

October 24 - November 6

2023



Annual Open Enrollment





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ACCESSING EMPLOYEE BENEFITS

1. Enter your SIM **User ID** and **Password**.
2. Click on the **Sign In** button.

The *Employee Self Service* main page will display:

3. Click on **Open Enrollment** tile. It displays a countdown and deadline to complete your benefit selection.



Welcome to the new **BCC Employee Benefits Enrollment** page. Click **Next** to get started.

BENEFITS ENROLLMENT

Let's navigate the layout of your **Employee Benefits Enrollment** page.

You must successfully complete each session in order to have your selections properly updated in the system.

● Visited	● Visited
* ● In Progress	* ● Complete
* ○ Not Started	* ● Complete
○ Not Started	● Visited



ENROLLMENT SUMMARY

This section allows employees to view the total deductions on their paycheck as they update their benefits. Once all selections have been made, employees can Review Enrollment and Submit Enrollment in order to successfully finalize their benefits elections.

Task: Benefits Enrollment

The **Enrollment Overview** displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Pay Period Cost **\$250.41**

Status **Submitted** 10/14/2021 1:45PM

*Excess Credit

[Submit Enrollment](#)

Full Cost **\$252.41**

General Credits **\$0.00**

Plan Credits **-\$2.00**

Employer Cost **\$966.28**

BENEFIT PLANS

Below are all the benefits currently available for employee selection. Employees can customize the screen layout to their preference:

Benefit Plans

List View
 Grid View

Tile View

Medical

Current HMO NHP Flex - Pre Tax
New HMO NHP Flex - Pre Tax
Status **Visited**
3 Dependents

Pay Period Cost **\$170.00**

[Review](#)

Dental

Current DHMO Pre Tax
New DHMO Pre Tax
Status **Pending Review**
3 Dependents

Pay Period Cost **\$16.72**

[Review](#)

Benefit Plans

List View
 Grid View

List View

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	HMO NHP Flex - Pre Tax	HMO NHP Flex - Pre Tax	3 Dependents	\$170.00	Visited	Review
Dental	DHMO Pre Tax	DHMO Pre Tax	3 Dependents	\$16.72	Pending Review	Review

Benefit Status Legend:

Pending Review: needs to be revised	Visited: tile has been accessed, reviewed
Changed: updated benefit selection	Error: needs update related to another selection



ENROLLING A DEPENDENT

1. Click on **Add/Update Dependent** (if necessary).

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input checked="" type="checkbox"/> MORGAN STARK	Child
<input checked="" type="checkbox"/> PEPPER POTTS	Spouse

Add/Update Dependent

Previously enrolled dependents will appear.

ADD A NEW DEPENDENT

2. Click on the **Add Individual** button.

Dependent and Beneficiary Information

Add Individual

Name	Relationship	Beneficiary	Dependent
PETER STARK	Child	✓	✓
MORGAN STARK	Child	✓	✓
PEPPER POTTS	Spouse	✓	✓

3. Enter the following **required fields** for your new dependent:

- a. Click on the **Add Name** button.
- b. Enter **First Name** and **Last Name**. ***Required**
- c. Click **Done**.

Add Individual Dependent/Beneficiary Information

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 1, 2022

Name

a. **Add Name**

Name

c. **Done**

Name Format: English

Name Prefix:

b. ***First Name**

Middle Name:

***Last Name**

Name Suffix:

Display Name: **Required Fields**

Formal Name:

Name:



d. Enter the following required fields:

Add Individual Dependent/Beneficiary Information

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 1, 2022

Name

Personal Information

Required Fields

Date of Birth [Calendar icon]

***Gender** [Dropdown]

***Relationship to Employee** [Dropdown]

Dependent

Beneficiary

***Marital Status** [Single] [Dropdown] As of [Calendar icon]

***Student** [No] [Dropdown] As of [Calendar icon]

***Disabled** [No] [Dropdown] As of [Calendar icon]

***Smoker** [Non Smoker] [Dropdown] As of [Calendar icon]

Social Security Number is only required for enrolling dependents for medical insurance (life insurance, dental or etc, are not required)

Address

Address	Address Type	Same as mine
12345 SCRANTON ST, WEST PALM BEACH, FL 33401	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Email

No data exists

Add Email

e. Click **Save**.

