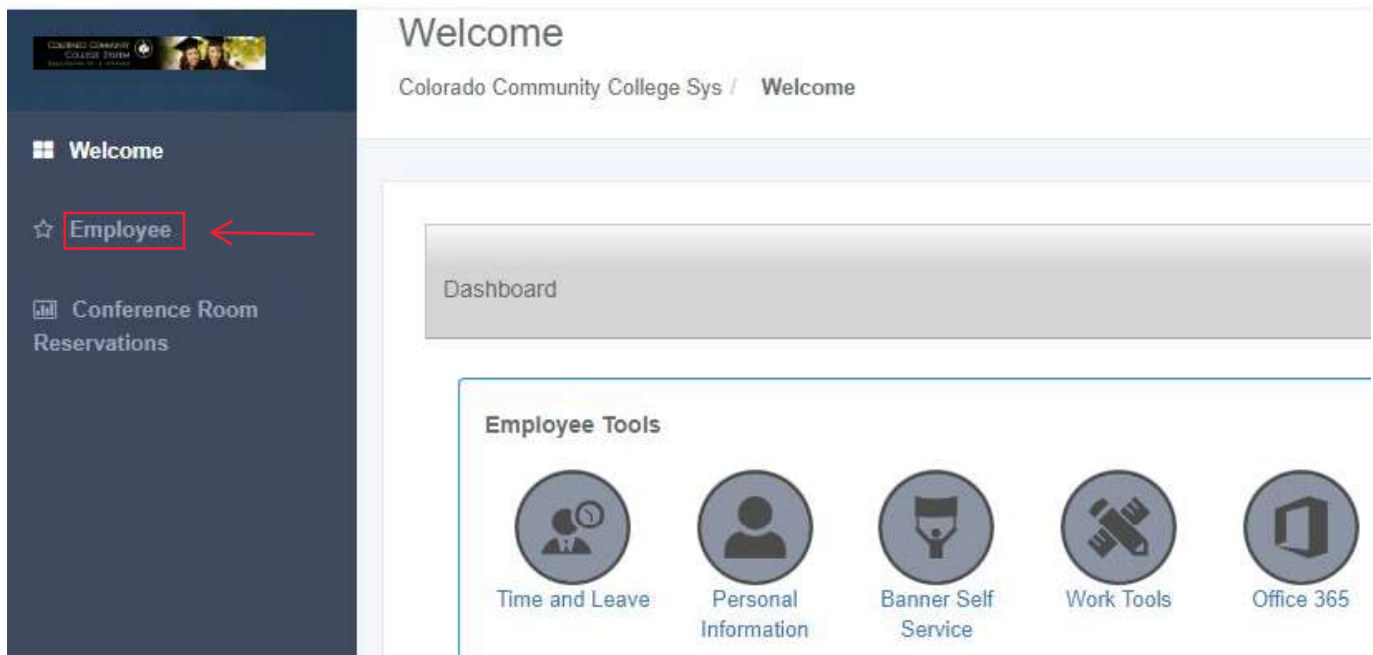




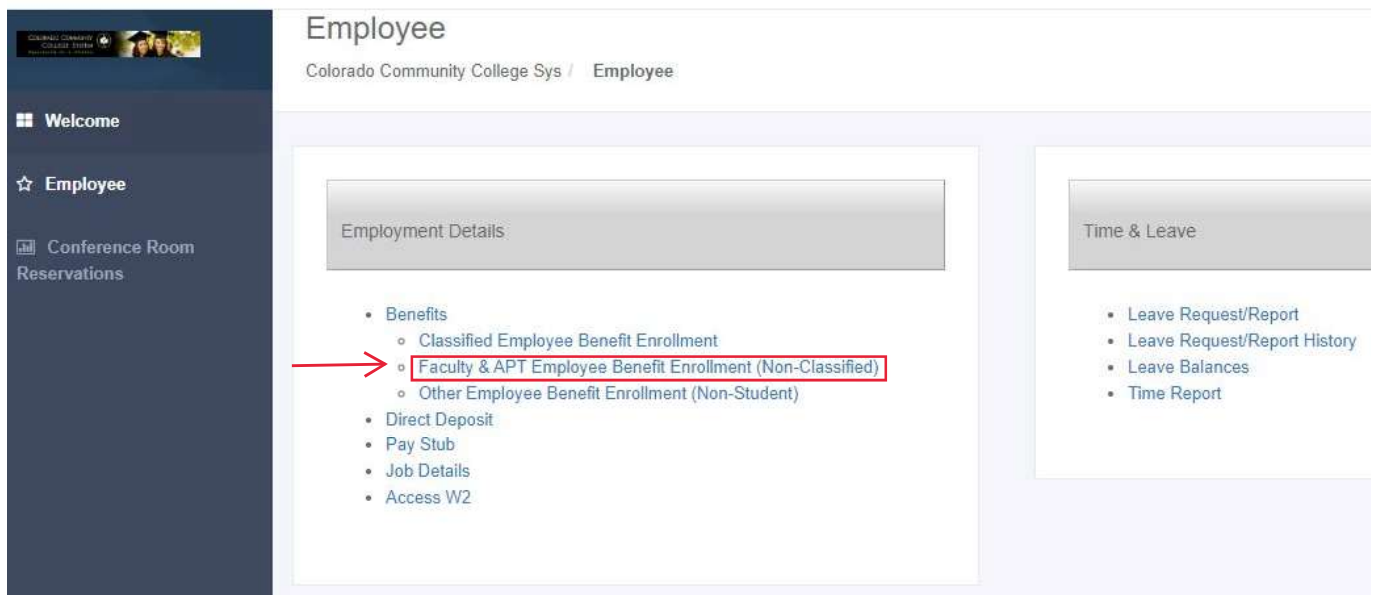
How to Enroll through TBX:

