


# BENEFITS ENROLLMENT ON e-BENEFITS





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## Benefits Enrollment


Leona Lewis

Welcome to Salt Lake County!

Salt Lake County offers you a comprehensive package of employee benefits you need to take good care of yourself and your family. As a new hire, you have 30 days from your hire date to enroll in health benefits. After your initial enrollment, the only time you may change your benefit choices is during open enrollment (typically in February) or a qualified life event status change.

- The Information icon provides you with additional information about your enrollment.
- The Select button next to an event means it is currently open for enrollment.
- Use the **Select** button to begin your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
New Hire		05/12/2014	Open	Benefits Analyst	<input type="button" value="Select"/>

Click on **Select** to begin the enrollment process.

This will open the page to all benefits that you are eligible for.

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.



Benefits Enrollment

New Hire

Leona Lewis

As a new hire you must enroll in benefits within **30** days from your date of hire. If you do not enroll it may result in no coverage for yourself and any dependents.

The only time you can change your benefit choices is during Open Enrollment (Typically in February) or if you have a qualified Life Event change.

**i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

You will need to click on the **Edit** button, for each offered benefit, to make your elections.

Enrollment Summary

<b>Medical</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: No Coverage			
New: <b>SelectHealth HDHP:Empl Only</b>	0.00		
<b>Dental</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Life</b>	Before Tax	After Tax	
Current: No Coverage			
New: <b>Basic Life Insurance: \$25,000</b>	0.00		
<b>Flexible Health Care Account</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<hr/>			
Current: No Coverage			
New: No Coverage			
<b>Flexible Daycare Spending Acct</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Health Savings Account</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Ltd Flexible Health Care Acct</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
<b>Your Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

These costs do not include certain choices that are based on variable earnings.

[Save and Continue](#)   [I Have No Changes](#)

Select the **Save and Continue** button to send your final choices to the Benefits Department. Select the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

## Medical

Leona Lewis

All of our medical choices promote wellness as part of benefits and are available to protect you and your dependents if you become sick or injured.

**i** Your current coverage is: **No Coverage. If you do not make a choice, your coverage will be: SelectHealth HDHP with Emp Only coverage**

Your enrollment on this page may affect your choices for the following type(s) of coverage:  
Health Savings Account

Complete your enrollment on this page before enrolling in the benefit plans listed above.

### Select an Option

Here Are Your Available Options With Your Costs  
(Your cost = Full benefit cost - Credits)

#### Overview of all Plans

Select one of the following plans:

SelectHealth HDHP

#### Coverage Level

Coverage Level	Costs	Tax Class
Emp Only	\$0.00	Before-Tax
Employee + Spouse	\$0.00	Before-Tax
Employee + 1 Child	\$0.00	Before-Tax
Emp + Spouse + Child(ren)	\$0.00	Before-Tax
Emp + 2 or more Children	\$0.00	Before-Tax
Emp + AD	\$0.00	Before-Tax
Emp + AD + AD Child(ren)	\$0.00	Before-Tax
Emp+1 Child+AD	\$0.00	Before-Tax
Emp + 2 or more Children + AD	\$0.00	Before-Tax
Emp+1 Child +AD +AD Child(ren)	\$0.00	Before-Tax
Emp+=>2Childrn+AD+ADChild(ren)	\$0.00	Before-Tax

SelectHealth PPO

#### Coverage Level

Coverage Level	Your Costs	Tax Class
Emp Only	\$45.00	Before-Tax
Employee + Spouse	\$99.00	Before-Tax
Employee + 1 Child	\$99.00	Before-Tax
Emp + Spouse + Child(ren)	\$132.00	Before-Tax
Emp + 2 or more Children	\$132.00	Before-Tax
Emp + AD	\$99.00	Before and After Tax
Emp + AD + AD Child(ren)	\$132.00	Before and After Tax
Emp+1 Child+AD	\$132.00	Before and After Tax
Emp + 2 or more Children + AD	\$132.00	Before-Tax
Emp+1 Child +AD +AD Child(ren)	\$132.00	Before and After Tax
Emp+=>2Childrn+AD+ADChild(ren)	\$132.00	Before-Tax

On the Medical Page you will need to click the appropriate radio button to select your Medical election.

