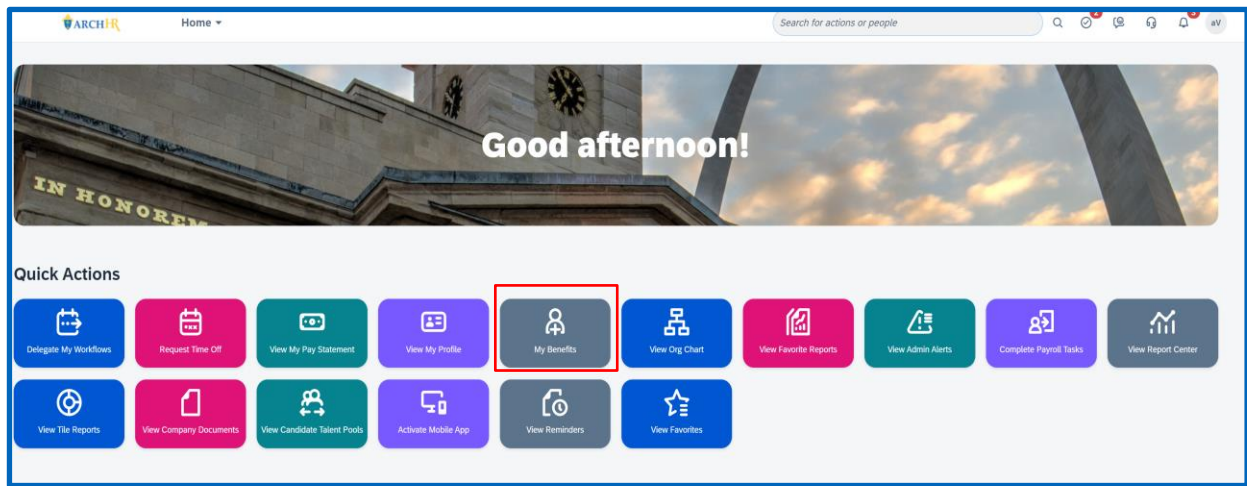


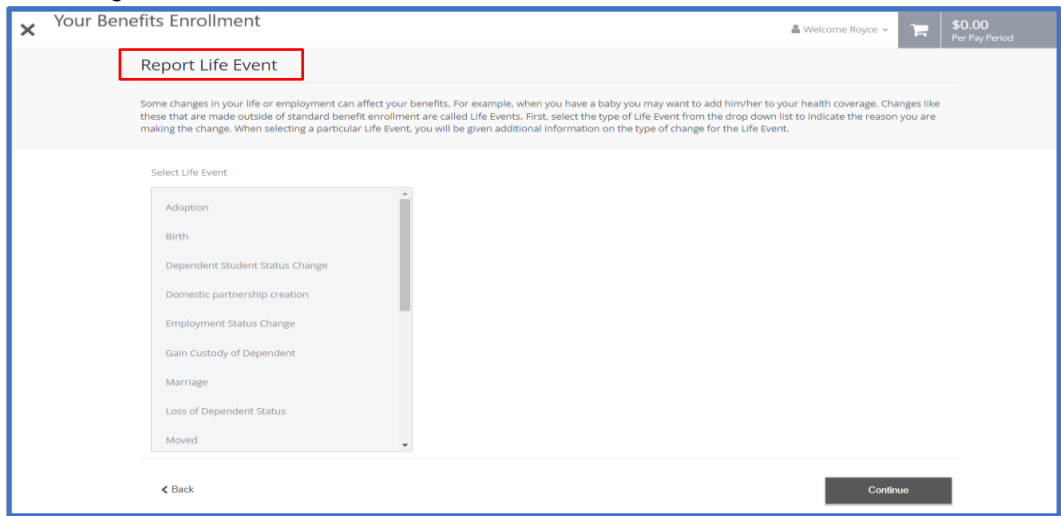
Quick Reference Guide: How to Enter a Life Event (life change that requires an update to your benefits)



