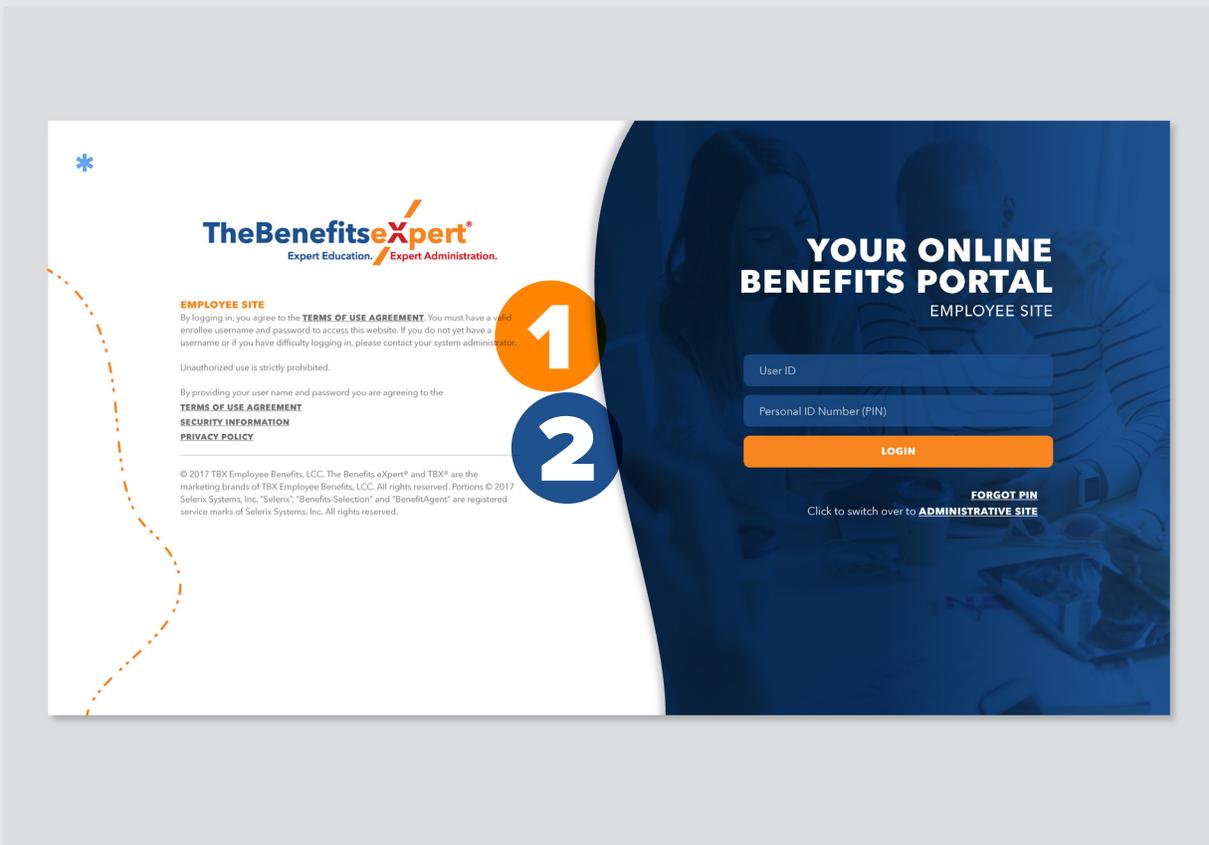


HOW TO ENROLL



TheBenefitseXpert[®]
Expert Education. Expert Administration.

YOUR PORTAL



1. Under User ID: Enter your Employee ID Number or Social Security Number, Remember NO DASHES.

2. Under Personal ID Number (PIN): Enter the last 4 digits of your Social Security Number and the last 2 digits of your birth year.

***Example Login Image**

OPEN ENROLLMENT



ACME CORPORATION Progress (0% Complete) **292 days left to enroll** Library

Home You & Your Family My Benefits Sign & Submit Logout **Next**

Welcome to your enrollment for the 2019 Plan Year
Benefits effective 1/1/2019

! Your enrollment is not complete until you have made a selection for all available plans, signed your confirmation statement, and the progress bar shows 100% complete.

