

Introduction to YOUR PeopleSoft Benefits Enrollment

Welcome!

We are excited to introduce our new PeopleSoft on-line benefits enrollment allowing a user-friendly online experience to manage your open enrollment changes. The Peoplesoft benefit system is a gateway to your health, dental, vision, flexible spending accounts, basic & supplemental life insurance, and long-term disability benefits. You may access your current benefit elections (excluding your short-term disability, voluntary benefits including accident, cancer, specified events & whole life policies, and your retirement benefits) 24 hours per day 7 days a week. You may also update your basic & supplemental life insurance beneficiaries and make changes to your benefit elections during annual enrollment. The PeopleSoft benefits portal is easily accessible at work or at home by accessing [Your HR Link](#)

Who can use the PeopleSoft benefits portal?

Benefits-eligible associates (Full Time and Part Time A) of Scotland Health Care System.

When can I make my annual enrollment changes?

You may make benefit changes from October 22nd to November 7th, 2019. Changes can be made 24 hours per day during this window.

How do I access the PeopleSoft benefits portal?

At work, right click on your Citrix Receiver in your bottom task bar, select Open, click  Your HR icon. Log-in using your Atrium User ID and Password. From home you may access through the Atrium web page at www.Atriumhealth.org. You will then scroll to the bottom of the page and click on Atrium Health Connect under the For Employees section. First time users will need to start by going through the GoRemote: Setup process. Previous users can start at the GoRemote: Log In page.

Once in Your HR Link you will click on the Employee tab on the right side and then click on My SCTL Open Enrollment on the far right.

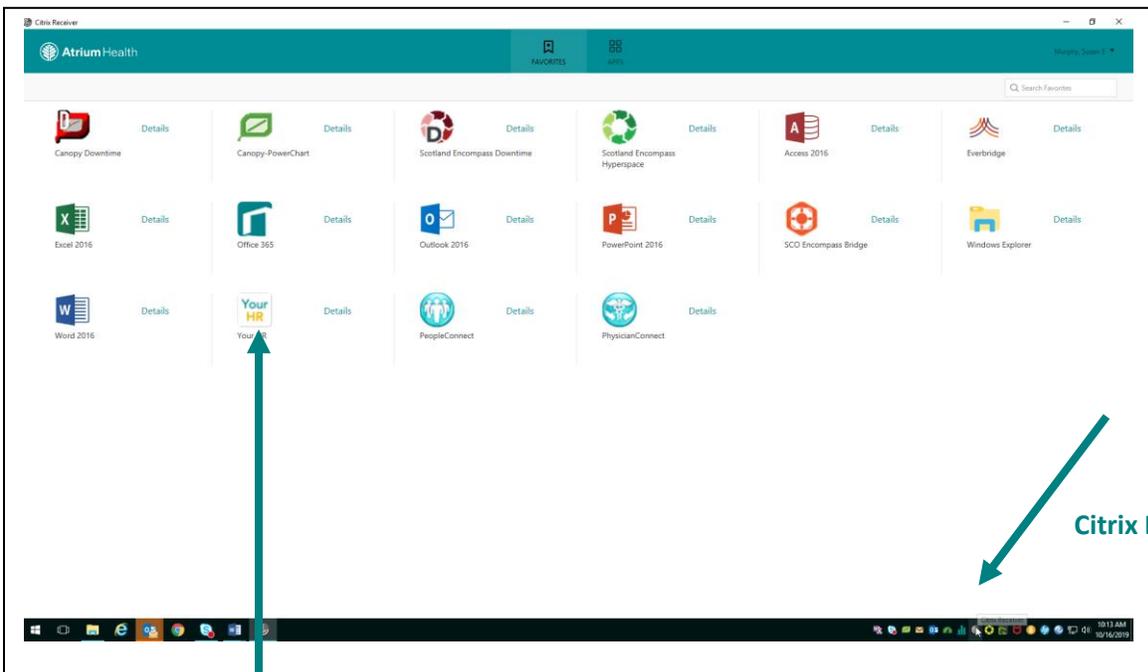
Who do I contact if I need help with PeopleSoft Benefits Portal?

You may contact Scotland's Human Resources Department for assistance at HumanResources@scotlandhealth.org.

Take a tour!

