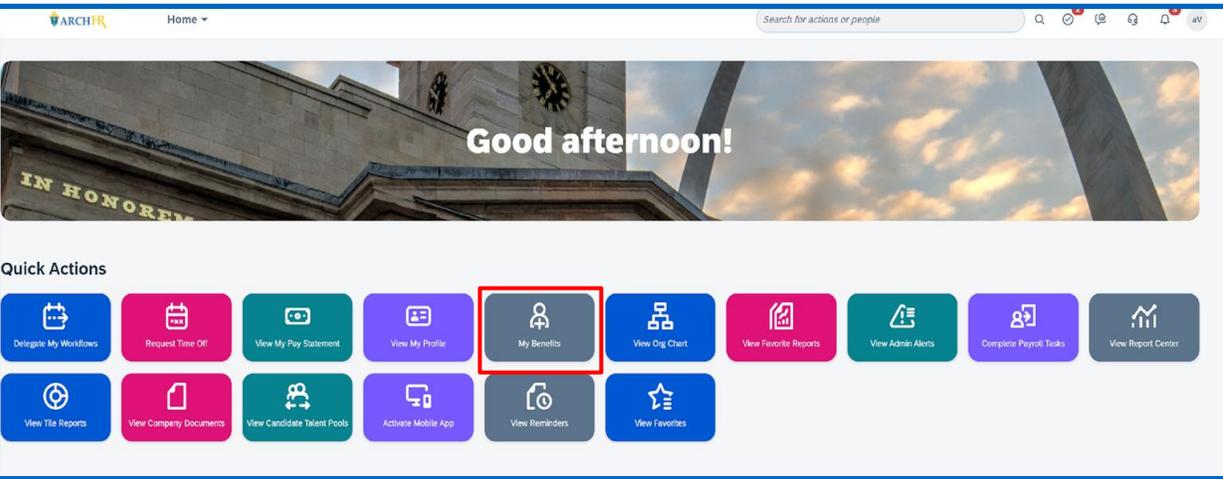


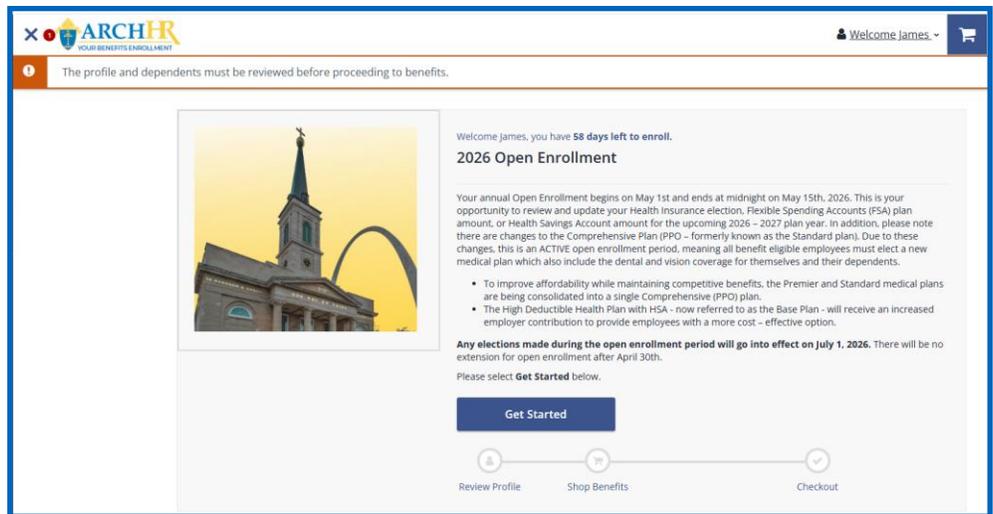
Quick Reference Guide: Employee Open Enrollment



