

Open Enrollment 2017

Open Enrollment

BEGINS: Tuesday, May 9, 2017 at 7:00 a.m. Central Time through

ENDS: Tuesday, May 23, 2017 at 5:00 p.m. Central Time

Coverage starts July 1, 2017 and ends June 30, 2018

Contents

OPEN ENROLLMENT	1
First Time Signing In	2
Forgot User Name	2
Forgot Password	2
Log in	2
Open Enrollment Process	2
OPEN ENROLLMENT	3
HEALTH CARE ELECTIONS.....	3
Enroll Dependents	4
Navigate Open Enrollment	5
HEALTH SAVINGS ACCOUNT (HSA) PLAN DEPENDENCIES	5
Health Savings Account (HSA) and Medical Flex Spending Account	6
SPENDING ACCOUNT ELECTIONS – DEPENDENT CARE FSA AND MEDICAL FLEX FSA	6
INSURANCE PLAN DEPENDENCIES AND COVERAGE LIMITATIONS.....	6
BENEFICIARY DESIGNATIONS	7
ADDITIONAL BENEFITS ELECTIONS – ELECTRONIC W-2.....	8
BENEFIT ELECTIONS REVIEW FOR OPEN ENROLLMENT.....	8
CHANGE YOUR ELECTIONS (DURING OPEN ENROLLMENT).....	9
OPEN ENROLLMENT ASSISTANCE	10
LINK HELP DESK CONTACT INFORMATION	10

OPEN ENROLLMENT

Open Enrollment is when Nebraska State Government employees can make, or change, their benefit elections. This election process is done in the Employee Work Center.

Open Enrollment 2017

First Time Signing In

If this is your first time signing in to the Employee Work Center, you will be asked to change your password (use the password provided to you by your Security Partner in the Old Password field). You will also need to selection and answer three security questions, which will be used in the future if you forget your password.

Forgot User Name

Your User Name is usually the first letter of your first name followed by the first six letters of your last name (if your last name is more than six characters), with a possibility of up to three numbers on the end. If you do not remember your User Name, contact the LINK Help Desk at as.linkhelp@nebraska.gov or 402-471-6234.



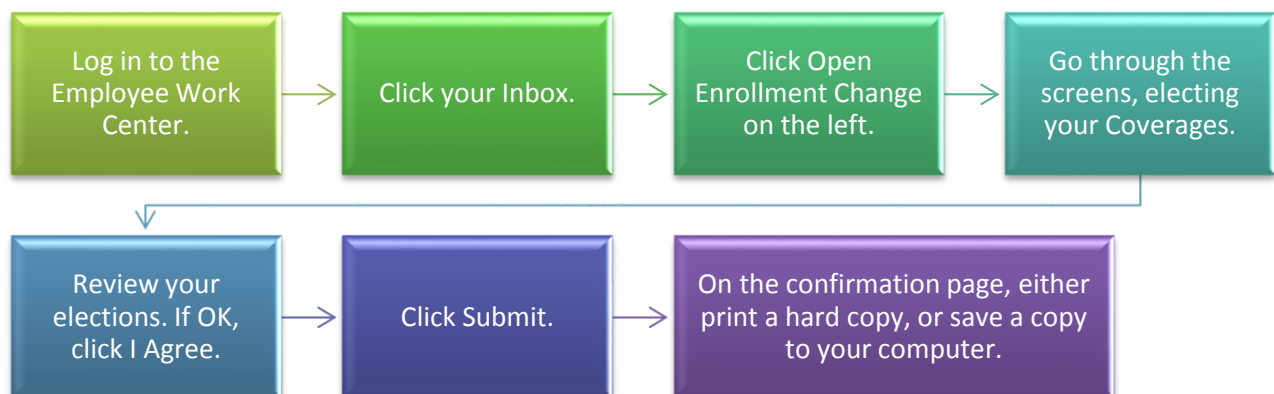
Forgot Password

If you do not know, or forgot, your password, **AND** you previously answered the challenge questions in EWC, you can click "forgot password?" Or contact your agency Security Partner / Authorized Agent. However, you need to be sure to use the correct User Name; see Forgot User Name section above for more information.

