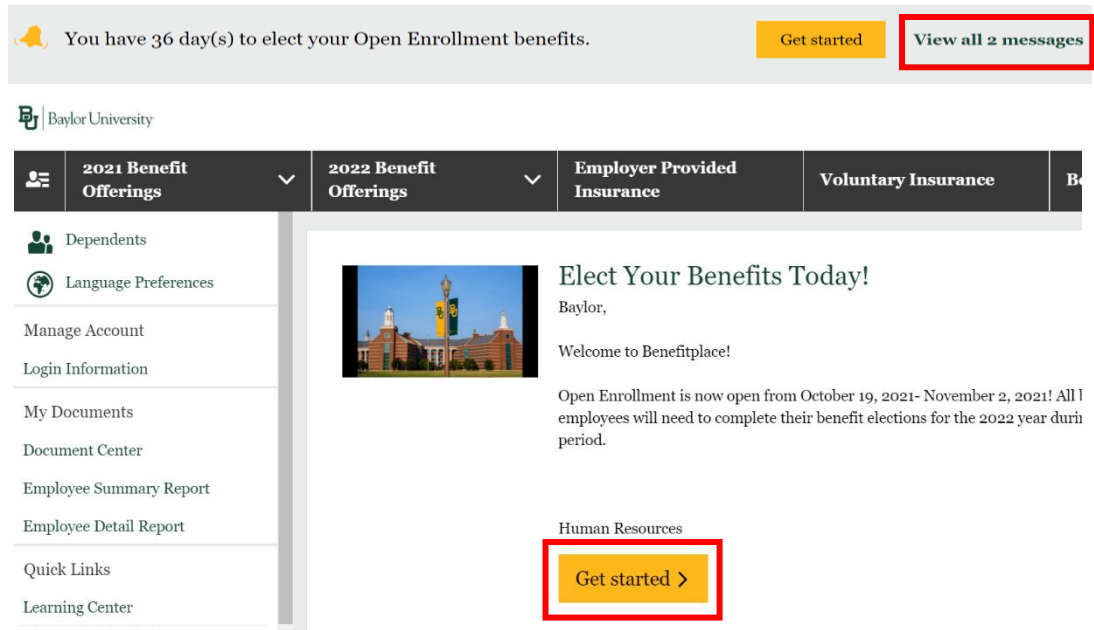
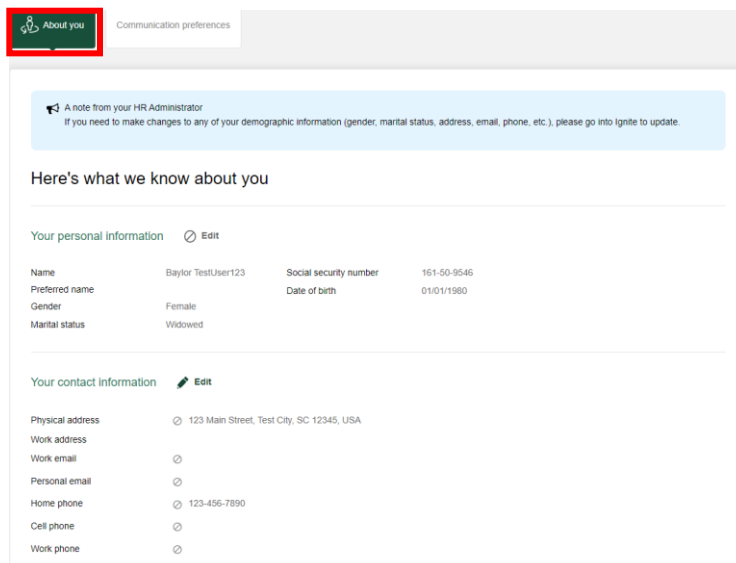


I. Open Enrollment – Getting Started

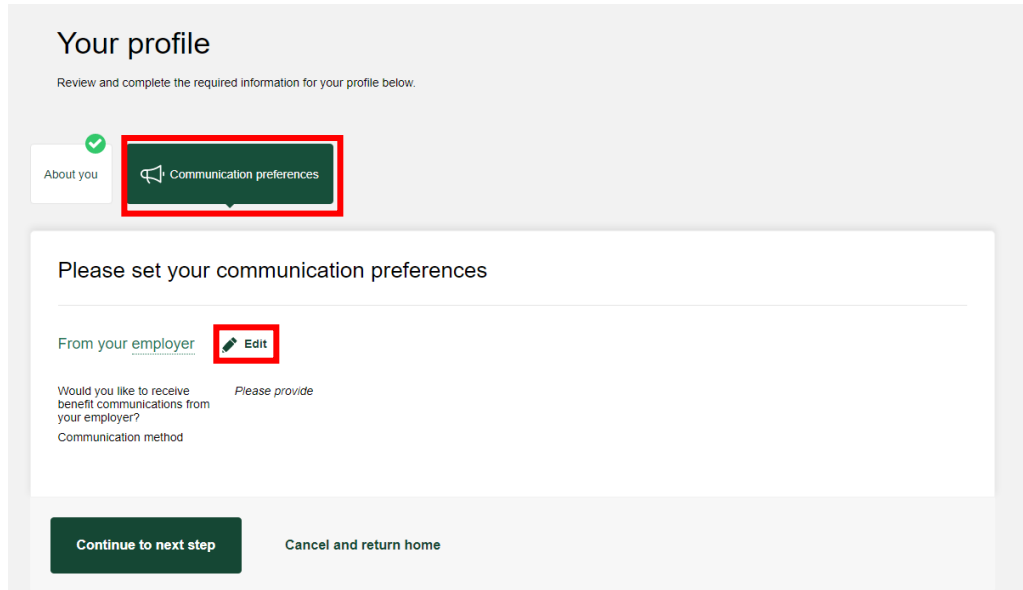
1. Login to Benefitfocus using your **Bear ID** and **Password**. Click the **Get Started** button on the Welcome Banner after logging in.
 - a. *Note - The **Important Messages Banner** shows the number of days remaining to make elections with a **Get Started** button. Click **View Messages** to view the actionable item(s) and you may click the corresponding action link beside the message to continue working on the task at hand.*



2. You will be directed to the Your Profile page. Please confirm that your personal information is correct. If any of your information, such as address or Last Name appear incorrect, ***do not make changes in Benefitfocus***. You must login to Ignite to make changes to your personal information.

