mix and match providers and tiers.
- No referrals are needed!

MANAGED CARE OAP PLANS

OPEN ACCESS PLANS (OAPS)

- Tier I offers a managed care network which provides enhanced benefits. Tier I benefits require copayments.
- Tier II offers another managed care network, in addition to Tier I, but requires copayments, coinsurance and is subject to an annual plan year deductible.
- Tier III covers all providers which are not in Tier I or II but can offer members flexibility in selecting health care providers, but requires higher out-of-pocket costs. Some services such as preventive/wellness care are not covered when obtained under Tier III.

MANAGED CARE OAP PLANS

OPEN ACCESS PLANS (OAPS)

- Prescription deductible of \$100 applies to each plan participant.
- OAP plans have their pharmacy through CVS/caremark.
- Prescription benefits will be reviewed later in the presentation.

MANAGED CARE OAP PLANS

OPEN ACCESS PLANS (OAPS)

These two insurance carriers are going Nationwide

Aetna OAP - Passport Program

- Contact Aetna to enroll

HealthLink OAP - Guest Program effective 7/1/13

- Contact HealthLink after 7/1/13 to enroll

MANAGED CARE OAP PLANS

OPEN ACCESS PLANS (OAPS) TIER I

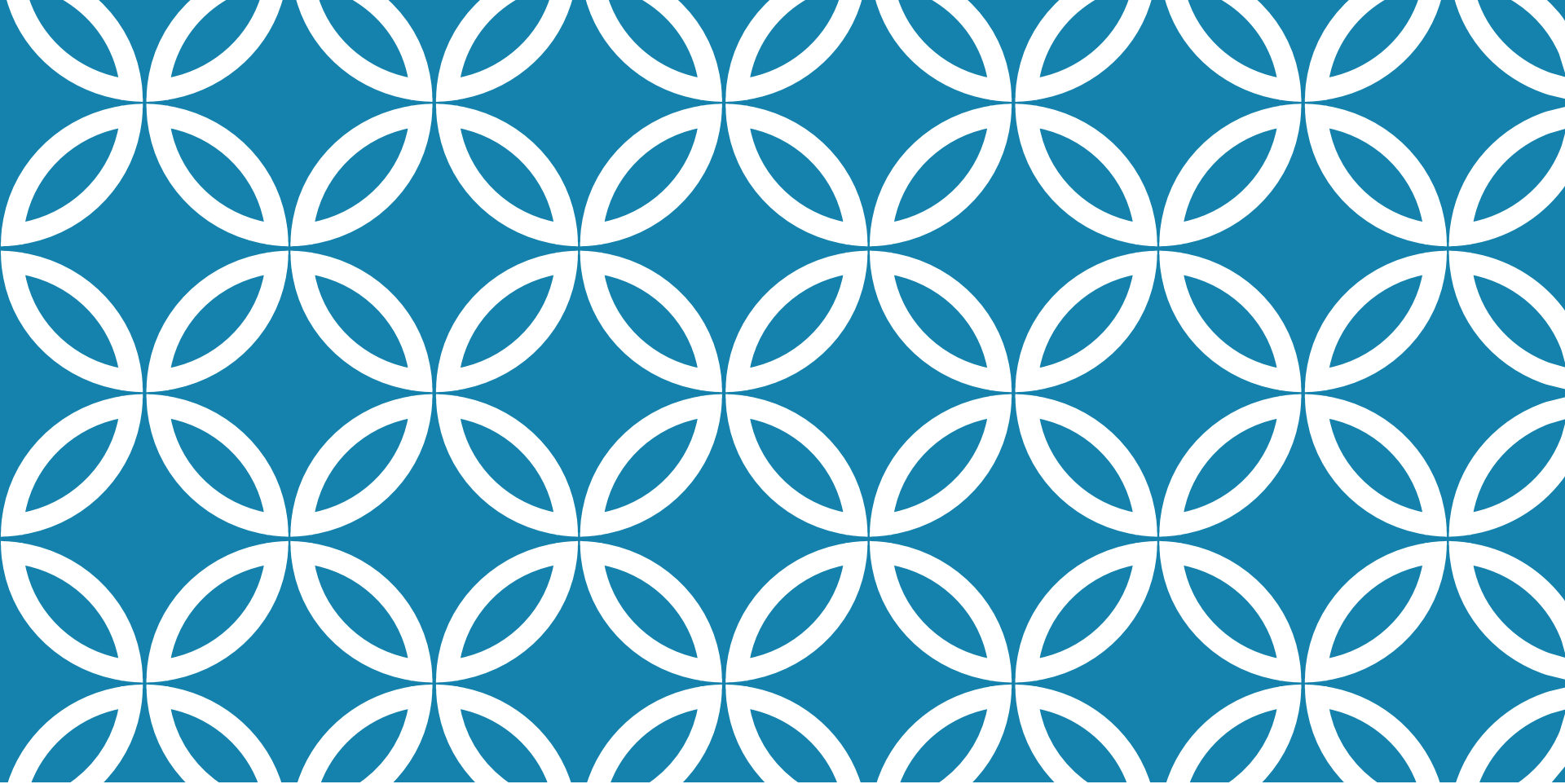
Services FY19	Co-Pay Tier I	Deductibles Tier II	Deductibles Tier III
Physician Office Visit	\$20 per visit	90%	60%
Specialist Office Visit	\$30 per visit	90%	60%
Home Health Visit	\$30 per visit	90%	Covered in Tier I & II
Inpatient Hospitalization	\$350 per visit	90% after \$400 co-pay	60% after \$500 co-pay
Outpatient Surgery	\$250 per visit	90 %	60%
Emergency Room	\$250 per visit	\$250 per visit	\$250 per visit
Preventive	100%	90% of	60% of allowable

