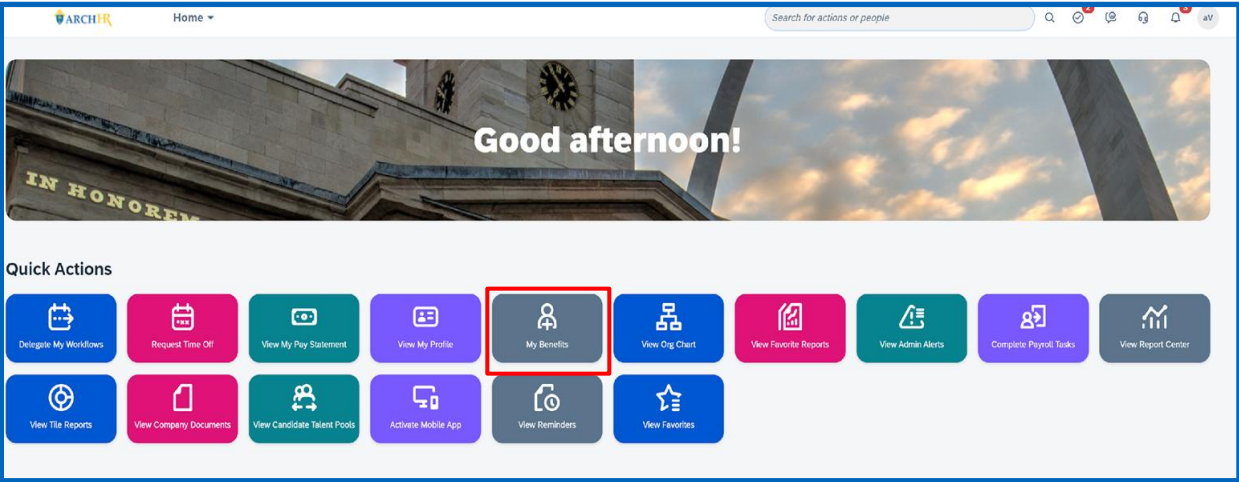


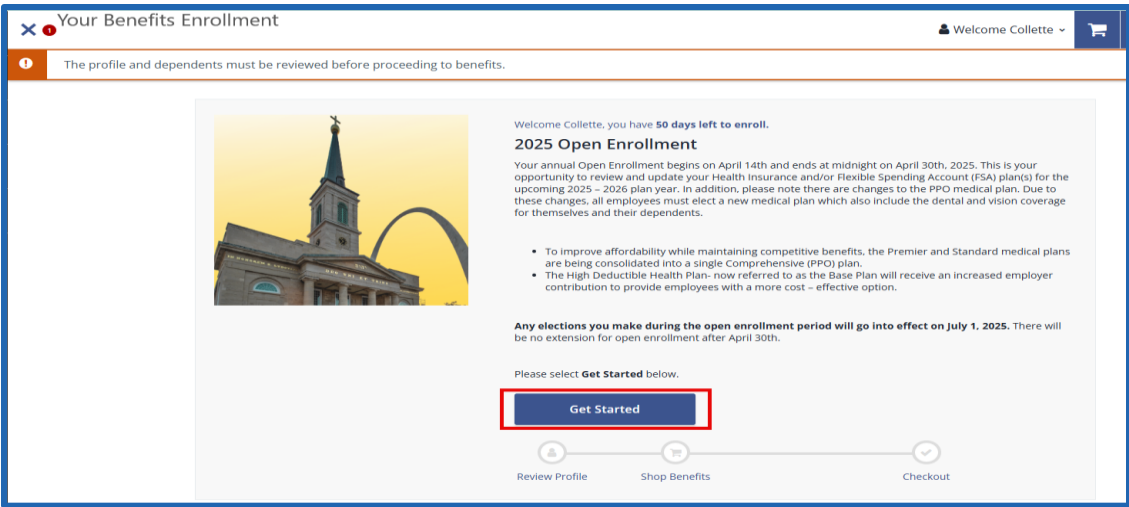
# Quick Reference Guide: Employee Open Enrollment