4. Verify the new dependent has been successfully added. You may add additional dependents by repeating the process. When done and click on the X to return to the selection page.

Dependent and Beneficiary Information

Add Individual

Name	Relationship	Beneficiary	Dependent
PETER STARK	Child	✓	✓ >
MORGAN STARK	Child	✓	✓ >
PEPPER POTTS	Spouse	✓	✓ >
New Dependent	Child	✓	✓ >



MEDICAL

To make changes to your medical plan, follow the steps below:

1. Select the **Medical Tile** or **Medical Line**.

Medical

Current HMO NHP Flex - Pre Tax
 New HMO NHP Flex - Pre Tax
 Status **Pending Review**
 👤 3 Dependents

Pay Period Cost **\$170.00**

Review

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	HMO NHP Flex - Pre Tax	HMO NHP Flex - Pre Tax	3 Dependents	\$170.00	Visited	Review

The medical program will continue to be offered by **United Healthcare (UHC)** for Plan Year 2024, beginning January 1, 2024.

The medical options are:

- HMO NHP Flex**
- POS NHP Flex**
- CHOICE**

For active employees, medical rates are not changing for Plan Year 2024, with the exception of an increase to overage dependent premiums or employees who pay both the employer and employee premiums, due to an unpaid leave of absence.

Review the information posted on MyBenefits about the UHC plans. A recorded info session about UHC plans is posted on MyBenefits at this time.

If you have any questions about the UHC offerings, please contact:
 Evelyn Giraldo – Evelyn_Giraldo@uhc.com or 561-233-5474
 Leslie Smalley – Leslie_Smalley@uhc.com or 561-233-5463

The County offers three medical plans. The HMO and CHOICE plans are **in-network only** plans and a POS plan. Only the POS plan includes out-of-network benefits. Or, you may waive medical coverage. If you waive medical coverage, you cannot enroll in the medical plan, until the next applicable open enrollment period, or within 31 days of a qualified family status change.

IMPORTANT: A dependent audit to confirm all of your covered dependents meet the eligibility rules **will be performed in 2024**. Please review all of your covered dependents carefully at this time and make adjustments as needed. If it is determined that employees have covered dependents that are not eligible for coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination. Review PPM CW-P-023 for additional details and contact Risk Management at BCCMyBenefits@pbcgov.org or call 561-233-5400 for any questions or assistance.

The County offers a benefit incentive for qualified employees who decline medical insurance, or “opt-out” of the Group’s medical plan, because they are otherwise covered under another qualified medical plan. This program does not automatically continue from year to year. Forward your proof of other coverage to your group insurance coverage at this time and no later than Nov 6, 2023 to ensure you are eligible for the credit in the upcoming plan year. Opt-out benefit credit - does not apply to an employee who is enrolled in a plan to which BCC contributes (including medical plans of BCC, Palm Tran, Supervisor of Elections, PBC Fire Rescue Benefit Fund).

Note: If you are enrolling dependents in the health plan, you must provide each dependent’s social security number, in addition to acceptable and timely dependent verification documents, to your group Insurance Office.

Anyone who is eligible for coverage as an employee cannot be covered as a dependent.