OAP

OUT OF POCKET MAXIMUMS

	Out-of- Pocket Maximums FY2019
OAP Tier I & II	Individual \$6,600 Family \$13,200 Tier I and Tier II charges combined
OAP Tier III	NA

Amounts over the plan's allowable charges are the member's responsibility and do not go toward the out-of-pocket maximums.



PRESCRIPTION DRUG BENEFITS



PRESCRIPTION DRUG BENEFIT

- Members and their enrolled dependents in any of the health plans have a prescription benefit included in the coverage.
- Generic, Formulary, Non-Formulary Lists
- Prescription deductible and copayments apply to each member and covered dependents
- To compare formulary lists, cost-savings programs and to obtain a list of pharmacies that participate in the various health plan networks, visit the website of each health plan.

PRESCRIPTION DRUG BENEFIT

PRESCRIPTIONS

FY2019	QCHP		All Other Plans	
Co-pay	\$125		\$100	
	30 Day Supply		90 Day Supply	
Prescriptions	QCHP	All other plans	QCHP	All other Plans
Generic	\$10	\$8	\$25	\$20
Preferred Brand	\$30	\$26	\$75	\$65
Non-preferred Brand	\$60	\$50	\$150	\$125

PRESCRIPTION DRUG BENEFIT

PRESCRIPTION MANAGER

Fully-insured managed care plans

- Health Alliance HMO
- Aetna Health Care HMO
 - use a separate prescription benefit manager.

Members who elect one of these plans must utilize a pharmacy participating in the plan's pharmacy network or the full retail cost of the medication will be charged. Partial reimbursement may be provided if the plan participant files a paper claim with the health plan.

PRESCRIPTION DRUG BENEFIT

PRESCRIPTION MANAGER

Fully-insured managed care plans

- Health Alliance HMO
- Aetna Health Care HMO

Most plans do not cover over-the-counter drugs or drugs prescribed by medical professionals (including dentists) other than the plans participant's primary care physician (PCP).

Drugs prescribed by a specialist would be covered provided that the member was referred to the specialist.

PRESCRIPTION DRUG BENEFIT **PRESCRIPTION MANAGER**

Self-insured managed care plans

- HealthLink OAP
- Aetna Health Care OAP
- Quality Care Health Plan (Aetna) (QCHP)
 - have prescription benefits administered through CVS/caremark.

Customer care number for CVS/caremark is 877-232-8128. Service is available 24 hours a day, 7 days a week.

PRESCRIPTION DRUG BENEFIT

PRESCRIPTION MANAGER

Self-insured managed care plans

- HealthLink OAP
- Aetna Health Care OAP
- Quality Care Health Plan (Aetna) (QCHP)

Most drugs purchased with a prescription from a physician or a dentist are covered; over the counter drugs are not covered, even if purchased with a prescription.

SELF-INSURED PLANS

QCHP, HEALTHLINK OAP & AETNA OAP

Non-maintenance Medication

In-Network Pharmacies are retail pharmacies that contract with CVS/caremark and accept the copayment for medications.

Out-of-Network Pharmacies are pharmacies that do not contract with CVS/caremark. Drug cost will be higher and you will pay the full retail cost at the time of dispensing. Reimbursement of eligible charges may be obtained by submitting a paper claim and original prescription receipts to CVS/caremark.

SELF-INSURED PLANS

QCHP, HEALTHLINK OAP & AETNA OAP

- Maintenance Medication Program (MMP) was developed to provide an enhanced benefit to members who used maintenance medications.
- Participating pharmacies can be found at:
<https://www2.illinois.gov/cms/benefits/stateemployee/pages/stateprescription.aspx>
- Plan participant's prescription must be written for a 3 months supply.

