

Open Enrollment will be done online via the Human Resources Self Service pages. All employees will elect their health plan benefits using this process. Even if you aren't changing anything, you must still verify current coverage. Each open enrollment period is a good chance to review your health plan benefits, determine if the previously selected health plan provider is still the best option for you and your dependents and verify your life insurance options/beneficiaries.

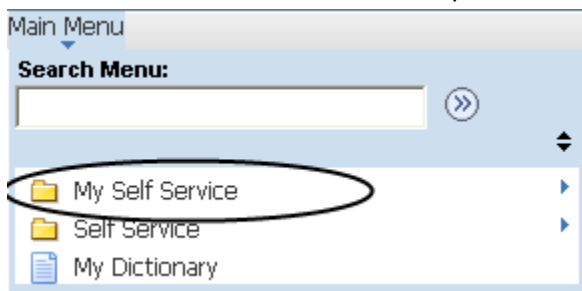
The purpose of this document is to provide detailed instructions on selecting your benefits for Open Enrollment. If you have any questions, please contact the Benefits Coordinator in the Human Resources department.

1. Log into Human Resources by going to the Holy Cross webpage and clicking on the login button. Under the quick links, select Human Resources Self Service.
2. Enter in your network username and passphrase on the login screen and click Sign In.

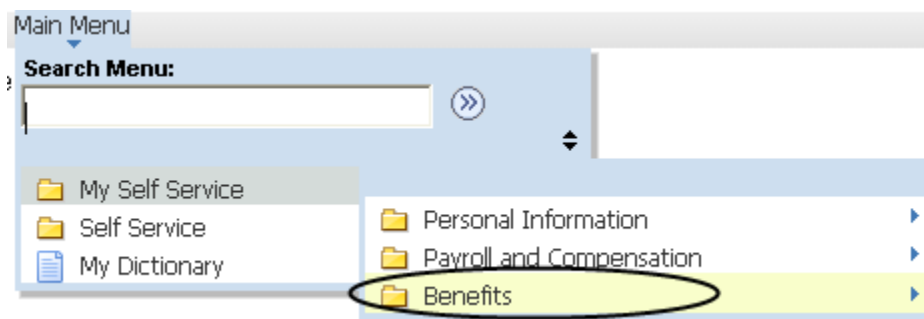


The user id isn't case sensitive. If you enter it in lowercase letters, it will uppercase it for you automatically. The passphrase, however, is case sensitive and must be entered in the proper case.

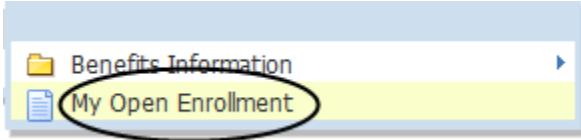
3. Click on Main Menu and from the drop down menu select My Self Service.



4. Select Benefits from the new menu on the left.



5. From the new menu select My Open Enrollment.



6. You will then be presented with your view of the benefit selection process for the next calendar year. The system will default you to the same plan (provided it's still being offered) with the same level of coverage and will show you the new rates for the next year, based on what you would pay per pay period. The screen is separated into several parts which will be explained below.

7. **Information.** The top part of the page will show you that you are enrolling for benefits for the next open enrollment period, your name, employee id, pay group, benefit program, your department and department name, your standard work hours and number of weeks or months per year you work, the number of pay periods you have per year and your employment status.

<p>Benefit Year: 2013 Event: Open Enrollment Coverage Effective: 01/01/2013 Name: Ned Piemaker ID: NPIEMAKER Title: Software Developer Dept: 350000 Information Technology Service</p>	<p>PayGrp: ADM Administration BenPgm: ADM Administration Benefit Program Empl Type: Salaried Empl Class: Full-Time Admin Full/Part Time: Full-Time Work Period: 40/12 PayPer/Yr: 24</p>
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8. Right below this section is what the default selections will cost you on a per pay period basis provided you make no changes. This amount isn't what you are paying now, but what you will be paying starting with the new rates for the next year.