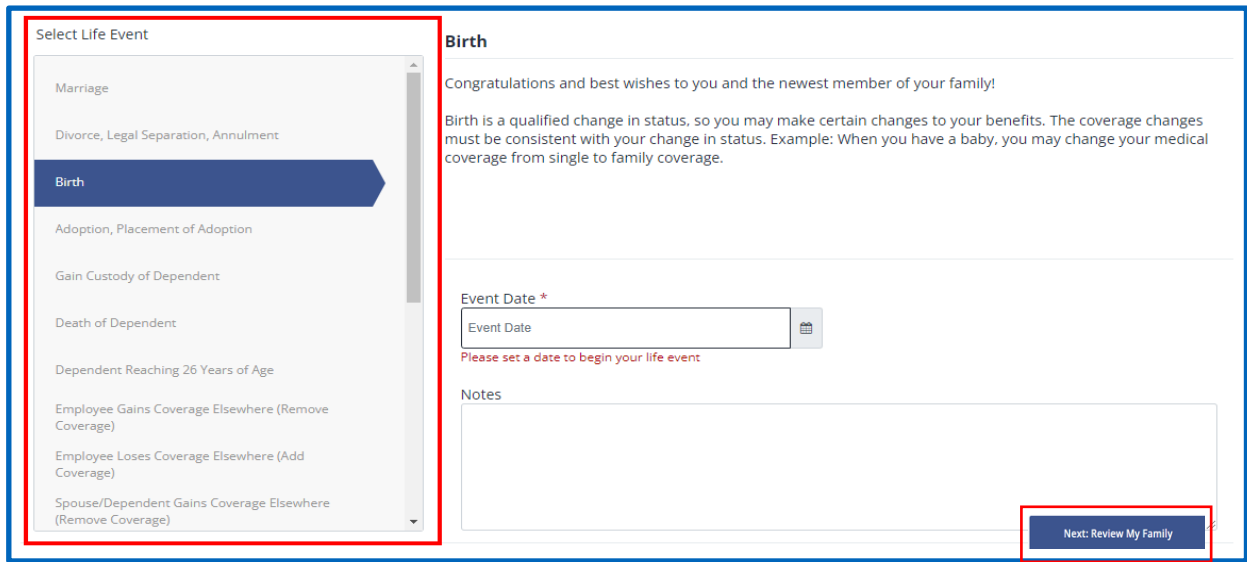
1. From your Home Page, click on the **“My Benefits”** tile.



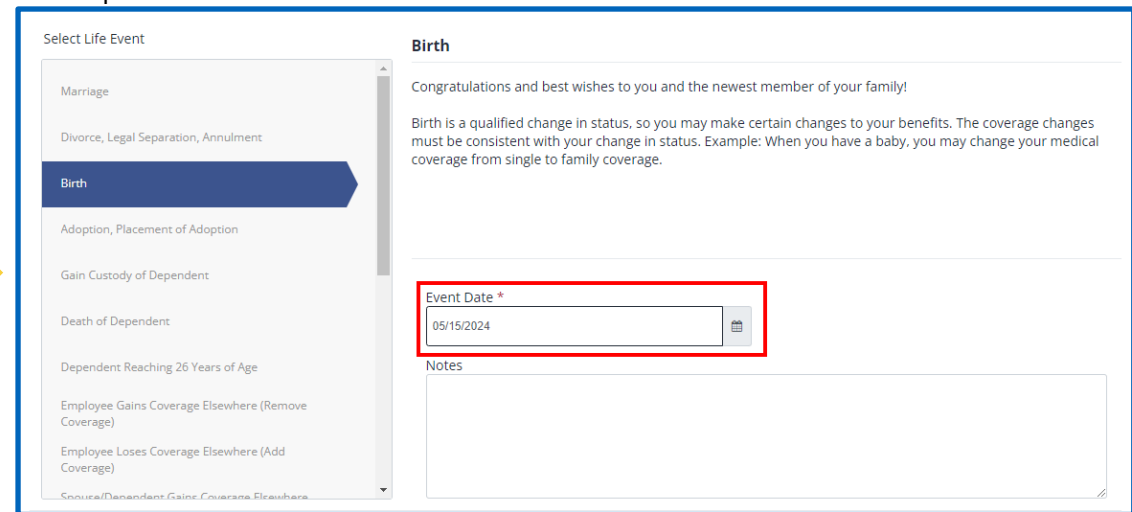
2. You will now see your Benefits Enrollment portal, prompting for a Qualified Life Event



