

Enroll in Benefits – Detailed Job Aid

Before you begin

Before you log in and begin selecting your benefits, be sure you have ready the following for your dependents and beneficiaries:

- Social Security Number
- Birthdate

Procedure

Follow these steps to select benefits and designate dependents and beneficiaries:

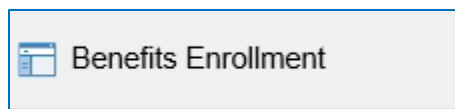
1. Access the **MyWay** system as follows:
 - a. Go to **The Exchange** at <http://www.hmhn.org>.
 - b. At the top right of the page, click the **MyWay** link.
 - c. Click the **Sign In** tile.
 - d. Enter your User ID and password and click the **Sign In** button.



2. After you sign in, verify the header says **MyWay**. If it does not, click the header dropdown arrow and select **MyWay**.



3. From the MyWay Home page, click the **My Benefits** tile.




4. From the left column of the My Benefits page, click the **Benefits Enrollment** tab.
5. Read the information on the Benefits Enrollment page. Please remember these key points:
 - The Open Enrollment period for 2018 is **October 8 – November 16**.
 - You need to make an election for medical, dental, and vision, regardless of your plan the previous year and even if you choose to waive either benefit.
 - During the Open Enrollment period, you can select benefits and designate dependents/beneficiaries as often as needed.
 - **Please read!** You need to click the checkbox for each dependent you would like to add to your medical, dental, and vision plans, even if they were dependents on your plan last

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year. If you do not click the checkbox for each dependent on each of these plans, they will not be added.

- If you want to participate in the Flexible Spending Account (FSA) or Dependent Care FSA, you need to select this benefit, even if you were enrolled last year. These benefits do not automatically roll over year to year.
- After the Open Enrollment period ends, you cannot make benefit changes or designate dependents/ beneficiaries, except for a qualifying life event.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2019	Open	Service Agent, Visitor Parking	<input type="button" value="Select"/>

6. Scroll down to the Open Benefit Events section. Click the **Select** button to open the Open Enrollment page.

7. Scroll down to the **Enrollment Summary** section.

8. Select Your Medical/Prescription Plan and Enroll Dependents

You need to make a selection, even if it is to Waive and even if you were enrolled last year.

You need to add dependents, even if they were on your Medical plan last year.

Enrollment Summary			
Medical/Prescription	Before Tax	After Tax	<input type="button" value="Edit"/>
Current:	Advantage Health Before Tax:Emp+Child		

- a. Review your current Medical/Prescription plan.
- b. Click the **Edit** button for the Medical/Prescription plan.

Select an Option

Below are your available options with your per pay period contributions. You are required to make an election in this benefit plan.

Premium Plus

Coverage Level	Your Costs	Tax Class
Single	\$67.23	Before-Tax
Employee + Spouse	\$268.93	Before-Tax
Employee + Child(ren)	\$208.98	Before-Tax
Family	\$302.45	Before-Tax

Premium

Coverage Level	Your Costs	Tax Class
Single	\$44.45	Before-Tax
Employee + Spouse	\$228.59	Before-Tax

- c. Click the **radio button** for the Medical/Prescription plan you want. If you choose NOT to enroll in this benefit, click the Waive radio button and skip to Step 8e.
- d. To enroll dependents:

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Kevin Courageous	Spouse

- 1) Scroll down to the **Dependent Beneficiary** section. A checkbox displays for each benefits-eligible dependent. Click the checkbox next to each dependent you want to add to your Medical/Prescription plan.

Add/Review Dependents

- 2) To add or update dependent/beneficiary information, click the **Add/Review Dependents (or Beneficiaries)** button.
- 3) To update information for an existing person, click the person’s name. At the bottom of the page, click the **Edit** button, make the updates, and click **Save**.

Add a dependent or beneficiary

- 4) To add a new person, click the **Add a dependent of beneficiary** button.
- 5) Enter the information for the new beneficiary, and click the **Save** button.