Log in

1. Go to [Employee Work Center](#).
2. Type your User Name, press tab, and then type your password.
3. Click Sign In (or press enter).

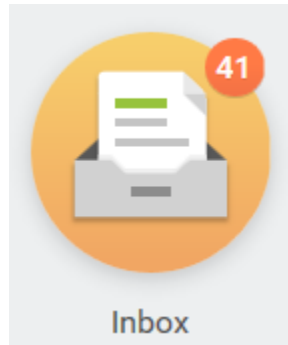
Open Enrollment Process



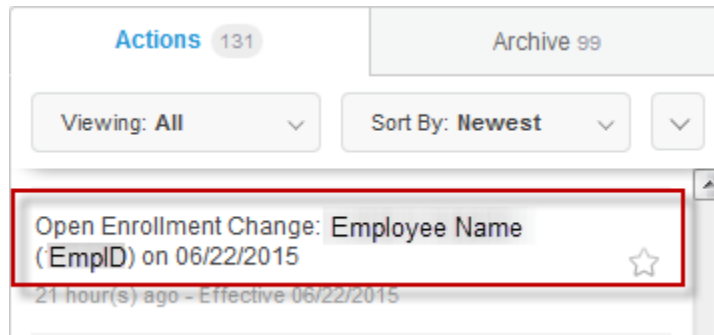
Open Enrollment 2017

OPEN ENROLLMENT

1. Once logged in, you will be on your EWC Home Page.
2. Click your inbox (see screenshot) to locate your Open Enrollment event.



3. On the left side of the screen, find and click your Open Enrollment Change: [First Name Last Name] event.



4. On the right side of the screen, you will see your Change Benefits for Open Enrollment event.

Change Benefits for Open Enrollment Open Enrollment for **Employee Name (Emp ID)** - Step 1 of 7 ...

Event Date: 06/22/2015 Total Employee Net Cost/Credit: **\$131.34 Semi-monthly Cost**

Health Care Elections 7 items

Benefit Plan	*Elect / Waive	Coverage	Enroll Dependents	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Plan Description	Provider Website
Medical - United Health Care PPO Consumer Focused Health Plan (HSA Eligible)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					Summary of Benefits & Coverage - Consumer Focused	United Health Care
Medical - United Health Care Regular	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					Summary of Benefits & Coverage - Regular	United Health Care

On every page of the Open Enrollment process, there is important information and instructions pertaining to your Medical and Insurance coverages. Be sure to read all instructions carefully.


5. At the bottom of this screen, you will see the Health Care Elections for which you are eligible, depending on your position (whether Full-time or Part-time and whether Permanent or Temporary). This is where you make your Health Care Elections, including Medical, Dental, and Vision.

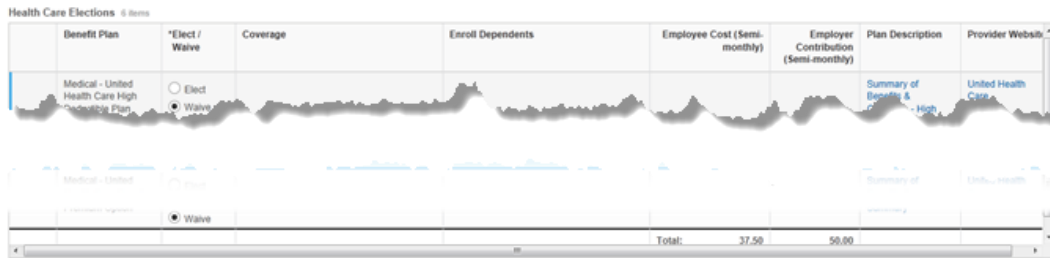
HEALTH CARE ELECTIONS

1. To choose a Medical Plan, click the Elect radio button for that plan.

Open Enrollment 2017

If you choose the “Medical - United Health Care PPO Consumer Focused Health Plan (HSA Eligible)” plan, you will be allowed to choose a Health Savings Account (HSA) on the next screen.