2. Select a **Dependent**.

Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input checked="" type="checkbox"/> MORGAN STARK	Child
<input checked="" type="checkbox"/> PEPPER POTTS	Spouse
<input type="checkbox"/> New Dependent	Child

NEW

3. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

Enroll in Your Plan

The Employee + 2 Plus Dependents cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
<input checked="" type="checkbox"/> HMO NHP Flex - Pre Tax		\$170.00				\$964.15	\$170.00
<input type="checkbox"/> Select POS NHP Flex - Pre Tax		\$250.50				\$990.63	\$250.50
<input type="checkbox"/> Select National Choice - Pre Tax		\$221.00				\$964.19	\$221.00
<input type="checkbox"/> Select Waive	Proof Required			\$38.46			\$-38.46

Overview of All Plans

If you change your medical benefit selection, you may receive a warning that you must change your **Long Term Disability. Click **Yes** to proceed.**

Changing your Medical plan would affect your Long-Term Disability enrollment. You have chosen a HMO Basic 50% LTD that requires you to enroll in HMO NHP Flex - Pre Tax. Do you still want to change the Medical plan? Select Yes to continue, No to keep your current Medical plan.

4. Click **Done** to complete and return to the Benefit Plans.

Medical

The medical program will continue to be offered by **United Healthcare (UHC)** for Plan Year 2024, beginning January 1, 2024.

The medical options are:

- HMO NHP Flex
- POS NHP Flex
- CHOICE

Resources

- United Healthcare Providers
- UHC Medical Plan

If you changed your enrollment plan, the Status will be updated accordingly:

Medical	Medical
<p>Current HMO NHP Flex - Pre Tax</p> <p>New HMO NHP Flex - Pre Tax</p> <p>Status Pending Review</p> <p> 3 Dependents</p> <p>Pay Period Cost \$170.00</p> <p style="text-align: right;">Review</p>	<p>Current HMO NHP Flex - Pre Tax</p> <p>New HMO NHP Flex - Pre Tax</p> <p>Status Changed</p> <p> 3 Dependents</p> <p>Pay Period Cost \$250.50</p> <p style="text-align: right;">Review</p>

Note: A red arrow points from the 'Pending Review' status in the first box to the 'Changed' status in the second box.



DENTAL

1. Select the **Dental Tile** or **Dental Line**.

Dental

Current DHMO Pre Tax
 New DHMO Pre Tax
 Status **Pending Review**
 3 Dependents

Pay Period Cost **\$16.72**

Review

Dental	DHMO Pre Tax	DHMO Pre Tax	3 Dependents	\$16.72	Visited	Review
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Cancel **Dental**

The dental program will continue to be offered by Solstice Benefits, Inc. The following plans are offered; there will be no change in dental premiums for the upcoming Plan Year.

DHMO:

- S200B Access+ (Enhanced DHMO Option)
- S700B Access+ (Basic DHMO Option)

DPPO:

- Low PPO
- High PPO
- Premier PPO

There are distinct differences among these plans; review the [Group Insurance Information booklet](#), as well as the dental plan documents for details, including waiting periods, limitations, coverage maximums, and exclusions.

It is highly recommended that prior to having dental work started, you request a pre-treatment plan or estimate through your dental office and Solstice for all treatment over \$300. Should you have any questions regarding your treatment plan, you can always refer to your Schedule of Benefits or call Solstice to ensure that you receive the maximum benefit from your dental plan.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

2. Select a **Dependent**.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Child
<input checked="" type="checkbox"/> MORGAN STARK	Child
<input checked="" type="checkbox"/> PEPPER POTTS	Spouse
<input type="checkbox"/> New Dependent	Child



3. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ **Enroll in Your Plan**

The Employee + Family cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the blue information icon corresponding to each plan option.

	Plan Name		Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
✓	DHMO Pre Tax		\$16.72					\$16.72
Select	Low PPO Pre Tax		\$27.74					\$27.74
Select	High PPO Pre Tax		\$52.71					\$52.71
Select	Enhanced DHMO 4 - Pre Tax		\$19.31					\$19.31
Select	Premier PPO 5 - Pre Tax		\$65.33					\$65.33
Select	Waive							\$0.00

[Overview of All Plans](#)

4. Click **Done** to complete and return to the Benefit Plans.

[Cancel](#) **Dental** [Done](#)

The dental program will continue to be offered by Solstice Benefits, Inc. The following plans are offered; there will be no change in dental premiums for the upcoming Plan Year. [Resources](#)

