



2019 Benefits Open Enrollment Guide

<http://www.archindyhr.org/2019-insurance-open-enrollment/>

IMPORTANT – before you begin! It is recommended that you complete open enrollment on a personal computer or laptop; do not use a tablet or smart phone. You can exit enrollment at any time and return to your portal without losing information.

Step 1. Access Web Pay:

Log into your Paylocity Web Pay Self-Service portal at <https://login.paylocity.com>.

If you have never registered as a user, please go back to <http://www.archindyhr.org/2019-insurance-open-enrollment/> for the instructions.

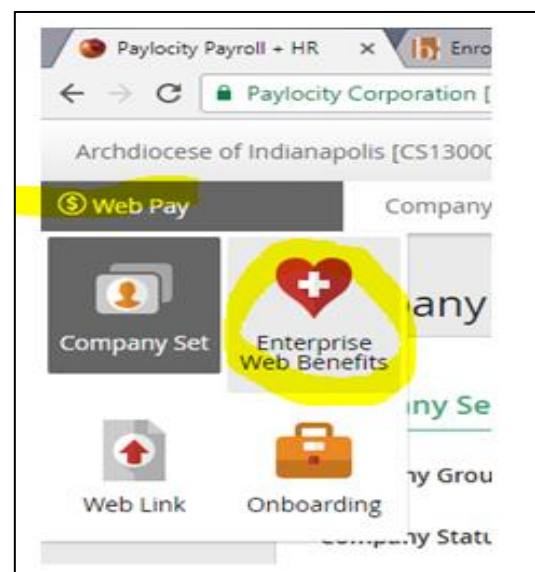
To obtain your username or 5-digit Company ID, please contact the business or location manager at your parish, school or agency. Do not contact human resources.

If you forget your password, you can use the “forgot” option.

Step 2. Access Enterprise Web Benefits:

After logging in to Web Pay, hover your arrow over “Web Pay” in the top left corner, and then click on “Enterprise Web Benefits”. This will take you to your Web Benefits home page.

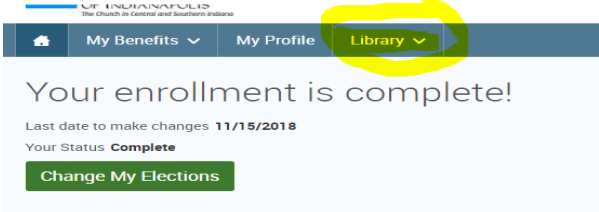
If you’re not seeing the “Enterprise Web Benefits” button, please contact Brianna Smith at bsmith@archindy.org so that we can add the link between Web Pay and Web Ben to allow you to see the button.



2019 REQUIRED NOTICES

In order view the 2019 required notices, please follow the steps below.

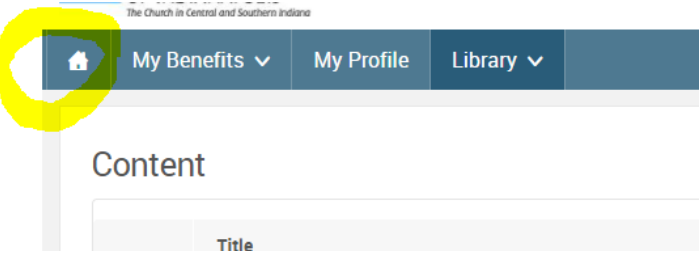
- 1. From your web benefits home page, click on "Library" then "Content"



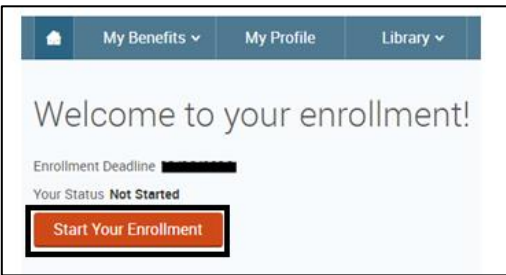
- 2. You may then select the notice(s) that you wish to read prior to your enrollment.