1 Open Enrollment

Your Available Plans

- Medical
- Benefits Enhancer Bundle®
- TBX Tele-Med
- Dental
- Vision
- Voluntary Short Term Disability
- Long Term Disability
- Basic Life and AD&D
- Voluntary Employee Life
- Voluntary Spouse Life
- Voluntary Child Life
- TBX FSA
- Retirement Plan
- TBX ID Protect

Elected Incomplete
 Waived Other

Press *Next* to review personal information and begin enrollment. **Next** **2**

1. Once you log in, view your company's open enrollment video.

2. Click "Next" to continue.

PERSONAL INFORMATION





Progress (0% Complete)

292 days left to enroll  Library

Home You & Your Family My Benefits Sign & Submit Logout Back Next

Personal Information

1 Please review your personal information to ensure it is correct and complete. Please correct any errors and click the *Next* button when you are finished.
Optional items are in *italics*.

1 Personal Info

Name: Sherie A Allen
First MI Last Suffix

Marital Status: Married

Date of Birth: 01/01/1950

SSN: ***-**-0001

Gender: Male Female

1 Contact Info

Address: USA
Country

111 Main St
Street

Street (cont.)

Dallas TX 75270
City State Zip

Home Phone: (555) 555-5550

Work Phone: () - - Ext. -

Mobile Phone: () - -

EMail:

Personal EMail:

Back Next **2**

1. Personal Information Update, Review, & Verify.

2. Click "Next" to continue.

DEPENDENTS



ACME CORPORATION Progress (0% Complete) ⚠️ 292 days left to enroll 📖 Library

Home You & Your Family My Benefits Sign & Submit Logout Back Next

Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

Name	SSN	DOB	Sex	Relation	
Jack Allen		2/2/1950	M	Spouse	

Back Next

ACME CORPORATION Progress (0% Complete) ⚠️ 292 days left to enroll 📖 Library

Home You & Your Family My Benefits Sign & Submit Logout

Add Dependent

Add information on your dependents below. Optional fields are marked in *italics*.

Relationship:

Name:
First MI Last Suffix

Date of Birth: 

SSN:

Gender: Male Female

Full-time Student: Yes No

Disabled: Yes No

Address: Same as employee

Country

Street

Street (cont.)

City State Zip

Save Cancel

1. To add a dependent, click the “+” symbol.

2. After clicking the “+” symbol this page will appear. Make sure to save after filling out your information.

1

You & Your Family

Excellent Health
No disease or impairment exists; doctor visits are minimal

Moderate Health
Routine doctor visits and/or medication required due to chronic condition(s) such as Asthma, High blood pressure, etc.

Poor Health
Critical health conditions exist requiring ongoing medical care and medication such as diabetes, congestive heart failure, cancer, etc.

	Health	Tobacco Use
Veronica James	😊 😐 😞	🚭
John James	😊 😐 😞	
test child2	😊 😐 😞	
Test Child1	😊 😐 😞	

Skip Benefits Guru™ Continue →

2

Your Plan Options

	High Deductible Health Plan	PPO Plan	EPO Plan
Plan Info			
Deductible Individual/Family	\$2000 / \$4000	\$750 / \$2250	\$0 / \$0
Copay	--	\$20	\$20
Co-insurance	--	20%	--
Max Out-of-Pocket Individual/Family	\$3000 / \$6000	\$3000 / \$9000	\$3000 / \$9000
Rx Copay	\$10	\$10	\$10
Costs			
Premium Pay-Period/Annual	Employee + Children \$25.38 / \$1319.76	Employee + Children \$73.85 / \$3840.20	Employee + Children \$92.31 / \$4800.12
Est. Out-of-Pocket	\$3691.93	\$2490.40	\$610.00
Health Total	\$5011.69	\$6330.60	\$5410.12
Add-Ons			
Benefits Enhancer Bundle®	High	High	High
Hospital	High	High	Low
Savings Account Should I Contribute?	HSA	FSA	FSA

Save Save Save

You & Your Family Fine-Tune Continue →

3

Total Estimated Annual Usage of Covered Family

Doctor Visits: 7

Prescriptions (Rx): 2

Labs & Equipment: 3

Hospital Out-patient (visits): 0

Hospital In-patient (days): 1

Reset

Skip Benefits Guru™ Continue →

1. Benefits Guru™, our state-of-the art decision support tool, helps ensure you find the benefits that work best for you and your family in three simple steps.