3. **Select** the appropriate event from the **Life event** list. The description of the event is provided when the event name is selected.



4. Enter the **Event Date**. This is the first date of coverage to begin or the last date of coverage for changes made to enrollments. **Notes** are optional. Click on **Continue**.



Quick Reference Guide: How to Enter a Life Event (life change that requires an update to your benefits)



5. Verify your personal information. Please note that any changes to your personal information must be completed in **your ArchHR Profile***. Click on **Next: Review My Family**.

Verify your Personal Information and make changes if needed

This information is used for:

- reporting to the benefit carriers
- to issue your ID cards and process your claims
- to process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it on this page, please contact your Human Resources representative.

Basic Information

First Name
Jada

Middle Name

Last Name
Baker

Contact Information

Address 1 *
2233 Elm Street

Address 2

City *
Newark

State
New Jersey

Zip *
08906

Home Phone

Cell

Alternate E-mail

Email *
jada.baker@bestrunsap.com

Preferred Mode Of Communication
Email

Personal Information

Birthdate
05/21/1983

Gender
Female

Marital Status *
Single

**This is a separate step done outside of the ArchHR Benefits Enrollment process.*

7. Enter the specific information for each new dependent. TIP: If the dependent does NOT live at home, uncheck the 'Lives at Home' box and enter their address. **Click Save.**

Basic Info

First Name *
Margaret

Middle Name
Middle Name

Last Name *
Muffin

SSN
123-12-1234

Gender *
Female

Birthdate *
02/13/1990

Relationship *
Spouse

Additional Info

☒ Lives At Home

☐ QMCSO

CANCEL

Save

6. Add your new dependents. To add a dependent click **+ Add Family Member**.

Review the Dependent Information on file below

Dependents must be listed on this page to be enrolled in coverage. By adding a dependent, you are confirming that they are a qualified dependent under both legal regulations and Archdiocesan plan requirements.

You may:

- Add new dependents
- Edit existing dependent information
- Remove existing dependent

Social Security Numbers (SSN) are required for all dependents. Newborns may be added without a SSN, once a SSN is issued for the child please update the record.

Current Family Members

+ Add Family Member

6. If you have existing dependents that need to be edited or removed, click on **"Remove"* or "Edit"** on the dependent tile. When dependent adds and edits are complete, click on **Next: Shop for Benefits**.

Current Family Members

Margaret Muffin

Spouse

Born 02/13/1990

View Details

Remove Edit

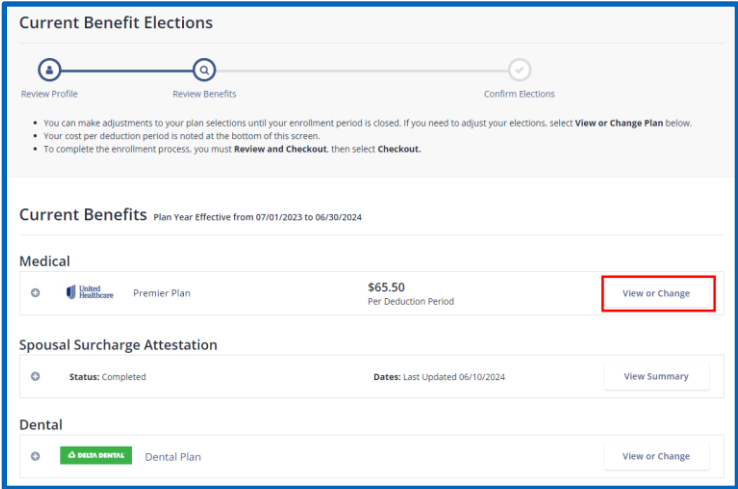
+ Add Family Member

* By clicking Remove on the dependent box this will remove them from all benefits and mark them inactive.