Health Plan Summary
Views Medical/Dental Rates

Pay Period Cost: \$473.56

9. The blue "Health Plan Summary" button will take you to a page that shows a summary of the medical plans that the College provides. This list is only an overview. To return to open enrollment, click the return button at the bottom of the page. For specifics on what each plan covers, please contact the Benefits Coordinator in Human Resources.

College of the Holy Cross Health Plans Summary

The College offers three Health Maintenance Organizations (HMOs) and two High Deductible Health Plans (HDHP) to provide health coverage to our employees. The HMOs are Fallon Community Health Plan and Harvard Pilgrim Health Care. Typically when you join an HMO, you must live within its service area and agree to use the doctors and healthcare facilities associated with the plan. There are no waiting periods for benefits or pre-existing condition clauses (i.e. maternity benefits) once enrolled in a health plan. The provider of the HDHP is Fallon Community Health Plan. HDHP require you to meet certain deductibles before the plan starts paying for services. Outlined below is a summary of the benefits for all plans. Questions? Contact the Benefits Coordinator in Human Resources.

	Fallon Direct	Fallon Select	Harvard Pilgrim HMO	Fallon Direct HDHP	Fallon Select HDHP
Deductibles:	n/a	n/a	n/a	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Coinsurance:	100%	100%	100%	100%	100%
Coinsurance Maximum:	n/a	n/a	n/a	n/a	n/a
Out-of-pocket Maximum:	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000
Service Area: Services the following areas. See plan materials for specifics.	Central and Eastern MA	Central, Northern, Eastern, and Southeastern MA	MA, Southern NH, ME, RI	Central and Eastern MA	Central, Northern, Eastern, and Southeastern MA
	In-Network	In-Network	In-Network	In-Network	In-Network
Contributions:					
Monthly Individual:	\$ 65.05	\$ 172.36	\$ 366.76	\$ 26.99	\$ 126.72
Monthly Family:	\$ 168.47	\$ 447.62	\$ 942.32	\$ 80.77	\$ 329.13
Hospitalization Coverage of semi-private room and board, inpatient services, maternity care.	100% Coverage.	100% coverage	100% coverage	100% Coverage. (After deductible)	100% coverage (After deductible)
Emergency Room Services	\$100 Waived if admitted.	\$100 Waived if admitted.	\$50 Waived if admitted.	\$100 (After deductible) Waived if admitted. (After deductible)	\$100 (After deductible) Waived if admitted. (After deductible)
Outpatient Services: Dr's office visits, eye exams, and hearing tests	\$15 per visit.	\$20 per visit.	\$20 per visit.	\$25 per visit (\$40 co-pay other providers/specialist) (After deductible)	\$25 per visit. (\$40 co-pay other providers/specialist) (After deductible)
Routine physical exams	No co-pay	No co-pay	no co-pay	No co-pay	No co-pay
X-ray and laboratory	100% coverage	100% coverage	100% coverage	100% coverage	100% coverage

10. The blue "View Medical/Dental Rates" will take you to a rate comparison sheet. This comparison sheet will show weekly amounts for non-exempt employees and semi-monthly amounts for exempt employees. To return to open enrollment, click the return button at the bottom of the page.