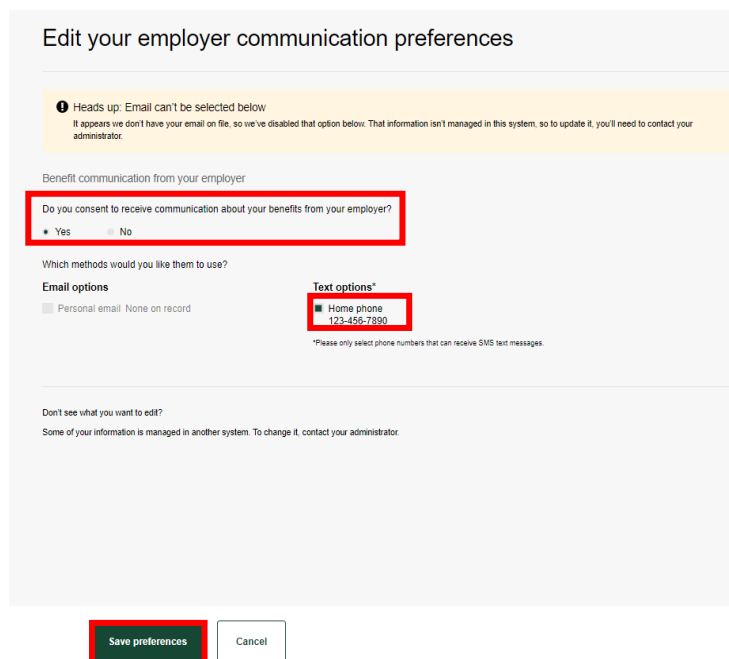


- Next, verify your communication preferences by selecting **communication preferences** and clicking **Edit**.



The screenshot shows the 'Your profile' page. At the top, it says 'Review and complete the required information for your profile below.' There are two tabs: 'About you' (with a green checkmark) and 'Communication preferences' (highlighted with a red box). Below the tabs is a section titled 'Please set your communication preferences'. Under 'From your employer', there is an 'Edit' button (highlighted with a red box). Below this, there is a question: 'Would you like to receive benefit communications from your employer?' with a 'Please provide' note. Underneath, there is a 'Communication method' label. At the bottom, there are two buttons: 'Continue to next step' and 'Cancel and return home'.

- You will need to **consent** and choose your **preferred method of communication**. This communication will only be used to notify you of necessary action regarding your benefits. When you've confirmed all information is correct, be sure to press **Save Preferences**.



The screenshot shows the 'Edit your employer communication preferences' page. At the top, there is a yellow warning box: 'Heads up: Email can't be selected below. It appears we don't have your email on file, so we've disabled that option below. That information isn't managed in this system, so to update it, you'll need to contact your administrator.' Below this, there is a section titled 'Benefit communication from your employer'. A question is asked: 'Do you consent to receive communication about your benefits from your employer?' with radio buttons for 'Yes' (selected) and 'No' (highlighted with a red box). Below this, there is a section titled 'Which methods would you like them to use?'. Under 'Email options', there are radio buttons for 'Personal email' and 'None on record'. Under 'Text options*', there is a radio button for 'Home phone' (selected) and a text input field containing '123-456-7890' (highlighted with a red box). A note below says '*Please only select phone numbers that can receive SMS text messages.' At the bottom, there is a section titled 'Don't see what you want to edit?' with a note: 'Some of your information is managed in another system. To change it, contact your administrator.' At the very bottom, there are two buttons: 'Save preferences' (highlighted with a red box) and 'Cancel'.

- At the bottom of the screen Click **Continue to Next Step**.

- Next, Benefitfocus will prompt you to enter or update your dependents' information.
 - If you do not have any dependent information to enter, click **Next**. Click **Edit** in the Actions menu if you need to update an existing dependent. Or click the **Add Dependent** button if you need to add dependents to include in your benefit elections.

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

- Enter the required information notated with a red asterisk, making sure to provide the social security number of each of your dependents over the age of 6 months. Once you've entered all dependent demographic information, click **Save**, followed by **Next** to begin enrollment.

Add Dependent

First Name * Britney Middle Name Last Name * Bear

Suffix ---Please Select--- Preferred Name

Date of Birth * 04/12/2001

Gender * Male Female

SSN * 999-99-3333
SSN is required for dependents 6 months and older. If your dependent is less than 6 months old, you may leave this field blank. However, you will be required to provide this information when the dependent reaches 6 months old.