Next: Shop for Benefits

Quick Reference Guide: How to Enter a Life Event (life change that requires an update to your benefits)

9. Begin selecting your benefit decisions. Medical benefits appear first. See below for description of each button. Select benefit to change.



Current Benefit Elections

Review Profile | Review Benefits | Confirm Elections

- You can make adjustments to your plan selections until your enrollment period is closed. If you need to adjust your elections, select **View or Change Plan** below.
- Your cost per deduction period is noted at the bottom of this screen.
- To complete the enrollment process, you must **Review and Checkout**, then select **Checkout**.

Current Benefits Plan Year Effective from 07/01/2023 to 06/30/2024

Medical

United Healthcare Premier Plan	\$65.50 Per Deduction Period	View or Change
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Spousal Surcharge Attestation

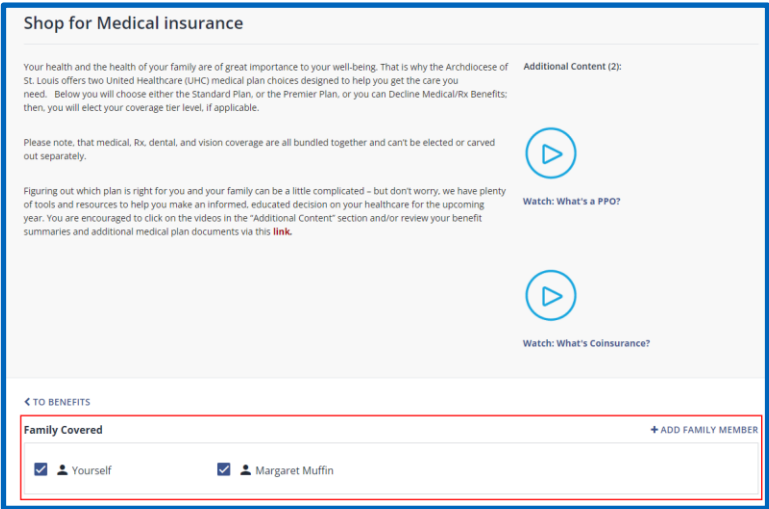
Status: Completed	Dates: Last Updated 06/10/2024	View Summary
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Dental

Blue Dental Dental Plan	View or Change
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- View or Change existing election.
- Start Survey – complete survey to confirm your eligibility for the HSA Plan or Spouse Surcharge.
- Shop Plan – newly eligible for benefits. Enrollment or decline is required.

10. Select or add/remove any dependents you would like to cover based on the benefit type in the Family Covered Box.



Shop for Medical insurance

Your health and the health of your family are of great importance to your well-being. That is why the Archdiocese of St. Louis offers two United Healthcare (UHC) medical plan choices designed to help you get the care you need. Below you will choose either the Standard Plan, or the Premier Plan, or you can Decline Medical/Rx Benefits; then, you will elect your coverage tier level, if applicable.

Please note, that medical, Rx, dental, and vision coverage are all bundled together and can't be elected or carved out separately.

Figuring out which plan is right for you and your family can be a little complicated - but don't worry, we have plenty of tools and resources to help you make an informed, educated decision on your healthcare for the upcoming year. You are encouraged to click on the videos in the "Additional Content" section and/or review your benefit summaries and additional medical plan documents via this [link](#).