2015 Employer/Employee Costs

Payroll Deducted Medical and Dental Contributions

	Type	Total Monthly Cost	Holy Cross Monthly Contribution	Holy Cross Annual Contribution	Employee Monthly Cost	24 Semi Monthly	Employee Annual Cost
Medical							
Fallon Direct	Employee Only	\$614.66	\$547.66	\$6,571.92	\$67.00	\$33.50	\$804.00
	Family	\$1,591.97	\$1,418.45	\$17,021.40	\$173.52	\$86.76	\$2,082.24
Fallon Select	Employee Only	\$708.73	\$531.20	\$6,374.40	\$177.53	\$88.77	\$2,130.36
	Family	\$1,836.74	\$1,375.69	\$16,508.28	\$461.05	\$230.53	\$5,532.60
Fallon PPO	Employee Only	\$871.74	\$533.02	\$6,396.24	\$338.72	\$169.36	\$4,064.64
	Family	\$2,259.19	\$1,380.41	\$16,564.92	\$878.78	\$439.39	\$10,545.36
Fallon Direct HDHP	Employee Only	\$477.01	\$469.73	\$5,636.76	\$7.28	\$3.64	\$87.36
	Family	\$1,235.43	\$1,182.09	\$14,185.08	\$53.34	\$26.67	\$640.08
Fallon Select HDHP	Employee Only	\$557.39	\$441.50	\$5,298.00	\$115.89	\$57.95	\$1,390.68
	Family	\$1,444.55	\$1,115.42	\$13,385.04	\$329.13	\$164.57	\$3,949.56
Harvard Pilgrim HMO	Employee Only	\$987.21	\$519.18	\$6,230.16	\$468.03	\$234.02	\$5,616.36
	Family	\$2,548.98	\$1,345.32	\$16,143.84	\$1,203.66	\$601.83	\$14,443.92
Dental							
Delta Dental	Employee Only	\$40.00	\$26.00	\$312.00	\$14.00	\$7.00	\$168.00
	Family	\$125.00	\$82.00	\$984.00	\$43.00	\$21.50	\$516.00

11. **Medical Plans.** The next section lists the medical plans that are available to you and their associated cost. Each plan, except "Waive" is listed twice. The first option being for an individual (Employee Only) and the

second option being for you and your dependents (Family). You will also see the pay period cost and a column for Health Provider ID. Some medical plans require that you enter in the name or ID number of your PCP, especially when you are changing plans. You will also need the name or ID of your dependent’s PCP as well.



Medical Plans

Select your medical plan from the choices below. If you wish to remain with the same medical plan you only need to check your dependent information and update if necessary. Please note that some medical plans require a primary care physician as part of the enrollment process. If you select a plan with this requirement, the Health Provider ID field will be available and you will need to enter this information in order to save your selection.

Please note: If you live too far from the service area for your selected plan, you may be denied coverage by the plan and required to select a different plan.

Each of the College group health insurance plans conform to the Health Care and Education Reconciliation Act (HCERA) of 2010.

Available Medical Plans				
2015 Choice	Benefit Plan	Coverage Type	Pay Period Cost	Health Provider
<input type="checkbox"/>	Fallon Direct	Employee Only	\$33.50	
<input type="checkbox"/>	Fallon Direct	Family	\$86.76	
<input type="checkbox"/>	Fallon Direct HDHP	Employee Only	\$3.64	
<input type="checkbox"/>	Fallon Direct HDHP	Family	\$26.67	
<input checked="" type="checkbox"/>	Fallon Select	Employee Only	\$88.77	
<input type="checkbox"/>	Fallon Select	Family	\$230.53	
<input type="checkbox"/>	Fallon Select HDHP	Employee Only	\$57.95	
<input type="checkbox"/>	Fallon Select HDHP	Family	\$164.57	
<input type="checkbox"/>	Harvard Pilgrim HMO	Employee Only	\$234.02	
<input type="checkbox"/>	Harvard Pilgrim HMO	Family	\$601.83	
<input type="checkbox"/>	Waive		\$0.00	

Medical Pay Period Cost: \$88.77

The first column shows you which plan you have selected for the current year and that will be your default for the next year. If you want to drop coverage, then you would select “Waive”. If you do select to waive medical insurance, you will need to provide proof that you have coverage for medical insurance under current Massachusetts law. The Health Provider ID field will open up and you need to put that proof in there.

12. **Dental Plans.** Dental Plans is the next section and will show you the options for dental coverage. As with the medical plans, you have the option to “Waive” your coverage.