SELF-INSURED PLANS

QCHP, HEALTHLINK OAP & AETNA OAP

Mail Order Pharmacy

- Provides participants the opportunity to receive medications directly at their home.
- Both maintenance and non-maintenance medications may be obtained through the mail order process.
- Original prescription must be attached to a completed mail order form and mailed to CVS.
- Order forms are available here:
<https://www2.illinois.gov/cms/benefits/stateemployee/documents/english%20mail%20service%20order%20form.pdf>
- Refills can be obtained by contacting CVS by phone or online at
<https://www.caremark.com/wps/portal>



Minnesota Life
536 Bruns Lane, Unit 3
Springfield IL 62702
1-888-202-5525

<https://web1.lifebenefits.com/lbwcm/pd/illinois>

STATE LIFE INSURANCE



MINNESOTA LIFE LIFE COVERAGE

For employee, there are two types of term coverage available:

- **Basic Life insurance:** is provided automatically at no cost to eligible employees for an amount equal to their annual salary.
- **Optional Life insurance:** is optional life insurance coverage that may be purchased at the employee's expense.
 - Optional units are in increments of your annual salary
 - New employees are eligible to elect 4 times annual salary without medical underwriting
 - Medical underwriting is necessary for units 5 - 8

MINNESOTA LIFE LIFE COVERAGE

Accidental Death & Dismemberment provides a benefit for your accidental death or dismemberment which occurs as a result of an accident.

Coverage is available in:

- An amount equal to your basic salary; or
- The combined amount of your Basic and Member Optional Life amount (up to 5 times salary or \$3 million).

MINNESOTA LIFE LIFE COVERAGE

Accelerated Benefits provides accelerated payment of a partial amount of your death benefit. If you have a terminal condition, you may request an accelerated payment of your death benefit.

Requirements Include:

- Life expectancy is 24 months or less; and
- Certified by a physician

MINNESOTA LIFE LIFE COVERAGE

Spouse/Civil Union Partnership Life

- Term coverage of \$10,000. Cost is \$6.00 per month

Child Life:

- Term coverage of \$10,000 per child. All dependent children age 25 and under are eligible for child life coverage. Cost is \$.70 for one or more children.



MINNESOTA LIFE LIFE COVERAGE

Conversion of Basic Life

If you terminate employment, you can continue your basic life coverage by taking out an individual life insurance policy. Rates are determined on your age at the time of conversion.

Portability of Optional Term Life

If you terminate employment, you can continue your optional term life insurance coverage.