Additional Content (2):

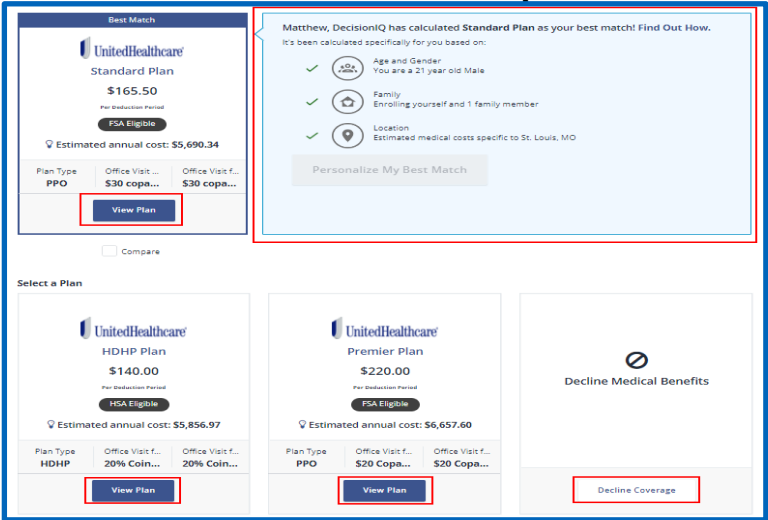
- Watch: What's a PPO?
- Watch: What's Coinsurance?

Family Covered **+ ADD FAMILY MEMBER**

☒ Yourself ☒ Margaret Muffin

If adding a new or removing a dependent, this update must be completed on each benefit to change their enrollment.

11. DecisionIQ is available to assist you when making a choice for Medical benefits. Click Personalize My Best Match to view information or Click on **View Plan to see details and to “compare”**.



Best Match

Matthew, DecisionIQ has calculated **Standard Plan** as your best match! Find Out How. It's been calculated specifically for you based on:

- Age and Gender: You are a 21 year old Male
- Family: Enrolling yourself and 1 family member
- Location: Estimated medical costs specific to St. Louis, MO

UnitedHealthcare Standard Plan

\$165.50 Per Deduction Period

PSA Eligible

Estimated annual cost: \$5,690.34

Plan Type: PPO Office Visit: \$30 copay Office Visit: \$30 copay

View Plan

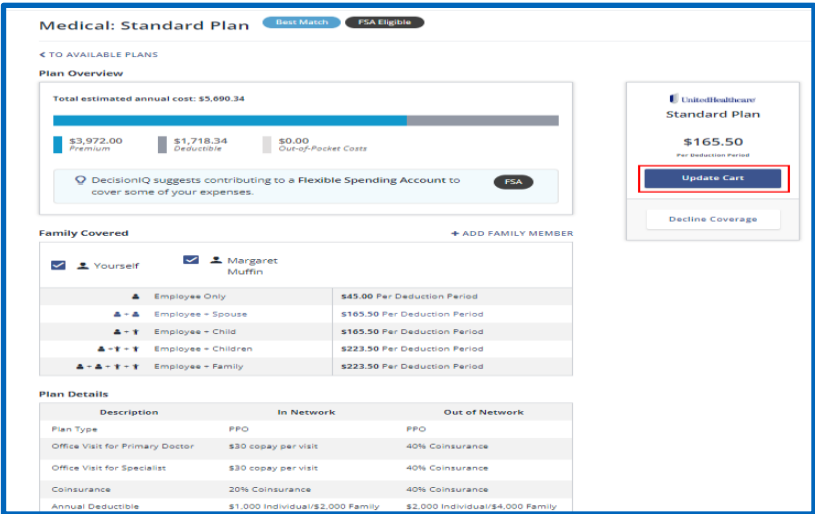
☐ Compare

Select a Plan

UnitedHealthcare HDHP Plan \$140.00 Per Deduction Period PSA Eligible Estimated annual cost: \$5,856.97 Plan Type: HDHP Office Visit: 20% Coinsurance Office Visit: 20% Coinsurance View Plan	UnitedHealthcare Premier Plan \$220.00 Per Deduction Period PSA Eligible Estimated annual cost: \$6,657.60 Plan Type: PPO Office Visit: \$20 Copay Office Visit: \$20 Copay View Plan	Decline Medical Benefits Decline Coverage
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DecisionIQ is personalized and uses where you live, potential usage, age, and other data to recommend a plan. DecisionIQ is applicable to medical only since there are 3 plans to choose from.

