

June 2021

•Solved Open Enrollment

Employee Perspective



Open Enrollment from an Employee's Perspective

Help Docs

Table of Contents

Overview	3
Employee Self Service Benefit Enrollment	3
Welcome	3
Beneficiaries and Dependents	ł
Health and Wellness	5
Current Benefits	5
Cost Analysis	5
Plan Selections	ò
Voluntary Life, Spouse Life and Child Life	3
Benefit Confirmation	9



Open Enrollment from an Employee's Perspective

Help Docs

Overview

This help topic goes over Open Enrollment from an employee's perspective.

Employee Self Service Benefit Enrollment

- Log in to isolved using your Employee Self-Service login credentials.
- To access your enrollment, select Benefit Enrollment or Open Enrollment.
- Select the Next option on the blue action line to move through the enrollment screens.
- Any messages from your employer are displayed on the right-hand side of the screens.

Welcome

Benefit Enrollment			isolved University 🔯 Help 🕶
Next Enrollment information Welcome Beneficiaries and Dependents Health and Wellness ③ Preview Current Benefits	Open Enrollment 2021 November 1, 2020 through June 30, 2021 (Incomplete) Welcome to Benefits Enrollment The Errollment Wizard will walk you through the following steps: - enrolling underling information about your family - errolling in benefits After you are done with the wizard, this information will be sent to HR for approval.	(28 DAYS LEFT	Elected Benefit Costs ③ Per Pay Per Month Per Year Medical PreTax Dential PreTax Vision Vol Life EE Vol Life SP Vol Life CH
Cost Analysis Plan selections Medical PreTax Dental PreTax Vision Vol Life EE Vol Life SP Vol Life CH	IMPORTANT NOTE: At the end of the Enrollment Wizard you will be taken to the Confirmation page. You MUST click the "Submit my Benefits" button for the information to be sent to HR for approval. Documents Acknowledge Acknowledge	Links Primary Care Physician Listing	FSA.Medical FSA.Medical FSA.Medical HSA 401(k) CoPd Uffe S0.00 CoPd STD S0.12 Total \$0.12
FSA Medical FSA Dep Care HSA OT(K) COPd Life CoPd STD			
(4) Final review Review and submit	N		

- The **Welcome** screen displays helpful information such as the time frame of the enrollment period, how much time remaining to enroll, messages, documents and links from your employer.
- If a document is posted that requires acknowledgement, a red exclamation mark will appear next to the document name.
- Select the document name to review.
- Once reviewed, select Acknowledge, and if you certify that you have read and understand the content of the document, select OK.



Open Enrollment from an Employee's Perspective

Help Docs

Beneficiaries and Dependents

Benefit Enrollment			isolved University 🔷 Help -
← Previous → Next			
Enrollment information Welcome Beneficiaries and Dependents Health and Wellness	Open Enrollment 2021 November 1, 2020 through June 30, 2021 (Incomplete) Beneficiaries and Dependents ③ + Name Relationship Beneficiary	Dependent Birth Date	28 DAYSLEFT Elected Benefit Costs ⑦ Per Pay Per Month Per Year Medical PreTax Dental PreTax
2) Preview Current Benefits Cost Analysis 3) Plan selections Medical PreTax Dental PreTax Vision Vol Life EE Vol Life EE Vol Life CH FSA Medical	Ceneral *First Name: Jane Middle Name: *Last Name: Hopkins Prefix: Suffix: Type *Relationship: Child G Dependent Disabled	Personal SSN: 123.45-6789 Birth Date: 1/1/2021 Gender: Female V Address Use employee address Street 12521 Em St Use employee address Street City: Thoton State: Colorado V	Volute EE Volute SP Volute CH FSA Medical FSA Dep Care HSA 401(k) CoPd Life \$0.00 CoPd Life \$0.12 Total \$0.12
FSA Dep Care HSA HSA	Beneficiary Deceased		Ş
CoPd Life CoPd STD	Contact Home: Mobile: Office:		
Review and submit	Email	Save Cancel	

- You can update or add beneficiaries/dependents so that you can attach them to your coverages as needed.
- If you have dependents/beneficiaries listed already, click on edit to update any information.

Ope Novem	en Enrollr aber 1, 2020 thro	ment 202 pugh June 30, 2	21 2021 (Incom	plete								28 DA	YS LEFT
Bene	ficiaries and	l Dependen	its 🕐										
+	Name	Relationship	Beneficiary	Dependent	Birth Date								
	Jane Hopkins	Child		~	01/01/2021	Edit	Delete						
	Tina Hopkins	Spouse	~		01/01/1970	Edit	Delete						

- To add a new dependent/beneficiary:
 - 1. Select the plus sign.
 - 2. Use the drop-down menu to select the Relationship type.
 - 3. Choose **Dependent** if they are eligible to participate in your benefit coverage.
 - 4. Choose Beneficiary if they may be selected as a beneficiary on applicable plans.
 - 5. Complete the remainder of the information, noting the required fields.