If you changed your enrollment plan, the Status will be updated accordingly:

Dental

Current DHMO Pre Tax
New DHMO Pre Tax
Status **Pending Review**
 3 Dependents

Pay Period Cost **\$16.73**

Review

Dental

Current DHMO Pre Tax
New Low PPO Pre Tax
Status **✓ Changed**
 3 Dependents

Pay Period Cost **\$27.75**

Review

→



LIFE AND COUNTY SUPPLEMENTAL LIFE



IMPORTANT: Life insurance beneficiaries are managed by the carrier, Securian Financial. If you have not declared your beneficiaries with Securian Financial, please do so at this time by accessing the Securian webpage at LifeBenefits.com. Contact Securian at 877-494-1754 for any questions.

If you do not declare your beneficiaries for your group term life insurance directly with Securian Financial, any beneficiary designations you made outside the Securian website are not valid after November 12, 2019 and benefits will be paid according to the group term life policy contract.

WARNING: Do not update your beneficiaries for your term life coverage in the section below. Securian Financial, the life insurance carrier, is the system of record for term life beneficiary management and any entries you make in MyBenefits for beneficiary designation are null and void and not applicable.

DEPENDENT LIFE

1. Select the **Dependent Life Tile** or **Dependent Life Line**.

Dependent Life

Current County Dependent Life 10K
\$10,000

New County Dependent Life 10K
\$10,000

Status **Visited**
👤 2 Dependents

Pay Period Cost **\$0.37**

[Review](#)

Life	County Dependent Life 10K \$10,000	County Dependent Life 10K \$10,000	1 Beneficiaries	\$0.00	Visited	Review
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Dependent Life insurance allows you to purchase life insurance for your dependent child(ren) under the age of 26. You are the beneficiary of this life insurance. The amount elected cannot exceed 100% of your Basic and Supplemental Life Insurance combined. The premium remains the same, regardless of the number of children covered.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ Enroll in Your Plan							
	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Dependent Life 5K (\$5,000)		\$0.18				\$0.18
<input checked="" type="checkbox"/>	County Dependent Life 10K (\$10,000)		\$0.37				\$0.37
Select	Waive						\$0.00



3. Select a **Dependent**.

▼ **Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

	Dependents	Relationship
<input checked="" type="checkbox"/>	PETER STARK	Child
<input checked="" type="checkbox"/>	MORGAN STARK	Child
<input type="checkbox"/>	PEPPER POTTS	Spouse
<input type="checkbox"/>	New Dependent	Child

Add/Update Dependent

4. Click **Done**.

Cancel **Dependent Life** Done

SPOUSAL LIFE

1. Select the **Spousal Life Tile** or **Spousal Life Line**.

Spousal Life

Current County Spousal Life & AD&D 10K \$10,000
 New County Spousal Life & AD&D 25K \$25,000
 Status **Visited**
 1 Dependents

Pay Period Cost **\$4.56**

Review

Spousal Life	County Spousal Life & AD&D 25K \$25,000	County Spousal Life & AD&D 25K \$25,000	1 Dependents	\$4.56	Visited	Review
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Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

The amount elected cannot exceed 100% of your basic and supplemental insurance combined. You can elect or increase spouse/domestic partner coverage by \$5,000 without EOI as long as the resulting coverage does not exceed \$25,000 and as long as your spouse/domestic partner has not been previously declined.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent..

Newly elected coverage for your spouse/domestic partner is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.