- If you choose a Medical Plan, you will need to choose the Coverage, in other words, who will be covered by this election. Click the prompt () in the Coverage column for the plan you selected. Choose who you want to cover. Your options are:
 - Employee Only.
 - Employee + Spouse.
 - Employee + Child(ren).
 - Family.

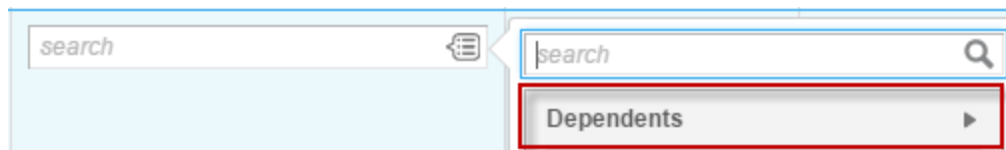


Benefit Plan	*Elect / Waive	Coverage	Enroll Dependents	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Plan Description	Provider Website
Medical - United Health Care High Deductible Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					Summary of Benefits & High Deductible Health Plan	United Health Care
				Total:	37.50	50.00	

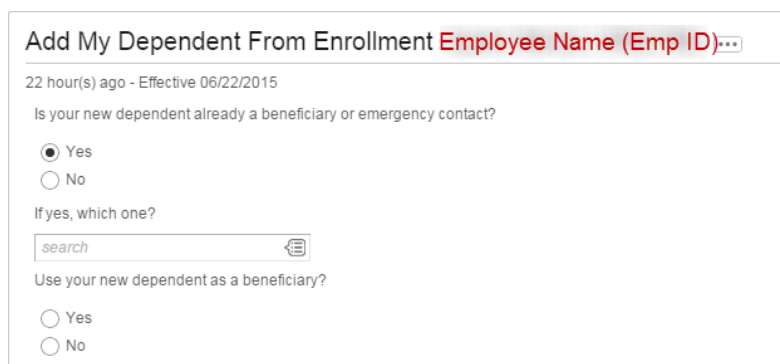
- If you choose anything other than Employee Only, you will need to Enroll Dependents in the next column over.

Enroll Dependents

- You need to choose who will be covered by each Medical Plan. If you already have Medical, Dental, and/or Vision coverage, your dependent(s) should already show up as being covered. You do not need to enter them again.
- To enroll a new dependent, click the prompt in the Enroll Dependents field. When you click the prompt, be sure to click the Dependents link (the first item in the list).



- If you need to add a new dependent, because your dependent(s) is not listed, click Create, and then click Add My Dependent From Enrollment.
 - You will be asked, “Is your new dependent already a beneficiary or emergency contact?” Click Yes or No, as appropriate.



Add My Dependent From Enrollment **Employee Name (Emp ID)...**

22 hour(s) ago - Effective 06/22/2015

Is your new dependent already a beneficiary or emergency contact?

Yes
 No

If yes, which one?

Use your new dependent as a beneficiary?

Yes
 No

Open Enrollment 2017

- b) If you click Yes, you will need to click the prompt under the line that says, “If yes, which one?” Choose the appropriate dependent from the list shown.
- c) On the last question, click Yes or No whether or not you want to “Use your new dependent as a beneficiary?”
- d) After you answer and click OK, you will be required to enter the following information for each new dependent:
 - a. Country.
 - b. First Name.
 - c. Last Name.
 - d. Relationship (to the employee).
 - e. Date of Birth.
 - f. Gender.
 - g. While Citizenship Status is not required, please add this information for each dependent. Click the prompt, then click Citizenship Statuses, then choose the appropriate Status from the list.
 - h. You should add the Social Security Number for this person. To do this, click the Add button under National IDs. Complete the appropriate information.
- e) Click OK.