Note: To update the SSN or date of birth, use the Update SSN/Update Birth Date field. When you are done with all changes and select Update & Close, the SSN/Birth date will move into the appropriate field. If you do not have a social security number, please do not use a fake number as a place holder as this can cause issues for future reporting.



Open Enrollment from an Employee's Perspective

Help Docs

Health and Wellness

Note: This may not be an option on your employer's setup.

Benefit Enrollment		isolved University 🔯 Help
← Previous → Next		
Enrollment information Weicome	Open Enrollment 2021 November 1, 2020 through June 30, 2021 (incomplete)	Elected Benefit Costs ⑦ Per Pay Per Month Per Year
Beneficiaries and Dependents Health and Wellness	Recard and real residual who should be designated as a tobacco user for insurance premium purposes. Any changes in tobacco use status is effective as of the later of the plan year benefit start date or the life event initiating this enrollment.	Medical PreTax Dental PreTax Vision
2 Preview	Name Relationship	Vol Life EE
Current Benefits	Noah Hopkins Employee	Vol Life SP Vol Life CH
Cost Analysis	Jane Hopkins Child	FSA Medical
③ Plan selections	Tina Hopkins Spouse	FSA Dep Care HSA 401(k)
Medical PreTax		CoPd Life \$0.00
Dental PreTax Vision Vision		CoPd STD \$0.12 Total \$0.12

• Select the contacts who are to bacco users.

Current Benefits

This option may vary based on your employer's setup. You will find your current benefits listed here.

Cost Analysis

evious → Next									
1) Enrollment information	Open Enrollment November 1, 2020 through Jur	2021 (Incom	plete				(28 DAYS LEFT)	Elected Benefit Cost	s 💿
Velcome	Orat Archivia							Per Pay Per Month	Per Yea
eneficiaries and Dependents	Cost Analysis ()							Medical PreTax	
ealth and Wellness	 Medical PreTax 							Dental PreTax	
Decidence	Monthly deduction am	ounts are displayed	below.					Vision Vol Life EE	
Preview	Plans	EE ONLY	EE+SP	EE+CH(REN)	EE+FAM			Vol Life SP	
rrent Benefits	Med PPO	\$0.00	\$125.00	\$200.00	\$510.00			Vol Life CH	
st Analysis	Med HMO	\$0.00	\$100.00	\$200.00	\$300.00			FSA Medical	
	Med HDHP	\$0.00	\$100.00	\$200.00	\$300.00			FSA Dep Care	
) Plan selections	M Dontol BroTox							HSA	
Medical PreTax	✓ Dental PreTax							401(k) CoPd Life	00
Dental PreTax	Monthly deduction am	ounts are displayed	below.					CoPd STD	\$0.
Vision	Plans	EE ONLY	EE+SP	EE+CH(REN)	EE+FAM			Total	\$0.
Voluite FF	Dent	\$25.00	\$50.00	\$75.00	\$100.00				
Vol Life CD	Malan								
VOILLIE SP	▼ VISION								
VOI LITE CH	Monthly deduction am	ounts are displayed	below.						
FSA Medical	Plans	EE ONLY	EE+SP	EE+CH(REN)	EE+FAM	0			
FSA Dep Care	Vision	\$0.00	\$0.00	\$0.00	\$0.00	63			
HSA									
401(k)	Vol Life EE								
CoPd Life	Based on individual rat	e factors, sample o	overage and mor	nthly deduction a	mounts are displayed below				
CoPd STD	Plans	Sample Cov	erage Amount	EE ONLY					
	Voluntary Life EE	10,000		\$4.50					
Final review		20,000		\$9.00					
-		40,000		\$18.00					
eview and submit		50,000		\$22.50					
		80.000		\$36.00					
		100,000		\$45.00					
		110,000		040.50					

- Displays the cost of coverages you are eligible to select.
- You can choose to view each plan individually or select Expand to view all your plans simultaneously.



Open Enrollment from an Employee's Perspective

Help Docs

Plan Selections

401k

Benefit Enrollment		isolved University 🛛 🕸 Help
← Previous → Next		
Enrollment information Welcome Beneficiaries and Dependents Health and Wellness	Open Enrollment 2021 November 1, 2020 through June 30, 2021 (incomplete) 401(k) ③ Plan selections	Elected Benefit Costs ⑦ Per Pay Per Month Per Year Medical PreTax \$235.38 Dential PreTax \$23.08
 Preview Current Benefits Cost Analysis Plan selections Medical PreTax Dental PreTax Usion Viol Life EE Vol Life SP Vol Life CH FSA Medical FSA Dep Care HSA 401(k) CoPd Life CoPd STD 	401(k) Guardian Deselect Plan Information I have been informed of the option to make contributions to the 401(k) ('Plan') and I elect not to make the contributions to the Flam at this time. 401(k) Roth Amount 401(k) Roth Percent. 401(k) Roth Percent 401(k)	Vision \$0.00 Vol Life EE \$20.76 Vol Life SP \$13.84 Vol Life CH \$6.92 FSA Medical Waived FSA Dep Care Waived HSA Waived 401(k) \$90.00 CoPd STD \$0.12 Total \$390.10
(4) Final review		

- Select to contribute to the plan or waive.
- If selected, you must enter in a contribution amount and beneficiary designation and percentage. The beneficiary percentages must equal 100%.