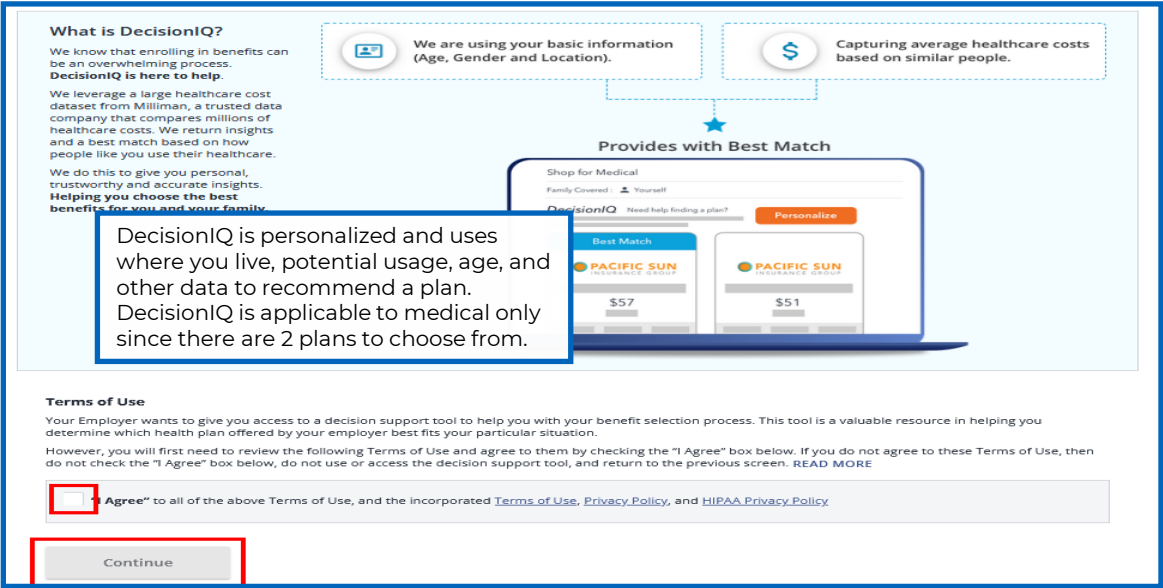
1. From your Home Page, click on the **My Benefits** tile.



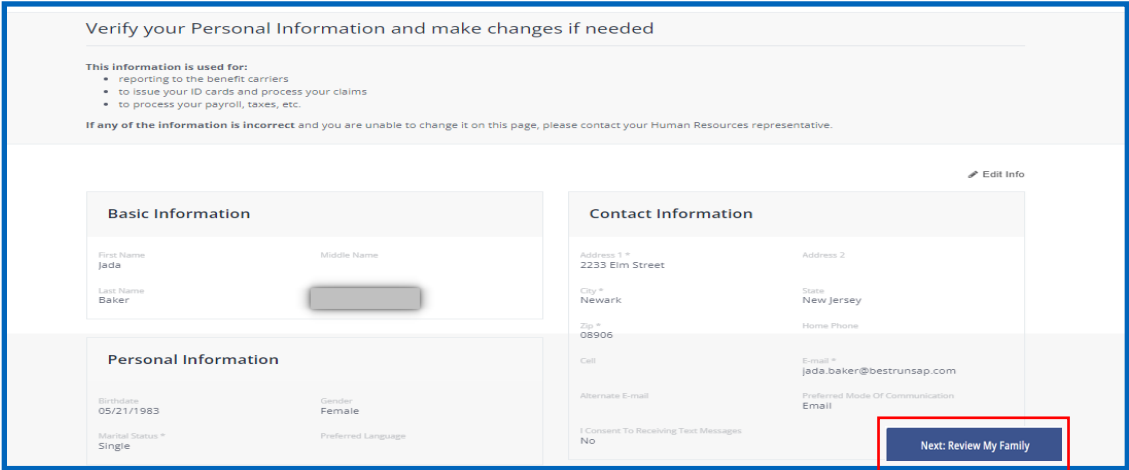
2. You will now see your **Benefits Portal**. Please read the Open Enrollment information and click on **Get Started**.