Relationship * Child

Physical Address Use Employee Address

Save Save & Add Another Cancel

Eligible For Coverage

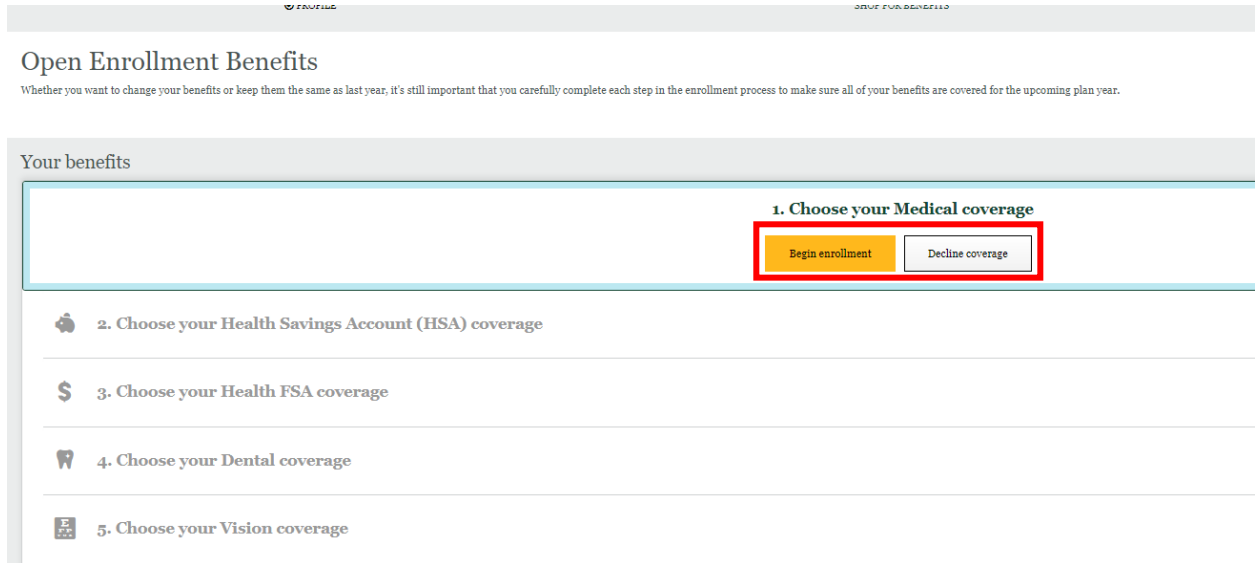
Select	Name	Relationship	Date of Birth
<input type="checkbox"/>	Baylor TestUser123	Subscriber	01/01/1980
<input checked="" type="checkbox"/>	Britney Bear	Child	04/12/2001

Add Dependent

Decline Coverage I would like to decline Medical coverage.

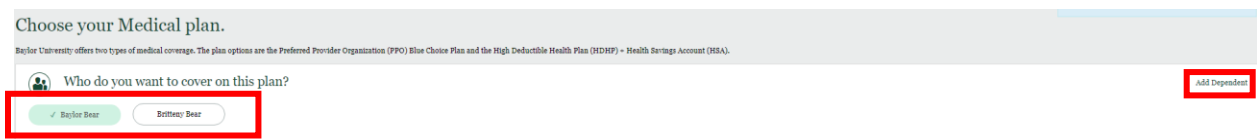
Next Previous

- For any benefits which are neither enrolled nor declined, you will need to make benefit elections. You will make elections in the order presented. The eligibility of some plans is determined by your selections for other benefits. For instance, you can only enroll in an HSA if you enroll in a High Deductible Health Plan (HDHP). To begin making your elections, click the **Begin enrollment** button, or **Decline coverage**.



II. Medical

- After selecting Begin Enrollment, you will be directed to the Choose your Medical Plan page. At the top, you will see a list of your dependents, and can select which individuals to cover on each plan by **selecting or deselecting their name**. You can also add dependents by clicking **Add Dependent**.



- Click on **Plan Details** to see more details about each medical coverage option. If you need more information on the plan that best fits your lifestyle/family, each medical plan document is provided in **Plan Documents**.

HDHP

HSA

Compare

▼ Currently Selected **Plan details** ▶ Plan Documents ▼

UMR HDHP 2024

Estimated Annual Cost **\$12,909.43** FSA Tax Savings [Add Contribution](#)

[How was this calculated?](#)

Individual Deductible

Family Deductible

Individual Out of Pocket Max

Family Out of Pocket Max

PPO

FSA

Compare

UMR PPO 2024

Estimated Annual Cost **\$16,568.45** FSA Tax Savings [Add Contribution](#)

[How was this calculated?](#)

Individual Deductible

Family Deductible

- You can also use the plan comparison tool to compare plans and estimate your family's costs under each plan. Click the **drop-down arrow** to see more details.

Compare plans & estimate your cost

Personalize your estimated cost
 Your estimated annual cost is based on the details below. Personalize for a more accurate cost estimation.

Costs based on National Average **▼**

- The estimate is based on the national average, but you can customize based upon your family's healthcare usage by selecting **Customize Usage** and adjusting the **sliders** to the right accordingly.

Compare plans & estimate your cost

Personalize your estimated cost
 Your estimated annual cost is based on the details below. Personalize for a more accurate cost estimation.

Costs based on **Customize Usage** ^ Tax Savings [+ Add Contribution](#) v

Tell us about your expected healthcare usage
 Choose from one of our pre-defined usage scenarios or personalize your usage for the upcoming plan year and we will estimate how much each plan will cost you.

Usage Scenario	Percentage	Category	Cost
National Average	0	Immediate Medical Care	\$0.00
Group Average Claims Data	38	Outpatient Care	\$15,829.66
	29	Inpatient Hospitalization	\$153,447.99
	9	Physician Office Care	\$997.02
	31	Prescription Drugs and Refills	\$6,378.87
	Total Usage Cost		

Customize Usage

[Done](#)

- To compare, check the **Compare boxes** on the left side of the screen for each plan you'd like to see side-by-side. Then select the **Compare plans & estimate your cost tool**.

- This will allow you to compare the cost of each plan side-by-side. When you're ready, click **Select Plan** for the plan that best suits your needs. You will then be prompted to complete either HSA or FSA contributions depending on the medical plan selected.