- 2019 Notice - Grandfathered Health Plan
- 2019 Notice - HIPAA Privacy Notice
- 2019 Notice - Medicare Part D
- 2019 Notice - Model CHIP
- 2019 Notice - Model Marketplace
- 2019 Notice - Newborns and Mothers
- 2019 Notice - Special Enrollment Notice
- 2019 Notice - Womens Cancer Rights

- 3. Once you are ready to start your enrollment, please click the home button on the top left of your screen.



WELCOME TO YOUR ENROLLMENT!



- 1. From your web benefits home page, click on the orange "start your enrollment" button.

Employee Information

All of your personal and family information must be complete before proceeding. Please complete all fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click continue.

If any of the information below is incorrect, please click agree and continue through the enrollment process. Once you're completed the enrollment, please log back into your WebPay account and make the appropriate changes. Please allow 24 hours for the information to update in Web Benefits.

Demographics

First Name TESTOE
 Middle Initial
 Last Name Contracted Employees

Preferred Email Home Email Work Email

* Fields are required

I verify that my personal information is correct.
 I agree

Continue

1. Verify that all employee information is correct.
2. Anything that needs to be changed must first be changed back in your **Self-Service portal in Paylocity** (where you access your paystubs). The correct information will download overnight but you can click OK and continue.
3. Once you've made any changes or if everything is OK, click "I agree" and then "continue".

Family Information

YOU NEED TO ADD ALL FAMILY MEMBERS HERE:

Before beginning the enrollment process, please add any dependents you wish to cover on your insurance and/or designate as a beneficiary. Listing them in this section only lists them as part of your insurance/beneficiaries later on this process.

Please complete all required fields below and check for accuracy. After you review your information and make any necessary adjustments, click continue.

TESTOE
 Contracted Employees
 Female Employee
 37 years old (6/9/1980)
 SSN: 000-00-5012
 Edit >

George McFly
 Male Spouse
 43 years old (10/31/1972)
 SSN: 000-00-4567
 Edit >

177/1989
 3456

+

Add Dependents

I agree that the above information is accurate.
 I agree

Continue

1. Review family information and make any necessary adjustments including adding dependents. NOTE –you CANNOT delete any dependents from this section.
2. Please list all family members here – this will be the list you can choose from when assigning benefits and/or beneficiaries later on in the portal.
3. Listing family members in this section will NOT enroll them on your insurance. Listing them in this section simply lists them as part of your family data and makes them available in a list to choose from for insurance/beneficiaries.
4. Once complete, click "I agree" and then "continue".



Medical

NO PLAN SELECTED

*Selection Required

I don't want this benefit (waive) View Plan Options

1. Click on **I don't want this benefit (waive)** if you don't want medical coverage.

Medical \$211.93 Your Cost per pay period

PLAN Medical Plan / UHC / [View plan details](#)

COVERAGE Employee + Family

TESTOE Contracted Employees	Employee	<input checked="" type="checkbox"/> Cover
George McFly	Spouse	<input checked="" type="checkbox"/> Cover
Shelly Belly	Child	<input checked="" type="checkbox"/> Cover
Marty McFly	Child	<input type="checkbox"/> Ineligible

Completed [I don't want this benefit \(waive\)](#) [View Plan Options](#)

2. Otherwise, click on “view plan options” to view your options and add/remove child(ren)/spouse.

Back to Benefits Medical

Who will be covered by this plan?

TESTOE Contracted Employees Employee George McFly Spouse Shelly Belly Child Marty McFly Child ▲ Ineligible [Add Dependents](#)

[Back to Benefits](#) [Continue](#)

3. Add/remove dependents by checking or unchecking the green box beside each name.

The system will automatically assign you to single or family coverage depending on if you have any checkmarks by the name of a family member(s).

When all is correct, click “Continue”.

Your Cost per pay period:
\$39.32

Tier: Employee

[Keep Selection](#)

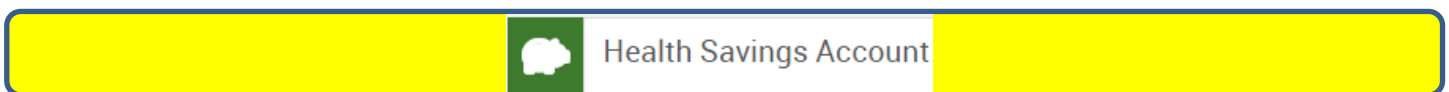
4. Verify that you have selected the correct plan: Single is \$39.32 and family is \$211.93. If you’re not seeing the right amount or level of coverage, look at the top of the page to see who you have selected to “be covered by this plan”.

