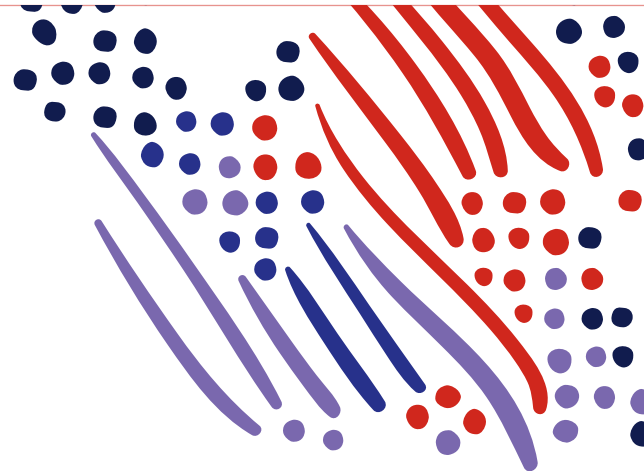


Employee Enrollment Experience

Detailed Product Overview




Desktop ESS – Benefits Landing Hub

The screenshot displays the Desktop ESS Benefits Landing Hub. At the top is a dark teal navigation bar with menu items: HOME, RESOURCES, MYSELF, MY TEAM, PEOPLE, PROCESS, REPORTS, and SETUP. A search bar on the right contains the text "Search Workforce Now". Below the navigation bar is a light blue header for the "Enrollments" section, featuring a question mark icon, a play button icon, a share icon, and an "Add to Favorites" link with a star icon. The main content area is divided into three white panels. The first panel, "Open Enrollment", shows a calendar icon and the text "27 days left to complete this event", with buttons for "CONTINUE ENROLLMENT" and "DELETE EVENT". The second panel, "Year Round Enrollment", contains a yellow warning box with a triangle icon and the text "You have other enrollment changes that are incomplete." The third panel, "Your Benefits", features a purple first aid kit icon and the text "Review your current benefits, your previous year's benefits, or any changes due to a life event.", with a "VIEW BENEFITS" button.

HOME RESOURCES MYSELF MY TEAM PEOPLE PROCESS REPORTS SETUP ★

Enrollments ? ▶ ↗ Add to Favorites ★


Open Enrollment

 **27 days left to complete this event**


[CONTINUE ENROLLMENT](#)

[DELETE EVENT](#)

Year Round Enrollment

 You have other enrollment changes that are incomplete.


Your Benefits


 Review your current benefits, your previous year's benefits, or any changes due to a life event.

[VIEW BENEFITS](#)

Desktop ESS – Open Enrollment Flow

Welcome to Anne's New OE

 123 days left to complete this event



Welcome Select Benefits Summary

Welcome to the Open Enrollment period! The Open Enrollment period gives you the opportunity to make benefit election changes from **05/22/2019** to **06/30/2019**, with benefits effective as of **07/01/2019**.

During the Open Enrollment period you can:

- Add or opt out of health plan coverage
- Choose your new plan options
- Enroll eligible family members in your plans
- Add or change the level of your insurance coverage
- Add or update Beneficiary assignment
- Complete Beneficiary assignment
- Upload documents
- Enroll or re-enroll in a consumer health and savings account to pay for daycare or health expenses with pre-tax dollars

Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.

Are you a Tobacco User? *

No




Yes


Is LE Test LE Test a Tobacco User? *

No

Yes

Desktop Self-Service – Enrollment Overview

Enrollments   

Add to Favorites 

Welcome to Anne's New OE



27 days left to complete this event



AVAILABLE BENEFITS

MEDICAL

DENTAL

WELLNESS

WELLNESS PROGRAM

HEALTH SAVINGS
ACCOUNT

MEDICAL SAVINGS
ACCOUNT

FSA DEPENDENT CARE

MISCELLANEOUS

TRANSIT

COMMUTER- TR...

TRANSIT NEW

PARKING

401(K) PLAN

Medical



1. Which plan would you prefer?

\$51.69



Per Pay Period





Currently Enrolled In

PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
PPO, MEDICAL PPO	Your Health Provider	\$51.69	\$152.31	February 21, 2019	CURRENTLY ENROLLED

Other Options

HDHP	Your Health Provider	\$89.01	\$115.38	---	<input type="button" value="SELECT PLAN"/>
HMO, HMO	Your Health Provider	\$36.46	\$109.38	---	<input type="button" value="SELECT PLAN"/>
My ACA Base Plan, ACA Base Plan	Your Health Provider	\$196.15	\$438.46	---	<input type="button" value="SELECT PLAN"/>
PPO- Grandfathered, Medical PPO	Your Health Provider	\$50.77	\$152.31	---	<input type="button" value="SELECT PLAN"/>