	UMR HDHP 2024 \$409.00 Monthly Cost Employee USA Contribution	UMR PPO 2024 \$738.00 Monthly Cost
	<input checked="" type="checkbox"/> Currently Selected	<input type="checkbox"/> Select plan
In-Network		
Individual Deductible	\$4,000	\$3,000
Family Deductible	\$8,000	\$6,000
Individual Out of Pocket Max	\$4,000	\$4,000
Family Out of Pocket Max	\$8,000	\$6,000
Primary Care Physician Office Visit	80% after deductible	PCP Specialist: 80%/90%
Inpatient Hospital	80% after deductible	\$300 per admission/room, then 80% after deductible
Outpatient Hospital	80% after deductible	80% after deductible
Emergency Room (Hospital & Physician TRICE EMERGENCIES)	80% after deductible	80% after \$500 copay per visit
Infusion (separate cost of product maximum for Prescription Drug)	None	None
Prescription Drug Deductible	None	None
Prescription Drug Out of Pocket Maximum	None	None
30 Day Supply Prescription Drug	Generic/Brand name : 80%/after deductible/70% after deductible	Generic/Preferred Brand/Non-Preferred Brand: 80%/80%/80%
Out-of-Network		
Individual Deductible	\$4,000	\$3,000
Family Deductible	\$8,000	\$6,000
Individual Out of Pocket Max	\$8,000	\$6,000
Family Out of Pocket Max	\$8,000	\$6,000
Primary Care Physician Office Visit	60% after deductible	60% after deductible
Inpatient Hospital	60% after deductible	\$300 per admission/room, then 60% after deductible
Outpatient Hospital	60% after deductible	60% after deductible
Emergency Room (Hospital & Physician TRICE EMERGENCIES)	60% after deductible	60% after deductible
30 Day Supply Prescription Drug	None	None

- For example, if you choose HDHP, you will be prompted to select your HSA contribution, select Yes, I would like an HSA and Continue.

1. Would you like an HSA?

Yes, I would like an HSA.

No, I do not want an HSA.

Continue

Previous

Cancel & return home

- You will then be prompted to choose how you'd like to contribute to your HSA. You can choose to Maximize your contribution, select a custom amount, or receive the employer contribution.

1. How would you like to contribute to your HSA?

Maximize contribution

You will have 25 contributions of \$117.31 and one last contribution of \$117.25 to total \$3,050.00 for the year.

Custom amount

Contribute a custom amount to be deducted from one or multiple paychecks.

Employer only

I don't want to contribute right now (you will still receive your employer's contribution).

Continue

Previous

Cancel & return home

- If you choose to contribute a custom amount, you will be prompted to select a One Time Contribution (will take a set amount from one specific paycheck) or a Custom Paycheck Range, (enter the amount you want to be withdrawn from each paycheck and specify the start and end date). Once you have made you elections, click continue.

2. Select a way to contribute to your HSA

One time Contribution
Schedule an amount to be deducted from one specific paycheck.

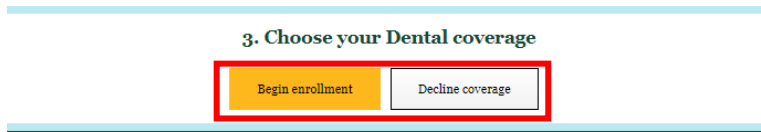
Custom paycheck range
Schedule an amount to be deducted from a custom range of paychecks.

Amount 100.00	from	Start date 01/14/2022	to	End date 02/25/2022
Continue	Previous	Cancel & return home		

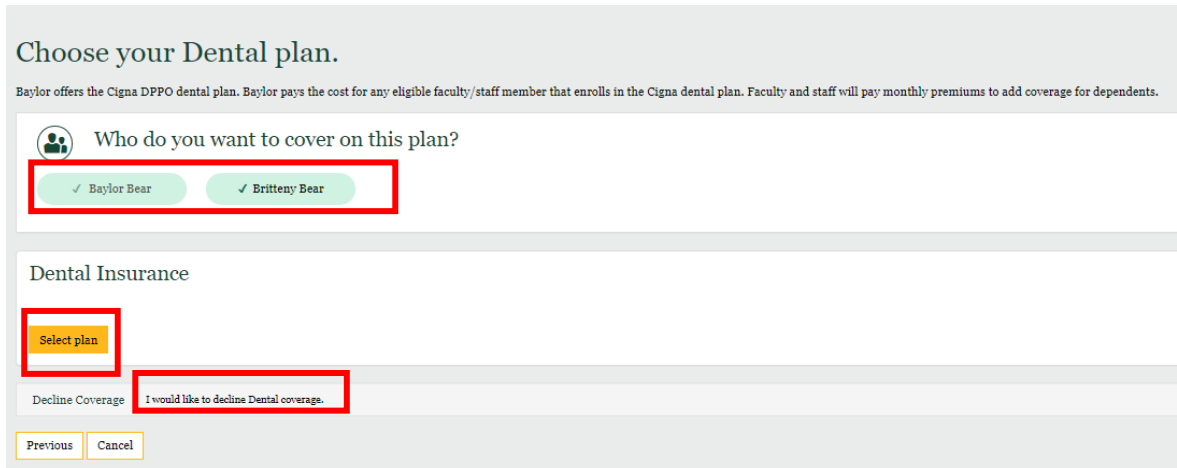
- You will be directed to a Review page of your HSA contributions. If everything looks correct, select **Save & Continue**. You will be given a summary of the Medical Coverage benefit which you can review and make changes. Once you are ready to continue, click **Save** and continue enrolling.

III. Dental

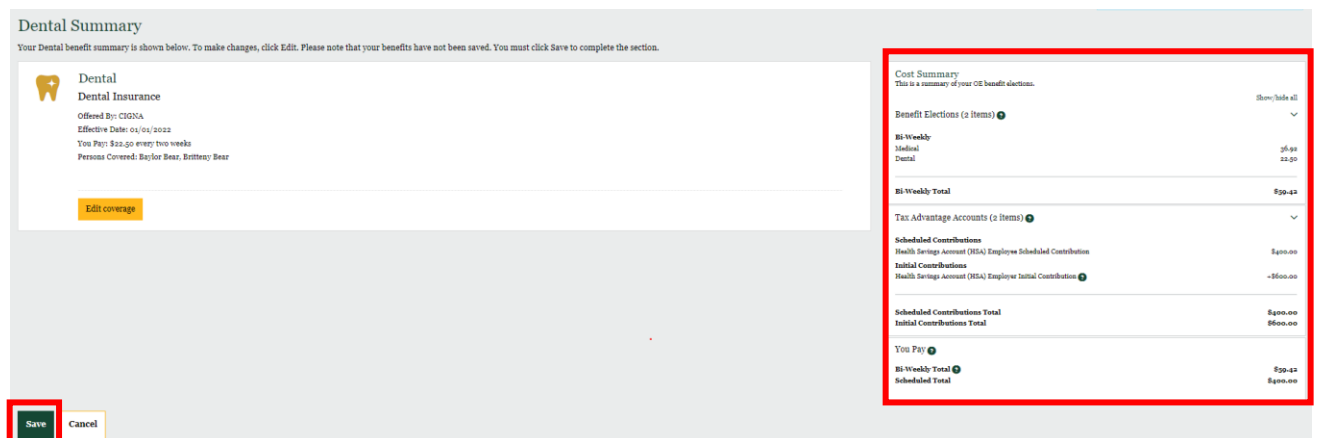
- Next up is Dental. Begin by selecting either **Begin enrollment** or **Decline coverage**.