Dental Plans

Select the dental plan you wish to enroll in. For a list of covered costs and procedures or for more information on what benefits the dental plan provides, please contact the Benefits Coordinator in Human Resources.

If you don't wish to change your existing plan you only need to check your dependent information and update if necessary.

Available Dental Plans				
2014 Choice	Benefit Plan	Coverage Type	Pay Period Cost	Health Provider
<input type="checkbox"/>	Waive		\$0.00	
<input checked="" type="checkbox"/>	Delta Dental	Employee Only	\$7.00	
<input type="checkbox"/>	Delta Dental	Family	\$21.50	

Dental Pay Period Cost: \$7.00

13. Below the Dental plans will be a list of your dependents



Dependents

Your dependents on file, if any, are listed below. A check mark beside their name indicates they are currently enrolled in the plan. Dependents without check marks are not enrolled, all dependents will be listed regardless.

Please Note: If you wish to disenroll a dependent who is under the age of 26, you must provide proof of other insurance to the Benefits Coordinator in Human Resources before your open enrollment will be processed.

If dependent information does not appear below there may be required information, such as social security number and/or birth date, missing. If information is incorrect it can be updated via Self-Service.

Any questions, please contact the Benefits Coordinator in Human Resources.

Your eligible dependents									
Medical Enrolled	Dental Enrolled	ID	Name	Relationship	Gender	Student	Disabled	Impaired Income	Medical Health Provider
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	01	Olive Snook	Spouse	Female	<input type="checkbox"/>	<input type="checkbox"/>	No	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	02	Emerson Cod	Child	Male	<input type="checkbox"/>	<input type="checkbox"/>	No	

14. If you are missing any dependents or information is incorrect, please contact the Benefits Coordinator immediately.

15. **Flexible Spending Accounts (FSA).** For those employees who are enrolled in a benefit plan that provides for FSA enrollment, the FSA section will be available. If you wish to enroll in either a Health Care FSA or Dependent Care FSA, check the box next to the one you wish to enroll in and enter in the amount of the pledge up to the limit. The limits are set by the College under the guidance from the Federal Government. The Health Care FSA can be used to reimburse you for office visit co-pays, prescription co-pays and other IRS approved items. Dependent Care FSA is used to reimburse you for day care costs for your dependent children or elderly parents. If you are currently enrolled in either FSA, you must either re-elect that FSA or elect to “Waive” it. **Not selecting it isn’t an option.**



Flexible Spending Accounts (FSA)

If you wish to participate in either the Health Care or Dependent Care Flexible Spending Accounts you must enter your annual contribution below. The maximum you can contribute cannot exceed the limit set by the College and Federal Government.

For 2014 the Health Care FSA minimum annual contribution is \$100 and the annual contribution limit is \$2500. For the Dependent Care FSA the minimum annual contribution amount is \$100 and the annual contribution limit is \$5000.

The Health Care FSA can be used to reimburse you for certain health care related expenses such as dental, medical, vision and hearing costs and other IRS approved expenses. **Please Note:** Purchase of some OTC items may require a prescription from your doctor.

The Dependent Care FSA can be use to reimburse for Day Care related expenses for your children and elderly parents. Any questions on what is covered should be directed to the Benefits Coordinator.

Per College policy you must elect your FSAs each year. If you have a current FSA and you wish to drop either FSA, select the “Waive FSA for 2014” check box for the plan you wish to drop, otherwise the box will not be selectable. Dependent Care may only be changed during the year with a qualifying life event.

Any questions, please contact the Benefits Coordinator in Human Resources.