Accessing PeopleSoft at Work

1. Right click on the Citrix Receiver button on your bottom task bar and then click Open, followed by the Your HR icon.



Your HR Icon

Citrix Receiver

2. Log into YourHR Link with your Atrium User ID and Password.

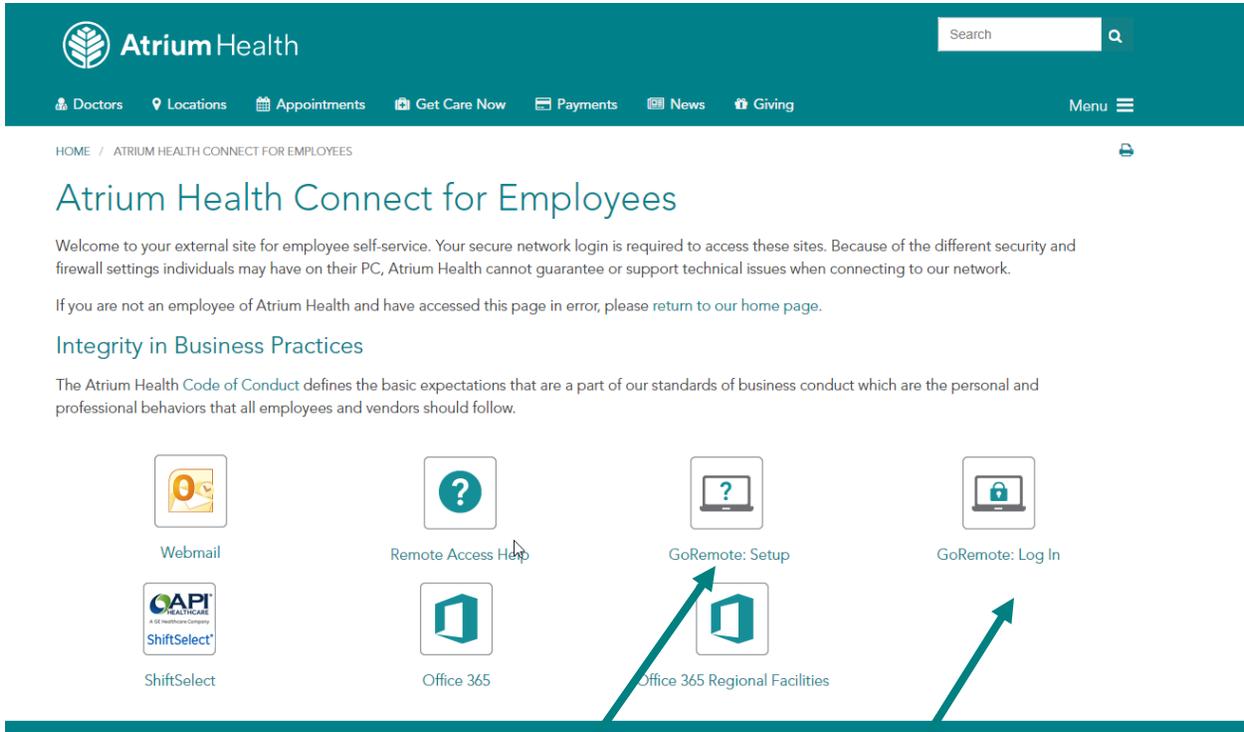
A screenshot of the Atrium Health | YourHR Link login page. The page has a white background with the Atrium Health logo and text 'Atrium Health | YourHR Link' at the top. Below the header, there are two input fields: 'User ID' and 'Password'. At the bottom of the form is a blue 'Sign In' button.

Accessing PeopleSoft from Home

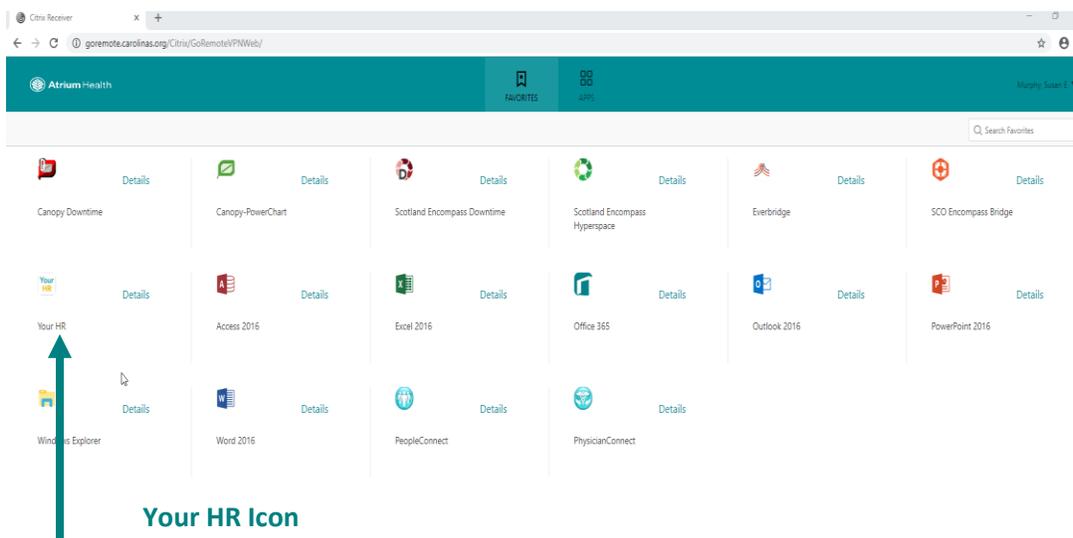
1. Go to the Atrium home page at www.AtriumHealth.org. Scroll to the bottom and under For Employees click on Atrium Health Connect.



