



# **ORACLE BENEFITS TRAINING MANUAL**

**TEAM MEMBER SELF-SERVICE (ESS)**

**UVA Community Health**

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## Benefits Overview

UVA Community Health offers a benefits program that provides comprehensive coverage for the needs of our Team Members and their families. UVA Community Health provides eligible team members with valuable benefits, including:

- Health insurance
- Dental insurance
- Vision insurance
- Health Reimbursement Account
- Health Savings Account (HSAs)
- Flexible Spending Accounts (FSAs)
- Life Insurance and AD&D
- Disability
- Critical Illness
- Legal Plan
- Hospital Insurance
- Accident Insurance
- Retirement plans\*

All health and welfare insurance plans are administered through the Oracle Benefits module. Using this integrated module, you can track various activities for benefit plans such as participants, dependents, eligibility, enrollment, life events, rates, coverage, and more.

This Benefits Training Manual provides a detailed step-by-step guide to enroll in health and welfare insurance plans within the Oracle Benefits module.

\*Retirement plans are administered through Fidelity's recordkeeping system, *NetBenefits*. Refer to new hire enrollment emails and the annual benefits guide for additional plan election details.

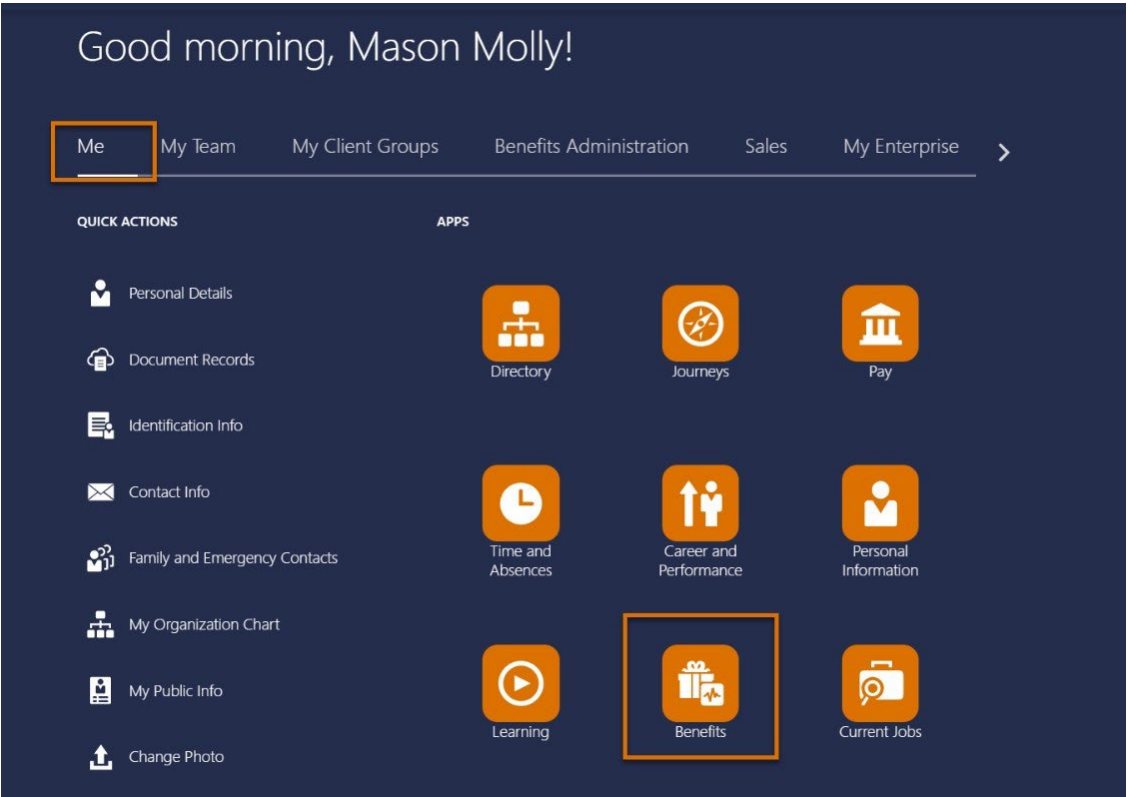
# New Hire Enrollment Instructions

## Making Initial Benefit Elections

**Initiator:** Employee

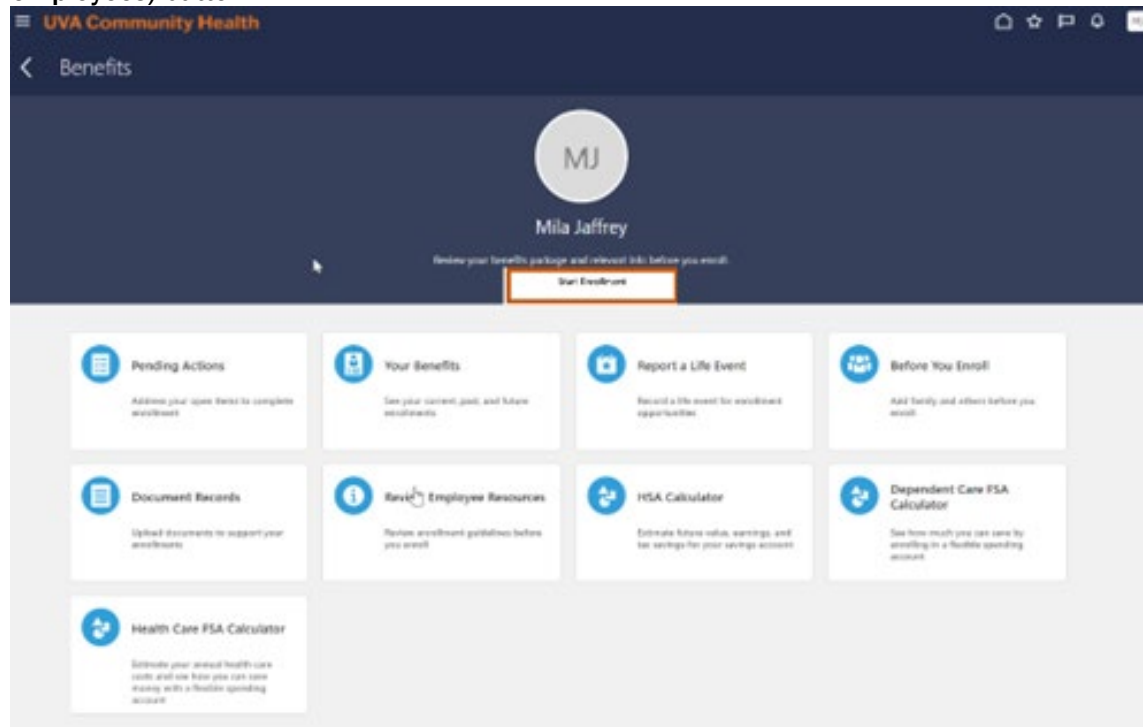
**Purpose:** The purpose of this job aid is to assist you with making initial benefits elections upon hiring or open enrollment.

**Note:** Benefits elections are generally subject to a specific enrollment deadline. Make sure you understand the start and stop times during which you can elect benefits coverage.

Step	Action
1	<p data-bbox="277 768 938 800">From the <b>Home</b> page, navigate to <b>Me &gt; Benefits</b>.</p>  <p>The screenshot shows a dark blue user interface. At the top, it says "Good morning, Mason Molly!". Below this is a horizontal navigation bar with several items: "Me", "My Team", "My Client Groups", "Benefits Administration", "Sales", and "My Enterprise". The "Me" item is highlighted with an orange box. Below the navigation bar, there are two columns of options. The left column is titled "QUICK ACTIONS" and includes: Personal Details, Document Records, Identification Info, Contact Info, Family and Emergency Contacts, My Organization Chart, My Public Info, and Change Photo. The right column is titled "APPS" and includes: Directory, Journeys, Pay, Time and Absences, Career and Performance, Personal Information, Learning, Benefits, and Current Jobs. The "Benefits" app icon, which shows a gift box, is highlighted with an orange box.</p>

2

The **Benefits** page displays. Click the **Start Enrollment** (new hires) or **Make Changes** (existing employees) button.

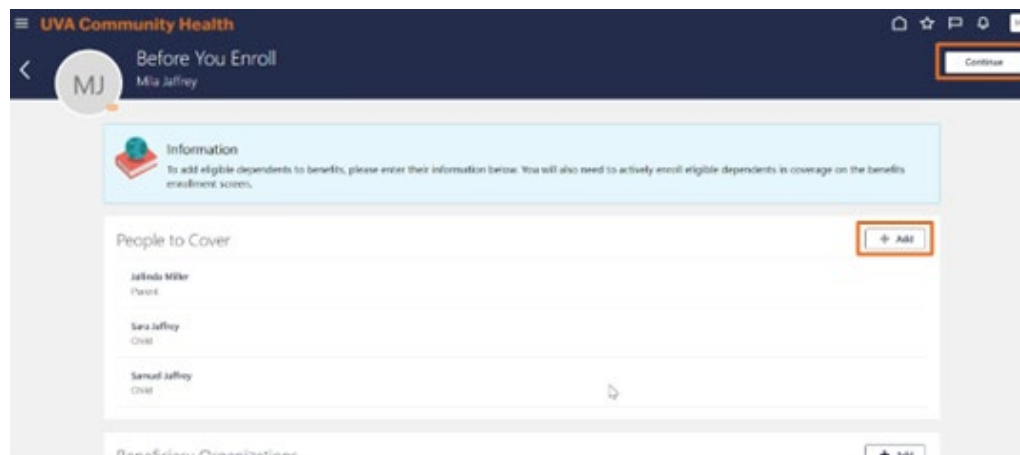


3

The **Before You Enroll** page displays. If you have dependents to add (that are not currently listed), click the **Add (+)** button in the **People to Cover** section. If not, go to step 5 below.

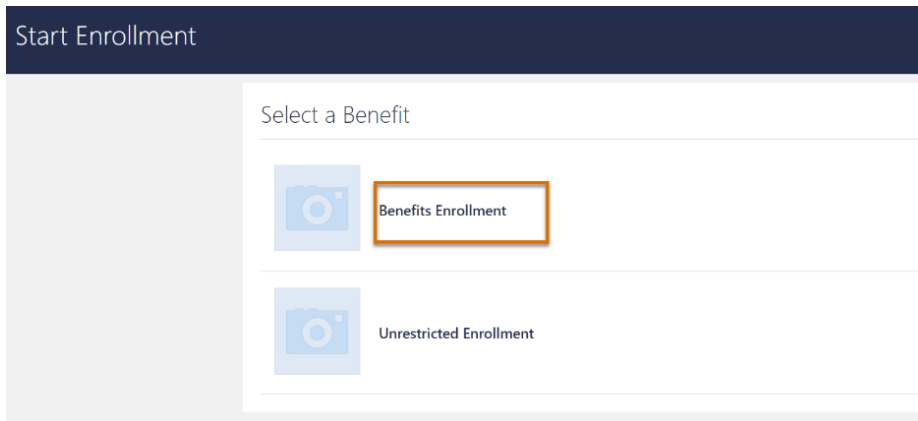
**Note:** Refer to the **Add New Dependents as a New Hire** job aid below on how to add new dependents as a new hire.

Click the **Continue** button.



4

The **Start Enrollment** page displays. Click the **Benefits Enrollment** icon.



5

The **Health Plans** page displays. You can start making health elections for the following plans by clicking the **Edit** button.

- **Medical**
- **Dental**
- **Vision**

**Note:** For any health plans you want to opt out of coverage, ensure you select the **Waive (Medical, Dental and/or Vision)** checkbox(s) to the left of each plan.



6

Select medical coverage by checking the box next to the plan you would like.

**Note:** For any health plans you want to opt out of coverage, ensure you select the **Waive (Medical, Dental and/or Vision)** checkbox(s) to the left of each plan.

In this example, **Employee Only** was selected.

The screenshot shows a selection interface for health plans. It is divided into two sections: 'Anthem / AmeriBen Medical PPO' and 'Anthem / AmeriBen Medical HDHP'. Under the PPO section, there are three options: 'Employee Only' (1,916.28 Annualy, 60.32 Employee Contribution), 'Employee + Children' (1,917.80 Annualy, 150.30 Employee Contribution), and 'Family' (4,853.08 Annualy, 263.58 Employee Contribution). The 'Employee Only' option is selected, indicated by a checked checkbox. Under the HDHP section, there is one option: 'Employee Only' (1,136.52 Annualy, 43.71 Employee Contribution), which is not selected. A red box highlights the 'Employee Only' checkbox in the PPO section.

7

If you select an **Employee + Children** plan, you will be asked to check the box for which children you would like covered in this plan. Check the box for children you would like to include and click **OK**.

Next, go to the **Dental** section.

The screenshot shows a selection interface for health plans, similar to the previous one, but with a warning message. The 'Employee + Children' plan is selected. A yellow warning banner at the top states: 'You need to designate dependents or beneficiaries for your selected offerings.' Below this, there is a list of children to be covered. The list includes 'Samuel Jeffrey (Child)' and 'Sara Jeffrey (Child)', both of which are checked. There are 'OK' and 'Cancel' buttons at the top right. A red box highlights the 'OK' button. The 'Employee + Children' plan details are: Annual Amount 3,907.80, Employer Contribution 150.30. The 'Family' plan details are: Annual Amount 4,853.08, Employer Contribution 263.58. The 'Employee Only' plan details are: Annual Amount 1,136.52, Employer Contribution 43.71.

8

In this example, **Employee + Children** was selected. You will be asked to check the box for which children you would like covered in this plan. Check the box for children you would like to include and click **OK**. Next, go to the **Vision Section**.

Dental

Delta Dental

Employee Only  
\$5.64 Annually  
Employee Contribution: 7.14

Employer Contribution: 10.21

**OK** Cancel

**You need to designate dependents or beneficiaries for your selected offerings.**

Delta Dental  
Employee + Children  
Employee Contribution: 23.49

Annual Amount: 600.00  
Employer Contribution: 54.02

Who do you want to cover?

Samuel Jeffrey (Child)

Sara Jeffrey (Child)

Family  
\$10.15 Annually  
Employee Contribution: 31.12

9

In this example, **Employee + Children** was selected. You will be asked to check the box for which children you would like covered in this plan. Check the box for children you would like to include and click **OK**. Next, click the **Continue** button.

Vision

Delta Vision

Employee Only  
\$6.60 Annually  
Employee Contribution: 3.72

**OK** Cancel

**You need to designate dependents or beneficiaries for your selected offerings.**

Delta Vision  
Employee + Children  
Employee Contribution: 5.97

Annual Amount: 103.36

Who do you want to cover?

Samuel Jeffrey (Child)

Sara Jeffrey (Child)

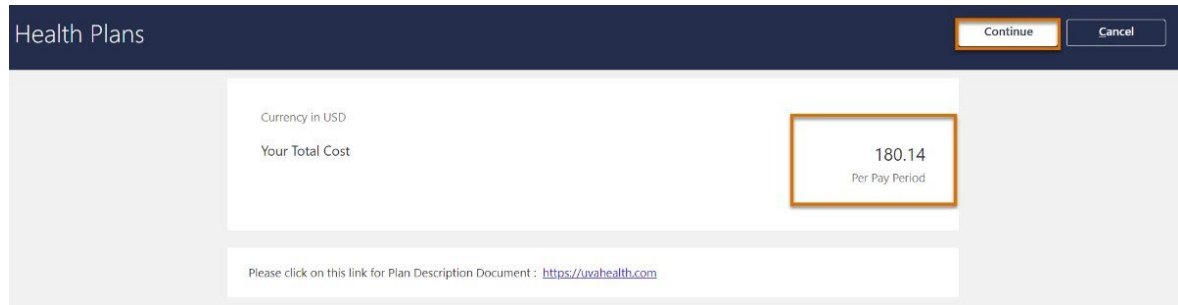
Family  
\$45.26 Annually  
Employee Contribution: 9.59

Waive Vision



10

The **Per Pay Period** total amount displays based on the elections selected. Next, click the **Continue** button to select additional health care coverage and reimbursement programs.



11

The **Benefits Enrollment** page displays. This page allows you to either elect or make changes to any plan. Please note not all plans listed below are employer paid. Make elections for the following plans:

- **Health Reimbursement Account :**  
Note: your HRA election must match the PPO medical plan election. For example: if you elect the PPO medical plan employee only option then you must elect the HRA employee only option. If you elect employee + children PPO medical plan, then you must elect the HRA employee + Children option.
- **Health Savings Account :**  
Note: Note: your HSA employer contribution election must match the HDHP medical plan election. For example: if you elect the HDHP medical plan employee only option then you must elect the HSA employee only option. If you elect employee + children HDHP medical plan, then you must elect the HSA employee + Children option.
- **Flexible Spending Accounts**
- **Life Insurance and AD&D**
- **Disability**
- **Critical Illness**
- **Legal Plan**
- **Hospital Insurance**
- **Accident Insurance**

Click the Edit pencil, select a plan and click the **Continue** button after each plan is selected.

Benefits Enrollment Submit Cancel

**Health Reimbursement Account** Edit

Health Reimbursement Account

Health Reimbursement Account (HRA)  
Employee Only

**Health Savings Account** Edit

Health Savings Account (HSA)

Waive Health Savings Account

**Flexible Spending Accounts** Edit

Health Care FSA

Health Care FSA (HFSA)  
Contribution 43.33

12

**Review all your elections. Click the Submit button.**

Benefits Enrollment Submit Cancel

**Health Reimbursement Account** Edit

Health Reimbursement Account

Health Reimbursement Account (HRA)  
Employee Only

**Health Savings Account** Edit

Health Savings Account (HSA)

Waive Health Savings Account

**Flexible Spending Accounts** Edit

Health Care FSA

Health Care FSA (HFSA)  
Contribution 43.33

13

Review the **Confirmation** page for covered dependents and coverage start dates.

The screenshot shows the 'Confirmation' page for 'Benefits Enrollment'. At the top left is a navigation arrow and a circular logo with 'MM'. The page title is 'Confirmation' with a sub-header 'Benefits Enrollment'. A 'Print' button is in the top right. A green confirmation box states: 'Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 12/18/2022. Enroll in Other Benefits'. Below this, a white box shows 'Currency in USD' and 'Your Total Cost Each Pay Period' as 226.96. A 'Health Plans' section lists 'Anthem / AmeriBen Medical PPO Employee Only' for 60.32, with a dropdown for 'Who's covered?' set to 'You'. Below that is 'Waive Dental' with a dropdown arrow.

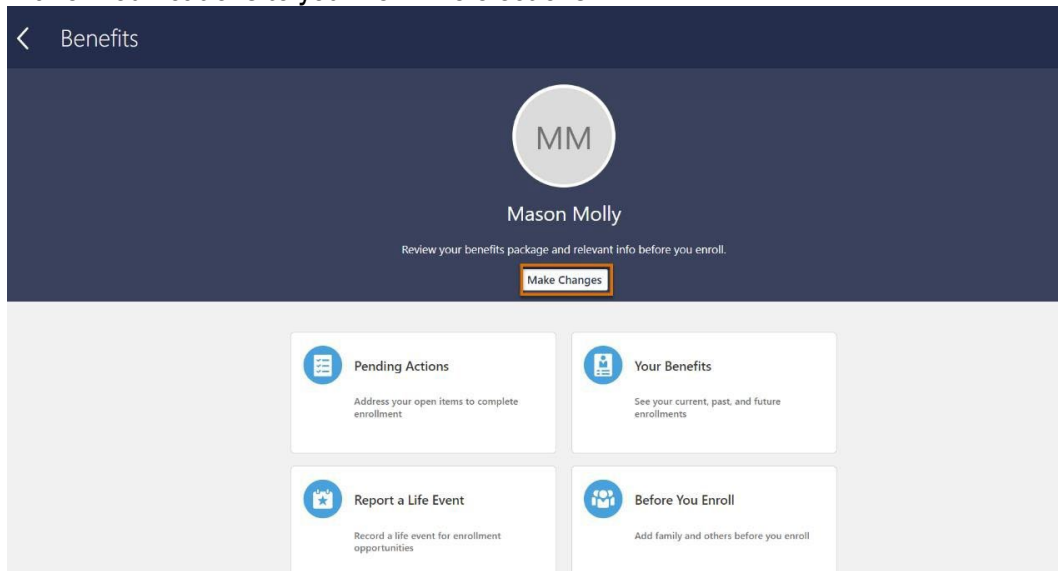
14

On the **Confirmation** page, the **Authorization** section displays that you certify the information selected and signed. You can click the **Print** button to further review your elections.

This screenshot shows the 'Confirmation' page with the 'Authorization' section highlighted by an orange border. The page header is the same as in the previous screenshot. Below the 'Hospital Insurance' and 'Accident Insurance' sections (both showing 'Waive' options), the 'Authorization' section contains the following text: 'I ELECT TO ENROLL in (or MAKE CHANGES TO) a benefits plan as indicated above and agree to authorize deductions from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future. I CERTIFY that the information provided herein is accurate and listed dependents are eligible dependents'. Below the text is a form with fields for 'Employee Number' (300000), 'Name' (Mason Molly), 'Date', and 'Signature'.

15

Return to the **Benefits** page. If necessary, click the **Make Changes** button if you need to make modifications to your new hire elections.

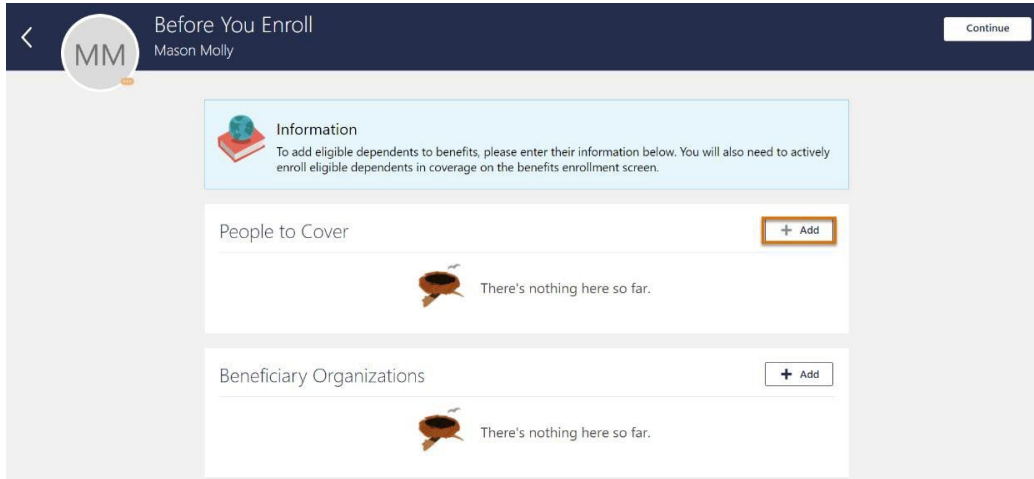


## Add New Dependents to Cover on Insurance at Time of Hire

**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you with the task of adding new dependents to be included in the Benefits program.

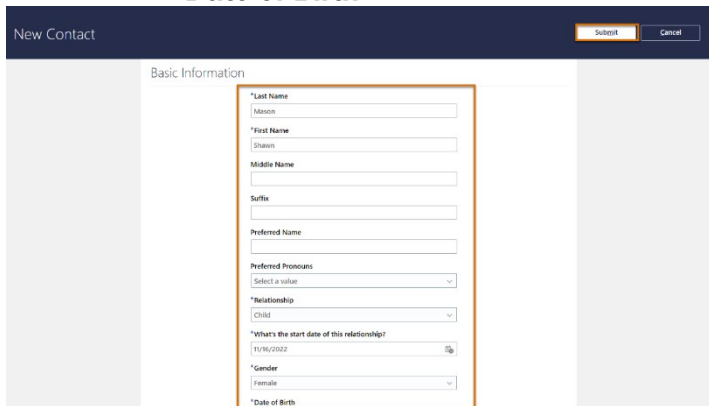
Step	Action
1	<p>When electing benefits as a new hire, Oracle will navigate you to the Before You Enroll page as displayed below.</p>
2	<p>Start by entering the dependents you want to cover under insurance plans. Click the <b>+Add</b> button.</p>



3

The **New Contact** page displays. Enter the following information in the **Basic Information** section:

- **Last Name**
- **First Name**
- **Relationship**
- **What's the start date of this relationship: when enrolling a dependent, the start date of the relationship should always be your hire date. Otherwise, this will cause an election error.**
- **Gender**
- **Date of Birth**



4

Enter the address and social security number (required). If you are adding a dependent who does not yet have a social security number (e.g., a newborn child) do not select the National Identifier section otherwise the system will require you to enter a number. Click the **Submit** button.

Review the information entered. Click the **Submit** button.

New Contact Submit Cancel

Tobacco Use  
Select a value

Covered by another plan?  
No

Plan

Address


Use My Address  
Select a value


Enter a New Address

National Identifiers

Country  
Select a value

5 You return to the **Before You Enroll** page. The dependent now displays. Continue this process for each additional person you want covered on your insurance plans.


<  Before You Enroll Continu  
Mason Molly

 Information  
To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage on the benefits enrollment screen.

People to Cover + Add

Shawn Mason  
Child

Beneficiary Organizations + Add


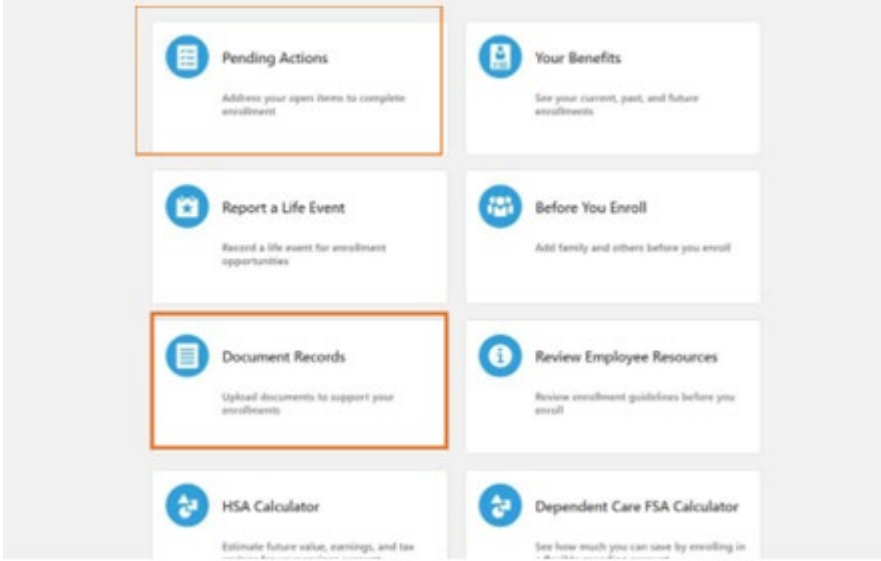
 There's nothing here so far.

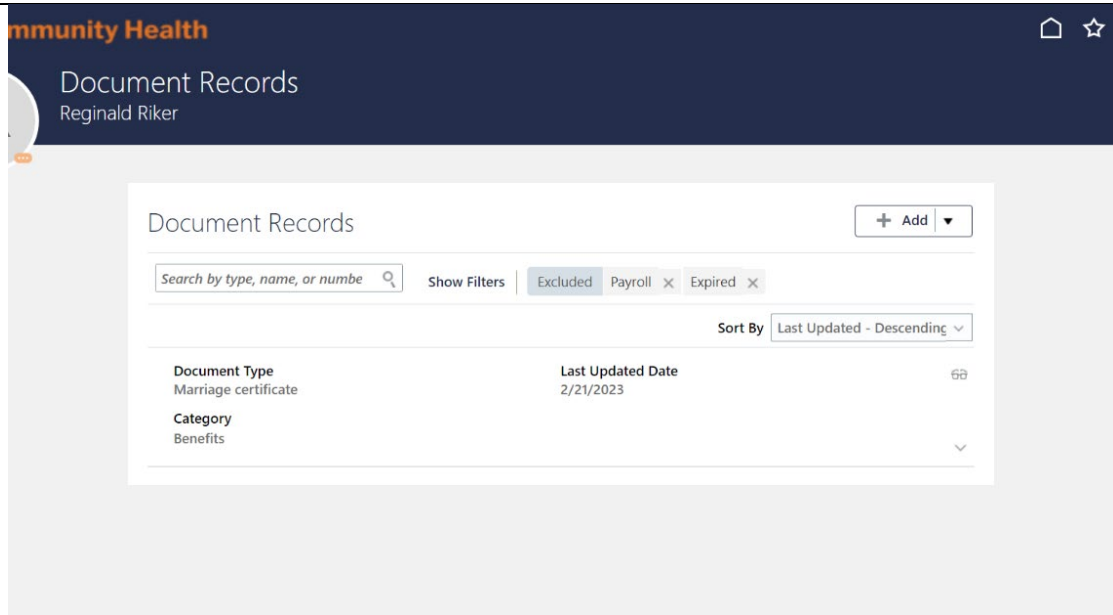
## Uploading Required Dependent Documents

**Initiator:** Employee

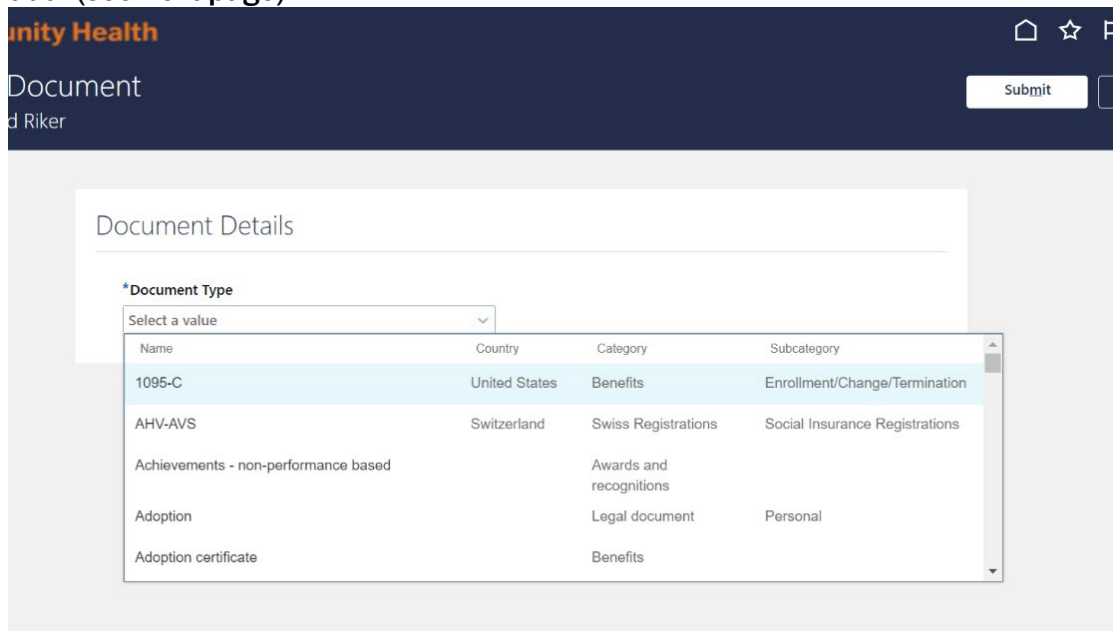
**Purpose:** The purpose of this job aid is to assist you with the task of uploading a benefits document for a dependent added as a new hire.

