

Welcome!



Your Open Enrollment journey starts here. Welcome to an exciting (and easy!) experience to shop for your employee benefits.

Online Access

Step 1: To log into bCEnroll, open your web browser and type enroll.benefitsconnect.net into the top tool bar.

Step 2: At your home screen, you will see a username and password welcome box.



EXAMPLE:
Joe Smithson
SSN: 123-45-6789

Username: smithsj6789
Password: 123456789

Step 3: Your username is the first six characters of your last name (if applicable), followed by the first letter of your first name, which is then followed by the last four digits of your Social Security Number.

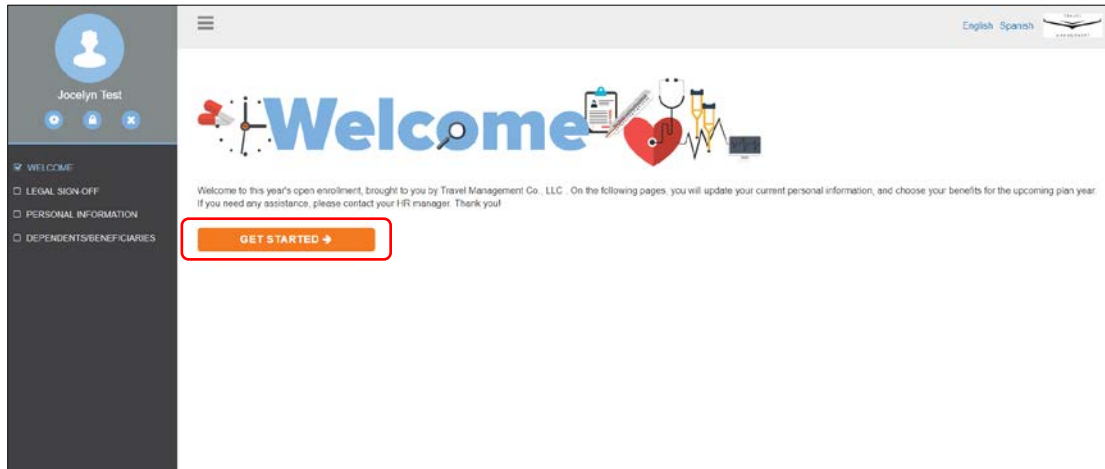
Step 4: Your initial password is your Social Security Number (SSN). Please note, your SSN should contain no spaces or dashes.

Step 5: Click Sign In to enter bCEnroll.

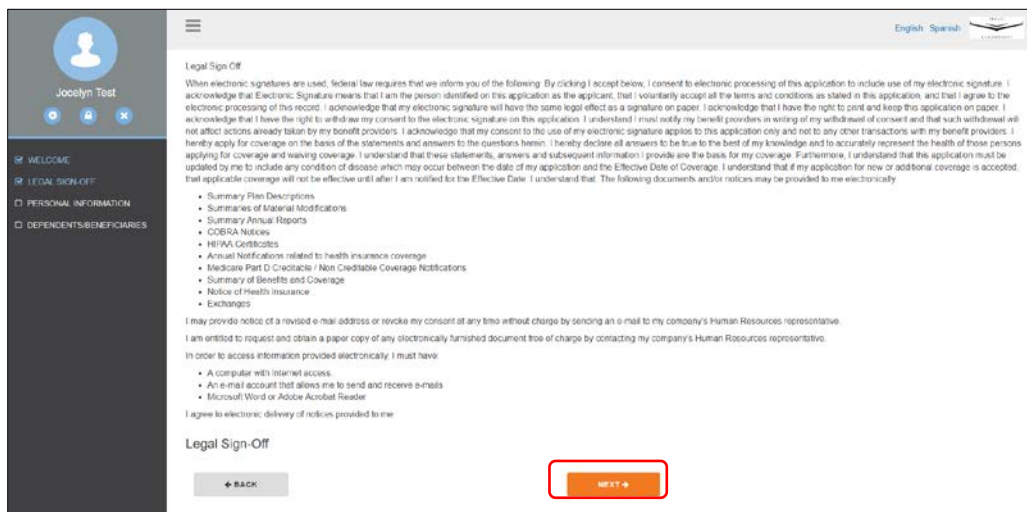


Navigating Benefits Connect

1) Log in and click the orange “Get Started” button.