2. If you have not already done so, register through GoRemote: Set-up or if previously registered go directly to GoRemote: Log In



3. Click on the Your HR Icon on the Citrix Receiver.



Annual Enrollment Updates in Your HR Link

1. Annual Enrollment changes can be made in Your HR Link by clicking on the Employee tab and then clicking My SCTL Open Enrollment on the far right side.



2. Following are screenshots of the open enrollment pages for you to review. Please note:

- a. You must re-enroll annually in the Flexible Spending Accounts (FSA) and Health Savings Account (HSA). FSA and HSA deductions will stop 12/31/2019 if you do not enroll.
- b. You must enter a social security number to add a dependent to your insurance coverage.
- c. We will offer separate benefit premiums for tobacco users & non-tobacco users in 2020. You must elect whether you are a tobacco user when you enroll in your benefits and certify this statement is accurate when you submit your elections.
- d. You may make changes during annual enrollment after you initially submit your elections if you change your mind. All changes must be submitted by 11/7/2019.
- e. Beneficiary information has been transferred from ADP into PeopleSoft. You will have the opportunity during open enrollment to add or make changes to beneficiary information. Remember if you have multiple beneficiaries you will need to make sure total allocations equal 100%.

Screenshot Examples:



My Benefits Enrollment

Julianna Bye

After your initial enrollment, the only time you may change your benefit elections is during Open Enrollment or when you experience a qualified family status change (examples: marriage, divorce, birth of a child, adoption of a child, loss or gain of other coverage).

To begin your enrollment, click [My Enrollment](#).

To exit when you are finished, click [Sign Out](#) in the upper right hand corner.

[Benefits Enrollment Guide](#)

| Open Enrollment | | | | |
|-----------------|------------|--------|--------------------|-------------------------------|
| Description | Date | Status | Job Title | |
| Open Enrollment | 01/01/2020 | Open | Clinical Recruiter | My Enrollment |

Once you click [My Enrollment](#), it might take a few seconds for your benefits enrollment information to load.

My Benefits Enrollment

My Open Enrollment

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Click **Edit** to make changes to your elections.

Enrollment Summary and Premiums ?

| | Before Tax | After Tax | Edit |
|--|------------|-----------|-------------------------------------|
| Medical | | | <input type="button" value="Edit"/> |
| Current: Consumer Directed Health SCTL:Teammate Only | | | |
| New: Consumer Directed Health SCTL:Teammate Only | | 10.00 | |
| HSA(Health Savings Account) | | | <input type="button" value="Edit"/> |
| Current: Health Savings Acct - Scotland: \$800.00 | | | |
| New: Waive | | 0.00 | |
| Dental | | | <input type="button" value="Edit"/> |
| Current: Dental BuyUp - Scotland:Teammate Only | | | |
| New: Dental BuyUp - Scotland:Teammate Only | | 12.57 | |
| Vision | | | <input type="button" value="Edit"/> |
| Current: Vision - Scotland:Teammate Only | | | |
| New: Vision - Scotland:Teammate Only | | 5.50 | |
| Supplemental Life | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: Waive | | | |
| Dependent Life | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: Waive | | | |
| FSA Health Care | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: Waive | | 0.00 | |
| FSA Dependent Day Care | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: Waive | | 0.00 | |

The table below summarizes your estimated per pay period costs for only elected benefits above.

My Election Summary

| Summarized estimates for new Benefit Elections | Total | Before Tax | After Tax |
|--|-------|------------|-----------|
| Your Costs | 28.07 | 28.07 | 0.00 |

i Important: Your enrollment will not be complete until you click **Submit**.

Click **Submit** to send your final elections.

My Benefits Enrollment

Medical

Julianna Bye

- i** Important! Your current coverage is: Consumer Directed Health SCTL with Teammate Only coverage. Make your election for 2020. You will continue with this coverage if you do not make a new election.

If you choose **Waive**, you will not be enrolled.

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:

[Overview of all Plans](#)

Selecting a plan automatically enrolls the teammate. Scroll down this page and follow the instructions provided to enroll your dependents.

Consumer Directed Health SCTL

| Coverage Level | Your Costs | Tax Class |
|-----------------------|------------|------------|
| Teammate Only | \$10.00 | Before-Tax |
| Teammate + Spouse | \$79.00 | Before-Tax |
| Teammate + 1 Child | \$50.00 | Before-Tax |
| Teammate + Child(ren) | \$57.00 | Before-Tax |
| Family | \$98.00 | Before-Tax |

Consumer Directed Tobacco Plan

Traditional Health Plan - SCTL

Traditional Tobacco Plan - SCT

Waive - This option provides no plan coverage.