There are two options: add through “Pending Action Items” or “Document Records”.

Step	Action
1	<p>From the Home page, navigate to Me &gt; Benefits.</p> 
2	<p>The Benefits page displays. Click the Pending Action Items or Document Records option.</p> 
3	<p>The Document Records page displays. Start by adding a new document. Click the +Add button.</p>



**4** The Document Type drop-down displays. Click on the type of document you wish to add. (see next page)



**5** In the Document Details pane, add requested information about the document.

**Note:** This information is not mandatory, but it is important to add pertinent information based on the business requirements for the type of document being submitted.



## Document Details

\*Document Type

Birth

Country

All Countries

Category

Legal document

Sub Category

Personal

Name

Issuing Authority

Issued On

m/d/yyyy

Issuing Comments

Issuing Country

Select a value

Context Value

Issuing Location

Attachments



Drag files here or click to add attachment

6

In the Document Details pane, under Attachments, upload the document.

Category

Legal document

Sub Category

Personal

Name

Issuing Authority

Issued On

m/d/yyyy

Issuing Comments

Issuing Country

Select a value

Context Value

Issuing Location

Attachments



Drag files here or click to add attachment

Add File

Add Link

Name

Issued On

Issuing Country


Issuing Location

Issuing Authority

Issuing Comments

Context Value

Attachments



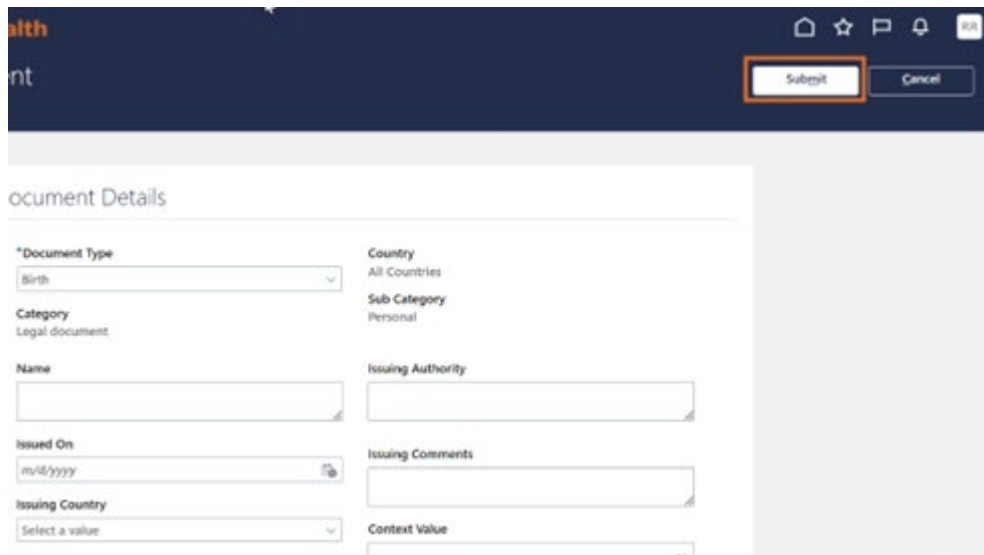
Drag files here or click to add attachment

Riley Rogers Birth Document.docx (51.4 KB)

By Reginald Riker on 2/28/2023 11:22 PM

7

Once the document is uploaded, click Submit at the top of the screen.



Document Details

\*Document Type: Birth

Country: All Countries

Category: Legal document

Sub Category: Personal

Name:

Issuing Authority:

Issued On:

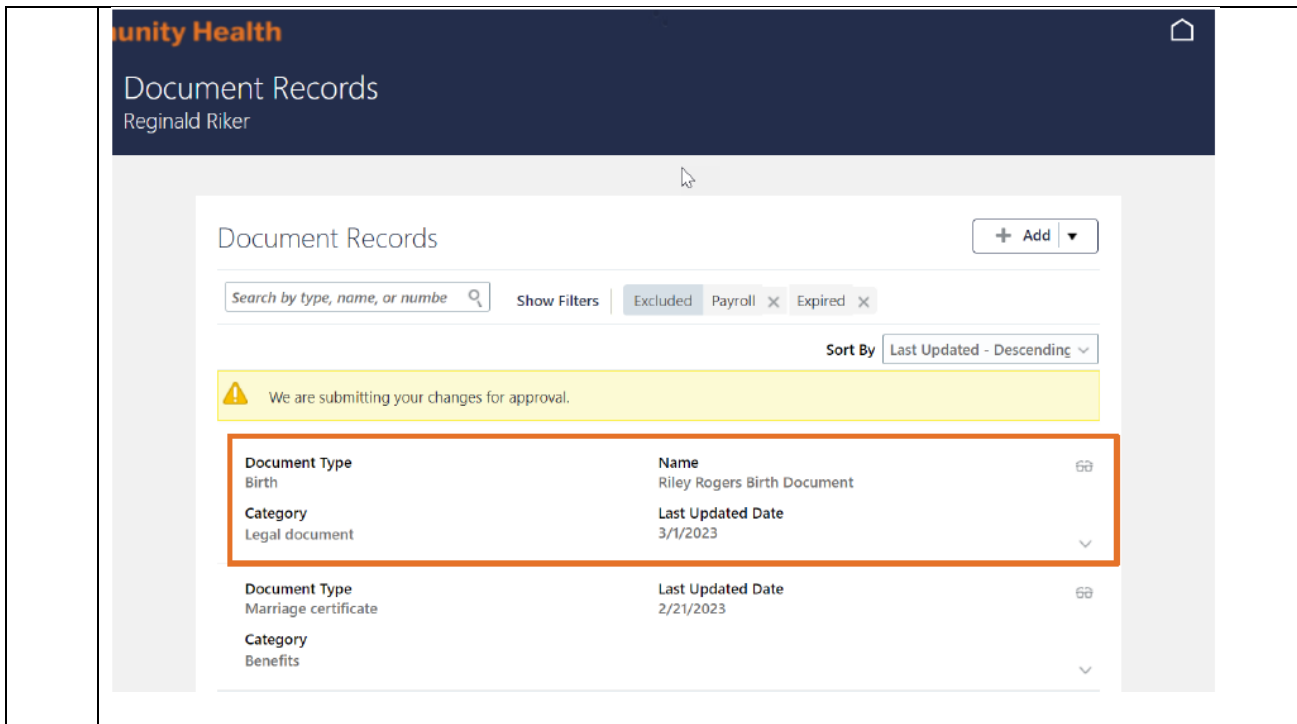
Issuing Comments:

Issuing Country:

Context Value:

8

Return to the Before You Enroll page. The new document now displays under Document Records.



## Add New Hire Health Savings Account (HSA) Employee Payroll Contributions

**For the 2024 year, please follow the instructions outlined below to make changes to your HSA Employee contributions.**

**During the open enrollment period (October 20-November 02, 2024), team members will need to contact the Total Rewards team to make 2024 Health Savings Account Employee contribution changes. Please email us at [myuvachhr@uvahealth.org](mailto:myuvachhr@uvahealth.org).**

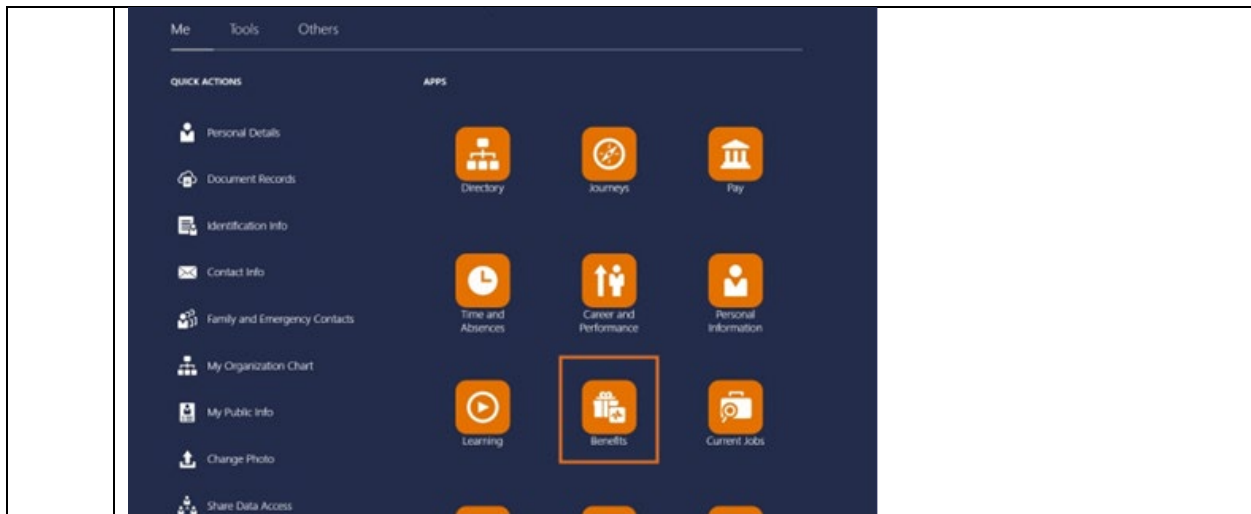
**For 2025, instructions coming soon.**

**Initiator:** Employee

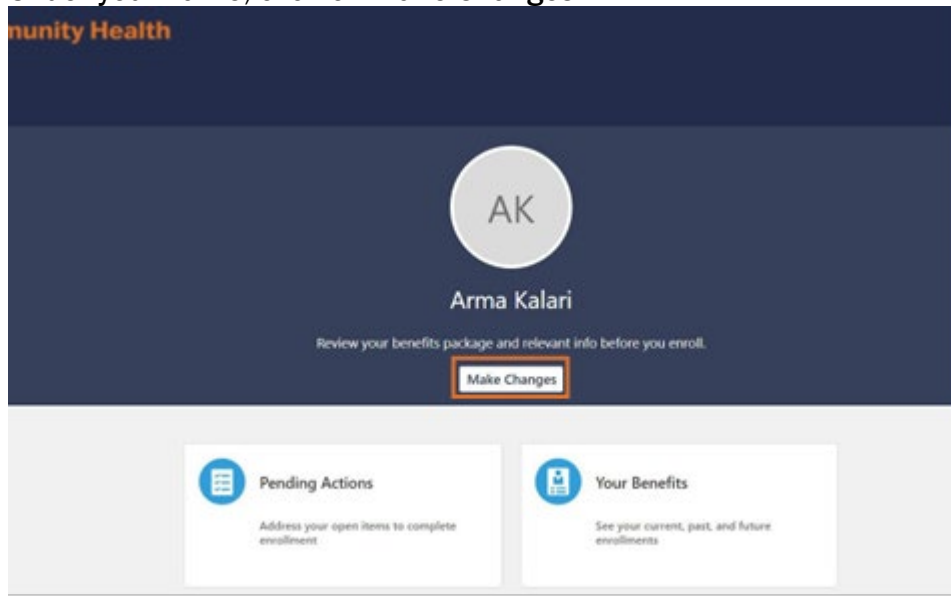
**Purpose:** The purpose of this job aid is to assist you in changing the desired annual dollar amount of Employee HSA contribution.

**Note:** You must already have enrolled in the HSA plan during a new hire enrollment event based on your HDHP medical plan selection. Changes to this benefit can be made at any time, not only during enrollment periods.

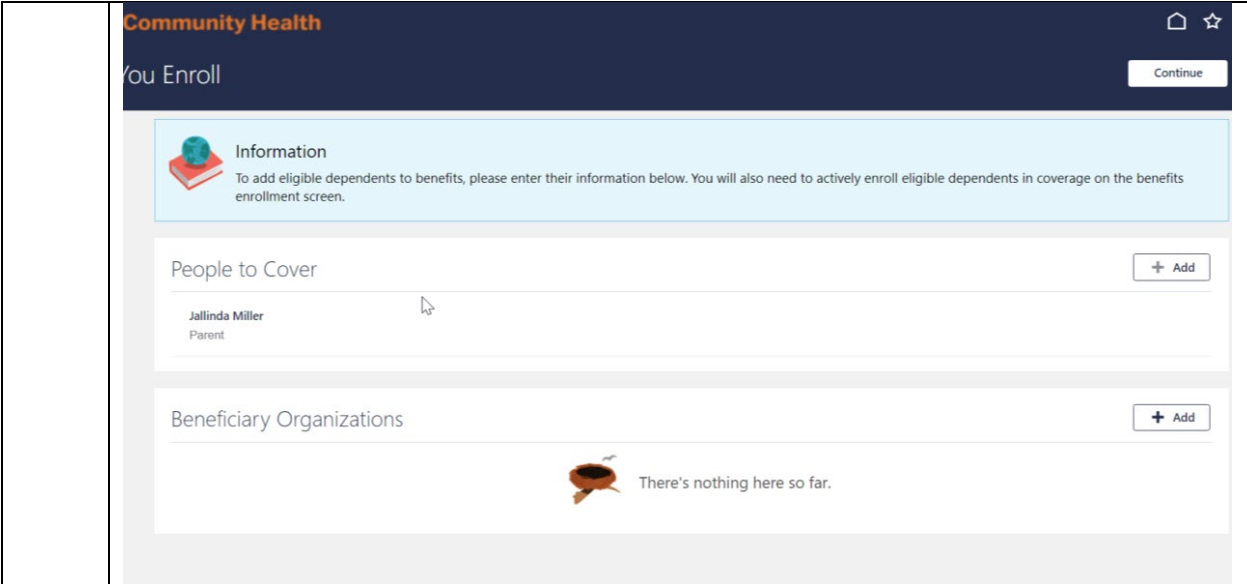
Step	Action
1	From the Home page, navigate to Me > Benefits.



**2** Under your name, click on Make Changes.

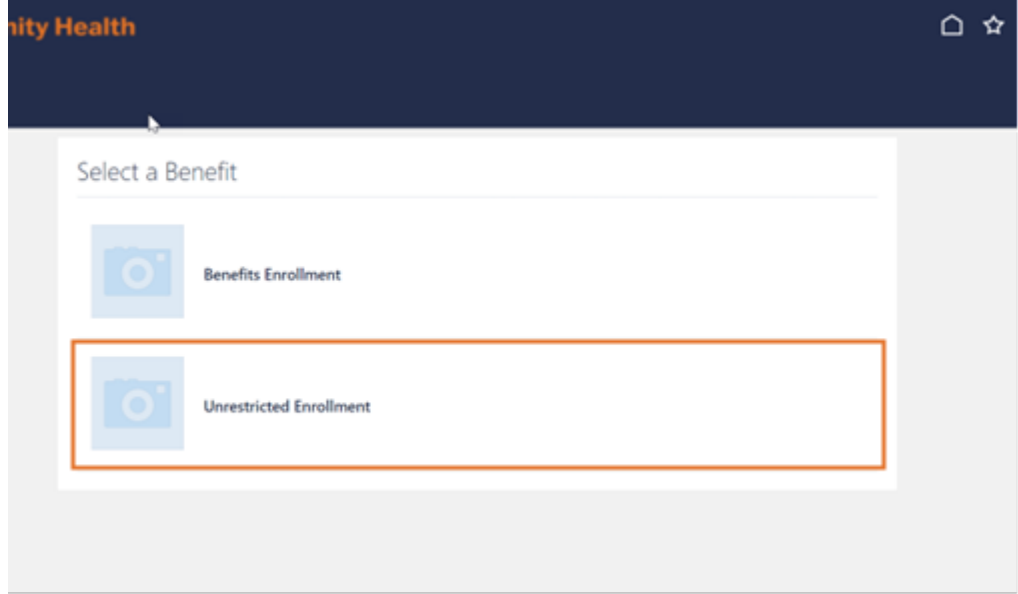


**3** You will see the Before You Enroll page. If you do not have adjustments to make to your dependents or beneficiaries, click Continue.



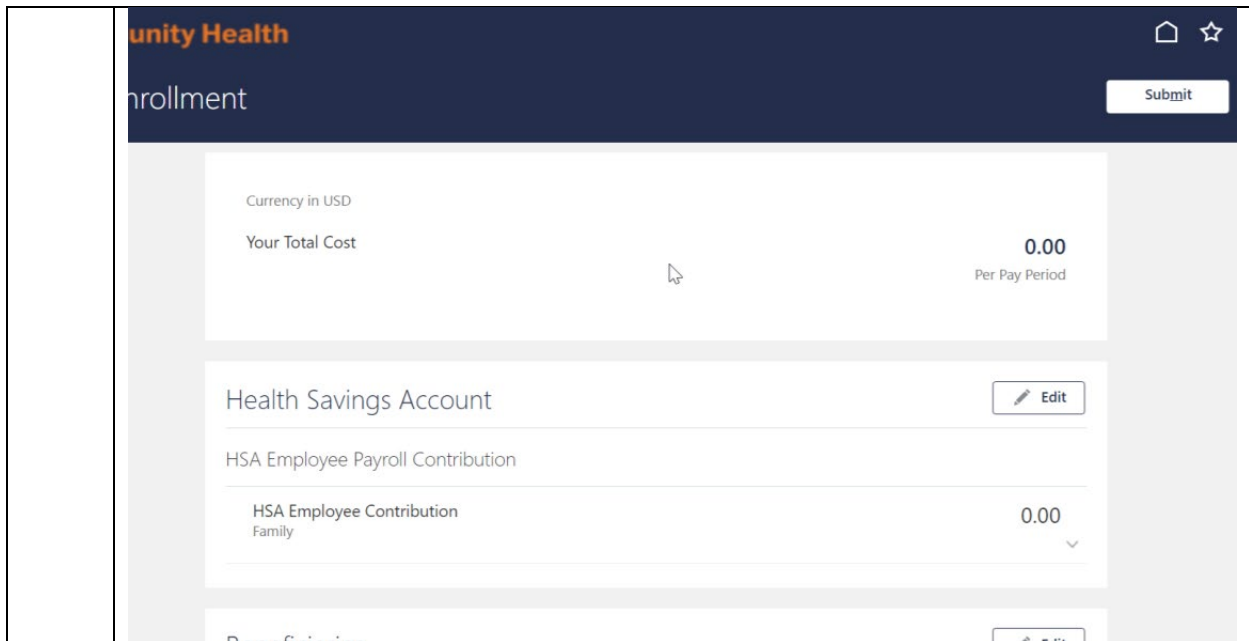
4

You will see the Start Enrollment page. Select Unrestricted Enrollment.



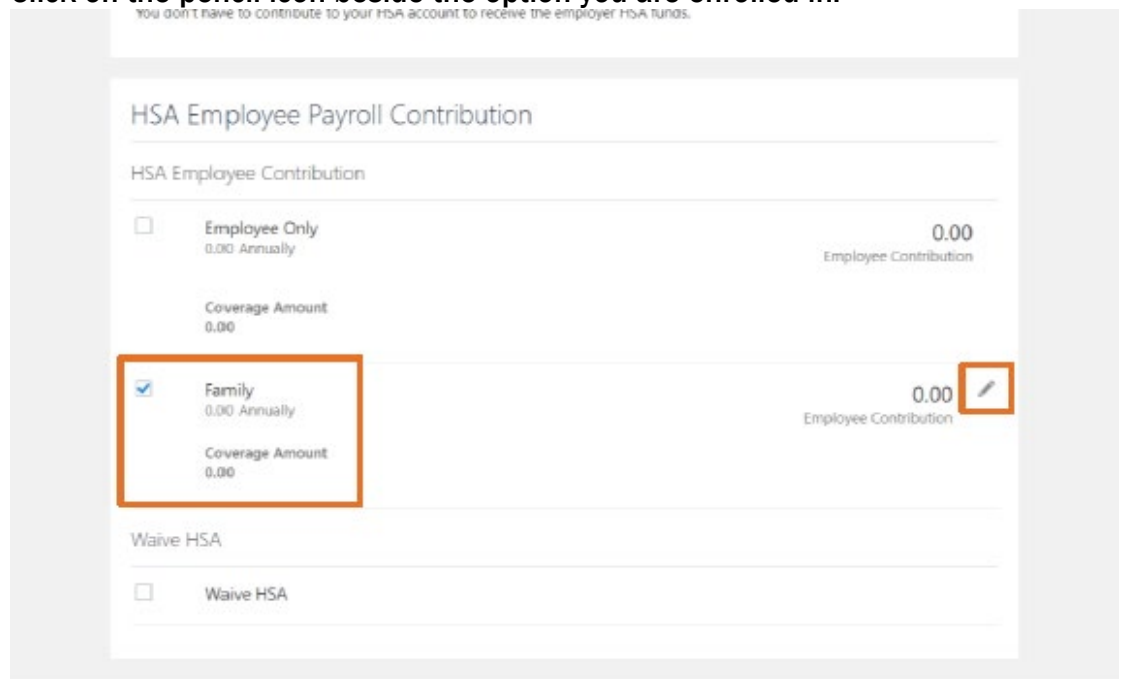
5

You will see the Unrestricted Enrollment page. Under the Health Savings Account section, click the edit button.



**6** You will see a check mark next to one of the two options: Employee Only or Family. This is the plan you are enrolled in. If you do not see a checkmark, you cannot make an HSA contribution because you did not set up an HSA plan during enrollment.

Click on the pencil icon beside the option you are enrolled in.



**7** Enter your desired annual dollar amount and click the OK button.

HSA Employee Contribution

Employee Only  
0.00 Annually  
Employee Contribution: 0.00

Coverage Amount: 0.00

HSA Employee Contribution  
Family  
Employee Contribution: 0.00

Coverage: 0  
0 to 6250, in increments of 0.01

Annual Amount: 0.00

Waive HSA

Waive HSA

OK Cancel

**8** You will now see your updated Employee Contribution per pay period shown on your plan. Click Continue at the top of the page.

HSA Employee Payroll Contribution

HSA Employee Contribution

Employee Only  
0.00 Annually  
Employee Contribution: 0.00

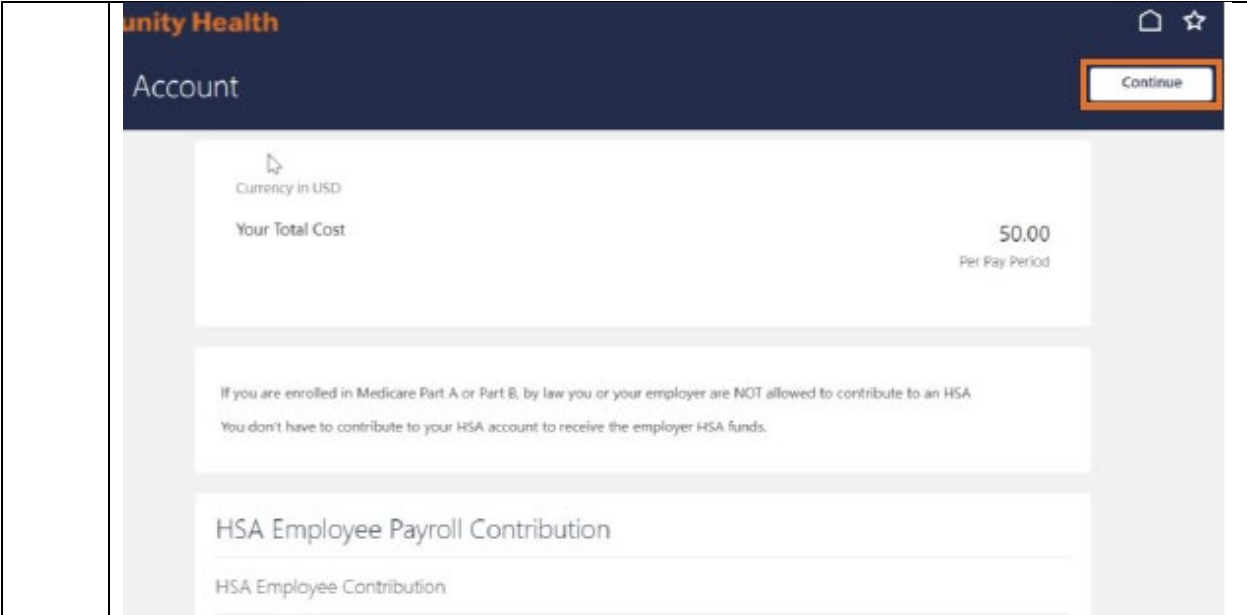
Coverage Amount: 0.00

Family  
1,000.00 Annually  
Employee Contribution: 50.00

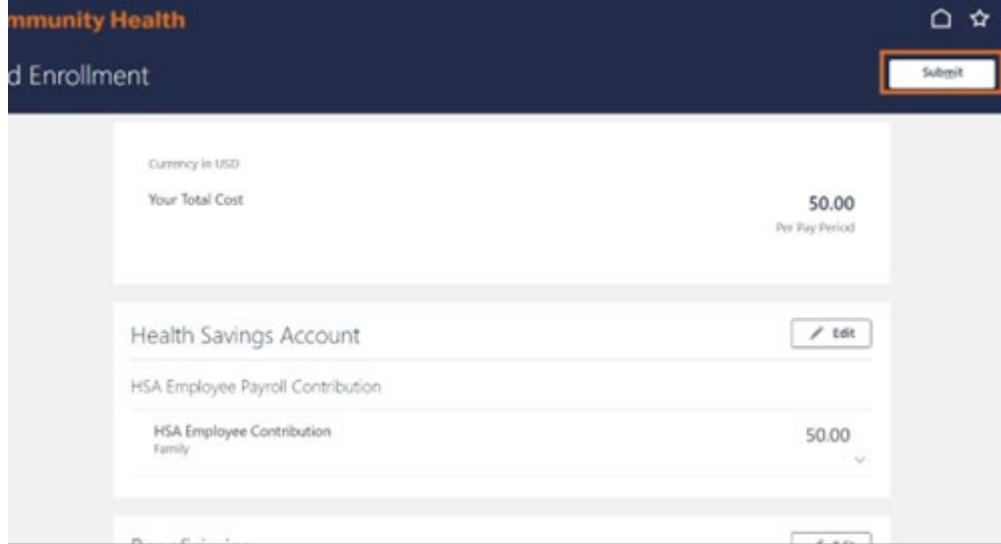
Coverage Amount: 1,000.00

Waive HSA

Waive HSA

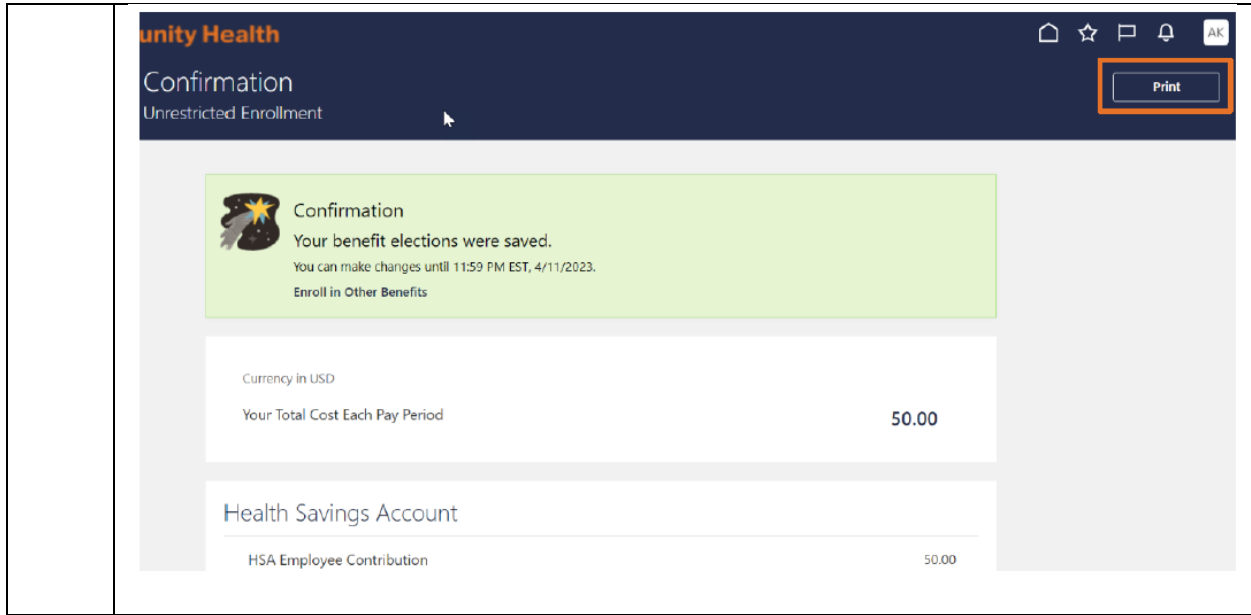


9 To finalize the change, click the Submit button at the top of the page.



10 On the Confirmation page, you can click the Print button to create printed records of your changes.





## Adding Beneficiaries for Life Insurances, and AD&D Benefits

**For the 2024 year, please follow the instructions outlined below to assign beneficiaries.**

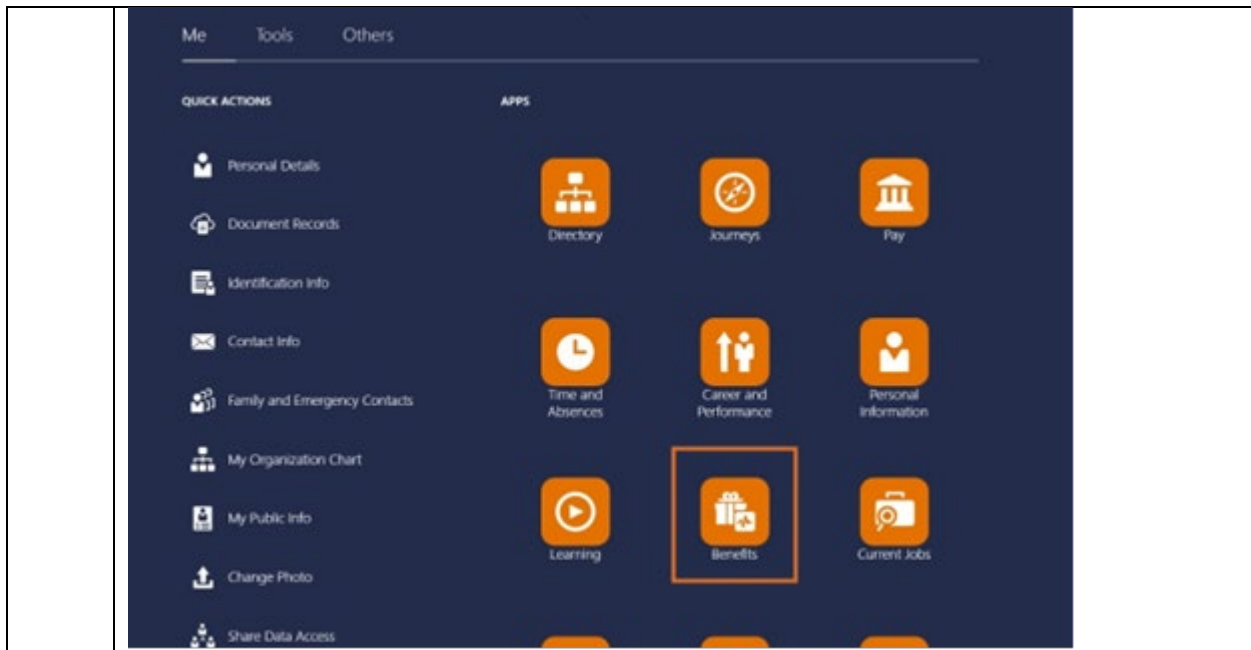
**During the open enrollment period (October 20 – November 02, 2024) team members will need to contact the Total Rewards team to make 2024 beneficiary changes. Please email us at [myuvachhr@uvahealth.org](mailto:myuvachhr@uvahealth.org).**

**For 2025, instructions coming soon.**

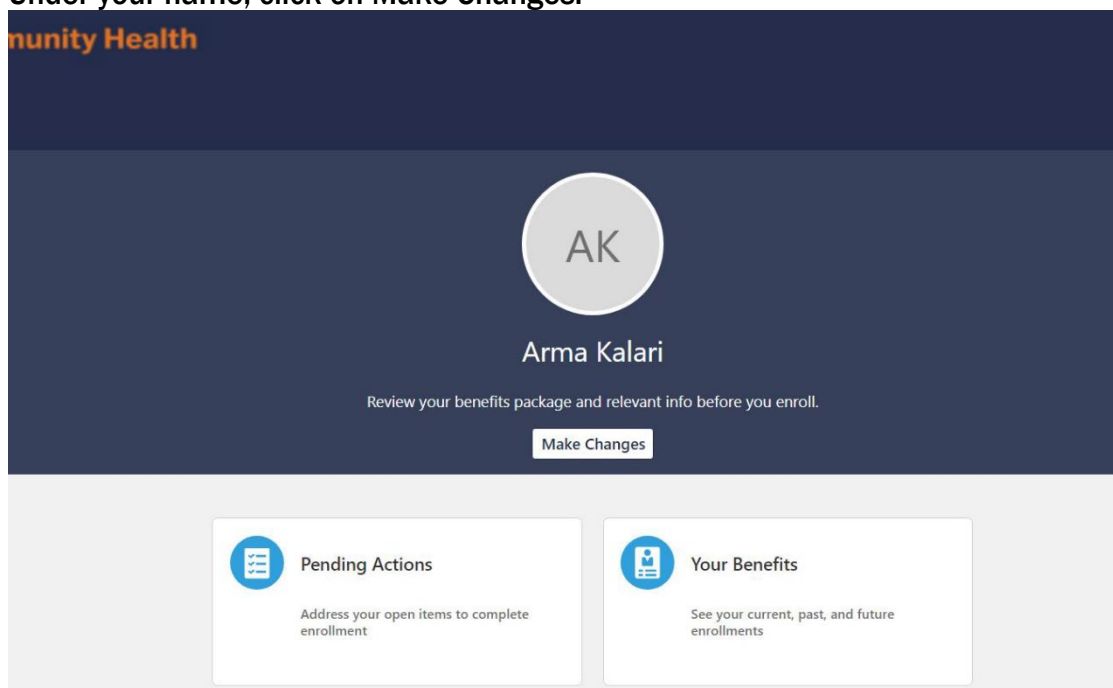
**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you in editing benefit allocations to your beneficiaries for life insurance, AD&D, and additional Unum Voluntary benefits.