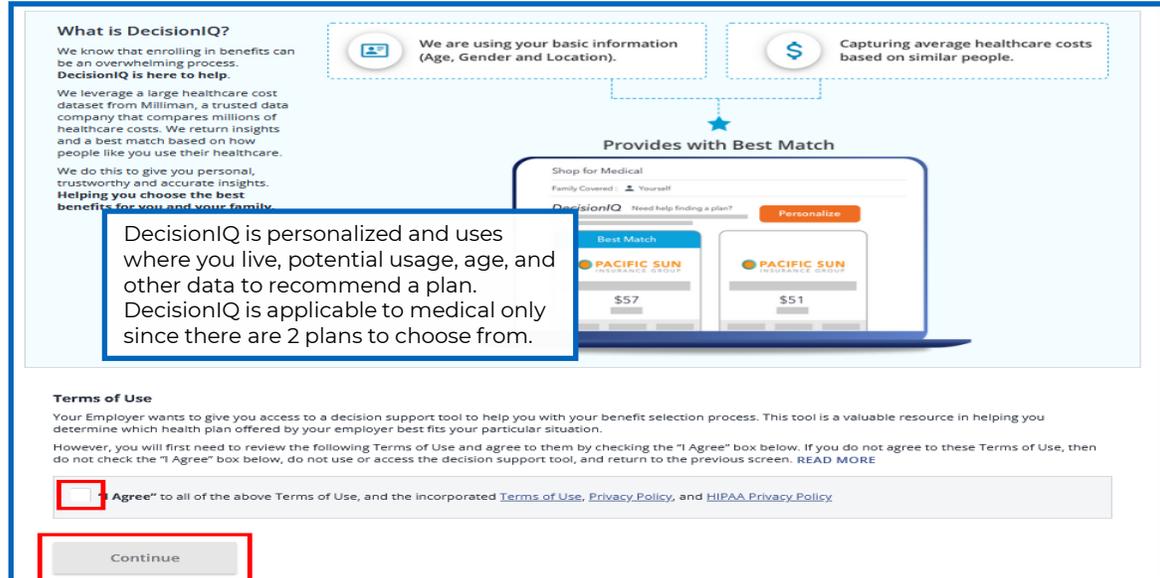
1. From your Home Page, click on the **My Benefits** tile.



2. You will now see your **Benefits Portal**. Please read the Open Enrollment information and click on **Get Started**.

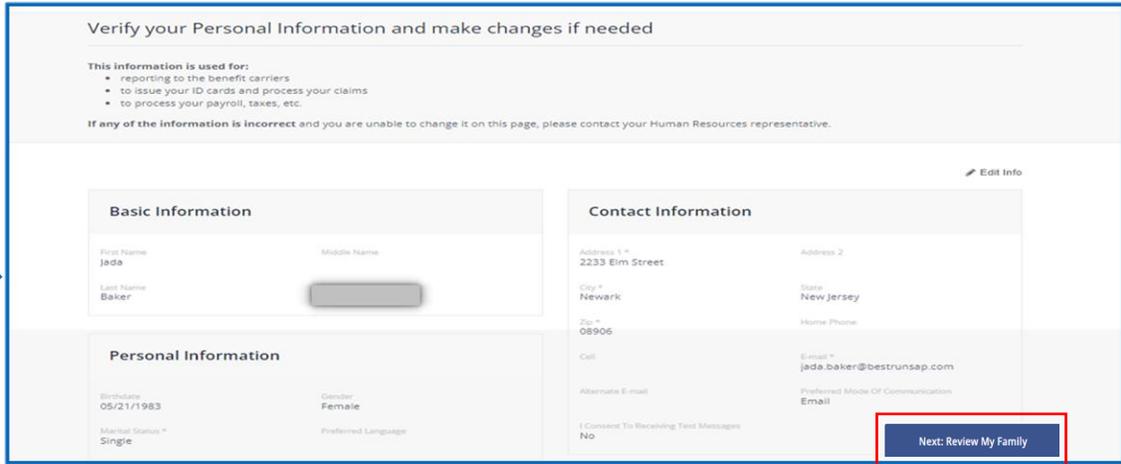


3. Review DecisionIQ decision support information, click **I Agree** and then **Continue**. This will only be presented if you have not accessed the system before.



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 2 plans to choose from.

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



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

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5. 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.

IMPORTANT : Please review each of your dependents and their information below. Click "Edit" for each dependent and confirm that they have a SSN on file and that their name and DOB are correct.

Current Family Members

Charles Clementine Spouse Born 05/28/1976 View Details Remove Edit	Orange Clementine Child Born 06/06/2021 View Details Remove Edit	+ Add Family Member
---	---	----------------------------

Next: Shop for Benefits

6. Enter the specific information for **each dependent** to be covered. 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

<input checked="" type="checkbox"/> Lives At Home	<input type="checkbox"/> QMCSO
---	--------------------------------

CANCEL Save

7. If you have existing dependents that need to be edited or removed, click on **"Remove" or "Edit"** within the dependent tile. When dependent adds, removals, 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
--	----------------------------

Next: Shop for Benefits

8. Begin your enrollment by clicking **Shop Plans** for Medical.

Current Benefit Elections

Review Profile Shop Benefits Checkout

- 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**.

New Enrollment Plan Year Effective from 07/01/2024 to 06/30/2025

Medical

No Plan Selected

Shop Plans

Quick Reference Guide: Employee Open Enrollment



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

Eligible Dependents are auto-selected as a default

10. DecisionIQ is available to assist you when making a choice for Medical/Rx benefits. Click on View Plan to see details and to “compare”.