Logging in to the Portal:

1. Log in to the Employee Portal - You can access the portal from your college's website.
2. From the Welcome page, click the *Employee* option on the left side menu.



3. On the Employee page, you will see a section called Employment Details. Click the [Faculty & APT Employee Benefit Enrollment \(Non-Classified\)](#) link to go to the TBX enrollment site.






COLORADO

COMMUNITY COLLEGE SYSTEM

TBX Dashboard:

1. View your open enrollment video, then click *Next* to continue.



Status (8% Complete)

25 days left to enroll




Library



HomeYou & Your Family -My Benefits -Sign & Submit

Welcome to your enrollment for the 7/1/2023 - 6/30/2024 Plan Year

ⓘ Your enrollment is not complete until you have made a selection for all available plans, signed your confirmation statement, and the progress bar shows 100% complete.

WELCOME TO YOUR
OPEN
ENROLLMENT








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COMMUNITY COLLEGE SYSTEM

0:44



Your Available Plans

- ☐ Health
- ☐ Benefits Enhancer Bundle®
- ☐ Hospital Indemnity
- ☒ Health Saving Account
- ☐ Health Care FSA
- ☐ Dental
- ☐ Vision
- ☒ Employer Funded Long-Term Disability
- ☐ Basic Employee Life and AD&D
- ☐ Voluntary Dependent Life
- ☐ Voluntary AD&D
- ☐ Dependent Care FSA

☒ Elected

☒ Waived

☐ Incomplete

☐ Other

Press *Next* to review personal information and begin enrollment.


Next

Page | 2



Personal Information:

1. Review Personal Information. Add Mobile Phone and Personal Email if desired. Click *Next*.



Status: 80% Complete

25 days left to enroll

Library

HomeYou & Your FamilyMy BenefitsSign & Submit

Personal Information

If any personal information needs to be updated, please contact the HR Department. Click the Next button to continue.

Optional items are in *italics*.

Personal Info

Name: Marie E Davenport

FirstMILastSuffix

Marital Status: Married

Date of Birth: [Redacted]

SSN: [Redacted]

Gender: ☐ Male ☒ Female ☐ Other

Core Plan Tax Status: Pre-Tax

Contact Info

Address: USA

Country

[Redacted]

Street

Street (cont.)

Lakewood

City

CO

State

80228-1406

Zip

Home Phone: [Redacted]

Mobile Phone: [Redacted]

Email: marie.davenport@cccc.edu

Personal Email: [Redacted]

Back

Next



Dependents:

1. To add a dependent, click the *+ Add Dependent* button.

[Home](#) [You & Your Family](#) [My Benefits](#) [Sign & Submit](#)

Dependents

i Click *Add* ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the *Next* button when you are finished.


! If you do not have or know your dependents current SSN, please input a "dummy" SSN for the time being. Please note it cannot be 000-00-000 or a string of consecutive numbers such as 123-45-6789.


Dependents

Name	SSN	DOB	Sex	Relation	Uploads	+
Matt M. Thomas	██████	██████	M	Spouse	0	
Eddie Davenport Carr	██████	██████	M	Child	0	
Juno Davenport Carr		██████	F	Child	0	

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

 [+ Add Dependent](#)

[← Back](#)  [Next →](#)

2. After clicking *+ Add Dependent* the following page will appear. Add all required information, then click *Save*.

Note: Dependent verification documentation is not required for your current dependents. If you are adding a new dependent at open enrollment please upload appropriate dependent verification documentation.