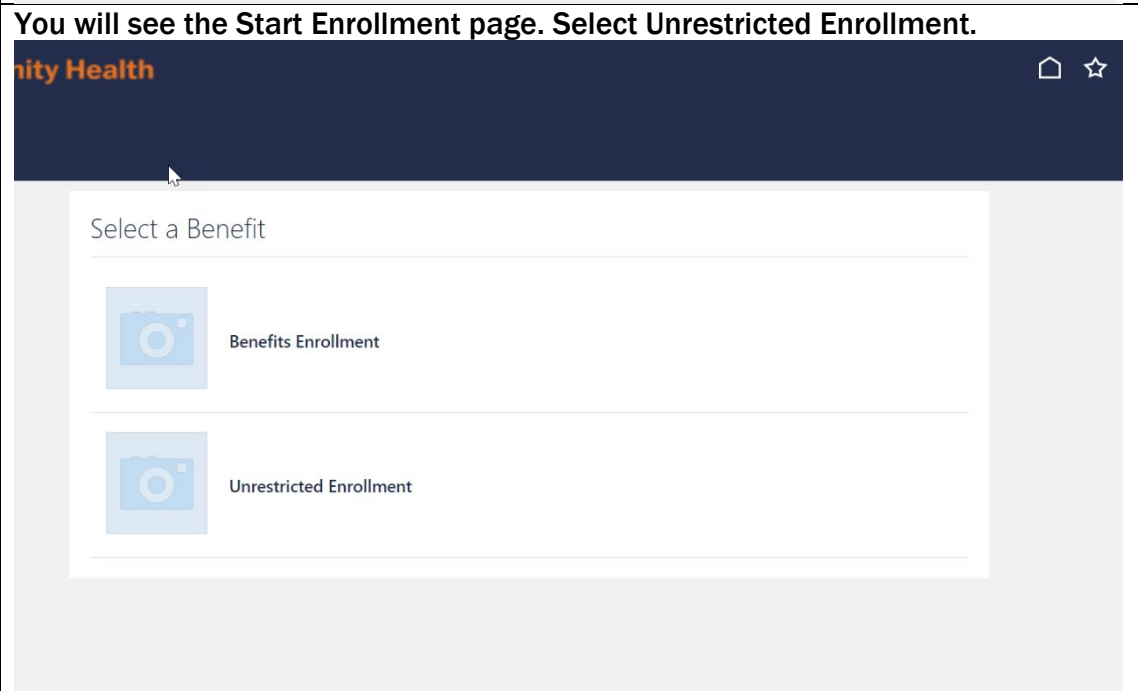
Step	Action
1	From the Home page, navigate to Me > Benefits.

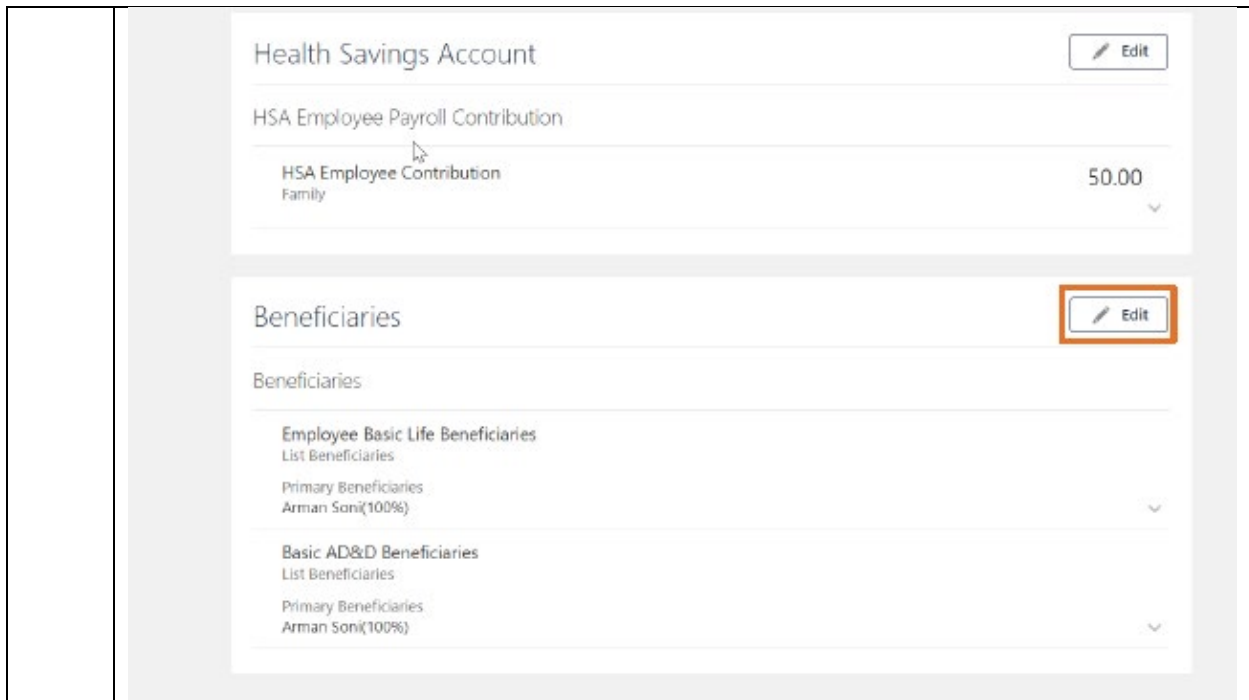


2 Under your name, click on Make Changes.



3 You will see the Before You Enroll page. Click Continue.

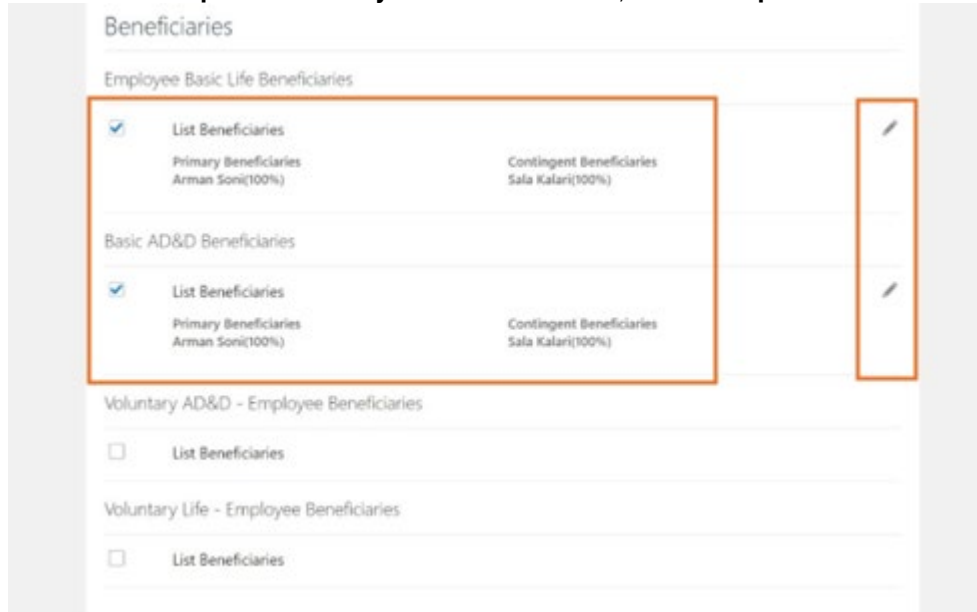
	
<p><b>4</b></p>	<p><b>You will see the Start Enrollment page. Select Unrestricted Enrollment.</b></p> 
<p><b>5</b></p>	<p><b>You will see the Unrestricted Enrollment page. Under the Beneficiaries section, click edit.</b></p>



**6** You will see a list of beneficiaries for various unrestricted benefit categories:

- Employee Basic Life Beneficiaries
- Basic AD&D Beneficiaries
- Voluntary AD&D – Employee Beneficiaries
- Voluntary Life – Employee Beneficiaries

Under each section, there will be a check mark next to the box of the plan(s) you are enrolled in. If you are enrolled in a plan, then you may have beneficiaries listed for that plan. To edit your beneficiaries, click the pencil icon.



**7** You can now change the percentage of allocation for the selected unrestricted benefit. To change the percentages of your Primary Beneficiaries and/or

Contingent Beneficiaries, click into the text boxes. Once you have made your changes, click the OK button.

Note: If all your Beneficiaries are receiving a percentage as a Primary Beneficiary, you cannot also enter Contingent Beneficiary percentages. Contingent Beneficiaries must be different people/organizations than the Primary Beneficiaries.

Beneficiaries

Employee Basic Life Beneficiaries

OK Cancel

Employee Basic Life Beneficiaries

List Beneficiaries

Primary Beneficiaries

Viktor Soni	50 %
Sala Kalari	%
Arman Soni	50 %

0% left

Contingent Beneficiaries

Viktor Soni	%
Sala Kalari	100 %
Arman Soni	%

8 On the Beneficiaries page, you will now see the updated allocation to beneficiaries. Click Continue.

Continue

Currency in USD

Your Total Cost 0.00  
Per Pay Period

Beneficiaries

Employee Basic Life Beneficiaries

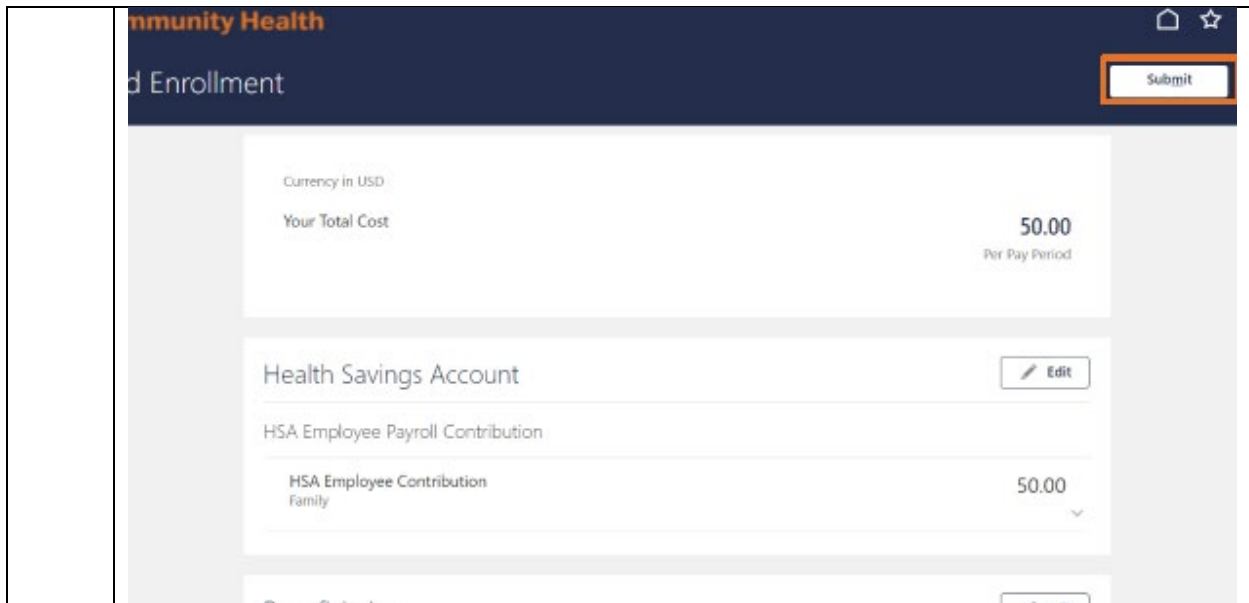
List Beneficiaries

Primary Beneficiaries: Viktor Soni(50%), Arman Soni(50%)

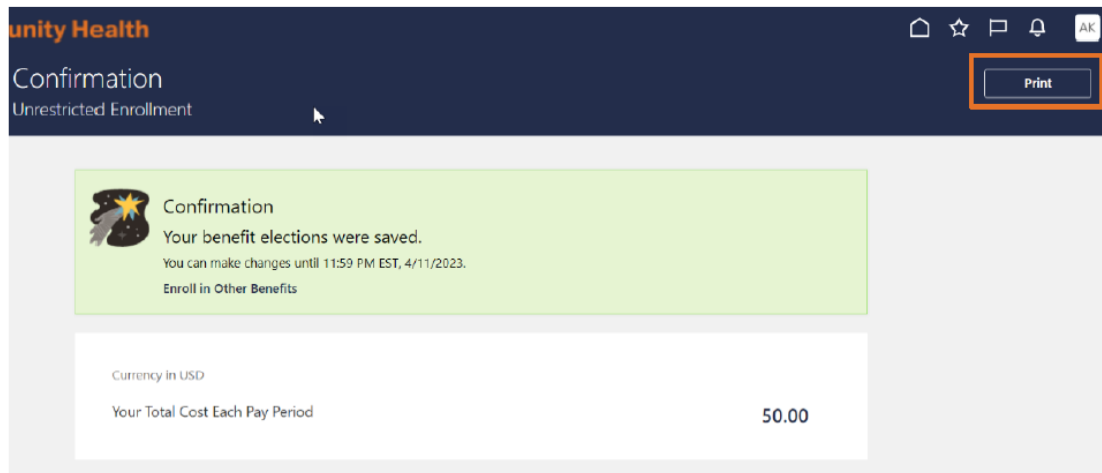
Contingent Beneficiaries: Sala Kalari(100%)

Basic AD&D Beneficiaries

9 To finalize the change, click the Submit button at the top of the page.



10 On the Confirmation page, you can click the Print button to create printed records of your changes.

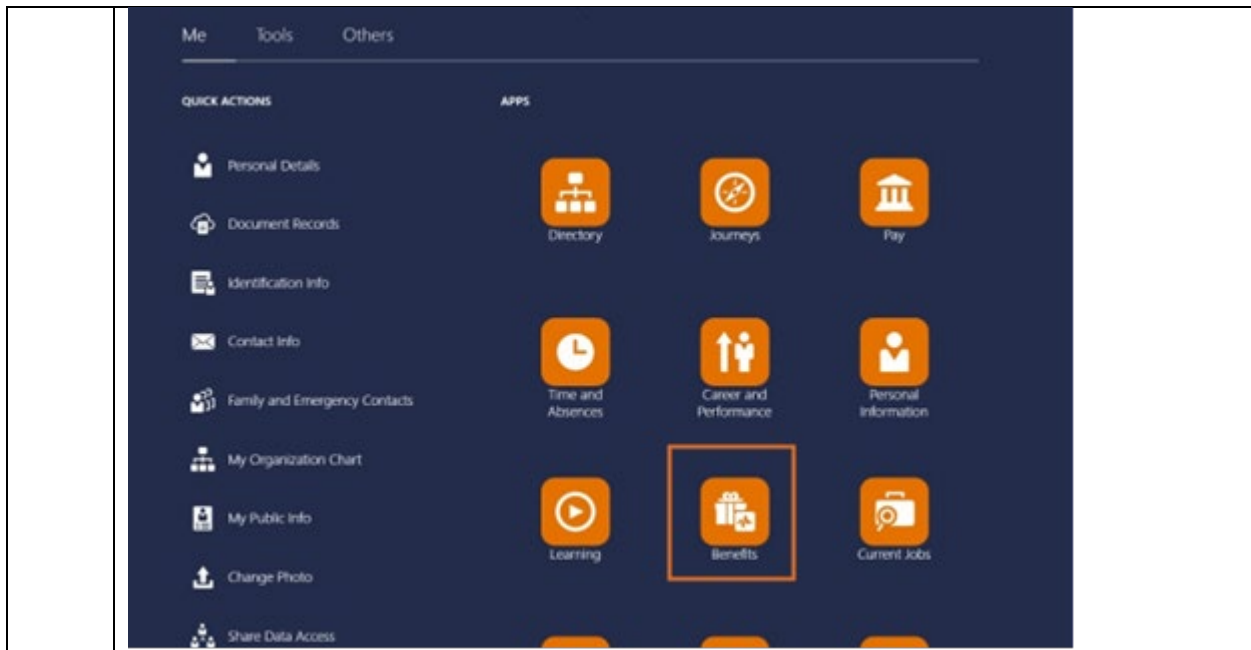


## Add a Trust for Beneficiary on Life Insurances and AD&D Benefits

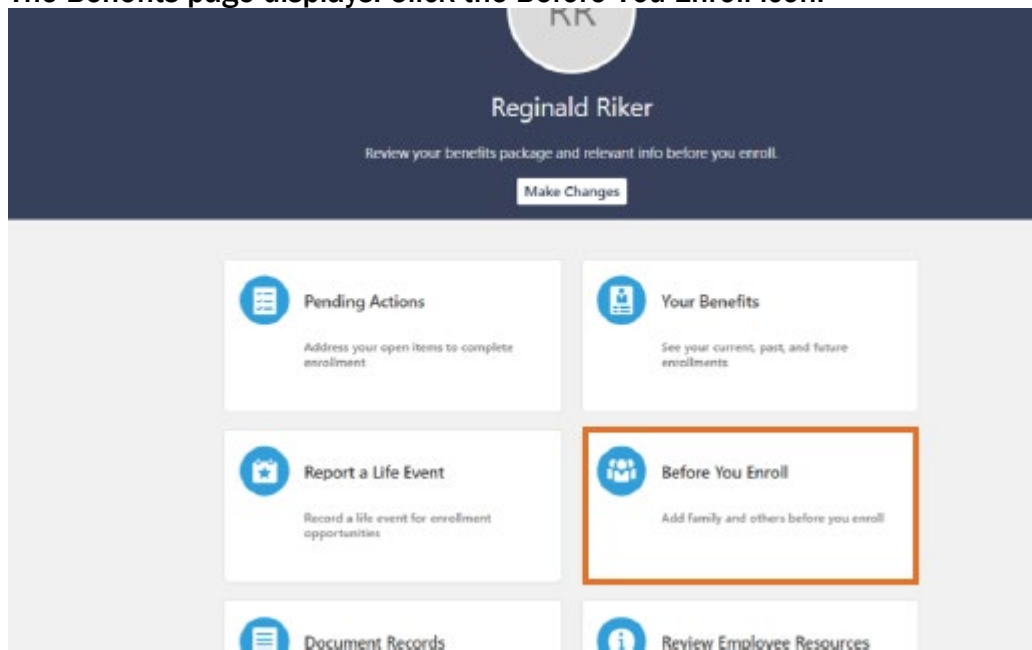
**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you with the task of adding an entity (e.g., trust, charitable organization) as a beneficiary included in the Benefits program.

Step	Action
1	From the Home page, navigate to Me > Benefits.



**2** The Benefits page displays. Click the Before You Enroll icon.



**3** The Before You Enroll page displays. Start by entering a new beneficiary organization. Click the +Add button.


**Information**  
 To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage on the benefits enrollment screen.

**People to Cover** + Add

Rhonda Reed  
Spouse

Riley Rogers  
Child

**Beneficiary Organizations** + Add

 There's nothing here so far.


**4** Confirm the date is correct in the Start Date drop down and select Trust under the Beneficiary Type drop-down.

**People to Cover**

Rhonda Reed  
Spouse

Riley Rogers  
Child

**Beneficiary Organizations** Save Cancel

\*Start Date  
   
Date when you would like this organization available for designation

\*Beneficiary Type  
  
 Select a value  
 Existing organization  
 Trust

**5** Enter the trust name. Optionally, you can add additional information or a trust description. Click Save when done.



### Beneficiary Organizations

**\*Start Date**

Date when you would like this organization available for designation

**\*Beneficiary Type**

**\*Trust Name**

**Additional Info**

**Trust Description**

**6** Return to the Before You Enroll page. The trust now displays as a beneficiary.

**Information**  
 To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage on the benefits enrollment screen.

**People to Cover**

Rhonda Reed Spouse
Riley Rogers Child

**Beneficiary Organizations**

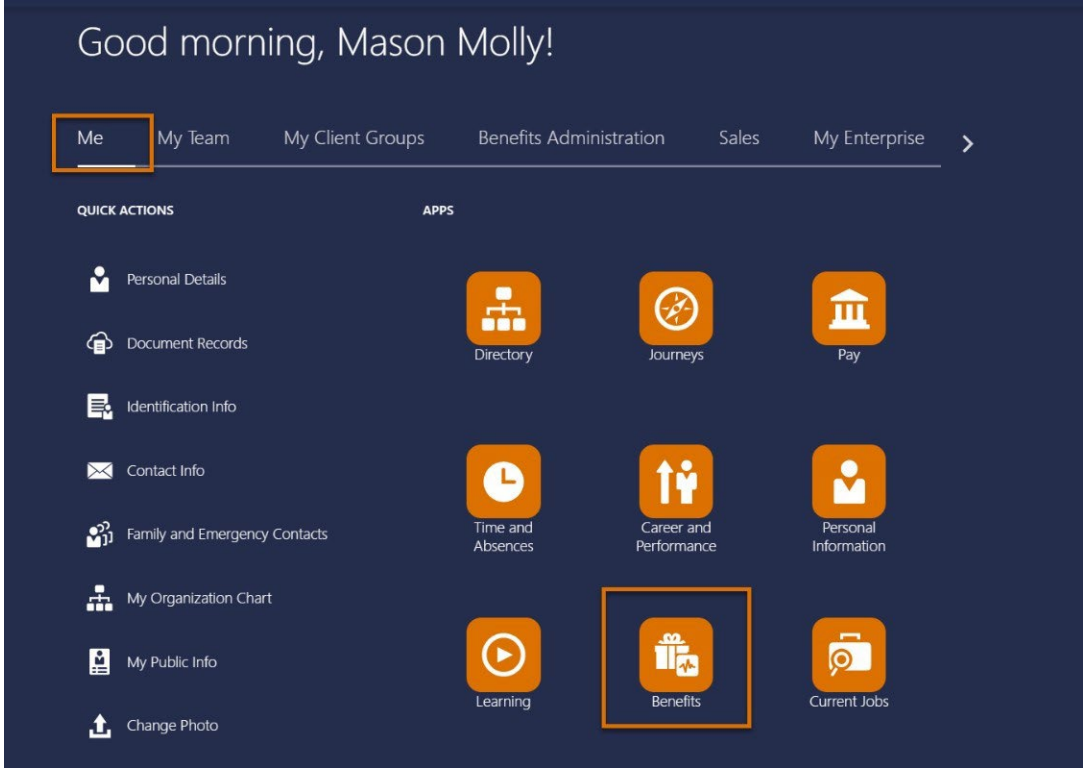
Reed Trust Trust	
---------------------	--

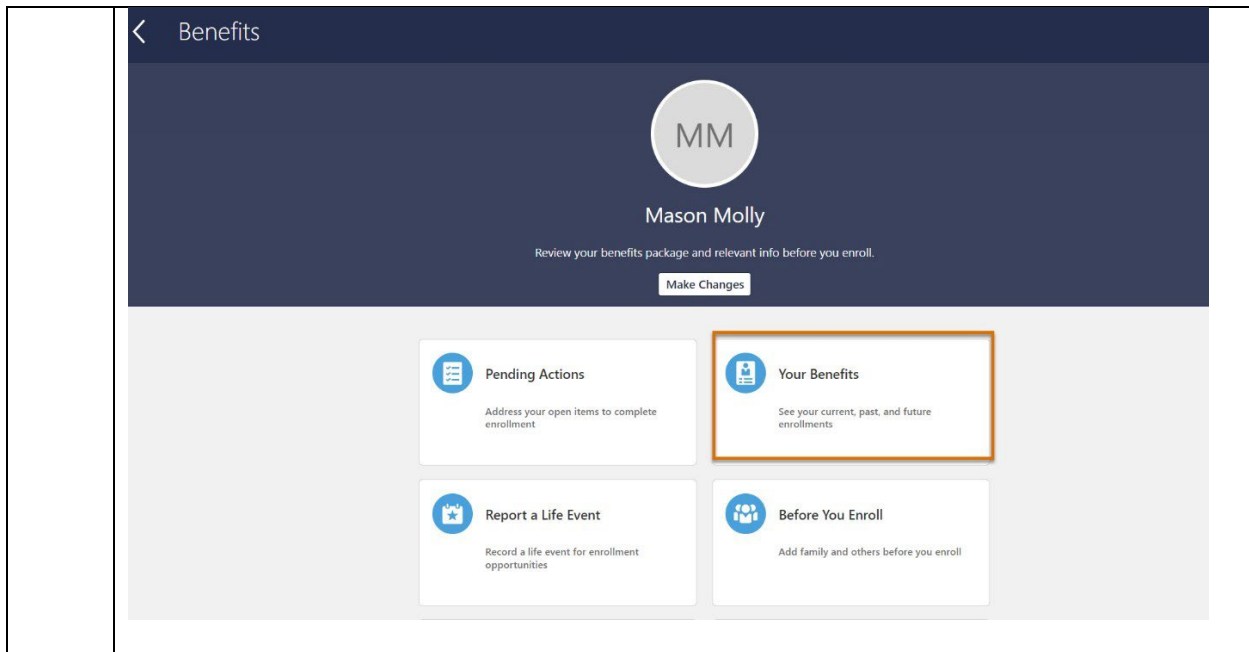
# Viewing Benefits as an Existing Team Member

## Current Benefit Elections and Deductions

**Initiator:** Employee

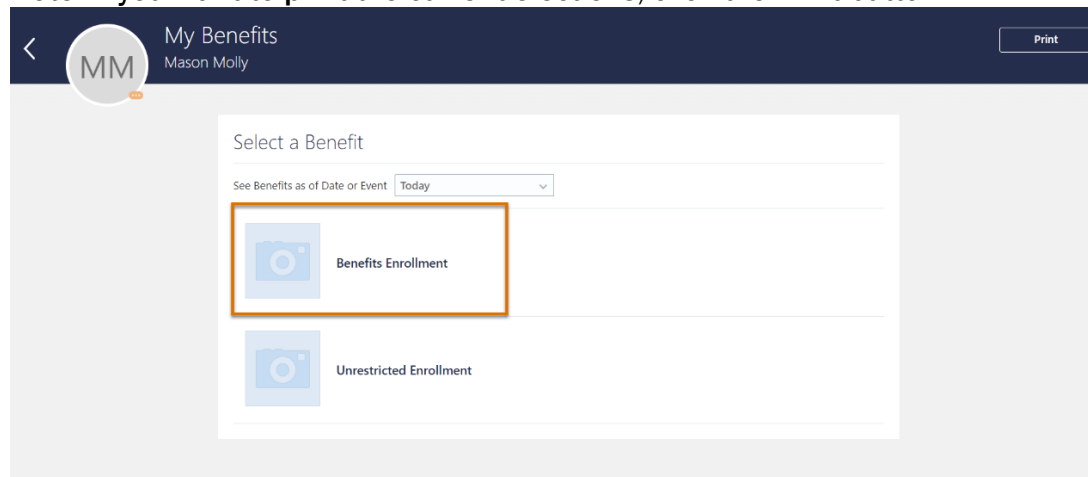
**Purpose:** The purpose of this job aid is to assist you with reviewing current and future benefit enrollments as of a specified date.