Your Coverage and Dependents must match. For example, if you choose Family coverage, but only enroll your spouse, you will see an error message when you click Continue.

4. You will be returned to the Health Care Elections screen. The Employee Cost and Employer Contribution columns will populate for the Plan and Coverages you choose. You can also view a “running total” in the upper right-hand corner of each screen.

Total Employee Net Cost/Credit
\$198.02 Semi-monthly Cost

5. Elect or Waive the dental and/or vision plans using the same steps outlined above.
6. After making your elections, click Continue.

Navigate Open Enrollment

1. Use Continue or Save for Later or Go Back at the bottom of each page.
2. If you are in the middle of Open Enrollment and you need to stop, click Save for Later. This saves the information you have entered so far. When you return, those elections will still be there. To continue, click your Inbox, and then click the Open Enrollment Change event. It will start again at the instruction page ... click Continue to the point where you need to make other changes/elections.

HEALTH SAVINGS ACCOUNT (HSA) PLAN DEPENDENCIES

1. If you selected the “Medical - United Health Care PPO Consumer Focused Health Plan (HSA Eligible)” plan, you will be able to choose (or waive) the HSA. If you selected another plan, you are not allowed to choose the HSA.

Open Enrollment 2017

- You will see a line that says “Your number of remaining periods for the year.” After clicking Elect, you need to enter a dollar amount to contribute. You can enter the amount for the entire year or you can enter the amount per pay period. The other field will calculate automatically.

Health Savings Election

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	
HSA<=54 - OptumHealth HSA Bank Health Savings Plan for Employees age 54 or younger	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining periods for the year	24
		How much do you want to contribute for the total year?	0.00
		How much do you want to contribute (Semi-monthly)?	0.00

Health Savings Account (HSA) and Medical Flex Spending Account

- You may not choose both the HSA account and the Medical Flex account. You can enroll in one or the other, or waive both. The system will allow you to choose both, but, at the end, on the Benefit Elections review screen, you will see a Critical Alert that says, “Medical Flex - ASI Medical Flex cannot be elected if you have elected HSA>=55 - Optum HSA Bank Health Savings Plan for Employees age 55 or older.” You need to click Go Back to make any necessary changes.

SPENDING ACCOUNT ELECTIONS – DEPENDENT CARE FSA AND MEDICAL FLEX FSA

- The next step allows you to choose Dependent Care Flex and/or Medical Flex.
- If you wish to enroll in Dependent Care Flex or Medical Flex, click the Elect radio button for the specific plan.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions		Supporting Information	
Dependent Care Flex - ASI Dependent Flex	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining periods for the year	24	Minimum Contribution (Annual)	\$72.00
		How much do you want to contribute for the total year?	0.00	Maximum Contribution (Annual)	\$5,000.00
		How much do you want to contribute (Semi-monthly)?	0.00	Provider Website	ASI
Medical Flex - ASI Medical Flex	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining periods for the year	24	Minimum Contribution (Annual)	\$120.00
		How much do you want to contribute for the total year?	1,200.00	Maximum Contribution (Annual)	\$2,500.00
		How much do you want to contribute (Semi-monthly)?	50.00	Provider Website	ASI

- After clicking Elect, you need to enter a dollar amount to contribute. You can enter the amount for the entire year or you can enter the amount per pay period. The other field will automatically calculate.
- After entering your dollar amount, click Continue.

INSURANCE PLAN DEPENDENCIES AND COVERAGE LIMITATIONS

- If you are Full-time employee, you are automatically enrolled in the Basic Life - Aetna Full Time (Employee). You are not able to Waive this election. If you are Part Time, you will be able to Elect or Waive this election.