Add Dependent

1 Add information on your dependents below. Optional fields are marked in *italics*.

Dependent Info

→ Relationship:

→ Name:

→ Date of Birth:

→ SSN:

→ Gender: ☐ Male ☐ Female ☐ Other

Full time Student: ☐ Yes ☒ No

Disabled: ☐ Yes ☒ No

→ Address: ☒ Same as employee

Country

Street

Street (cont.)

City State Zip

Home Phone:

Work Phone:

Email Address:

Dependent Documentation

2 Please select what documentation will be provided to verify the dependent's relationship to the employee. If you wish to upload that documentation now, you can do so below. However, even if you are not uploading the documentation at this time, you must select what type of documentation you can provide to verify the relationship.

Relationship Verified By:

Upload Documentation

3 Here you may upload additional documentation.



Upload from my computer

Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop up.

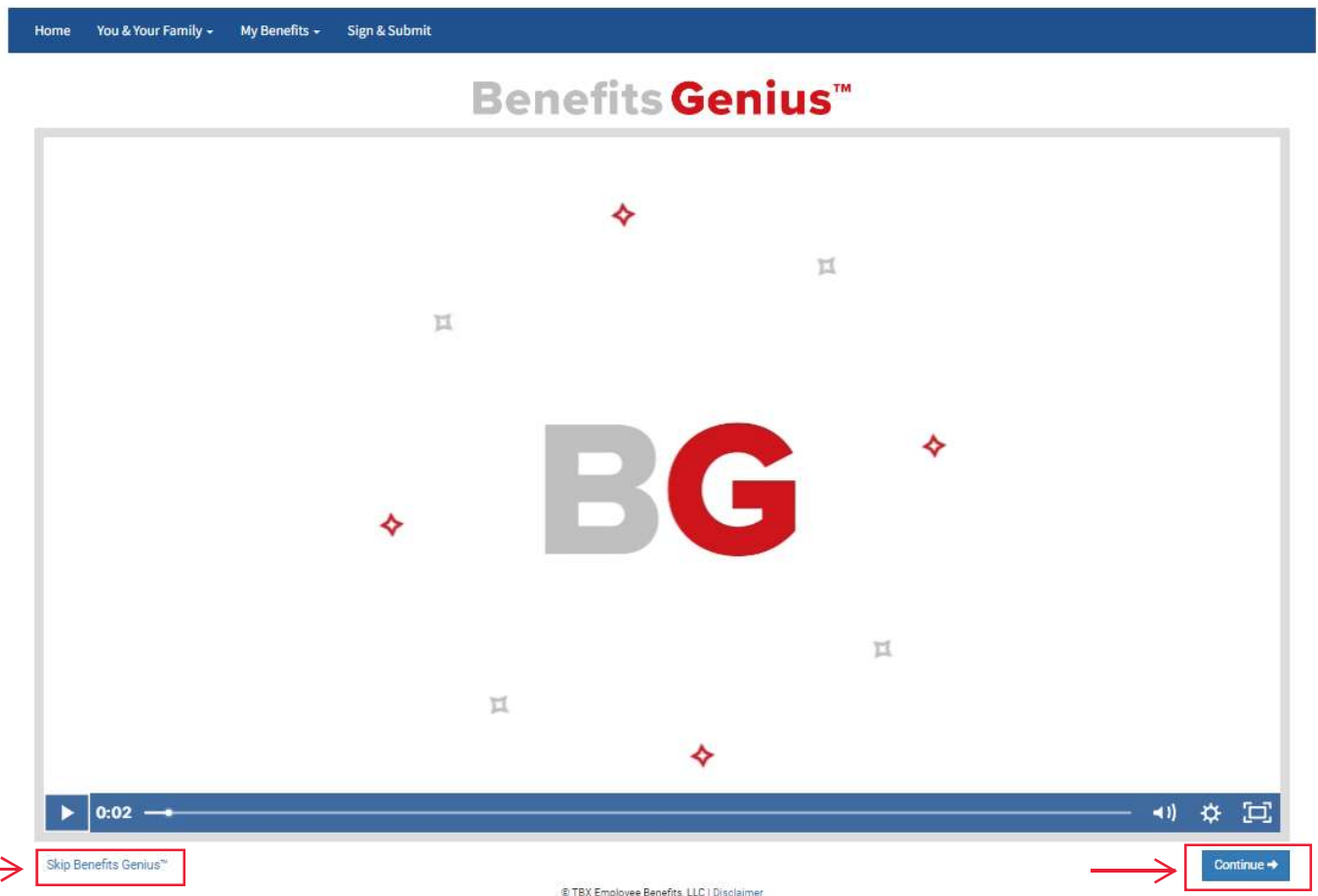
→

3. Click *Next* once all desired dependents have been added.



Benefits Genius:

1. The Benefits Genius tool helps ensure you find the benefits that work best for you and your family. View the Benefits Genius video, then click *Continue* to use the tool, or *Skip Benefits Genius* to go directly to your benefit elections.