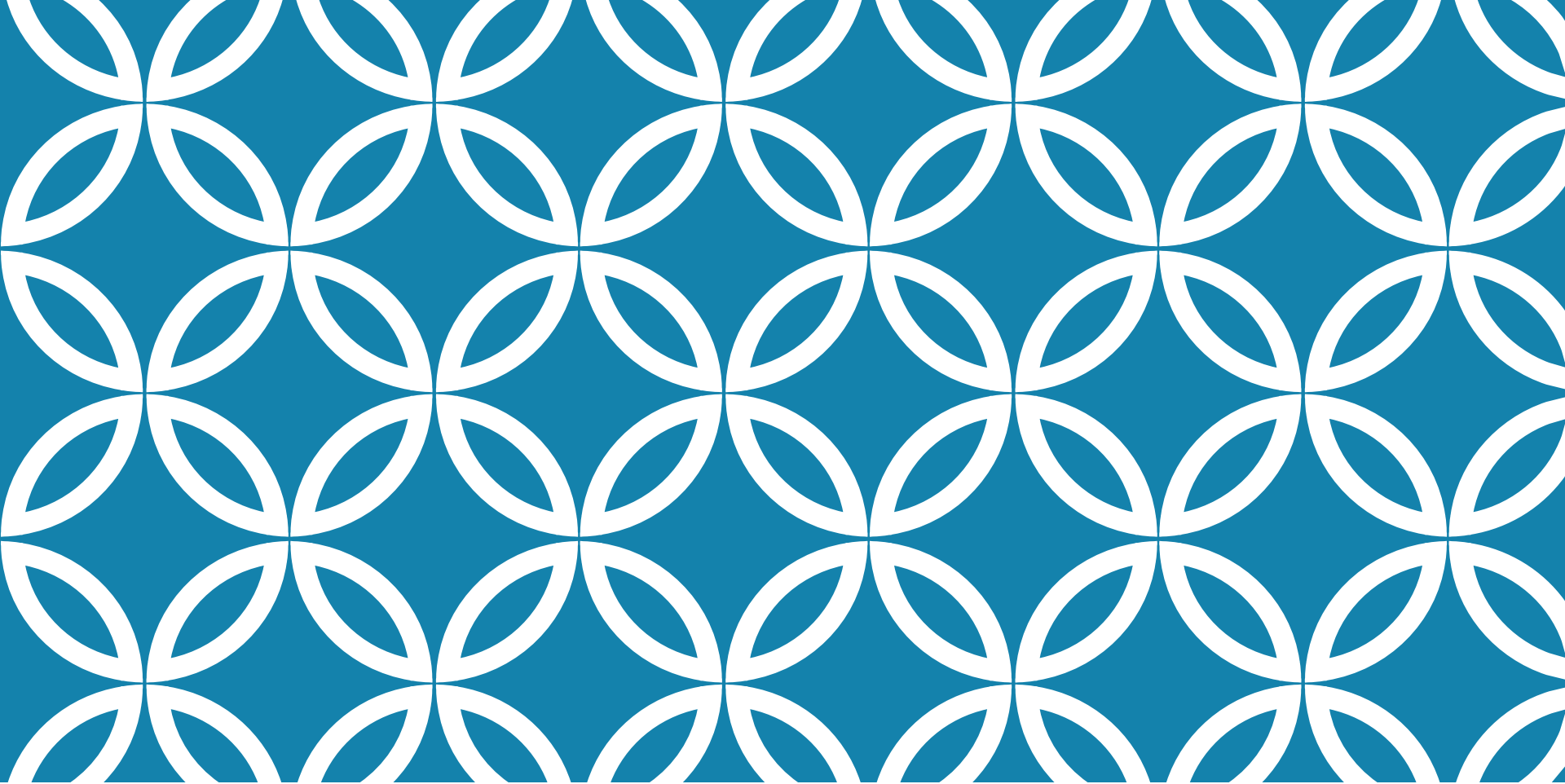
MINNESOTA LIFE LIFE COVERAGE

Member by Age	Monthly Rate Per \$1,000 FY19
Under 30	.02
Ages 30 – 39	.06
Ages 40 - 49	..08
Ages 50 - 54	.16
Ages 55 - 59	.36
Ages 60 - 64	.62
Ages 65 - 69	1.22
Ages 70 and above	2.02

MINNESOTA LIFE LIFE COVERAGE

Beneficiary Designation Form:

- Must be completed. Locate form here:
<https://www2.illinois.gov/cms/benefits/stateemployee/documents/minnesota-life-beneficiary-form.pdf>
- May be changed or updated at any time.
- Forms may be sent directly to Minnesota Life or sent to Human Resources to keep a copy in your Benefits' file. HR will then send the original to Minnesota Life.



VOYA TERM LIFE INSURANCE

ReliaStar Life Insurance
Company
20 Washington Avenue
South
Minneapolis MN 55401-
1900

VOYA

VOLUNTARY TERM LIFE INSURANCE

VOYA provides a term life insurance coverage for you and your dependents.

New employees have the option of enrolling in the following without medical underwriting (guarantee issue):

- Portable Life and AD & D coverage up to \$35,000 for the employee
- Portable Life and AD & D coverage up to \$5,000 for the spouse
- Portable Life up to \$10,000 for dependent child(ren)

VOYA

VOLUNTARY TERM LIFE INSURANCE

Employee Coverage

- May elect coverage up to 5 times basic annual earning or up to \$200,000.
- May elect Accidental Death & Dismemberment

Spouse Coverage

- May elect coverage up to 5 times basic annual earning or up to \$200,000.
- May elect Accidental Death & Dismemberment
- Spouse may apply for Portable Life coverage even if the employee does not.

VOYA

VOLUNTARY TERM LIFE INSURANCE

Child Coverage

- Coverage of \$2,500, \$5,000, \$7,500 or \$10,000 is available.
- One premium covers all eligible children.
- Cost: \$.40 cents per \$2,500
- Coverage continues to age 23 if unmarried and a full-time student

VOYA

VOLUNTARY TERM LIFE INSURANCE

How to apply:

- Determine the amount of insurance you and your family need.
- Employees complete the Employee Life Insurance Enrollment Form. Spouses complete the Spouse Life Insurance Enrollment Form.
- Give completed form to Employee Benefits staff.
- Premiums for guarantee issue amounts will be deducted immediately.
- Premiums for amounts over the guarantee issue will be deducted once approval has been received.

VOYA

VOLUNTARY TERM LIFE INSURANCE

Benefit Description:

<http://hr.siu.edu/common/documents/benefits/voya-benefit-description.pdf>

Beneficiary Designation:

<http://hr.siu.edu/common/documents/benefits/voya-beneficiary-designation.pdf>

Employee Enrollment:

<http://hr.siu.edu/common/documents/prospective-new-employee/benefits/ing-life-insurance/employee-enroll.pdf>

