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 and determine if the previously selected health plan provider is still the best option for you and your dependents.

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 Faculty & Staff link on the top of the page. Under the Employee Resources section on the left side of the page, select Human Resources (HR) Self-Service.
2. Enter in your network username and password 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 password, however, is case sensitive and must be entered in the proper case.
Benefits: Open Enrollment Self Service 2015

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 broken into several parts which will be explained below.

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.
7. 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.

8. 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 two High Deductible Health Plans (HDHP) and three traditional Health Maintenance Organizations (HMOs) to provide health coverage to our employees. The HMOs are Fallon Community Health Plan and Harvard Pilgrim HealthCare. 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 requires you to meet certain deductibles before the plan starts paying for services. This amount isn’t what you are paying now, but what you will be paying starting with the new rates for the next year.

9. 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.
10. **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.
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.

11. **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.
12. 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 birthdate, missing. If information is incorrect it can be updated via Self Service.

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

<table>
<thead>
<tr>
<th>Medical Enrolled</th>
<th>Dental Enrolled</th>
<th>ID</th>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>National ID</th>
<th>Student</th>
<th>Disabled</th>
<th>Imputed Income</th>
<th>Medical Health Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>☑</td>
<td>61</td>
<td>Olivia Smoak</td>
<td>Spouse</td>
<td>01/01/1980</td>
<td>XXXXXXXXXX00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>☑</td>
<td>62</td>
<td>Emerson Cod</td>
<td>Child</td>
<td>01/01/2000</td>
<td>XXXXXXXXXX00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Please note:** The health and dental plans require employee and dependent social security numbers and birthdates for new or continuing enrollments.

14. **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.**
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.

15. 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.
16. **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 employees 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 $8.

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.

<table>
<thead>
<tr>
<th>Distribution Type:</th>
<th>Percent Amount</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Available Beneficiaries</th>
<th>Percent Allocated</th>
<th>Contingent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficiary</strong></td>
<td><strong>ID</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>------------------------</td>
<td>---</td>
<td>------------------</td>
</tr>
<tr>
<td>01 Oliva Snook</td>
<td>1</td>
<td>Spouse</td>
</tr>
<tr>
<td>02 Emerson Con</td>
<td>2</td>
<td>Child</td>
</tr>
</tbody>
</table>

**Life Primary Percentage Amt:** 0 [Update Totals]
**Life Alternate Percentage Amt:** 0

17. **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

18. 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

[Review Imputed Income]
Benefits: Open Enrollment Self Service | 2015

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

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fallon Direct</td>
<td>$591.43</td>
</tr>
<tr>
<td>Fallon Select</td>
<td>$702.79</td>
</tr>
<tr>
<td>Fallon Sabbatical</td>
<td>$702.79</td>
</tr>
<tr>
<td>Harvard Pilgrim HMO</td>
<td>$893.15</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>$40</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Id</th>
<th>Name</th>
<th>Relationship</th>
<th>Birthdate</th>
<th>Coverage</th>
<th>Primary residence with employee?</th>
<th>Full time student 5 months or a year?</th>
<th>Claim on Fed. taxes?</th>
<th>If No enter last year claimed?</th>
<th>Provide 50% or more support?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Ex Spouse</td>
<td>ExSpouse</td>
<td>01/01/971</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

19. 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.
20. 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:

![Image of warning dialog box]

**Warning** – The Massachusetts Health Reform Act requires all adult Massachusetts employees to have health insurance. Those without health insurance face a tax penalty.

Since the College provides affordable Health Insurance plans, all employees are required to enroll in a medical plan unless covered under another plan (via spouse, private insurance, etc.)

Since you have elected to waive College provided Medical insurance, you need to provide proof that you are covered elsewhere in order to comply with Massachusetts
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: 

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

**Save Confirmation**

The Save was successful.

22. 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.
23. 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.

24. **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.

25. 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.

26. 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.