You have the opportunity to add dependents at the bottom of the page.

Click on the **Overview of all Plans** link to view the cost of all offered plans.

**Coverage Level**

	<b>Your Costs</b>	<b>Tax Class</b>
Emp Only	\$0.00	Before-Tax
Employee + Spouse	\$0.00	Before-Tax
Employee + 1 Child	\$0.00	Before-Tax
Emp + Spouse + Child(ren)	\$0.00	Before-Tax
Emp + 2 or more Children	\$0.00	Before-Tax
Emp + AD	\$0.00	Before-Tax
Emp + AD + AD Child(ren)	\$0.00	Before-Tax
Emp+1 Child+AD	\$0.00	Before-Tax
Emp + 2 or more Children + AD	\$0.00	Before-Tax
Emp+1 Child +AD +AD Child(ren)	\$0.00	Before-Tax
Emp+=>2Childrn+AD+ADChild(ren)	\$0.00	Before-Tax

Regence PPO

TEST XX

**Coverage Level**

	<b>Your Costs</b>	<b>Tax Class</b>
Emp Only	\$45.00	Before-Tax
Employee + Spouse	\$97.00	Before-Tax
Employee + 1 Child	\$97.00	Before-Tax
Emp + Spouse + Child(ren)	\$130.00	Before-Tax
Emp + 2 or more Children	\$130.00	Before-Tax
Emp + AD	\$97.00	Before and After Tax
Emp + AD + AD Child(ren)	\$130.00	Before and After Tax
Emp+1 Child+AD	\$130.00	Before and After Tax
Emp + 2 or more Children + AD	\$130.00	Before and After Tax
Emp+1 Child +AD +AD Child(ren)	\$130.00	Before and After Tax
Emp+=>2Childrn+AD+ADChild(ren)	\$130.00	Before and After Tax

Waive

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary		
<b>Enroll</b>	<b>Name</b>	<b>Relationship</b>
<input type="checkbox"/>		

You can add dependents by clicking on **Add/Review Dependents** button.

Add/Review Dependents

Update and Continue

Remove Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Remove Changes** button to ignore all entries made on this page and return to the Enrollment Summary.



## Dependent/Beneficiary Personal Information

Leona Lewis

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of May 12, 2014.

**Personal Information**

\*First Name

Middle Name

\*Last Name

Name Prefix

Name Suffix

Date of Birth

\*Gender  ▾

SSN  (Social Security Number)

\*Relationship to Employee  ▾

When adding your dependents, you must complete all \* required fields.

You can add as many dependents as needed.

The dependents you add will be available to choose from for Medical or Dental benefits.

**Status Information**

\*Marital Status  ▾ As of

Student

Disabled

Smoker

Please check the **Same Address as Employee** box, if your dependent(s) reside at the same address as you. If your dependent(s) reside at a different address you will need to uncheck this box and a window will pop up asking for your dependent(s) address.

**Address and Telephone**

**Same Address as Employee**

Country

Address

**Same Phone as Employee**

Phone

Once you have entered all your dependents data, click **Save**.

When done adding all your dependents click on the **Return to Dependent/Beneficiary Summary**

[Return to Dependent/Beneficiary Summary](#)



**Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

Your Choice

You have chosen SelectHealth HDHP with Emp + AD + AD Child(ren) coverage.

Your Estimated Per-Pay-Period Cost

**Your Cost      \$0.00**

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Lenny Lewis	Adult Designee
Lisa Lewis	

Once you have added your chosen dependents, click **Update Elections.**

Notes

Once submitted, this choice will take effect on the first day of the month and/or Credits for this choice will start with the next pay period beginning on [date].

[Update Elections](#)    [Remove Changes](#)

Your current election makes you eligible for a Health Savings Account (HSA). Select the **OK** button to store your elections and transfer to the HSA Election page. Select the **Remove Changes** button to go back and change your choices.