- Indicate who will be covered.
- Assign a health grade for each covered member.
- Provide their tobacco status.

2. Based on your answers, Benefits Guru™ uses data analytics to provide personalized plan recommendations based on the unique needs of you and any covered family members.

3. To further customize your results try our Fine Tuning tool that takes into account any prescriptions you may regularly take, planned surgical procedures you may have or chronic health conditions you may suffer from.

MY BENEFITS





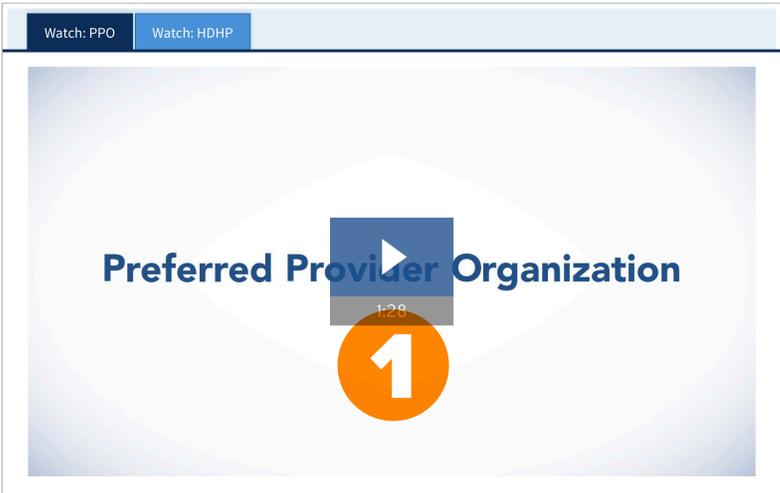
Progress (0% Complete)

⚠️ 292 days left to enroll 

Home You & Your Family My Benefits Sign & Submit Logout

Medical

Watch: PPO Watch: HDHP



1:28

Documents Tell Me More

HSA Plan Info
PPO Low Plan Info
PPO High Plan Info

Costs are listed Monthly.

✔️ Based on your answers, the **PPO Low** plan may be the best fit.
[Click Here](#) to go back to the survey.

My Benefits

Medical	\$0.00
Benefits Enhancer Bundle*	\$0.00
TBX Tele-Med	\$0.00
Dental	\$0.00
Vision	\$0.00
Voluntary Short Term Disability	\$0.00
Long Term Disability	\$0.00
Basic Life and AD&D	\$0.00
Voluntary Employee Life	\$0.00
Voluntary Spouse Life	\$0.00
Voluntary Child Life	\$0.00
TBX FSA	\$0.00
Retirement Plan	\$0.00
TBX ID Protect	\$0.00

Employer Cost	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost	\$0⁰⁰
Per Pay Period	

1. This is your benefits education and selection screen. View your educational video here.

MY BENEFITS



1 My Benefits

✓ Medical	\$108.21
✓ Benefits Enhancer Bundle®	\$84.45
✓ TBX Tele-Med	\$13.00
✓ Dental	\$10.00
✓ Vision	\$5.00
✓ Voluntary Short Term Disability	\$13.85
✓ Long Term Disability	\$0.00
✓ Basic Life and AD&D	\$0.00
✓ Voluntary Employee Life	\$25.00
✓ Voluntary Spouse Life	\$2.70
✗ Voluntary Child Life	\$0.00
✗ TBX FSA	\$0.00
✓ Retirement Plan	\$66.67
✗ TBX ID Protect	\$0.00

Employer Cost	\$386.50
Pre-tax cost	\$189.88
Post-tax cost	\$139.00

3 **Total Cost** **\$328⁸⁸**
Per Pay Period

1. This area will keep the status of your selections with:

2. A GREEN check mark for plans you elect or

A RED x mark for plans you waive

3. Here you can see a running total of your deductions per paycheck.

PLAN DETAILS



1

Documents | Tell Me More

- HSA Plan Info
- PPO Low Plan Info
- PPO High Plan Info

Costs are listed Monthly.

