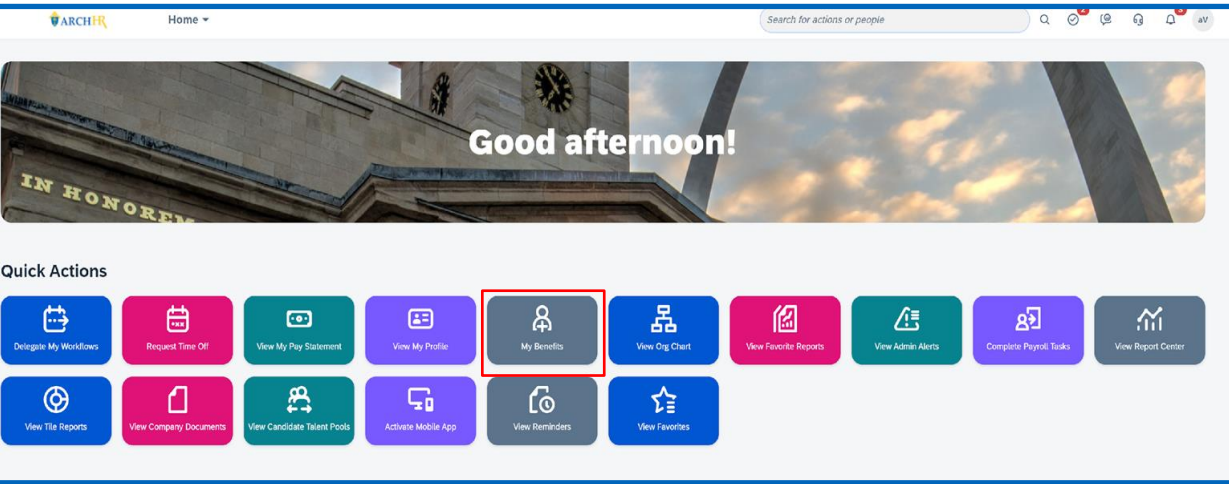


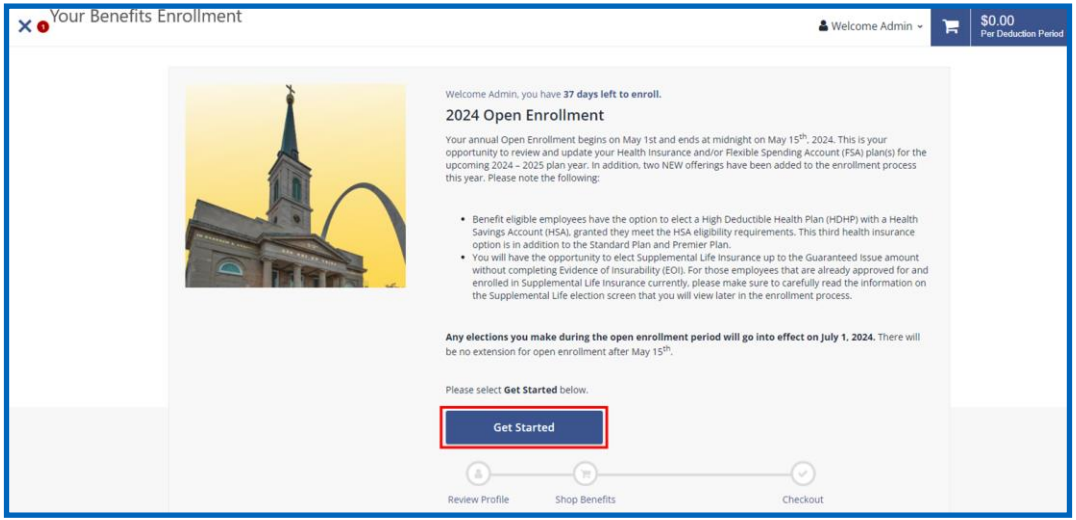
# Quick Reference Guide: Employee Open Enrollment