2. To use the Benefits Genius tool indicate who will be covered under your medical plan, assign a health grade for each covered member, and provide their tobacco status.
3. Based on your answers the tool will provide personalized plan recommendations based on the unique needs of you and any covered family members.
4. To further customize your results, try the Fine Tuning tool that takes into account any prescriptions you may regularly take, planned surgical procedures you may have or chronic health conditions you may suffer from.



COLORADO

COMMUNITY COLLEGE SYSTEM

Benefits Genius™

Benefits Genius™ Basics

The Benefits Genius™ is a quick and easy way to get custom suggestions on what benefit plans may best fit your needs.

- 1 Choose the family members you wish to cover.
- 2 Pick a health "rating" that you believe describes each family member the best.
- 3 Select which family members use tobacco products regularly.



You & Your Family



Excellent Health

No disease or impairment exists; doctor visits are minimal



Moderate Health

Routine doctor visits and/or medication required due to chronic condition(s) such as Asthma, High blood pressure, etc.



Poor Health

Critical health conditions exist requiring ongoing medical care and medication such as diabetes, congestive heart failure, cancer, etc.

	Health	Tobacco Use
<input checked="" type="checkbox"/> Marie Davenport	<input type="radio"/> Excellent <input type="radio"/> Moderate <input type="radio"/> Poor	<input type="radio"/> No <input type="radio"/> Yes
<input type="checkbox"/> Matt Thomas	<input type="radio"/> Excellent <input type="radio"/> Moderate <input type="radio"/> Poor	<input type="radio"/> No <input type="radio"/> Yes
<input type="checkbox"/> Eddie Davenport Carr	<input type="radio"/> Excellent <input type="radio"/> Moderate <input type="radio"/> Poor	
<input type="checkbox"/> Juno Davenport-Carr	<input type="radio"/> Excellent <input type="radio"/> Moderate <input type="radio"/> Poor	

[Skip Benefits Genius™](#) [Continue ➔](#)

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COLORADO

COMMUNITY COLLEGE SYSTEM

Benefits **Genius**™

Benefits Genius™ Basics

The Benefits Genius™ has highlighted the plan that may best fit your needs. The more stars, the closer that plan aligns with your needs.

- 1 Review and compare the details of each plan.
- 2 Pick a plan that you would like to save for reference during your enrollment.
- 3 Optional: Go back and adjust who is included in coverage and your health rating selections.
- 4 Optional: Fine-Tune your estimated plan usage for a more customized calculation.

Benefits Genius™

Your Plan Options

	★★☆☆	★★★★	★☆☆☆	★★★★★
	Anthem HDHP	Anthem HMO Blue Advantage	Anthem PPO	Kaiser HMO
Plan Info	Deductible Individual/Family	\$6,350 / \$12,700	\$250 / \$750	\$2,000 / \$6,000
	Copay	—	\$30	\$40
	Co-insurance	—	—	25%
	Max Out-of-Pocket Individual/Family	\$6,350 / \$12,700	\$4,750 / \$9,750	\$6,000 / \$12,700
	Rx Copay	—	\$15	\$15
Savings Account Option	HSA	FSA	FSA	FSA
	<input checked="" type="checkbox"/> Recommended Contribute to your HSA to help cover remaining est. out-of-pocket or additional healthcare expenses.	<input checked="" type="checkbox"/> Recommended Contribute to your FSA to help cover remaining est. out-of-pocket or additional healthcare expenses.	<input checked="" type="checkbox"/> Recommended Contribute to your FSA to help cover remaining est. out-of-pocket or additional healthcare expenses.	<input checked="" type="checkbox"/> Recommended Contribute to your FSA to help cover remaining est. out-of-pocket or additional healthcare expenses.
Plan Costs	Premium Pay-Period/Annual	Family \$300.00 / \$3,600.00	Family \$946.00 / \$11,352.00	Family \$689.00 / \$8,268.00
	Est. Out-of-Pocket	\$12,700.00	\$1,470.00	\$12,700.00
	Est. Annual Cost Summary	\$16,300.00	\$12,822.00	\$20,968.00
Add-Ons	Benefits Enhancer Bundle®	Best Plan	Best Plan	Best Plan
	Hospital	Yes	Yes	Yes
<div>→ Save → Save → Save → Save</div>				
<div>You & Your Family Fine-Tune ← Continue →</div>				