5. Click on “keep selection” to proceed

Your Cost per pay period:
\$211.93

Tier: Employee + Family

[Keep Selection](#)



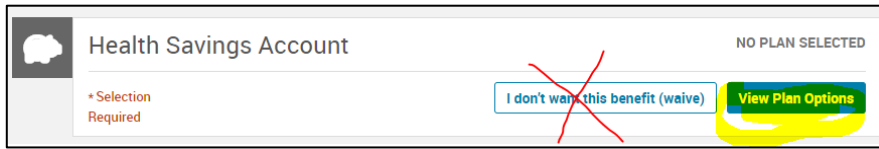
If you don’t see this section in your portal, you are not eligible for HSA for at least one of the following reasons:

1. You have waived the Archdiocese medical coverage
2. You will be turning 65 in 2019
3. You are already 65 as of 1/1/19

You may disregard and move on to Dental.

If you are currently enrolled in a medical plan with the Archdiocese, your HSA contribution will continue in the same account from 2018 with Optum Bank.

HSA bonus will not be paid in 2019.



1. Click on view plan options. **DO NOT CLICK "WAIVE" IF YOU ARE UNDER 65 YEARS OLD AND ENROLLING IN MEDICAL! YOU WILL FORFEIT THE FREE EMPLOYER CONTRIBUTIONS IF YOU CLICK WAIVE!**



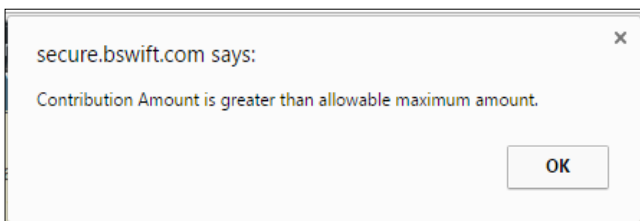
1. Enter a per pay amount (not annual). This per pay amount will be multiplied by all 26 pay periods in 2019. Enter \$0 if you don't want to contribute any funds. Click "continue".

The "maximum annual contribution amount" is the max that you as the employee can contribute. You do not need to take employer contributions into consideration when entering your per pay amount. The system will do that for you.

Continue

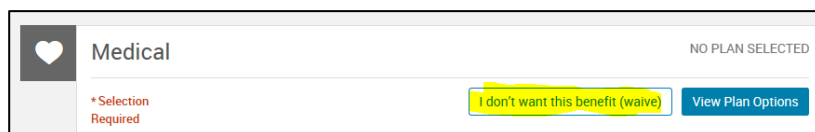
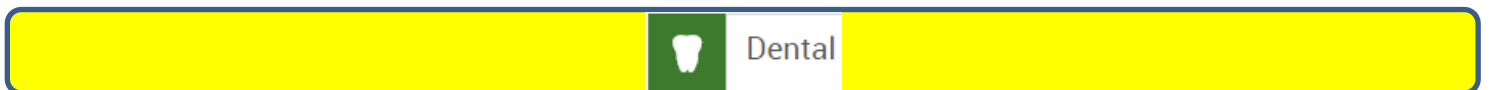
2. In order to receive employer and any elected employee contributions, you must view the authorized agent document and click on "yes" to authorize the Archdiocese to open a HSA on your behalf. If you click "no", you will forfeit all contributions including the free employer contributions.

Save Answers



3. If you enter an amount in the employee contribution box that would cause you to over-contribute (after it takes into account the employer funding) you will receive the following error message.

If you get this message, you must decrease your contribution amount.



