

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.

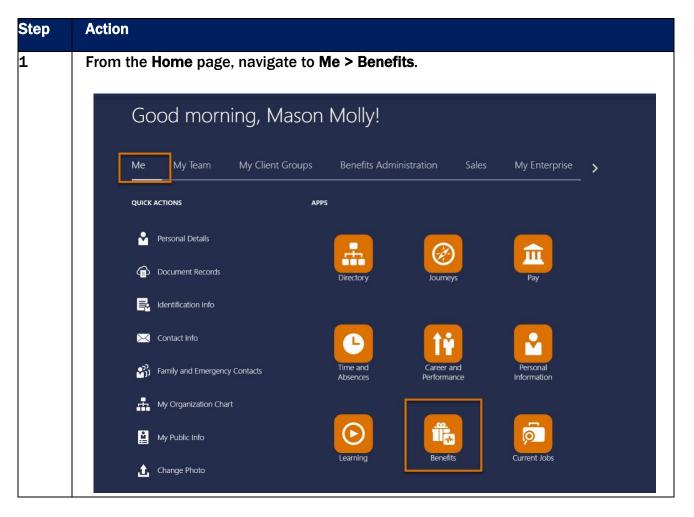
New Hire Enrollment Instructions

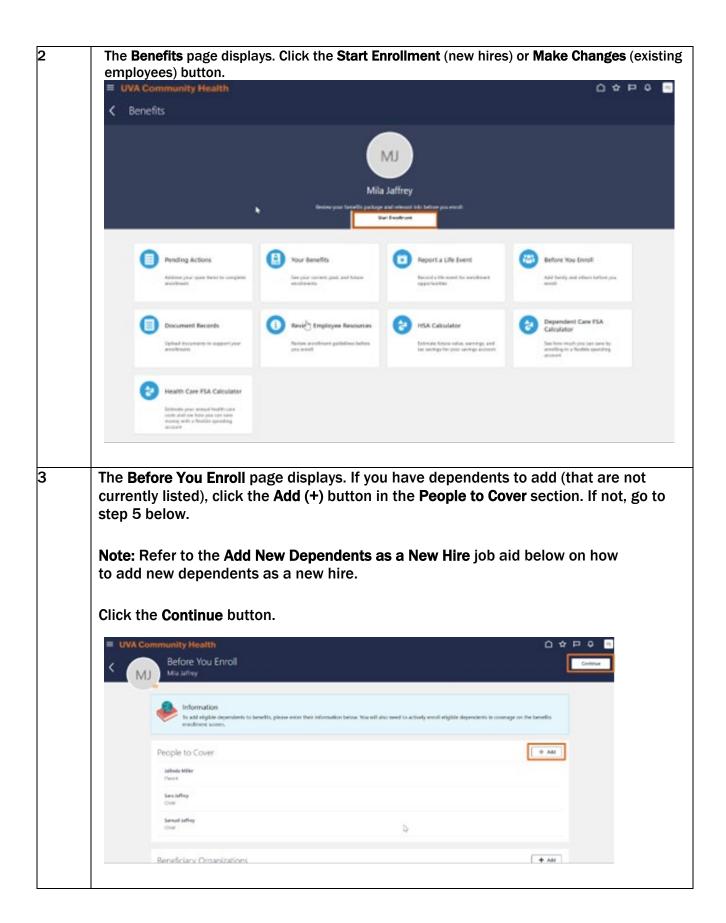
Making Initial Benefit Elections

Initiator: Employee

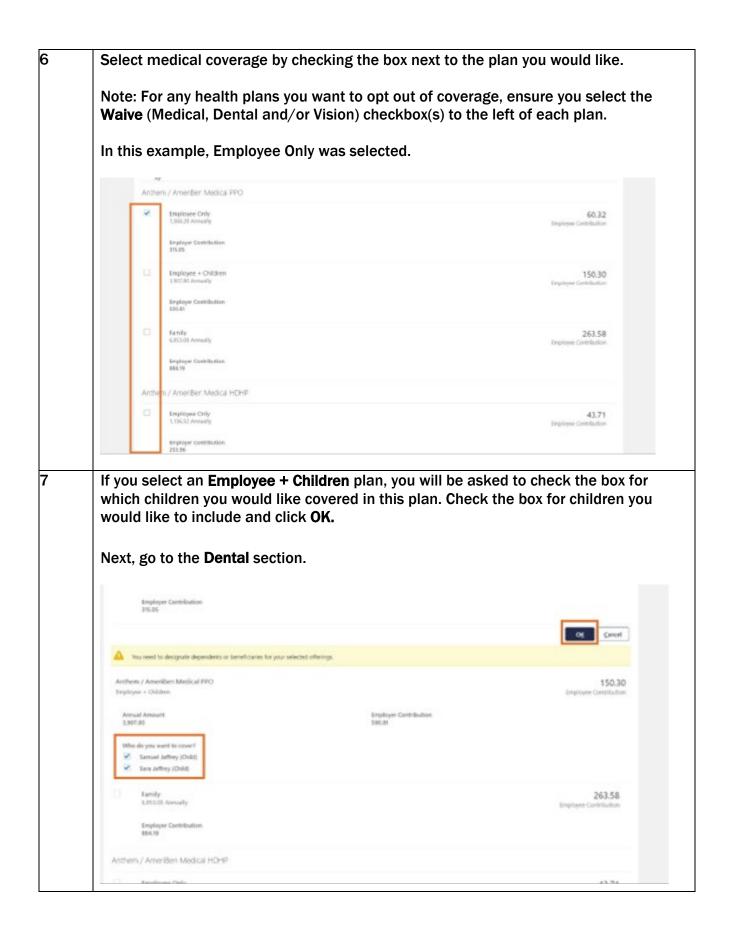
Purpose: The purpose of this job aid is to assist you with making initial benefits elections upon hiring or open enrollment.

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.





4	he Start Enrollment page displays. Click the Benefits Enrollment icon.
	Start Enrollment
	Select a Benefit
	Benefits Enrollment
	Unrestricted Enrollment
5	 The Health Plans page displays. You can start making health elections for the ollowing plans by clicking the Edit button. Medical Dental Vision
	Vaive (Medical, Dental and/or Vision) checkbox(s) to the left of each plan.
	E UVA Community Health □ ☆ ₽ ♀ □ Benefits Enrollment Subjet Const
	Currency in USD Your Total Cost 76.22 The Hoy Trestad
	Health Plans
	Medical Anthem / Amerikan Medical IPO 60.32
	Employee Chip
	Detta Detta Entrityse Only 7.14



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	Delta Dental	
	Employee Only	
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	Employer Contribution 10.25	
		CK Canoel
	A Vou need to designate dependents or beneficiaries for your selected efferings.	
	Detta Dental Employne - Okloren	23.49 Employee Cardibution
	Annual Amount 603.00	Displayer Contribution 54.02
	Who do you wate to cover?	
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	Sara Jaffrey (Child)	
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10			ed on the elections selected. Next, or are coverage and reimbursement pro	
	Health Plans		Continu	ue <u>C</u> ancel
		Currency in USD		
		Your Total Cost	180.14 Per Pay Period	
		Please click on this link for Plan Description Document : $\underline{https:/}$	/Juvahealth.com	
11	changes to any pla elections for the fo • Health Rein Note: your I you elect th employee of must elect • Health Savi Note: Note: medical pla only option employee - Children op	In. Please note not all plans illowing plans: mbursement Account : HRA election must match to the PPO medical plan emploi only option. If you elect em the HRA employee + Child ings Account : your HSA employer contril an election. For example: if then you must elect the H + children HDHP medical p otion. ending Accounts nce and AD&D ess surance	bage allows you to either elect or ma is listed below are employer paid. Ma the PPO medical plan election. For e byee only option then you must elect ployee + children PPO medical plan, ren option. bution election must match the HDH you elect the HDHP medical plan en SA employee only option. If you elect lan, then you must elect the HSA em	ake example: if t the HRA , then you HP mployee ct

Benefits Enrolln	hent	Subapit	Cancel
	Health Reimbursement Account	× 101	
	Health Reinbursement Account		
	Health Beinbursement Account (HBA) Employee Only		
	Health Savings Account	× 100	
	Health Savings Account (HSA)		
	Warve Health Savings Account		
	Flexible Spending Accounts	2 10	
	Health Care PSA		
	Health Care FSA (HFSA) Contribution	43.33	
Review all yo	our elections. Click the Submit button.	Submit	:e/
		Submit Canc	zel
	ent		cel
	ent Health Reimbursement Account		zeł
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Review the	e Confirmation page for covered dep Confirmation Benefits Enrollment	endents and coverage start	dates.
	Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 12/18/2022. Enroll in Other Benefits		
	Currency in USD Your Total Cost Each Pay Period	226.96	
	Health Plans Anthem / AmeriBen Medical PPO Employee Only	60.32	
	Who's covered? You Waive Dental	~	
	nfirmation page, the Authorization se n selected and signed. You can click		eview your
informatio	n selected and signed. You can click Confirmation Benefits Enrollment		
informatio elections.	n selected and signed. You can click Confirmation		eview your
informatio elections.	n selected and signed. You can click		eview your
informatio elections.	n selected and signed. You can click		eview your
informatio elections.	n selected and signed. You can click	the Print button to further r	eview your

15	Return to the Benefits page. If necessary, click the Make Changes button if you need to make modifications to your new hire elections.
	< Benefits
	мм
	Mason Molly Review your benefits package and relevant info before you enroll.
	keview your beheins package and herearth into before you entour. Make Changes
	Pending Actions Your Benefits Address your open items to complete enrollment. See your current, past, and future enrollments
	Report a Life Event Before You Enroll Record a life event for enrollment opportunities Add family and others before you enroll

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	When electing benefits as a new hire, Oracle will navigate you to the Before You Enroll page as displayed below. Before You Enroll Mason Moly Information Information D add eligible dependents to benefits, please enter their information below. You will also need to actively moll degible dependents in coverage on the benefits encomment screen. People to Cover There's nothing here so far.
	Beneficiary Organizations + Add
2	Start by entering the dependents you want to cover under insurance plans. Click the +Add button.