2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ Enroll in Your Plan

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Spousal Life & AD&D 5K (\$5,000)			\$0.91				\$0.91
✓	County Spousal Life & AD&D 10K (\$10,000)			\$1.83				\$1.83
Select	County Spousal Life & AD&D 15K (\$15,000)			\$2.74				\$2.74
Select	County Spousal Life & AD&D 20K (\$20,000)	Proof Required		\$3.65				\$3.65
Select	County Spousal Life & AD&D 25K (\$25,000)	Proof Required		\$4.56				\$4.56
Select	County Spousal Life & AD&D 30K (\$30,000)	Proof Required		\$5.48				\$5.48
Select	County Spousal Life & AD&D 35K (\$35,000)	Proof Required		\$6.39				\$6.39
Select	County Spousal Life & AD&D 40K (\$40,000)	Proof Required		\$7.30				\$7.30
Select	County Spousal Life & AD&D 45K (\$45,000)	Proof Required		\$8.21				\$8.21
Select	County Spousal Life & AD&D 50K (\$50,000)	Proof Required		\$9.13				\$9.13
Select	Waive							\$0.00

3. Select a **Dependent**.

▼ Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

Dependents	Relationship
<input checked="" type="checkbox"/> PETER STARK	Spouse
<input type="checkbox"/> MORGAN STARK	Child
<input type="checkbox"/> PEPPER POTTS	Child
<input type="checkbox"/> New Dependent	Child

Add/Update Dependent

4. Click **Done**.

Cancel **Spousal Life** Done



SHORT-TERM DISABILITY

1. Select the **Short-Term Disability Tile** or **Short-Term Disability Line**.

Short-Term Disability

Current County Short Term Disability
 New County Short Term Disability
 Status Visited

Pay Period Cost **\$11.83**

Review

Short-Term Disability	County Short Term Disability	County Short Term Disability	\$15.75	Visited	Review
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Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness. The plan is designed to partially fill any gap in your existing sick leave bank until you recover or become eligible for Long-term disability (if enrolled).

Typically, if you are newly electing this coverage during open enrollment, you must successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before the coverage can take effect.

The Standard is again offering an annual enrollment opportunity to employees, whereby employees can newly elect STD coverage without requiring Evidence of Insurability [EOI] (without having to answer health questions). If you currently do not participate in the STD program and wish to enroll, The Standard will accept your application during open enrollment without any medical underwriting requirement. Applications for disability coverage other than new hire elections or open enrollment elections (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect

Sick leave offsets (reduces) this benefit.

The plan will not pay any disability benefits for a disability that results, directly or indirectly from injury or sickness for which benefits are paid or payable to you from Workers' Compensation or occupational disease law. Review the coverage certificate for complete list of limitations and exclusions.



Note: If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ **Enroll in Your Plan**

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
✓	County Short Term Disability		\$11.83				\$11.83
Select	Waive						\$0.00

3. Click **Done**.

Cancel
Short-Term Disability
Done



LONG-TERM DISABILITY

1. Select the **Long-Term Disability Tile** or **Long-Term Disability Line**.

Long-Term Disability

Current HMO Upgraded 60% LTD
 New HMO Upgraded 60% LTD
 Status **Visited**

Pay Period Cost **\$9.27**

Review

Long-Term Disability	HMO Upgraded 60% LTD	HMO Upgraded 60% LTD	\$9.27	Visited	Review
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Long-Term Disability (LTD) offers income replacement to provide financial protection for you and your family if you can't work over an extended period of time due to injury or illness.

If you are enrolled in the HMO plan or CHOICE medical plan, the County provides a basic LTD plan to you, at no cost. If you are enrolled in the medical HMO plan or CHOICE plan and want to increase your monthly LTD benefit amount, you can elect the upgraded LTD and pay the applicable premium.

If you have enrolled in the POS medical plan or have declined medical coverage through the County, the only LTD benefit you are eligible for is the voluntary LTD benefit. The premium for voluntary LTD is fully paid by the employee

Typically, if you are newly electing long term disability, or you are electing to increase/upgrade your long term disability benefit, you will be required to successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before coverage can take effect.

The Standard is again offering an annual enrollment opportunity to employees, whereby employees can newly elect/upgrade LTD coverage without requiring Evidence of Insurability [EOI] (without having to answer health questions). If you currently do not participate in the LTD program or wish to upgrade your existing LTD election, The Standard will accept your application during open enrollment without any medical underwriting requirement. Applications for disability coverage other than new hire elections or open enrollment (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect.