Benefits Enrollment

## Health Savings Account

Leona Lewis

HSA Plans allow you to invest tax-free money towards current and future medical payments

**i** Your current coverage is: **No Coverage. You will continue with this coverage if you do not make a choice.**

This benefit plan requires enrollment in one of the following plans:

Medical

Changing your choices for any of the benefit plans listed above, may invalidate your enrollment on this page.

Select an Option

- Waive
- Select Health HSA
- Regence HSA

If you elect a HDHP, you will be lead to the **Health Savings Account** page. Here you will need to click the appropriate radio button to select your HSA election.

You may enter your total elected annual contribution amount. This amount will be divided by the remaining number of pay periods in the plan year and deducted on a per pay period basis.

By enrolling in the plan you are certifying that you meet all qualified contribution requirements, you will contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.

Enter the annual amount that you would like deducted for HSA in this box. This number will be divided by the number of remaining pay periods in the Benefit Plan Year (April 2014 – March 2015).

Calculations

<b>Maximum total contribution</b>	\$5350.00
<b>Employer Annual Contribution Amount</b>	\$1200.00
<b>Maximum Employee Annual Contribution</b>	\$4150.00
<b>Total Elected Contribution Amount</b>	<input type="text" value="\$2400.00"/>
<b>Per Pay Period Deduction Amount</b>	\$150.00

Update and Continue

Remove Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Remove Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

**NOTE:** This PeopleSoft calculator does not follow the Salt Lake County Benefits Plan Year. Please disregard.

If you have questions regarding this section, please contact the Benefits Team at 385 468 0580.





Benefits Enrollment

## Health Savings Account

Leona Lewis

**i** **Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

### Your Choice

You have chosen to enroll in the Select Health HSA plan with an annual pledge of \$2,400.00.

### Your Contributions

Your approximate per-pay

You will need to confirm your election by clicking **Update Elections.**

### Notes

Once submitted, this choice will be effective on 05/12/2014.

Deductions and/or Credits for this choice will start with the pay period beginning 05/01/2014.

Update Elections

Remove Changes

Select the **Update Elections** button to store your choices.

Select the **Remove Changes** button to go back and change your choices.



Benefits Enrollment

**Dental**

Leona Lewis

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

**i** Your current coverage is: **No Coverage. You will continue with this coverage if you do not make a choice.**

On the Dental Page you will need to click the appropriate radio button to select your Dental election.

You have the opportunity to add dependents at the bottom of the page, in the event you did not add them on the Medical page.

Select an Option

Here Are Your Available Options With Your Costs:  
(Your cost = Full benefit cost - Credits)

[Overview of all Plans](#)

Select one of the following plans:

Choice Indemnity

**Coverage Level**

**Your Costs Tax Class**

Emp Only	\$5.70	Before-Tax
Employee + Spouse	\$7.30	Before-Tax
Employee + 1 Child	\$7.30	Before-Tax
Emp + Spouse + Child(ren)	\$11.00	Before-Tax
Emp + 2 or more Children	\$11.00	Before-Tax
Emp + AD	\$7.30	Before and After Tax
Emp + AD + AD Child(ren)	\$11.00	Before and After Tax
Emp+1 Child+AD	\$11.00	Before and After Tax
Emp+1 Child +AD +AD Child(ren)	\$11.00	Before and After Tax
Emp+=>2Childrn+AD+ADChild(ren)	\$11.00	Before-Tax

Select which dependent(s) you would like to enroll in the plan by checking the box next to the dependents name.

Waive

If you need to add a dependent(s) click **Add/Review Dependents**

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
<input type="checkbox"/>	Lenny Lewis	Adult Designee
<input type="checkbox"/>	Lisa Lewis	Adult Designee Child

When done click **Update and Continue**

Add/Review Dependents

Update and Continue

Remove Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Remove Changes** button to ignore all entries made on this page and return to the Enrollment Summary.



Benefits Enrollment

**Dental**

Leona Lewis



**Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

Your Choice

You have chosen Choice Indemnity with Emp + AD + AD Child(ren) coverage.

