

## Online Enrollment Step-by-Step

**CAUTION:** Clicking on the **RESTART** button will reset your choices in that Benefit Group. **CANCEL** will clear choices in all Groups. Click on these buttons **ONLY** if you intend to start over.

1. Log on to the Samford Portal. <https://connect.samford.edu>
  - a. Click on the **BANNER** icon near the top of the page.
  - b. Click on the **EMPLOYEE** box.
  - c. Click on the **BENEFITS and DEDUCTION** box.
  - d. Click on **OPEN ENROLLMENT** from the Benefits and Deductions tab.
2. To begin, click on the **START OPEN ENROLLMENT** button at the bottom of the screen.
3. The **Benefit Groups** are listed in blue under the **GROUP** heading.
4. If you **ONLY** participate in Health Insurance, and are not making changes to your coverage, you may choose **COMPLETE**.
5. Follow Instructions below for making benefit selections in each Benefit Group:

### Health

**Note: You MUST open the Health group to confirm your current choices, even if making no changes.**

- Click on **Health** to open the group
- Click on **BC/BS Pretax Health and Dental Insurance** to make changes to your current plan option
  - Current choice will continue if you do not make any changes
  - Choose Single, + One, or Family based on your biweekly or monthly pay cycle
  - Click on **Submit Change** when finished
  - Click on Stop Benefit **ONLY** to end your coverage effective 12/31/2017
- Click on **VSP Optional Vision** to make changes to your current plan option
  - Current choice will continue if you do not make any changes
  - Choose Single, + One, or Family based on your biweekly or monthly pay cycle
  - Click on **Add Choice** or **Submit Change** when finished

Click on **Open Enrollment** at the bottom of the screen when Health Group is complete

### Flex Spending

**NOTE:** Federal Regulations REQUIRE that you choose Dependent Care and Medical Spending Annually

- Click on **Flex Spending** to open the group
- Click on **Dependent Care Account** (\$5000.00 maximum per year for 2018)
  - Enter Deduction Amount per pay period:
    - **Example:** If contributing \$5000 annually
    - Biweekly employee deduction per pay period:  $5000/24 = 208.33$
    - Monthly employee deduction per pay period:  $5000/12 = 416.66$
  - Enter Annual Election Amount (yearly total)
  - Click on **Add Choice** when finished
- Click on **Medical Spending Account** – (\$2650.00 maximum per year for 2018)
  - Enter Deduction Amount per pay period:
    - **Example:** If contributing \$2650 annually
    - Biweekly employee deduction amount:  $2650/24 = 110.41$
    - Monthly employee deduction amount:  $2650/12 = 220.83$
  - Enter Annual Election Amount (yearly total)
  - Click on **Add Choice** when finished

Click on **Open Enrollment** at the bottom of the screen when Flex Spending Group is complete

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### Miscellaneous

**Note: You MUST calculate your premium per pay period for this group of benefits.**

Example: Employee age 45-49 purchases \$100,000 coverage  
\$2.00 (rate for ages 45-49) x 10 (increments of \$10,000) = \$20.00 month  
Monthly employee premium per pay period = \$20.00  
Biweekly employee premium per pay period = \$10.00

- Click on **Miscellaneous** to open the group
- Optional Employee AD&D: Accidental Death & Dismemberment
  - Calculate Employee **Monthly** Premium Amount (Refer to Rate Chart)
  - Enter Premium per Pay Period
  - Enter Total Coverage Amount
  - Click on Add Choice when finished
- Optional Spouse AD&D: Employee **MUST** have coverage before spouse can be insured
  - Calculate **Monthly** Premium Amount (Refer to Rate Chart)
  - Enter Premium per Pay Period
  - Enter Coverage Amount
  - Click on Add Choice when finished
- Optional **Dependent** Child AD&D: Employee **MUST** have coverage before child can be insured
  - Calculate **Monthly** Premium Amount (Refer to Rate Chart)
  - Enter Premium per Pay Period
  - Enter Coverage Amount
  - Click on Add Choice when finished
- Optional Employee Life:
  - Calculate **Monthly** Premium Amount (Refer to Rate Chart)
  - Enter Premium per Pay Period
  - Enter Coverage Amount
  - Click on Add Choice when finished
- Optional Spouse Life: Employee **MUST** have coverage before spouse can be insured
  - Calculate **Monthly** Premium Amount (Refer to Rate Chart)
  - Enter Premium per Pay Period
  - Enter Coverage Amount
  - Click on Add Choice when finished
- Optional **Dependent** Child Life: Employee **MUST** have coverage before child can be insured
  - Calculate **Monthly** Premium Amount (Refer to Rate Chart)
  - Enter Premium per Pay Period
  - Enter Coverage Amount
  - Click on Add Choice when finished

Click on **Open Enrollment** at the bottom of the screen when Miscellaneous Group is complete