2) Click “Next”.



3) Confirm all personal information and click “Next”.

Personal Information

First Name: Jocelyn Middle Initial:

Last Name: Test Suffix:

SSN: 222-22-2222 Birth Date: 05/25/1997

Gender: Female Marital Status: Single

Address Line 1: 123 Test St. Address Line 2:

City: Test State: Illinois

Zip Code: 12345 Country: United States

Home Phone: (123) 456-7890

Work Phone: Work Phone Ext:

Email Address: testemail@test.com

← BACK NEXT →

- 4) Add your Emergency Contact information here. Once you have entered the information click next.

Emergency Contact Information

The information that you provide here will be submitted to your company's HR personnel.

+ ADD EMERGENCY CONTACT

Name	EDIT	REMOVE
RK Test	EDIT	REMOVE

← BACK NEXT →

- 5) If you have dependents enrolled in benefits currently, they will show here. Click "Edit" next to any dependents to confirm information for them. Add eligible dependents that you would like to enroll in benefits if they are not already in the system.

Dependent Information

Please fill out your dependent and beneficiary information for your upcoming benefits selection.

+ ADD DEPENDENT

Dependent	EDIT
Spouse - Spouse Test	EDIT
Dependent - Child Test	EDIT

Beneficiary Information

+ ADD BENEFICIARY

Name: No beneficiary has been added.

← BACK NEXT →

Edit Spouse Information

First Name: Spouse

Middle Initial:

Last Name: Test

Relationship: Spouse

SSN: 000-00-0000

Birth Date: 01/01/1990

Gender: Male

Address Line 1: 123 Test St

Address Line 2:

City: Test

State: Illinois

Zip Code: 12345

Country: United States

Home Phone:

Work Phone:

Work Phone Ext:

SAVE **CANCEL**

6) Add beneficiaries by clicking the “Add Beneficiary” button.

Dependent Information

Please fill out your dependent and beneficiary information for your upcoming benefits selection.

+ ADD DEPENDENT

Dependent

Spouse - Spouse Test **EDIT**

Dependent - Child Test **EDIT**

Beneficiary Information

+ ADD BENEFICIARY

Name

No beneficiary has been added

BACK **NEXT**

7) If you would like a dependent to be a beneficiary, select from the Choose Member dropdown menu. This will populate the text boxes with your dependent’s information. Click “Save”.

Add Beneficiary Information

If you are outside of your Open Enrollment or New Hire window, adding a beneficiary will not assign them to any benefits. Please contact your System/Benefit Administrator.

Choose Member (optional)

Or

Relationship: Spouse

First Name:

Last Name:

Birth Date:

SSN:

Gender:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Country: United States

Phone:

- 8) If you would like to designate someone else as a beneficiary, manually enter the information in the text boxes (Relationship, First and Last Name, and Gender are all required fields). Click “Save”.

Add Beneficiary Information

If you are outside of your Open Enrollment or New Hire window, adding a beneficiary will not assign them to any benefits. Please contact your System/Benefit Administrator.

Choose Member (optional)

Or

Relationship: Mother

First Name: Mother

Last Name: Test

Birth Date:

SSN:

Gender: Female

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Country: United States

Phone:

SAVE CANCEL

- 9) Confirm that all dependent and beneficiaries are correct. Click “Next”.

The screenshot shows a web application interface for managing dependents and beneficiaries. On the left is a sidebar with a user profile for 'Jocelyn Test' and navigation links: WELCOME, LEGAL SIGN-OFF, PERSONAL INFORMATION, and DEPENDENTS/BENEFICIARIES. The main content area has a green banner at the top that says 'Added Beneficiary'. Below this are two sections: 'Dependent Information' and 'Beneficiary Information'. The 'Dependent Information' section includes a '+ ADD DEPENDENT' button and a list of dependents: 'Spouse - Spouse Test' and 'Dependent - Child Test', each with an 'EDIT' button. The 'Beneficiary Information' section includes a '+ ADD BENEFICIARY' button and a list of beneficiaries: 'Mother Test' and 'Spouse Test', each with 'EDIT' and 'REMOVE' buttons. At the bottom of the main content area are a 'BACK' button and a 'NEXT' button.