	Before You Enroll
	Continue 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
	There's nothing here so far.
	Beneficiary Organizations
	There's nothing here so far.
3	The New Contact page displays. Enter the following information in the Basic Information section:
	• Last Name
	First NameRelationship
	• 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 New Contact
	Basic Information
	*Last Name Mason *Fart Name
	Shan
	an ma
	Preferred Protocolas [select a vulue * participable
	Citild \checkmark "Where the start date of this relationship?
	I UUM/022 B≱ ¹ Gender Frank ↓
	*Cote of Betts -
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.

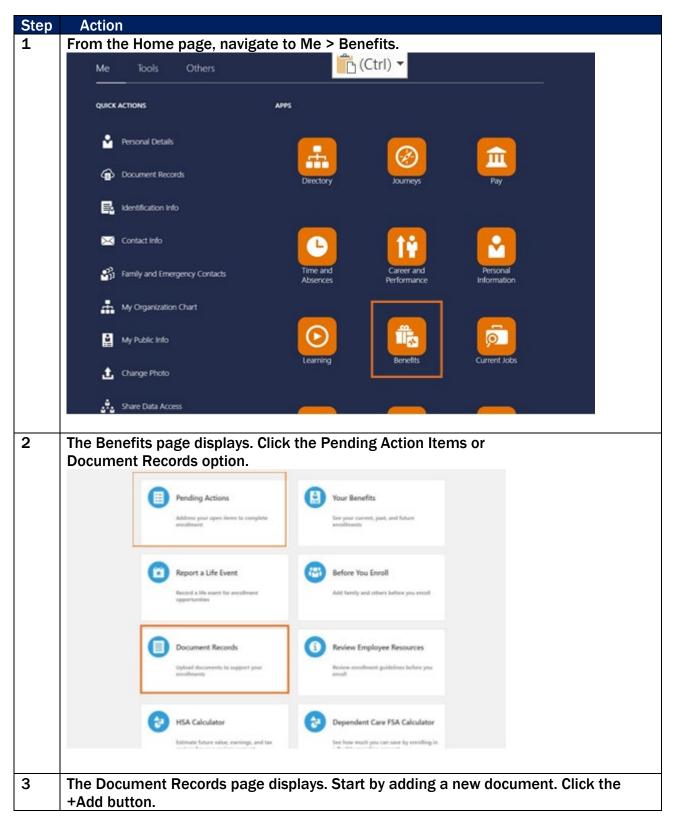
	New Contact	Subguit Cancel	
5	for each additiona	Before You Enroll page. The dependent now displays. Continue to al person you want covered on your insurance plans. e You Enroll Molly Information To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage on the benefits enrollment screen. People to Cover + Add Shawn Mason Child	this process Continue
		Beneficiary Organizations + Add	

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".



	mmunity H	lealth				
		nent Records				
	Reginald	Riker				
		Document Records			+ Add ▼	
		Search by type, name, or numbe S	now Filters Exclud	ded Payroll X Expire	d ×	
				So	ort By Last Updated - Descending \vee	
		Document Type Marriage certificate		st Updated Date 21/2023	68	
		Category Benefits			~	
4	The Docu	ment Type drop-down	displays. (Click on the	type of document y	ou wish to
		next page)				
	unity Healt	th				
	Document					Submit
	d Riker					
	Doc	cument Details				
	*D	Document Type				
		elect a value	~			-
		Name 1095-C	Country United States	Category Benefits	Subcategory Enrollment/Change/Termination	1
		AHV-AVS	Switzerland	Swiss Registrations	Social Insurance Registrations	
	, i	Achievements - non-performance based		Awards and		
		Adoption		recognitions Legal document	Personal	
		Adoption certificate		Benefits		
5	In the Do	cument Details pane, a	add reque	sted inform	ation about the doc	ument.
		s information is not ma on based on the busin	-	-		
	submitted		coo requir			

	*Document Type		Country	
	Birth	~	All Countries	
	Category		Sub Category Personal	
	Legal document		<i>w</i>	
	Name		Issuing Authority	
	Issued On		Issuing Comments	
	m/d/yyyy	Ē		
	Issuing Country			li
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	Issuing Location			\sim
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	Name Issuing Authority		
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unity Health		
Document Records Reginald Riker		
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Document Records		+ Add -
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	Sort By Last Up	dated - Descendinc 🗸
We are submitting your changes for appre	oval.	
Document Type Birth	Name Riley Rogers Birth Document	68
Category Legal document	Last Updated Date 3/1/2023	~
Document Type Marriage certificate	Last Updated Date 2/21/2023	60
Category		

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.

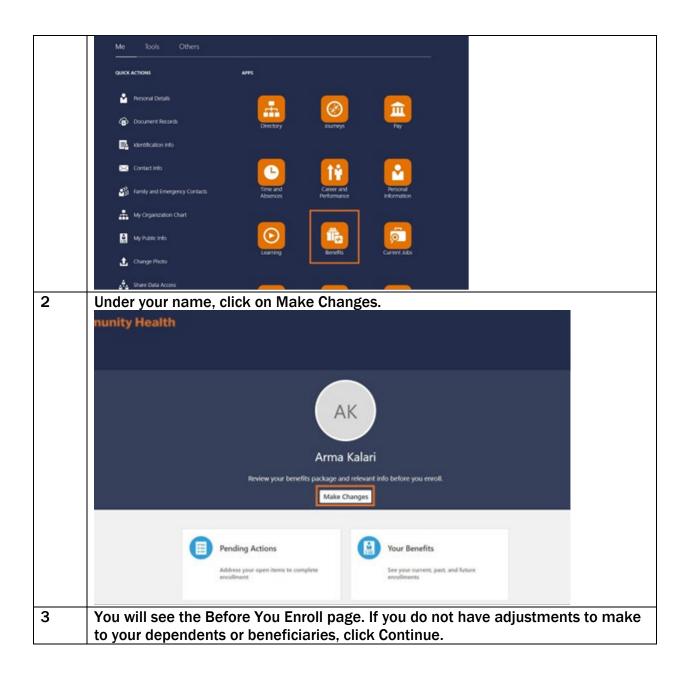
For 2025, instructions coming soon.

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.



	Community Health
	You Enroll Continue
	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
	Jalinda Miller ^b u ^c Parent
	Beneficiary Organizations + Add
	There's nothing here so far.
4	You will see the Start Enrollment page. Select Unrestricted Enrollment.
	Select a Benefit
	Benefits Enrollment
	Unrestricted Enrollment
5	You will see the Unrestricted Enrollment page. Under the Health Savings Account section, click the edit button.

	unity H	lealth				
	hrollme	ent				Sub <u>m</u> it
		Currency in U Your Total C			0.00	
			USI	2	0.00 Per Pay Period	
		Health Sa	vings Account		🖉 Edit	
		HSA Employe	ee Payroll Contribution			
		HSA Emplo Family	yee Contribution		0.00	
6		Denoficiar	heck mark ney	xt to one of the tw	o options: Employee On	ly or
0	Family	/. This is t	the plan you ar	e enrolled in. If yo	u do not see a checkma	ark, you
	canno enrollr		n HSA contribu	ition because you	did not set up an HSA p	lan during
	Click o	on the ne	ncil icon beside	e the ontion you ar	e enrolled in	
		You don't ha	we to contribute to your HSA a	e the option you ar account to receive the employer HSA to	inos.	
		HSA Em	nployee Payroll Co	ontribution		
			ayee Contribution	shinouton		
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		Annual Amount		
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You w Your p HSA	ill now see yo Ian. Click Con	tinue at the top of the roll Contribution		pay period sho
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You w Your p HSA HSA E	ill now see yo lan. Click Con Employee Pay imployee Contributi Employee Only 0.00 Annually Coverage Amount 0.00 Family	rinue at the top of the	e page.	0.00 Employee Contribution
You w Your p HSA HSA E	ill now see yo lan. Click Con Employee Pay imployee Contributi Employee Only 0.00 Annually Coverage Amount 1,000.00 Annually Coverage Amount 1,000.00	rinue at the top of the	e page.	0.00 Employee Contribution 50.00

	unity Health	
	Account	Continue
	Currency in USD Your Total Cost 50.00 Per Pay Period	
	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.	
	HSA Employee Payroll Contribution	
9	To finalize the change, click the Submit button at the top of the page.	
	mmunity Health	
	Currency in USD Your Total Cost 50.00 Per Puy Period	
	Health Savings Account	
	HSA Employee Payroll Contribution	
	HSA Employee Contribution 50.00 Family	
10	On the Confirmation page, you can click the Print button to create printed records of your changes.	d

Conf	Health rmation cted Enrollment		C ☆ P ♀ AK
	Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 4/11/2023. Enroll in Other Benefits		
	Currency in USD Your Total Cost Each Pay Period	50.00	
	Health Savings Account HSA Employee Contribution	50.00	

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 <u>myuvachhr@uvahealth.org</u>.