Enroll My Dependents [?](#)

Important: Please review dependents below. Those checked are currently enrolled in plan.

My Dependent(s)

| Enroll | Name | Relationship |
|--------------------------|------|--------------|
| <input type="checkbox"/> | | |

[Add/Review Dependents](#)

[Continue](#)

Click **Continue** to hold your election until you submit at end of enrollment.

[Cancel](#)

Click **Cancel** to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

Medical

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

| Coverage Details | | | |
|--------------------------------|-----------------------|-----------|------------|
| Plan Name | Coverage Level | Your Cost | Tax Class |
| Consumer Directed Health SCTL | Teammate Only | 10.00 | Before-Tax |
| Consumer Directed Health SCTL | Teammate + Spouse | 79.00 | Before-Tax |
| Consumer Directed Health SCTL | Teammate + 1 Child | 50.00 | Before-Tax |
| Consumer Directed Health SCTL | Teammate + Child(ren) | 57.00 | Before-Tax |
| Consumer Directed Health SCTL | Family | 98.00 | Before-Tax |
| Consumer Directed Tobacco Plan | Teammate Only | 20.00 | Before-Tax |
| Consumer Directed Tobacco Plan | Teammate + Spouse | 89.00 | Before-Tax |
| Consumer Directed Tobacco Plan | Teammate + 1 Child | 60.00 | Before-Tax |
| Consumer Directed Tobacco Plan | Teammate + Child(ren) | 67.00 | Before-Tax |
| Consumer Directed Tobacco Plan | Family | 108.00 | Before-Tax |
| Traditional Health Plan - SCTL | Teammate Only | 65.00 | Before-Tax |
| Traditional Health Plan - SCTL | Teammate + Spouse | 193.00 | Before-Tax |
| Traditional Health Plan - SCTL | Teammate + 1 Child | 128.00 | Before-Tax |
| Traditional Health Plan - SCTL | Teammate + Child(ren) | 144.00 | Before-Tax |
| Traditional Health Plan - SCTL | Family | 236.00 | Before-Tax |

[Return](#)

My Benefits Enrollment

Medical

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected Consumer Directed Health SCTL with Teammate Only coverage.

Your Estimated Per-Pay-Period Cost

Your Cost: **\$10.00**

Notes

Once submitted, this election will take effect on 01/01/2020. Deductions for this election will start with your first pay check of the year.

Continue

Click **Continue** to hold your election until you are ready to submit your final enrollment.

Cancel

Click **Cancel** to go back and change your elections.

Add/Review My Dependent(s)

Julianna Bye

The people below are listed as your dependents and may be eligible for Benefits Coverage.

To add your new dependent(s) click Add a Dependent.

i To make changes to an existing dependent, contact Human Resources.

No Dependents on Record

Add a Dependent

[Return to Event Selection](#)

Dependent Personal Information

Julianna Bye

Select Save once you have added your Dependent's personal information. This information will go into effect as of Jan 1, 2020.

| Personal Information | |
|----------------------------|--|
| *First Name: | <input type="text"/> |
| Middle Name: | <input type="text"/> |
| *Last Name: | <input type="text"/> |
| Name Suffix: | <input type="text"/>  |
| *Date of Birth: | <input type="text"/>  |
| *Gender: | <input type="text" value="Male"/> ▼ |
| SSN: | <input type="text"/> (Social Security Number) |
| *Relationship to Employee: | <input type="text"/> ▼ |

Address and Telephone

Same Address as Employee

Address: 521 S. Main Street
Laurinburg, NC 28352

Same Phone as Employee

Phone:

[Return to Add/Review My Dependent\(s\)](#)

* Required Field

Dependent Required Fields:

First Name
Last Name
Date of Birth
Gender
Social Security #
Relationship to Employee
Address – update if different
from teammate address

My Benefits Enrollment

HSA(Health Savings Account)

Julianna Bye

i Important! Your current coverage is: Health Savings Acct - Scotland with an annual pledge of \$800.00. A new HSA election is required each year to receive any contributions, including:

- Payroll Deductions
- Employer Contributions
- One-time Contributions

If you choose **Waive**, you will not be enrolled.

This benefit plan requires enrollment in a Consumer Directed Health Plan

Select an Option

Elect HSA(Health Savings Account)

Waive

i Important: You are not eligible for an HSA (Health Savings Account) if you are enrolled in the following:

Enrolled in Medicare, Medicaid, Tricare, received VA medical or prescription benefits in the 3 months prior to the effective date of the HSA

You are covered by other medical health coverage that is not an HSA-qualified high deductible health plan

You or your spouse have a healthcare flexible spending account that is not a Limited-Purpose FSA

If you are enrolling in Medicare within 6 months, contact SHIP for HSA requirements

Make sure you **Waive** HSA.