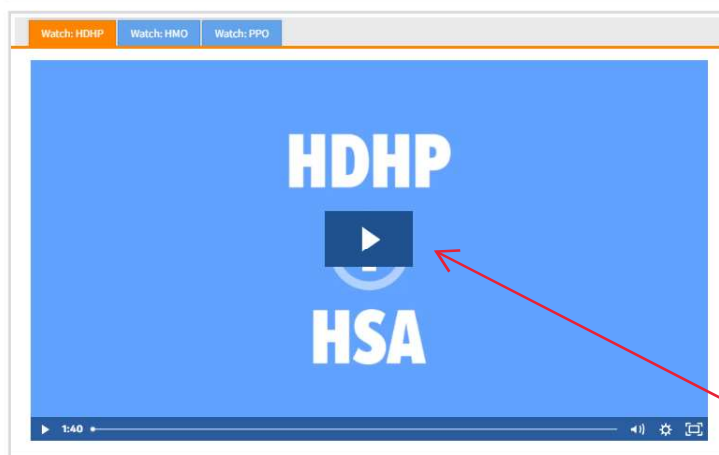
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5. After reviewing the details of each plan you can save a plan for reference during your enrollment or click *Continue* to go to your benefits enrollment.



Health Coverage:

Health



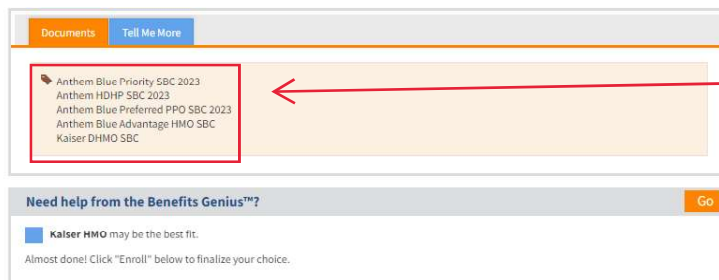
My Benefits	
<input checked="" type="radio"/> Health	\$0.00
<input type="radio"/> Benefits Enhancer Bundle*	\$0.00
<input type="radio"/> Hospital Indemnity	\$0.00
<input type="radio"/> Health Savings Account	\$0.00
<input type="radio"/> Health Care FSA	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input checked="" type="radio"/> Employer Funded Long-Term Disability	\$0.00
<input type="radio"/> Basic Employee Life and AD&D	\$0.00
<input type="radio"/> Voluntary Dependent Life	\$0.00
<input type="radio"/> Voluntary AD&D	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00
Employer Cost	
\$10.34	
Pre-tax cost	
\$0.00	
Post-tax cost	
\$0.00	
Total Cost	
\$0.00	
Per Pay Period	

This area will keep the status of your selections with:

A GREEN check mark for plans you elect or
A RED x mark for plans you waive

Here you can see a running total of your deductions per paycheck.

1. View your educational videos here.



2. View your plan documents here.

KAISER HMO

Your Cost:

Per Pay Period

☒ Employee Only: **\$111.00**

☐ Employee + Spouse: \$445.00

☐ Employee + Children: \$435.00

☐ Employee+Family: \$501.00

Covered People:

Enroll

ANTHEM HMO BLUE ADVANTAGE

Your Cost:

Per Pay Period

☐ Employee Only: \$250.00

☐ Employee + Spouse: \$798.00

☐ Employee + Children: \$733.00

☐ Employee+Family: \$946.00

Covered People:

Enroll

ANTHEM HDHP

Your Cost:

Per Pay Period

☐ Employee Only: \$66.00

☐ Employee + Spouse: \$224.00

☐ Employee + Children: \$204.00

☐ Employee+Family: \$300.00

Covered People:

Enroll

ANTHEM PPO

Your Cost:

Per Pay Period

☐ Employee Only: \$181.00

☐ Employee + Spouse: \$614.00

☐ Employee + Children: \$568.00

☐ Employee+Family: \$683.00

Covered People:

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: **\$0.00**

Decline

3. Make plan selections here.



1. The following screen will show your plan selection and covered dependents. Please review, then click *Confirm* if it is correct. To make changes click *Back*.