- Select the **dependents** you wish to cover and click **Select Plan**. If you wish to decline coverage, you can click **I would like to decline Dental coverage**.



- You will be taken to a Dental benefits summary page. Notice on the right-hand side of the screen, a running **benefits cost summary** is available – this will continue to update as you progress through Open Enrollment. Click **Save** to continue electing your benefits.

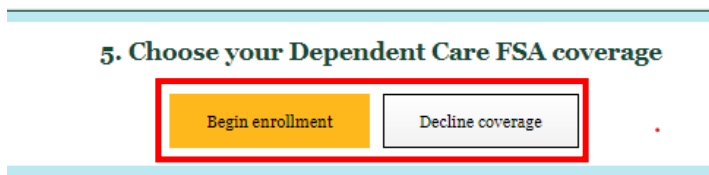


IV. Vision

1. Repeat steps 1-3 from section III (Dental) above.

V. Dependent Care

1. To opt-in to the Dependent Care FSA benefit, click **Begin enrollment**. If you do not wish to enroll, select **Decline coverage**.



2. Click **Select Plan** to enroll in the Voluntary Flex Spending Account for dependent care. This benefit is separate from the Health Flexible Spending Account and can be used for non-healthcare related expenses to your dependents, such as covering the cost of a child attending preschool.



3. Enter the desired contribution between 100 and 5000 (per plan year) and click **Next**.

Dependent Care FSA

How much money do you want to contribute to your *Dependent Care FSA* account?

You can contribute between \$1.00 and \$5,000.00 per plan year.

Contribution Amount

The **dependent care** Flexible Spending Account is separate from the **health** Flexible Spending Account and can be used for non-healthcare expenses related to your dependents

Next Previous Cancel

4. Review your elections and select **Save**.

VI. Life Insurance

1. Next you will select your life insurance, to begin select **Begin Enrollment**.

6. Choose your Life coverage

Begin enrollment

2. Baylor provides life insurance and AD&D at no cost to you. Benefitfocus automatically selects your coverage, so all you must do is click **Next**.

Choose your Life plan.

As an employee, you will be provided with life insurance at no cost. Employees also receive AD&D at no additional cost.

Employer Provided Life and Accidental Death & Dismemberment

Coverage amount: **\$50,000.00**

✓ **Currently Selected**

Please Note:
This benefit cannot be declined.

Next Previous Cancel

- You will need to select Beneficiaries for life insurance. Select the beneficiary type of **Person** to use your dependents, entered previously. You can also click Add Beneficiary if you don't have dependents or wish to use another person, estate, trust, or organization. Click **Next** to continue.

Life: Beneficiary information

Beneficiary type?

If you would like to add Baylor University as a beneficiary, please select "Other". After selecting, please contact Amy Grant in the Baylor University Office of Gift Planning at (254) 710-8689 to discuss further designation of your gift.

Person
 Estate
 Organization
 Other
 Trust

- You will need to make sure that your **relationship** with your beneficiaries is defined. You will also need to add a **phone number** for the beneficiaries that you select. Click **Next** to continue.

Life: Beneficiary information

Enter the beneficiary information.

First Name *
 Britney

Middle Name
 Bear

Last Name *
 Bear

Suffix
 --Please Select--

Relationship *
 Child

Social Security Number
 999-99-5555

Date of Birth
 01/12/2021

Address 1 *
 123 Main Street

Address 2
 Text City

City *
 Text City

State / Province *
 SC

ZIP / Postal code *
 12345

Country *
 USA

Phone Number *
 123-444-1111

- Once you have entered your beneficiaries, you will then select **beneficiary type** (primary or secondary) and make sure the **allocation** of all your beneficiaries adds up to 100% - then click **Next**.

Life: Beneficiary information

Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary; add the new beneficiary; then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions
<input checked="" type="checkbox"/>	Britney Bear	Child	01/12/2021	999-99-5555	Primary	100	<input type="button" value="Edit"/>

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

- Continuing through the rest of the life coverage, The cost of dependent life coverage is also covered by Baylor. Select which dependents you wish to cover and click **Next**.

Dependent Life: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

If no one, click "Decline Coverage" to continue to enroll.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input checked="" type="checkbox"/>	Brittney Bear	Child	01/12/2021	Female	Edit

[Add Dependent](#)


[Decline Coverage](#) I would like to decline Dependent Life coverage.

[Next](#) [Previous](#)

- Click **Select plan**.

Choose your Dependent Life plan.

Baylor University provides a basic dependents' life benefit in the amount of \$2,000.

 Who do you want to cover on this plan?

✓ Brittney Bear

Employer Provided Spouse/Child Life

Coverage amount: \$2,000.00

[Select plan](#)

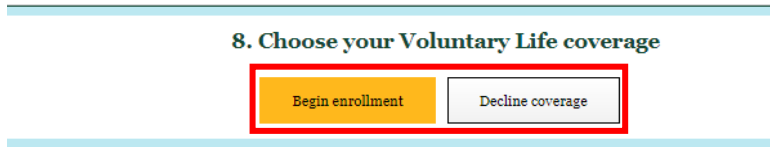
[Decline Coverage](#) I would like to decline Dependent Life coverage.