Flexible Spending Accounts (FSA)							
2014 Choice	Waive FSA for 2014	Benefit Plan	Nbr of Deductions	2014 Pay Period Cost	2014 Annual Pledge		2013 Annual Pledge
<input type="checkbox"/>	<input type="checkbox"/>	Health Care Account	24	\$0.00	\$0.00		\$2,400.00
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dependent Care Account	24	\$0.00	\$0.00		\$0.00

Flexible Spending Accounts (FSA) Pay Period Cost: \$0.00

Beginning with the 2010 calendar year, the College outsourced the FSA processing. As a result, if you elect to

participate in either FSA plan, all paperwork associated with the payment of claims will be handled by the external processor and not by Human Resources. If you elect the Health Care FSA then you will receive a VISA credit card. You use this card to pay for reimbursable expenses at your doctor’s office, pharmacy, etc. If you decide not to participate in the Health Care FSA for the following year, please hold on to your card as you will be charged to replace the card.

16. **Health Savings Account.** Beginning with the 2014 calendar year, the College is offering a Health Savings Account that will couple with the High Deductible Health Plan. If you are enrolled in the High Deductible Health plan, you may want to take advantage of the tax benefits associated with a Health Savings Account. The College will supplement this account with a \$500 contribution for individuals and a \$1000 contribution for families. The HSA option will only be shown if you elect one of the new High Deductible Health Plans.



Health Savings Account (HSA)

A **Health Savings Account (HSA)** is for individuals who are covered under high-deductible health plans (HDHPs) to save for medical expenses that HDHPs do not cover. Contributions are made into the account by the individual and/or the individual's employer and are limited to a maximum amount each year. The contributions are invested over time and can be used to pay for qualified medical expenses, which include most medical care such as dental, vision and over-the-counter drugs.

The HSA account has three major tax savings: the money contributed into the account is tax deductible, it grows tax free, and certain withdrawals are tax free if they are for qualified medical expenses. To qualify for an HSA account, you must have coverage from a high-deductible health plan and you must not be enrolled in Medicare or be listed as a dependent on another person's tax return.

While you are not required to participate in an HSA if you enroll in a HDHP, it is strongly encouraged as it is a way to pay for your share of any doctor's visits, lab work, prescriptions, etc.

For 2014, the minimum annual contribution amount is **\$100** and the maximum annual contribution amount is **\$3300**. For families the minimum annual contribution amount is **\$100** and the maximum annual contribution is **\$6550**.

For 2014 the College will be contributing an annual amount of **\$500** toward individual plans and **\$1000** toward family plans. These contribution amounts are included in the yearly maximums listed above. The HSA plan you elect is related to the medical plan you select. If you select an individual plan, you can only elect an individual HSA, and likewise for the family plan.

For employees who are aged 55 or older or are turning 55 during 2014, an additional annual amount of **\$1000** can be added to the HSA.

Per College policy you must elect your HSAs each year. If you have a current HSA and you wish to drop the HSA, select the "Waive HSA for 2014" check box, otherwise the box will not be selectable.

Any questions, please contact the Benefits Coordinator in Human Resources.

Health Savings Account (HSA)							
2014 Choice	Waive HSA for 2014	Benefit Plan	Nbr of Deductions	2014 Pay Period Cost	2014 Annual Pledge	Refresh	2013 Annual Pledge
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Health Savings Account Ind	24	\$0.00	\$0.00		\$0.00

Health Savings Account (HSA) Pay Period Cost: \$0.00

Your Annual Pledge: \$0.00
 Holy Cross Contribution: \$0.00
 Combined Annual Pledge \$0.00

17. **Supplemental Life Insurance.** The College is pleased to offer its employees the ability to purchase additional life insurance for themselves and their dependents. This insurance is in addition to any Life/AD & D insurance the College may already provide to its employees. This supplemental life insurance is portable, meaning you can take it with you if you leave employment of the College, and is paid for by the employee as an After-Tax payroll deduction.

For more information on the benefits and costs of the insurance, please select one of the links below. During the 2015 Open Enrollment period, the College and The Standard are pleased to provide additional supplemental life insurance to employees of the College and their dependents without the need for medical qualification.