11. Identify the Medical plan you would like to enroll in and click Update Cart.

12. If enrolling in the Base Medical plan, review and answer the eligibility question for HSA plan enrollment. Click the right Arrow, then Save.

13. If you are choosing to cover a Spouse, you must complete the Spousal Surcharge Attestation. Select the applicable survey response, click the right Arrow, and Save.

14. Depending on your answer, you may see the Spousal Surcharge page. Select I Understand.

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15. Review the Dental plan you will be enrolled in and click Update Cart.

Shop for Dental insurance

Take care of your oral health and set yourself up with healthy habits with Quality Dental Insurance.

Additional Content (1):

Understanding Health Insurance: What is Dental Insurance?

Dental: Dental Plan

Important Information: You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Family Covered: + ADD FAMILY MEMBER

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse Test	<input checked="" type="checkbox"/> Can I add smith
<input checked="" type="checkbox"/> Employee Only	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Spouse	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Child	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Children	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Family	\$0.00 Per Deduction Period	

\$0.00 Per Deduction Period

Update Cart

16. Review the Vision plan you will be enrolled in and click Update Cart.

Shop for Vision Insurance

Focus on your vision health and protect your sight with Vision Insurance.

Additional Content (2):

Getting your vision checked regularly is important. Even if you have an eagle eye now, you will likely need some form of corrective lenses in your future. In fact, nearly 75% of Americans wear some form of corrected lenses¹, so proper eye exams are becoming more common.

To review additional vision policy information, please review this [link](#).

Save money and get annual eye checkups by adding vision insurance below.

1 Vision Correction, The Vision Council, 1/2020

Vision: Vision Plan

Important Information: You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Family Covered: + ADD FAMILY MEMBER

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse Test	<input checked="" type="checkbox"/> Can I add smith
<input checked="" type="checkbox"/> Employee Only	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Spouse	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Child	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Children	\$0.00 Per Deduction Period	
<input checked="" type="checkbox"/> Employee + Family	\$0.00 Per Deduction Period	

\$0.00 Per Deduction Period

Update Cart

17. If enrolling in the HSA plan, you can enter a personal contribution amount, if desired. Click Update Cart when done.

Health Savings Account (HSA): HSA

TO BENEFITS

Important Information: You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Select Coverage Amount

Annual Per Pay Period

Maximum Contribution Limits: Annual: \$8,300.00 | Per Pay Period: \$0.00

Annual Personal Contribution: \$ 0.00

Minimum \$0.00 | Maximum \$7,100.00

Employer Annual Contribution: \$ 1,200.00

Total Annual Contribution: \$ 1,200.00

Personal Contribution: \$0.00

Employer Contribution: \$1,200.00

Update Cart

You may choose not to add employee contributions to the HSA; you will still receive the Archdiocese's contribution amount.

18. If you are eligible and choose to enroll in a Health Flexible Spending Account, enter your contribution amount and click 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

Update Cart

If enrolled in the Base Medical Plan with HSA, you will not be eligible to enroll in FSA

19. If you are eligible and choose to enroll in a Dependent Care Flexible Spending Account, enter your contribution amount and click Update Cart.

Dependent Care Spending Account (FSA): Dependent Care Flexible Spending Account (FSA)

TO BENEFITS

Select Coverage Amount

Annual Per Pay Period

Maximum Contribution Limits: Annual: \$5,000.00 | Per Pay Period: \$0.00

Annual Personal Contribution: \$ 0.00

Minimum \$0.00 | Maximum \$5,000.00

Total Annual Contribution: \$ 0.00

Includes Personal and Employer contributions

Personal Contribution: \$0.00

\$0.00 Annual Contribution + \$0.00 Per Pay Period Contribution

Update Cart

20. If you are enrolling in Medical, you will be required to complete the Paperless Authorization. Select your preference, the Arrow to the right, and Save.

Paperless Authorization for UnitedHealthcare

Skip the clutter and opt in to receive an email notification letting you know when a document is available online.

Question 1 of 1

I want to receive my United HealthCare Services, Inc. and/or Optum, Inc. and/or their affiliated companies documents (e.g. benefit and plan information, claims, billing and payments, pharmacy care information, regulatory notices and tax documents) paperless (electronically). **Required**

By selecting Yes and providing your email address, you are agreeing to paperless delivery of your required plan communications and your agreement to the terms of UnitedHealthcare's [Required Plan Communications Notice](#).

You may switch to paper mailings at any time by going to your health plan member portal and changing your communication preferences.