[Return to Event Selection](#)

- 6) Click the **Return to Events Selection** link.

- 7) Under the **Dependent Beneficiary** section, be sure to click the checkbox next to the dependents you want to cover.



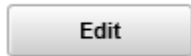
- e. Click the **Update Elections** button.
- f. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

9. Select Your Dental Plan benefits and Enroll Dependents

You need to make a selection, even if it is to Waive and even if you were enrolled last year. You need to add dependents, even if they were on your Dental plan last year.

Dental
Current: Dental Plan:Emp+Child

- a. Review your current Dental plan from the **Enrollment Summary** page.



- b. Click the **Edit** button for the Dental plan.
- c. Click the radio button for the Dental plan you want. If you choose NOT to enroll in this benefit, click the Waive radio button and skip to Step 9e.
- d. To enroll dependents, follow **Steps 8d. 1-8** above.
- e. Click the **Update Elections** button.
- f. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

10. Update Your Vision Plan and/or Enroll Dependents

You need to make a selection, even if it is to Waive coverage. You also need to add dependents. For Hackensack employees ONLY, if you enrolled in vision last year, you will see your prior year plan listed for 2019. However, you should review and update your plan accordingly and add/review your dependents.

Vision
Current: Vision Base Plan:Single

- a. Review your current Vision plan from the **Enrollment Summary** page.



- b. To change your Vision plan or enroll dependents, click the **Edit** button for Vision.
- c. Click the radio button for the Vision plan you want.
- d. To enroll dependents, follow **Steps 8d. 1-8** above.
- e. Click the **Update Elections** button.
- f. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

11. Designate Life Insurance beneficiaries

Note: For all Life-related insurances, e.g., Life, AD/D, Supplemental Life, Supplemental AD/D, and Spousal/Domestic Partner Life, if there is an asterisk by the plan option, you are required to submit a *Proof of Good Health* form. This applies to a very small percentage of people. The link to this form is on the top right page of each of these insurances in MyWay > Benefits Enrollment.

You are automatically enrolled in Life insurance but need to designate beneficiaries.

Life	
Current:	LIFE1: Salary X 1
New:	Basic (1.5: Salary X 1.5 : \$88,000

- Click the **Edit** button for Life insurance.
- Scroll down and review the current list of people under the Beneficiary Designation section. To add or update this information, follow **Steps 8d. 2-7** in this document.

New Primary Percent	New Secondary Percent
<input type="text" value="100"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="50"/>
<input type="text"/>	<input type="text" value="50"/>

- In the **Beneficiary Designation** section, under the **New Primary Percent** column, assign the designation percentages. The total for the column must equal 100%.
- Under the **New Secondary Percent** column, assign the secondary designation percentage. The total for the column must equal 100%.

- Click the **Update Elections** button.

Your Primary Beneficiary Allocations

Primary Allocation Details

Name	Relationship	Percent of Benefit
Kevin Courageous	Spouse	100

Your Secondary Beneficiary Allocations

Secondary Allocation Details

Name	Relationship	Percent of Benefit
Kelly Courageous	Child	50
Kristen Courageous	Child	50

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 choice will take effect on 01/01/2019.

- f. The page displays the allocations you selected. Click the **Update Elections** button again to confirm your selection.

12. Designate Accidental Death/Dismemberment (AD/D) Beneficiaries

You are automatically enrolled in AD/D insurance but need to designate beneficiaries.

- a. Click the **Edit** button for Accidental Death/Dismemberment insurance.
- b. Scroll down and review the current list of people under the Beneficiary Designation section. To add or update this information, follow **Steps 8d. 2-7** in this document.
- c. In the **Beneficiary Designation** section, under the **New Primary Percent** column, assign the designation percentages. The total for the column must equal 100%.

