

# Benefits Enrollment Instructions


1. Click **Select** next to your event to start making your benefit elections.

## Benefits Enrollment

After your initial enrollment, you may change your benefit choices only during 2020 Benefits Enrollment or if you have a qualified job or life event. If you have such a change and nothing appears in the Open Benefits Events section below, please contact Benefits Support by phone at 1-877-698-4754, prompt 9.

Click [here](#) for step-by-step instructions to complete enrollment.

The **Info** button provides you with additional information about enrollment. To begin your enrollment, click **Select**.


Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
		08/19/2019	Open		<input type="button" value="Select"/>

Once you click Select, it will take a few seconds for your Benefits Enrollment Summary Page to appear.

# Benefits Enrollment Instructions

- This page shows your benefit options. For any benefit that you would like to enroll in, click **Edit Coverage**.

## THR Benefit Enrollment Info

 Your enrollment will not be complete until you click on the Submit button to send your enrollment choices to the Benefits department. To get to the Submit button, you'll need to click on the Continue button at the bottom of this page.

[Expand All](#) [Collapse All](#)

### Enrollment Summary

#### Medical

	Full Cost	Credit	Before Tax	After Tax
Current: Choice 500 / High Rx:Empl Only				
New: Choice 500 / High Rx:Empl Only	45.66	0.00	45.66	
<a href="#">Edit Coverage</a>				

#### Dental

	Full Cost	Credit	Before Tax	After Tax
Current: Aetna PPO (Low Option):Empl Only				
New: Aetna PPO (Low Option):Empl Only	8.54	0.00	8.54	
<a href="#">Edit Coverage</a>				

#### Vision

	Full Cost	Credit	Before Tax	After Tax
Current: Waive				
New: Waive	0.00	0.00		
<a href="#">Edit Coverage</a>				

# Benefits Enrollment Instructions

- After you click **Edit Coverage**, you will see the different options available to you in the benefit plan. Select the coverage you want by **clicking the circle** next to the benefit.

*Note: the name of the plan option is listed first (the costs are below the plan name).*

### THR Benefit Enrollment Info

You will continue with this coverage if you do not make a choice.

**Select an Option**

Below are your available options, shown with your cost per pay period.

Select one of the following plans:

Choice 500 / Low Rx

Coverage Level	Cost	Credit	Your Cost	Tax Class
Employee Only	\$41.11	\$0.00	\$41.11	Before-Tax
Employee + Spouse	\$175.00	\$0.00	\$175.00	Before-Tax
Employee + Child(ren)	\$156.27	\$0.00	\$156.27	Before-Tax
Employee + Family	\$285.17	\$0.00	\$285.17	Before-Tax

Choice 500 / High Rx

Coverage Level	Cost	Credit	Your Cost	Tax Class
Employee Only	\$45.66	\$0.00	\$45.66	Before-Tax
Employee + Spouse	\$190.13	\$0.00	\$190.13	Before-Tax
Employee + Child(ren)	\$163.21	\$0.00	\$163.21	Before-Tax
Employee + Family	\$314.66	\$0.00	\$314.66	Before-Tax

Choice 1000 / Low RX

Coverage Level	Cost	Credit	Your Cost	Tax Class
Employee Only	\$29.44	\$0.00	\$29.44	Before-Tax
Employee + Spouse	\$93.91	\$0.00	\$93.91	Before-Tax
Employee + Child(ren)	\$85.57	\$0.00	\$85.57	Before-Tax
Employee + Family	\$145.49	\$0.00	\$145.49	Before-Tax

Choice 1000 / High Rx

Coverage Level	Cost	Credit	Your Cost	Tax Class
Employee Only	\$33.90	\$0.00	\$33.90	Before-Tax
Employee + Spouse	\$109.04	\$0.00	\$109.04	Before-Tax
Employee + Child(ren)	\$92.51	\$0.00	\$92.51	Before-Tax
Employee + Family	\$174.98	\$0.00	\$174.98	Before-Tax

# Benefits Enrollment Instructions

4. If you need to add an eligible family member to coverage, click **Add/Review Dependents** to add their information.

vwave

**Add Dependents**

Add eligible dependents to your plan by selecting the box next to each dependent you wish to cover.


Dependent / Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

**Add/Review Dependents**

**Save and Continue**   **Discard Changes**

Click **Save and Continue** to hold your choices until you are ready to submit your final enrollment. You will be returned to the Benefits Enrollment Summary screen.

Click **Discard Changes** to ignore all new entries made on this page and return to the Enrollment Summary.



# Benefits Enrollment Instructions

- On this screen, fill out your eligible family member's information including Name, Date of Birth, Social Security Number, etc. Your family member's name should match what shows on their Social Security card. When you've added their information, click the orange **Save** button at the bottom.