10) In Medical, Dental, Vision Election screen, make sure to select dependents if you are choosing to also enroll them in a plan.

The screenshot shows the 'Medical Election for Future Enrollment' screen. On the left is the same sidebar as the previous screenshot. The main content area has a title 'Medical Election for Future Enrollment' and a section 'Choose your dependents' with a dropdown arrow. Below this are two checkboxes: 'Spouse Test - Spouse' and 'Child Test - Child', both of which are checked. Below the checkboxes is a section 'Choose your plan' with a dropdown arrow. This section displays three plan options: 'PLAN 1 - HIF9 MODIFIED', 'PLAN 2 - HIFC MODIFIED', and 'PLAN 3 - AGT4 MODIFIED'. Each plan option shows a cost (e.g., \$286.10, \$234.06, \$181.70), the UnitedHealthcare logo, and a 'View Outline of Benefits' link. Below each plan option is a 'SELECT THIS' button. Below the plan options is a section 'WAVE COVERAGE' with a 'SELECT THIS' button. At the bottom of the main content area are a 'BACK' button and a 'SAVE' button. On the right side of the screen is a 'Benefit Cost Summary' section with a dropdown arrow, showing a list of benefits and their costs, including 'Notice of COBRA Continuation Rights', 'Medical', 'Dental', 'Vision', 'Voluntary Life and AD&D', 'Voluntary Short-term Disability', 'Voluntary Long-term Disability', 'Accident Care', and 'Critical Illness Employee', all with a cost of \$0.00. The total cost of coverage is also \$0.00.

11) While selecting a plan, you can read the outline of benefits for each plan by clicking the blue link that says, "View Outline of Benefits" under the benefit provider. This will prompt a pop-up box that contains the provider, eligibility date, plan effective date, a link to the provider's website, and any files related to the plan that you can download.

Medical Election for Future Enrollment

Choose your dependents

☒ Spouse Test - Spouse ☒ Child Test - Child

Choose your plan

PLAN 1 - HF9 MODIFIED

\$286.10
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

PLAN 2 - HFC MODIFIED

\$234.06
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

PLAN 3 - AGT4 MODIFIED

\$181.70
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Medical coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☐ SELECT THIS

← BACK SAVE

Benefit Cost Summary

Notice of COBRA Continuation Rights	\$0.00
Medical	\$0.00
Dental	\$0.00
Vision	\$0.00
Voluntary Life and AD&D	\$0.00
Voluntary Short-term Disability	\$0.00
Voluntary Long-term Disability	\$0.00
Accident Care	\$0.00
Critical Illness Employee	\$0.00
Total cost of coverage:	\$0.00

Medical Election for Future Enrollment

Choose your dependents

☒ Spouse Test - Spouse ☒ Child Test - Child

Choose your plan

PLAN 1 - HF9 MODIFIED

\$286.10
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

PLAN 2 - HFC MODIFIED

\$234.06
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

PLAN 3 - AGT4 MODIFIED

\$181.70
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Medical coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☐ SELECT THIS

← BACK SAVE

Benefit Cost Summary

Notice of COBRA Continuation Rights	\$0.00
Medical	\$0.00
Dental	\$0.00
Vision	\$0.00
Voluntary Life and AD&D	\$0.00
Voluntary Short-term Disability	\$0.00
Voluntary Long-term Disability	\$0.00
Accident Care	\$0.00
Critical Illness Employee	\$0.00
Total cost of coverage:	\$0.00

Plan Outline of Benefits

Medical - Plan 1 - HF9 Modified

Provider information

United Healthcare

Enrollment information

Eligible On: 8/1/2018
Plan Effective Date: 8/1/2018
Website Links: [United Healthcare Website](#)

Download Files

HF9.pdf [392420] bytes - Summary of Benefits and Coverage
RX 2V.pdf [119256] bytes - Outpatient Prescription Drug Summary

Full Outline of Benefits

For plan details, please download the Summary of Benefits.

CLOSE

12) If you would like to waive particular benefit, click the gray "Select This" box under "Waive Coverage" at the bottom of the page. It will turn orange once it has been selected.