[Home](#) [You & Your Family](#) [My Benefits](#) [Sign & Submit](#)

Health

Enrollment Details

Product Name: Kaiser HMO
Coverage Level: Employee+Family

First Name	MI	Last Name	DOB	Sex	Relationship
Marie	E	Davenport		F	Employee
Matt	M	Thomas		M	Spouse
Eddie		Davenport Carr		M	Child
Juno		Davenport-Carr		F	Child

Monthly Deduction

Cost: \$501.00 (pre-tax)

You have elected coverage under this plan. Please review the summary information above and press *Confirm* if it is correct. To make changes, press *Back*.

[< Back](#) [Confirm >](#)

My Benefits

<input checked="" type="radio"/> Health	\$0.00
<input type="radio"/> Benefits Enhancer Bundle®	\$0.00
<input type="radio"/> Hospital Indemnity	\$0.00
<input type="radio"/> Health Savings Account	\$0.00
<input type="radio"/> Health Care FSA	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input checked="" type="radio"/> Employer Funded Long-Term Disability	\$0.00
<input type="radio"/> Basic Employee Life and AD&D	\$0.00
<input type="radio"/> Voluntary Dependent Life	\$0.00
<input type="radio"/> Voluntary AD&D	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00

Employer Cost	\$10.34
Pre-tax cost	\$0.00
Post-tax cost	\$0.00

Total Cost \$0⁰⁰
Per Pay Period



Benefits Enhancer Bundle:

1. Select and confirm Accident and Critical Illness coverage.

Benefits Enhancer Bundle®

My Benefits

<input checked="" type="radio"/> Health	\$501.00
<input checked="" type="radio"/> Benefits Enhancer Bundle®	\$0.00
<input type="radio"/> Hospital Indemnity	\$0.00
<input type="radio"/> Health Savings Account	\$0.00
<input type="radio"/> Health Care FSA	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input checked="" type="radio"/> Employer Funded Long Term Disability	\$0.00
<input type="radio"/> Basic Employee Life and AD&D	\$0.00
<input type="radio"/> Voluntary Dependent Life	\$0.00
<input type="radio"/> Voluntary AD&D	\$0.00
<input type="radio"/> Dependent Care FSA	\$0.00

Employer Cost	\$1,478.06
Pre-tax cost	\$501.00
Post-tax cost	\$0.00
Total Cost	\$501.00

Documents Tell Me More

CCCS Accident Policy
CCCS Accident Certificate
CCCS Critical Illness Certificate
CCCS Critical Illness Policy

Need help from the Benefits Genius™?

Benefits Enhancer Bundle® Best may be the best fit.
Almost done! Click "Enroll" below to finalize your choice.

BENEFITS ENHANCER BUNDLE® GOOD

The Benefits Enhancer Bundle® Good Plan pairs the Accident policy with the \$10,000 Critical Illness policy. See plan documents for more details.

Your Cost:	Per Pay Period
<input checked="" type="radio"/> Employee Only:	\$38.86
<input type="radio"/> Employee + Spouse:	\$74.34
<input type="radio"/> Employee + Children:	\$67.48
<input type="radio"/> Employee+Family:	\$102.82

Covered People:
Marie E. Davenport

Enroll

BENEFITS ENHANCER BUNDLE® BETTER

The Benefits Enhancer Bundle® Better Plan pairs the Accident policy with the \$20,000 Critical Illness policy. See plan documents for more details.

Your Cost:	Per Pay Period
<input type="radio"/> Employee Only:	\$58.26
<input type="radio"/> Employee + Spouse:	\$113.14
<input type="radio"/> Employee + Children:	\$91.48
<input type="radio"/> Employee+Family:	\$146.02

Covered People:

Enroll

BENEFITS ENHANCER BUNDLE® BEST

The Benefits Enhancer Bundle® Best Plan pairs the Accident policy with the \$30,000 Critical Illness policy. See plan documents for more details.

Your Cost:	Per Pay Period
<input type="radio"/> Employee Only:	\$77.86
<input type="radio"/> Employee + Spouse:	\$151.94
<input type="radio"/> Employee + Children:	\$115.48
<input type="radio"/> Employee+Family:	\$188.22

Covered People:

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.



Beneficiary Designation:

1. Some coverage types require beneficiary designation. Please select your beneficiaries and click *Next*.

Benefits Enhancer Bundle®

1 Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add (Plus sign) if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Note: Editing a beneficiary that is of a coverable type (such as spouse or child) will edit that dependent's information as well. For this reason, it is recommended to add a new beneficiary rather than edit one that is already in the list as a dependent.