Desktop Self-Service – Enrollment Detail

1. Which plan would you prefer? \$69.23  Per Pay Period 


Currently Enrolled In


PLAN	PROVIDER	PER PAYCHECK	EMPLOYER COST	EFFECTIVE DATE	
PPO, MEDICAL PPO	Your Health Provider	\$69.23	---	February 21, 2019	CURRENTLY ENROLLED


Other Options


HDHP	YOUR HEALTH PROVIDER	\$137.91	---	---	<input type="button" value="SELECT PLAN"/>
HMO, HMO	YOUR HEALTH PROVIDER	\$44.77	---	---	<input type="button" value="SELECT PLAN"/>
My ACA Base Plan, ACA Base Plan	Your Health Provider	\$196.15	---	---	<input type="button" value="SELECT PLAN"/>
PPO- Grandfathered, Medical PPO	Your Health Provider	\$61.38	---	---	<input type="button" value="SELECT PLAN"/>


2. Who do you want to cover? [MANAGE DEPENDENTS](#)

 You

 Alice Albright Spouse

 LE Test LE Test Spouse

 Anthony Albright Child

 Maggie Albright Child

Desktop Self-Service – Confirmation Screen

Welcome to Open Enrollment 2020 | 35 Days left to ENROLL

Action Items Explore Benefits Review & Submit

Please review this summary of your 2020 Enrollment.

Your benefit elections will not be processed until you click "SUBMIT ENROLLMENT." SAVE FOR LATER SUBMIT ENROLLMENT

Your 2020 Estimated Cost of Benefits **\$190.00** Per Paycheck

Benefits that you chose for 2020

Plan	Effective Date	Coverage Level	2019 Cost	2020 Cost
Medical			\$25.00	\$15.00
UHC PPO Medical GA	January 1, 2020	Employee - Family You Chris Albright Henry Albright		
Surveys Tobacco User Questionnaire <i>Your response: I am NOT a Tobacco User.</i> <i>My Spouse: Is NOT a Tobacco User.</i>				
Vision			\$15.00	\$15.00
Vision High	January 1, 2020	Employee - Spouse You Chris Albright		
Surveys <i>Your response: Very satisfied for Vision.</i>				
Retirement - 401 (k)			\$150.00	\$150.00
6% of Annual Salary	January 1, 2020	Primary Beneficiaries: Chris Albright (100%) Secondary Beneficiaries: <i>none</i>		

Mobile Benefits Enrollment



☰

Open Enrollment

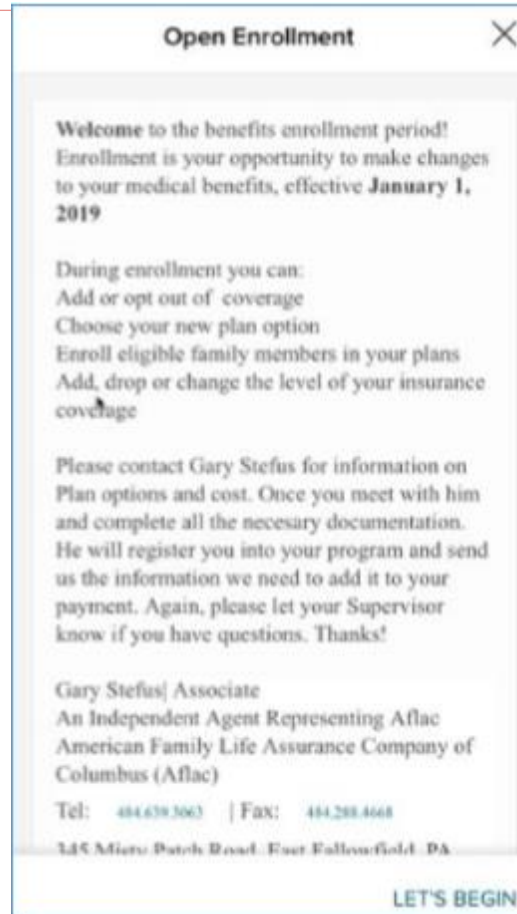
📅 You have 24 days left to enroll in benefits.

ENROLL NOW

Current Benefits
Your current enrollments, benefits costs, and who is covered >

Dependents & Beneficiaries
Information on dependents & beneficiaries covered by your benefits >

Report a Qualifying Change
Make changes outside of annual enrollment based on an event >



Open Enrollment

✕

Welcome to the benefits enrollment period! Enrollment is your opportunity to make changes to your medical benefits, effective **January 1, 2019**

During enrollment you can:
Add or opt out of coverage
Choose your new plan option
Enroll eligible family members in your plans
Add, drop or change the level of your insurance coverage

Please contact Gary Stefus for information on Plan options and cost. Once you meet with him and complete all the necessary documentation. He will register you into your program and send us the information we need to add it to your payment. Again, please let your Supervisor know if you have questions. Thanks!