Medical Election for Future Enrollment

Choose your dependents

☒ Spouse Test - Spouse ☒ Child Test - Child

Choose your plan

PLAN 1 - HF9 MODIFIED

\$286.10
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

PLAN 2 - HFC MODIFIED

\$234.06
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

PLAN 3 - AGT4 MODIFIED

\$181.70
(your pay-period cost)

Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

☐ SELECT THIS

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Medical coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☒ SELECT THIS

← BACK SAVE

Benefit Cost Summary

Notice of COBRA Continuation Rights	\$0.00
Medical	\$0.00
Dental	\$0.00
Vision	\$0.00
Voluntary Life and AD&D	\$0.00
Voluntary Short-term Disability	\$0.00
Voluntary Long-term Disability	\$0.00
Accident Care	\$0.00
Critical Illness Employee	\$0.00
Total cost of coverage:	\$0.00

- 13) If you select a plan instead of waiving coverage, the cost will be added to the “Benefit Cost Summary” box to the right.

Medical Election for Future Enrollment

Choose your dependents

☒ Spouse Test - Spouse ☒ Child Test - Child

Choose your plan

PLAN 1 - BFC MODIFIED

\$286.10
(your pay-period cost)
Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

UnitedHealthcare
View Outline of Benefits

☒ SELECT THIS

PLAN 2 - BFC MODIFIED

\$234.06
(your pay-period cost)
Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

UnitedHealthcare
View Outline of Benefits

☐ SELECT THIS

PLAN 3 - AGT4 MODIFIED

\$181.70
(your pay-period cost)
Effective on: 8/1/2018
Cost is deducted on a pre-tax basis

UnitedHealthcare
View Outline of Benefits

☐ SELECT THIS

- Or -

WAVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Medical coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☐ SELECT THIS

← BACK

SAVE

Benefit Cost Summary

Notice of COBRA Continuation Rights	\$0.00
Medical	\$286.10
Dental	\$0.00
Vision	\$0.00
Voluntary Life and AD&D	\$0.00
Voluntary Short-term Disability	\$0.00
Voluntary Long-term Disability	\$0.00
Accident Care	\$0.00
Critical Illness Employee	\$0.00
Total cost of coverage:	\$286.10

- 14) Click “Save” and you will proceed to the next plan.
- 15) If you click the “Back” button at any time during the enrollment process, you will have to make your elections for the plan whose page you are on again. (e.g. if you made a vision election, saved it, went on to the next page, but then clicked “Back”, you will have to redo your vision election.
- 16) Follow instructions 9-15 for dental and vision elections.

Dental Election for Future Enrollment

Choose your plan

\$0.00
(your pay-period cost)
Effective on: 1/1/2019
Cost is deducted on a pre-tax basis

AXA
View Outline of Benefits

☒ SELECT THIS

- Or -

WAVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Dental coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☐ SELECT THIS

← BACK

SAVE

Benefit Cost Summary

Medical	\$42.26
Dental	\$0.00
Vision	\$0.00
Basic Life/AD&D	\$0.00
Long-term Disability	\$0.00
Voluntary Life/AD&D	\$0.00
Flex Spending Account	\$0.00
Dependent Care Flex Spending Account	\$0.00
Commuter Parking & Transit	\$0.00
Total cost of coverage:	\$42.26

Vision Election for Future Enrollment


Choose your plan

\$0.00

(your pay-period cost)

Effective on: 1/1/2019

Cost is deducted on a pre-tax basis



AXA

[View Outline of Benefits](#)

☒ SELECT THIS

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Vision coverage for myself and my dependents (if applicable) through my employer.
 I choose to decline enrollment at this time.