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.



	nmunity Health	
	Enroll	Continue
	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	
	Viktor Soni Spouse	
	Arman Soni Child	
	Sala Kalari Child	
4	You will see the Start Enrollment page. Select Unrestricted Enrollment.	_
	nity Health	
	Select a Benefit	
	Benefits Enrollment	
	Unrestricted Enrollment	
5	You will see the Unrestricted Enrollment page. Under the Beneficiaries click edit.	section,

		Health Savings Account		dit Edit	
		HSA Employee Payroll Contribut	ion		
		HSA Employee Contribution Family		50.00	
		Beneficiaries		/ Edit	
		Beneficiaries			
		Employee Basic Life Beneficiaries List Beneficiaries			
		Primary Beneficiaries Arman Soni(100%)		~	
		Basic AD&D Beneficiaries List Beneficiaries			
		Primary Beneficiaries Arman Soni(100%)		~	
6	 Empl Basic Volur Volur Under eare enr listed for 	oyee Basic Life Benefic AD&D Beneficiaries atary AD&D – Employee atary Life – Employee E each section, there will olled in. If you are enro	e Beneficiaries	ne box of the plan(s) you by have beneficiaries	I
		Employee Basic Life Beneficiaries			
	Г	 List Beneficiaries 			
		Primary Beneficiaries Arman Soni(100%)	Contingent Beneficiaries Sala Kalari(100%)		
		Basic AD&D Beneficlaries			
		List Beneficiaries Primary Beneficiaries	Contingent Beneficiaries Sala Kalari(100%)	1	
	L	Arman Soni(100%)	Sata Katan(100%)		
		Voluntary AD&D - Employee Beneficiarie	5		
		List Beneficiaries			
		Voluntary Life - Employee Beneficiaries			
		List Beneficiaries			
7	You car	now change the nerv	entage of allocation for the	selected uprestricted	
1			tages of your Primary Bene		

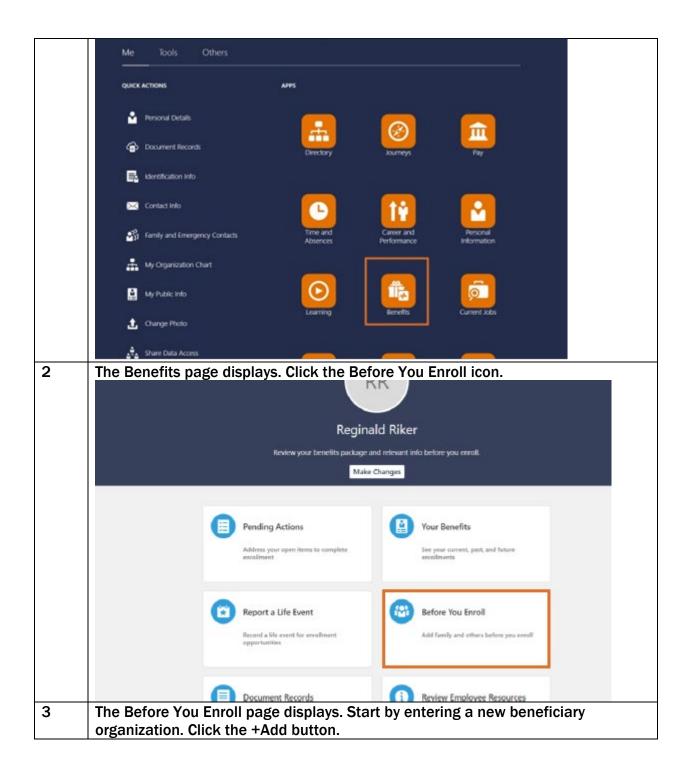
	1						
		Contingent Beneficiaries, click into the text boxes. Once you have made your changes, click the OK button.					
	Benef Contir	Note: If all your Beneficiaries are receiving a percentage as a Primary Beneficiary, you cannot also enter Contingent Beneficiary percentages. Contingent Beneficiaries must be different people/organizations than the Primary Beneficiaries.					
		Beneficiaries					
		Employee Basic Life Beneficiaries					
		Employee Basic Life Beneficiaries	OK Cancel				
		Primary Beneficiaries Viktor Soni 50 % Sala Kalari 96					
		Arman Soni 50 %					
		O% left					
		Contingent Beneficiaries					
		Sala Kalari 100 %					
		Arman Soni 96					
8		e Beneficiaries page, you will now see the updated all iciaries. Click Continue.	ocation to				
			Continue				
		Currency in USD Your Total Cost	0.00				
			0.00 Per Pay Period				
		Beneficiaries					
		Employee Basic Life Beneficiaries					
		List Beneficiaries Primary Beneficiaries Viktor Soni(50%), Arman Soni(50%) Sala Kalari(100%)	/				
9	To fin	Basic AD&D Beneficiaries alize the change, click the Submit button at the top of	the page				
3	i iv illi	anze the change, chick the Submit button at the LOD OF	נווכ טמצל.				

nmun	hity Health		_
d Enro	ollment		
	Currency in USD Your Total Cost		50.00
		Peri	Pay Period
	Health Savings Account HSA Employee Payroll Contribution	L	/ Edit
	HSA Employee Contribution Family		50.00
Dn th	ne Confirmation page, you can click the Print b	utton to creat	e printed
recor	ds of your changes.	utton to creat	
recor unity Confi		utton to creat	e printed
recor unity Confi	rds of your changes. Health irmation	utton to creat	

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.	



	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	
	People to Cover + Add	
	Rhonda Reed	
	Spouse	
	Riley Rogers Child	
	Chied	
	Beneficiary Organizations + Add	
	-	
	There's nothing here so far.	
1	Confirm the date is correct in the Start Date drep down and celect Truct under	_
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	
	Repeticions Organizations	
	Beneficiary Organizations	
	<u>Save</u>	
	*Start Date	
	2/27/2023	
	*Beneficiary Type	
	Select a value	
	Select a value Existing organization	
	Trust	
E	Enter the tweet name. Ontionally, you are add additional information or a tweet	
5	Enter the trust name. Optionally, you can add additional information or a trust	
1	description. Click Save when done.	

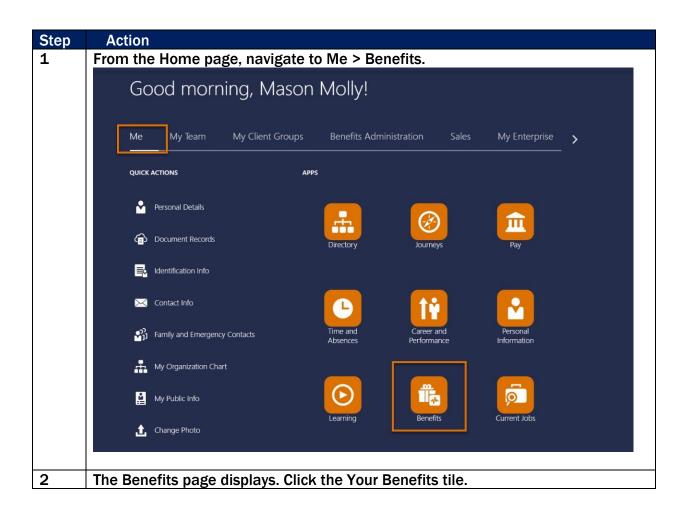
Benefici	ary Organizations	
	*Start Date	
	2/27/2023	
	Date when you would like this organization available for designation	
	*Beneficiary Type	
	Trust 🗸	
	*Trust Name	
	Additional Info	
	Trust Description	
Return to the Be	fore You Enroll page. The trust now displays as a ber	nefic
ir Te	Iformation add eligible dependents to benefits, please enter their information below. You will also need to act roll eligible dependents in coverage on the benefits enrollment screen.	tively
ir Te er	nformation add eligible dependents to benefits, please enter their information below. You will also need to act aroll eligible dependents in coverage on the benefits enrollment screen. O Cover + A	tively
r R People t Rbonda Ra	nformation add eligible dependents to benefits, please enter their information below. You will also need to act aroll eligible dependents in coverage on the benefits enrollment screen. • Cover + a ed	tively
People t Rhonda Ru Spouse Rilley Roge Child	nformation add eligible dependents to benefits, please enter their information below. You will also need to act aroll eligible dependents in coverage on the benefits enrollment screen. • Cover + a ed	tively hdd

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.