VOYA

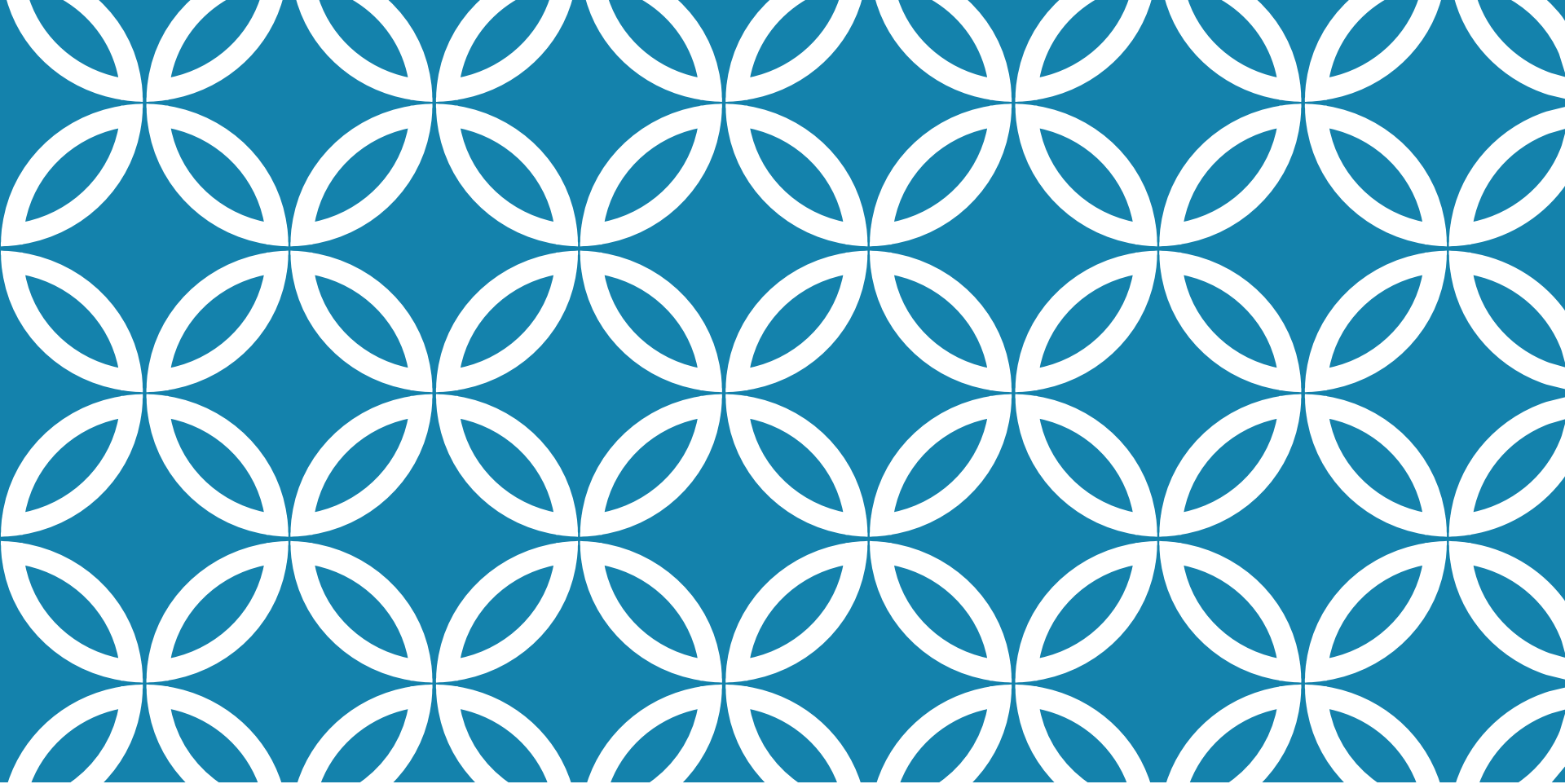
VOLUNTARY TERM LIFE INSURANCE

Spouse Enrollment:

<http://hr.siu.edu/common/documents/prospective-new-employee/benefits/ing-life-insurance/spouse-enroll.pdf>

Proof of Good Health (Statement of Health):

<http://hr.siu.edu/common/documents/prospective-new-employee/benefits/ing-life-insurance/statement-of-health.pdf>



BENEFIT CHANGE PERIODS

Annual Changes
Mid-Year Changes

BENEFITS CHOICE PERIOD

ANNUAL BENEFIT CHANGE PERIOD

- Every year during the month of May, employees have the option of making changes to their plans.
- If you are happy with the coverages that you have, you do not have to do anything to continue with your current coverage.
- If you have enrolled in a plan and decide that plan is not for you, you will have an opportunity to change. This needs to be submitted during the month of May and becomes effective on 7/1/xx.

BENEFITS CHOICE PERIOD

ANNUAL BENEFIT CHANGE PERIOD

During the Benefit Choice Enrollment Period, you may:

- Change your health plans, “Opt Out” or “Opt In.”
- Elect to participate or not to participate in the dental plan
- Increase/decrease optional life; Evidence of Insurability is required if increasing
- Add/Remove dependent(s)
- Enroll/re-enroll in Flex Spending Account

MID-YEAR CHANGE

If during the year, you experience a change of status, you may change your benefits according to the status change.