☐ SELECT THIS

← BACK

SAVE

Benefit Cost Summary

Medical	\$42.26
Dental	\$0.00
Vision	\$0.00
Basic Life/AD&D	\$0.00
Long-term Disability	\$0.00
Voluntary Life/AD&D	\$0.00
Flex Spending Account	\$0.00
Dependent Care Flex Spending Account	\$0.00
Commuter Parking & Transit	\$0.00
Total cost of coverage:	\$42.26


- 17) For Basic Life/AD&D election, the amount is based on employee's salary. It is one time employee's annual salary rounded to nearest thousand up to \$250,000. This amount will automatically show up. Click on 'Select This' button.
- 18) Complete beneficiary information by clicking on 'Add Beneficiary'. Add beneficiary information in the window and click 'Save'. Select type of beneficiary (primary or contingent) and assign percentage allocation to the beneficiaries. Please note total for primary/contingent should not exceed 100%. If you have added beneficiaries in step 7 then you will need to only allocate and choose beneficiary type.

Choose your plan

\$0.00

(your pay-period cost)

Effective on: 1/1/2019



AXA

[View Outline of Benefits](#)

Coverage Amount

\$60,000.00

☒ SELECT THIS

Complete beneficiary information

+ ADD BENEFICIARY

[What are Primary and Contingent Beneficiaries?](#)

Child Test - Child	Contingent	Allocation %	100
RK Test - Spouse	Primary	Allocation %	100

← BACK

SAVE

Benefit Cost Summary


Medical	\$42.26
Dental	\$0.00
Vision	\$0.00
Basic Life/AD&D	\$0.00
Long-term Disability	\$0.00
Voluntary Life/AD&D	\$0.00
Flex Spending Account	\$0.00
Dependent Care Flex Spending Account	\$0.00
Commuter Parking & Transit	\$0.00
Total cost of coverage:	\$42.26

- 19) Next screen is Long-term disability election. This coverage amount is also based on employee's annual salary. Choose select this button and save.

Long-term Disability Election for Future Enrollment

Choose your plan

\$0.00
(your pay-period cost)
Effective on: 1/1/2019


AXA
[View Outline of Benefits](#)

Monthly Coverage Amount

\$3,333.00

☒ SELECT THIS

← BACK

SAVE

Benefit Cost Summary


Medical	\$42.26
Dental	\$0.00
Vision	\$0.00
Basic Life/AD&D	\$0.00
Long-term Disability	\$0.00
Voluntary Life/AD&D	\$0.00
Flex Spending Account	\$0.00
Dependent Care Flex Spending Account	\$0.00
Commuter Parking & Transit	\$0.00
Total cost of coverage:	\$42.26

- 20) Once you get to the Voluntary Life page, if you choose to elect coverage, select the amount of coverage from the sliding bar. The bar will show only “Guaranteed Issue Amount” (the amount you can elect without filling out an Evidence of Insurability).

Voluntary Life/AD&D Election for Future Enrollment

Choose your plan

\$3.60
(your pay-period cost)
Effective on: 1/1/2019
Cost is deducted on a post-tax basis


AXA
[View Outline of Benefits](#)

Select a Coverage Amount

\$10000 \$120000 \$180000

☒ SELECT THIS

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Voluntary Life/AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☐ SELECT THIS

Complete beneficiary information

Benefit Cost Summary

Medical	\$42.26
Dental	\$0.00
Vision	\$0.00
Basic Life/AD&D	\$0.00
Long-term Disability	\$0.00
Voluntary Life/AD&D	\$3.60
Flex Spending Account	\$0.00
Dependent Care Flex Spending Account	\$0.00
Commuter Parking & Transit	\$0.00
Total cost of coverage:	\$45.86

- 21) Be sure to select the ‘Select This’ box if you choose to elect the benefit. Once this is selected, your beneficiaries will show up at the bottom of the page. Your beneficiary information is already correct, choose who your primary and contingent beneficiaries are by selecting from the drop-down boxes.

Select a Coverage Amount
Guaranteed Issue Amount: \$0.00

☒ I acknowledge that the amount I have elected exceeds the available Guarantee Issue amount, and that I must print and complete the Evidence of Insurability form.
[Download Evidence of Insurability Form](#)

SELECT THIS

- Or -

WAIVE COVERAGE
I acknowledge that I have been offered the opportunity to purchase Voluntary Life and AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

Complete beneficiary information

+ ADD BENEFICIARY [What are Primary and Contingent Beneficiaries?](#)

Mother Test - Mother Allocation %

Spouse Test - Spouse Allocation %

Additional Questions

← BACK **SAVE**

Accident Care \$0.00
Critical Illness Employee \$0.00
Total cost of coverage: \$302.64

22) Type what percentage you'd like to allocate for these beneficiaries in the designated 'Allocation %' boxes. Remember that the percentages for both primary and contingent must equal 100%. (e.g. if you have three contingent beneficiaries, the amounts should be 33.33, 33.33, and 33.34 as shown below).