	< Benefits
	MM Mason Molly
	Review your benefits package and relevant info before you enroll. Make Changes
	Pending Actions Address your open items to complete enrollment See your current, past, and future enrollments
	Report a Life Event Record a life event for enrollment opportunities Add family and others before you enroll
0	
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.
	Select a Benefit
	See Benefits as of Date or Event Today
	Unrestricted Enrollment
4	The Benefit Enrollment page displays. Review the health plans in which you are
7	enrolled. Click the Expand arrow to the right of each health plan to review details for each benefit.

nefits Enrollment _{on Molly}	
Currency in USD Your Total Cost Each Pay Period	113.49
Health Plans	
Anthem / AmeriBen Medical PPO Employee Only Coverage Start Date 11/18/2022	60.32
Annual Amount 1,568.28	
Secondary 315.05	
Who's covered? You	~
Waive Dental	~
Waive Vision	~

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.



	UVA Community	Health			
	RR My Be	enefits ^{d Riker}			
		Select a Benefit			
		See Benefits as of Date or Eve	nt Today ~		
		Benefit	s Enrollment		
		Unrestr	ricted Enrollment		
		1			
4	The Unrestricted review that acco to review details	ount here. Click	the Expand arro		
	UVA Community He	alth			
	RR Unrestri	icted Enrollment ^{ker}			
		Currency in USD			
		Your Total Cost Each Pay Perio	d	0.00	
		Health Savings Accou	int		
		Waive HSA			
		Coverage Start Date 2/20/2023			
	L			Ê	

Making Changes to Benefits as an Existing Team Member

Making Changes Due to a Qualifying Life Event Initiator: Employee

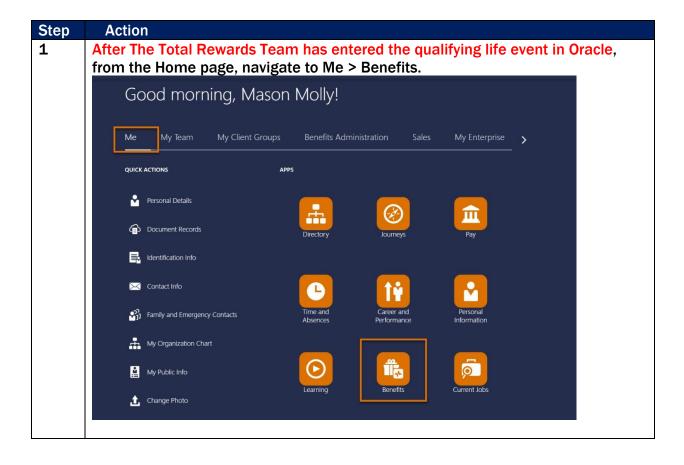
You have 30 days from the date of the event to complete your life event changes. Please email myuvachhr@uvahealth.org to initiate your life event. Keep in mind, the changes you make must be directly related to the life event.

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.



2	Under your name	e, click on Make Change	s.	
	< Benefits			
			1M	
			n Molly Ind relevant info before you enroll.	
		· · · · · · · · · · · · · · · · · · ·	Changes	
		Pending Actions	Your Benefits	
		Address your open items to complete enrollment	See your current, past, and future enrollments	
		Report a Life Event	Add family and others before you enroll	
		opportunities		
3	You will see the b	pefore you enroll page.	If you do not see the depen	dents listed.
		dependents. Click the +	-	
	< Before Mason Mol	You Enroll		Continue
		ny		
		Information		
		To add eligible dependents to benefits, please enroll eligible dependents in coverage on the	enter their information below. You will also need to actively benefits enrollment screen.	
		People to Cover	+ Add	
		There'	's nothing here so far.	
		and a subcost of the state of the sub-		
		Beneficiary Organizations	+ Add	
		There	's nothing here so far.	
4	The New Contact	page displays. Enter th	e following information in t	he Basic
	Information secti	ion:		
	Last Name			
	First Name			
	Relationship			
		•	: when enrolling a depende	
			the relationship should be th ing a new spouse the date s	
	date of marriage	. If you do not enter the	e correct date, your coverage	
	deductions may I	not be correct.		
	Gender			

	Date of Birth		
	New Contact		Submit Cancel
		Basic Information	
		*Last Name Misson	
		*First Name	
		Shawn	
		Middle Name	
		Suffix	
		Preferred Name	
		Preferred Pronouns	
		*Relationship	
		Child ~	
		*What's the start date of this relationship?	
		*Gender	
		Female V	
		*Date of Birth	
	child) do not s require you to	o does not yet have a social security nur elect the National Identifier section othe enter a number. Click the Submit buttor	rwise the system will
	New Contact		Sub <u>m</u> it Cancel
	New Contact	Tobacco Use	Submit Cancel
	New Contact	Tobacco Use Select a value v	Submit Cancel
	New Contact		Submit Cancel
	New Contact	Select a value v Covered by another plan?	Sub <u>mit</u> <u>Cancel</u>
		Select a value v Covered by another plan? No v	Submit Cancel
	New Contact	Select a value v Covered by another plan? No v	Submit Cancel
		Select a value Covered by another plan? No Plan Address © Use My Address	Submit Cancel
		Select a value	Submit Cancel
		Select a value Covered by another plan? No Plan Address © Use My Address	Submit Cancel
	New Contact	Select a value Covered by another plan? No Plan Use My Address Select a value Covered by another select a v	Submit
		Select a value	Submit Cancel
	New Contact	Select a value Covered by another plan? No Plan Use My Address Select a value Cotentry a New Address Select a value National Identifiers	Submit Cancel
	New Contact	Select a value	Submit Cancel
	New Contact	Select a value	Submit Cancel
4		Select a value Covered by another plan? No Plan O Use My Address Select a value Vational Identifiers Country Select a value Value	
4	You return to t	Select a value	nt now displays. Continue

	K MM Before You Mason Molly	Enroll	Continue
	Ŷ	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.	
	Реор	e to Cover + Add	
	Shar Chili	vn Mason i	
	Bene	ficiary Organizations	
		There's nothing here so far.	
			_
5	Select continue.		
	nmunity Health		
	Enroll		Continue
		igible dependents to benefits, please enter their information below. You will also need to actively	
	errol ei	gible dependents in coverage on the benefits enrollment screen.	
	People to Co	Ver + Add)
	Viktor Soni Spouse		
	Arman Soni Child		
	Sala Kalari Child		
	U.I.B.		
6	You will see the S	tart Enrollment page. Select Benefit Enrollme	ent.
	Start Enrollment		Cancel
	Se	lect a Benefit	
		Benefits Enrollment	
		Unrestricted Enrollment	
7		page displays. You can start making health e	lections for the
	tollowing plans by	clicking the Edit button.	

	nd/or Vision) checkbox(s) to the left of each pla
UVA Community Health	04
Benefits Enrollment	Suley1
Currency in uSD	
Your Total Cost	76.22 Per Pay Period
Health Plans	141
Medical	
Anthem / Ameriden Medical PPO Employee Only	60.32
Dental D	
Delta Dental Engloyve Only	7.14
which children you would would like to include and	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK .
which children you would	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK .
which children you would would like to include and Next, repeat for the Denta	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK .
which children you would would like to include and Next, repeat for the Denta	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK . al and Vision sections.
which children you would would like to include and Next, repeat for the Denta	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK . al and Vision sections.
which children you would would like to include and Next, repeat for the Denta Graphyer Contribution 315.03 Vou need to designate dependents or beneficiaries for you Anthem / Amerilian Medical PPO Employee + Children Aersual Amount	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK. al and Vision sections.
which children you would would like to include and Next, repeat for the Denta Employer Committee Structure Vou need to designate dependents or beneficiaries for you Anthem / AmeriBen Medical PPO Employee + Offician Anthem / AmeriBen Medical PPO Employee + Offician	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK . al and Vision sections.
which children you would would like to include and Next, repeat for the Denta Graphyer Contribution 315.03 Vou need to designate dependents or beneficiaries for you Anthem / Amerilian Medical PPO Employee + Children Aersual Amount	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK. al and Vision sections.
which children you would would like to include and Next, repeat for the Denta Engloye Contibution 315.05 You need to designate dependents or beneficiaries for you Anthem / Amerilian Medical PPO Employee - Children Anthem / Amerilian Medical PPO Employee - Children Anthem / Amerilian Medical PPO Employee - Children Samuel Jaffrey (Child)	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK. al and Vision sections.
which children you would would like to include and Next, repeat for the Denta Engloyer Contribution 315.05 Vou need to designate dependents or beneficiaries for you Anthem / AmeriBen Medical PPO Engloyee + Children Aernald Amount 1007-00 Sama Jaffrey (Child) Sama Jaffrey (Child)	e + Children plan, you will be asked to check the like covered in this plan. Check the box for child click OK. al and Vision sections.