Subscriber: Charlotte Clementine

Yes, I agree to paperless delivery of my plan communications

No, please mail communications

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21. All benefits that require election are now complete, proceed to Step **26** to check out or continue to review other benefits for the upcoming year.

22. Select **View or Change** to modify or review any current benefit elections that will copy forward if no action is taken.

23. Basic Life and AD&D and Basic Long-Term Disability, are provided with no cost to you. They will not have a decline coverage option. Click **Update Cart** to move forward.

24. If enrolling in **Supplemental Life Insurance**, choose your desired **coverage amount** from the drop down. Click **Update Cart** or **Decline Coverage**.

25. Repeat Step 24 as needed for **Supplemental Spouse and/or Dependent Life**.

26. Review your Benefit Elections. All offerings must have an enrollment or decline on file. If you already have Beneficiaries on file, select **Checkout**.

Evidence of Insurability may be required depending on the coverage amount selected. Pending costs and coverage amounts are displayed for your review.

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27. Beneficiaries: To review Beneficiaries, select the plan year, expand the selection, and review the current allotment.

Review Current Beneficiaries

You can view, add, or edit beneficiaries for each of your coverages by clicking on the "+" symbol in the desired benefit below.

Please note that any beneficiaries assigned will be specifically for qualified life insurance plans. Retirement, spending account, and other beneficiary types are not included here.

Show beneficiaries for plan year: 07/01/2023 to 06/30/2024

DOWNLOAD PRINT

THE HARTFORD Basic Employee Life and AD&D - Policy #677885 Coverage amount \$150,000.00

Primary Beneficiaries (Required *)
You must designate a primary beneficiary for this benefit.

Orange Clementine, Child Allocation 100%

+ Add Beneficiary Allocation Total: 100%

Would you like to add secondary beneficiaries? No Yes

THE HARTFORD Supplemental Employee Life Coverage amount \$90,000.00

BACK

28. Beneficiaries: Click + Add Beneficiary. Enter beneficiary information. The allocation must equal 100% across all beneficiaries. Click Add.

Add Beneficiary

Select an existing beneficiary from the drop-down menu or enter a new beneficiary's information below.

Choose existing beneficiary:

or create a new one

Name *

Relationship *

Allocation *

Address 1 *

Address 2

City *

State *

Zip Code *

Phone Number *

Add to all benefits

29. Once beneficiary information is complete click **Review and Checkout.**

Review Current Beneficiaries

You can view, add, or edit beneficiaries for each of your coverages by clicking on the "+" symbol in the desired benefit below.

Please note that any beneficiaries assigned will be specifically for qualified life insurance plans. Retirement, spending account, and other beneficiary types are not included here.

THE HARTFORD Basic Employee Life and AD&D - Policy #677885 Coverage amount \$30,000.00

THE HARTFORD Supplemental Employee Life Coverage amount \$100,000.00

BACK Review and Checkout

30. Review all elections and **Checkout.** **Note: if you do not complete this step, your elections will not be active.**

Start Date: 07/01/2024 Coverage Level: Enrolled

Paperless Authorization for UnitedHealthcare

Status: Completed Dates: Last Updated 03/01/2024 View Summary

Dependent Verification

Generic Document(s) Required View or Change

Start Date: 07/01/2024 Coverage Level: I Understand

Employer Contribution \$260.59

Your Cost Per Deduction Period \$175.08

BACK Checkout

31. Your Enrollment is Complete!

Current Benefit Elections

Enrollment Complete!

You have completed the open enrollment process and confirmed 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.

Select the grey Download, Print, or Email icons below to obtain copies of your Confirmation Statement.

32. Review and complete any additional tasks on **Your To-Do List.**

Enrollment Complete!

You have completed the open enrollment process and confirmed 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.

Select the grey Download, Print, or Email icons below to obtain copies of your Confirmation Statement.

Your To-Do List 0 of 2 Complete

- Answer a few short health questions to complete your application for Hartford benefits.
- Upload the required document for Margaret Muffin by April 2 2024

33. Download, Print, or Email your Benefits Confirmation Statement.

Current Benefit Elections

Enrollment Complete!
You have completed the open enrollment process and confirmed 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.

Select the grey Download, Print, or Email icons below to obtain copies of your Confirmation Statement.

Your To-Do List 0 of 2 Complete

- Answer a few short health questions to complete your application for Hartford benefits. [>](#)
- Upload the required document for Margaret Muffin by April 2 2024 [Open](#) [>](#)

New Enrollment Plan Year Effective from 07/01/2024 to 06/30/2025

[DOWNLOAD](#) [EMAIL](#) [PRINT](#)