SELECT THIS

- Or -

WAIVE COVERAGE
I acknowledge that I have been offered the opportunity to purchase Voluntary Life and AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

Complete beneficiary information

+ ADD BENEFICIARY [What are Primary and Contingent Beneficiaries?](#)

Child Test - Child Primary Allocation % 100

Dad Test - Father Contingent Allocation % 33.33

Mother Test - Mother Contingent Allocation % 33.33

Spouse Test - Spouse Contingent Allocation % 33.34

Additional Questions

← BACK **SAVE**

23) If you have any dependents and you elected Voluntary Life, you can choose to enroll your spouse/children in Voluntary Spouse Life and Voluntary Child Life respectively. This follows the same process as step 19.

Voluntary Spouse Life/AD&D Election for Future Enrollment

Choose your plan

\$1.50
(your pay-period cost)
Effective on: 1/1/2019
Cost is deducted on a post-tax basis


AXA
[View Outline of Benefits](#)

☒ **RK Test - Spouse**

\$5000

\$1000 \$15000 \$20000 \$25000 \$30000 \$35000 \$40000 \$45000 \$50000

☒ **SELECT THIS**

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Voluntary Spouse Life/AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☐ **SELECT THIS**

[← BACK](#)

SAVE

Benefit Cost Summary

Medical	\$42.26
Dental	\$0.00
Vision	\$0.00
Basic Life/AD&D	\$0.00
Long-term Disability	\$0.00
Voluntary Life/AD&D	\$2.70
Voluntary Spouse Life/AD&D	\$1.50
Voluntary Child Life/AD&D	\$0.00
Flex Spending Account	\$0.00
Dependent Care Flex Spending Account	\$0.00
Commuter Parking & Transit	\$0.00
Total cost of coverage:	\$46.46

Voluntary Child Life/AD&D Election for Future Enrollment

Choose your plan

\$0.56
(your pay-period cost)
Effective on: 1/1/2019
Cost is deducted on a post-tax basis


AXA
[View Outline of Benefits](#)

☒ **Child Test - Child**

\$1000

\$1000 \$2000 \$3000 \$4000 \$5000 \$6000 \$7000 \$8000 \$9000 \$10000

☒ **SELECT THIS**

- Or -

WAIVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Voluntary Child Life/AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

☐ **SELECT THIS**

[← BACK](#)

SAVE

Benefit Cost Summary

Medical	\$42.26
Dental	\$0.00
Vision	\$0.00
Basic Life/AD&D	\$0.00
Long-term Disability	\$0.00
Voluntary Life/AD&D	\$2.70
Voluntary Spouse Life/AD&D	\$1.50
Voluntary Child Life/AD&D	\$0.56
Flex Spending Account	\$0.00
Dependent Care Flex Spending Account	\$0.00
Commuter Parking & Transit	\$0.00
Total cost of coverage:	\$47.02

24) After clicking 'Save', you will be brought to the 'Consolidated Enrollment' page which shows all the elections you just made as well as your beneficiary information. If you would like to change anything, you can select the "Edit" button below the respective plan (or below beneficiaries if you are wishing to edit that).

25) If everything looks good, click the orange 'Finish Elections' button on the top right. Just above 'Finish Elections', you can also choose to email or print the form.

Please review your Personal Information and Election choices. Note that you can edit those choices if you see anything you wish to change.