- See pages 11 and 12 of the State of Illinois Benefit Handbook for status changes.
- See pages 13 & 14 for documentation requirements.
- You have **60 days** after a qualifying event to submit your benefit election change online at www.mybenefits.illinois.gov. Failure to make the change within the 60 days time limit will void your change of status and you will have to wait until the next Benefits Choice to make your change.

EXAMPLES

QUALIFYING CHANGE OF STATUS

- Newborn/newly acquired dependent
- Marriage
- Divorce
- Death of spouse or dependent
- Change in your spouse's or dependent's employment status
- Dependent who no longer meets eligibility criteria
- Change in Public Aid recipient status or Medicare status
- Court order resulting in gaining or losing custody
- Going on or off a Leave of Absence

HOW TO MAKE CHANGES

Go online to www.mybenefits.illinois.gov

Benefit Choice Changes (May 1 – May 31)

- Select Benefits Choice as reason

Mid year changes

- Select reason for change



LEAVE OF ABSENCE



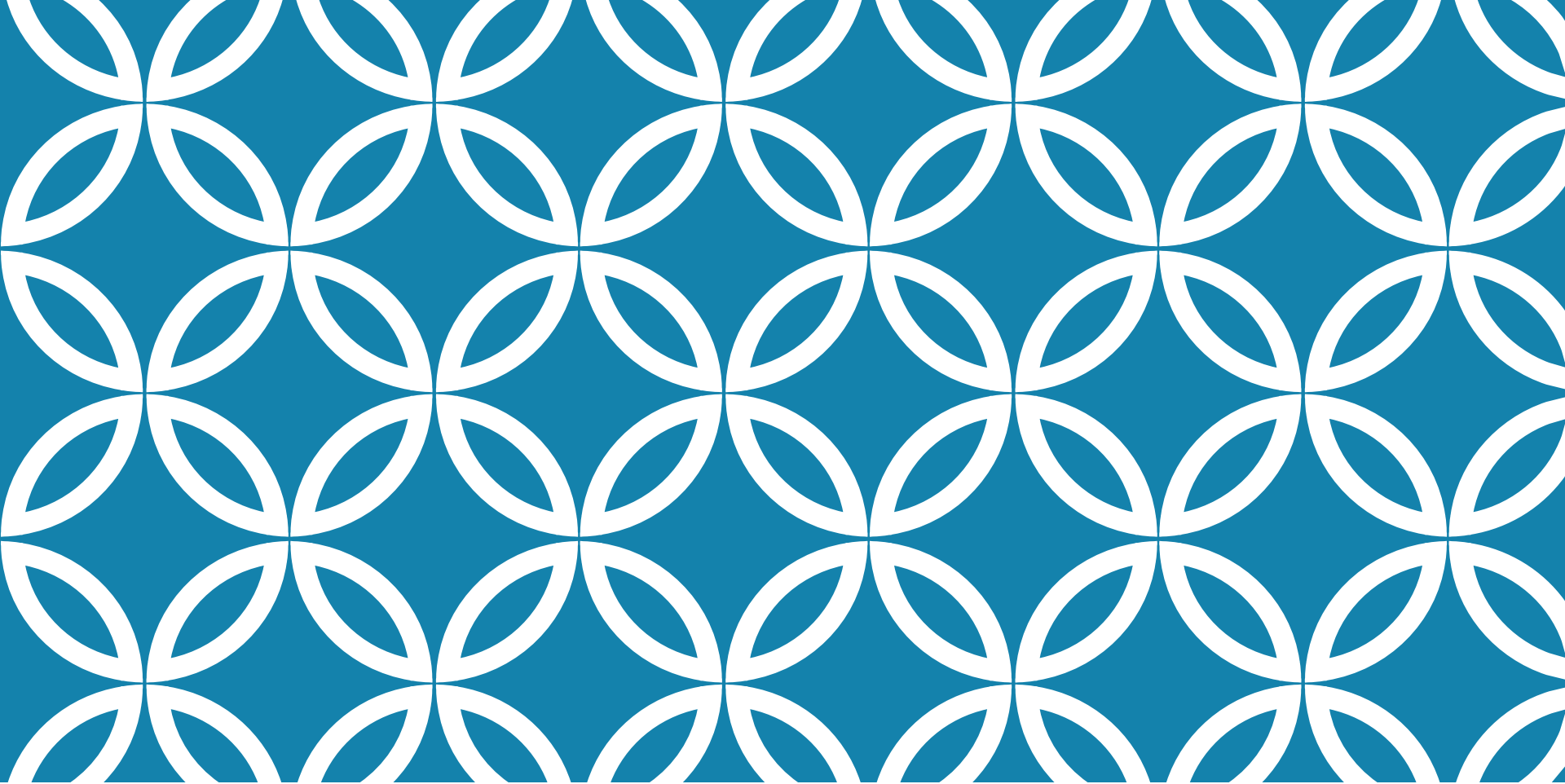
LEAVE OF ABSENCES

There are several leaves that you will be responsible to pay insurance premiums while away from work.