Company Paid Benefits

Enrollment information	Open Enrollment	2021			28 DAYS LEFT	Elected Benefit Cost	s 🕜
Welcome	November 1, 2020 through Jun	e 30, 2021 (Incor	nplete			Per Pay Per Month	Per
Reneficiaries and Dependents	CoPd Life ⑦						
Health and Wellness	Plan selections					Medical PreTax	\$2
ricular and Weiness	Than Sciections					Vision	5
2 Preview	Co Pd Life				Deselect	Vol Life EE	s
Current Benefits	Guardian					Vol Life SP	s
Cost Analysis	Plan Information					Vol Life CH	
o o o o o o o o o o o o o o o o o o o	*Coverage					FSA Medical	N
3 Plan selections	EE ONLY					HSA	vi vi
Medical PreTax	Per pay amount					401(k)	s
Dental PreTax	\$0.00					CoPd Life	
2 Vision	Covered Participants					CoPd STD	
✓ Vol Life EE	Participant Name	Covered	Requested Amount	Actual Amount 🛕	Age-reduced Amount	Iotai	\$3
Vol Life SP	Noan Hopkins		75,000	0	Not applicable		
Vol Life CH	Beneficiaries						
FSA Medical	Tina Hopkins	Selected	Primary 100	Contingent			
FSA Dep Care		-	· ·				
S HSA							
✓ 401(k)							
CoPd Life							
CoPd STD							

Open Enrollment from an Employee's Perspective

Help Docs

- If your employer offers benefits such as company paid life insurance, you may not have an opportunity to waive the coverage.
- Select the coverage, and if available, enter beneficiary designation and percentage.

Medical, Dental and Vision

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← Previous → Next			
① Enrollment information Welcome Beneficiaries and Dependents Health and Wellness	Open Enrollment 2021 November 1, 2020 through June 30, 2021 (Incomplete) Medical PreTax ? Plan selections	28 DAYS LEFT	Elected Benefit Costs ⑦ Per Pay Per Month Per Year Medical PreTax \$235.38 Dental PreTax Vision
2 Preview Current Benefits Cost Analysis	Med PPO BCBS Plan Information *Coverage	Deselect	Vol Life EE Vol Life SP Vol Life CH FSA Medical FSA Dep Care
 3 Plan selections Medical PreTax Dental PreTax Vision 	EE ONLY EE+SP EE+CH(REN) EE+FAM Per pay amount \$235.38 Frequency Covered Participants		HSA 401(k) CoPd Life \$0.00 CoPd STD \$0.12 Total \$235.50
Vol Life EE Vol Life SP Vol Life CH FSA Medical	Participant Name Covered Noah Hopkins Tina Hopkins Jane Hopkins C		Messages Summary of Benefits and ^ Plan Description
FSA Dep Care HSA 401(k)	Med HMO BCBS	Select Plan	Please use the attached document and link for more information. Documents (1) Forms Links (1)
CoPd STD Final review	Med HDHP BCBS Waive Coverage	Select Plan Waive	Summary Plan Description (DOCX)

- If you select **Coverage Waived**, you may be required to select a waive reason from the drop-down menu.
- Once on the waived screen, you can go back to the election screen by selecting the **Deselect** option.
- Select a plan using the Select Plan option and use the button to select the Coverage option.
- If you have dependents, they will be listed. Select the dependents you wish to add to the plan. Dependents can be selected based only on the coverage option you choose for example, if you choose employee + spouse, only your spouse can be selected.
- If you do not see your dependents listed, navigate back to **Beneficiaries and Dependents** and add needed. Remember to check the "dependent" box when adding dependents that will be added to your plans.