Contributions

Enter your annual contribution below in the green box. Please remember to subtract Employer contributions before determining your election. IRS Limits are:

- Teammate Only: \$3550
- Family: \$7100
- An additional \$1000 is allowed for teammates 55 and over.

Suggested annual contribution is \$1100.00.

A minimum annual contribution of \$26.00 is required.

Calculations

| | |
|--|------------------|
| Maximum total contribution: | \$3550.00 |
| Maximum Teammate Annual Contribution: | \$3550.00 |
| Minimum Teammate Annual Contribution: | \$26.00 |
| Enter Your Annual Contribution Amount: | \$2000.00 |
| Per Pay Period Deduction Amount: | \$76.92 |

Continue

Click Continue to hold your election until you submit at end of enrollment.

Cancel

Click Cancel to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

HSA(Health Savings Account)

Julianna Bye

 **Important:** Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected to enroll in the Health Savings Acct - Scotland plan with an annual pledge of \$2,000.00.

Your Contributions

Your approximate per-pay-period contribution will be \$76.92.

Notes

Once submitted, this election will take effect on 01/01/2020.

Deductions for this election will start with your first pay check of the year.

Click **Continue** to hold your elections until you are ready to submit your final enrollment.

Click **Cancel** to go back and change your elections.

My Benefits Enrollment

Dental

Julianna Bye

- i** Important! Your current coverage is: Dental BuyUp - Scotland with Teammate Only coverage. Make your election for 2020. You will continue with this coverage if you do not make a new election.

If you choose **Waive**, you will not be enrolled.

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:

[Overview of all Plans](#)

Selecting a plan automatically enrolls the teammate. Scroll down this page and follow the instructions provided to enroll your dependents.

- Dental Core - Scotland
- Dental BuyUp - Scotland

| Coverage Level | Your Costs | Tax Class |
|-----------------------|------------|------------|
| Teammate Only | \$12.57 | Before-Tax |
| Teammate + Spouse | \$24.95 | Before-Tax |
| Teammate + Child(ren) | \$29.73 | Before-Tax |
| Family | \$42.09 | Before-Tax |

- Waive - This option provides no plan coverage.**

Enroll My Dependents

Important: Please review dependents below. Those checked are currently enrolled in plan.

| My Dependent(s) | | |
|--------------------------|------|--------------|
| Enroll | Name | Relationship |
| <input type="checkbox"/> | | |

Add/Review Dependents

Continue

Click **Continue** to hold your election until you submit at end of enrollment.

Cancel

Click **Cancel** to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

Dental

Julianna Bye

 Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

| Coverage Details | | | |
|-------------------------|-----------------------|-----------|------------|
| Plan Name | Coverage Level | Your Cost | Tax Class |
| Dental Core - Scotland | Teammate Only | 6.38 | Before-Tax |
| Dental Core - Scotland | Teammate + Spouse | 12.55 | Before-Tax |
| Dental Core - Scotland | Teammate + Child(ren) | 17.71 | Before-Tax |
| Dental Core - Scotland | Family | 24.14 | Before-Tax |
| Dental BuyUp - Scotland | Teammate Only | 12.57 | Before-Tax |
| Dental BuyUp - Scotland | Teammate + Spouse | 24.95 | Before-Tax |
| Dental BuyUp - Scotland | Teammate + Child(ren) | 29.73 | Before-Tax |
| Dental BuyUp - Scotland | Family | 42.09 | Before-Tax |

[Return](#)

My Benefits Enrollment

Dental

Julianna Bye



Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected Dental BuyUp - Scotland with Teammate Only coverage.

Your Estimated Per-Pay-Period Cost

Your Cost: **\$12.57**

Notes

Once submitted, this election will take effect on 01/01/2020. Deductions for this election will start with your first pay check of the year.

Continue

Click **Continue** to hold your elections until you are ready to submit your final enrollment.

Cancel

Click **Cancel** to go back and change your elections.

My Benefits Enrollment

Vision

Julianna Bye

- i** Important! Your current coverage is: Vision - Scotland with Teammate Only coverage. Make your election for 2020. You will continue with this coverage if you do not make a new election.

If you choose **Waive**, you will not be enrolled.

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:

[Overview of all Plans](#)

Selecting a plan automatically enrolls the teammate. Scroll down this page and follow the instructions provided to enroll your dependents.

Vision - Scotland

| Coverage Level | Your Costs | Tax Class |
|----------------------|------------|------------|
| Teammate Only | \$5.50 | Before-Tax |
| Teammate + 1 | \$10.45 | Before-Tax |
| Teammate + 2 or more | \$15.95 | Before-Tax |

Waive - This option provides no plan coverage.

Enroll My Dependents

Important: Please review dependents below. Those checked are currently enrolled in plan.

| My Dependent(s) | | |
|--------------------------|------|--------------|
| Enroll | Name | Relationship |
| <input type="checkbox"/> | | |

[Add/Review Dependents](#)

[Continue](#)

Click **Continue** to hold your election until you submit at end of enrollment.