New Primary Percent	New Secondary Percent
<input type="text" value="100"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="50"/>
<input type="text"/>	<input type="text" value="50"/>

- d. Under the **New Secondary Percent** column, assign the secondary designation percentage. The total for the column must equal 100%.
- e. Click the **Update Elections** button.
- f. The page displays the percentages you selected. Click the **Update Elections** button again to confirm your selection.

13. Optional: Elect Supplemental Life Insurance

Supplemental life insurance is optional. Enrollment in Supplemental Life is required if you are planning to enroll in Supplemental AD&D, Spouse Life or Dependent Children’s Life.

- a. If you choose to elect Supplemental Life insurance, click the **Edit** button for this benefit.
- b. Click the radio button for the plan you want to choose.
- c. Scroll down and review the current list of people under the Beneficiary Designation section. To add or update this information, follow **Steps 8d. 2-7** in this document.

New Primary Percent	New Secondary Percent
<input type="text" value="100"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="50"/>
<input type="text"/>	<input type="text" value="50"/>

- d. In the **Beneficiary Designation** section, under the **New Primary Percent** column, assign the designation percentages. The total for the column must equal 100%.
- e. Under the **New Secondary Percent** column, assign the secondary designation percentage. The total for the column must equal 100%.

- f. Click the **Update Elections** button.
- g. The page displays your new allocation selections. Click the **Update Elections** button again to confirm your selection.

14. Optional: Elect Supplemental Accidental Death and Dismemberment (AD/D)

Supplemental AD/D insurance is optional. You must be enrolled in Supplemental Life first before enrolling in Supplemental AD/D.

- a. If you choose to elect Supplement AD/D insurance, click the **Edit** button for this benefit.
- b. Click the radio button for the plan you want to choose.
- c. Scroll down and review the current list of people under the Beneficiary Designation section. To add or update this information, follow **Steps 8d. 2-7** in this document.

New Primary Percent	New Secondary Percent
<input type="text" value="100"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="50"/>
<input type="text"/>	<input type="text" value="50"/>

- d. In the **Beneficiary Designation** section, under the **New Primary Percent** column, assign the designation percentages. The total for the column must equal 100%.
- e. Under the **New Secondary Percent** column, assign the secondary designation percentage. The total for the column must equal 100%.

Update Elections

- f. Click the **Update Elections** button.
- g. The page displays your new allocation selections. Click the **Update Elections** button again to confirm your selection.

15. Optional: Elect Spousal/Domestic Partner Life

Spousal/Domestic Partner Life insurance is optional. You must be enrolled in Supplemental Life first before enrolling in Spousal/Domestic Partner life insurance.

- a. If you choose to elect Spousal/Domestic Partner life insurance, click the **Edit** button for this section.
- b. Click the radio button for the plan you want to choose.
- c. Click the **Update Elections** button.
- d. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

16. Optional: Elect Dependent Child(ren) Life

Dependent Child(ren) Life insurance is optional. You must be enrolled in Supplemental Life first before enrolling in Dependent Child(ren) life insurance.

Note: Hackensack team members currently enrolled in Child(ren)'s Life for \$10,000 will see their prior year plan under the 2019 coverage. These team members should review and update this election even if they want to waive coverage.

- a. Click the **Edit** button for Dependent Child(ren) insurance.
- b. Click the radio button for the plan you want.
- c. Click the **Update Elections** button.
- d. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

17. Optional: Long-Term Disability Buy Up

All Team Members automatically receive standard long-term disability (LTD) insurance. The **Edit** button for LTD is not enabled as you cannot change this option. If you want the additional 10% LTD benefit, follow the steps below.

- a. Click the **Edit** button for Long-Term Disability Buy Up.
- b. Click the **Long-Term Disability Buy Up** radio button.
- c. Click the **Update Elections** button.
- d. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

Note for Hackensack team members: Hackensack team members currently enrolled in LTD Buy Up will see their prior year election under the 2019 coverage. These team members should review this election, and update if necessary, even if they want to waive coverage.