Open Enrollment from an Employee's Perspective

Help Docs

HSA/FSA

Benefit Enrollment		isolved University
← Previous → Next		
Enrollment information Welcome Beneficiaries and Dependents Health and Wellness	Open Enrollment 2021 November 1, 2020 through June 30, 2021 (Incomplete) FSA Medical ③ Plan selections	Elected Benefit Costs (?) Per Pay Per Month Per Year Medical PreTax \$235.38 Dental PreTax \$235.08
 2 Preview Current Benefits Cost Analysis 3 Plan selections > Medical PreTax > Dental PreTax > Vision > Vol Life EE > Vol Life SP 	FSA Medical 2021 Isolved Plan Information *Coverage EE ONLY Per pay amount Sourced Participants Participant Name Noah Hopkins Covered *Annual Target Amount 1500	Usion \$0.00 Deselect Vol.Life EE \$20.76 Vol.Life SP \$13.84 Vol.Life SP \$13.84 Vol.Life CH \$6.92 FSA Medical \$0.00 FSA Dep Care HSA 401(k) COP4 JTD \$0.12 Total \$300.10 \$300.10 \$300.10
Voi Lite SP Voi Lite SP Voi Lite CH FSA Medical FSA Dep Care HSA 401(k) CoPd Life CoPd Life CoPd STD	Waive Coverage	Waive
④ Final review		L2

- When electing HSA, you must select the level of coverage that matches the level of coverage selected for medical.
- Enter in the amount you would like to contribute under Amount Per Scheduled Pay or Annual Target Amount.
- Based on your company's configuration, you may receive a message that you are not eligible for the FSA since you enrolled in the HSA. Otherwise, you would have the option to enroll in the FSA.

Voluntary Life, Spouse Life and Child Life

Enrollment information Welcome Beneficiaries and Dependents Health and Wellness	Open Enrollment November 1, 2020 through Jun Vol Life EE ③ Plan selections	2021 1e 30, 2021 (Incom	iplete)		28 DAYS LEFT	Elected Benefit Cost Per Pay Per Month Medical PreTax Dental PreTax	ts ⑦ 1 P 3
 ② Preview Current Benefits Cost Analysis ③ Plan selections ✓ Medical PreTax ✓ Dental PreTax ✓ Vision Vol Life EF Vol Life SP Vol Life CH FSA Medical FSA Dep Care 	Voluntary Life EE Guardian Pian Information *Coverage EE ONLY Par Day amount \$0.00 Covered Participants Participant Name Noah Hopkins Beneficiaries Beneficiaries	Covered	*Requested Amount 100,000 Primary 100	Actual Amount 🛕 0 Contingent	Deselect Age-reduced Amount Not applicable	Vision Voi Life EE Voi Life SP Voi Life CH FSA Medicai FSA Dep Care HSA 401(k) CoPd Life CoPd STD Totai	ţ
HSA HSA 401(k) ✓ CoPd Life ✓ CoPd STD ④ Final review	Waive Coverage				Waive		

Open Enrollment from an Employee's Perspective

- Help Docs
 - Your plan may be configured so that it will alert you if you select an amount over the guaranteed amount that would require evidence of insurability (EOI).
 - The message will include the amount your coverage is allowed up to until the EOI approval is obtained.
 - Select beneficiaries and /or those dependents covered by the related plan.

Benefit Confirmation

 Enrollment information 	Open Enrollment 2021 (Incomplete)	Elected Benefit Cost	t s ?
Welcome		Per Pay Per Month	Per Year
Beneficiaries and Dependents	Review	Medical PreTay	6005.0
Health and Wellness	A ACTION DECINEED. There are autotacilize items that must be completed in order to submit this baseft availabent	Dental PreTax	\$235.3
_	ACTION REQUIRED: There are outstanding items that must be completed in order to submit this benefit enrollment.	Vision	\$0.0
2) Preview	Provide deserved advected	Vol Life EE	\$20.7
Current Benefits	Requires document acknowledgement	Vol Life SP	\$13.8
Cost Analysis	Guide for comparing benefits (book)	Vol Life CH	\$6.9
*		FSA Medical FSA Dep Care	Waive
3) Plan selections		HSA	Waive
Medical PreTax		401(k)	\$90.0
Dental PreTay		CoPd Life	\$0.0
Vision		CoPd STD	\$0.1
C Vallifa EE		Total	\$390.1
Voi Lite SP			
Vol Life CH			
FSA Medical			
🖉 FSA Dep Care			
🖉 CoPd Life			
🖌 CoPd STD			
4 Final review			
T marrettett			

- When you have finished making your benefit elections, the confirmation page will display. Be sure to read the important details in the **Action Required** message box.
- Scroll down to see a full list of your elections.
- Select Print icon at the top right of the page to print your elections.
- Select Submit My Benefits located in the Action Required message box when you are ready to complete your enrollment.
- A message will appear to ensure you reviewed and verified your elections and will remind you that a copy of the enrollment confirmation will be available to you in **Documents**.
- If you wish to submit your benefit elections, select OK. If you wish to go back, select Cancel.
- Once you submit, the **Enrollment Progress** message at the top right of the screen will show the date and time stamp of your submittal.
- You have the option to select Print Confirmation Statement.



Open Enrollment from an Employee's Perspective

Help Docs