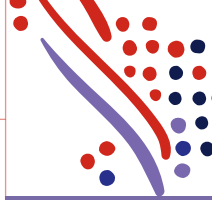
Gary Stefus | Associate
An Independent Agent Representing Aflac
American Family Life Assurance Company of Columbus (Aflac)

Tel: 484.639.3063 | Fax: 484.288.4668

145 Minto Patch Road, East Fallowfield, PA

LET'S BEGIN

Mobile Benefits Enrollment – Managing Dependents




Open Enrollment

Step 1: Select Who's Covered

Review your current dependents and beneficiaries. Add another, if necessary.

Employee (Primary)



Mike Cooper
You

Dependents & Beneficiaries

Only the dependents and beneficiaries listed here can be included in your benefits elections.

Dependents Beneficiaries

3 Dependent(s)

< PREV FINISH LATER NEXT >


Open Enrollment

Dependents & Beneficiaries


Only the dependents and beneficiaries listed here can be included in your benefits elections.

Dependents Beneficiaries


3 Dependent(s)



Sarah Cooper
Spouse



Cindy Cooper
Child



Katie Cooper
Child

< PREV FINISH LATER NEXT >

Mobile Benefits Enrollment – Managing Enrollments

Open Enrollment

Step 2: Benefit Elections

Please take a moment to review and make changes to your benefits. You cannot complete enrollment unless you take action on benefits that need review.

3 Items Need Action

- 401(k) plan**
Health & Welfare Provider: 401k Percentage A, Eligible Employees
- 401(k) plan**
Health & Welfare Provider: 401k Dollar Amount A, Eligible Employees
- Child Life**
Health & Welfare Provider: Child Life Test, Eligible Employees

Per Paycheck \$14.08

[PREV](#) [FINISH LATER](#) [NEXT](#)

Open Enrollment

Step 2: Benefit Elections

Please take a moment to review and make changes to your benefits. You cannot complete enrollment unless you take action on benefits that need review.

Completed Elections

- Medical**
Anthem BlueCross and BlueShield of Georgia: Medical plan 2018 - HDHP, Eligible Employees
\$56.54 Per Paycheck
- Dental**
Anthem BlueCross and BlueShield of Georgia: Dental Plan 2018, Eligible Employees
\$5.77 Per Paycheck

Per Paycheck \$187.81

[PREV](#) [FINISH LATER](#) [NEXT](#)

Medical

WHO'S COVERED

- Mike
- Sarah
- Cindy
- Katie

PLAN SELECTION

SELECTED PLAN

Anthem BlueCross and BlueShield of Georgia
Medical plan 2018 - HDHP, Eligible Employees

COST PER PAYCHECK
\$56.54

[WAIVE](#) [CONTINUE](#)

Mobile Benefits Enrollment – Save or Complete

Open Enrollment ✕

Step 2: Benefit Elections

Please take a moment to review and make changes to your benefits. You cannot complete enrollment unless you take action on benefits that need review.

Completed Elections

- Medical**
Anthem BlueCross and BlueShield of Georgia: Medical plan 2018 - HDHP, Eligible Employees
\$56.54 Per Paycheck
- Dental**
Anthem BlueCross and BlueShield of Georgia: Dental Plan 2018, Eligible Employees
\$5.77 Per Paycheck

Per Paycheck \$187.81

< PREV **FINISH LATER** NEXT >

Open Enrollment ✕

Save & Finish Later

Your elections have been saved. You must return before the enrollment period ends to confirm your saved elections. If you do not return, your elections will not be processed.

OK ✕ **CANCEL**

4 Plan(s) Enrolled

- Sarah Cooper**
Spouse
4 Plan(s) Enrolled 1 Allocated
- Cindy Cooper**
Child
3 Plan(s) Enrolled 1 Allocated

Per Paycheck \$166.01

< PREV **FINISH LATER** NEXT >

Open Enrollment ✕

Step 3: Review and Submit

Your elections will not be processed until you click complete.

- Medical** **EDIT**
Not yet submitted
Anthem BlueCross and BlueShield of Georgia: Medical plan 2018 - HDHP, Eligible Employees
\$34.74 per paycheck
Effective Date Jan 1, 2019
WHO'S COVERED
You, Sarah
- Dental** **EDIT**
Anthem BlueCross and BlueShield of Georgia: Dental Plan 2018, Eligible Employees
\$5.77 per paycheck
Effective Date Jan 1, 2019
WHO'S COVERED
You, Katie, Sarah, Cindy

Per Paycheck \$166.01

< PREV **FINISH LATER** **COMPLETE**