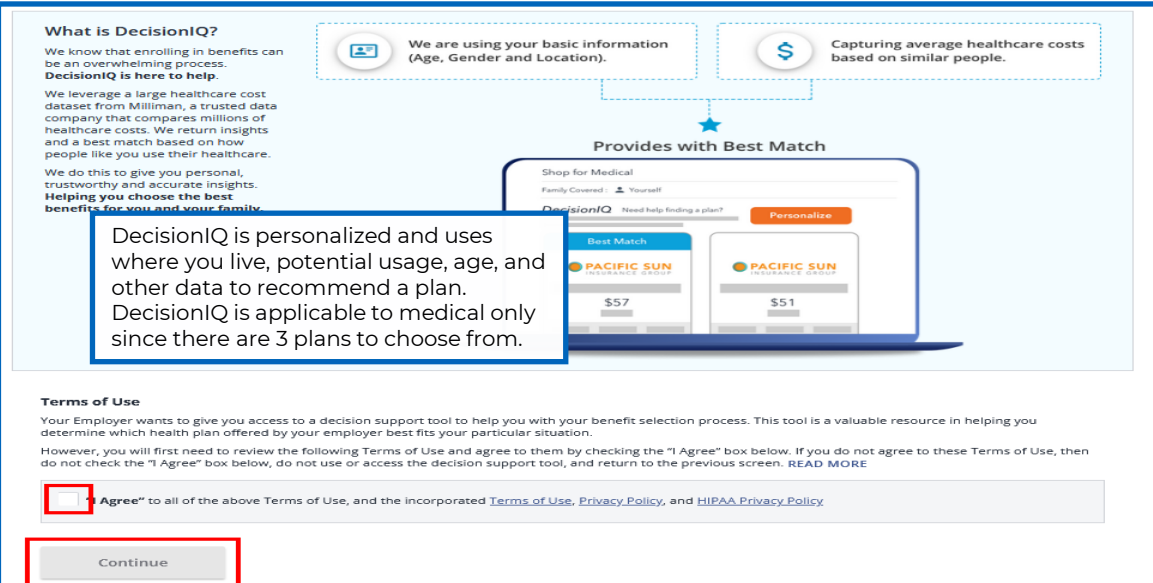
1. From your Home Page, click on the "My Benefits" tile.



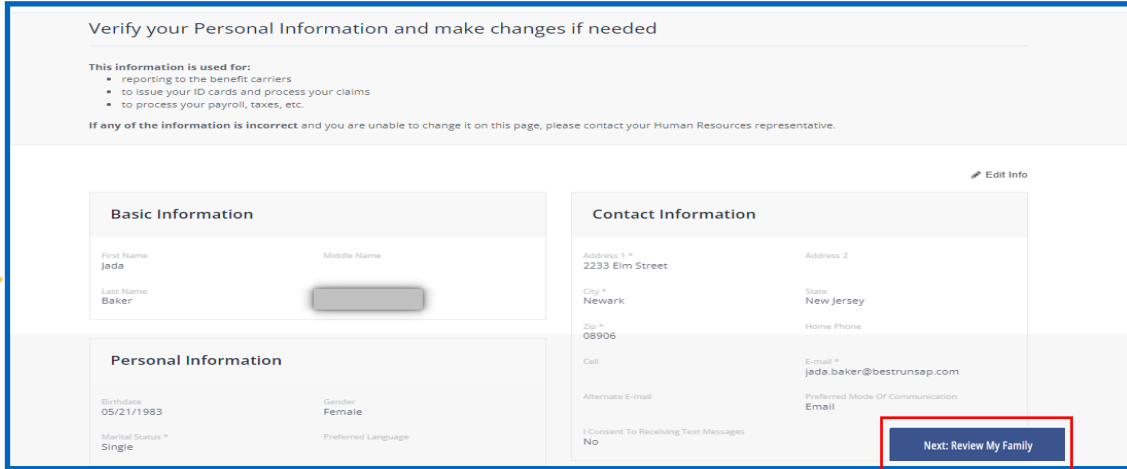
2. You will now see your **Benefits Portal**. Please read the Open Enrollment information and click on **Get Started**.



3. Review DecisionIQ decision support information, click **I Agree** and then **Continue**.



4. **Verify your personal information.** Please note that any changes to your personal information must be completed in **your ArchHR Core Profile\*** Click on **Next: Review My Family**.



\*This is a separate step done outside of the ArchHR Benefits Open Enrollment process.

5. Add or Edit your dependent information. To add a dependent click **+ Add Family Member**.

Review the Dependent Information on file below

Dependents must be listed on this page to be enrolled in coverage. By adding a dependent, you are confirming that they are a qualified dependent under both legal regulations and Archdiocesan plan requirements.

You may:

- Add new dependents
- Edit existing dependent information
- Remove existing dependent

Social Security Numbers (SSN) are required for all dependents. Newborns may be added without a SSN, once a SSN is issued for the child please update the record.

**Current Family Members**

**+ Add Family Member**

6. Enter the specific information for **each dependent** to be covered. TIP: If the dependent does NOT live at home, uncheck the 'Lives at Home' box and enter their address. **Click Save**.

**Basic Info**

First Name \* Margaret Middle Name Middle Name

Last Name \* Muffin SSN 123-12-1234

Gender \* Female Birthdate \* 02/13/1990

Relationship \* Spouse

**Additional Info**

Lives At Home  QMCSO

CANCEL **Save**

7. If you have existing dependents that need to be edited or removed, click on **"Remove"** or **"Edit"** within the dependent tile. When dependent adds, removals, and edits are complete, click on **Next: Shop for Benefits**.

**Current Family Members**

**Margaret Muffin**  
Spouse  
Born 02/13/1990

View Details **Remove** **Edit**

**+ Add Family Member**

**Next: Shop for Benefits**

8. Begin your enrollment by clicking **Shop Plans** for Medical.

**Current Benefit Elections**

Review Profile Shop Benefits Checkout

- You can make adjustments to your plan selections until your enrollment period is closed. If you need to adjust your elections, select **View or Change Plan** below.
- Your cost per deduction period is noted at the bottom of this screen.
- To complete the enrollment process, you must **Review and Checkout**, then select **Checkout**.