Pre-existing condition limitations continue to apply for LTD coverage.

Sick leave and Workers' Compensation offset (reduce) this benefit.

Note: If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ Enroll in Your Plan							
	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	HMO Basic 50% LTD <small>Requires enrollment to Medical HMO NHP Flex - Pre Tax</small>					\$48.00	\$0.00
✓	HMO Upgraded 60% LTD <small>Requires enrollment to Medical HMO NHP Flex - Pre Tax</small>		\$9.20		\$2.00		\$7.20
Select	CHOICE Basic 50% LTD <small>Requires enrollment to Medical National Choice - Pre Tax</small>					\$48.00	\$0.00
Select	CHOICE Upgraded 60% LTD <small>Requires enrollment to Medical National Choice - Pre Tax</small>		\$9.20		\$2.00		\$7.20
Select	County Voluntary 60% LTD		\$11.84				\$11.84
Select	Waive						\$0.00

3. Click **Done**.

Cancel
Long-Term Disability
Done



FLEX SPENDING HEALTH – U.S.

1. Select the **Flex Spending Health – U.S. Tile** or **Flex Spending Health – U.S Line**.

Flex Spending Health - U.S.

Current County FSA Health Care
 New No Coverage
 Status Visited

Pay Period Cost **\$0.00**

[Review](#)

Flex Spending Health - U.S.	County FSA Health Care	No Coverage	\$0.00	Visited	Review
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The Health Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for out-of-pocket health care expenses for you and your eligible dependents. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The health care FSA typically covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

2. Click below to participate in this benefit for the upcoming plan year.

▼ **Enroll in Your Plan**

	Plan Name
Select	County FSA Health Care
Select	Waive

3. Click on **Flexible Spending Account Worksheet**.

▼ **Contribution Amount**

Annual Pledge

Minimum \$260.00 Maximum \$3,050.00.
 Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,050.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



4. There are two options to calculate your annual pledge:
 - a. Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

Flexible Spending Account Worksheet

Estimate Contribution from: Annual Pledge

Your New Annual Pledge: 1,000.00

Minus Your Year To Date Contributions: 0.00

Divided by Pay Periods Remaining: 26

Estimated Per Pay Period Contribution: 38.46

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

- b. Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.

Flexible Spending Account Worksheet

Estimate Contribution from: Per Pay Period

Estimated Per Pay Period Contribution: 38.46

Multiplied by Pay Periods Remaining: 26

Plus Your Year To Date Contributions: 0.00

Your New Annual Pledge: 1,000.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

4. Click **Done**.

Flex Spending Health - U.S.

Done



FLEX SPENDING DEPENDENT CARE

The Flexible Spending Dependent Care covers money you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. **Important, this account does NOT reimburse medical expenses for your dependents. It is for qualified daycare expenses only.**

1. Select the **Flex Spending Dependent Care Tile** or **Flex Spending Dependent Care Line.**

Flex Spending Health - U.S.

Current County FSA Health Care
New No Coverage
Status Visited

Pay Period Cost \$0.00

Review

Flex Spending Dependent Care	No Coverage	No Coverage	\$0.00	Visited	Review
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The Dependent Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for dependent care expenses incurred during the plan year. Your FLEX contribution reduces your taxable income and increases you take home pay. Whenever you have an eligible expense, once your coverage is effective and when you have sufficient balance available in your dependent care account, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The dependent care account generally covers amounts you pay to daycare centers, baby-sitters, caregivers or after school programs so that you and your spouse can work **(overnight camps are NOT eligible).**

The Dependent Care FSA is NOT for the out of pocket medical expenses of your dependents. It is for child care or other care giver expenses that allow you and your spouse to work.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

Please carefully review which individual is considered a "qualifying child" under the Internal Revenue Code. It's typically includes a person under age 13 who is your "qualifying child" under the Internal Revenue Code i.e., (a) he or she has the same principal residence as you for more than half the year, (b) he or she is your child or step-child (by blood or adoption), foster child, sibling or step-sibling, or a descendant of one of them; and (c) he or she does not provide more than half of his or her own support for the year. If you are divorced or separated, you must be the primary custodial parent of your child in order to be eligible for this account (irrespective of whether which parent may claim a personal exemption for the child on his or her federal income tax return). Non-custodial parents may wish to check with your legal or tax advisor to see if special rules apply to you that would enable you to utilize this account.