	Health Plans		Continue
		Currency in USD Your Total Cost	180.14 Per Pay Period
		Please click on this link for Plan Description Document : <u>https://www.eabh.com</u>	
		Medical	
		Anthem / AmeriBen Medical PPO	
		Employee Only 1,568-28 Annually	60.32 Employee Cuntribution
		Employer Contribution 315.05	
		Employee + Children 3/907.80 Annually	150.30 Employeer Contribution
9	make changes paid. Make ele • Health Reim Note: your HRA elect the PPO m employee only o elect the HRA er • Health Savin Note: Note: you medical plan e employee only elect employee employee + Ch • Flexible Sper • Life Insuranc • Disability • Critical Illnes • Legal Plan • Hospital Insu	to any plan. Please note not al ctions for the following plans: bursement Account election must match the PPO med edical plan employee only option option. If you elect employee + chil mployee + Children option gs Account ur HSA employer contribution e election. For example: if you elect option then you must elect the e + children HDHP medical plan ildren option. nding Accounts ce and AD&D	Idren PPO medical plan, then you must lection must match the HDHP ct the HDHP medical plan e HSA employee only option. If you

Benefits Enrollme	ent	Submit
	Health Reimbursement Account	🖉 tdt
	Health Reimbursement Account	
	Health Reimbursement Account (HRA) Employee Only	~
	Health Savings Account	Edit
	Health Savings Account (HSA)	
	Waive Health Savings Account	
	Flexible Spending Accounts	Z Edit
	Health Care FSA	
	Health Care FSA (HFSA) Contribution	43.33
10 Review all yo Benefits Enrollme	our elections. Click the Submit butto	Submit Cancel
	Health Reimbursement Account	🖉 fdit
	Health Reimbursement Account	
	Health Reimbursement Account (HRA) Employee Only	*
	Health Savings Account	🖉 idit
	Health Savings Account (HSA)	
	Weive Health Savings Account	¥.
	Flexible Spending Accounts	🖉 Edit
	Health Care PSA	
	Health Care PSA (HFSA) Contribution	43.33
	Confirmation page for covered deper	
	rmation page, the Authorization sec	
your election	selected and signed. You can click t ns.	

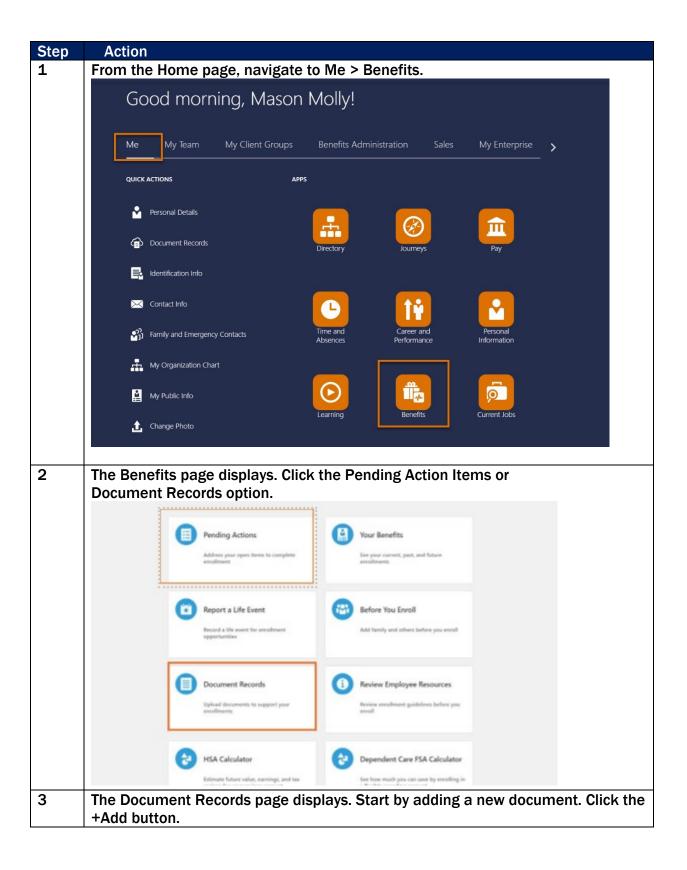
			-
	Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 12/18/2022. Erroll in Other Benefits		
	Currency in USD Your Total Cost Each Pay Period	226.96	
	Health Plans		
	Anthem / AmeriBen Medical PPO Employee Only Who's coveres? You	60.32	
	Waive Dental		
example gain instead unche	<u>bendents from coverage</u> . First of other coverage, then repea ck their names from the bene	at the steps outlined	
example gain instead unche	of other coverage, then repea ck their names from the ben	at the steps outlined	
example gain instead unche trustoger Constitution	of other coverage, then repea ck their names from the ben	at the steps outlined	above but
example gain instead unche trustoger Constitution	of other coverage, then repea ck their names from the bene endents or beneficiaries for your selected offerings.	at the steps outlined	above but
example gain instead unche Employer Contributor 315.05 You need to designete dep Anthem / Amerilien Medical	of other coverage, then repea ck their names from the bene endents or beneficiaries for your selected offerings.	at the steps outlined a	above but
example gain instead unche Ergloyer Certritution 315.05 Vou need to designete dep Anthem / AmeriBen Medical Ergloyee + Children	of other coverage, then repea ck their names from the bene endents or beneficieries for your selected offerings.	at the steps outlined a	above but
example gain instead unche Engloyer Contribution 315.05 Vou need to designete dep Anthem / AmeriBen Medical Engloyee + Children Antual Amount 3.907.80 Who do you want to cover? Samuel Jaffrey (Child)	of other coverage, then repea ck their names from the bene endents or beneficieries for your selected offerings.	at the steps outlined a	above but
example gain instead unche Employer Contribution 315.05 Moneed to designete dep Anthem / AmeriBen Medical Employee + Okiden Anthum / AmeriBen Medical Employee + Okiden Anthum / AmeriBen Medical Employee + Okiden Mone do you want to cover? Samuel Jaffrey (Child) Samuel Jaffrey (Child) Family	of other coverage, then repea ck their names from the bene endent or beneficienies for your selected offerings. PPO	at the steps outlined a	above but

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".



	mmunity H	lealth				
	Docum	nent Records				
	Reginald I	Riker				
	-					111
		Document Records			+ Add •	
		Search by type, name, or numbe Sh	ow Filters Exclud	ed Payroll x Expired	×	
				Sor	t By Last Updated - Descending ~	
		Document Type Marriage certificate		t Updated Date 1/2023	63	
		Category Benefits			~	
						1.
4		ment Type drop-down (dienlave (lick on the t	type of document	vou wich
+	to add.	ment type drop-down (uispiays. (type of document	you wish
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	Document					
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	Doc	ument Details				
	*D	ocument Type				
		elect a value	~	-		
		Name	Country	Category	Subcategory	
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		AHV-AVS	Switzerland	Swiss Registrations	Social Insurance Registrations	
	F	Achievements - non-performance based		Awards and recognitions		
	F	Adoption		Legal document	Personal	
	ŀ	Adoption certificate		Benefits		•
5	In the Doo	cument Details pane, a	add reque	sted informa	ation about the do	cument.
		information is not ma	-			
		on based on the busine	-	-	-	
	submitted		-			-

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	Category	Sub Category Personal
	Legal document	
	Name	Issuing Authority
	Issued On	Issuing Comments
	m/d/yyyy	
	Issuing Country	<i>I</i> /
	Select a value v	Context Value
	Issuing Location	×
	Attachments	
	Addition	
In the	Drag files here or click to add atta Document Details pane, under At Category	tachments, upload the document Sub Category
n the	e Document Details pane, under At	tachments, upload the document
In the	e Document Details pane, under At Category Legal document	tachments, upload the document Sub Category Personal
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In the	e Document Details pane, under Att Category Legal document Name Issued On m/d/jyyyy	tachments, upload the document Sub Category Personal Issuing Authority
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In the	e Document Details pane, under Att	tachments, upload the document Sub Category Personal Issuing Authority Issuing Comments Context Value

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	m/d/yyyy	60				
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	Select a value	U.	Context Value			
	Issuing Location					~
		h				
	Attachments					
	0					
	CAD Drag files h	ere or click to add at	tachment 🤟			
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	Riley Rogers Birth Document.	dосх (51.4 КВ) 🛓	By R 22 P		on 2/28/2023 11:	×
	Riley Rogers Birth Document.	docx (51.4 KB) 🛓			on 2/28/2023 11:	×
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nt Course *Docume Birth Category Legal doc Name Issued On	ent Details nt Type ument	Country All Countries Sub Category Personal Issuing Authority			<u>۵</u>	
nt Cume [*] Docume Birth Category Legal doc Name Issued Or m/d/yyy	ent Details nt Type ument p	Country All Countries Sub Category Personal Issuing Authority			<u>۵</u>	

La Document Records + Add + Add Search by type, name, or numbe Show Filters Excluded Payroll × Expired × Sort By Last Updated - Descending Ve are submitting your changes for approval. Document Type Birth Category Legal document Since		N	
Search by type, name, or numbe Q show Filters Excluded Payroll × Expired × Sort By Last Updated - Descending ∨ Image: Comparison of the system of the		6	
Sort By Last Updated - Descending Image: Sort By Last Updated - Descending Image: Sort By We are submitting your changes for approval. Image: Sort By Descending value Image: Sort By Name Birth Riley Rogers Birth Document Category Last Updated Date Lengl document 3/(/2023)	Document Records		+ Add -
We are submitting your changes for approval. Bocument Type Name 60 Birth Riley Rogers Birth Document 60 Category Last Updated Date 3/1/2023	Search by type, name, or numbe	Q Show Filters Excluded Payroll X Expired X	
Document Type Name 60 Birth Riley Rogers Birth Document 60 Category Last Updated Date 3/1/2023		Sort By Last	t Updated - Descending \vee
Birth Riley Rogers Birth Document Category Last Updated Date Jenal document 3/1/2023	We are submitting your change	es for approval.	
Legal document 3/1/2023			
			60