Employee Rates

If you elect Additional Life insurance, your monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse Rates

If you elect Dependents Life insurance for your spouse, your monthly rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Child Rates

If you elect Dependents Life insurance for your eligible child(ren), the monthly rate is \$0.170 per \$1,000 of coverage, regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

Supplemental Life Insurance Rates			
Insured's Age (as of January 1)	Employee's Rate (per \$1,000 total coverage)	Spouse's Rate (per \$1,000 total coverage)	Child's Rate* (per \$1,000 total coverage)
< 29	\$0.060	\$0.050	\$0.170
30-34	\$0.080	\$0.080	\$0.170
35-39	\$0.100	\$0.100	\$0.170
40-44	\$0.140	\$0.140	\$0.170
45-49	\$0.210	\$0.210	\$0.170
50-54	\$0.350	\$0.350	\$0.170
55-59	\$0.650	\$0.650	\$0.170
60-64	\$1.150	\$1.150	\$0.170
65-69	\$1.880	\$1.880	\$0.170
70-74	\$3.260	\$3.260	\$0.170
75+	\$5.550	\$5.550	\$0.170

Supplemental Life Insurance

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For more information on the benefits and costs of the insurance, please select one of the links below.

During the 2015 Open Enrollment period, the College and The Standard are pleased to provide additional supplemental life insurance to employees of the College and their dependents without the need for medical qualification.

[Additional Information](#)

[Supplemental Life Insurance Rates](#)

Supplemental Life?

Yes I want Supplemental Life

No I don't want Supplemental Life

- Insurance Beneficiaries.** Open enrollment is the perfect time to review your list of beneficiaries for your Life and Accidental Death & Dismemberment (AD&D) insurance. Changes to your beneficiaries or allocations of benefits will require a new form to be signed. The beneficiaries you have in the system are listed. If you have any beneficiaries already selected, they are shown with the allocations currently in effect. You can add or drop beneficiaries or change the allocations for the selected ones. You can elect to have the allocations done as percentages or as flat amounts. If you elect percentage then you must have the percentages add up to 100%. If you elect Flat Amount, then enter in the value you wish each selected dependent to receive. You need to select one beneficiary to receive any excess funds. For example, if you have three (3) beneficiaries and you elect to give each one \$5,000, then any amount over \$15,000 will go to the person who is listed for the excess. You don't need to select secondary beneficiaries but you have to elect at least one primary beneficiary for each plan. Secondary beneficiaries would only receive disbursements if the primary beneficiaries are no longer living.



Life & AD&D Insurance Beneficiaries

The College provides life insurance and accidental death and dismemberment (AD&D) insurance to eligible employees at no cost to the employee. Those employee who are under age 67 are covered with a policy for one and a half times their annual salary. Those employees who are 67 and older have a reduced benefit.

Your current projected benefit for College provided life/accidental death & dismemberment insurance is approximately \$0*

Below is the list of any beneficiaries you have entered into the system. If any of them are listed as beneficiaries to your policies then the distribution amount of the policy payout is listed as well.

Open enrollment is a perfect time to verify your beneficiaries and make changes as necessary. You can alter the percentages or flat amounts for any of the listed beneficiaries. If you wish to remove a beneficiary, then deselect them. To add additional beneficiaries, contact Human Resources or stop your open enrollment and add them into self service. When you return to open enrollment, your new beneficiaries will appear.

Please note that making any changes to your beneficiaries will require that a new beneficiary designation form be signed and returned to Human Resources. The insurance provider requires a "wet" signature. If you make changes, then a pre-filled out beneficiary designation form will be e-mailed to you. Simply print it out, sign it, make a copy for yourself and return the original to Human Resources care of the Benefits Coordinator.

Please Note: These beneficiaries will **NOT** take effect until Human Resources receives the **original** signed and dated form.

* - Please note that this is an estimate only and your actual payout could be higher or lower.