Other individuals may also qualify, (disabled spouse or disabled tax dependent), subject to the definitions of the IRS code.

For questions about your dependent's eligibility for this account, please contact P&A at 800-688-2611.

The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

2. Click the **Select** button for County FSA Health Care.

▼ Enroll in Your Plan

Plan Name	
Select	County FSA Dependent Care
Select	Waive



3. Click on **Flexible Spending Account Worksheet**.

▼ **Contribution Amount**

Annual Pledge

*Minimum \$260.00 Maximum \$5,000.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,050.00.*

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

4. There are two options to calculate your annual pledge:
 - a. Estimate from Annual Pledge: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

Flexible Spending Account Worksheet

Cancel Done

Estimate Contribution from Annual Pledge

Your New Annual Pledge 1,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 26

Estimated Per Pay Period Contribution 38.46

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

- b. Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.

Flexible Spending Account Worksheet

Cancel Done

Estimate Contribution from Per Pay Period

Estimated Per Pay Period Contribution 38.46

Multiplied by Pay Periods Remaining 26

Plus Your Year To Date Contributions 0.00

Your New Annual Pledge 1,000.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

5. Click **Done**.

Cancel **Flex Spending Dependent Care** Done



LEGAL SERVICES

1. Click on the **Legal Services Tile** or **Legal Services Line**.

Legal Services

Current Pre-Paid Legal Plan
New Pre-Paid Legal Plan
Status **Pending Review**

Pay Period Cost **\$7.98**

Review

Legal Services	Pre-Paid Legal Plan	Pre-Paid Legal Plan	\$7.98	Pending Review	Review
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2. Click the **Select** button for Pre-Paid Legal Plan.

The Pre-Paid Legal Plan will reduce the costs of covered legal services for you, and your family, when you use an in-network attorney.

▼ **Enroll in Your Plan**

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	Pre-Paid Legal Plan		\$7.98				\$7.98
<input checked="" type="checkbox"/>	Waive						\$0.00

3. Click **Done**.

Cancel
Legal Services
Done



SUBMITTING ENROLLMENT

Your selections and updates are not finalized until you submit your benefits elections. Once you have selected and reviewed all of your benefits options, click on the **Submit Enrollment** button.

All of your benefit changes will be effective January 1, 2024, unless subject to successful completion of Evidence of Insurability, which requires approval by the respective carrier.

Task: Benefits Enrollment

The **Enrollment Overview** displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

▼ Enrollment Summary

Your Pay Period Cost	\$193.78	Full Cost	\$193.78	
Status	Pending Review	General Credits	\$0.00	
*Excess Credit	Gross Pay ▼	Plan Credits	\$0.00	
<input type="button" value="Enrollment Preview Statement"/>		Employer Cost	\$968.28	
<input type="button" value="Submit Enrollment"/>				

A prompt will appear confirming the benefit choices have been successfully submitted. Click **Done**.

Benefits Alerts

Your benefit choices have been successfully submitted to the Benefits Department.

Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary

Click **Next** to continue to the **Acknowledgment Task**.

BCC Employee Benefits Enrollment

TONY STARKS
Enrollment Period 10/24/2023 - 11/06/2023

Task: **Benefits Enrollment**

The **Enrollment Overview** displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

▼ Enrollment Summary

Your Pay Period Cost	\$193.78	Full Cost	\$193.78	
Status	Submitted 10/20/2022 3:20PM	General Credits	\$0.00	
*Excess Credit	Gross Pay ▼	Plan Credits	\$0.00	
		Employer Cost	\$968.28	



Carefully read the important text concerning your benefits choices.