Step	Action
1	<p data-bbox="310 407 971 436"><b>From the Home page, navigate to Me &gt; Benefits.</b></p>  <p data-bbox="383 457 862 499">Good morning, Mason Molly!</p> <p data-bbox="383 562 1276 590">Me My Team My Client Groups Benefits Administration Sales My Enterprise &gt;</p> <p data-bbox="383 638 480 653">QUICK ACTIONS</p> <ul data-bbox="391 701 634 1171" style="list-style-type: none"><li>Personal Details</li><li>Document Records</li><li>Identification Info</li><li>Contact Info</li><li>Family and Emergency Contacts</li><li>My Organization Chart</li><li>My Public Info</li><li>Change Photo</li></ul> <p data-bbox="727 638 760 653">APPS</p> <ul data-bbox="773 705 1187 1150" style="list-style-type: none"><li>Directory</li><li>Journeys</li><li>Pay</li><li>Time and Absences</li><li>Career and Performance</li><li>Personal Information</li><li>Learning</li><li>Benefits</li><li>Current Jobs</li></ul>
2	<p data-bbox="310 1241 1057 1270"><b>The Benefits page displays. Click the Your Benefits tile.</b></p>

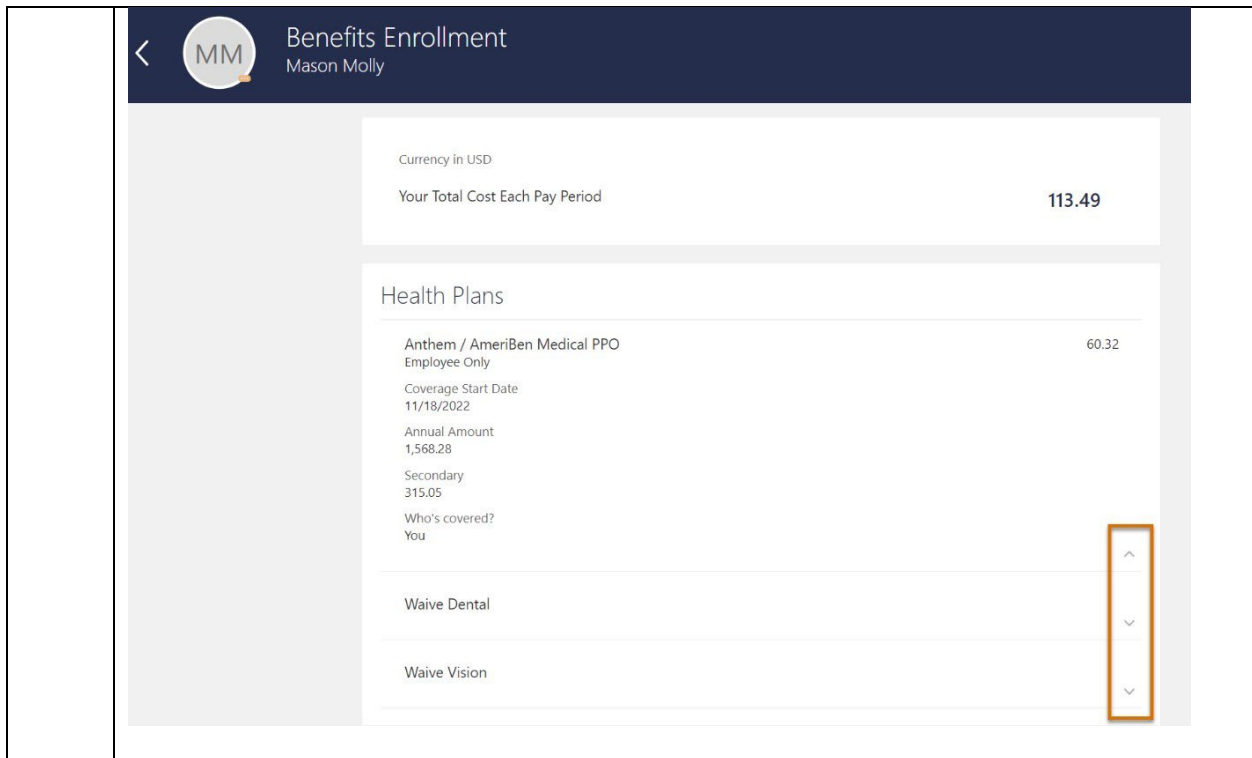


**3** The My Benefits page displays. The See Benefits as of Date or Event field defaults to Today. You can change to specific date ranges. Click on any program to review the elections as of today. In this example, click Benefits Enrollment.

**Note:** If you want to print the current elections, click the Print button.



**4** The Benefit Enrollment page displays. Review the health plans in which you are enrolled. Click the Expand arrow to the right of each health plan to review details for each benefit.

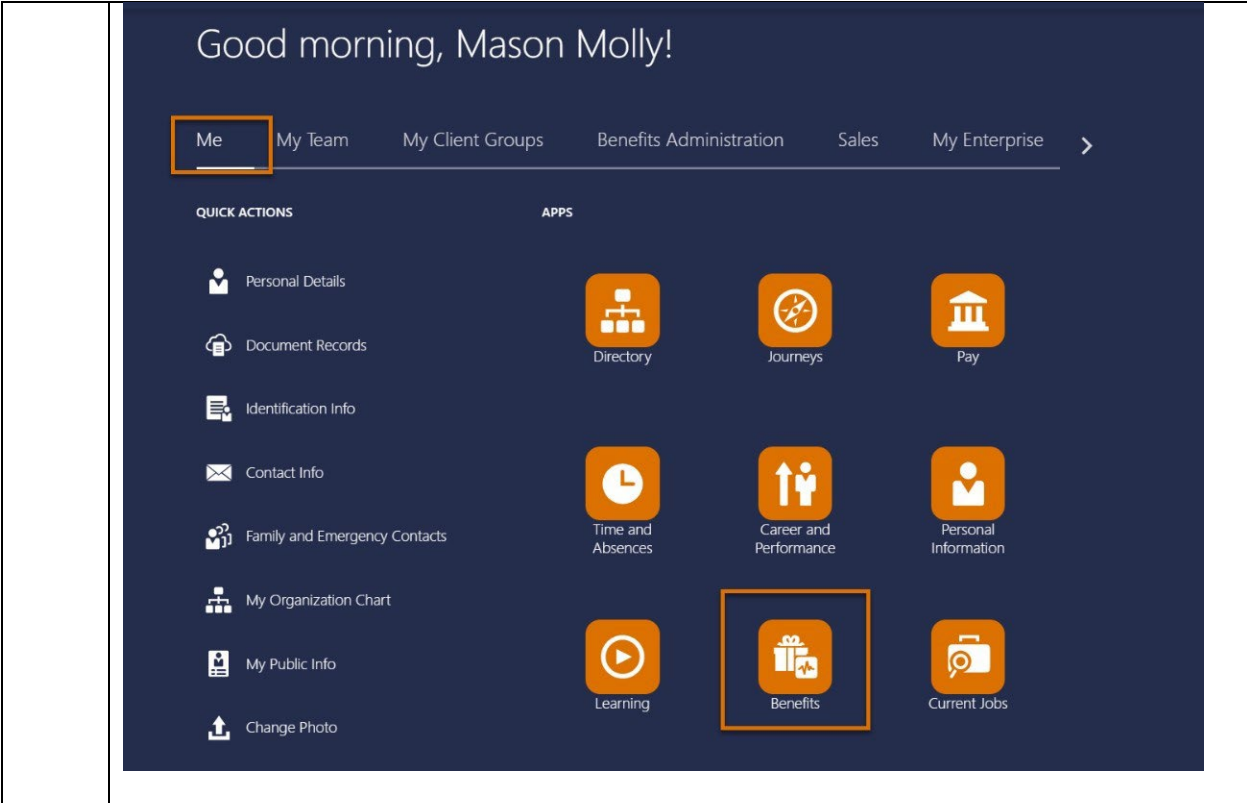


## View Current Unrestricted (Beneficiaries and HSA Plans) Benefit Elections

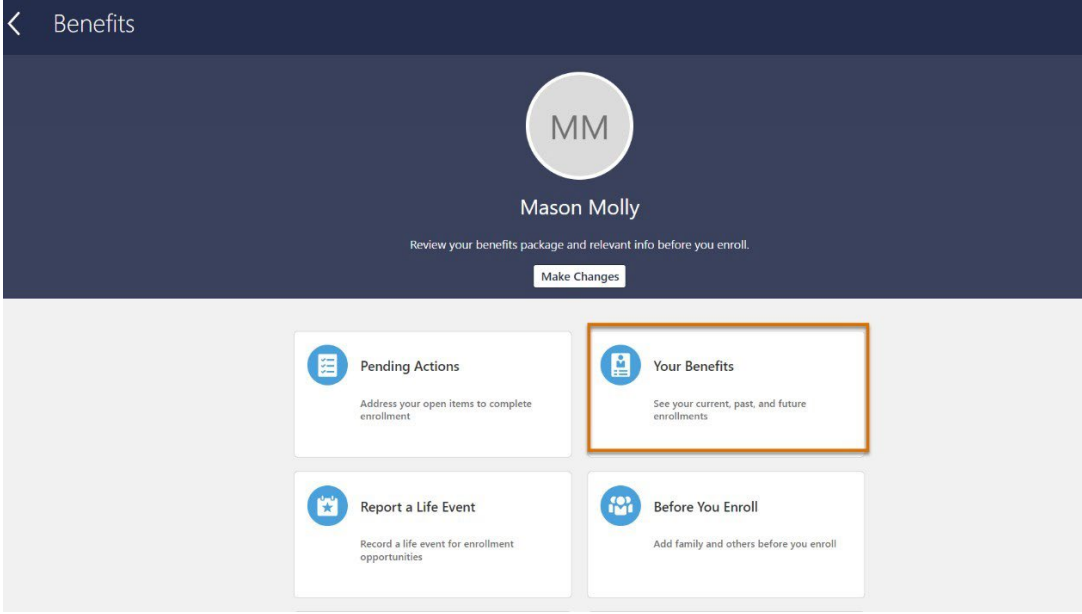
**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you with reviewing current and future unrestricted benefit enrollments.

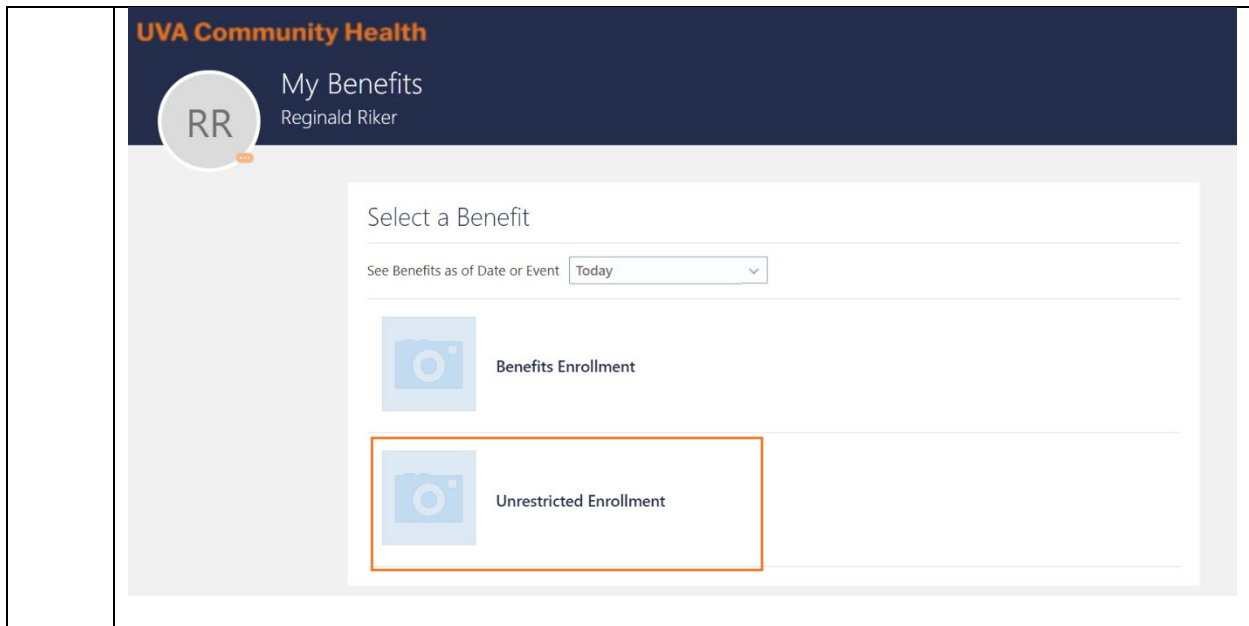
Step	Action
1	From the Home page, navigate to Me > Benefits.



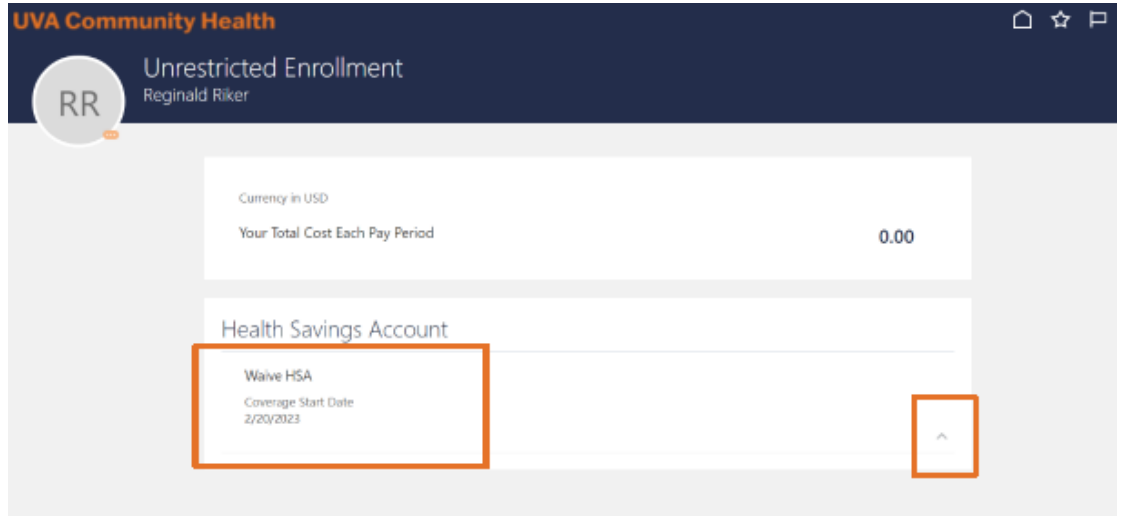
**2 The Benefits page displays. Click the Your Benefits tile.**



**3 The My Benefits page displays. The See Benefits as of Date or Event field defaults to Today. You can change to specific date ranges. Click on any program to review the elections as of today. In this example, click Unrestricted Enrollment. Note: If you want to print the current elections, click the Print button.**



4 The Unrestricted Enrollment page displays. If you have an HSA account, you can review that account here. Click the Expand arrow to the right of each health plan to review details for each benefit.



## Making Changes to Benefits as an Existing Team Member

### Making Changes Due to a Qualifying Life Event

**Initiator:** Employee

You have 30 days from the date of the event to complete your life event changes. Please email [myuvachhr@uvahealth.org](mailto:myuvachhr@uvahealth.org) to initiate your life event. Keep in mind, the changes you make must be directly related to the life event.

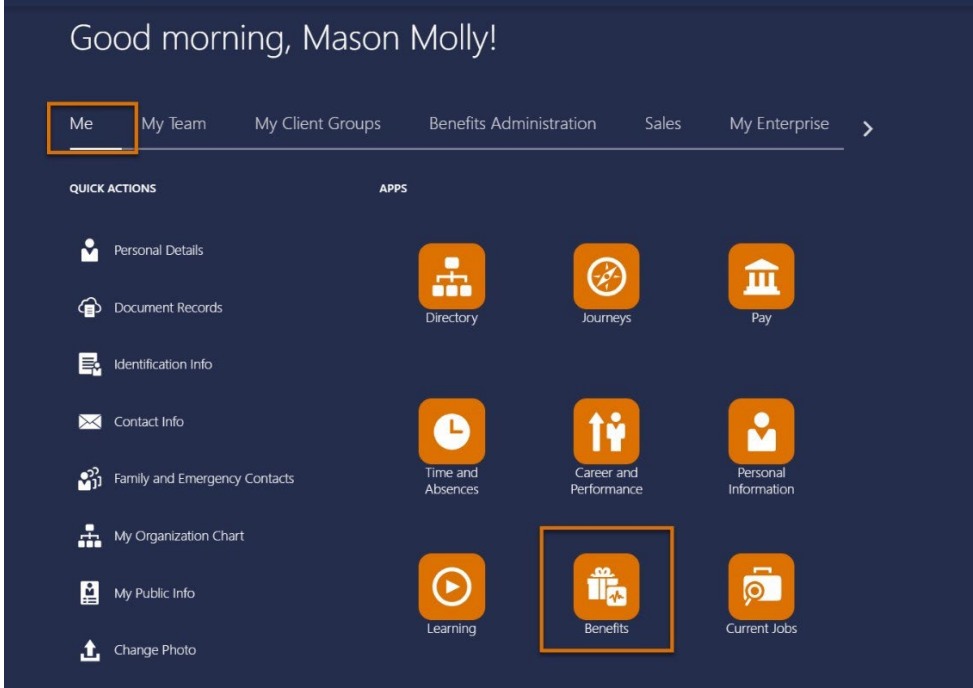
**Purpose:** The purpose of this job aid is to assist you with the task of completing a life event such as the birth of a child, adoption, or death of a spouse/child.

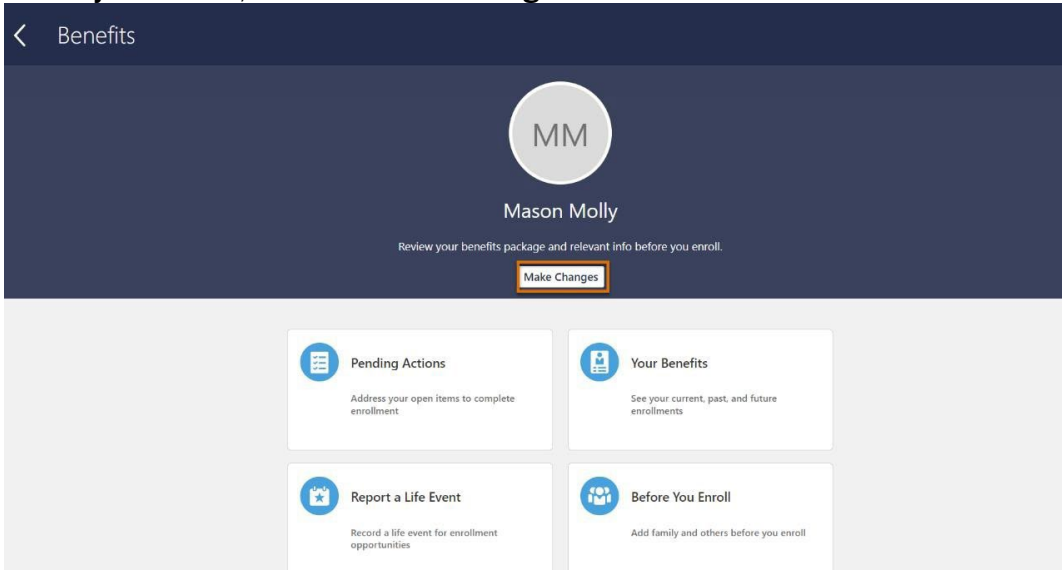
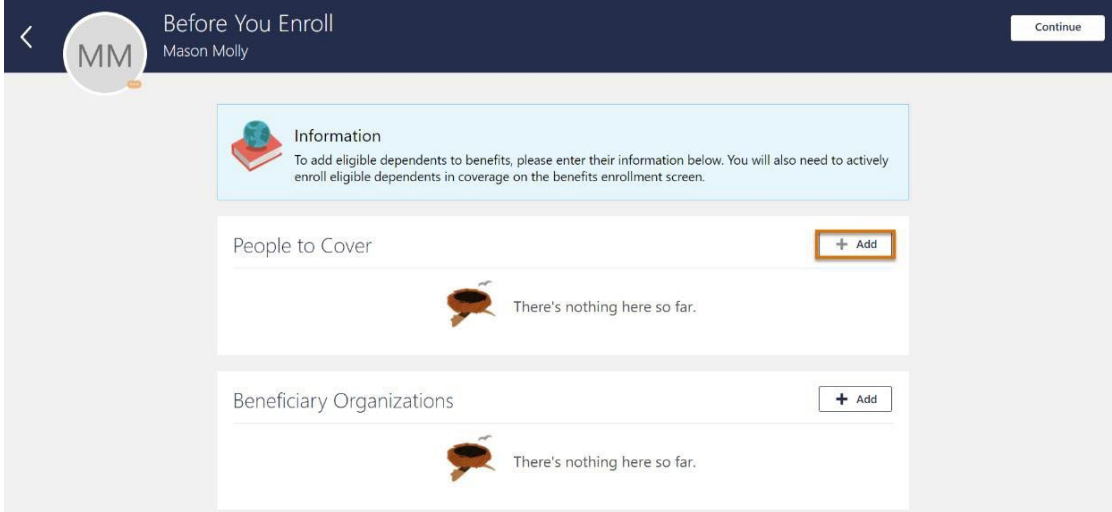
**Note:** Only one life event can be open at any time. If you need to record the life event during the open enrollment period, please contact the Total Rewards Team. The Total Rewards Team will work with you to coordinate entry of the life event and open enrollment event. You have 30 days from the date of the event to report it and make benefit changes in Oracle. Please also note that the Total Rewards Team will not be able to initiate a life event with a future date.

**Add or Remove Dependents to Cover on Insurance Plans**

**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you with the task of adding new dependents to be included in the Benefits program or removing dependents.

Step	Action
1	<p data-bbox="310 827 1357 890"><b>After The Total Rewards Team has entered the qualifying life event in Oracle, from the Home page, navigate to Me &gt; Benefits.</b></p>  <p>The screenshot shows the Oracle HR system home page. At the top, it says "Good morning, Mason Molly!". Below this is a navigation bar with several items: "Me", "My Team", "My Client Groups", "Benefits Administration", "Sales", and "My Enterprise". The "Me" item is highlighted with an orange box. Below the navigation bar, there are two columns of icons. The left column is labeled "QUICK ACTIONS" and includes icons for Personal Details, Document Records, Identification Info, Contact Info, Family and Emergency Contacts, My Organization Chart, My Public Info, and Change Photo. The right column is labeled "APPS" and includes icons for Directory, Journeys, Pay, Time and Absences, Career and Performance, Personal Information, Learning, Benefits, and Current Jobs. The "Benefits" icon in the "APPS" column is highlighted with an orange box.</p>

<p><b>2</b></p>	<p><b>Under your name, click on Make Changes.</b></p> 
<p><b>3</b></p>	<p><b>You will see the before you enroll page. If you do not see the dependents listed, start by entering dependents. Click the +Add button.</b></p> 
<p><b>4</b></p>	<p><b>The New Contact page displays. Enter the following information in the Basic Information section:</b></p> <p><b>Last Name</b>  <b>First Name</b>  <b>Relationship</b>  <b>What's the start date of this relationship: when enrolling a dependent outside of a new hire enrollment, the start date of the relationship should be the date of the qualifying life event. For example, if adding a new spouse the date should be the date of marriage. If you do not enter the correct date, your coverage and payroll deductions may not be correct.</b>  <b>Gender</b></p>



## Date of Birth

New Contact Submit Cancel

Basic Information

\*Last Name  
Mason

\*First Name  
Shawn

Middle Name

Suffix

Preferred Name

Preferred Pronouns  
Select a value

\*Relationship  
Child

\*What's the start date of this relationship?  
11/16/2022

\*Gender  
Female

\*Date of Birth

3

Enter the address and social security number (required). If you are adding a dependent who does not yet have a social security number (e.g., a newborn child) do not select the National Identifier section otherwise the system will require you to enter a number. Click the Submit button.

New Contact Submit Cancel

Tobacco Use  
Select a value

Covered by another plan?  
No

Plan

Address

Use My Address  
Select a value

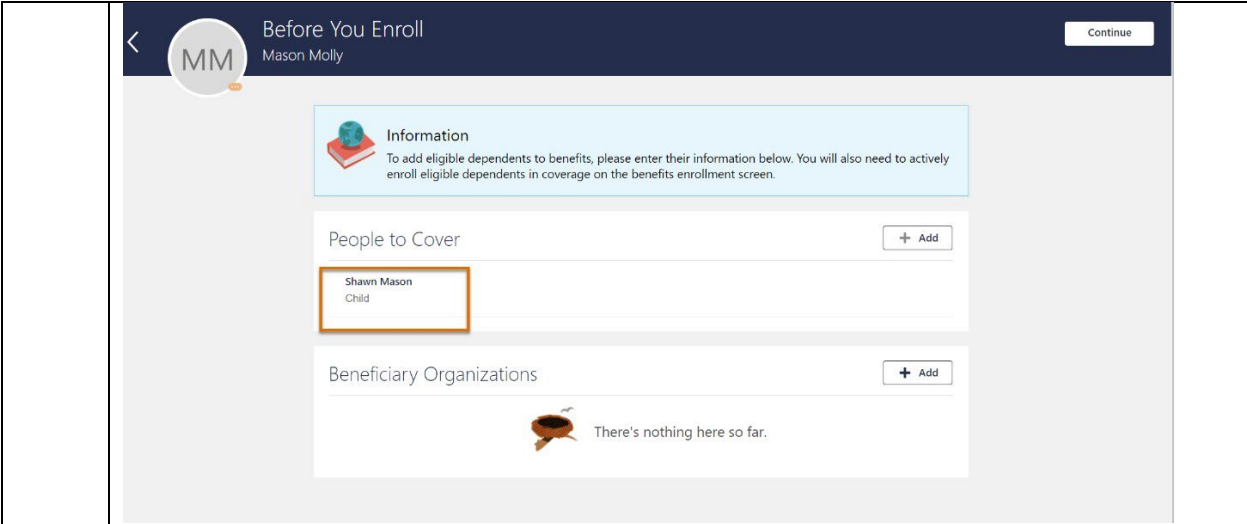
Enter a New Address

National Identifiers

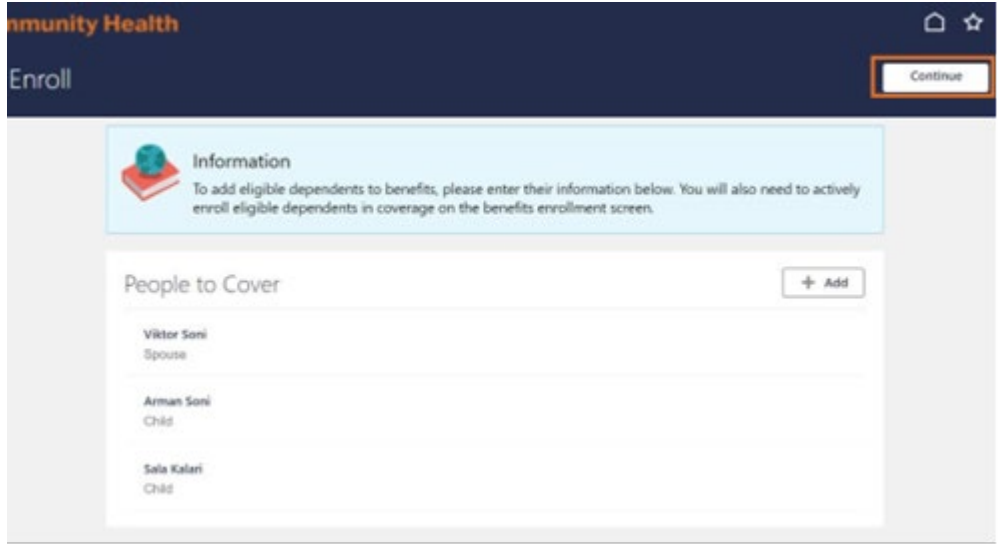
Country  
Select a value

4

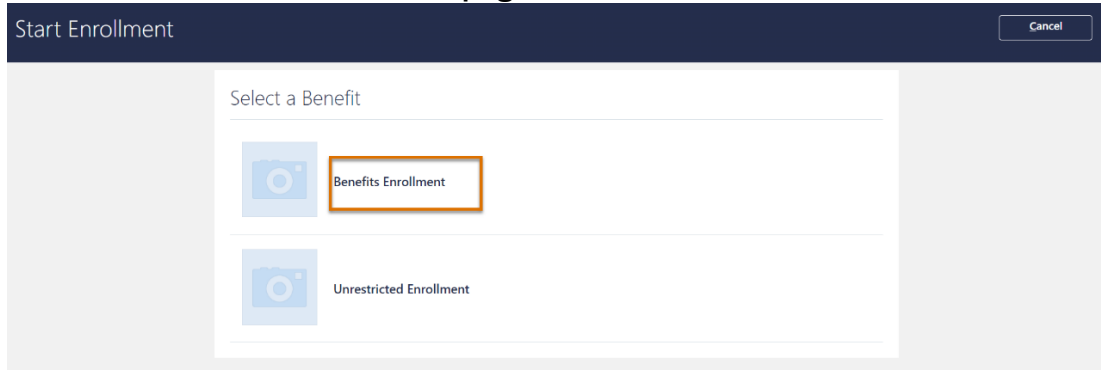
You return to the Before You Enroll page. The dependent now displays. Continue this process for each additional person you want covered on your insurance plans.