Beneficiary	Relationship	Primary	Contingent	
Matt Thomas	Spouse	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	/ ✕
Eddie Davenport Carr	Child	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	/ ✕
Juno Davenport-Carr	Child	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	/ ✕
Paul Davenport	Brother/Sister	<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	/ ✕
All Living Children		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	/ ✕
Estate		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	/ ✕
Succession of Heirs		<input type="checkbox"/> 0%	<input type="checkbox"/> 0%	/ ✕

[< Back](#)[Next >](#)

My Benefits

<input checked="" type="checkbox"/> Health	\$501.00
<input checked="" type="checkbox"/> Benefits Enhancer Bundle®	\$0.00
<input type="checkbox"/> Hospital Indemnity	\$0.00
<input type="checkbox"/> Health Saving Account	\$0.00
<input type="checkbox"/> Health Care FSA	\$0.00
<input type="checkbox"/> Dental	\$0.00
<input type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Employer Funded Long-Term Disability	\$0.00
<input type="checkbox"/> Basic Employee Life and AD&D	\$0.00
<input type="checkbox"/> Voluntary Dependent Life	\$0.00
<input type="checkbox"/> Voluntary AD&D	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00

Employer Cost	\$1,478.06
Pre-tax cost	\$501.00
Post-tax cost	\$0.00

Total Cost
Per Pay Period **\$501.00**

2. The following screen will show your plan selection and covered dependents. Please review, then click *Confirm* if it is correct. To make changes click *Back*.



Hospital Indemnity:

1. Enroll or decline Hospital Indemnity coverage.
2. Select your beneficiaries than click *Next*.
3. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.

Hospital Indemnity

Health	\$501.00
Benefits Enhancer Bundle*	\$67.48
Hospital Indemnity	\$0.00
Health Savings Account	\$0.00
Health Care FSA	\$0.00
Dental	\$0.00
Vision	\$0.00
Employer Funded Long-Term Disability	\$0.00
Basic Employee Life and AD&D	\$0.00
Voluntary Dependent Life	\$0.00
Voluntary AD&D	\$0.00
Dependent Care FSA	\$0.00
Employer Cost	\$1,478.06
Pre-tax cost	\$501.00
Post-tax cost	\$67.48
Total Cost	\$568⁴⁸

Documents

Tell Me More

CCCS Hospital Indemnity Certificate

CCCS Hospital Indemnity Policy

Need help from the Benefits Genius™?

Go

Hospital Indemnity may be the best fit.

Almost done! Click "Enroll" below to finalize your choice.

View Existing Coverage

Currently Enrolled

HOSPITAL INDEMNITY

Your Cost: Per Pay Period

☒ Employee Only: \$18.00

☐ Employee + Spouse: \$34.54

☐ Employee + Children: \$27.96

☐ Employee+Family: \$44.51

Covered People: Marie E. Davenport

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: \$0.00

Decline



Health Savings Account:

1. You will only have the option to elect a Health Savings Account if you elected the Anthem High Deductible Health Plan.
2. To contribute to your Health Savings Account enter your desired contribution per pay period, then *Calculate* to enter the annual contribution. Apply or Decline coverage then click *Next*.

[Documents](#) [Tell Me More](#)

Anthem-HDHP-HSA-FAQs

An HSA allows you to set aside pre-tax money to pay for expenses not covered by your insurance. The minimum and maximum contribution amounts for the next plan year are shown below.

- If you would like to enroll in the plan, enter the amount you would like to contribute for the plan year. Then click on the button next to the text which reads "I wish to apply for this coverage".
- If you do not want to enroll, click on the button next to the text which reads "I wish to DECLINE this coverage".
- When you are finished, click on the "NEXT" button to continue.

Need help from the Benefits Genius™?

[Go](#)

Based on the determined "Best Fit" benefits package, contributions to this plan do not apply.

Based on your "Saved" benefits package, contributions to this plan do not apply.

Maximum Annual Contribution:

\$7,750.00

Amount per pay period:

\$0.00

Number of periods:

12

Total Amount:

\$0.00

[Calculate](#)

- ☐ I wish to apply for this coverage
- ☐ I wish to DECLINE this coverage

[Back](#)

[Next](#)

3. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Flexible Spending Account:

1. You will only have the option to elect a Flexible Spending Account if you have not elected to contribute to a Health Savings Account.
2. To elect a Flexible Spending Account enter your desired contribution per pay period, then *Calculate* to enter the annual contribution. Apply or Decline coverage then click *Next*.