18. Optional: Health Care Flexible Spending Account (FSA)

If you want to participate in the Health Care FSA, you need to make a selection, even if you were enrolled last year. This benefit does not roll over year to year.

Note: Team members who enroll in HSA and the *High Deductible Health* medical plan are only eligible for limited Health Care FSA.

- a. To participate in the **Health Care FSA**, click the **Edit** button for this section.
- b. Click the radio button for the Health Care FSA plan you want.
- c. Enter the amount you want to pledge in the **Annual Pledge** field.

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.

- d. Click the **Update Elections** button.
- e. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

19. Optional: Dependent Care Flexible Spending Account (DCFSA)

If you want to participate in the Dependent Care FSA, you need to make a selection, even if you were enrolled last year. This benefit does not roll over year to year.

- a. To participate in the **Dependent Care FSA**, click the **Edit** button for this section.
- b. Click the radio button for the Dependent Care FSA plan you want.
- c. Enter the amount you want to pledge in the **Annual Pledge** field.
- d. Click the **Update Elections** button.
- e. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

20. Optional: Health Savings Account

If you want to participate in the Health Savings Account, you must first enroll in the **High Deductible Health Plan** medical/prescription plan.

- a. To participate in the **Health Savings Account**, click the **Edit** button for this section.
- b. Select the **Health Savings Account** radio button.
- c. Enter the amount you want to pledge in the **Annual Pledge** field.
- d. Click the **Update Elections** button.
- e. The page displays the plan you selected. Click the **Update Elections** button again to confirm your selection.

21. Review all your benefit elections from the **Enrollment Summary** section.

22. Review your costs from the **Election Summary** section.

***** **REQUIRED DOCUMENTATION** *****

Click [here](#) to review examples of documentation you may be required to provide to support your elections above.
Click [here](#) to certify that you have read and accepted the Health Benefits Documentation Affidavit.

- 23. At the bottom of the page, click the “**here**” link to review examples of documentation you may need to provide, if requested.
- 24. At the bottom of the page, click the “**here**” link for the **Health Benefits Documentation Affidavit**.

Health Benefits Documentation Affidavit

CERTIFICATION

If you enroll or make changes in our health benefit plans, Human Resources will no longer be collecting your personal documentation (such as marriage certificates, birth certificates, divorce decrees, etc.). However, all team members are still required to provide proof of eligibility, if and when you request it in order to participate in the health plan. An independent auditing firm

- 25. Read the **Health Benefits Documentation Affidavit**.

I have read the above affidavit and certify that the information I am providing is true and complete.

Save

- 26. When you have finished reading the affidavit, click the **checkbox** to indicate the information you have provided is true and complete.
- 27. Click the **Save** button.

As an active participant in the health plan, you are required to update your [Coordination of Benefits Information](#).

Check this box to indicate that you will update your information per the instructions in the link above.

Submit

- 28. If you enrolled in a medical plan, click the **Coordination of Benefits Information** link and complete the form per the instructions.
- 29. If you enrolled in a medical plan, click the checkbox to indicate you will update your information per the instructions on the **Coordination of Benefits Information** form.
- 30. Click the **Submit** button.
- 31. If there are errors with your elections, an error page will display. Correct the errors and click the **Submit** button again.

Benefits Enrollment

Submit Benefit Choices

Corrine Courageous

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.

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 during this session.

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

Once you click the **Submit** button your elections will be processed. You may access the system and make changes as many times as you wish during the open enrollment period. The last elections you submit will be finalized and become effective January 1, 2019. Your final elections will be displayed on the Benefit Summary page and the Confirmation Statement page tomorrow.

If you need assistance with your enrollment, please call 551-996-2877.

Authorize Elections

By submitting your benefit choices you are authorizing Hackensack Meridian *Health* to take deductions for your benefit costs. You are also authorizing the company to send necessary personal information to your selected providers to initiate and support your coverage.