5 Select continue.



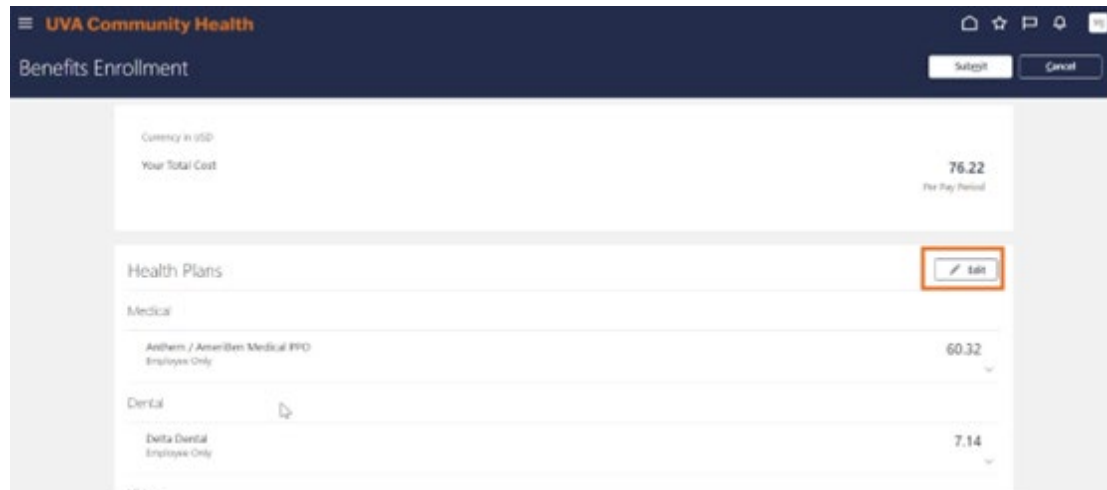
6 You will see the Start Enrollment page. Select Benefit Enrollment.



7 The Health Plans page displays. You can start making health elections for the following plans by clicking the Edit button.

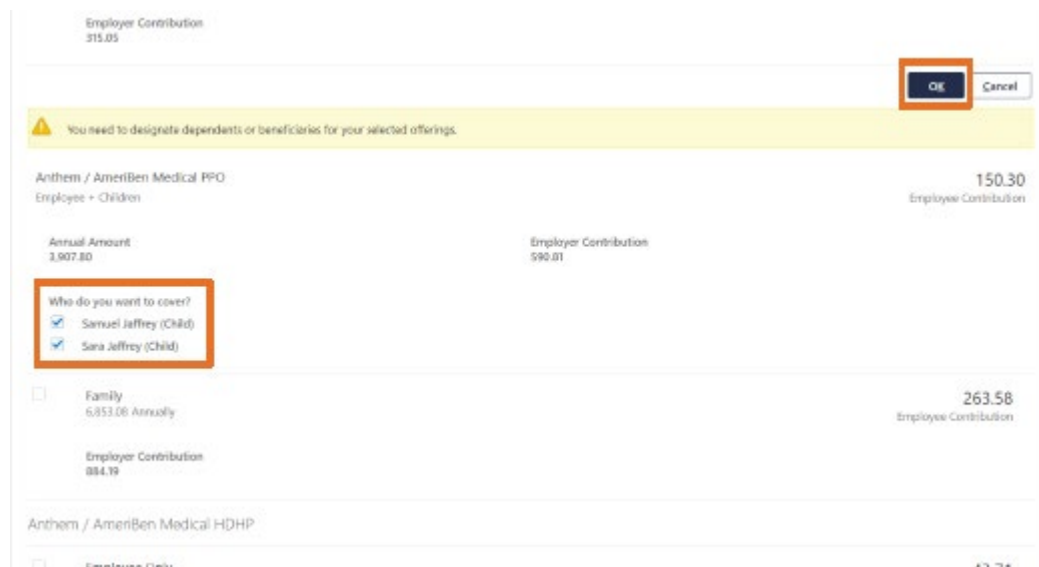
Medical  
Dental  
Vision

Note: For any health plans you want to opt out of coverage, ensure you select the Waive (Medical, Dental and/or Vision) checkbox(s) to the left of each plan.



8 If you select an Employee + Children plan, you will be asked to check the box for which children you would like covered in this plan. Check the box for children you would like to include and click **OK**.

Next, repeat for the Dental and Vision sections.



The Per Pay Period total amount displays based on the elections selected. Next, click the **Continue** button to select additional health care coverage and reimbursement programs.

Health Plans

Currency in USD

Your Total Cost: 180.14 Per Pay Period

Please click on this link for Plan Description Document: <https://ushealth.com>

Medical

Anthem/ AmeriBen Medical PPO

<input type="checkbox"/>	Employee Only 1,568.28 Annuity	60.32 Employee Contribution
<input checked="" type="checkbox"/>	Employee + Children 3,307.80 Annuity	150.30 Employee Contribution

9 The Benefits Enrollment page displays. This page allows you to either elect or make changes to any plan. Please note not all plans listed below are employer paid. Make elections for the following plans:

- Health Reimbursement Account

Note: your HRA election must match the PPO medical plan election. For example: if you elect the PPO medical plan employee only option then you must elect the HRA employee only option. If you elect employee + children PPO medical plan, then you must elect the HRA employee + Children option

- Health Savings Account

Note: Note: your HSA employer contribution election must match the HDHP medical plan election. For example: if you elect the HDHP medical plan employee only option then you must elect the HSA employee only option. If you elect employee + children HDHP medical plan, then you must elect the HSA employee + Children option.

- Flexible Spending Accounts
- Life Insurance and AD&D
- Disability
- Critical Illness
- Legal Plan
- Hospital Insurance
- Accident Insurance

Click the Edit pencil, select a plan and click the Continue button after each plan is selected.

Benefits Enrollment Submit Cancel

Health Reimbursement Account Edit

Health Reimbursement Account

Health Reimbursement Account (HRA)  
Employee Only

Health Savings Account Edit

Health Savings Account (HSA)

Waive Health Savings Account

Flexible Spending Accounts Edit

Health Care FSA

Health Care FSA (HFSA) 43.33  
Contribution

**10** Review all your elections. Click the **Submit** button.

Benefits Enrollment Submit Cancel

Health Reimbursement Account edit

Health Reimbursement Account

Health Reimbursement Account (HRA)  
Employee Only

Health Savings Account edit

Health Savings Account (HSA)

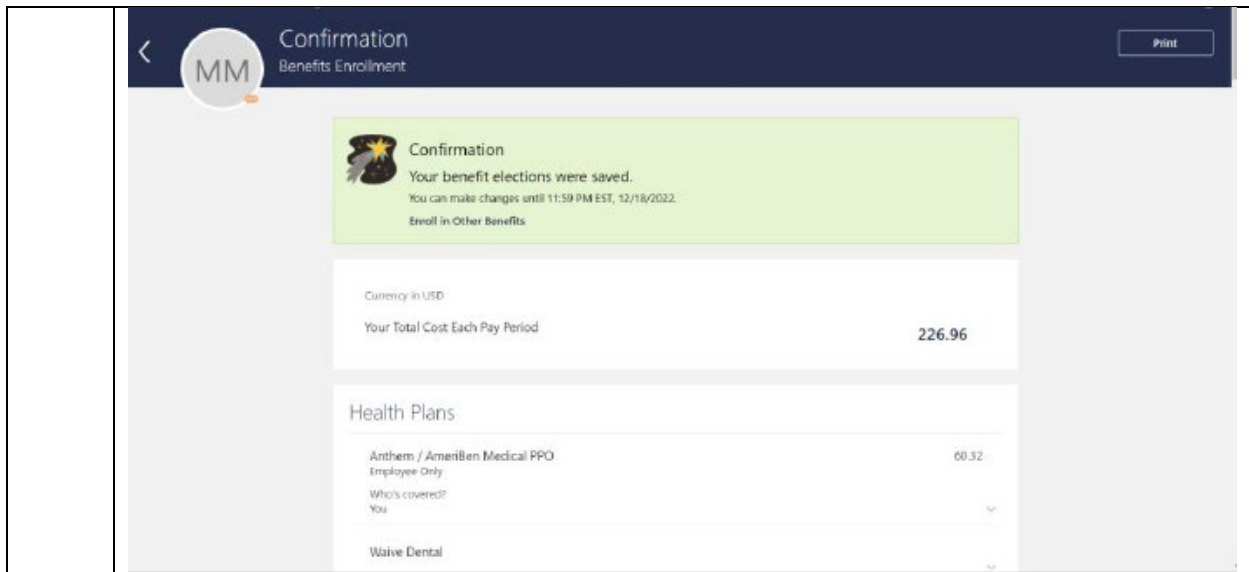
Waive Health Savings Account

Flexible Spending Accounts edit

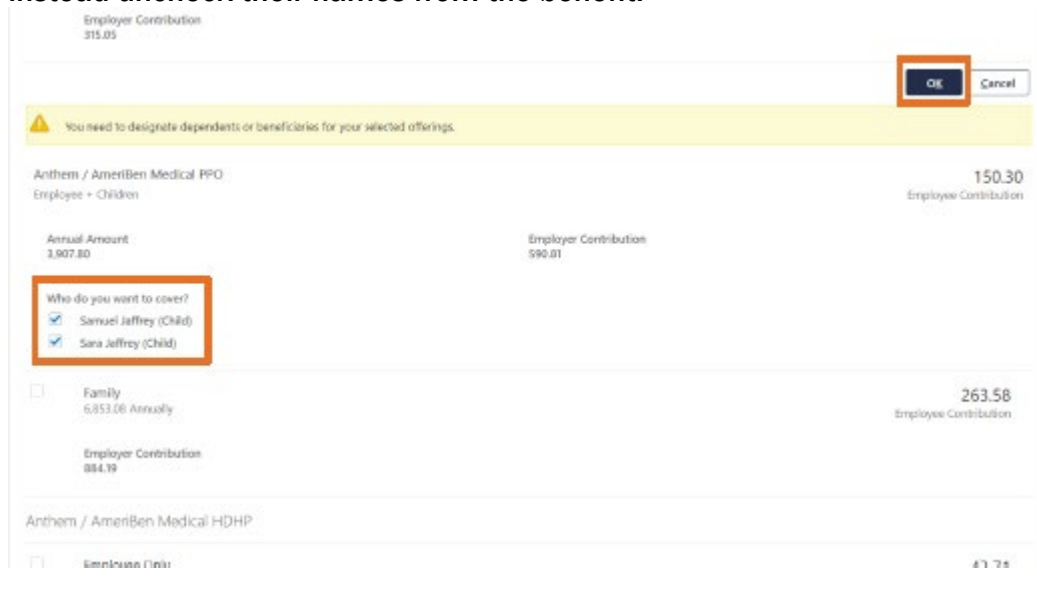
Health Care FSA

Health Care FSA (HFSA) 43.33  
Contribution

**11** Review the **Confirmation** page for covered dependents and coverage start dates. On the **Confirmation** page, the **Authorization** section displays that you certify the information selected and signed. You can click the **Print** button to further review your elections.



**12** To remove dependents from coverage. First report a qualifying life event, example gain of other coverage, then repeat the steps outlined above but instead uncheck their names from the benefit.

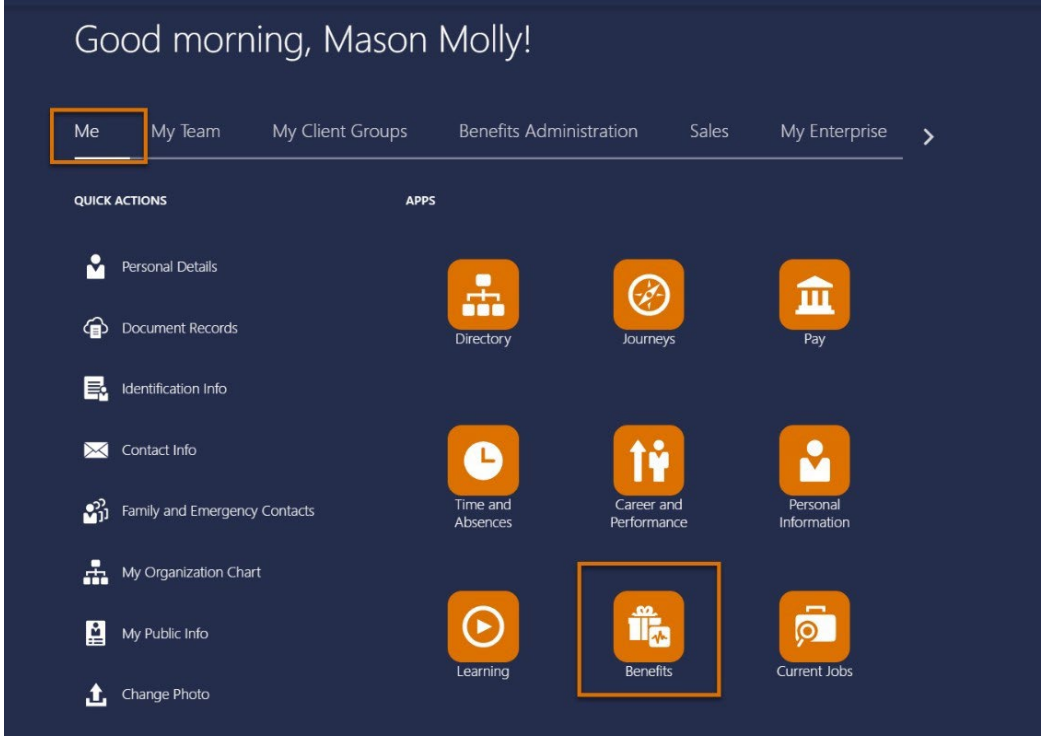


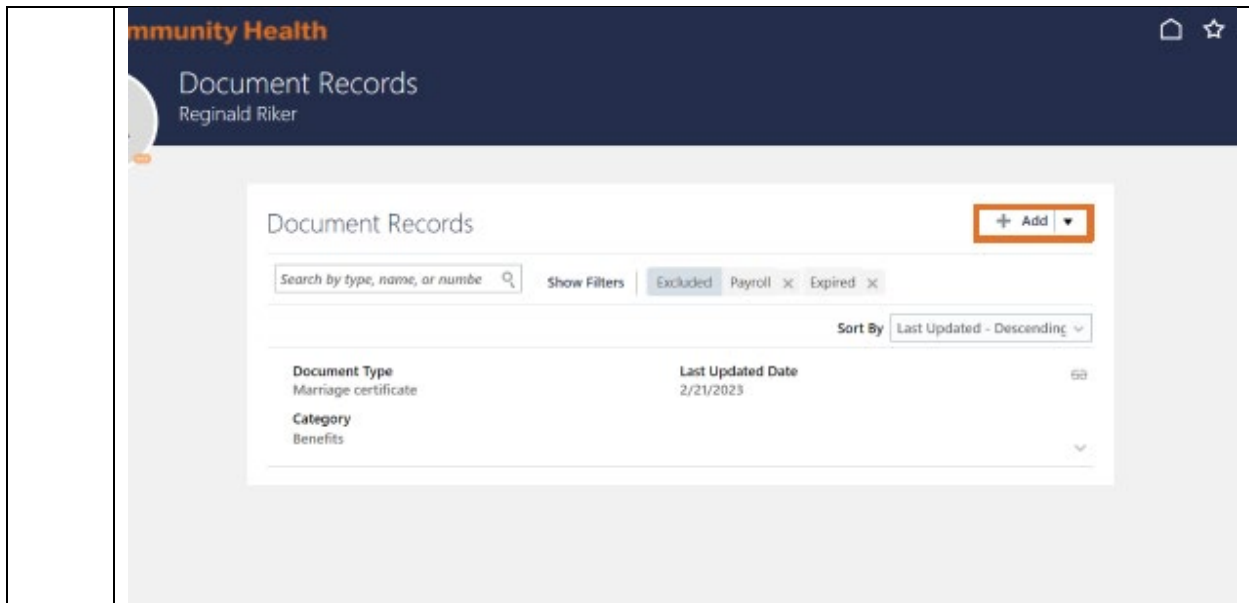
## Uploading Required Dependent Documents

**Initiator:** Employee

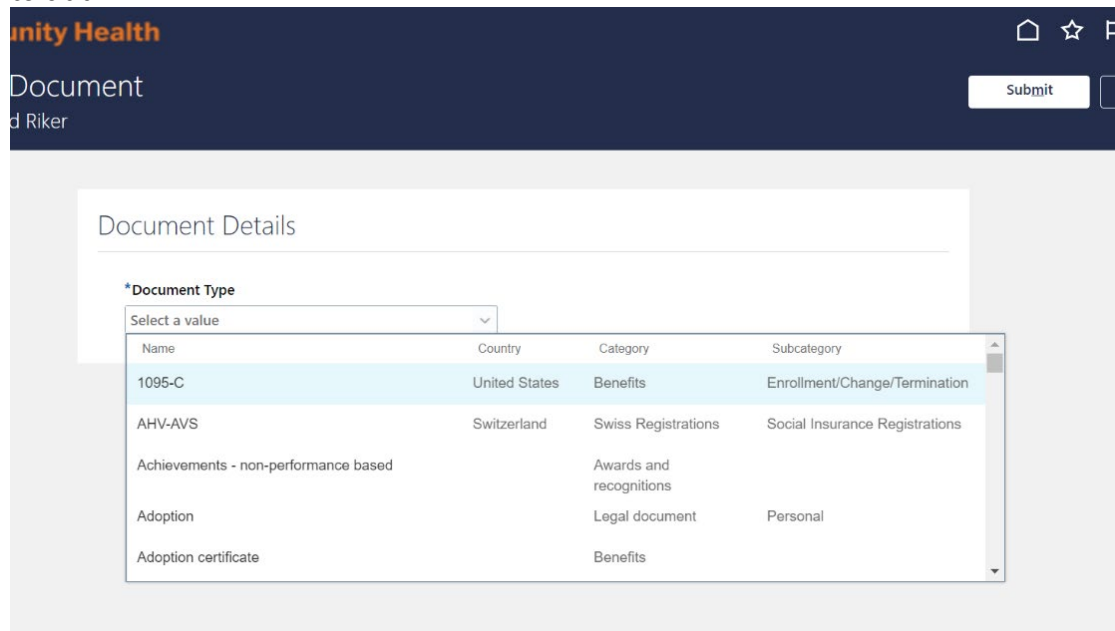
**Purpose:** The purpose of this job aid is to assist you with the task of uploading a benefits document.

There are two options: add through “Pending Action Items” or “Document Records”.

Step	Action
1	<p data-bbox="310 222 974 256"><b>From the Home page, navigate to Me &gt; Benefits.</b></p>  <p data-bbox="378 275 837 317">Good morning, Mason Molly!</p> <p data-bbox="378 373 1239 401">Me My Team My Client Groups Benefits Administration Sales My Enterprise &gt;</p> <p data-bbox="378 447 475 464">QUICK ACTIONS</p> <p data-bbox="711 447 743 464">APPS</p> <p data-bbox="391 510 524 531">Personal Details</p> <p data-bbox="391 573 545 594">Document Records</p> <p data-bbox="391 636 537 657">Identification Info</p> <p data-bbox="391 699 505 720">Contact Info</p> <p data-bbox="391 762 621 783">Family and Emergency Contacts</p> <p data-bbox="391 825 570 846">My Organization Chart</p> <p data-bbox="391 888 516 909">My Public Info</p> <p data-bbox="391 951 516 972">Change Photo</p> <p data-bbox="760 520 824 604">Directory</p> <p data-bbox="922 520 987 604">Journeys</p> <p data-bbox="1084 520 1149 604">Pay</p> <p data-bbox="760 688 824 772">Time and Absences</p> <p data-bbox="922 688 987 772">Career and Performance</p> <p data-bbox="1084 688 1149 772">Personal Information</p> <p data-bbox="760 856 824 940">Learning</p> <p data-bbox="922 856 987 940">Benefits</p> <p data-bbox="1084 856 1149 940">Current Jobs</p>
2	<p data-bbox="310 1031 1146 1094"><b>The Benefits page displays. Click the Pending Action Items or Document Records option.</b></p>  <p data-bbox="483 1150 646 1171">Pending Actions</p> <p data-bbox="532 1192 719 1224">Address your open items to complete enrollment</p> <p data-bbox="792 1150 938 1171">Your Benefits</p> <p data-bbox="841 1192 1011 1224">See your current, past, and future enrollments</p> <p data-bbox="483 1297 662 1318">Report a Life Event</p> <p data-bbox="532 1339 703 1371">Record a life event for enrollment opportunities</p> <p data-bbox="792 1297 971 1318">Before You Enroll</p> <p data-bbox="841 1339 1044 1371">Add family and others before you enroll</p> <p data-bbox="483 1455 662 1476">Document Records</p> <p data-bbox="532 1497 703 1528">Upload documents to support your enrollments</p> <p data-bbox="792 1455 1036 1476">Review Employee Resources</p> <p data-bbox="841 1497 1044 1528">Review enrollment guidelines before you enroll</p> <p data-bbox="483 1602 646 1623">HSA Calculator</p> <p data-bbox="532 1644 719 1665">Estimate future value, earnings, and tax</p> <p data-bbox="792 1602 1052 1623">Dependent Care FSA Calculator</p> <p data-bbox="841 1644 1060 1665">See how much you can save by enrolling in</p>
3	<p data-bbox="310 1677 1419 1740"><b>The Document Records page displays. Start by adding a new document. Click the +Add button.</b></p>



**4** The Document Type drop-down displays. Click on the type of document you wish to add.



**5** In the Document Details pane, add requested information about the document. **Note: This information is not mandatory, but it is important to add pertinent information based on the business requirements for the type of document being submitted.**



Document Details

\*Document Type  
Birth

Country  
All Countries

Category  
Legal document

Sub Category  
Personal

Name

Issuing Authority

Issued On  
m/d/yyyy


Issuing Comments

Issuing Country  
Select a value

Context Value

Issuing Location

Attachments

 Drag files here or click to add attachment

**6** In the Document Details pane, under Attachments, upload the document.

Category  
Legal document

Sub Category  
Personal

Name

Issuing Authority

Issued On  
m/d/yyyy


Issuing Comments

Issuing Country  
Select a value

Context Value

Issuing Location

Attachments

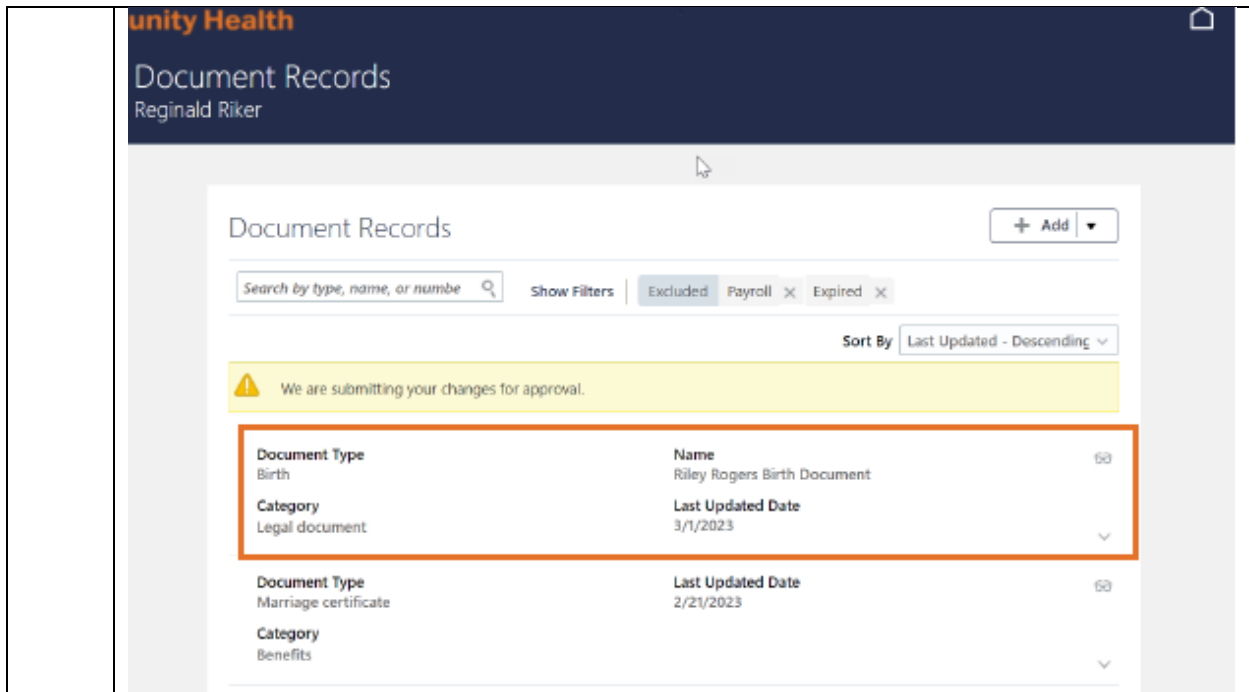
 Drag files here or click to add attachment

Add File

Add Link

**7** Once the document is uploaded, click Submit at the top of the screen.

<p><b>8</b></p>	<p><b>Return to the Before You Enroll page. The new document now displays under Document Records.</b></p>



## Update Existing HSA Employee Payroll Contributions

**For the 2024 year, please follow the instructions outlined below to make changes to you HSA Employee contributions.**

**During the open enrollment period (October 20 – November 02, 2024), team members will need to contact the Total Rewards team to make 2024 Health Savings Account Employee contribution changes. Please email us at [myuvachhr@uvahealth.org](mailto:myuvachhr@uvahealth.org).**

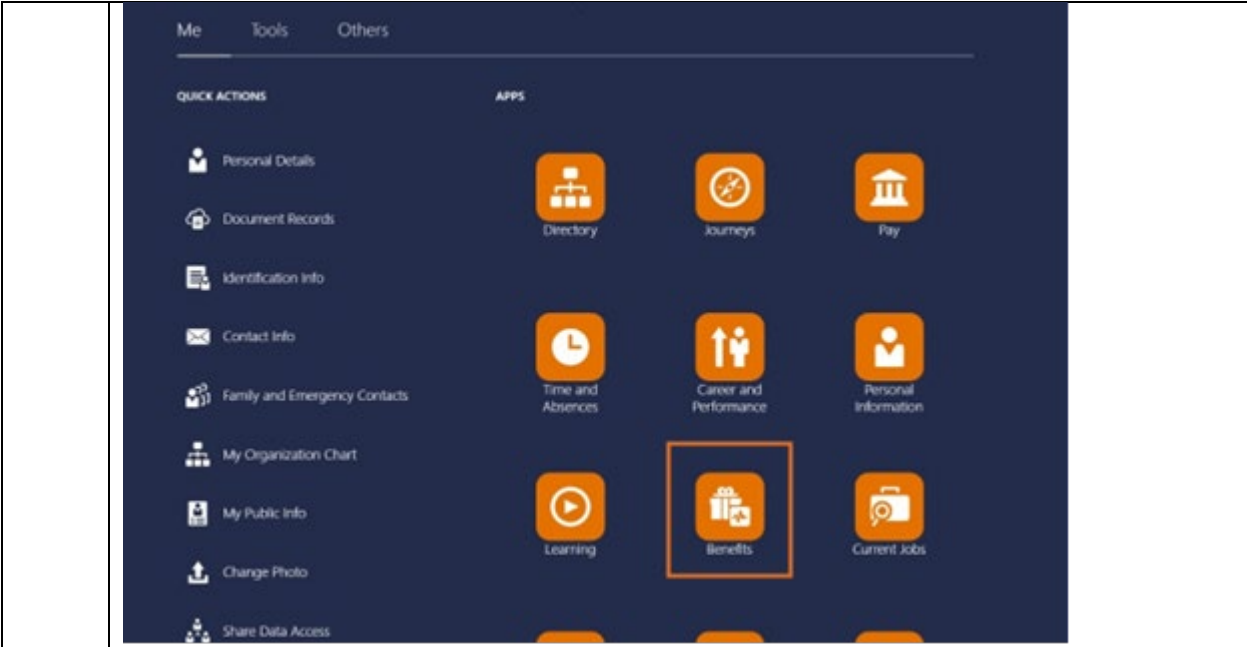
**For 2025, instructions coming soon.**

**Initiator:** Employee

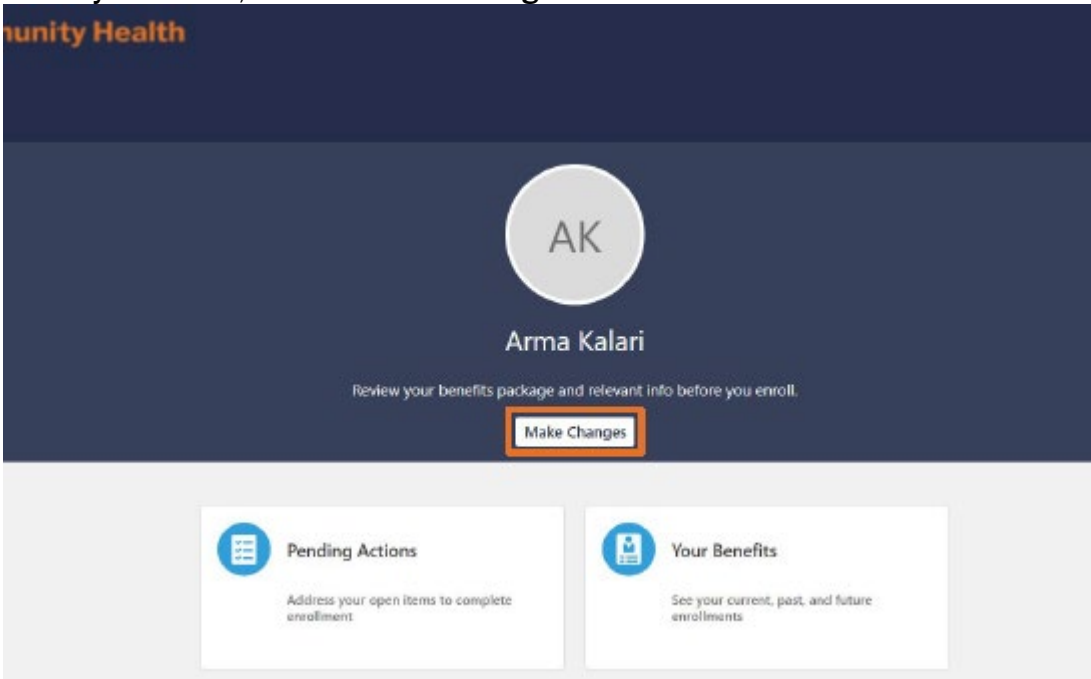
**Purpose:** The purpose of this job aid is to assist you in changing the desired annual dollar amount of Employee HSA contribution.

**Note:** You must already have enrolled in the HSA plan during a benefit enrollment event (e.g. life event, new team member enrollment, open enrollment) based on your HDHP medical plan selection. Changes to unrestricted benefits can be made at any time, not only during enrollment periods.