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.



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.*

# Quick Reference Guide: Employee Open Enrollment



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**

[< BACK](#) [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

Last Name \*  
Muffin

Gender \*  
Female

Relationship \*  
Spouse

Middle Name  
Middle Name

SSN  
123-12-1234

Birthdate \*  
02/13/1990

**Additional Info**

☒ Lives At Home

☐ 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**

[< BACK](#) [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**.

Shop for Medical insurance

Making a decision on what medical insurance plan is right for you and your family can be a little complicated—but don't worry, we're going to help you figure it out. Use the Decision Support and Compare plan tools in the additional content section to help choose the best plan for you, depending on what you think you and your family's medical needs will be for next year. You can also review your medical/rx benefit summary documents via this link.

Additional Content (2):

View More

< TO BENEFITS

Family Covered

☒ Yourself

☒ Charles Clementine

☒ Orange Clementine

+ ADD FAMILY MEMBER

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”.

Best Match

Base Plan

\$231.50

Per Deduction Period

HSA Eligible

Estimated annual cost: \$10,463.22

Plan Type: HDHP

Office Visit F... 20% Coin...

Office Visit F... 20% Coin...

View Plan

Charlotte, DecisionIQ has calculated **Base Plan** as your best match! Find Out How.

It's been calculated specifically for you based on:

☒ Age and Gender

You are a 44 year old Female

☒ Family

Enrolling yourself and 2 family members

☒ Location

Estimated medical costs specific to Fairfield, MO

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.

Select a Plan

Comprehensive Plan

\$307.00

Per Deduction Period

HSA Eligible

Estimated annual cost: \$10,751.06

Plan Type: PPO

Office Visit F... \$30 copay...

Office Visit F... \$30 copay...

View Plan

Decline Medical Benefits

Decline Coverage

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

HSA Qualification

Since you have elected the High Deductible Health Plan (HDHP), you qualify for the Health Savings Account (HSA) if you meet the following eligibility requirements:

- You must be enrolled in the HDHP plan.
- You cannot be claimed as a dependent on someone else's tax return.
- You cannot be covered by a spouse's Flexible Spending Account (FSA).
- You cannot be covered by any other medical plan, including Medicare A and/or B.
- You can not utilize a P.O. Box mailing address.

If you do not qualify based on the above requirements, please return to Medical to elect either the UHC Standard Plan or the UHC Premier Plan. Click "Back", then click on Medical to change your election.

If you are not eligible for an HSA account, please click "Back" and select the UHC Comprehensive Plan.

Based on the provided criteria above, do you qualify to enroll in the Medical High Deductible plan and Health Savings Account (HSA)?

Subscriber: Charlotte Clementine

☒ Yes, I qualify for the Medical HDHP Plan and HSA.

☐ No, I do not qualify.

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**.

Spousal Surcharge Attestation

Employee Attestation: A spousal surcharge is an extra monthly charge to an employee for insuring a spouse who has coverage available through his/her own employer. For further information, go to <https://www.archdiocese.org/human-resources/employee-benefits-and-forms/united-healthcare-medical-plan>.

By completing the Spousal Surcharge acknowledgment, I attest that the provided information is true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to update this spousal surcharge attestation within 31 days of such change. It is also my responsibility to ensure on a timely basis that my paycheck withholding correctly reflects my surcharge exemption. Any false statements, as it relates to my spousal health insurance information, shall be considered grounds for disciplinary action up to and including termination. I permit the Archdiocese to verify that my attestation is correct.