1. Click on **I don't want this benefit (waive)** if you don't want dental coverage.

Dental \$23.56 Your Cost per pay period

PLAN [Dental](#) / [Delta](#) / [View plan details](#)

COVERAGE **Employee + Family**

TESTOE Contracted Employees	Employee	<input checked="" type="checkbox"/> Cover
George McFly	Spouse	<input checked="" type="checkbox"/> Cover
Shelly Belly	Child	<input checked="" type="checkbox"/> Cover
Marty McFly	Child	<input type="checkbox"/> Ineligible

Completed [I don't want this benefit \(waive\)](#) [View Plan Options](#)

2. Otherwise, click on “view plan options” to view your options and add/remove child(ren)/spouse.

[Back to Benefits](#) **Dental**

Who will be covered by this plan?

TESTOE Contracted Employees Employee George McFly Spouse Shelly Belly Child Marty McFly Child ▲ Ineligible [+ Add Dependents](#)

[Back to Benefits](#) [Continue](#)

3. Then add/remove dependents by checking or unchecking the green box beside each name.

The system will automatically assign you to single or family coverage depending on if you have any checkmarks by the name of a family member(s).

When all is correct, click “continue”.

Your Cost per pay period:
\$4.56 Tier: Employee

[Keep Selection](#)

4. Verify that you have selected the correct plan: Single is \$4.56 and family is \$23.56. If you’re not seeing the right amount or level of coverage, look at the top of the portal page to see who you have selected to “be covered by this plan”.

5. Click on “Keep Selection” to proceed

Your Cost per pay period:
\$23.56 Tier: Employee + Family

[Keep Selection](#)

Basic Employee Life


Basic Employee Life \$0.00 Your Cost per pay period

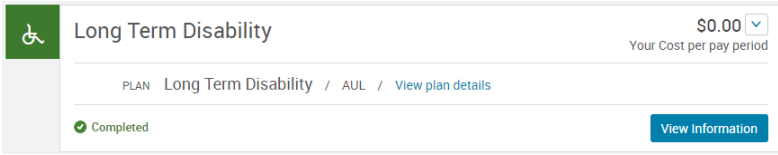
PLAN [Basic Term Employee Life and AD&D Insurance \(company paid\)](#) / [AUL](#) / [View plan details](#)

Completed [View Information](#)

This is an informational page only. There is nothing you need to complete.

Click on view information. You cannot enroll in these plans in this portal – this section is FYI only.

 Long Term Disability




Long Term Disability \$0.00
Your Cost per pay period

PLAN Long Term Disability / AUL / [View plan details](#)

Completed [View Information](#)

This is an informational page only. There is nothing you need to complete.

Click on view information. You cannot enroll in these plans in this portal – this section is FYI only.

 FSA Health

(You will only see this option if you're eligible to participate)

If you're over 65 years of age or in 2018 and you want to participate in a flexible spending plan, please waive this section and contact Brianna Smith at bsmith@archindy.org for a form.

If you're under 65 years of age in 2018 and you want to participate in a flexible spending plan, please follow the instructions below:



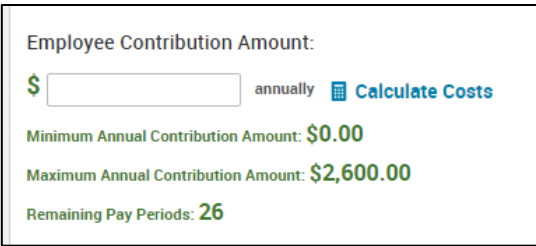
FSA Health WAIVED

You have waived this benefit.

Completed [View Plan Options](#)

Click on view plan options for details on the eligible flex plan (either the **limited purpose** or the **health care** FSA).

Limited purpose can ONLY be used for vision and dental expenses or medical expenses incurred AFTER you've met your medical deductible. Health care flex can be used if you're not enrolled in a medical plan with the Archdiocese.



Employee Contribution Amount:

\$ annually [Calculate Costs](#)

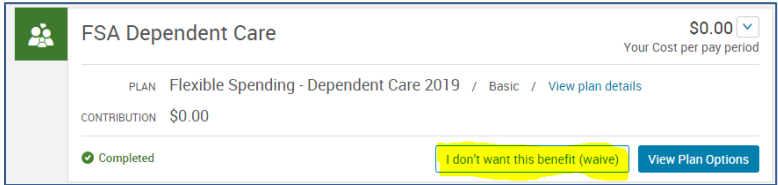
Minimum Annual Contribution Amount: \$0.00

Maximum Annual Contribution Amount: \$2,600.00

Remaining Pay Periods: 26

1. Click on select or waive. If you click on select, please enter an annual amount. To see the per pay amount, click on "calculate costs".
2. Click "continue".