Marriage ◀ Previous Next ▶ Cancel Continue Later

## Dependent/Beneficiary Personal Information

You must provide the social security number (SSN) for all covered dependents and provide the SSN for newborns before they are 6 months old. Dependents missing or having invalid Social Security numbers will be dropped from coverage if not provided within the deadline.

Please make sure to enter your dependent's information exactly as it appears on legal documentation (birth certificate, Social Security Card, etc.):

### Personal Information

*First Name	Example
Middle Name	
*Last Name	Spouse
Name Prefix	
Name Suffix	
*Date of Birth	5/15/1990
*Gender	Male
SSN	111-11-1111 (Social Security Number)
*Relationship to Employee	Spouse

### Status Information

*Marital Status	Single	As of	
Disabled	No	As of	

### Address and Telephone


Same Address as Employee

Country United States  
Address

Same Phone as Employee

Phone

**Save**



# Benefits Enrollment Instructions

- When you have added your eligible family member's information, select **Return to Event Selection**.

**Note:** This does NOT add your family member to coverage. It only adds their information into the system. You must complete step 7 to add your family member to coverage.

## THR Benefit Enrollment Info

### Who Do You Want to Cover as a Dependent or Beneficiary?

You must provide documentation within 31 days of your event date to verify your dependent's eligibility. Unverified dependents will be dropped from coverage.

Dependent Information							
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Disabled	Dependent	Beneficiary
Spouse Example	Spouse	01/01/1990	Single		No	Yes	Yes

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)



# Benefits Enrollment Instructions

7. Click the **button** next to your dependent's name to add them coverage.

**Note:** If you do not select this button, your dependent won't be added.

### THR Benefit Enrollment Info

Employee + Spouse	\$342.81	\$0.00	\$342.81	Before-Tax
Employee + Child(ren)	\$281.32	\$0.00	\$281.32	Before-Tax
Employee + Family	\$544.54	\$0.00	\$544.54	Before-Tax

Texas Health Aetna 1000/Low Rx

Coverage Level	Cost	Credit	Your Cost	Tax Class
Employee Only	\$26.50	\$0.00	\$26.50	Before-Tax
Employee + Spouse	\$84.52	\$0.00	\$84.52	Before-Tax
Employee + Child(ren)	\$77.01	\$0.00	\$77.01	Before-Tax
Employee + Family	\$130.94	\$0.00	\$130.94	Before-Tax

Texas Health Aetna 1000/High Rx

Coverage Level	Cost	Credit	Your Cost	Tax Class
Employee Only	\$31.05	\$0.00	\$31.05	Before-Tax
Employee + Spouse	\$99.65	\$0.00	\$99.65	Before-Tax
Employee + Child(ren)	\$83.95	\$0.00	\$83.95	Before-Tax
Employee + Family	\$160.43	\$0.00	\$160.43	Before-Tax

Waive

#### Add Dependents

Add eligible dependents to your plan by selecting the box next to each dependent you wish to cover.

Dependent / Beneficiary	First Name	Last Name	Relationship
<input checked="" type="checkbox"/>	Example	Spouse	Spouse

Click **Save and Continue** to hold your choices until you are ready to submit your final enrollment. You will be returned to the Benefits Enrollment Summary screen.

Click **Discard Changes** to ignore all new entries made on this page and return to the Enrollment Summary.

# Benefits Enrollment Instructions

8. Click **Save and Continue** to save your changes to this benefit.

**Note:** You have not submitted your elections yet. Your enrollment is not complete. Do not stop here.

Texas Health Aetna 1000/HighRx

Coverage Level	Cost	Credit	Your Cost	Tax Class
Employee Only	\$31.05	\$0.00	\$31.05	Before-Tax
Employee + Spouse	\$99.65	\$0.00	\$99.65	Before-Tax
Employee + Child(ren)	\$83.95	\$0.00	\$83.95	Before-Tax
Employee + Family	\$160.43	\$0.00	\$160.43	Before-Tax

Waive

**Add Dependents**

Add eligible dependents to your plan by selecting the box next to each dependent you wish to cover.

Dependent / Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Example Spouse	Spouse

Click **Save and Continue** to hold your choices until you are ready to submit your final enrollment. You will be returned to the Benefits Enrollment Summary screen.

Click **Discard Changes** to ignore all new entries made on this page and return to the Enrollment Summary.

# Benefits Enrollment Instructions

9. You will see a summary of your election for this benefit. Confirm the benefit, covered family members, and bi-weekly cost. Click **Update Elections**.