Question 1 of 1

Is your Spouse eligible for employer-subsidized health insurance through their own employer?

Subscriber: Charlotte Clementine

☒ My Spouse is eligible for employer-subsidized health insurance through their own employer.

☐ My spouse is not employed.

☐ My spouse is self-employed, without employer-subsidized health insurance coverage, and is not eligible for employer subsidized health insurance.

☐ My spouse is employed with an Archdiocese of St. Louis parish, agency, or school.

☐ My spouse is employed and is not eligible for his/her employers health insurance coverage.

☐ My spouse is employed and my spouses employer does not offer health insurance coverage.

☐ My spouse is employed and is eligible for his/her health insurance coverage but the full premium cost is paid by the employee. There is NO employer contribution toward the cost of the health insurance.

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

Medical: Base Plan

Best Match

HSA Eligible

< TO AVAILABLE PLANS

Plan Overview

Total estimated annual cost: \$10,463.22

\$5,556.00

Premium

\$4,907.22

Deductible

\$0.00

Out-of-Pocket Costs

DecisionIQ is calculating your HSA information...

Family Covered

+ ADD FAMILY MEMBER

☒ Yourself

☒ Charles Clementine

☒ Orange Clementine

Employee Only

\$15.50 Per Deduction Period

Employee + Spouse

\$171.00 Per Deduction Period

Employee + Child

\$171.00 Per Deduction Period

Employee + Children

\$231.50 Per Deduction Period

Employee + Family

\$231.50 Per Deduction Period

Base Plan

\$231.50

Per Deduction Period

Update Cart

Decline Coverage

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

Spouse Surcharge

The health insurance plan has a spousal surcharge fee of \$200 per month to cover a spouse who is eligible for employer-subsidized health insurance through their own employer.

Spousal Surcharge Policy Highlights

Spousal Surcharge FAQ

Spousal Surcharge: Spousal Surcharge

< TO BENEFITS

Select Coverage Level

☐ I Understand

Generic Spousal Surcharge

\$100.00

Per Deduction Period

I Understand

# Quick Reference Guide: Employee Open Enrollment



**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

<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):

Watch: The need for Vision Insurance

Watch: Understand a Copy

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

<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

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

Employer Annual Contribution: \$ 1200.00

Total Annual Contribution: \$ 1200.00

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)

Select Coverage Amount

Annual ☒ Per Pay Period ☐

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

Annual Personal Contribution: \$ 3050.00

Total Annual Contribution: \$ 3050.00

Health Flexible Spending Account (FSA)

\$127.08 Per Deduction Period

Update Cart

Decline Coverage

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)

Select Coverage Amount

Annual ☒ Per Pay Period ☐

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

Annual Personal Contribution: \$ 0.00

Total Annual Contribution: \$ 0.00

Dependent Care Flexible Spending Account (FSA)

\$0.00 Per Deduction Period

Update Cart

Decline Coverage

**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).

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

# Quick Reference Guide: Employee Open Enrollment



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**.

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

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**.



# Quick Reference Guide: Employee Open Enrollment



**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: 07/01/2024 to 06/30/2025

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%

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.

Your Benefits Enrollment

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: 07/01/2024 to 06/30/2025

DOWNLOAD

**THE HARTFORD** Health Flexible Spending Account (FSA) Coverage amount \$2,500.00

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

+ Add Beneficiary

Would you like to add secondary beneficiaries? ☐ No ☒ Yes

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

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

+ Add Beneficiary

Would you like to add secondary beneficiaries? ☐ No ☒ Yes

ADD CANCEL

**Add Beneficiary**

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

Choose existing beneficiary: [dropdown]

OR CREATE A NEW ONE

Name \* [text]  
Relationship \* [text]  
Allocation \* [text]  
Address 1 \* [text]  
Address 2 [text]  
City \* [text]  
State \* [text]  
Zip Code \* [text]  
Phone Number \* [text]

☐ 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 Open >

### 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