Your Estimated Per-Pay-Period Cost

**Your Cost      \$11.00**

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Lenny Lewis	Adult Designee
Lisa Lewis	Adult Designee Child

Notes

Once submitted, this choice will take effect on 05/12/2014. Deductions and the cost for this choice will start with the pay period beginning 05/01/2014.

Once you have added your chosen dependents, click **Update Elections**.

Update Elections

Remove Changes

Select the **Update Elections** button to store your choices.

Select the **Remove Changes** button to go back and change your choices.

Benefits Enrollment

## Flexible Health Care Account

Leona Lewis

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans.

**i** Your current coverage is: **No Coverage. You will continue with this coverage if you do not make a choice.**

Select an Option

**No, I do not want to enroll**

Flexible Health Care Account

On the FSA Page you will need to click the appropriate radio button to select your Dental election.

21-When done click **Update and Continue**

Update and Continue

Remove Changes

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Remove Changes** button to ignore all entries made on this page and return to the Enrollment Summary.



Benefits Enrollment

## Flexible Health Care Account

Leona Lewis



**Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

### Your Choice

You have chosen to Waive coverage.

### Notes

Once submitted, this choice will take effect on 05/12/2014.

Deductions and/or Credits for this choice will start with the pay period beginning 05/01/2014.

Update Elections

Remove Changes

Select the **Update Elections** button to store your choices.

Select the **Remove Changes** button to go back and change your choices.

Once you have added the necessary election, click **Update Elections**

NOTE: This PeopleSoft calculator does not follow the Salt Lake County Benefits Plan Year. Please disregard.

If you have questions regarding this section, please contact the Benefits Team at 385 468 0580.



Benefits Enrollment

### Flexible Daycare Spending Acct

Leona Lewis

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

**i** Your current coverage is: **No Coverage. You will continue with this coverage if you do not make a choice.**

Your annual pledge must be between \$0 and \$5,000 for this plan. You must not exceed \$5,000 for Flexible Spending Accounts.

On the DCFSA Page click the appropriate radio button to select your DCFSA election.

Select an Option

- No, I do not want to enroll
- Flexible Daycare Spending Acct

Enter the annual amount that you would like deducted for DCFSA in this box. This number will be divided by the number of remaining pay periods in the Benefit Plan Year (April 2014 – March 2015).

This plan requires that you specify an annual pledge amount.

Annual Pledge

[Worksheet](#)

Select the **Worksheet** button to help calculate your annual pledge for this plan.

NOTE: This PeopleSoft Worksheet link does not follow the Salt Lake County Benefits Plan Year. Please disregard.  
  
If you have questions regarding this section, please contact the Benefits Team at 385 468 0580.

**Update and Continue**

**Remove Changes**

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Remove Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

25-When done click **Update and Continue**



## Benefits Enrollment

### Flexible Daycare Spending Acct

Leona Lewis

**i** Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

#### Your Choice

You have chosen to enroll in the Flexible Daycare Spending Acct plan with an annual pledge of \$2,400.00.

#### Your Contribution

Your approval amount is \$2,400.00.

Once you have added your election click **Update Elections**

#### Notes

Once submitted, this choice will take effect on 05/12/2014.

Deductions and/or credits for this choice will start with the pay period beginning 05/01/2014.

Update Elections

Remove Changes

Select the **Update Elections** button to store your choices.

Select the **Remove Changes** button to go back and change your choices.

Benefits Enrollment

### Ltd Flexible Health Care Acct

Leona Lewis

**i** Your current coverage is: **No Coverage**. You will continue with this coverage if you do not make a choice.

Your annual pledge must be between \$100 and \$5,000 for this plan. You must not exceed \$5,000 for Flexible Spending Accounts.

On the Limited FSA Page click the appropriate radio button to select your LFSA election.

Select an Option

- No, I do not want to enroll
- Ltd Flexible Health Care Acct

Enter the annual amount that you would like deducted for DCFSA in this box. This number will be divided by the number of remaining pay periods in the Benefit Plan Year (April 2014 – March 2015).