[Previous](#) [Cancel](#)

- Review and click **Save**.

VII. Voluntary Life

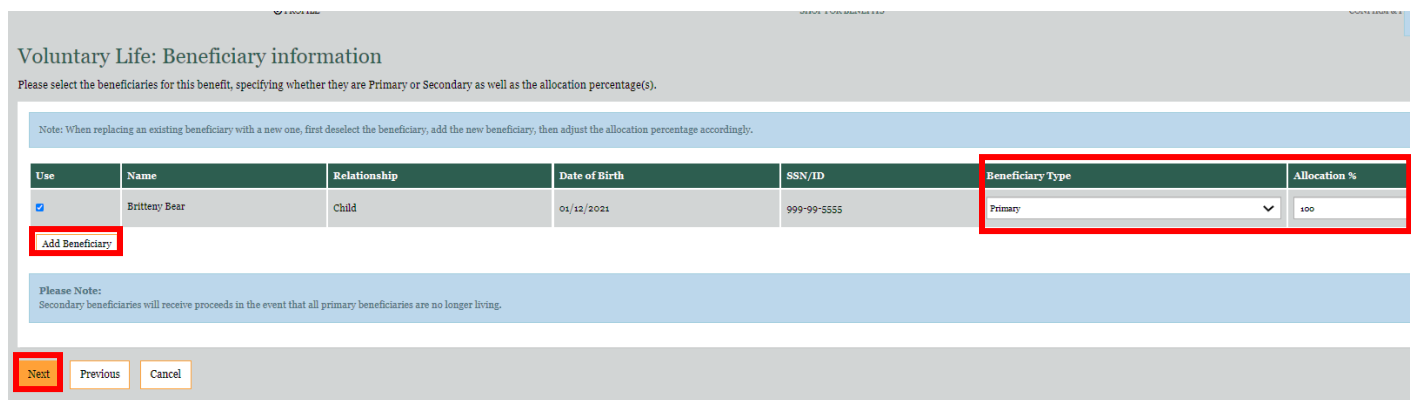
- The next 4 benefits you will select are voluntary life insurance. Go through each of these and select your coverage level by clicking **Begin enrollment**. These benefits can also be declined by clicking **Decline coverage**.



- Begin by selecting your **coverage amount** and clicking **Next**.



- You will be prompted to select your beneficiaries. The beneficiaries you used for Employer Provided Life and AD&D will auto populate. If you wish to use a preexisting beneficiary, select Use. If you wish to add another, click **Add Beneficiary**. You will need to define the **Beneficiary Type** and **Allocation** (must add up to 100%). When complete, click **Next**.
 - For more information on adding a beneficiary, see the Adding a Dependent or Beneficiary job aid.



- Continue these steps for Spouse and Child Life.
- Next, you will be prompted to select your coverage level for Voluntary AD&D. There are six different categories, the percentages represent how much of the coverage amount you will be receiving. For example, at a coverage level of \$25,000 the Employee would receive \$25,000, the Spouse would also receive \$25,000, and the Child would receive \$2,500 you will need to select one plan from this page by selecting a **coverage amount** and clicking **Select plan**.

Choose your Voluntary AD&D plan.

Enrollment in the AD&D plan can be requested during the initial enrollment period upon employment with Baylor University or during the annual open enrollment period.

Voluntary AD&D: Employee (100%)
Employee receives 100% of the coverage amount.

Coverage amount	Bi-Weekly Cost
<input type="radio"/> \$25,000.00	\$0.17
<input type="radio"/> \$50,000.00	\$0.35
<input type="radio"/> \$75,000.00	\$0.52
<input type="radio"/> \$100,000.00	\$0.69
<input checked="" type="radio"/> \$125,000.00	\$0.87
<input type="radio"/> \$150,000.00	\$1.04
<input type="radio"/> \$175,000.00	\$1.21
<input type="radio"/> \$200,000.00	\$1.38
<input type="radio"/> \$225,000.00	\$1.56

- Select your beneficiary, note the **Relationship Type** and assign an **Allocation** (must add up to 100%). When complete, click **Next**.

Voluntary AD&D: Beneficiary information

Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

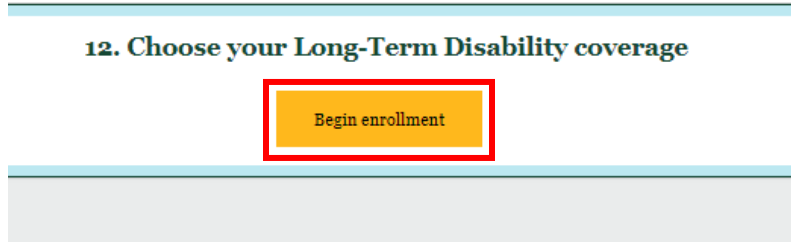
Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %
<input checked="" type="checkbox"/>	Brittney Bear	Child	04/12/2001	999-99-5555	Primary	100

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

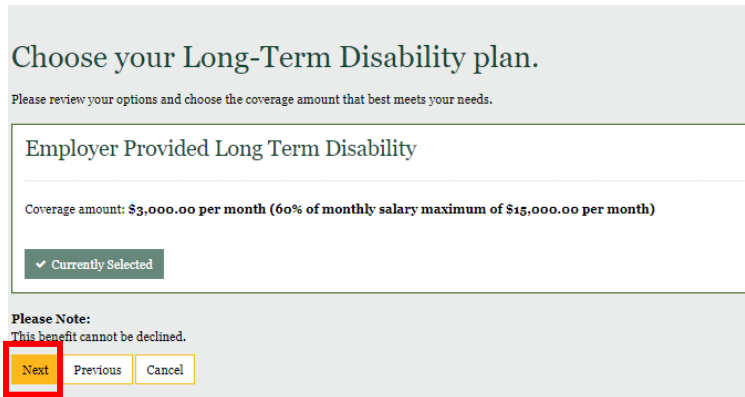
- Review your voluntary life deductions and click **Save**.