Open Enrollment 2017

- Previous life insurance elections will be displayed. You can change them by Electing, Waiving, or changing your Coverage Level.

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 11 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Provider Website
Basic Life - Aetna Full Time (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$20,000		\$20,000.00		\$0.96	Aetna
Optional Supplemental Life - Aetna 0.5 - 5X Salary (Employee)	<input checked="" type="radio"/> Elect	2 X Salary		\$94,000.00	\$2.26		Aetna
Optional Supplemental Life - Aetna 0.5 - 5X Salary (Employee)	<input type="radio"/> Waive						Aetna

- You can choose the following:
 - Optional Supplemental Life.
 - Dependent Life (if you have dependents in the system).
 - Accidental Death and Dismemberment (AD&D).

If you are not currently enrolled in Optional Supplemental Life or Dependent Life, OR increase your supplemental life coverage by more than one increment, you will need to complete an Evidence of Insurability (EOI) form on or before May 31, 2017 and be approved by the carrier (Aetna) prior to coverage becoming effective on July 1, 2017. If you do not complete/submit the EOI form on or before May 31, 2017, your coverage change will be denied. You will, however, be allowed to increase current supplemental life by one increment without EOI.

For Long Term Disability (LTD), all participants will default to their current enrollment. To make changes to LTD, contact your HR representative.

The premiums shown for life insurance are based on your current salary. However, these rates may change if you receive a salary increase and/or a salary decrease.

- After you make your elections, click Continue.

BENEFICIARY DESIGNATIONS

- If you choose any plans that require a beneficiary, you will now be asked to designate your beneficiaries. If you had previously designated beneficiaries, your previous selections will populate.
- To add a beneficiary, you can either choose from your existing beneficiaries, or Create a new one. If you create a new beneficiary, you need to enter information about that person. You are required to enter an address for each beneficiary. You can choose to "Use Existing Address" or enter a different address, if not the same as yours.
- If the person you wish to designate as a beneficiary is displayed, click their name to add them to the plan. The beneficiary will be displayed in the Beneficiary field.
- For each person listed, click either Primary Percentage or Contingent Percentage, and then enter the amount in the Percentage field. For each plan, the percentage for the primary beneficiaries must equal 100. For example, in the screenshot below there are three beneficiaries displayed for the Optional Life plan. Their percentages are 15, 25, and 60, which add up to 100.

Open Enrollment 2017

Beneficiary Designations

	Beneficiary		*Primary Percentage / Contingent Percentag
Optional Supplemental Life - Aetna 0.5 - 5X Salary (Employee)	Aetna	<input checked="" type="checkbox"/>	
	Kevin Brother	<input type="radio"/>	<input checked="" type="radio"/> Primary Percentage <input type="text" value="15"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>
	Sweety Pie Tatro55	<input type="radio"/>	<input checked="" type="radio"/> Primary Percentage <input type="text" value="25"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>
	Michael Tatro55	<input type="radio"/>	<input checked="" type="radio"/> Primary Percentage <input type="text" value="60"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

- To delete a beneficiary, click the blue minus sign to the left of his/her name.
- You will see a radio button for Contingent Percentage. You are not required to have contingent beneficiaries. However, if you do, the Contingent Percentage must also equal 100 for those beneficiaries.
- When finished with your beneficiary designations, click Continue.

ADDITIONAL BENEFITS ELECTIONS – ELECTRONIC W-2

- One of the final steps is to choose whether you want an electronic version or a paper copy of your W-2.
If you choose Yes, you will be able to access your W-2 sooner than if you choose No.
- Depending on your previous selection (last year), the Elect radio button for W-2 Elections may already be selected. You cannot waive this election. If you click Waive and then click Continue, you will receive an error message.