[FUTURE ELECTIONS](#) [MY BENEFITS](#) [MY TOTAL COMPENSATION](#)

Future Elections

Name: Day Test
 Division: DAY AREA
 Category: 100
 Print Date: 9/7/2018 10:59:44 AM

[FINISH ELECTIONS](#)

Beneficiaries

Plan Detail	Date of Birth	SSN	Percentage
Basic Life/AD&D			
RK Test (Spouse) - Primary Beneficiary	1/1/1900		100%
Child Test (Child) - Contingent Beneficiary	1/7/2000	XXX-XX-1111	100%

[EDIT BENEFICIARIES](#)

Medical Election

Plan Detail	Coverage Detail	Effective Date	My Cost	ER Cost	Total Cost
Kaiser HMO Policy #: TBD View Outline of Benefits	Day Test - Employee	1/1/2019	\$42.26	\$341.87	\$384.13

[EDIT ELECTION](#)

Dental Election

Plan Detail	Coverage Detail	Effective Date	My Cost	ER Cost	Total Cost
AXA Policy #: 004201 View Outline of Benefits	Day Test - Employee	1/1/2019	\$0.00	\$27.58	\$27.58

[EDIT ELECTION](#)

Vision Election

Plan Detail	Coverage Detail	Effective Date	My Cost	ER Cost	Total Cost
AXA Policy #: 004201 View Outline of Benefits	Day Test - Employee RK Test - Spouse Child Test - Child	1/1/2019	\$0.00	\$13.30	\$13.30

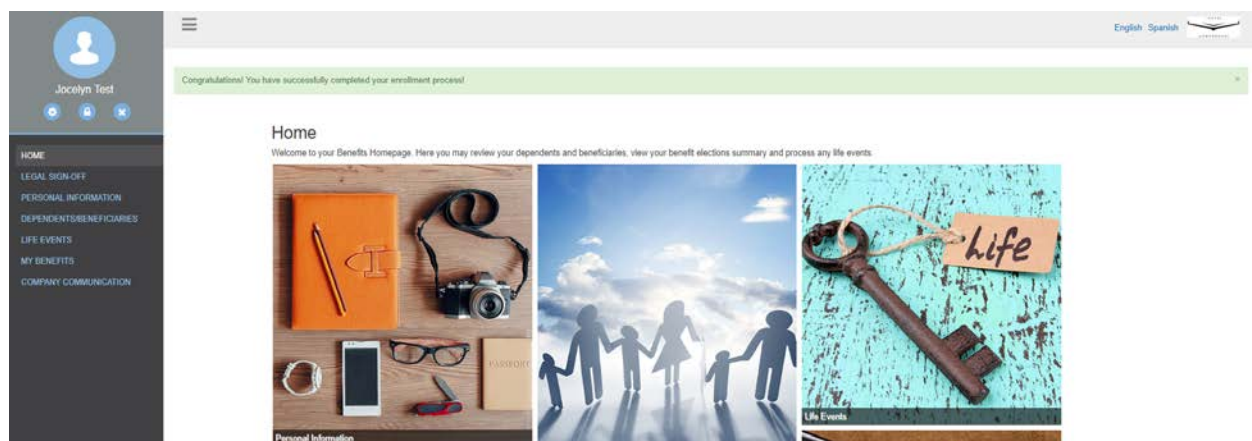
Benefit Cost Summary

Benefit	My Cost	ER Cost	Total Cost
Medical	\$42.26	\$341.87	\$384.13
Dental	\$0.00	\$27.58	\$27.58
Vision	\$0.00	\$13.30	\$13.30
Basic Life/AD&D	\$0.00	\$3.15	\$3.15
Long-term Disability	\$0.00	\$3.13	\$3.13
Voluntary Life/AD&D	\$2.70	\$0.00	\$2.70
Voluntary Spouse Life/AD&D	\$1.50	\$0.00	\$1.50
Voluntary Child Life/AD&D	\$0.56	\$0.00	\$0.56
Flex Spending Account	\$110.42	\$0.00	\$110.42
Dependent Care Flex Spending Account	\$4.17	\$0.00	\$4.17
Commuter Parking & Transit	\$12.75	\$0.00	\$12.75
Total:	\$174.36	\$389.03	\$563.39

Total Cost Distribution by benefit

Medical 68.2%
 Dental 4.9%
 Vision 2.4%
 Basic Life/AD&D 0.6%
 Long-term Disability 0.6%
 Flex Spending Account 19.6%
 Dependent Care Flex Spen... 0.7%
 Commuter Parking & Trans... 2.3%

26) You will have now successfully completed the enrollment process!



If you need further enrollment assistance please contact 408-924-1308.