- Disability Leave
- Medical or FMLA
- Family Leave, non-medical
- Military Leave
- Education/Sabbatical Leave
- Seasonal Leave
- Dock/Suspension
- Personal Leave

LEAVE OF ABSENCE

- If you are going to be off payroll for any reason, during your leave, you will be billed for your insurance from Central Management Services.
- You may make changes to reduce your premiums, but be sure to contact Employee Benefits Office to discuss your options before going on a leave.
- If you do not pay while you are on a LOA, CMS Special Payment Programs Unit will collect payment through involuntary withholding. Contact CMS to make payment arrangements at 1-800-442-1300.

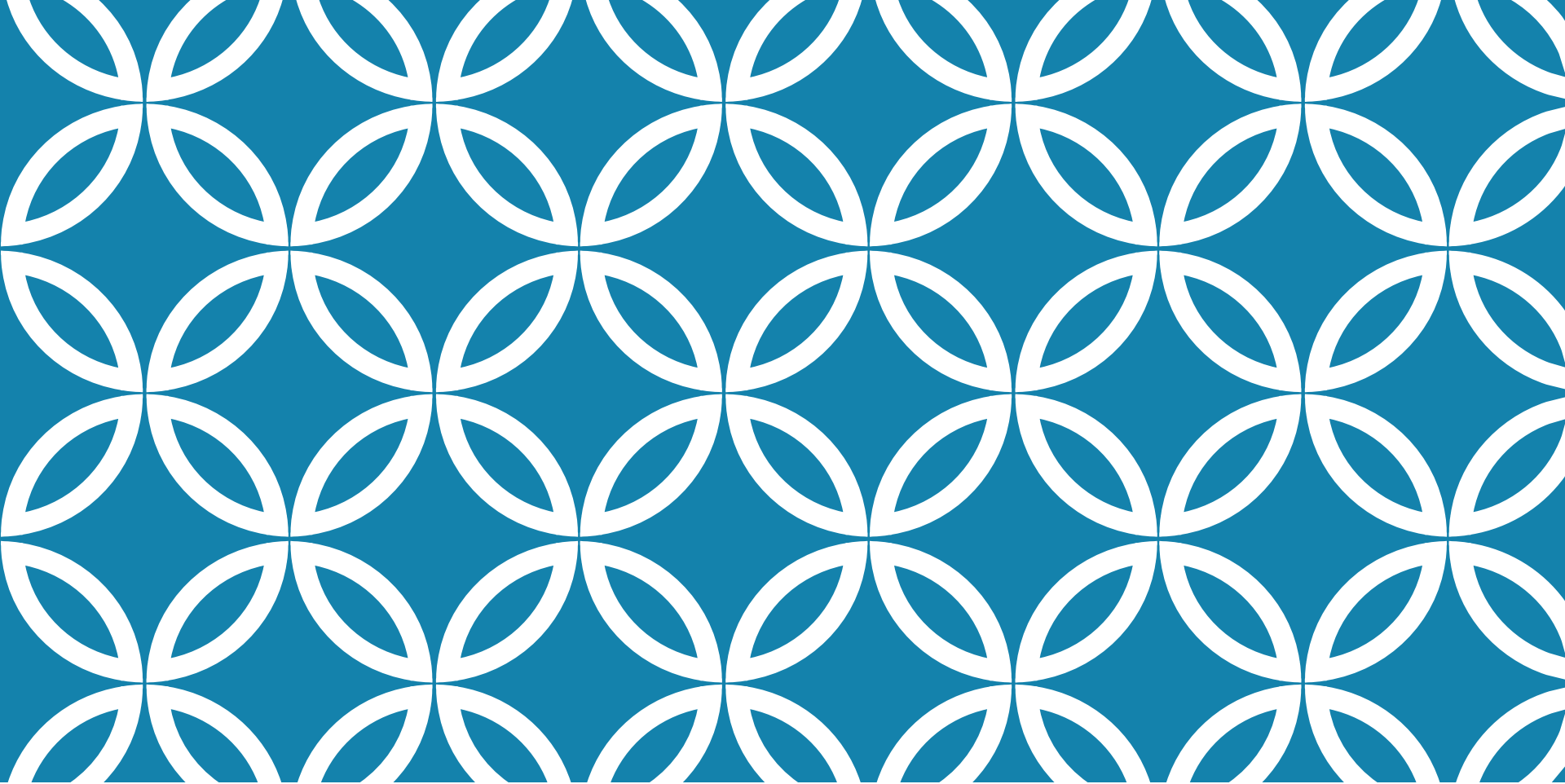


MEMBER RESPONSIBILITIES



MEMBER RESPONSIBILITIES

- It is each Member's responsibility to know their benefits and review the information in the State of Illinois Benefits Handbook.
- Notify your Group Insurance Representative when any life changes occur
 - Life changing event
 - Address Change
 - Loss of Eligibility
 - Leave of Absence
 - Other events (page 11 – 14 in the Benefits Handbook)