This plan requires that you specify an annual pledge amount.

Annual Pledge

[Worksheet](#)

Select the **Worksheet** button to help calculate your annual pledge for this plan year.

NOTE: This PeopleSoft Worksheet link does not follow the Salt Lake County Benefits Plan Year. Please disregard.

If you have questions regarding this section, please contact the Benefits Team at 385 468 0580.

[Update and Continue](#)

[Remove Changes](#)

Select the **Update and Continue** button to save your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Remove Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

When done click **Update and Continue**





Benefits Enrollment

## Ltd Flexible Health Care Acct

Leona Lewis



**Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

### Your Choice

You have chosen to enroll in the Ltd Flexible Health Care Acct plan with an annual pledge of \$1,200.00.

### Your Contributions

Your approximate per-pay-period contribution will be \$75.00.

### Notes

Once submitted, this choice will take effect on 05/12/2014.

Deductions and/or Credits for this choice will start with the pay period beginning 05/01/2014.

Update Elections

Remove Changes

Select the **Update Elections** button to store your choices.

Select the **Remove Changes** button to go back and change your choices.

Once you have added your election  
click **Update Elections**



Benefits Enrollment

New Hire

Leona Lewis

As a new hire you must enroll in benefits within 30 days from your date of hire. If you do not enroll it may result in no coverage for yourself and any dependents.

The only time you can change your benefit choices is during Open Enrollment (Typically in February) or if you have a qualified Life Event change.

**i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

Enrollment Summary

Medical

Current: No Coverage

New: **SelectHealth HDHP:EE+AD/ADCh**

Dental

Current: No Coverage

New: **Choice Indemnity:EE+AD/ADCh Life**

Current: No Coverage

New: **Basic Life Insurance: \$25,000**

Flexible Health Care Account

Current: No Coverage

New: **Flexible Health Care Account: \$1,200.00**

Flexible Daycare Spending Acct

Current: No Coverage

New: **Waive**

Health Savings Account

Current: No Coverage

New: **Select Health HSA: \$2,400.00**

Ltd Flexible Health Care Acct

Current: No Coverage

New: **Ltd Flexible Health Care Acct: \$1,200.00**

This table summarizes estimated costs for your new hire.

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	311.00	305.70	5.30
<b>Your Costs</b>	<b>311.00</b>	<b>305.70</b>	<b>5.30</b>

These costs do not include certain choices that are based on variable earnings.

Save and Continue

Select the **Save and Continue** button to send your final choices to the Benefits Department.

**i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.**

Please direct your benefit related questions to HR-Benefits@slco.org or call 385 468 0580.

When you have completed each of the available benefits elections you will be lead to the summary of elections and costs.

On this page you still have the opportunity to click Edit and make changes to your enrollment.

Before Tax	After Tax	Edit
0.00		
Before Tax	After Tax	Edit
5.70	5.30	
Before Tax	After Tax	Edit
0.00		
Before Tax	After Tax	Edit
75.00		
Before Tax	After Tax	Edit
0.00		

**NOTE: This PeopleSoft Election Summary Table does not follow the Salt Lake County Benefits Plan Year. Please disregard.**

If you have questions regarding this section, please contact the Benefits Team at 385 468 0580.

When done click **Save and Continue**

## Benefits Enrollment

### Submit Benefit Choices

Leona Lewis

You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit choices.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you select the Submit button your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

#### Authorize Elections

By submitting your benefit choices you are authorizing Salt Lake County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Salt Lake County Benefits Department to send necessary personal information to your insurance carrier to process your coverage.

Submit

Cancel

Once you are ready to submit your elections click **Submit**.

This will forward your elections to the Benefits Team.

Select the **Submit** button to send your final choices to the Benefits Department.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.



Benefits Enrollment

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## Submit Confirmation

Leona Lewis

Your benefit choices have been successfully submitted to the Benefits Department.

You will r

This confirmation page reflects that your election process is complete.

To return to the Benefits Department page, click the OK button.

OK