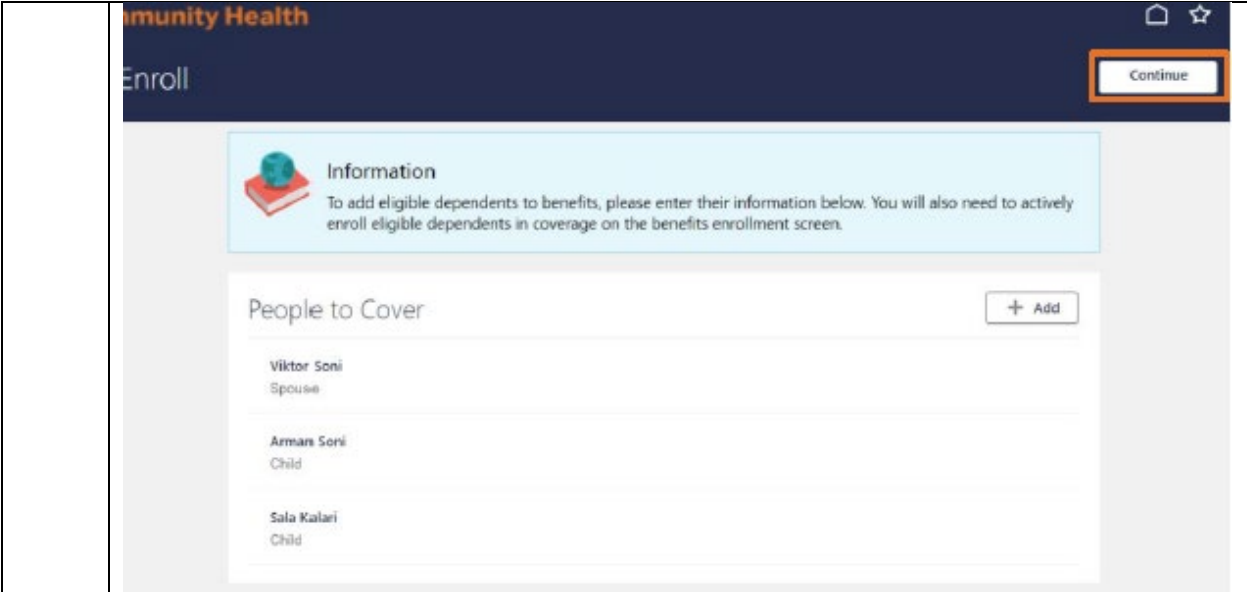
Step	Action
1	From the Home page, navigate to Me > Benefits.



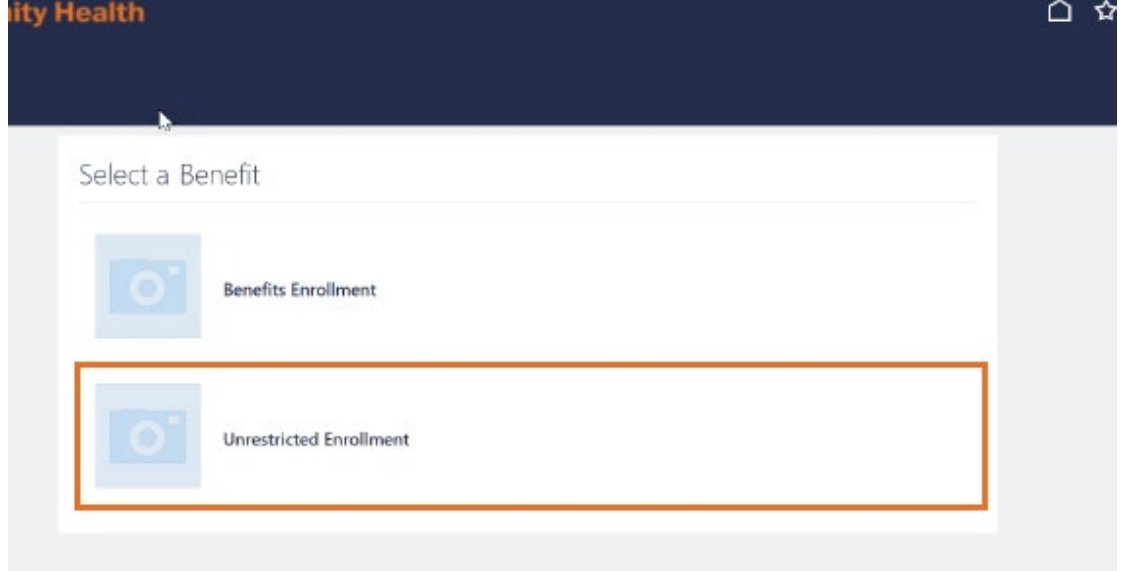
2 Under your name, click on Make Changes.



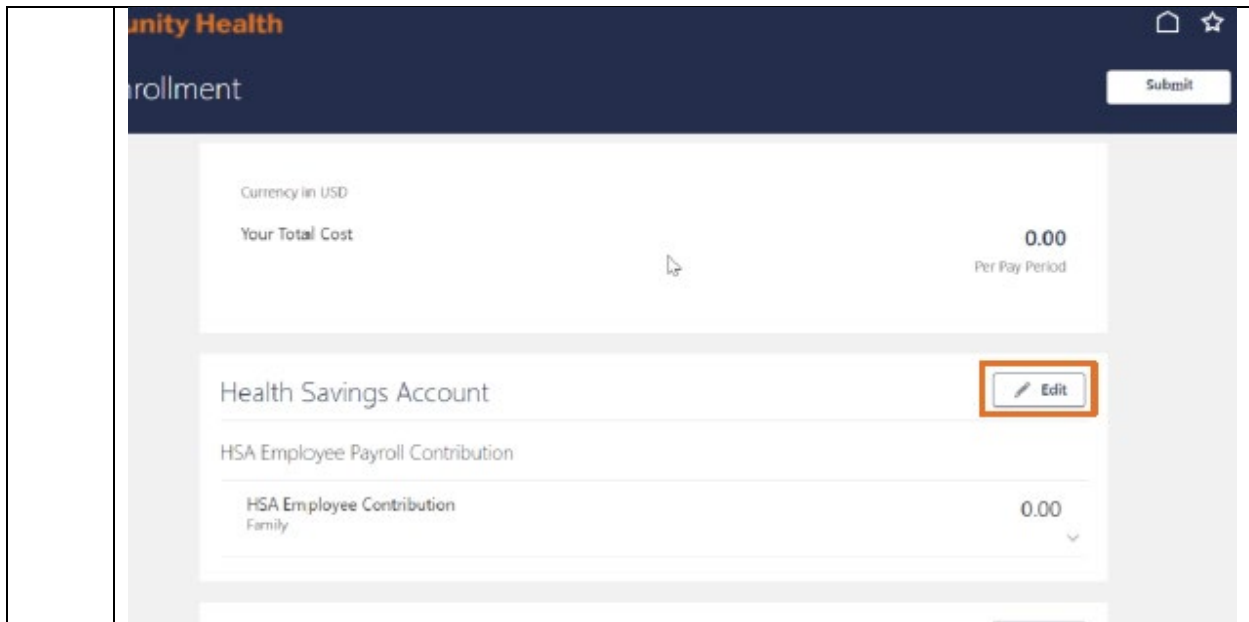
3 You will see the Before You Enroll page. If you do not have adjustments to make to your dependents or beneficiaries, click Continue.



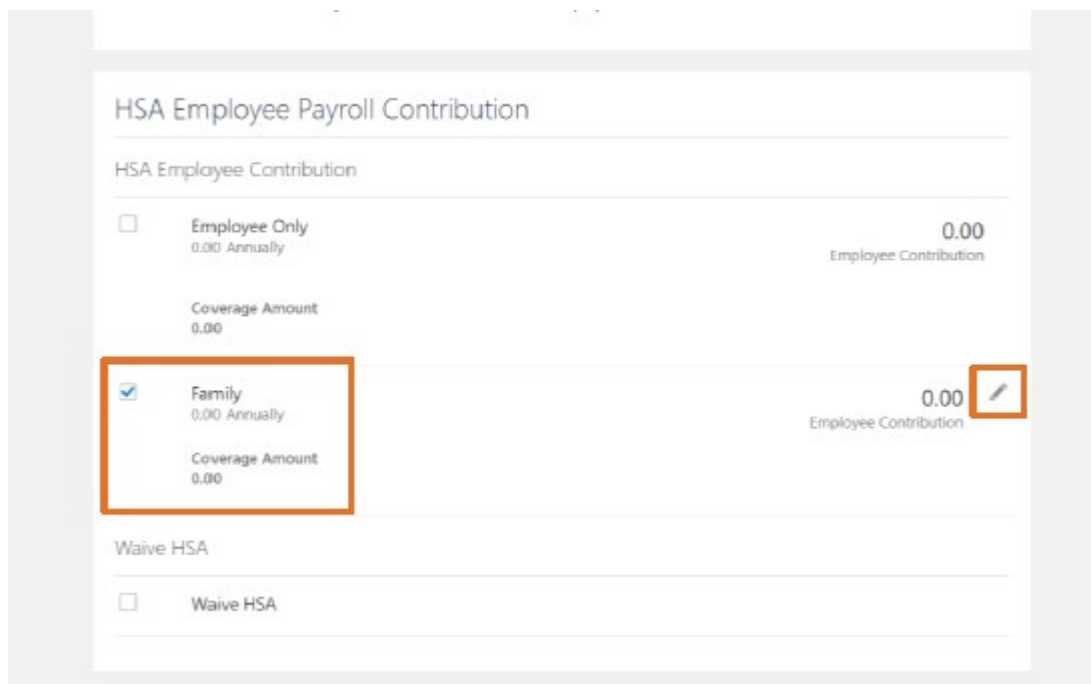
4 You will see the Start Enrollment page. Select Unrestricted Enrollment.



5 You will see the Unrestricted Enrollment page. Under the Health Savings Account section, click the edit button.



**6** You will see a check mark next to one of the two options: Employee Only or Family. This is the plan you are enrolled in. If you do not see a checkmark, you cannot make an HSA contribution because you did not set up an HSA plan during enrollment. Click on the pencil icon beside the option you are enrolled in.



**7** Enter your desired annual dollar amount and click the OK button.

HSA Employee Contribution

Employee Only  
0.00 Annually  
Employee Contribution 0.00  
Coverage Amount 0.00

HSA Employee Contribution Family  
Employee Contribution 0.00

Coverage  
0  
0 to 6250, in increments of 0.01

Annual Amount 0.00

Waive HSA

Waive HSA

OK Cancel

**8** You will now see your updated Employee Contribution per pay period shown on your plan. Click Continue at the top of the page.

HSA Employee Payroll Contribution

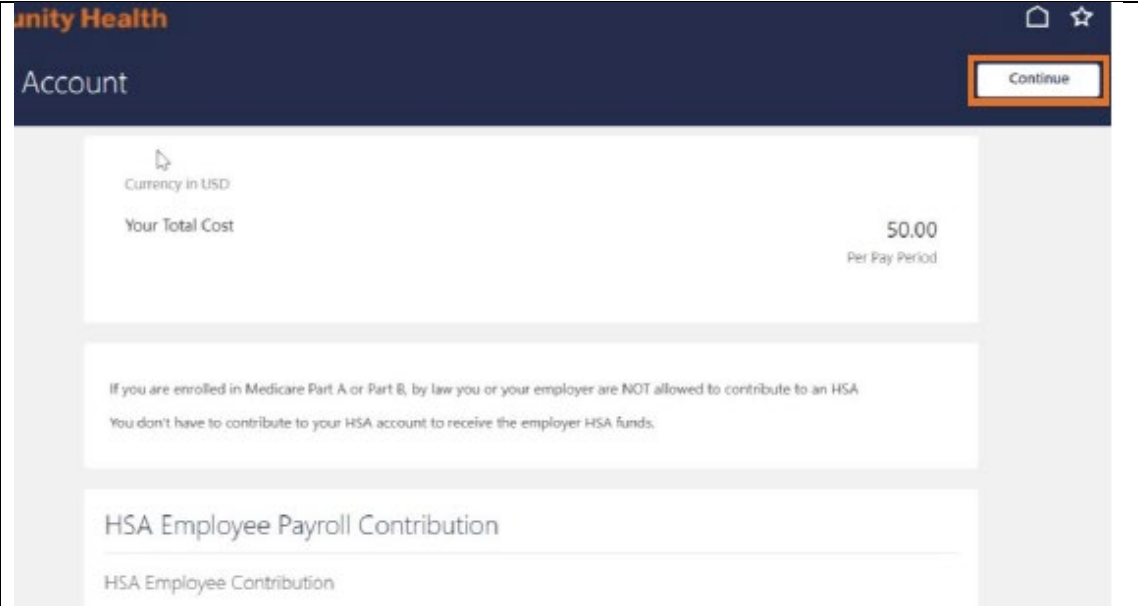
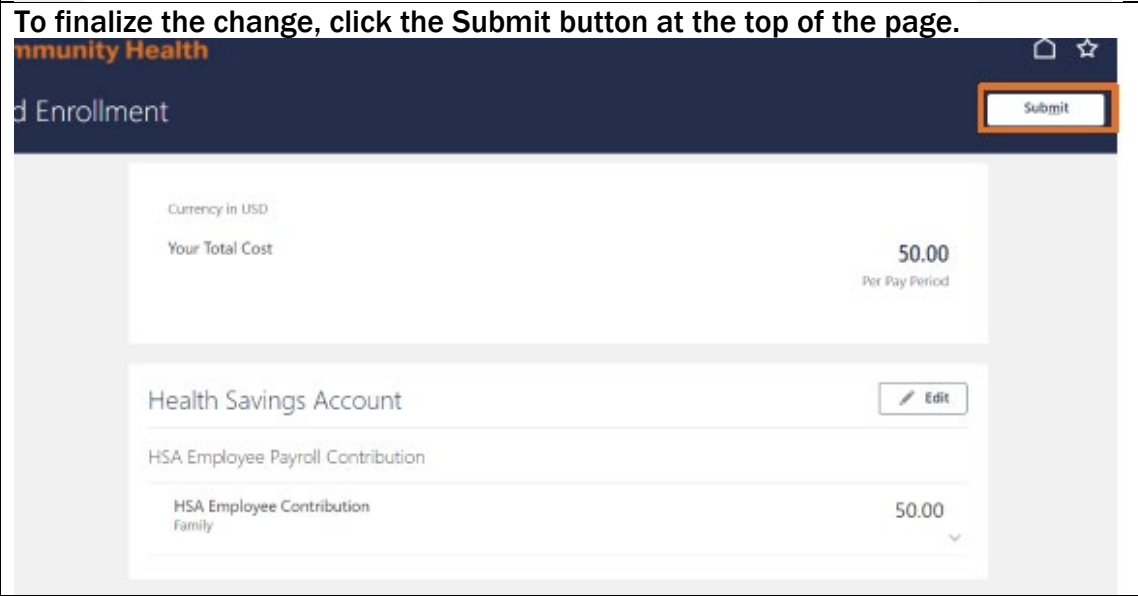
HSA Employee Contribution

Employee Only  
0.00 Annually  
Employee Contribution 0.00  
Coverage Amount 0.00

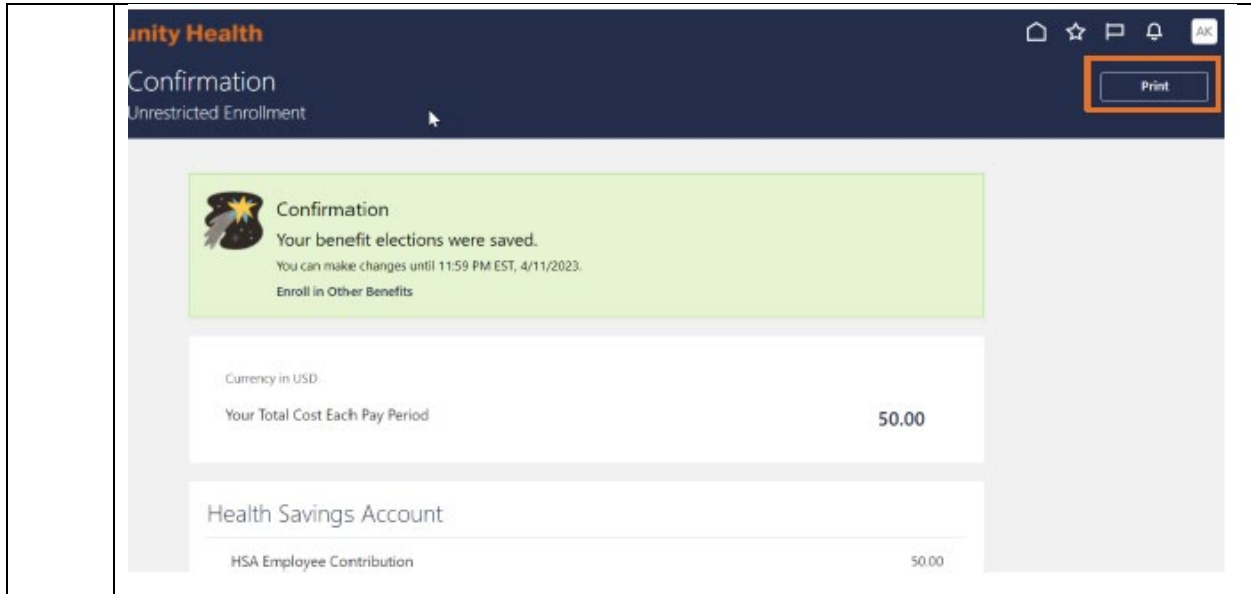
Family  
1,000.00 Annually  
Employee Contribution 50.00  
Coverage Amount 1,000.00

Waive HSA

Waive HSA

	 <p>Community Health</p> <p>Account</p> <p>Continue</p> <p>Currency in USD</p> <p>Your Total Cost 50.00 Per Pay Period</p> <p>If you are enrolled in Medicare Part A or Part B, by law you or your employer are NOT allowed to contribute to an HSA You don't have to contribute to your HSA account to receive the employer HSA funds.</p> <p>HSA Employee Payroll Contribution</p> <p>HSA Employee Contribution</p>
<p>9</p>	<p>To finalize the change, click the Submit button at the top of the page.</p>  <p>Community Health</p> <p>Enrollment</p> <p>Submit</p> <p>Currency in USD</p> <p>Your Total Cost 50.00 Per Pay Period</p> <p>Health Savings Account Edit</p> <p>HSA Employee Payroll Contribution</p> <p>HSA Employee Contribution Family 50.00</p>
<p>10</p>	<p>On the Confirmation page, you can click the Print button to create printed records of your changes.</p>





## Editing Beneficiaries for Life Insurances and AD&D Benefits

**For the 2024 year, please follow the instructions outlined below to assign beneficiaries.**

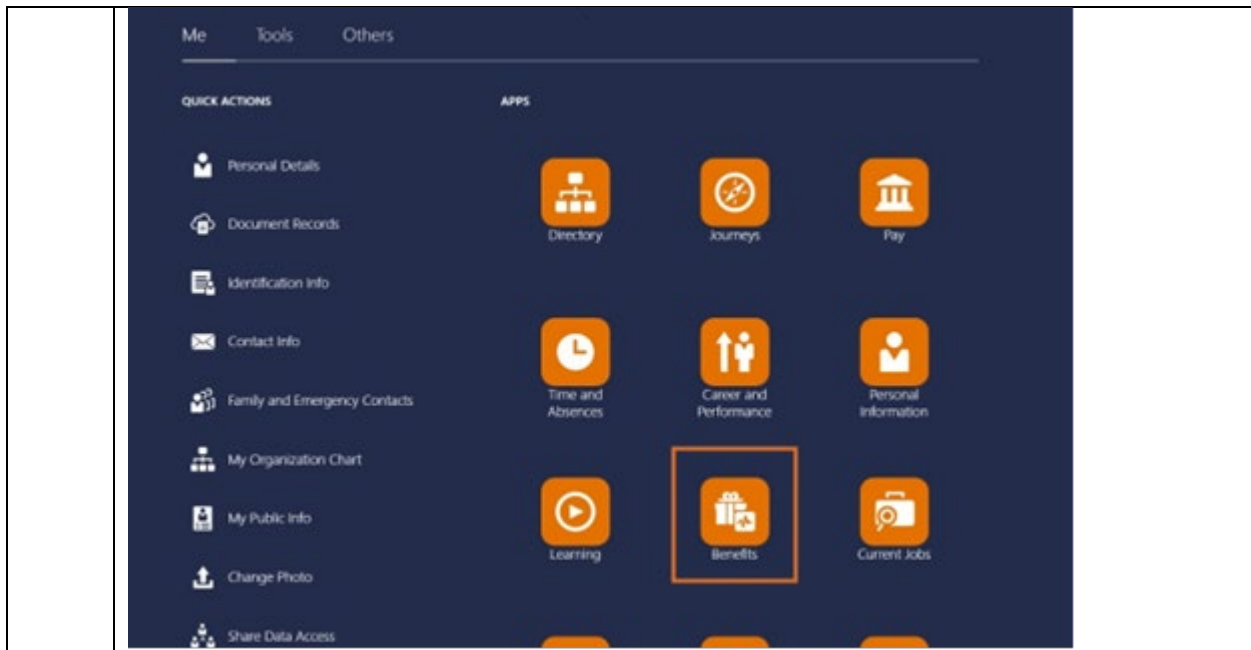
**During the open enrollment period (October 20 – November 02, 2024) team members will need to contact the Total Rewards team to make 2024 beneficiary changes. Please email us at [myuvachhr@uvahealth.org](mailto:myuvachhr@uvahealth.org).**

**For 2025, instructions coming soon.**

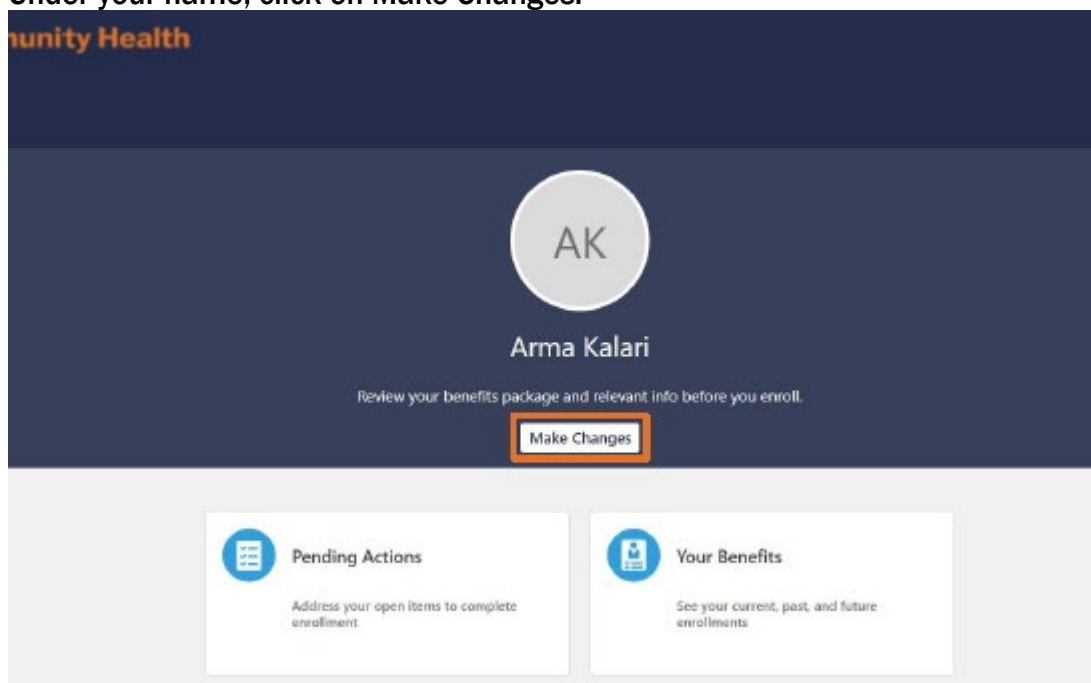
**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you in editing benefit allocations to your beneficiaries for life insurance and AD&D benefits (“unrestricted benefits”).

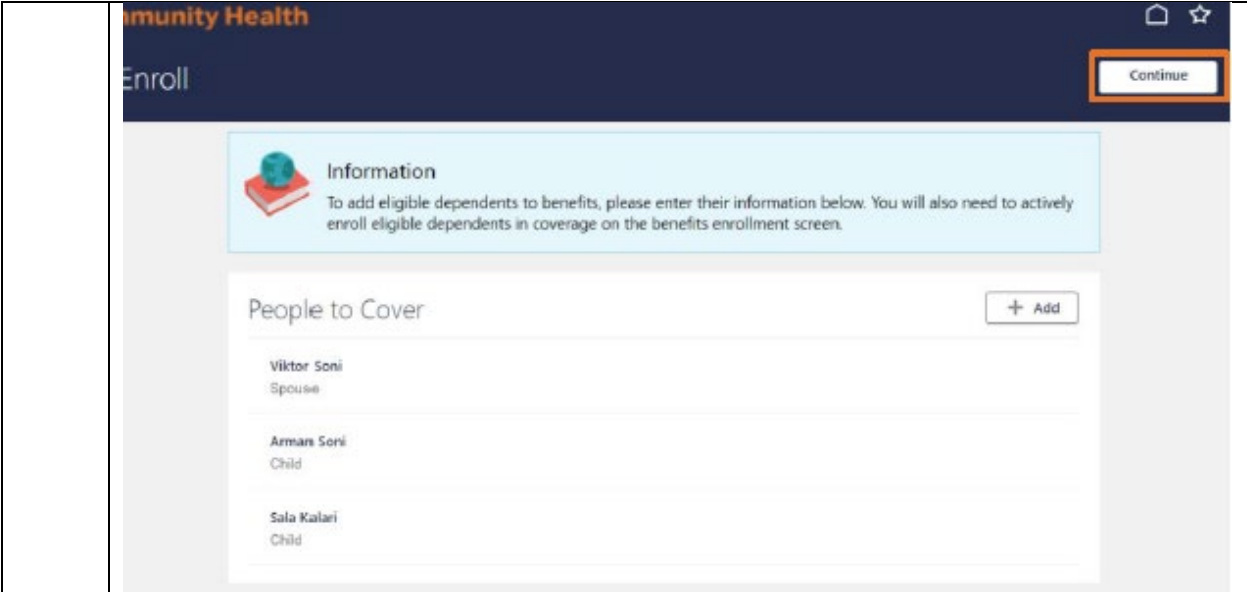
Step	Action
1	From the Home page, navigate to Me > Benefits.



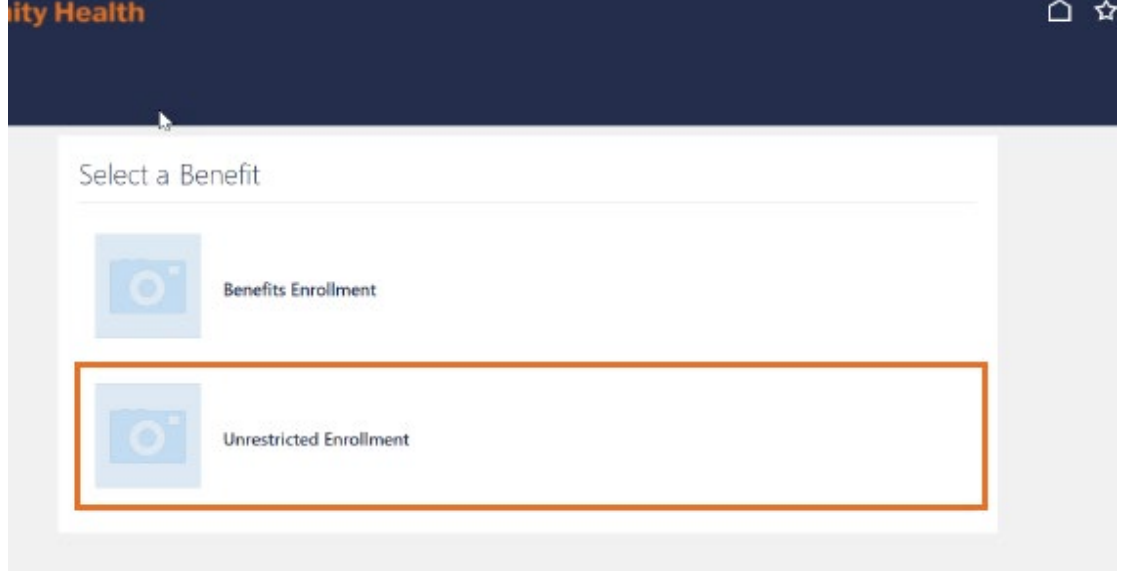
2 Under your name, click on Make Changes.



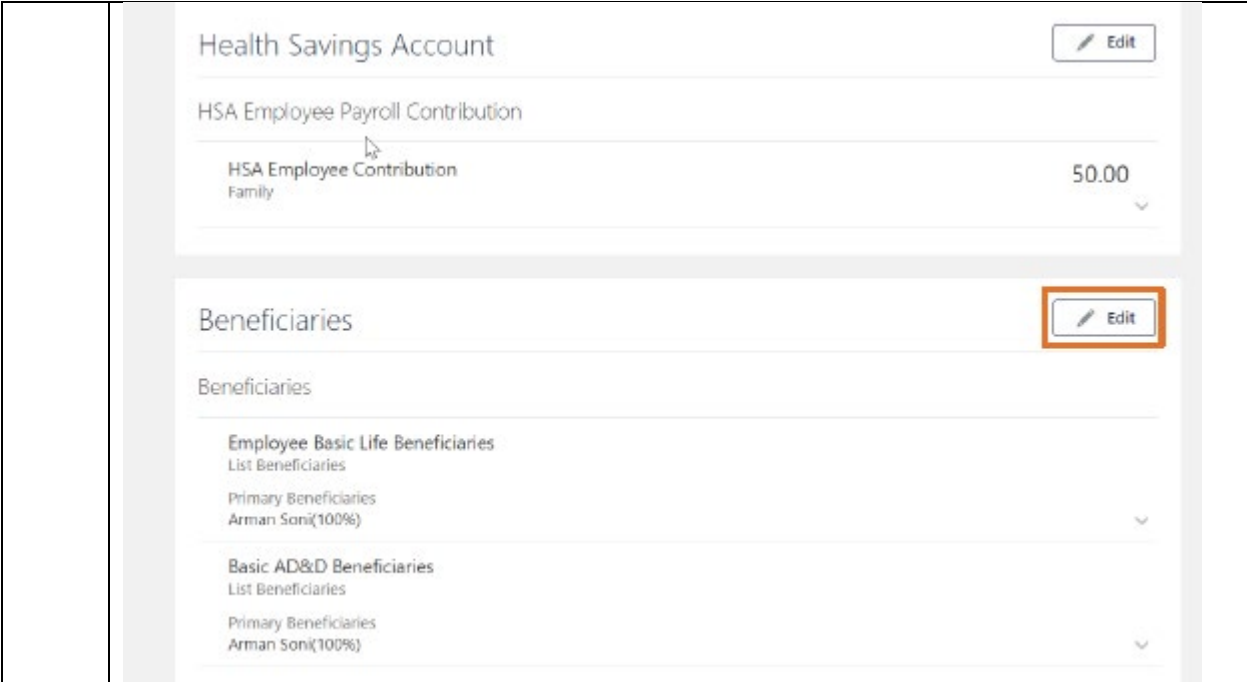
3 You will see the Before You Enroll page. Click Continue.