ONLINE ENROLLMENT PLATFORM

Step-by-step Procedures

HOW TO MAKE BENEFIT ELECTION THROUGH MYBENEFITS SERVICE CENTER

1. Log on to www.mybenefits.illinois.gov In the top right corner of the home page, click Login.
2. Enter your login ID and password. If logging in for the first time, click Register in the bottom right corner of the login box and follow the prompts. You will need to provide your name as printed on your enrollment letter.



BENEFITS ENROLLMENT

Once you have completed the registration process, you will see the Home page. The home page will display cards (tiles) that will allow users to review specific benefit date and plan details as it related to each employee.

Once you know which plan works best for you and your family, you are ready to enroll.

ENROLLMENT EVENT REVIEW PROFILE AND ADD DEPENDENTS

- Use the New Hire Event to enroll and choose Restart to begin your enrollment.
- Click View Profile under your name to review your information and make changes if necessary.
- Click Add Dependent if enrolling dependents. Add as many as needed, then save and close.
- Click Next.

ENROLLMENT EVENT

PERSONALIZE YOUR BENEFIT PLAN

On this page, you enroll in benefits, compare plans and review provider information.

- Click on **Help me decide** if unsure of your plan choice. You will be able to compare plans and review their options.
- Click the **Medical Selection** list and choose your medical plan. Some medical plans require you to select a Primary Care Provider.
- Click **Change who is covered** to add or remove dependents.

ENROLLMENT EVENT

PERSONALIZE YOUR BENEFIT PLAN

If you choose to **Opt Out or Waive** coverage, you must waive both medical and dental coverage.

- Full time employee will be required to show Proof of existing coverage.

Click **Next** to move to Life Insurance

If there is any missing information, a message will be displayed to alert you.

ENROLLMENT EVENT

LIFE COVERAGE

Click **Coverage Options** and choose your amount. If you do not want to elect optional coverage, select Waive.

Note: *If you choose to add coverage over 4x your annual salary, you will need to submit an Evidence of Insurability form to Minnesota Life. You will be enrolled in 4x coverage until approval for additional coverage is received.*

Click **Next** to move to Flexible Spending Account.

ENROLLMENT EVENT

FLEX SPENDING

Click **Medical Care Assistance Plan** and enter the total annual amount you want to contribute.

Click **Dependent Care Assistance Plan** and enter the total annual amount you want to contribute.

If not enrolling, just waive the coverage.

Click **Next** to Finish; if you need to go back, select Previous and review.

FINALIZATION OF ENROLLMENT

Finalization step of the enrollment will allow you to review all your elections.

In order to finalize elections, members need to accepted the attestation statement to acknowledge the statement.

Once checked, the **Next** button will engage allowing submission of elections.

Members can print a confirmation summary of the elections.

FINALIZATION OF ENROLLMENT

Click **Done** to leave enrollment and to complete this step.

You will be notified if there are any required documents you'll need to upload.

Upon returning to enroll documentation, go to your New Hire event, click on View Details button and you will be able to see the Status, Selections, Dependent and Forms associated with the event.

UPLOADING DOCUMENTS

Review your account and election history. Click on the **Forms** tab or **Self-Service Tools** and View Required Documents.

- After accessing the Upload Documents page, the member will be able to upload the current pending document.
- See what document is needed and click **Upload** and then Browse to upload your document.
- Once the document has been selected and the attest box is check marked, the member will see the upload button and must click **Upload** before proceeding.
- A confirmation document will display if successfully uploaded into the system.



QUESTIONS WHILE ENROLLING?

Contact MyBenefits Service Center (toll-free) 844-251-1777 or 844-251-1778 (TDD/TTY) with questions about navigating the MyBenefits website, or how to elect benefits. Representatives are available Monday – Friday, 8 a.m. – 6 p.m. CT.



PRUDENTIAL OR VOYA TERM LIFE

Return enrollment forms, if enrolling, to Employee Benefits

- Prudential LTD

or

- VOYA Term Life



QUESTIONS?

This concludes our presentation.

Employee Benefits can be reached at 618-453-6668 or call the Benefits presenter with the information provided to you at orientation.