[Cancel](#)

Click **Cancel** to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

Vision

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

| Coverage Details | | |
|-------------------|----------------------|---------------------|
| Plan Name | Coverage Level | Your Cost Tax Class |
| Vision - Scotland | Teammate Only | 5.50 Before-Tax |
| Vision - Scotland | Teammate + 1 | 10.45 Before-Tax |
| Vision - Scotland | Teammate + 2 or more | 15.95 Before-Tax |

[Return](#)

My Benefits Enrollment

Vision

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected Vision - Scotland with Teammate Only coverage.

Your Estimated Per-Pay-Period Cost

Your Cost: \$5.50

Notes

Once submitted, this election will take effect on 01/01/2020. Deductions for this election will start with your first pay check of the year.

Continue

Click **Continue** to hold your elections until you are ready to submit your final enrollment.

Cancel

Click **Cancel** to go back and change your elections.

My Benefits Enrollment

Supplemental Life

Emilia Gadue

Supplemental Life insurance allows you to purchase coverage in addition to what's provided by the basic life plan.

i Important! Your current coverage is: Waive. Make your election for 2020. You will continue with this coverage if you do not make a new election.

If you choose **Waive**, you will not be enrolled.

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:

| Coverage Level | Your Cost | Tax Class |
|---|-----------|------------|
| <input type="radio"/> SupLife 1X - SCTL (\$50,000) | 3.92 | Before-Tax |
| <input type="radio"/> SupLife 2X - SCTL (\$100,000) | 7.85 | Before-Tax |
| <input type="radio"/> SupLife 3X - SCTL (\$150,000) | 11.77 | Before-Tax |
| <input type="radio"/> SupLife 4X - SCTL (\$190,000) | 14.91 | Before-Tax |
| <input type="radio"/> SupLife 5X - SCTL (\$200,000) | 15.69 | Before-Tax |
| <input checked="" type="radio"/> Waive | | |

Continue

Click **Continue** to hold your election until you submit at end of enrollment.

Cancel

Click **Cancel** to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

Supplemental Life

Emilia Gadue

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected SupLife 3X - SCTL (\$150,000) coverage.

Your Estimated Per-Pay-Period Cost

Your Cost: **\$11.77**

Your Primary Beneficiary Allocations

| Primary Allocation Details | | |
|----------------------------|--------------|--------------------|
| Name | Relationship | Percent of Benefit |
| Spouse Gadue | Spouse | 100 |

Your Secondary Beneficiary Allocations

You have not designated any secondary beneficiaries.

Notes

The actual amount of coverage for this plan is based upon your salary, and will vary in accordance with any changes to your salary over time.
The premium for this plan is based upon your age as of the end of each pay period. As a result, your deduction amount may change at your next birthday.
Once submitted, this election will take effect on 01/01/2020. Deductions for this election will start with your first pay check of the year.

Continue

Click **Continue** to hold your elections until you are ready to submit your final enrollment.

Cancel

Click **Cancel** to go back and change your elections.

My Benefits Enrollment

Dependent Life

Emilia Gadue

Dependent Life insurance allows you to purchase life insurance for your child(ren). You are the beneficiary of this life insurance.

i Important! Your current coverage is: DepLife \$10k- SCTL: \$10,000. You will continue with this coverage if you do not make a new election.

If you elect Supplemental Life insurance you may elect Dependent Life insurance in increments of \$2,000 up to \$10,000 for eligible dependent children.

If you do not elect Supplemental Life insurance you may elect Dependent Life in increments \$2,000 up to \$4,000.

If you choose **Waive**, you will not have a teammate election.

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:

| Coverage Level | Your Cost | Tax Class |
|--|-----------|------------|
| <input type="radio"/> DepLife \$5k- SCTL (\$5,000) | 0.98 | Before-Tax |
| <input checked="" type="radio"/> DepLife \$10k- SCTL (\$10,000) | 1.97 | Before-Tax |
| <input type="radio"/> Waive | | |

Continue

Click **Continue** to hold your election until you submit at end of enrollment.

Cancel

Click **Cancel** to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

Dependent Life

Emilia Gadue

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected DepLife \$10k- SCTL (\$10,000) coverage.

Your Estimated Per-Pay-Period Cost

Your Cost: **\$1.97**

Notes

The actual amount of coverage for this plan is based upon your salary, and will vary in accordance with any changes to your salary over time.
Once submitted, this election will take effect on 01/01/2020. Deductions for this election will start with your first pay check of the year.

Continue

Click **Continue** to hold your elections until you are ready to submit your final enrollment.

Cancel

Click **Cancel** to go back and change your elections.