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 myuvachn@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.



	imunity Health	
	Enroll	Continue
	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	
	Viktor Soni Spouse	
	Arman Soni Child	
	Sala Kalari Child	
4	You will see the Start Enrollment page. Select Unrestricted Enrollment.	□ \$
	Select a Benefit	
	Benefits Enrollment	
	Unrestricted Enrollment	
5	You will see the Unrestricted Enrollment page. Under the Health Saving section, click the edit button.	s Account

	unity Hea	ilth				□ ☆
	rollment				l I	Submit
		Currency in USD				
		Your Total Cost		De la	0.00 Per Pay Period	
	He	ealth Savings Accoun	it		🖉 Edit	
	HS	A Employee Payroll Contribu	ution			
		HSA Employee Contribution Family			0.00	
	enrollme Click on	ent. the pencil icon be	eside the optic	-	set up an HSA pla ed in.	n during
	ł	HSA Employee Payro	Il Contribution			
	H	ISA Employee Contribution				
	1	Employee Only 0.00 Annually			0.00 Employee Contribution	
		Coverage Amount 0.00				
		Family 0.00 Annualty			0.00	-
		Coverage Amount 0.00				
		Vaive HSA				
		Waive HSA				
7	Enter yo	ur desired annual	dollar amour	it and click the C	K button.	

	Employee Only 0.00 Annually			0.0 Employee Contributi
	Coverage Amoun 0.00	t		
HSA E Family	mployee Contribut	ion	L	OK Car C Employee Contrib
		Coverage 0 to 6250, in increments of 0.01	0	
		Annual Amount 0.00		-
Waive	HSA			
	Maine HEA			
′ou wil	I now see yo	our updated Employee (Intinue at the top of the		pay period show
′ou wil ⁄our pla	I now see yo an. Click Cor	our updated Employee C ntinue at the top of the Payroll Contribution		bay period show
You wil Your pla HSA	I now see yo an. Click Cor	ayroll Contribution		pay period show
You wil Your pla HSA	I now see yo an. Click Cor Employee P	Payroll Contribution		Day period show
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You wil Your pla HSA HSA	A Employee Contril Employee Only 0.00 Annually Coverage Amou	Payroll Contribution		0.00
You wil Your pla HSA HSA	I now see yo an. Click Cor Employee F Employee Contril Employee Only 0.00 Annually Coverage Amout 0.00 Family	Payroll Contribution		0.00 Employee Contribution
You will Four pla HSA HSA	I now see yo an. Click Cor Employee Contril Employee Contril Employee Only 0.00 Annually Coverage Amoun 1,000.00 Annually Coverage Amoun	Payroll Contribution		0.00 Employee Contribution

	unity Health	
	Account	Continue
	Currency in USD Your Total Cost 50.00 Per Pay Period	
	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.	
	HSA Employee Payroll Contribution HSA Employee Contribution	
9	To finalize the change, click the Submit button at the top of the page. mmunity Health d Enrollment	C ☆ Submit
	Currency in USD Your Total Cost 50.00 Per Pay Period	
	Health Savings Account	
	HSA Employee Contribution 50.00 Family	
10	On the Confirmation page, you can click the Print button to create prin records of your changes.	ted

Conf	Health irmation Icted Enrollment		
	Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 4/11/2023. Enroll in Other Benefits		
	Currency in USD Your Total Cost Each Pay Period	50.00	
	Health Savings Account HSA Employee Contribution	50.00	

Editing Beneficiaries for Life Insurances and AD&D Benefits

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

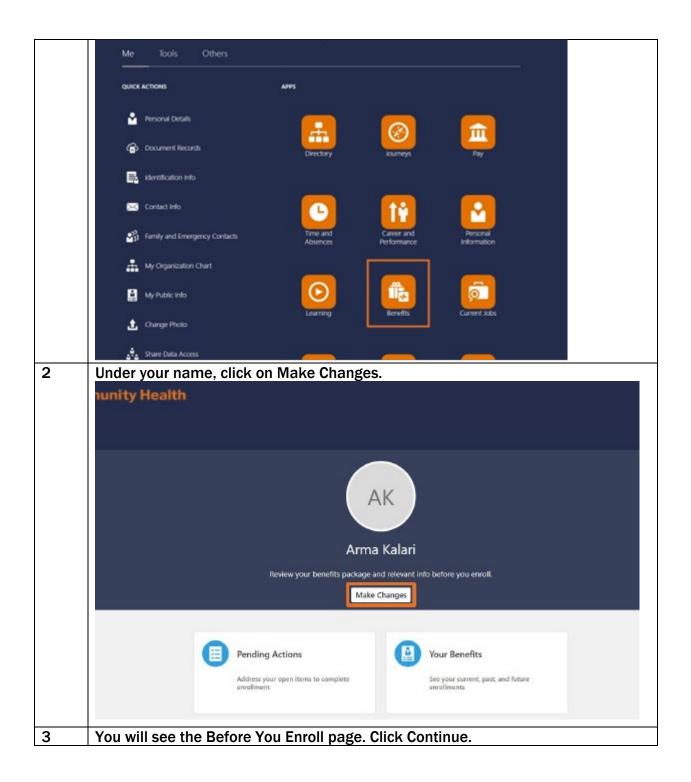
During the open enrollment period (October 20 – November 02, 2024) team members will need to contact the Total Rewards team to make 2024 beneficiary changes. Please email us at <u>myuvachhr@uvahealth.org</u>.

For 2025, instructions coming soon.

Initiator: Employee

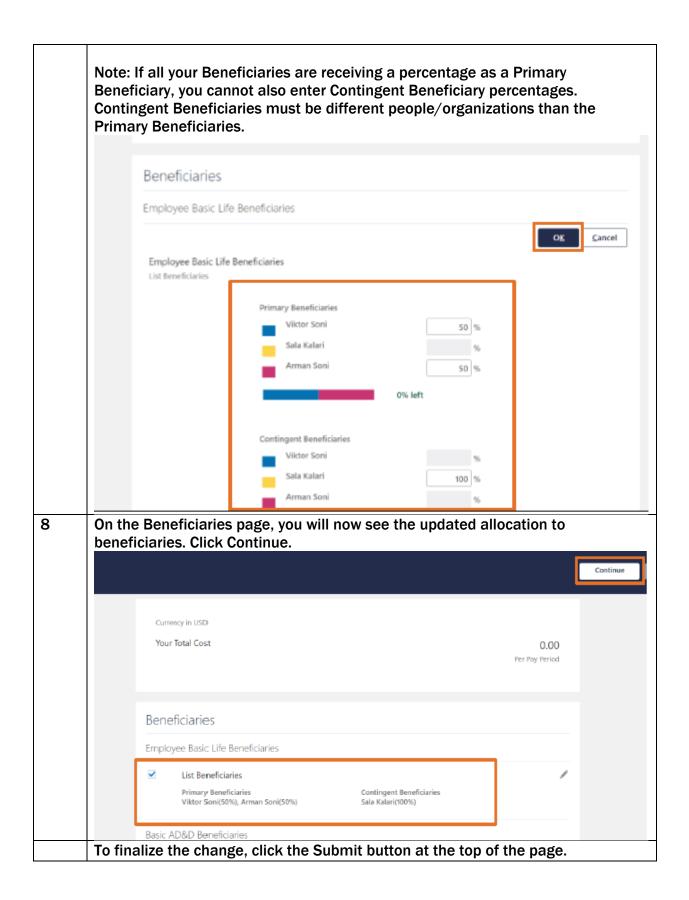
Purpose: The purpose of this job aid is to assist you in editing benefit allocations to your beneficiaries for life insurance and AD&D benefits ("unrestricted benefits").