Additional Benefits Elections

Benefit Plan	*Elect / Waive	Coverage
W-2 Elections - State of Nebraska W-2 Elections	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="Yes"/>

- Click the prompt in the Coverage column to make your selection for accessing your W-2. Choose one of the following (If you do not choose Yes or No, and then click continue, you will get an error message):
 - Yes – to access your W-2 electronically.
 - No – a paper copy of your W-2 will be mailed to you.
- After making your W-2 election, click Continue.

BENEFIT ELECTIONS REVIEW FOR OPEN ENROLLMENT

- After making all of your elections, you will be taken to a review page which displays your elections, waived coverages, and beneficiary designations. Click the arrow to the left of Waived Coverages and Beneficiary Designations to view those items. At the bottom of the page is an Electronic Signature where you will certify that you understand the provisions outlined.

If you selected both the HSA and the FSA, you will see a Critical Alert on this page that says, “Medical Flex - ASI Medical Flex cannot be elected if you have elected HSA>=55 - Optum HSA Bank Health Savings Plan for Employees age 55 or older” OR “Medical Flex - ASI Medical Flex cannot be elected if you have elected HSA<=54 - Optum HSA Bank Health Savings Plan for Employees age 54 or younger,” depending on your age. You need to click Go Back to make any necessary changes.

Open Enrollment 2017

2. The Elected Coverages table includes:
 - a. The Benefit Plans you selected.
 - b. Coverage Begin Date.
 - c. Deduction Begin Date.
 - d. Coverage (whom you are covering).
 - e. Calculated coverage (for life insurance and LTD plans).
 - f. Dependents (if any).
 - g. Beneficiaries (if any).
 - h. Employee Cost (per pay period) ... i.e., your cost.
 - i. Employer Contribution.
3. At the bottom of this page is an Electronic Signature, with some very important information. Please read all information in the Electronic Signature section carefully.
4. Before you can submit your elections, you need to check the I Agree check box. When you check this box, you are agreeing to the following statements: "Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have read and understand the following provisions."



5. Below the Electronic Signature is a comment box. Any comments you submit with your selection process will not alter or change any benefit elections you have made during this process, but will become a permanent part of the record.
6. When you are finished, click Submit.
7. After you submit, you will see a printable confirmation page. To print this page, click the Print button. This will open a PDF version of the page, which is printer-friendly. You can either print a hard copy of this page, or save a copy to your computer.
8. When finished, click Close.
9. The Open Enrollment window will close and you will be taken back to your Employee Work Center home page.

The Open Enrollment Change event will no longer be listed in your Inbox. See next section if need to make changes while Open Enrollment is still active.

CHANGE YOUR ELECTIONS (DURING OPEN ENROLLMENT)

1. During the period that Open Enrollment is active (Tuesday, May 9, 2017 at 7:00 a.m. Central Time - Tuesday, May 23, 2017 at 5:00 p.m. Central Time), you are allowed to make changes to your elections. On your EWC home page, click the Benefits icon.



Open Enrollment 2017

2. Under Current Cost, you will see a button (link) to Change Open Enrollment.

Change Open Enrollment

3. If you click the link to Change Open Enrollment, and then click OK on the next page, this will start the Open Enrollment event at the beginning. You can make changes by following the steps in this document (starting on page 3). **IF you click OK, you MUST go through the entire Open Enrollment process and obtain a new confirmation page, even if you don't make changes.**

OPEN ENROLLMENT ASSISTANCE

If you need assistance with your Open Enrollment, you have several options available:

- Contact the LINK Help Desk (see contact information below).
- Contact the Employee Wellness & Benefits staff, **Email** – as.employeebenefits@nebraska.gov, **Phone** – 402.471.4443, **Toll-Free** – 877.721.2228.
- Contact your agency Human Resource department.

LINK HELP DESK CONTACT INFORMATION

The LINK Help Desk provides assistance for the following programs:

- The Employee Work Center
- The Employee Development Center

Email: as.linkhelp@nebraska.gov

Phone: 402.471.6234