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6. Once you have reviewed your elections for each category, return to the **OPEN ENROLLMENT** menu and click **COMPLETE**.
7. Now that your choices are complete, click on the **BENEFICIARIES AND DEPENDENTS** option at the bottom of the page.
  - a. Review the personal information of your beneficiaries and dependents for accuracy.
    - i. Make any changes that are needed.
    - ii. **IMPORTANT:** For each person added, select "**BOTH**" under Beneficiary or Dependent option to prevent issues later in this process.
    - iii. Due to ACA reporting requirements, there may be individuals who were covered in the past who are still listed but have an **INACTIVE** status. These will need to remain for reporting compliance purposes.
8. Click on the **COVERAGE AND ALLOCATIONS SUMMARY** in the middle of the page, if available. If this does not appear, complete the paper form provided by Human Resources.
  - a. This page lists each dependent or beneficiary and what coverage or beneficiary relationship applies for optional benefits only.
  - b. To update coverage or beneficiary amounts, scroll to the bottom of the screen and select **COVERAGE DETAILS** to update associated individuals.
    - i. To change coverage on a person, click in the box next to their name and indicate the start or end date for coverage that corresponds to your selection.
    - ii. Click on the **CHOOSE OR UPDATE** button.
  - c. Click on **COVERAGE AND ALLOCATIONS SUMMARY** at the bottom of the page to continue.
  - d. Once all Coverage Details are complete, click on **BENEFICIARIES AND DEPENDENTS** at the bottom of the screen.
  - e. Verify All information, then click on **OPEN ENROLLMENT** at the bottom of the screen.  
**\* For the VSP plan, you MUST choose all individuals to be covered on this screen.**
9. You may choose **CALCULATE COST** to see total deductions.
10. Through the Open Enrollment period, November 16<sup>th</sup> – December 1<sup>st</sup>, you may change your benefits by choosing the **REOPEN ENROLLMENT** button.

### **\*AFTER 12/1, YOU WILL NOT HAVE THE OPPORTUNITY TO MAKE CHANGES**

You will receive a detailed summary of your 2018 benefit elections by email on or around Dec. 7<sup>th</sup>. Please review this carefully and follow the directions in that communication to notify HR if your enrollment selections are not as expected.

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To Calculate your Premium Per Pay Period:

- Monthly employees: the amount calculated is the premium per pay period
- Biweekly employees: Divide the amount by 2 for the premium per pay period
  - Example: Employee Supplemental Life: Employee age 47 selects \$200,000
  - \$2.00 (rate for ages 45-49) x 20 (increments of \$10,000) = \$40.00 premium per month
  - Monthly employee premium per pay period = \$40.00
  - Biweekly employee premium per pay period = \$20.00

<b>Employee: Supplemental Life Monthly Premium</b>		
<b>Coverage Level</b>		
<b>Age</b>	<b>Rate per \$10,000 Benefit</b>	
<input type="checkbox"/> < 30	\$0.60	
<input type="checkbox"/> 30 - 34	\$0.80	
<input type="checkbox"/> 35 - 39	\$0.90	
<input type="checkbox"/> 40 - 44	\$1.40	
<input type="checkbox"/> 45 - 49	\$2.00	
<input type="checkbox"/> 50 - 54	\$3.40	
<input type="checkbox"/> 55 - 59	\$5.80	
<input type="checkbox"/> 60 - 64	\$9.10	
<input type="checkbox"/> 65 - 69	\$14.30	
<input type="checkbox"/> 70 - 74	\$22.80	
<input type="checkbox"/> 75 - 99	\$40.40	

<b>Spousal: Supplemental Life Monthly Premium</b>		
<b>Coverage Level</b>		
<b>Age</b>	<b>Rate per \$5,000 Benefit</b>	
<input type="checkbox"/> < 30	\$0.30	
<input type="checkbox"/> 30 - 34	\$0.40	
<input type="checkbox"/> 35 - 39	\$0.45	
<input type="checkbox"/> 40 - 44	\$0.70	
<input type="checkbox"/> 45 - 49	\$1.00	
<input type="checkbox"/> 50 - 54	\$1.70	
<input type="checkbox"/> 55 - 59	\$2.90	
<input type="checkbox"/> 60 - 64	\$4.55	
<input type="checkbox"/> 65 - 69	\$7.15	
<input type="checkbox"/> 70 - 74	\$11.40	
<input type="checkbox"/> 75 - 99	\$20.20	

- Coverage available in \$10,000 Increments
- Minimum coverage is \$10,000
- Maximum Coverage is \$500,000
- Employees age 70+, Maximum Coverage is \$50,000

- Spousal coverage only available for amounts equal to or less than employee supplemental life election
- Minimum coverage is \$5,000
- Maximum Coverage is \$500,000

<b>Dependent Child: Supplemental Life Monthly Premium</b>			
<b>Coverage Level Choose One:</b>		<b>Available Benefit Amount</b>	<b>Monthly Premium</b>
<b>Age</b>			
<input type="checkbox"/>	14 days - 6 months	\$100	\$2.00
<input type="checkbox"/>	6 months - 19 years (up to 25 years if unmarried & full- time student)	\$5,000	\$1.00
<input type="checkbox"/>	6 months - 19 years (up to 25 years if unmarried & full- time student)	\$10,000	\$2.00

- Benefit provides coverage for all dependent children, regardless of the number of children insured.
- Benefit available only in amounts shown
- Dependent coverage only available if employee is insured for at least \$10,000 in supplemental life coverage

<b>Supplemental AD&amp;D Monthly Premiums</b>		
<b>Coverage Level</b>		
	<b>Election</b>	<b>Rate per \$1,000 Benefit</b>
<input type="checkbox"/>	Employee Only	\$0.03
<input type="checkbox"/>	Spouse	\$0.03
<input type="checkbox"/>	Children	\$0.03

- Benefit provides coverage for all dependent children, regardless of the number of children insured.
- Spouse and/or Dependent coverage only available if employee is insured for at least \$10,000 in supplemental life coverage