4 You will see the Start Enrollment page. Select Unrestricted Enrollment.



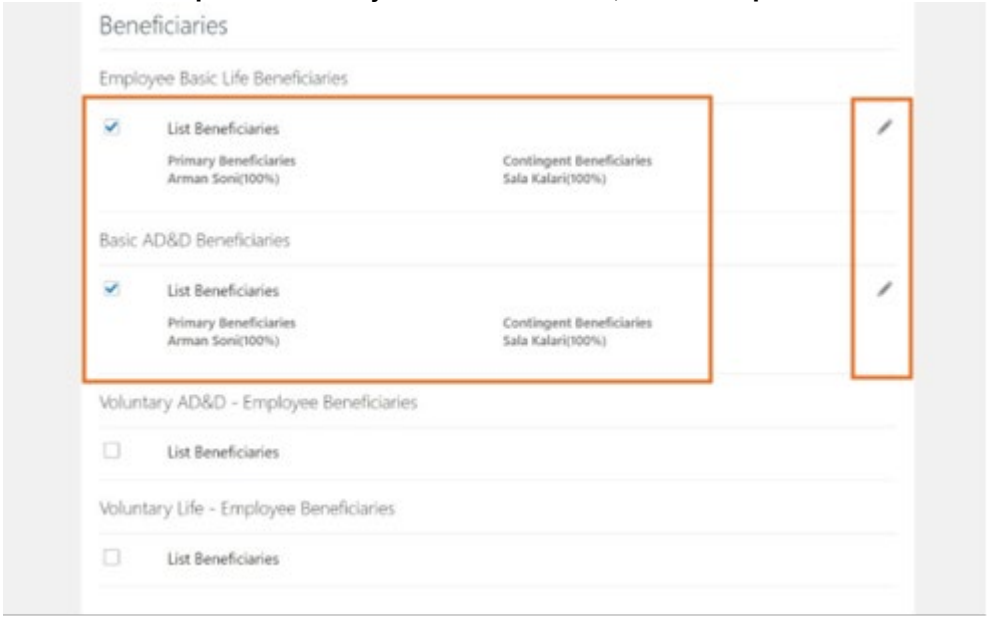
5 You will see the Unrestricted Enrollment page. Under the Beneficiaries section, click edit.



**6** You will see a list of beneficiaries for various unrestricted benefit categories:

- Employee Basic Life Beneficiaries
- Basic AD&D Beneficiaries
- Voluntary AD&D – Employee Beneficiaries
- Voluntary Life – Employee Beneficiaries

Under each section, there will be a check mark next to the box of the plan(s) you are enrolled in. If you are enrolled in a plan, then you may have beneficiaries listed for that plan. To edit your beneficiaries, click the pencil icon.



**7** You can now change the percentage of allocation for the selected unrestricted benefit. To change the percentages of your Primary Beneficiaries and/or Contingent Beneficiaries, click into the text boxes. Once you have made your changes, click the OK button.

**Note: If all your Beneficiaries are receiving a percentage as a Primary Beneficiary, you cannot also enter Contingent Beneficiary percentages. Contingent Beneficiaries must be different people/organizations than the Primary Beneficiaries.**

Beneficiaries

Employee Basic Life Beneficiaries

OK Cancel

Employee Basic Life Beneficiaries

List Beneficiaries

Primary Beneficiaries

Viktor Soni	50 %
Sala Kalari	%
Arman Soni	50 %

0% left

Contingent Beneficiaries

Viktor Soni	%
Sala Kalari	100 %
Arman Soni	%

**8 On the Beneficiaries page, you will now see the updated allocation to beneficiaries. Click Continue.**

Continue

Currency in USD

Your Total Cost 0.00  
Per Poy Period

Beneficiaries

Employee Basic Life Beneficiaries

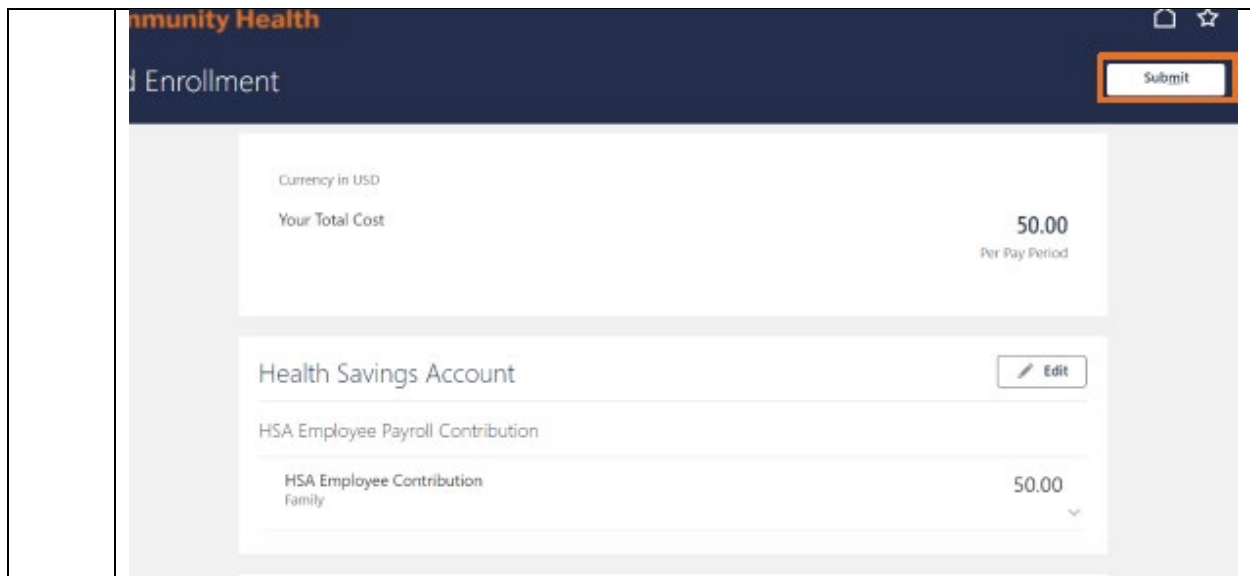
List Beneficiaries

Primary Beneficiaries: Viktor Soni(50%), Arman Soni(50%)

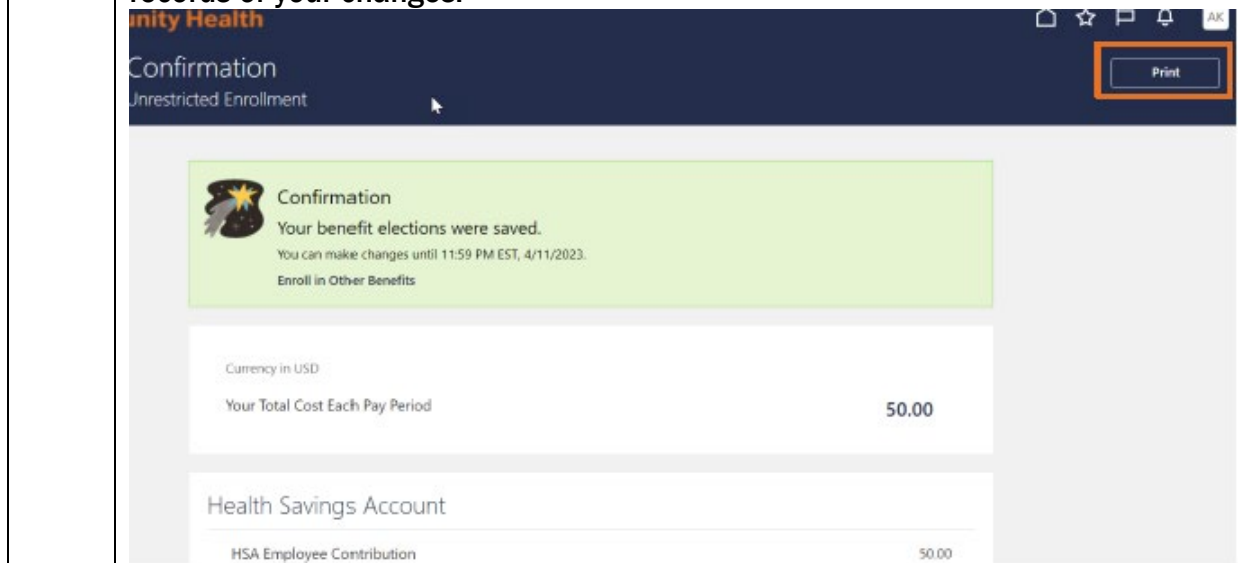
Contingent Beneficiaries: Sala Kalari(100%)

Basic AD&D Beneficiaries

**To finalize the change, click the Submit button at the top of the page.**



**On the Confirmation page, you can click the Print button to create printed records of your changes.**

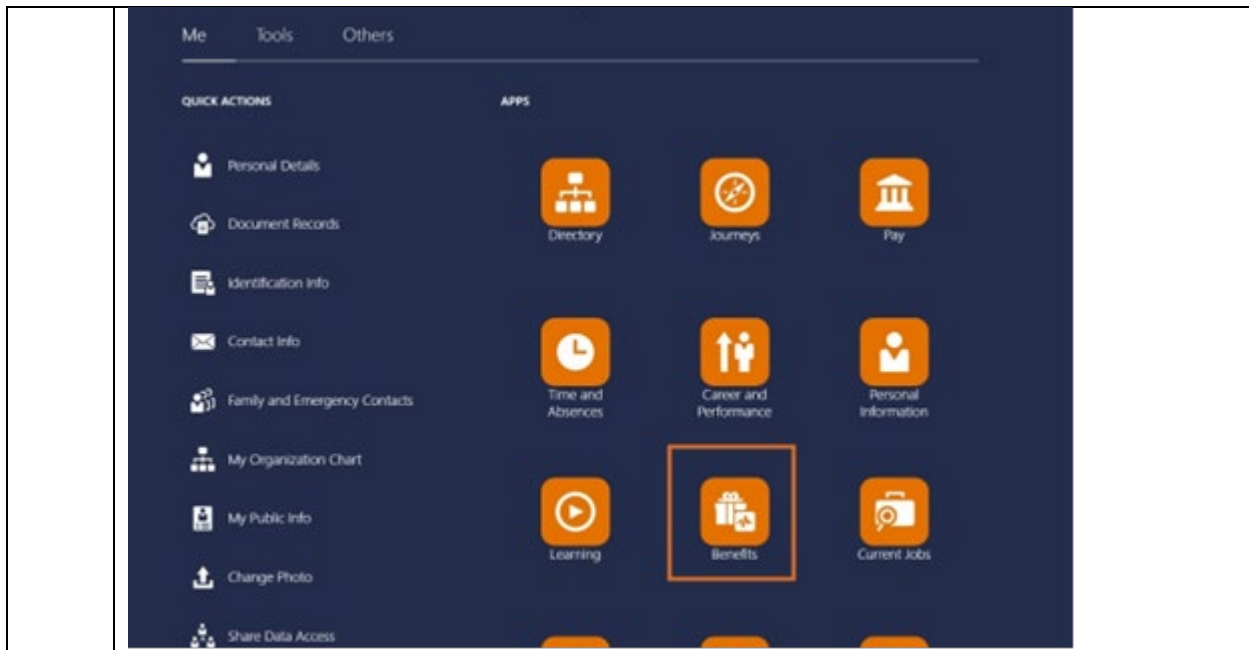


## Add/Edit a Trust for Beneficiary on Life Insurances and AD&D Benefits

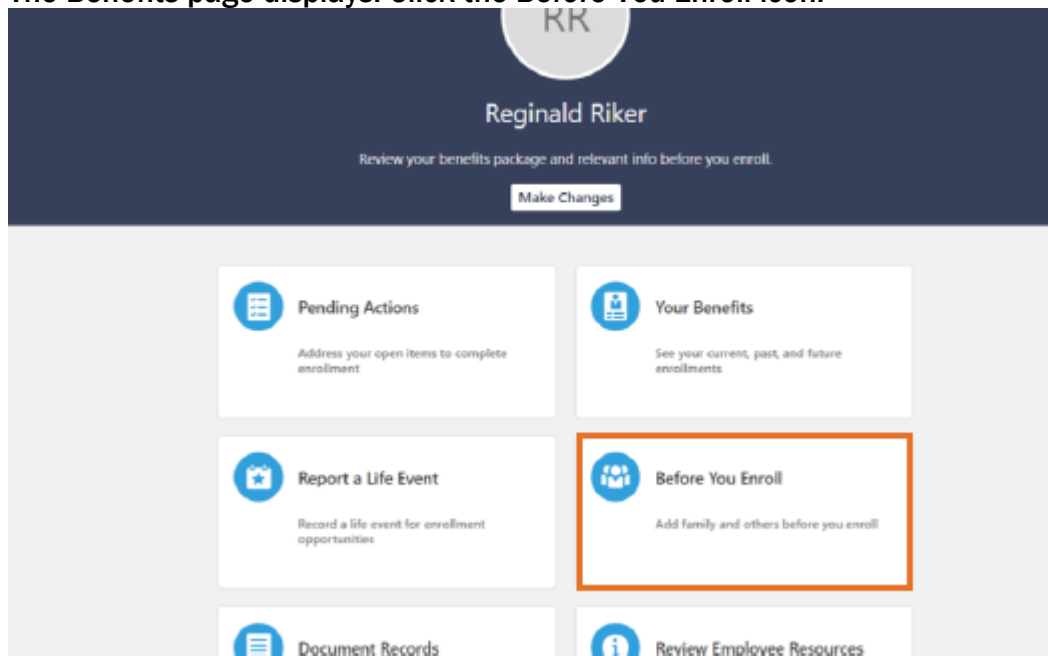
**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you with the task of adding an entity (e.g., trust, charitable organization) as a beneficiary included in the Benefits program.

Step	Action
1	From the Home page, navigate to Me > Benefits.



**2** The Benefits page displays. Click the Before You Enroll icon.



**3** The Before You Enroll page displays. Start by entering a new beneficiary organization. Click the +Add button.


**Information**  
 To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage on the benefits enrollment screen.

**People to Cover** + Add

Rhonda Reed  
Spouse

Riley Rogers  
Child

**Beneficiary Organizations** + Add

 There's nothing here so far.

**4** Confirm the date is correct in the Start Date drop down and select Trust under the Beneficiary Type drop-down.

**People to Cover**

Rhonda Reed  
Spouse

Riley Rogers  
Child

**Beneficiary Organizations** Save Cancel

\*Start Date  
2/27/2023  
Date when you would like this organization available for designation

\*Beneficiary Type  
Select a value  
Select a value  
Existing organization  
Trust

**5** Enter the trust name. Optionally, you can add additional information or a trust description. Click Save when done.



Beneficiary Organizations

**Save** Cancel

\*Start Date  
2/27/2023

Date when you would like this organization available for designation

\*Beneficiary Type  
Trust

\*Trust Name  
\_\_\_\_\_

Additional Info  
\_\_\_\_\_

Trust Description  
\_\_\_\_\_

6 Return to the Before You Enroll page. The trust now displays as a beneficiary.

**Information**  
To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage on the benefits enrollment screen.

People to Cover + Add

Rhonda Reed  
Spouse

Riley Rogers  
Child

Beneficiary Organizations + Add

**Reed Trust**  
Trust

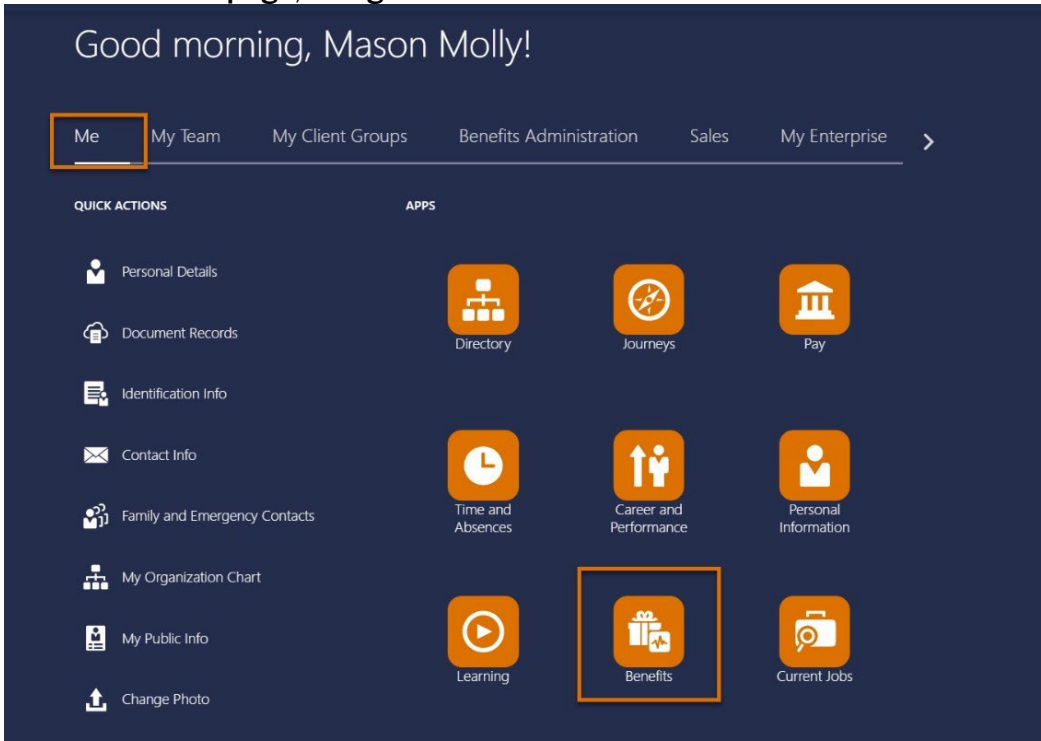
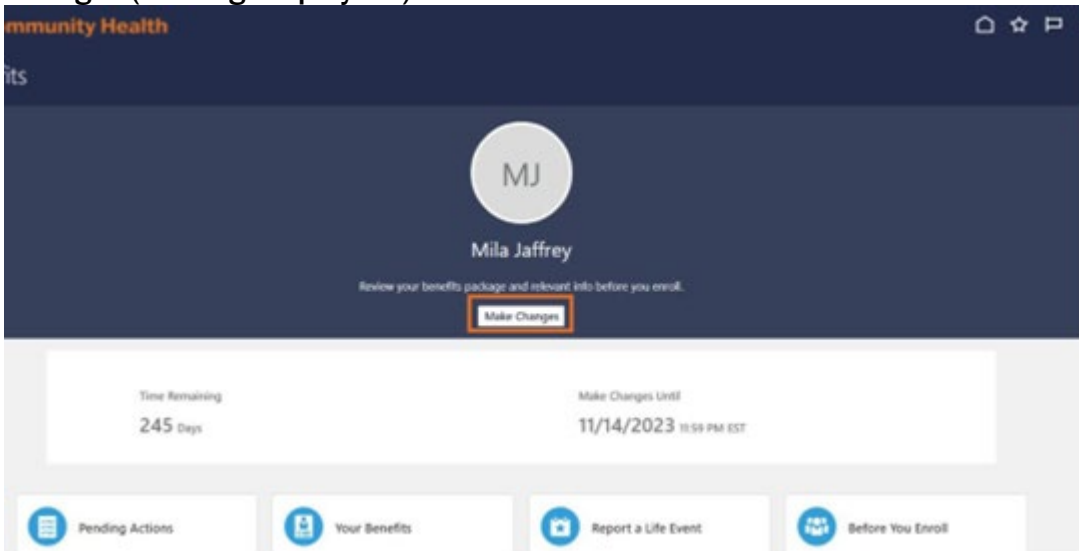
## Making Changes During Open Enrollment Periods

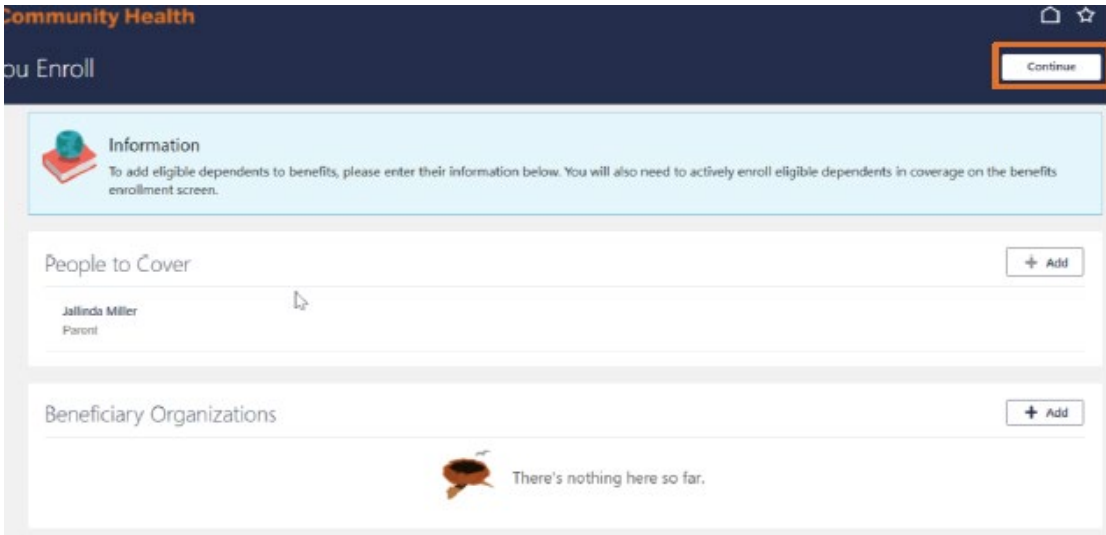
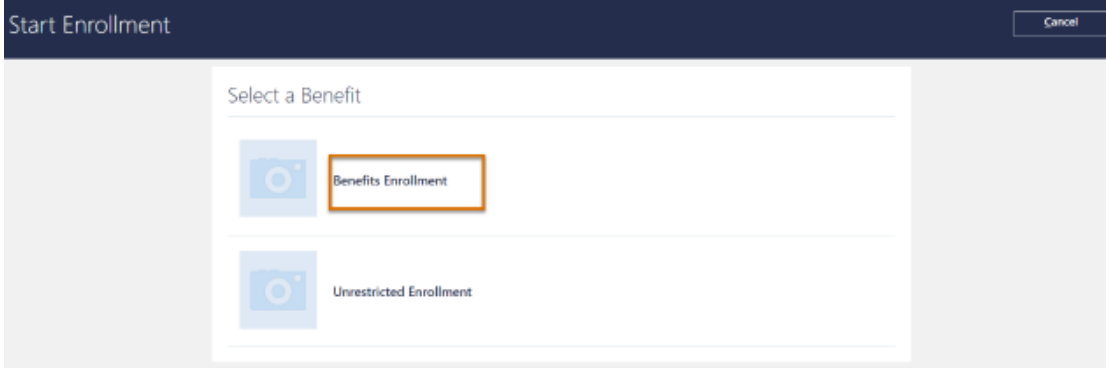
### Electing Voluntary Life Insurance During Open Enrollment Period

**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you in adding optional voluntary life insurance to your benefits plan during an enrollment period.

**Note:** The screenshots in this job aid show how to add voluntary life after you have already set up your benefits plan but are still within the enrollment dates. The process is the same if it is your first time setting up benefits as well.

Step	Action
1	<p>From the Home page, navigate to Me &gt; Benefits.</p> 
2	<p>The Benefits page displays. Click the Start Enrollment (new hires) or Make Changes (existing employees) button.</p> 

<p><b>3</b></p>	<p>The Before You Enroll page displays. If you have dependents or beneficiaries to add, click the Add (+) button in the People to Cover section. If not, go to step 5 below.</p> <p><b>Note:</b> Refer to the Add New Dependents and Add Trust to Beneficiary job aid on how to add new dependents and beneficiaries.</p> <p>Click the Continue button.</p> 
<p><b>4</b></p>	<p>The Start Enrollment page displays. Click the Benefits Enrollment icon.</p> 
<p><b>5</b></p>	<p>The Health Plans page displays. On this page you can make edits and new elections for the following benefit categories. Please note not all plans listed below are employer paid:</p> <ul style="list-style-type: none"> <li>Medical</li> <li>Dental</li> <li>Vision</li> <li>Health Reimbursement Account (HRA)</li> <li>Health Savings Account (HSA)</li> <li>Flexible Spending Accounts</li> <li>Life Insurance and AD&amp;D</li> <li>Disability</li> </ul>

**Critical Illness  
Legal Plan  
Hospital Insurance  
Accident Insurance**

**Scroll down to the Life Insurance and AD&D section and click the edit button.**

Life Insurance and AD&D Edit

Employee Basic Life

Employee Basic Life

Basic AD&D

Basic AD&D  
1 X Annual Salary

Voluntary Life - Employee

Voluntary Life - Employee  
4 X Annual Salary 2.04

Voluntary Life - Spouse

Waive Voluntary Life - Spouse

Voluntary Life - Child

**6** In the edit screen, scroll down to the section of Voluntary Life – Employee. In this section you can choose to elect optional Voluntary Life benefits. Click the checkmark next to the coverage plan you would like.

**Notice the Per Pay Period total amount displays based on the elections selected.**

**Note: Team Members can enroll in supplemental life coverage in addition to Whole Life coverage. Whole Life enrollment can only be done during open enrollment through Unum's website.**

Voluntary Life - Employee

Voluntary Life - Employee

<input type="checkbox"/>	1 X Annual Salary 13.44 Annually Coverage Amount 35,000.00	0.52 Employee Contribution
<input type="checkbox"/>	2 X Annual Salary 26.50 Annually Coverage Amount 69,000.00	1.02 Employee Contribution
<input type="checkbox"/>	3 X Annual Salary 39.55 Annually Coverage Amount 103,000.00	1.52 Employee Contribution

4 X Annual Salary 2.04

7

If you have listed a spouse or dependents, you can also select Voluntary Life plans for them as well. You can also choose to waive coverage for spouse/dependents. You must elect voluntary life coverage for yourself first to be able to enroll your spouse and or child.

Notice the Per Pay Period total amount displays based on the elections selected.

Voluntary Life - Spouse

Voluntary Life - Spouse

<input type="checkbox"/>	\$ 50K Coverage GI - ADMINISTRATOR USE ONLY 46.20 Annually  Coverage Amount 50,000.00	1.78 Employee Contribution
<input type="checkbox"/>	0.5 X Annual Salary 16.63 Annually  Coverage Amount 18,000.00	0.64 Employee Contribution
<input checked="" type="checkbox"/>	1 X Annual Salary 32.34 Annually  Coverage Amount 35,000.00	1.24 Employee Contribution
<input type="checkbox"/>	1.5 X Annual Salary 48.05 Annually  Coverage Amount 52,500.00	1.85 Employee Contribution

Voluntary Life - Child

Voluntary Life - Child

<input type="checkbox"/>	\$ 5,000 Coverage 11.88 Annually  Coverage Amount 5,000.00	0.46 Employee Contribution
<input type="checkbox"/>	\$ 10,000 Coverage 23.76 Annually  Coverage Amount 10,000.00	0.91 Employee Contribution

Waive Voluntary Life - Child

Waive Voluntary Life - Child

8

Once you have finished making your elections, you will see your total cost Per Pay Period at the top of the page.

You may need to complete Evidence of Insurability (EOI) for this type of benefit election. Refer to the criteria below to assess if you need to complete EOI.

Coverage reduces beginning at age 65. Please refer to the benefits guide for more information.

You need to complete EOI (Evidence of Insurability) if:

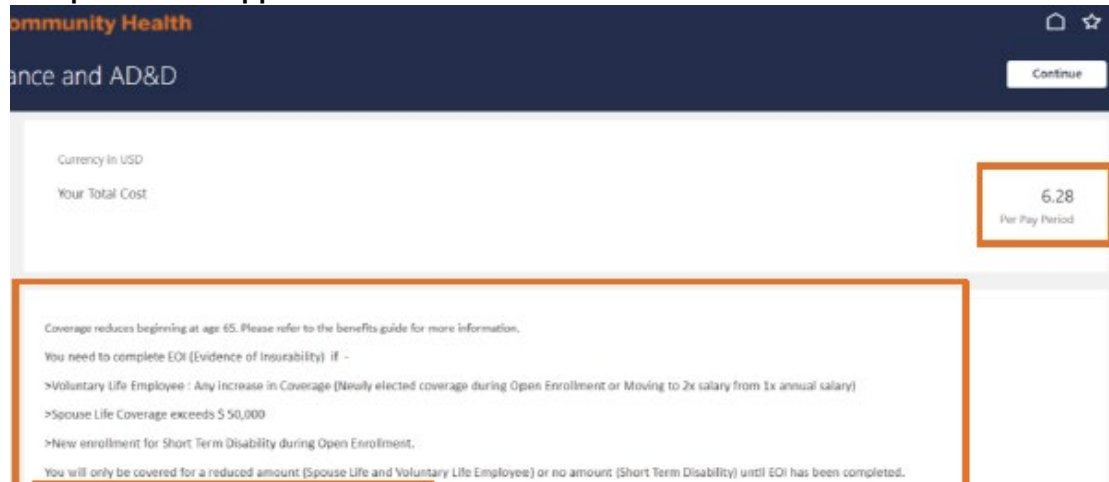
- **Voluntary Life Employee: Any increase in coverage or newly elected coverage (ex: moving to 2X salary from 1X salary).**
- **Spouse Life Coverage exceeds \$50,000 or newly elected in Spouse Life coverage.**

You will remain in interim coverage, waived or previous election, until your EOI has been completed and approved.

If you need to complete EOI, you will receive an email from Unum with instructions on how to complete EOI. The email will be sent to your UVACH email. Complete the required steps as soon as possible.