Distribution Type:

Available Beneficiaries					
Beneficiary	ID	Name	Relationship	Percent Allocated	Contingent
<input type="checkbox"/>	01	Olive Snook	Spouse	0	<input type="checkbox"/>
<input type="checkbox"/>	02	Emerson Cod	Child	0	<input type="checkbox"/>

Life Primary Percentage Amt: 0

Life Alternate Percentage Amt: 0

19. **Imputed Income.** If you have an ex-spouse enrolled in the medical plan, then you will need to review the information on imputed income. You will see the following information:

Imputed Income Reminder

Because you have elected to cover a "non-qualified dependent", as determined by the IRS, you are subject to "imputed income". You will therefore be receiving a copy of the imputed income statement via e-mail.

Any questions please contact the Benefits Coordinator in Human Resources.

The e-mail will explain what imputed income is and what it means for you

20. When you have completed your selections, **if you are covering an ex-spouse** you will need to view the imputed income page prior to continuing

The imputed income amount is equal to the total monthly individual group health plan premium as follows:

Health Plan	Monthly Cost
Fallon Direct	\$601.43
Fallon Select	\$702.79
Fallon Sabbatical	\$702.79
Harvard Pilgrim HMO	\$893.15
Delta Dental *	\$40

* As Delta Dental voluntarily adopted the coverage provisions of the Massachusetts Health Care Reform Law, imputed income will also apply to Massachusetts State Tax.

The information below provides more information about eligibility. Please read it carefully. We also suggest you consult your tax advisor as needed.

Please complete the following form. This form has been pre-populated with information on any of your dependent children ages 19 to 26 enrolled in the College's group health insurance plan. Additionally, if you have an ex-spouse enrolled, they have been included as well. If you are covering an ex-spouse who is not on the list, please contact Human Resources to get this information corrected.

If you would answer yes to any of the questions, please check the box. If you can't claim the dependent on your taxes, please enter the last year you were able to claim them in the 4th question.

ID	Name	Relationship	Birthdate	Coverage	Primary residence with employee?	F/T student 5 months a year?	Claim on Fed taxes?	If No enter last year claimed	Provide 50% or more support?
01	Ex Spouse	ExSpouse	01/01/1971		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

General eligibility information:

- Eligible dependents may be covered up to the age of 26 if they are a full-time student or if the taxpayer provides over half of his or her support for the calendar year.
- Dependents may be covered longer if disabled under the American with Disabilities Act.
- In addition, under Massachusetts health care reform law, dependents may be covered up to age 26 or 2 calendar years following the loss of dependent status according to the IRS, whichever one occurs first.
- In some cases the College's cost of providing benefits for dependents (including ex-spouses) who do not meet the IRS definition of qualified dependents is considered ordinary or "imputed income" and is, therefore, subject to taxes.

[Return](#)

21. Then read through the items that you must agree to when clicking submit and then click submit when ready. If you are not ready to submit the data, you may save it and when you return later your changes will still be

there.

By clicking "Submit" I agree to and understand the following:

- Any pre-elections for medical/dental contributions and dependent care account will be effective until **December 31, 2013**, unless my family status changes or I move outside my HMO service area which may permit a change of pre-elections under the Plan. However, no change can be made in my health care account.
- For subsequent years after **2013**, my election for medical and/or dental contributions will remain in effect equal to my share of the cost unless I change my current medical and/or dental plan or rescind this election by selecting "Waive" above.
- In the event my employment should terminate, I will have the option of continuing my health care account on an after tax basis in accordance with COBRA regulations.
- If I have a dependent care account, I certify that the amount pre-elected does not exceed my income or that of my spouse which ever is less. I also certify that if I elect in excess of **\$2500** that I will file a joint tax return.
- I hereby authorize the College of the Holy Cross to make all payroll deductions for my contributions and expenses elected herein on a **before-tax** basis. I further understand that any amounts remaining in my flexible spending account(s) on **03/15/2014** and for which I have not requested reimbursement by **04/30/2014** shall be **forfeited** in accordance with the Plan.