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



	imunity Health	
	Enroll	Continue
	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	
	Viktor Soni Spouse	
	Arman Soni Child	
	Sala Kalari Child	
4	You will see the Start Enrollment page. Select Unrestricted Enrollment.	≙ \$
	Select a Benefit	
	Benefits Enrollment	
	Unrestricted Enrollment	
5	You will see the Unrestricted Enrollment page. Under the Beneficiaries solution click edit.	section,

	Heal	th Savings Account		/ Edit
		-		
	H3A E	mployee Payroll Contributio	20	
	HS. Farr	A Employee Contribution		50.00
	Bene	eficiaries		C Edit
	Benefi	ciaries		
		ployee Basic Life Beneficiaries Beneficiaries		
		nary Beneficiaries nari Soni(100%)		×
		ic AD&D Beneficiaries Beneficiaries		
		nary Beneficiaries nan Soni(100%)		~
6	You will s	ee a list of benefic	iaries for various unrestricte	d benefit categories:
	Volunta Under eac are enroll listed for	ed in. If you are en		ay have beneficiaries
	Emp	loyee Basic Life Beneficiaries		
	~	List Beneficiaries		/
		Primary Beneficiaries Arman Soni(100%)	Contingent Beneficiaries Sala Kalari(100%)	
	Basic	: AD&D Beneficiaries		
		List Beneficiaries		/
		Primary Beneficiaries Arman Soni(100%)	Contingent Beneficiaries Sala Kalari(100%)	
	Volu	ntary AD&D - Employee Benefici	aries	
	0	List Beneficiaries		
	Volu	ntary Life - Employee Beneficiarie	es	
	D	List Beneficiaries		
7			rcentage of allocation for the entages of your Primary Ben	
			ick into the text boxes. Once	-
	changes,	click the OK buttor	n.	-



Enrollment	
Currency in USD	
Your Total Cost	50.00 Per Pay Period
Health Savings Account	/ Edit
HSA Employee Payroll Contribution	
HSA Employee Contribution Family	50.00
On the Confirmation page, you can click the Pr ecords of your changes.	
	int button to create prin
ecords of your changes. hity Health confirmation	
ecords of your changes. hity Health onfirmation	
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ecords of your changes. Ity Health onfirmation restricted Enrollment Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 4/11/2023. Enroll in Other Benefits Currency in USD	

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.



	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
	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
	User when you would like this organization available for designation
	*Beneficiary Type
	Select a value v
	Select a value Existing organization
	Trust
5	Enter the trust name. Optionally, you can add additional information or a trust
5	description. Click Save when done.
	מפטרואנוטוו. טוונא שמיב אווכוו מטווב.

		Save	Cancel
	*Start Date		
	2/27/2023	5a	
	Date when you would like this organization available for design	uter.	
	*Beneficiary Type		
	Trust	~	
	*Trust Name		
	Additional Info		
	Trust Description		
	the Defeue Veu Favellande	The truct new dia	
eturn to t	the Before You Enroll page	lease enter their information below.	
	Information To add eligible dependents to benefits, p	lease enter their information below.	
	To add eligible dependents to benefits, p enroll eligible dependents in coverage or	lease enter their information below.	You will also need to actively
	People to Cover Rhonda Reed	lease enter their information below.	You will also need to actively
	Information To add eligible dependents to benefits, p enroll eligible dependents in coverage or People to Cover Rhonda Reed Spouse Riley Rogers	lease enter their information below.	You will also need to actively

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.

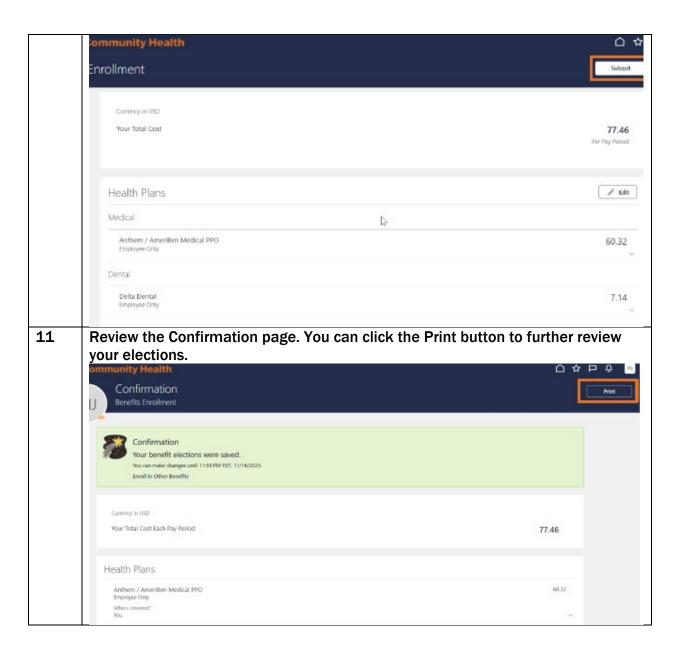


3	The Before You Enroll page displays. If you have dependents or beneficiaries to add, click the Add (+) button in the People to Cover section. If not, go to step 5 below.
	Note: Refer to the Add New Dependents and Add Trust to Beneficiary job aid on how to add new dependents and beneficiaries.
	Click the Continue button.
	Community Health
	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
	Jallenda Miller Parent
	Beneficiary Organizations + Add
	There's nothing here so far.
4	The Start Enrollment page displays. Click the Benefits Enrollment icon. Start Enrollment
	Select a Benefit
	Benefits Enrollment
	Unrestricted Enrollment
5	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:
	Medical
	Dental Vision
	Health Reimbursement Account (HRA) Health Savings Account (HSA)
	Flexible Spending Accounts
	Life Insurance and AD&D Disability

-	al Illness I Plan bital Insurance dent Insurance	
butto		&D section and click the edit
	ummea Hurpose Hexible Spending Account Abhu	v
- 14		
\$P	e Insurance and AD&D	2 Bor
	Noyee Basic Life	
	Imployve Basic Life	
Bas	k AD&D	
	Basic ADBD 1 X Annual Salary	
Vol	antary Life - Employee	
	Voluntary Life - Employee LX Annual Salary	2.04
Vol	untary Lile - Spouse	
	Walve Voluntary Lile - Spouse	
	mane monimal rue - shoote	. M
secti	e edit screen, scroll down to the sect on you can choose to elect optional \ kmark next to the coverage plan you	/oluntary Life benefits. Click the
secti chec Notic Note	on you can choose to elect optional N kmark next to the coverage plan you ce the Per Pay Period total amount d : Team Members can enroll in supple	oluntary Life benefits. Click the would like. splays based on the elections selections selections selections selections selections selection to
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secti chec Notic Note Who <u>enro</u>	on you can choose to elect optional we kmark next to the coverage plan you ce the Per Pay Period total amount distribution to the coverage. Team Members can enroll in supplete le Life coverage. <u>Whole Life enrollment through Unum's website.</u>	Voluntary Life benefits. Click the would like. isplays based on the elections select emental life coverage in addition to ent can only be done during open
secti chec Notic Note Who <u>enro</u>	on you can choose to elect optional we kmark next to the coverage plan you ce the Per Pay Period total amount distribution to the coverage plan you ce the Per Pay Period total amount distribution tota	Voluntary Life benefits. Click the would like. isplays based on the elections select emental life coverage in addition to ent can only be done during open
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secti chec Notic Note Who <u>enro</u>	on you can choose to elect optional we kmark next to the coverage plan you ce the Per Pay Period total amount distributes the Per Pay Per Pay Period total amount distributes the Per Pay Per	Voluntary Life benefits. Click the would like. Isplays based on the elections select emental life coverage in addition to ent can only be done during open Complexed Control 1. Employee Control

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 \$ 50K Coverage GI - ADMINISTRATOR USE ONLY 1.78 45.20 Annually Employee Contribution Coverage Amount 50,000,00 0.5 X Annual Salary 0.64 16.63 Annually Employee Contrib Coverage Amount 18,000.00 4 1 X Annual Salary 1.24 32.34 Annually Employee Contribution Coverage Amount 35.000.00 1.5 X Annual Salary 1.85 48.05 Annually Employee Contribution Coverage Amount Voluntary Life - Child tary Life - Child \$ 5,000 Coverage 0.46 11.88 Annually **Employee** Contribution Coverage Amount 5,000.00 \$ 10,000 Coverage 0.91 23.76 Annually Employee Contribution Coverage Amount 10,000.00 e 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 elector coverage (ex: moving to 2X salary from 1X salary). Spouse Life Coverage exceeds \$50,000 or newly elected in Sp coverage. You will remain in interim coverage, waived or previous election, until has been completed and approved. If you need to complete EOI, you will receive an email from Unum wit instructions on how to complete EOI. The email will be sent to your UN Complete the required steps as soon as possible. 	oouse Life I your EOI h
	Short Term Disability: If you newly enroll in coverage, your interim coverage would be waive EOI is completed and approved. If you enroll in the 14-day option from day option, your interim coverage would remain in the 30-day option completed and approved.	n the 30- until EOI is
	ommunity Health ance and AD&D	Continue
	Currency In USD Your Total Cost	6.28 Per Pay Period
	Coverage reduces beginning at age 65. Rease refer to the benefits guide for more information. You need to complete EOI (Evidence of Insurability) if - >Voluntary Life Employee : Any Increase in Coverage (Newly elected coverage during Open Enrollment or Moving to 2x salary from 1x annual salary) >Spouse Life Coverage exceeds 5 50,000 >New enrollment for Short Term Disability during Open Enrollment. You will only be covered for a reduced amount (Spouse Life and Voluntary Life Employee) or no amount (Short Term Disability) until EOI has been completed.	
9	Click the Continue button at the top of the page. mmunity Health ince and AD&D	Continue
	Currency In USD Your Total Cost	6.28 Per Pay Pariod
	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 (Newly elected coverage during Open Enrollment or Moving to 2x salary from 1x annual salary) >Spouse Life Coverage exceeds 5 50,000 >New enrollment for Short Term Disability during Open Enrollment.	
10	You will only be covered for a reduced amount (Spouse Life and Voluntary Life Employee) or no amount (Short Term Disability) until EOI has been completed. Review all your elections. Click the Submit button.	