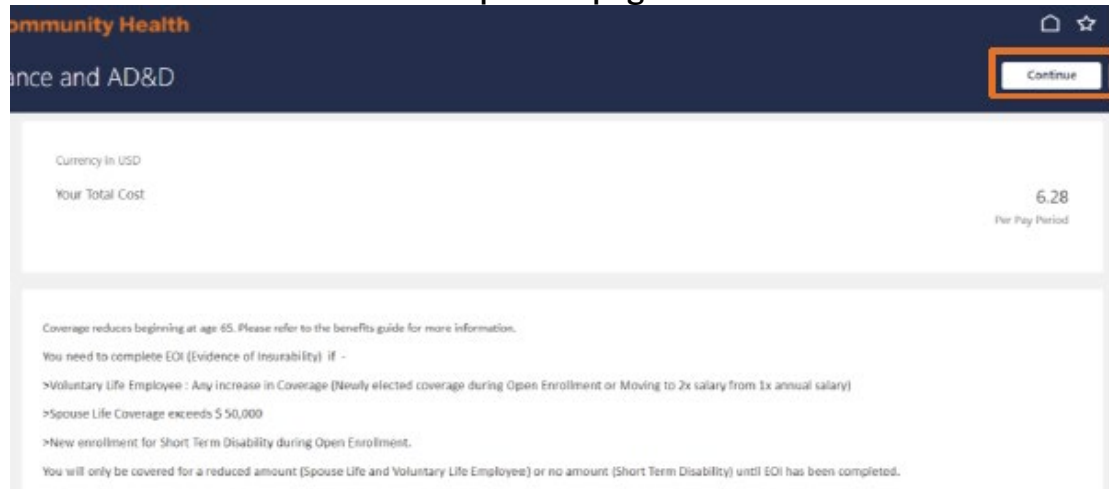
**Short Term Disability:**

If you newly enroll in coverage, your interim coverage would be waived until your EOI is completed and approved. If you enroll in the 14-day option from the 30-day option, your interim coverage would remain in the 30-day option until EOI is completed and approved.



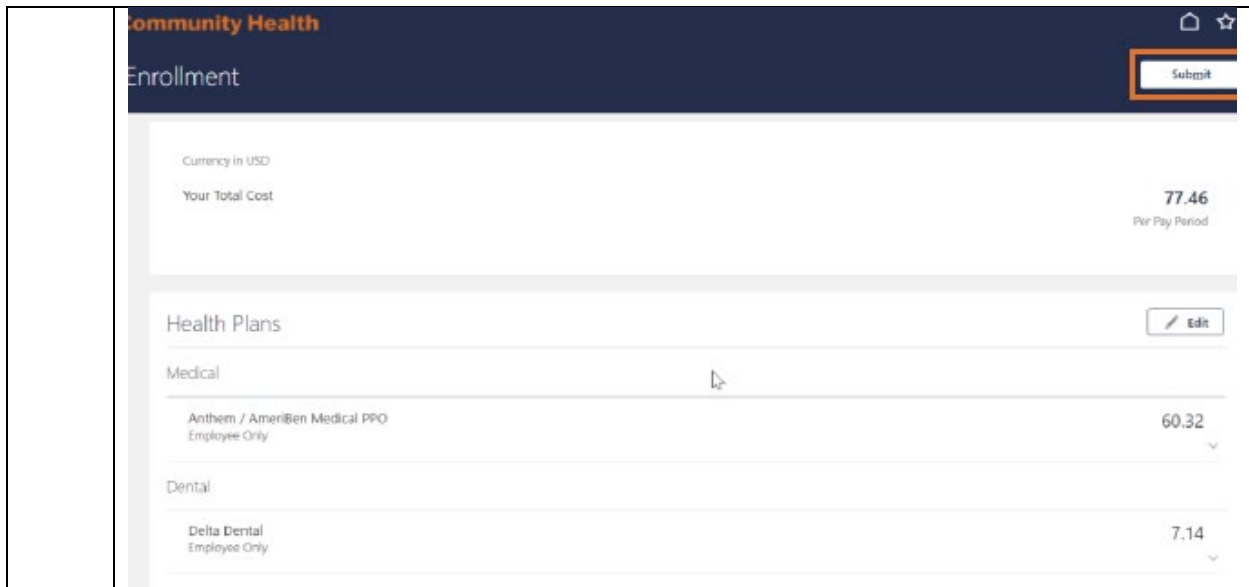
9

Click the Continue button at the top of the page.

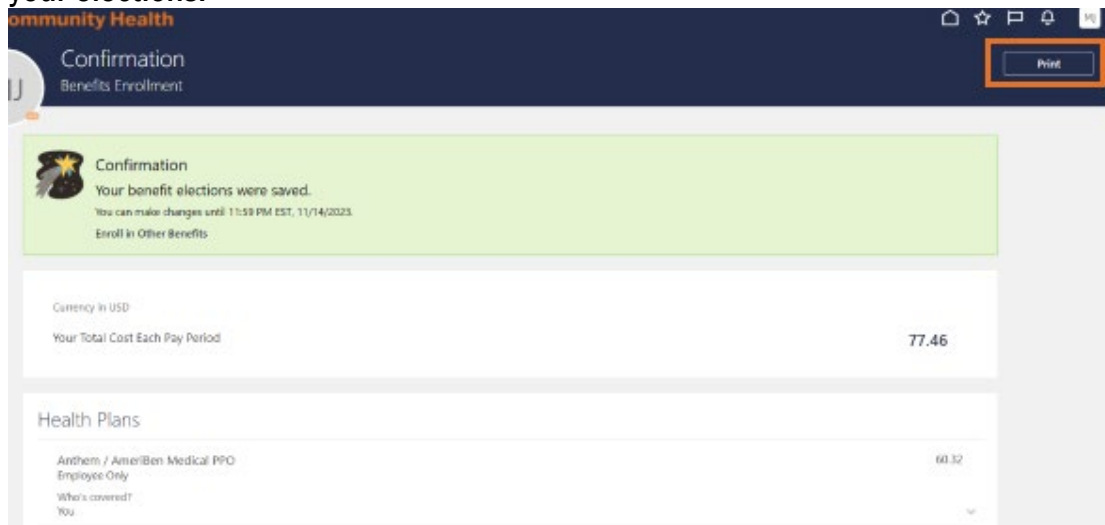


10

Review all your elections. Click the Submit button.



**11** Review the Confirmation page. You can click the Print button to further review your elections.



## Electing Beneficiaries during Open Enrollment Period

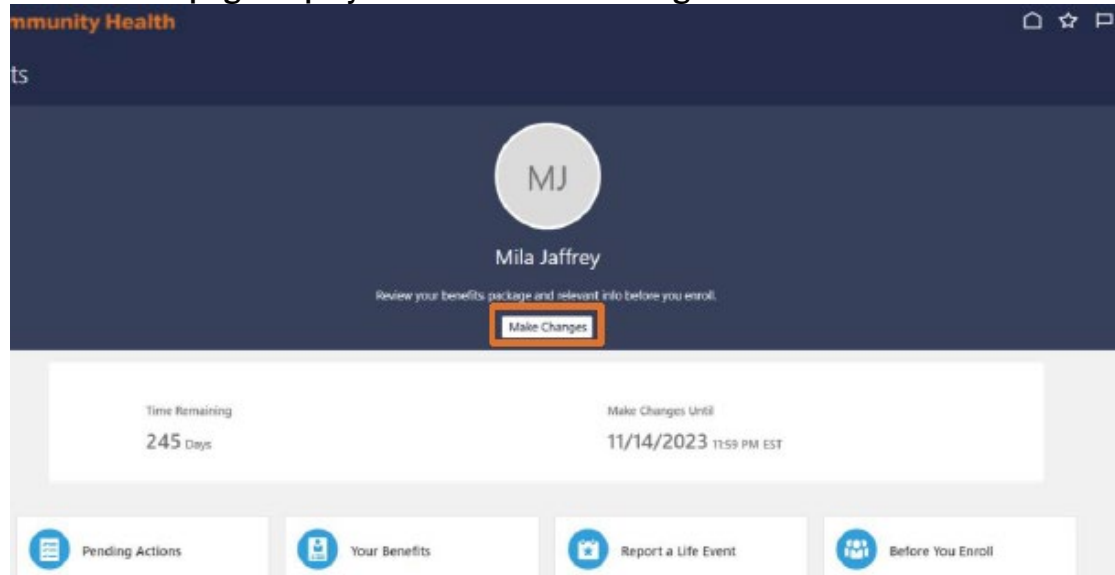
**Initiator:** Employee

**Purpose:** The purpose of this job aid is to assist you in editing benefit allocations to your beneficiaries for life insurance, AD&D, and additional Unum Voluntary benefits.

Step	Action
1	From the Home page, navigate to Me > Benefits.

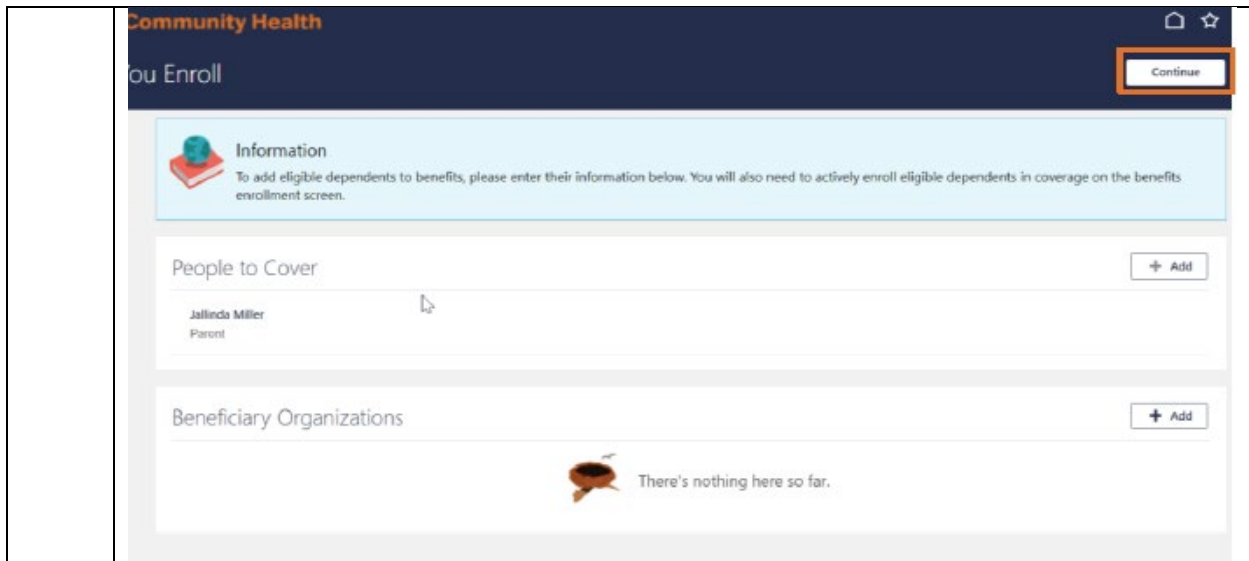


2 The Benefits page displays. Click the Make Changes button.

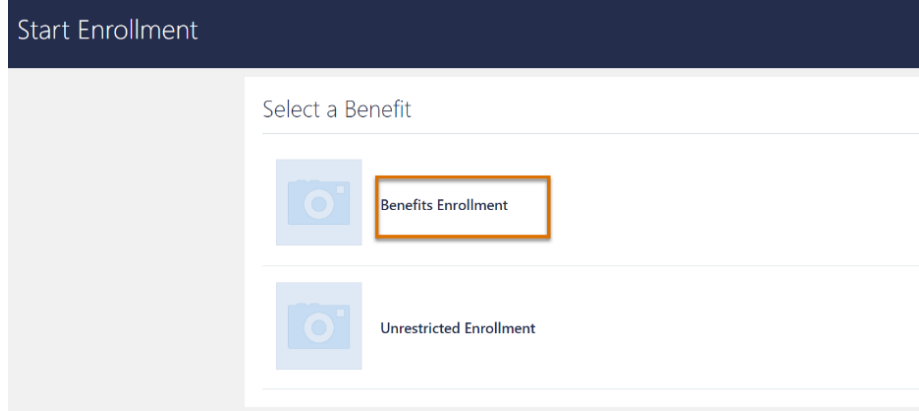


3 The Before You Enroll page displays. If you have dependents or beneficiaries to add, click the Add (+) button in the People to Cover section. If not, go to step 4 below.  
 Note: Refer to the Add New Dependents and Add Trust to Beneficiary job aid on how to add new dependents and beneficiaries.  
 Click the Continue button.

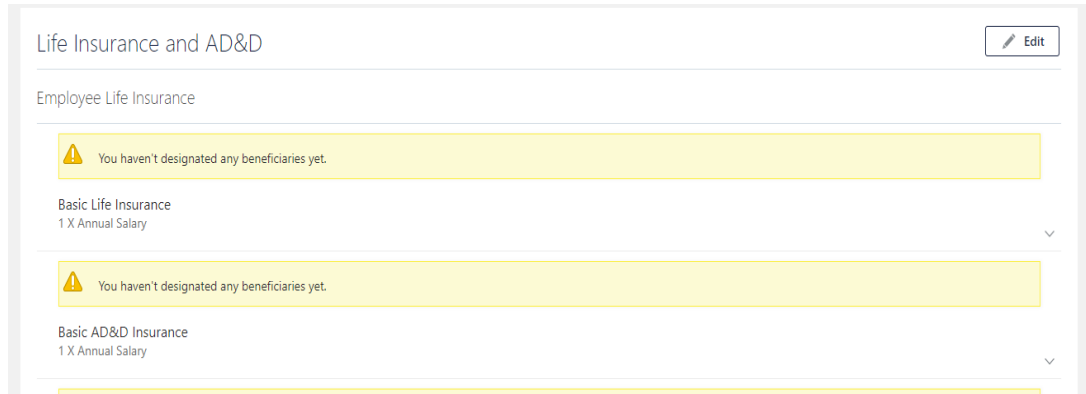




**4 The Start Enrollment page displays. Click the Benefit Enrollment icon.**



**5 Scroll down to the Life Insurance and AD&D section. Click on the edit icon.**



6

In the edit screen, click on the pencil icon to designate your beneficiaries.

Employee Life Insurance

Basic Life Insurance

You haven't designated any beneficiaries yet.

1 X Annual Salary

Coverage Amount 104,000.00      Employer Contribution 1.87

Basic AD&D Insurance

You haven't designated any beneficiaries yet.

1 X Annual Salary

Coverage Amount 104,000.00      Employer Contribution 1.25

7

You can now change the percentage of allocation for the selected beneficiaries. To change the percentages of your Primary Beneficiaries and/or Contingent Beneficiaries, click into the text boxes. Once you have made your changes, click the OK button.

Beneficiaries

Employee Basic Life Beneficiaries

OK Cancel

Employee Basic Life Beneficiaries

List Beneficiaries

Primary Beneficiaries

Viktor Soni	50 %
Sala Kalari	%
Arman Soni	50 %

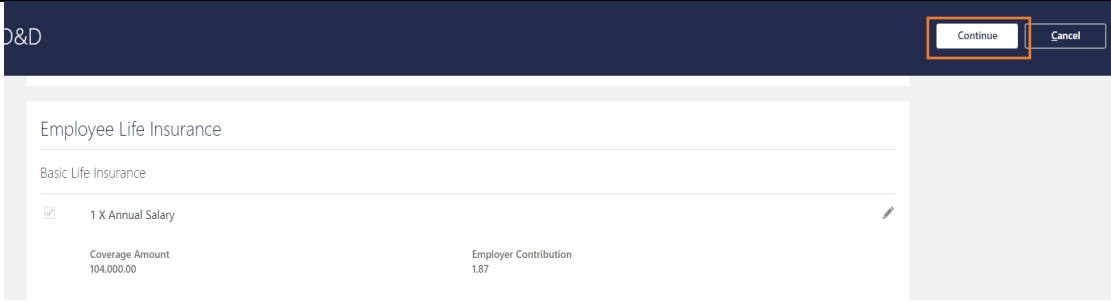
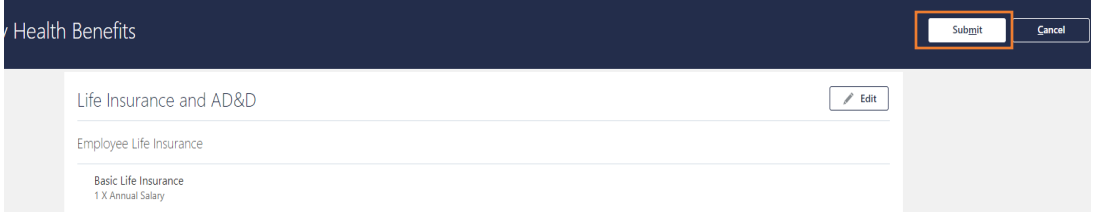
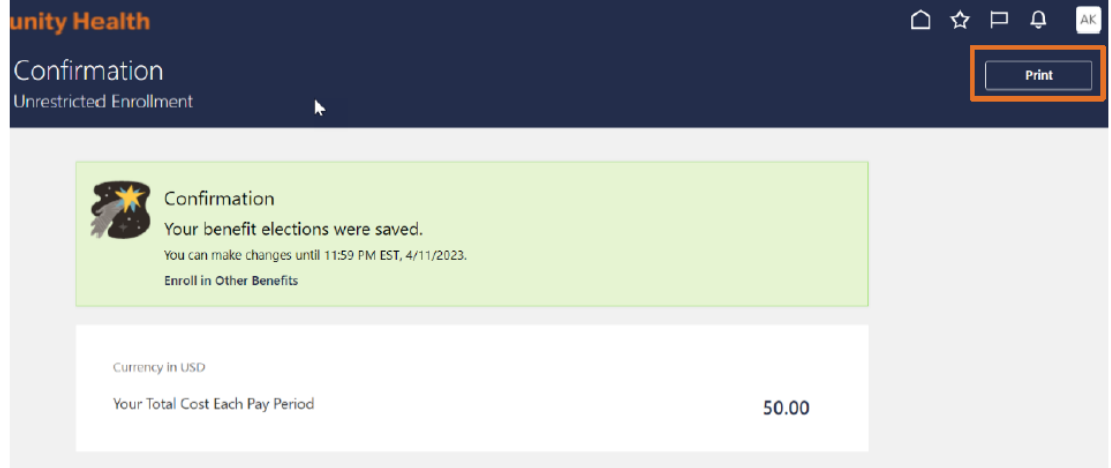
0% left

Contingent Beneficiaries

Viktor Soni	%
Sala Kalari	100 %
Arman Soni	%

8

Once you have selected you beneficiaries, the alert with the yellow banner will disappear. Scroll to the top of the page and click the Continue button.

	
9	<p><b>To finalize the change, click the Submit button at the top of the page.</b></p> 
	<p><b>On the Confirmation page, you can click the Print button to create printed records of your changes.</b></p> 

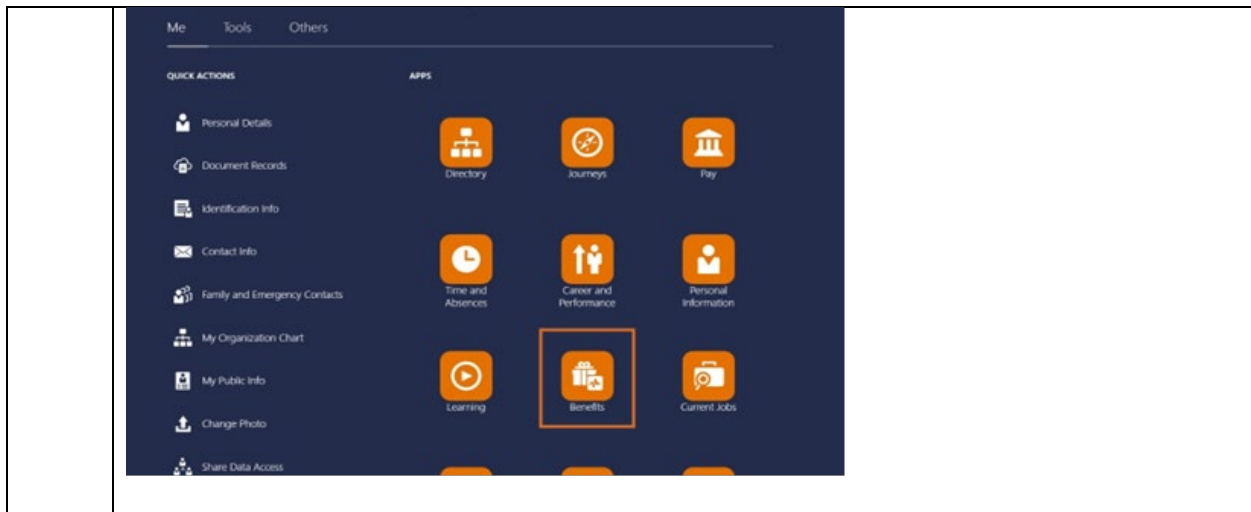
## Making HSA Employee Contributions during Open Enrollment Period

**Initiator:** Employee

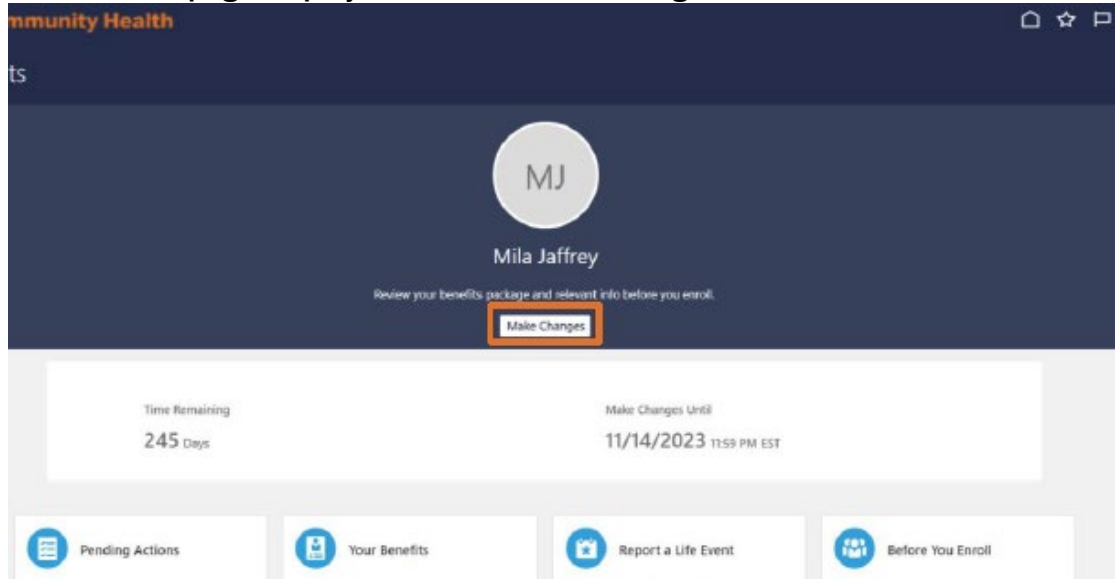
**Purpose:** The purpose of this job aid is to assist you in setting up employee Health Savings Account (HSA) contributions during an open enrollment period.

**Note:** You not need to make HSA employee contributions to receive HSA employer contributions.

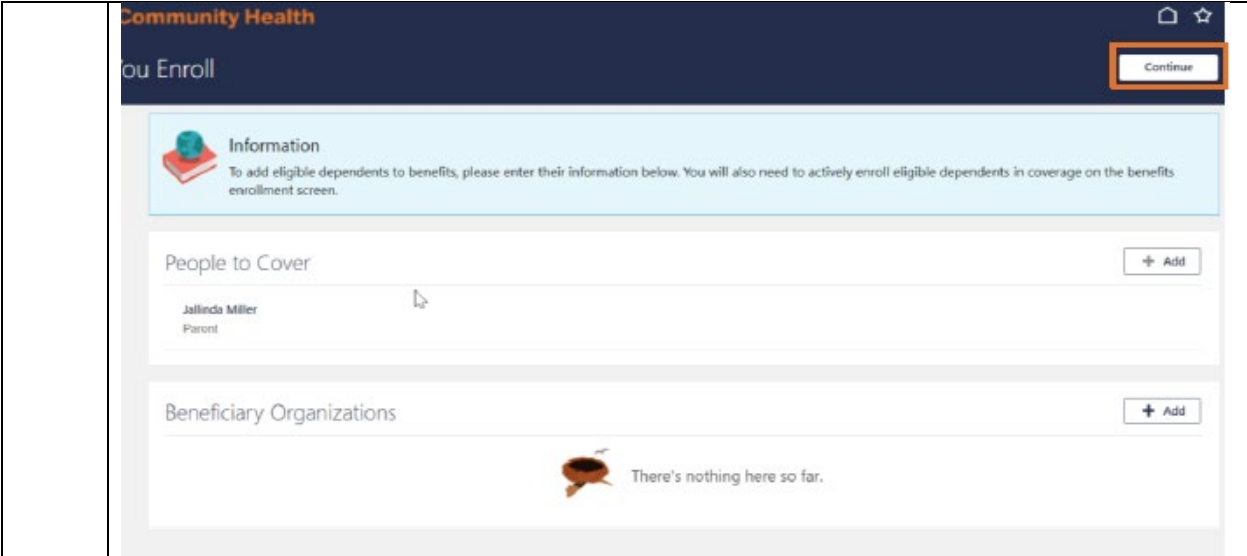
Step	Action
1	From the Home page, navigate to Me > Benefits.



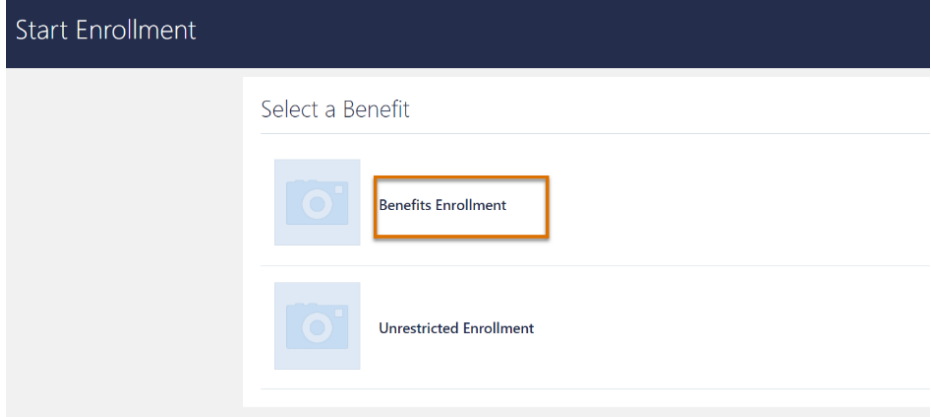
2 The Benefits page displays. Click the Make Changes button.



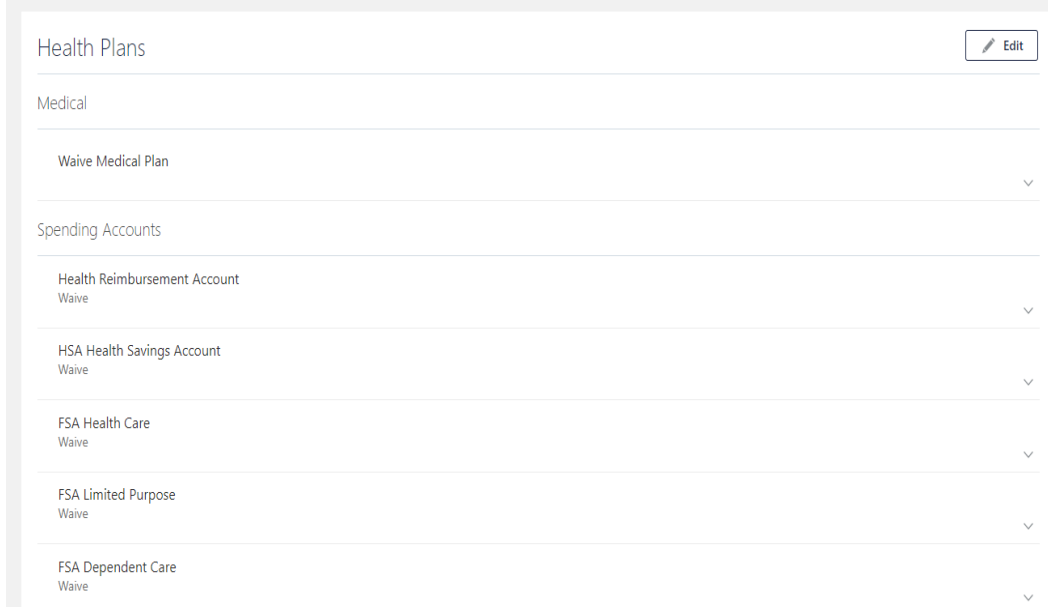
3 You will see the Before You Enroll page. If you do not have adjustments to make to your dependents or beneficiaries, click Continue.



**4** The Start Enrollment page displays. Click the Benefit Enrollment icon.



**5** Scroll to the health plans section. Click on the edit icon.



6

**After selecting the medical HDHP tier, scroll to the spending account section. Select the HSA option, either HSA individual or HSA family.**

Medical HDHP

<input checked="" type="checkbox"/>	Employee Only 1,345.20 Annually	51.74 Employee Contribution
Employer Contribution 298.47		
<input type="checkbox"/>	Employee + Spouse 4,484.64 Annually	172.49 Employee Contribution
Employer Contribution 592.47		
<input type="checkbox"/>	Employee + Children 3,363.48 Annually	129.36 Employee Contribution
Employer Contribution 562.07		
<input type="checkbox"/>	Family 6,278.16 Annually	241.47 Employee Contribution
Employer Contribution 829.37		

HSA Health Savings Account

<input checked="" type="checkbox"/>	Employee Only 0.00 Annually	0.00
Employee Contribution		
Coverage Amount 0.00	Employer Contribution 28.85	

7

**Add the annual HSA employee contribution amount on the box. Click ok.**

HSA Health Savings Account

HSA Health Savings Account  
Employee Only

38.46  
Employee Contribution

Coverage  
  
0 to 3399.9, in increments of 0.01

Annual Amount  
1,000.00

Employer Contribution  
28.85

8

**Note: If you do not wish to make an HSA employee contribution, simply leave the amount at zero. Click ok.**

HSA Health Savings Account

HSA Health Savings Account  
Employee Only

Coverage  
0  
0 to 3399.9, in increments of 0.01

Annual Amount  
0.00

Employer Contribution  
28.85

0.00  
Employee Contribution

OK Cancel

**9** Select continue at the top right.

HSA Health Savings Account

Employee Only  
1,000.00 Annually

Coverage Amount  
1,000.00

Employer Contribution  
28.85

38.46  
Employee Contribution

Continue Cancel

**10** To finalize the change, click the Submit button at the top of the page.

Health Benefits

Health Plans Edit

Medical

Medical HDHP  
Employee Only 51.74

Spending Accounts

Health Reimbursement Account  
Waive

HSA Health Savings Account  
Employee Only 38.46

Submit Cancel

**11** On the Confirmation page, you can click the Print button to create printed records of your changes.

Confirmation  
Unrestricted Enrollment

Print

 **Confirmation**  
Your benefit elections were saved.  
You can make changes until 11:59 PM EST, 4/11/2023.  
Enroll in Other Benefits