**New Enrollment** Plan Year Effective from 07/01/2024 to 06/30/2025

**Medical**

No Plan Selected **Shop Plans**

# Quick Reference Guide: Employee Open Enrollment



**9. Select or add any dependents you would like to cover based on the benefit type in the Family Covered Box.**

**10. DecisionIQ is available to assist you when making a choice for Medical/Rx benefits. Click on View Plan to see details and to “compare”.**

**11. Identify the Medical plan you would like to enroll in and click Update Cart.**

**12. If enrolling in the HDHP Medical plan, review and answer the eligibility question for HSA plan enrollment. Click the right Arrow, then Save.**

**13. Review the Dental plan you will be enrolled in and click Update Cart.**

**14. Review the Vision plan you will be enrolled in and click Update Cart.**

# Quick Reference Guide: Employee Open Enrollment



**15.** If enrolling in the **HSA plan**, you can enter a personal contribution amount, if desired. Click **Update Cart** when done.

Health Savings Account (HSA): HSA

Important Information: You are eligible for this plan due to your selection of the Medical. If you want to edit your family covered for this benefit, you need to return to the Medical.

Select Coverage Amount

Annual (Selected) | Per Pay Period

Maximum Contribution Limits: Annual: \$3,300.00 | Per Pay Period: \$2.00

Annual Personal Contribution: \$ 0.00

Employer Annual Contribution: \$ 1,200.00

Personal Contribution: \$ 0.00

Update Cart

You may choose not to add employee contributions to the HSA; you will still receive the Archdiocese's contribution amount.

**16.** If you are eligible and choose to enroll in a **Health Flexible Spending Account**, enter your contribution amount and click **Update Cart**.

Health Flexible Spending Account (FSA): Health Flexible Spending Account (FSA)

Select Coverage Amount

Annual (Selected) | Per Pay Period

Maximum Contribution Limits: Annual: \$3,050.00 | Per Pay Period: \$127.08

Annual Personal Contribution: \$ 3,050.00

Total Annual Contribution: \$ 3,050.00

Health Flexible Spending Account (FSA)

\$127.08 Per Deduction Period

Update Cart

If enrolled in the HDHP Medical Plan with HSA, you will not be eligible to enroll in FSA

**17.** If you are eligible and choose to enroll in a **Dependent Care Flexible Spending Account**, enter your contribution amount and click **Update Cart**.

Dependent Care Spending Account (FSA): Dependent Care Flexible Spending Account (FSA)

Select Coverage Amount

Annual (Selected) | Per Pay Period

Maximum Contribution Limits: Annual: \$5,000.00 | Per Pay Period: \$0.00

Annual Personal Contribution: \$ 0.00

Total Annual Contribution: \$ 0.00

Dependent Care Flexible Spending Account (FSA)

\$0.00 Per Deduction Period

Update Cart

**18.** Employer paid benefits, with no cost to you, will not have a decline coverage option. Click **Update Cart** to move forward.

Basic Employee Life and AD&D - Policy #677885: Basic Life and AD&D

Coverage Amount

Per Deduction Period: \$0.00

Total coverage amount: \$30,000.00

Basic Life and AD&D

\$0.00 Per Deduction Period

Update Cart

**19.** If enrolling in **Supplemental Life Insurance**, choose your desired **coverage amount** from the drop down. Click **Update Cart** or **Decline Coverage**.

Supplemental Employee Life: Supplemental Life Insurance

Select Coverage Amount

Per Deduction Period: \$3.00

Approved Coverage Amount: \$100,000.00

Supplemental Life Insurance

\$3.90 Per Deduction Period

Update Cart

Evidence of Insurability may be required depending on the coverage amount selected. Pending costs and coverage amounts are displayed for your review.

**20.** Review your Benefit Elections. All offerings must have an enrollment or decline on file. Click **Next: Review Beneficiaries**.

Current Benefit Elections

Review Profile | Shop Benefits | Checkout

New Enrollment Plan Year Effective from 07/01/2024 to 06/30/2025

Medical HDHP Plan and Health Savings Account Attestation

Status: Completed | Dates: Last Updated 03/01/2024

Medical

Status: Pending Approval

Spousal Surcharge Attestation

Status: Completed | Dates: Last Updated 03/01/2024

Next: Review Beneficiaries

# Quick Reference Guide: Employee Open Enrollment



**21. Click + Add Beneficiary.** Enter beneficiary information. The allocation must equal 100% across all beneficiaries. Click **Add**.

**22. Once beneficiary information is complete click Review and Checkout.**

**23. Review all elections and Checkout. Note: if you do not complete this step, your elections will not be active.**

**24. Your Enrollment is Complete!**

**25. Review and complete any additional tasks on Your To-Do List.**

**26. Download, Print, or Email your Benefits Confirmation Statement.**