 FSA Dependent Care



FSA Dependent Care \$0.00
Your Cost per pay period

PLAN Flexible Spending - Dependent Care 2019 / Basic / [View plan details](#)

CONTRIBUTION \$0.00

Completed [I don't want this benefit \(waive\)](#) [View Plan Options](#)

1. Click on **I don't want this benefit (waive)** if you don't want to elect an FSA dependent care plan.

FSA Dependent Care WAIVED

You have waived this benefit.

Completed View Plan Options

2. If you would like to elect this benefit Click “view plan options” and continue through.

Employee Contribution Amount:

\$ annually Calculate Costs

Minimum Annual Contribution Amount: **\$0.00**

Maximum Annual Contribution Amount: **\$5,000.00**

Remaining Pay Periods: **26**

3. Please enter an **annual** amount. To see the per pay amount, click on “calculate costs”.

4. Click “continue”.

Voluntary Life and Short Term Disability

Voluntary Life and Short Term Disability

PLAN Voluntary Life and Short Term Disability / Information Only

Completed View Information

This is an informational page only. There is nothing you need to complete.

Click on view information. You cannot enroll in these plans in this portal – this section is FYI only. You must contact Darrel Fitch to enroll. For more information or how to contact Darrel, please click on “view information”.

Retirement

Retirement

PLAN Archdiocese of Indianapolis – 403(b) Retirement Savings Plan / Information Only

Completed View Information

This is an informational page only. There is nothing you need to complete.

Click on view information. You cannot enroll or change your election in this portal – this section is

FYI only. You must visit www.archindyretirement.org to change your election or enroll in the retirement plan. Please click on “View Information” Once you have read over the retirement information click “Continue” to go back to your benefits.

DESIGNATE BENEFICIARIES, REVIEW AND SUBMIT FOR APPROVAL

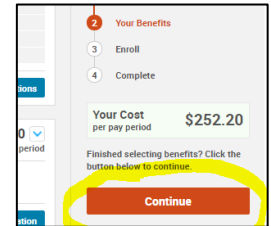
1. After you’ve gone through each plan, review the page to ensure that all benefits show a green “completed” check mark.

Retirement

PLAN Arc

Completed

2. Once all green check marks appear, click on “continue” on the far right of the screen.



3. Enter your beneficiary designations for the basic life insurance. Benefit will be paid only to those listed as primary.

If all primary are deceased at the time the benefit is to be paid out, it will then pay to those you have listed as secondary. It's recommended to have both primary and secondary beneficiaries listed.

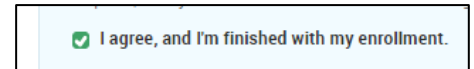
Note – if you designate “my estate”, it will go through court before it's paid to an eligible person. This process takes a significant amount of time so it's best to designate specific people as your beneficiary, not “my estate” unless you have legal documentation showing the establishment of an estate in your name. Click “Continue”.

Name	Percentage
My Estate (Employee)	<input type="text"/> %
George McFly (Spouse)	100.0 %
Marty McFly (Child)	<input type="text"/> %
Shelly Belly (Child)	<input type="text"/> %

Total: 100%

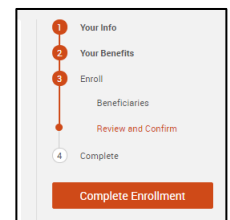
Carefully review all your selections! These selections (with the exception of HSA) must remain in effect for the entire plan year, for as long as you're eligible to receive them, unless you've had a qualifying event that would allow you to make a change mid-year.

Review your selections and then click the “I agree” box at the bottom of the page.



Click “Complete Enrollment” to finish. If you don't, your enrollment choices will not be sent to human resources.

Print your confirmation statement, review it and log back into your Web Ben portal to make any changes.



Make sure you see the “your enrollment is complete!”.
You can log back in anytime up until November 15th to make any changes.



Your enrollment is complete!



You may make changes to your elections until: **November 15, 2018**

You have completed your enrollment.