My Benefits Enrollment

FSA Health Care

Emilia Gadue

i Important! Your current coverage is: Waive. Make your election for 2020. You will continue with this coverage if you do not make a new election.

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

Select an Option

FSA Health - SCTL

FSA Tobacco - SCTL

Limited Purpose FSA - SCTL

Limited FSA Tobacco SCT

Waive

Continue

Click Continue to hold your election until you submit at end of enrollment.

Cancel

Click Cancel to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

FSA Health Care

Julianna Bye

Flexible Spending Accounts Worksheet

Use this worksheet to enter your desired Per-Pay-Period Contribution.

Click Calculate and the system will determine your annual pledge amount.

Click Return to go back to Flexible Spending Account enrollment.

Estimate from Annual Pledge

| | |
|--|--------|
| Estimated Per-Pay-Period Contribution: | 23.08 |
| Multiplied by Pay Periods Remaining: | 28 |
| Plus Your Year-To-Date Contributions: | 0.00 |
| Your New Annual Pledge: | 600.08 |

[Return to Benefits Enrollment - Health Care Flexible Spending](#)

Calculate

My Benefits Enrollment

FSA Health Care

Julianna Bye

Flexible Spending Accounts Worksheet

Use this worksheet to enter your desired Annual Pledge.

Your Annual Pledge will be divided by the number of pay periods scheduled for the year.

Click **Calculate** and the system will estimate your per-pay-period contribution.

Click **Return** to go back to Flexible Spending Account enrollment.

Estimate Per-Pay-Period Contributions

| | |
|--|--------|
| Your New Annual Pledge: | 600.08 |
| Minus Your Year-To-Date Contributions: | 0.00 |
| Divided by Pay Periods Remaining: | 26 |
| Estimated Per-Pay-Period Contribution: | 23.08 |

[Return to Benefits Enrollment - Health Care Flexible Spending](#)

Calculate

My Benefits Enrollment

FSA Health Care

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected to Waive coverage.

Notes

Once submitted, this election will take effect on 01/01/2020.

Deductions for this election will start with your first pay check of the year.

Continue

Click **Continue** to hold your elections until you are ready to submit your final enrollment.

Cancel

Click **Cancel** to go back and change your elections.

My Benefits Enrollment

FSA Dependent Day Care

Julianna Bye

i Important! Your current coverage is: Waive. Make your election for 2020. You will continue with this coverage if you do not make a new election.

Your annual pledge must not exceed \$5,000.00, which is the maximum amount allowed "per household."

Please note: The IRS may limit DCFSA for highly compensated teammates.

Select an Option

- Waive
- FSA DepCare - SCTL

This plan requires that you specify an annual pledge amount. Caution: Do not enter your pay period amount.

Annual Pledge: [Worksheet](#) Click [Worksheet](#) to help calculate your annual pledge for this plan year.

Continue

Click Continue to hold your election until you submit at end of enrollment.

Cancel

Click Cancel to ignore all entries made on this page. You will be returned to the Enrollment Summary.

My Benefits Enrollment

FSA Dependent Day Care

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Your Election

You have elected to enroll in the FSA DepCare - SCTL plan with an annual pledge of \$500.00.

Your Contributions

Your approximate per-pay-period contribution will be \$19.23.

Notes

Once submitted, this election will take effect on 01/01/2020.

Deductions for this election will start with your first pay check of the year.

Continue

Click Continue to hold your elections until you are ready to submit your final enrollment.

Cancel

Click Cancel to go back and change your elections.

My Benefits Enrollment

My Open Enrollment

Julianna Bye

i Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

Reminder: You are required to make a HSA or FSA election for 2020 if you want to be enrolled in the benefit plan.

If you choose **Waive** or do not make a **HSA or FSA Plan Election** you will **NOT** be enrolled.

Click **Edit** to make changes to your elections.

Enrollment Summary and Premiums ?

| | Before Tax | After Tax | Edit |
|--|------------|-----------|-------------------------------------|
| Medical | | | <input type="button" value="Edit"/> |
| Current: Consumer Directed Health SCTL:Teammate Only | | | |
| New: Consumer Directed Health SCTL:Teammate Only | 10.00 | | |
| HSA(Health Savings Account) | | | <input type="button" value="Edit"/> |
| Current: Health Savings Acct - Scotland: \$800.00 | | | |
| New: Health Savings Acct - Scotland: \$2,000.00 | 76.92 | | |
| Dental | | | <input type="button" value="Edit"/> |
| Current: Dental BuyUp - Scotland:Teammate Only | | | |
| New: Dental BuyUp - Scotland:Teammate Only | 12.57 | | |
| Vision | | | <input type="button" value="Edit"/> |
| Current: Vision - Scotland:Teammate Only | | | |
| New: Vision - Scotland:Teammate Only | 5.50 | | |
| Supplemental Life | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: Waive | | | |
| Dependent Life | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: Waive | | | |
| FSA Health Care | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: Waive | 0.00 | | |
| FSA Dependent Day Care | | | <input type="button" value="Edit"/> |
| Current: Waive | | | |
| New: FSA DepCare - SCTL: \$500.00 | 19.23 | | |

The table below summarizes your estimated per pay period costs for only elected benefits above.

| My Election Summary | | | |
|--|--------|------------|-----------|
| Summarized estimates for new Benefit Elections | Total | Before Tax | After Tax |
| Your Costs | 124.22 | 124.22 | 0.00 |

i Important: Your enrollment will not be complete until you click **Submit**.