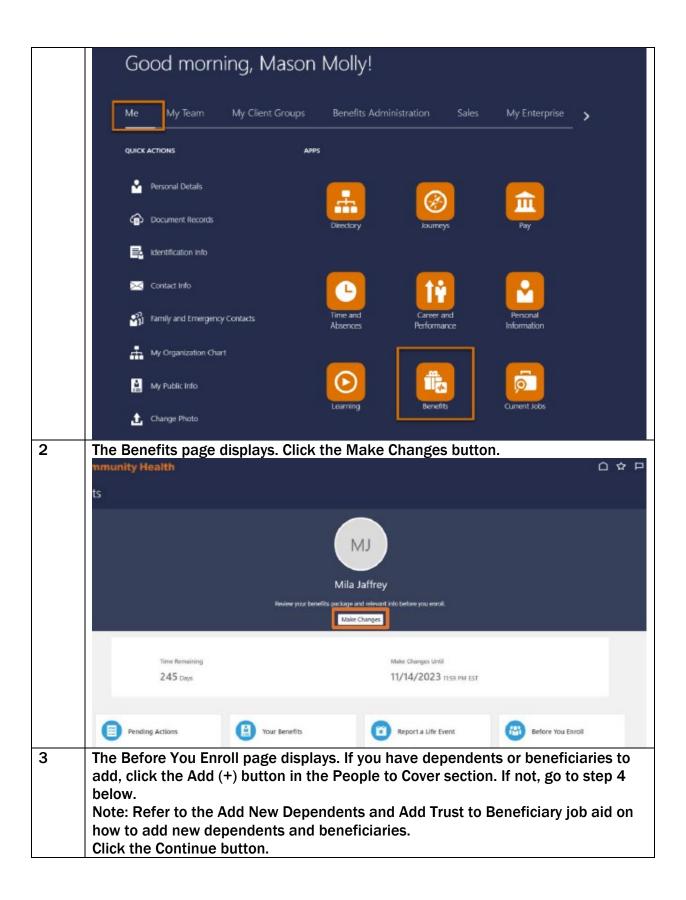


Electing Beneficiaries during Open Enrollment Period

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.



	Community Health iou Enroll	Continue
	Information To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage enrollment screen.	ge on the benefits
	People to Cover	+ Add
	Beneficiary Organizations	+ Add
4	The Start Enrollment page displays. Click the Benefit Enrollment icon.	
	Select a Benefit Benefits Enrollment	
	Unrestricted Enrollment	
5	Scroll down to the Life Insurance and AD&D section. Click on the edit	icon
	Life Insurance and AD&D	Edit
	Employee Life Insurance	
	You haven't designated any beneficiaries yet.	
	Basic Life Insurance 1 X Annual Salary	~
	You haven't designated any beneficiaries yet.	
	Basic AD&D Insurance 1 X Annual Salary	~

6	n the edit screen, click on the pencil icon to designate your beneficiaries.
	Basic Life Insurance
	You haven't designated any beneficiaries yet.
	✓ 1 X Annual Salary
	Coverage AmountEmployer Contribution104,000.001.87
	Basic AD&D Insurance
	You haven't designated any beneficiaries yet.
	✓ 1 X Annual Salary
	Coverage Amount Employer Contribution 104,000.00 1.25
	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.
	Employee Basic Life Beneficiaries List Beneficiaries Viktor Soni 50 % Sala Kalari % Arman Soni 50 %
	O% 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.

	D&D					Continue C ancel
	Em	iployee Life Insurar	nce			
	Basio	c Life Insurance				
		1 X Annual Salary			,	/
		Coverage Amount 104,000.00		Employer Contribution 1.87		
9	To fi	nalize the	change, click	the Submit butto	n at the top of the p	oage.
	∕ Health	n Benefits				Sub <u>m</u> it <u>Cancel</u>
		Life Insurance and	d AD&D		🖉 Edit]
		Employee Life Insurance	2			
		Basic Life Insurance 1 X Annual Salary				
			nation page, yo r changes.	ou can click the P	Print button to creat	e printed
		· · · · · · · · · · · · · · · · · · ·				
		/ Health				
	unity	-				C ☆ □ ♀ ▲K
	<mark>unity</mark> Cont	/ Health	*			
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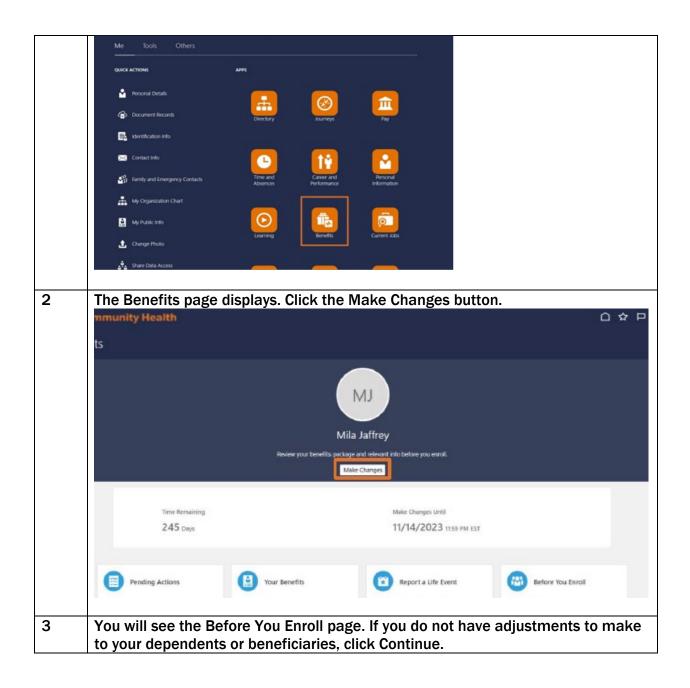
Making HSA Employee Contributions during Open Enrollment Period

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.



	Community Health iou Enroll	Continue
	Information To add eligible dependents to benefits, please enter their information below. You will also need to actively enroll eligible dependents in coverage enrollment screen.	on the benefits
	People to Cover	+ Add
	Jallendo Miller De Paront	
	Beneficiary Organizations	+ Add
	There's nothing here so far.	
4	The Start Enrollment page displays. Click the Benefit Enrollment icon.	
	Start Enrollment	
	Select a Benefit	
	Benefits Enrollment	
	Unrestricted Enrollment	
5	Scroll to the health plans section. Click on the edit icon.	
	Health Plans	/ Edit
	Medical	
	Waive Medical Plan	\sim
	Spending Accounts	
	Health Reimbursement Account Waive	~
	HSA Health Savings Account Waive	~
	FSA Health Care Waive	Ý
	FSA Limited Purpose Waive	~
	FSA Dependent Care Waive	~

6	Select the HSA option, eithe	HDHP tier, scroll to the spending er HSA individual or HSA family.	account section.
	Medical HDHP		
	Employee Only 1,345.20 Annually		51.74 Employee Contribution
	Employer Contribution 298.47		
	Employee + Spouse 4,484.64 Annually		172.49 Employee Contribution
	Employer Contribution 592.47		
	Employee + Children 3.363.48 Annualiy		129.36 Employee Contribution
	Employer Contribution 562.07		
	Family 6.278.16 Annually		241.47 Employee Contribution
	Employer Contribution 829.37		
	HSA Health Savings Account		
	Employee Only 0.00 Annually		0.00 Employee Contribution
	Coverage Amount 0.00	Employer Contribution 28.85	
7	Add the annual HSA employ HSA Health Savings Account	yee contribution amount on the b	oox. Click ok.
			O <u>K</u> <u>C</u> ancel
	HSA Health Savings Account Employee Only		38.46 Employee Contribution
	Coverage	1.000	
	0 to 3399.9, in increments of 0.01	1000	
	Annual Amount 1,000.00	Employer Contribution 28.85	
8	Note: If you do not wish to n	nake an HSA employee contribu	tion, simply leave the
	amount at zero. Click ok.		· · · ·

	HSA Health Savings Account		
			O <u>K</u> <u>C</u> ancel
	HSA Health Savings Account Employee Only		0.00 Employee Contribution
	Coverage 0		
	0 to 3399.9, in increments of 0.01		
	Annual Amount 0.00	Employer Contribution 28.85	
	0.00	20.05	
9	Select continue at the top right.		
			Continue <u>Cancel</u>
	- Wate		_
	HSA Health Savings Account		_
	Employee Only 1,000.00 Annually	38,46 Employee Contribution	/
	Coverage Amount 1.000.00	Employer Contribution 28.85	
10	To finalize the change, click the		page.
	h Benefits		Sub <u>m</u> it <u>C</u> ancel
	Health Plans	🖋 Edit	
	Medical		
	Medical HDHP Employee Only	51.74	
	Spending Accounts		
	Health Reimbursement Account Waive		
	HSA Health Savings Account	38.46	
	Employee Only	~	
11	On the Confirmation page, you	can click the Print button to crea	ate printed
	records of your changes.		U ¥ H ¥ 🔤
	Confirmation		Print
	Inrestricted Enrollment		
	Confirmation		
	Your benefit elections were saved. You can make changes until 11:59 PM EST, 4/11/20	23.	
	Enroll in Other Benefits		Ċ