✓ Based on your answers, the **PPO Low** plan may be the best fit.
[Click Here to go back to the survey.](#)

[Click Here to go back to the survey.](#)

Current

BCBS BLUEEDGE HSA	BCBS HIGH	BCBS LOW
<p>Your Cost: Per Pay Period</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Employee Only: \$108.21<input type="radio"/> Employee + Children: \$461.55<input type="radio"/> Employee + Spouse: \$428.82<input type="radio"/> Employee+Family: \$822.52 <p>Covered People: Sherie A. Allen</p> <p>2 Enroll</p>	<p>Your Cost: Per Pay Period</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Employee Only: \$120.00<input type="radio"/> Employee + Children: \$500.00<input type="radio"/> Employee + Spouse: \$470.00<input type="radio"/> Employee+Family: \$900.00 <p>Covered People: Sherie A. Allen</p> <p>2 Enroll</p>	<p>Your Cost: Per Pay Period</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Employee Only: \$138.91<input type="radio"/> Employee + Children: \$526.01<input type="radio"/> Employee + Spouse: \$490.22<input type="radio"/> Employee+Family: \$920.74 <p>Covered People: Sherie A. Allen</p> <p>2 Enroll</p>

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: \$0.00

2 [Decline](#)

1. Get Plan Details Here...

2. Make Plan Selections Here...

BENEFICIARY DESIGNATION



ACME CORPORATION

Progress (0% Complete)

⚠️ 292 days left to enroll Library

Home You & Your Family My Benefits Sign & Submit Logout Back Next

Basic Life and AD&D

1 Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add (Plus sign) if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Note: Editing a beneficiary that is of a coverable type (such as spouse or child) will edit that dependent's information as well. For this reason, it is recommended to add a new beneficiary rather than edit one that is already in the list as a dependent.

Beneficiary	Relationship	Primary	Contingent	
Jack Allen	Spouse	<input checked="" type="checkbox"/> 100.00%	<input type="checkbox"/> 0.00%	✎ ✕
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	✎ ▶
Estate		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	✎ ✕
Succession of Heirs		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	✎ ✕

Back Next

2

1. After each selection, follow the instructions on screen to complete the applicable required material.

2. Click “Next” to continue.

SIGN AND SUBMIT



ACME CORPORATION Progress (92% Complete) 292 days left to enroll Library

Home You & Your Family My Benefits **Sign & Submit** Logout Next

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Medical	BCBS BlueEdge HSA; EO	\$108.21	\$0.00	\$285.00
Benefits Enhancer Bundle*	Benefit Enhancer Bundle* Low Plan; EO	\$0.00	\$84.45	\$0.00
TBX Tele-Med	TBX TeleMed; EO	\$0.00	\$13.00	\$0.00
Dental	Guardian Dental PPO; EO	\$10.00	\$0.00	\$0.00
Vision	Guardian VSP Vision; EO	\$5.00	\$0.00	\$0.00
Voluntary Short Term Disability	Guardian STD; \$923.08	\$0.00	\$13.85	\$0.00
Long Term Disability	Guardian LTD; \$10,000	\$0.00	\$0.00	\$33.33
Basic Life and AD&D	\$25,000	\$0.00	\$0.00	\$1.50
Voluntary Employee Life	\$125,000	\$0.00	\$25.00	\$0.00
Voluntary Spouse Life	\$18,000	\$0.00	\$2.70	\$0.00
Voluntary Child Life	N/A			
TBX FSA	N/A			
Retirement Plan	401(k)	\$66.67	\$0.00	\$66.67
TBX ID Protect	Waived			
Total		\$189.88	\$139.00	\$386.50

1

To complete your enrollment, you must sign the following forms. Press **Next** to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input type="checkbox"/> Required Notices	Unsigned	
<input type="checkbox"/> Benefit Confirmation	Unsigned	

Next **2**

1. Plan Summary: Once you've completed all your elections on your benefits, you'll be taken to this screen. Here you can see a recap of your enrollment and your total paycheck deductions.

Just a few more items to review and electronically acknowledge before completing your enrollment.

2. Click "Next" to continue.

REVIEW/SIGN FORMS



ACME CORPORATION Progress (92% Complete) **292 days left to enroll** Library

Home You & Your Family - My Benefits - Sign & Submit Logout Back Next

1 Review / Sign Forms

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011 OMB 0938-0990

Important Notice from [Insert Name of Entity] About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. [Insert Name of Entity] has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

CMS Form 10182-CC Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Page 1 Download Form

Employee: By clicking the *Sign Form* button, I am electronically signing the form listed above.

Sign Form Skip Form

2

1. Make Sure To REVIEW All Of The Forms

2. Click "Sign Form" as indicated