12. Identify the plan you would like enroll in and click Update Cart.



Medical: Standard Plan **Best Match** **PSA Eligible**

Plan Overview

Total estimated annual cost: \$5,690.34

\$3,972.00 Premium	\$1,718.34 Deductible	\$0.00 Out-of-Pocket Costs
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DecisionIQ suggests contributing to a Flexible Spending Account to cover some of your expenses. **PSA**

Family Covered **+ ADD FAMILY MEMBER**

☒ Yourself ☒ Margaret Muffin

Employee Only	\$45.00 Per Deduction Period
Employee + Spouse	\$165.50 Per Deduction Period
Employee + Child	\$165.50 Per Deduction Period
Employee + Children	\$223.50 Per Deduction Period
Employee + Family	\$223.50 Per Deduction Period

Plan Details

Description	In Network	Out of Network
Plan Type	PPO	PPO
Office Visit for Primary Doctor	\$30 copay per visit	40% Coinsurance
Office Visit for Specialist	\$30 copay per visit	40% Coinsurance
Coinurance	20% Coinsurance	40% Coinsurance
Annual Deductible	\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family

UnitedHealthcare Standard Plan

\$165.50 Per Deduction Period

Update Cart

Decline Coverage

Quick Reference Guide: How to Enter a Life Event (life change that requires an update to your benefits)

13. If you choose to change your Spending Account, enter your new total annual contribution amount > **Update Cart.**

Health Flexible Spending Account (FSA): Health Flexible Spending Account (FSA)

< TO BENEFITS

Select Coverage Amount

☒ Annual ☐ Per Pay Period

Maximum Contribution Limits
Annual: \$3,050.00 | Per Pay Period: \$127.08

Annual Personal Contribution:
\$ 3050.00

Minimum \$0.00 | Maximum \$3,050.00

Total Annual Contribution:
\$ 3050.00

Includes Personal and Employer contributions

Please note: Your election amount has changed due to calculation and rounding based on the amount you elected.

Personal Contribution: \$3,050.00
\$3,050.00 Annual Contribution + \$127.08 Per Pay Period Contribution

TRISTAR

Health Flexible Spending Account (FSA)

\$127.08
Per Deduction Period

Update Cart

Decline Coverage

14. Repeat steps 9 to 12 for each benefit that needs to be updated due to the life event.

Current Benefit Elections

Review Profile Review Benefits Confirm Elections

- You can make adjustments to your plan selections until your enrollment period is closed. If you need to adjust your elections, select **View or Change Plan** below.
- Your cost per deduction period is noted at the bottom of this screen.
- To complete the enrollment process, you must **Review and Checkout**, then select **Checkout**.

Current Benefits Plan Year Effective from 07/01/2023 to 06/30/2024

Medical

United Healthcare Premier Plan	\$65.50 Per Deduction Period	View or Change
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Spousal Surcharge Attestation

Status: Completed	Dates: Last Updated 06/10/2024	View Summary
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Dental

DELTA DENTAL Dental Plan	View or Change
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15. Select **Review & Confirm** > Confirm **Checkout** > Print or Email Benefits Confirmation > Complete **Your To-Do List** if present

You have completed the life event changes to your benefits.

Need a copy of your benefits confirmation statement? **Send by Email**

Review Profile Shop Benefits Checkout

The coverage details listed below are the current active elections on file for you and your dependents.

If you believe there is an error in your statement, please contact your Benefits Administrator.

Click on the icons below to print your confirmation statement or generate a pdf file.

Current Benefits Plan Year Effective from 01/01/2022 to 12/31/2022

Download Email Print

Employer Contribution

Your Cost Per Pay Period

Pay Period \$302.95

Confirm Elections

You must select or decline all coverages before moving on

Review & Confirm