**THR Benefit Enrollment Info** Home Menu

Benefits Enrollment New Window | Personalize Pa

Medical

**i** Below is a summary of the plan that you selected. Click Update Elections below to store your choices.

**Your Election**  
You have chosen Choice 1000 / Low RX with Employee + Spouse coverage.

**Your Estimated per-pay-period Cost**

Full Cost	\$93.91
Credits	\$0.00
<b>Your Cost</b>	<b>\$93.91</b>

**Your Covered Dependents**

**Dependent Information**

Name	Relationship
Example Spouse	Spouse

**Notes**

Your online elections will remain under review until the acceptable documentation is received. All changes are effective the following pay period beginning after online elections are entered and acceptable documentation is received. Do not use any applicable Flex Dollars for this choice until you receive your 2014/2005 paycheck.

Select the **Update Elections** button to store your choices.  
Select the **Discard Changes** button to go back and change your choices.

10. You will follow the same steps above (4-9) for each benefit that you want to enroll in/make changes for. Be sure to review each benefit that is available to you.

# Benefits Enrollment Instructions

11. Once you have enrolled in the benefits that you would like, scroll to the bottom of the Benefits Enrollment page. You will see a summary of your bi-weekly costs. **Click Continue.**

New: <b>Waive</b>	0.00	0.00	0.00	0.00
<input type="button" value="Edit Coverage"/>				

<b>Wellness Credit \$20</b>				
Current: Wellness Credit \$20	Full Cost	Credit	Before Tax	After Tax
New: <b>No Coverage</b>				

<b>Benefits Handbook</b>				
Current: No Coverage	Full Cost	Credit	Before Tax	After Tax
New: No Coverage				
<input type="button" value="Edit Coverage"/>				

This table summarizes the estimated cost per pay period for your new benefit choices. (The "Employer" column displays the amount the Company is contributing to subsidize the cost of your benefits.)

Election Summary				
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer
Cost	116.69	102.45	14.24	523.86
Credit	0.00	0.00		
<b>Your Cost</b>	<b>116.69</b>	<b>102.45</b>	<b>14.24</b>	

Select the **Continue** button to move to the next page.

**i** Important: Your enrollment will not be complete until you **Submit** your benefit choices on the following page.

**12. FINAL STEP:** Submit your benefit choices to the benefits department by **clicking Submit.**

### THR Benefit Enrollment Info

New Window | Personalize Pr

#### Benefits Enrollment

#### Submit Benefit Choices

You have almost completed your enrollment. If you have no additional changes, review the information below and then click "**Submit**" to finalize your benefit choices.

If you need to go back to make a change, click "**Cancel**" to return to your Enrollment Summary.

Do not submit your benefit choices until you have completed your entire enrollment. You may store your choices on each page and return to the Enrollment Summary screen as many times as you like prior to your enrollment deadline. You may continue to revise your open enrollment benefit elections as many times as you wish through Nov. 15.

#### Authorize Elections

By entering benefit elections, I indicate that I have read my enrollment materials and understand the options available to me. I authorize payroll deductions for my share of the cost of my benefits, and understand that any before-tax deductions may slightly reduce my Social Security retirement benefits. I understand that I cannot change my benefit elections during the year unless I have a status change or qualify for special enrollment rights. If I am participating in the Health and/or Day Care Spending Account, I understand that reimbursements are due by March 31 of the following plan year. I further understand that if I elect to increase my life, AD&D, or disability coverage and am on leave of absence, the increases will not be effective until I return from leave. I certify that the information I have given is true and complete. I understand that if I have not given true and complete information, I am subject to corrective action.

Select the **Submit** button to send your final choices to the Benefits Department.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

# Benefits Enrollment Instructions

13. On your Benefit Enrollment page, you will see that the Event Status is Submitted. This means you are done! To print your benefit summary report to save for your records, **click Print** under Submitted Elections from the Benefits Enrollment page.


**Note:** You may need to disable pop-up blockers to view your summary report.

## Benefits Enrollment

After your initial enrollment, you may change your benefit choices only during 2020 Benefits Enrollment or if you have a qualified job or life event. If you have such a change and nothing appears in the Open Benefits Events section below, please contact Benefits Support by phone at 1-877-698-4754, prompt 9.

[Click here for step-by-step instructions to complete enrollment.](#)

The **Info** button provides you with additional information about enrollment. To begin your enrollment, **click Select**.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	Submitted Elections
		01/01/2019	Submitted		<a href="#">Print</a>

Once you click Select, it will take a few seconds for your Benefits Enrollment Summary Page to appear.

14. Don't forget to submit documentation for any eligible family members you are adding to your Medical, Dental and/or Vision plans. Documentation is due within 31 days of your event date. See your benefits handbook for information on what documentation to submit.