VIII. Long-Term Disability

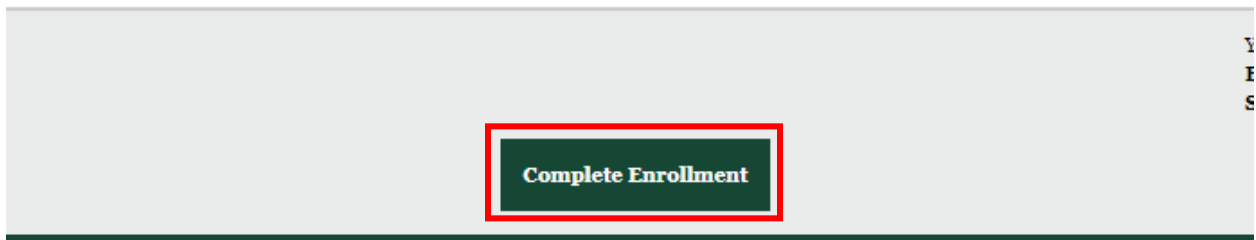
1. Finally select your long-term disability plan. This is also provided by Baylor and cannot be declined.



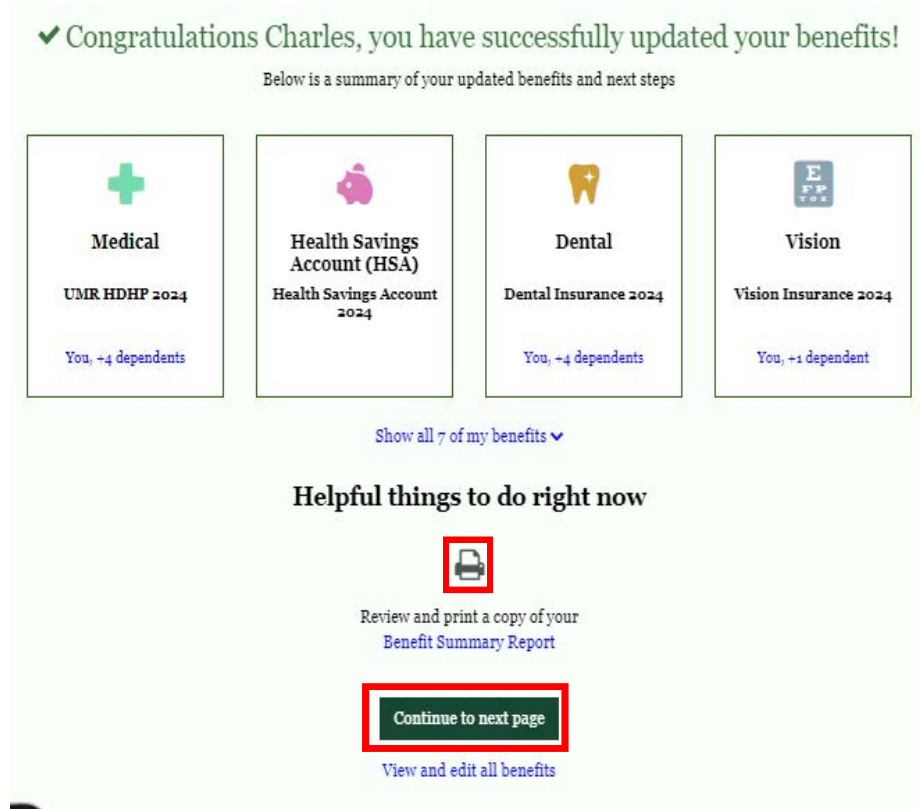
2. Click **Next** to continue.



3. Review and click **Save**.
4. Once you have selected coverage for all your benefits you will see a summary of all the benefits that you have elected. From here you can edit your coverage and make any changes. You will see the cost you be deducted for every benefit on the right-hand side. It has your bi-weekly or monthly total listed at the bottom. Once you are finished you can click **Complete Enrollment**.







- You will be directed to the Open Enrollment confirmation page. If you would like to print your benefits summary, click the print icon. Click Continue to next page.




✓ Congratulations Charles, you have successfully updated your benefits!

Below is a summary of your updated benefits and next steps

 Medical UMR HDHP 2024 You, +4 dependents	 Health Savings Account (HSA) Health Savings Account 2024	 Dental Dental Insurance 2024 You, +4 dependents	 Vision Vision Insurance 2024 You, +1 dependent
--	---	---	--

[Show all 7 of my benefits](#)

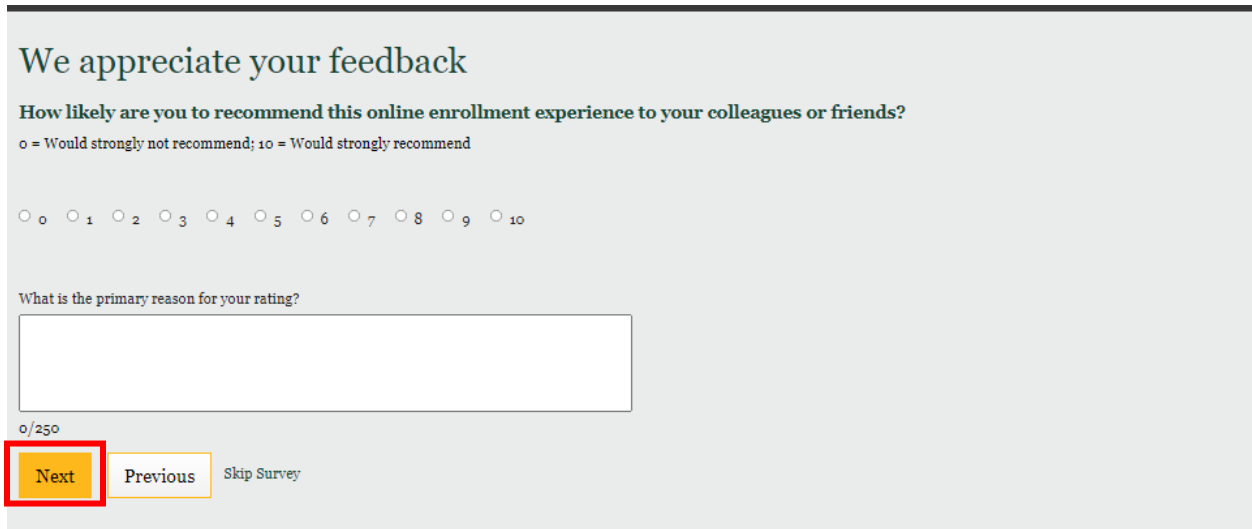
Helpful things to do right now


Review and print a copy of your [Benefit Summary Report](#)