Submit

Save For Later

[Check for Errors](#)

Pay Period Cost: \$99.35

22. After you click "Submit" the system will verify that there are no errors with the choices you have made and if it finds an error you will be presented with a dialog box explaining the error and what you need to do to correct it. Make the necessary corrections and submit again.

Possible errors include:

- a. **Not selecting any dependents for a family plan.**

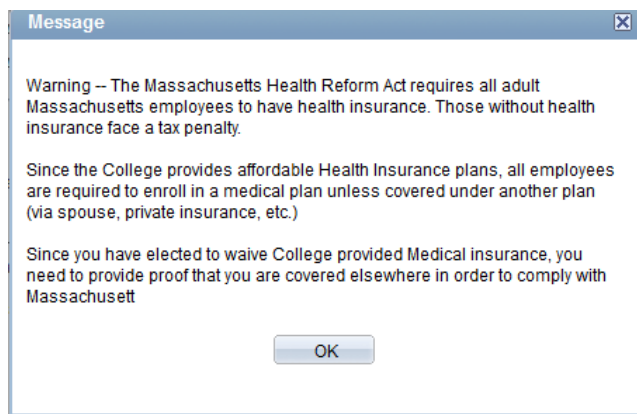
If you select a Family Plan, you must have at least one dependent selected.

- b. **Missing Health Provider ID.**

If you have selected a plan that requires a Health Provider ID, you must enter one for each enrolled person.

- c. **Waiving medical coverage without entering coverage.**

If you waive the medical plan, you must, under Massachusetts law, provide proof of other coverage. Enter in the proof (spouse, private insurance etc.) into the Health Provider ID box on the "Waive" line. If you fail to enter that information when you click submit you will receive the following dialog box:



- d. **Invalid amount entered for FSA.**

There is a minimum and a maximum amount for each of the FSA plans. The minimums and maximum amounts are listed in the information about the Flexible Spend Accounts. If your elected amount falls below or above these amounts, you will be notified.

e. **Failure to either re-elect or waive FSA.**

If you currently have an FSA (either Health, Dependent or both) and don't wish to participate in it for the next year, you have to click box in the "Waive" column to un-enroll for the next year.

Verify Identity

To protect your privacy, verify your identity by typing your password. If you are not this user, click **Sign Out**.

User ID: BSALINGER
 Password:

23. Upon successful completion of open enrollment you will see this confirmation page:



24. When you click on "OK", you will be presented with a review of your open enrollment choices. You should print this page for your records.
25. If you elected to waive your medical coverage, you will receive the following dialog box after hitting submit. Additionally, you will receive a second email with the HIRD statement.

Health Insurance Responsibility Disclosure

Because you have elected to "waive" medical insurance, you will be receiving a copy of the Massachusetts Health Insurance Responsibility Disclosure (HIRD) form for 2013. This form will be e-mailed to you. You should keep a copy of it with your important papers. You can view the form by clicking the "View HIRD" button below.

26. **All employees** will receive a link to the Medicaid/Children's Health Insurance Program notice.

Medicaid/Children's Health Insurance Program

The College is required to comply with the U.S. Department of Labor's Children's Health Insurance Program Reauthorization Act of 2009 by providing all employees eligible for group health insurance the attached notice on state premium assistance subsidies.

27. You will receive email confirmations on your benefit selections, your CHIP notice, your HIRD statement if one is required and your imputed income statement, if required. If you don't receive these emails within twenty-four (24) hours, please contact the Benefits Coordinator in Human Resources to verify your open enrollment completed correctly.
28. If you have made any changes to your coverage type, i.e. individual to family, you will be notified that you must provide the appropriate proof to the Benefits Coordinator in order for the change to be accepted.

Any questions should be directed to the Benefits Coordinator in Human Resources.