32. If there are no errors, the **Submit Benefit Choices** page displays. If you are ready to submit your choices, click the **Submit** button.

Your elections have been submitted. (22000,329)

Congratulations! Your benefit elections have been submitted. This concludes your benefit enrollment.

As a result of your medical plan election, Hackensack Meridian Health requires you to complete the Tobacco/Spousal Surcharge Certification. As a convenience, click OK to be taken to the page. Failure to complete the certification will result in a Spousal and/or Tobacco Surcharge added to your benefit deductions.

33. If there are no errors, a confirmation popup window displays. This window explains that you are required to complete the **Tobacco/Medical Surcharge Certification**. Click **OK**.

Find | View All First 1 of 1 Last

Effective Date 05/20/2015

Do you regularly use tobacco products? Yes No

If you are enrolling a spouse/domestic partner/civil union in medical coverage, you must answer the following questions:


Does your spouse/domestic partner/civil union regularly use tobacco products? Yes No

Does your spouse/domestic partner/civil union currently have access to medical coverage through their employer? Yes No

By checking this box, you certify the information you provided on this page is accurate. If you checked "No" to either of the tobacco use questions above and it is determined that you and/or your spouse/domestic partner/civil union are a tobacco user you will be subject to the Tobacco Surcharge. If you checked "No" to the medical coverage question above and it is determined that your spouse/domestic partner/civil union has Employer-Sponsored Coverage elsewhere, you will be subject to the Spousal Surcharge. Falsification will result in disciplinary action, up to and including termination of employment.

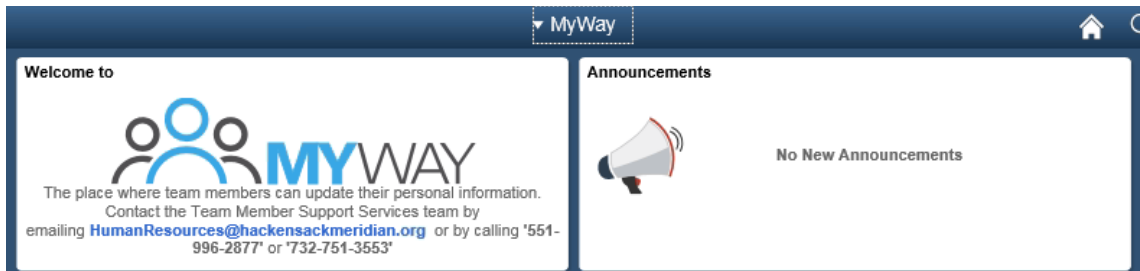
If your spouse/domestic partner/civil union is eligible to be covered by his/her employer and you choose to enroll him/her in our medical plan, you will pay an extra \$50 per month surcharge in addition to your medical premiums. To avoid the spousal surcharge, you must certify that he/she is NOT eligible for "Employer-Sponsored Medical Coverage" with his/her own employer. Employer-Sponsored Medical Coverage refers to medical insurance offered by your spouse's or domestic partner/civil union's employer that he/she is eligible for as an employee or former employee. It also includes COBRA insurance and pre-age 65 retiree medical coverage offered by the employer. Employer-Sponsored Medical Coverage does NOT refer to Tricare, Medicare (either due to age or disability), Medicaid or coverage obtained through the Health Insurance Marketplace. If your covered spouse is eligible as a Hackensack Meridian *Health* team member, the medical surcharge is waived.

[Return to MyWay Home Page](#)

 Save

34. If the information on the **Tobacco/Spousal Surcharge Certification** needs to be changed, click the **plus** sign to add a new row and answer the questions by clicking the radio buttons.
35. Click the **Save** button.
36. Click the **Return to the MyWay Home Page** link.

Result: The MyWay home page displays.



Questions?

If you have any questions, please contact Team Member Support Services through one of the following: **1)** submit an inquiry by clicking the **Team Member Service Center** tile from the **MyWay home page** and completing the Inquiry page presented; **2)** call 551-996-2877.