Click **Submit** to send your final elections.

My Benefits Enrollment

Submit Benefit Elections

Julianna Bye

You have almost completed your Core Benefits enrollment. If you have no further changes,

1. Click **I Agree** and then **Submit** to finalize your benefit elections or
2. Click **Cancel** to return to continue enrollment elections.

You may submit your elections and return to the Enrollment Summary as often as you would like up until the enrollment deadline. However, you must click **I Agree/Submit** in order for your benefit elections to be processed.

Once the Open Enrollment period ends, you will not be able to make any benefit changes until the next Open Enrollment period unless you have a qualified family status change.

Penalty Warning Statement:

If it is determined that you are not paying the appropriate medical plan rate, you will be required to retroactively pay the **smoker/tobacco user** rate and further disciplinary action may be taken.

I Agree

Authorize Elections

By submitting your benefit elections you are authorizing the company to take deductions from your paycheck to pay for your benefit costs.

Submit

Click **Submit** to send your final elections.

Cancel

Click **Cancel** if you are not ready to submit your elections and wish to return to the Enrollment Summary.

My Benefits Enrollment

Print Submitted Elections

Julianna Bye

******* REVIEW THIS PAGE AND PRINT FOR YOUR RECORD *******

[Print this page](#) 

Enrollment Summary and Premiums ?

| Medical | Before Tax | After Tax |
|--|-------------------|------------------|
| Current: Consumer Directed Health SCTL:Teammate Only | | |
| New: Consumer Directed Health SCTL:Teammate Only | 10.00 | |
| HSA(Health Savings Account) | Before Tax | After Tax |
| Current: Health Savings Acct - Scotland: \$800.00 | | |
| New: Health Savings Acct - Scotland: \$2,000.00 | 76.92 | |
| Dental | Before Tax | After Tax |
| Current: Dental BuyUp - Scotland:Teammate Only | | |
| New: Dental BuyUp - Scotland:Teammate Only | 12.57 | |
| Vision | Before Tax | After Tax |
| Current: Vision - Scotland:Teammate Only | | |
| New: Vision - Scotland:Teammate Only | 5.50 | |
| Supplemental Life | Before Tax | After Tax |
| Current: Waive | | |
| New: Waive | | |
| Dependent Life | Before Tax | After Tax |
| Current: Waive | | |
| New: Waive | | |
| FSA Health Care | Before Tax | After Tax |
| Current: Waive | | |
| New: Waive | 0.00 | |
| FSA Dependent Day Care | Before Tax | After Tax |
| Current: Waive | | |
| New: FSA DepCare - SCTL: \$500.00 | 19.23 | |

The table below summarizes your estimated per pay period costs for only elected benefits above.

| My Election Summary | | | |
|----------------------------|---------------|-----------------|----------------|
| Row Label | Full Cost | Before Tax Cost | After Tax Cost |
| Your Costs | 124.22 | 124.22 | 0.00 |

[Continue](#)

My Benefits Enrollment

Submit Confirmation

Micaela Erice

You have successfully enrolled in your CORE BENEFITS.

The next step in the enrollment process is to enroll in Additional Benefits. Please follow the link below to proceed to the next step.

[Enroll in Additional Benefits Here](#)

To return to the Benefits Enrollment page, click OK.

To exit, click the [Sign Out](#) link in the upper right hand corner.

[Return to Core Benefits](#)

If you have already entered benefits this is the message you will receive:

Favorites | Main Menu > Self Service > Benefits > Benefits Enrollment

My Benefits Enrollment

Open Enrollment

Donald Gieber

You have already submitted your elections.

However, Benefits Enrollment is still available and you may make changes to your elections.

Make sure you complete all your changes during this session.

[OK](#)

If the wrong FSA Health or Limited Purpose FSA is selected you will receive one of many different Error and Warning messages. This is one example.

My Benefits Enrollment

Errors and Warnings

Julianna Bye

Your enrollment contains some errors. The following list displays your errors for each benefit election. You will need to correct your errors before you can submit your final benefit elections.

Benefit Errors and Warnings

 FSA Health Care Error

This benefit requires enrollment in a specific benefit and plan option. Go to the appropriate benefit page and make the necessary corrections.

[Return](#) Click Return to go back to the Enrollment Summary and correct your benefit elections.