Check the box for **I Agree** and click **Save**.

Task: Acknowledgement

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing your Group Insurance Office to send the necessary personal information to your selected providers to initiate and support your coverage.

DEPENDENT COVERAGE

By clicking submit you are affirming that the dependents you have enrolled are eligible dependents of yours, in accordance with County PPM and applicable insurance policy/certificate. It is your responsibility to ensure your dependents continue to be eligible for coverage and you must notify your group insurance office IMMEDIATELY, if a dependent of yours loses eligibility (e.g. a "spouse" becomes an "Ex-spouse" due to divorce, and, therefore, can no longer remain covered under your group insurance plans). You must notify your Group Insurance Office to update your coverage and remove any ineligible dependents. If it is determined that employees have covered dependents not eligible for coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination. Review County PPM CW-P-023 for further information or contact your Group Insurance Office with any questions you may have.

I Agree

Save

The Task will be updated with the Acknowledgment date and Time and Employee Name.

Acknowledged By

User ID TSTARK Name TONY STARK

Date/Time Stamp 10/26/2023 11:03 AM

Save

Click **Next** to go to the **Enrollment Step Summary Task**.

BCC Employee Benefits Enrollment

TONY STARK
Enrollment Period 10/24/2023 - 11/06/2023

< Previous Next >



Read the instructions carefully and click the **Complete** button to successfully complete this task.

BCC Employee Benefits Enrollment

TONY STARKS
Enrollment Period 10/24/2023 - 11/06/2023

Complete < Previous

Welcome - BCC
● Visited

* **Benefits Enrollment**
● Complete

* **Acknowledgement**
● In Progress

Enrollment Step Summary
● Visited

Task: Enrollment Step Summary

If you have submitted your enrollment, review your elections on the Benefits Statements step and keep a copy of your elections as a record. If you have not completed your elections, go to the Benefits Enrollment step and complete your elections and select the Submit Enrollment button.

You can return to this event before 11:59PM PST, 11/06/2023 by selecting the Open Enrollment tile on Employee Self Service. Once the open enrollment period ends, your elections will be validated and finalized. If you did not submit your elections, your enrollment will be based on the default options. Contact your benefits administrator if you have further question.

Steps 3 rows

Step	Status	Date Completed	Required	Go to Step
Welcome - BCC	● Visited		No	Go to Step
Benefits Enrollment	● Complete	10/20/2022	Yes	Go to Step
Acknowledgement	● Complete		Yes	Go to Step

A prompt will appear, click **Yes** to mark this action as completed.

Are you sure you want to mark this action complete?

Yes No



Important Reminders



Remember you must **finalize and submit your elections by November 6, 2023**. If you have already submitted your elections and wish to make a change, contact your group insurance office at 561-233-5400 or Palm Tran at 561-841-4237.

Submit the required dependent verification documentation to your Group Insurance office for newly added dependents, no later than **Nov 6**.

Forward your **proof of other coverage to your Group Insurance office by Nov 6**, if you participate in the **Opt-Out program**.

Closely review the open enrollment **confirmation statement that will be mailed** to your address on record in **early December** and notify your Group Insurance office of any errors immediately and in **no event later than December 15, 2023**.

Additionally, **review the paycheck dated January 5, 2024 for your Opt-Out credit**, if applicable, and notify your Group Insurance office of any discrepancies immediately.

Any errors or discrepancies that were included in your open enrollment confirmation statement and were not **reported to your group insurance office by Dec 15, 2023** cannot be corrected after this date.



If you have questions or need assistance with your group insurance options, contact your *group insurance office* at:

Tel: 561-233-5400

Fax: 561-242-7184

Email: bccmybenefits@pbcgov.org

Palm Tran Tel: 561-841-4237

Email: Palm-benefits@pbcgov.org

Review the *Open Enrollment Announcement*, *Frequently Asked Questions* and other handouts posted on *MyBenefits*.