[Continue to next page](#)

[View and edit all benefits](#)

- An enrollment experience feedback survey will appear, please provide any relevant feedback to help us continue to improve the enrollment experience and click **Next**.



We appreciate your feedback

How likely are you to recommend this online enrollment experience to your colleagues or friends?

0 = Would strongly not recommend; 10 = Would strongly recommend

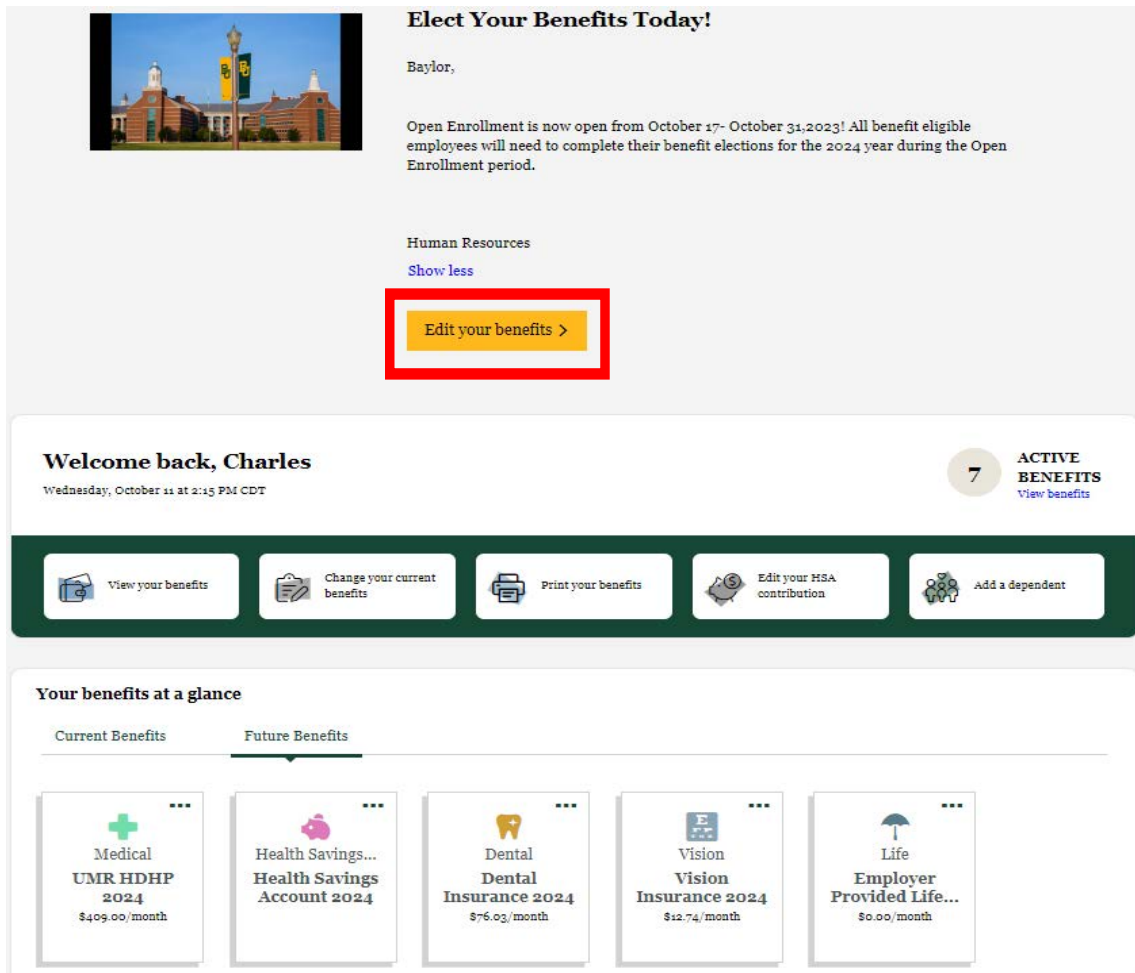
0 1 2 3 4 5 6 7 8 9 10

What is the primary reason for your rating?

0/250

[Next](#) [Previous](#) [Skip Survey](#)

- Once you are completely enrolled in benefits you'll be returned to the Benefitfocus homepage. You can view "Your benefits at a glance" at the bottom of the page. You can edit your benefits by clicking **Edit your Benefits** button.



Elect Your Benefits Today!

Baylor,

Open Enrollment is now open from October 17- October 31, 2023! All benefit eligible employees will need to complete their benefit elections for the 2024 year during the Open Enrollment period.

Human Resources
[Show less](#)

[Edit your benefits >](#)

Welcome back, Charles
Wednesday, October 11 at 2:15 PM CDT

7 ACTIVE BENEFITS
[View benefits](#)

- [View your benefits](#)
- [Change your current benefits](#)
- [Print your benefits](#)
- [Edit your HSA contribution](#)
- [Add a dependent](#)

Your benefits at a glance

Current Benefits Future Benefits

Benefit	2024 Cost
Medical UMR HDHP	\$409.00/month
Health Savings... Health Savings Account	
Dental Dental Insurance	\$76.03/month
Vision Vision Insurance	\$12.74/month
Life Employer Provided Life...	\$0.00/month