[Documents](#) [Tell Me More](#)

FSA Employee Communication-Dependent Care and Health

A flexible spending account allows you to set aside pre-tax money to pay for expenses not covered by your insurance. The minimum and maximum contribution amounts for the next plan year are shown below.

- If you would like to enroll in the plan, enter the amount you would like to contribute for the plan year. Then click on the button next to the text which reads "I wish to apply for this coverage".
- If you do not want to enroll, click on the button next to the text which reads "I wish to DECLINE this coverage".
- When you are finished, click on the "NEXT" button to continue.

[Need help from the Benefits Genius™?](#) [Go](#)

Maximum Annual Contribution: \$3,050.00

Amount per pay period:

Number of periods: 12

Total Amount:

[Calculate](#)

☐ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

[Back](#) [Next](#)

3. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Dental Coverage:

1. Enroll or waive dental coverage.

Dental

Dental PPO

1:03

Documents

Tell Me More

Delta Dental Option I

Delta Dental Option II

View Existing Coverage

DELTA DENTAL OPTION I

Your Cost:

Per Pay Period

☐ Employee Only: \$21.53

☒ Employee+Family: \$70.70

Covered People:

Marie E. Davenport

Matt M. Thomas

Eddie Davenport Carr

Juno Davenport Carr

Enroll

DELTA DENTAL OPTION II

Your Cost:

Per Pay Period

☒ Employee Only: \$3.40

☐ Employee+Family: \$41.23

Covered People:

Marie E. Davenport

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost:

\$0.00

Decline

My Benefits

Health

\$300.00

Benefits Enhancer Bundle*

\$67.48

Hospital Indemnity

\$34.54

Health Saving Account

\$100.00

Health Care PSA

\$0.00

Dental

\$0.00

Vision

\$0.00

Employer Funded Long-Term Disability

\$0.00

Basic Employee Life and AD&D

\$0.00

Voluntary Dependent Life

\$0.00

Voluntary AD&D

\$0.00

Dependent Care PSA

\$0.00

Employer Cost

\$1,535.34

Pre-tax cost

\$400.00

Post-tax cost

\$102.02

Total Cost

\$502.02

Per Pay Period

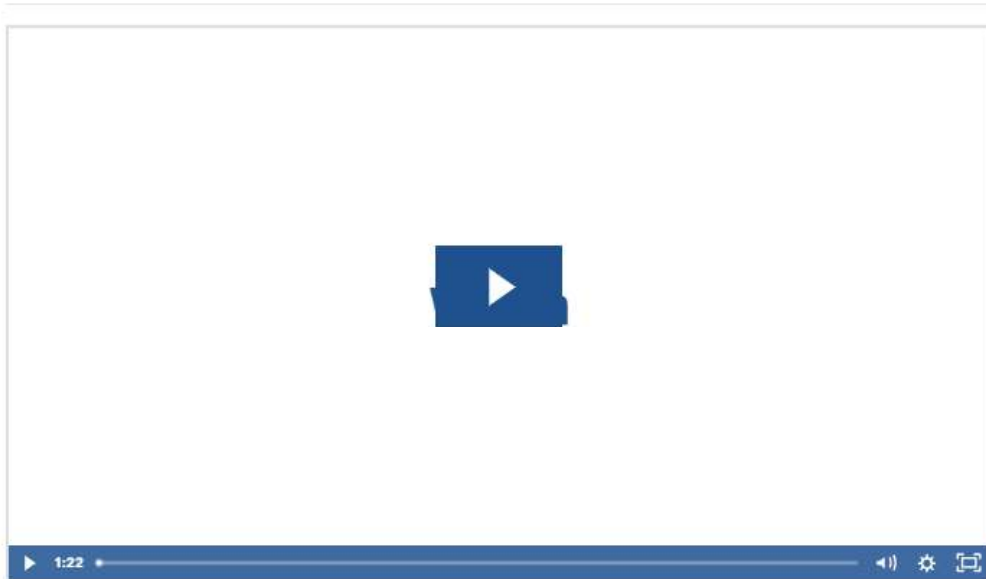
2. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Vision Coverage:

1. Enroll or waive Vision coverage.

Vision



My Benefits	
Health	\$300.00
Benefits Enhancer Bundle*	\$67.48
Hospital Indemnity	\$34.54
Health Saving Account	\$100.00
Health Care FSA	\$0.00
Dental	\$70.70
Vision	\$0.00
Employer Funded Long-Term Disability	\$0.00
Basic Employee Life and AD&D	\$0.00
Voluntary Dependent Life	\$0.00
Voluntary AD&D	\$0.00
Dependent Care FSA	\$0.00
Employer Cost	\$1,560.34
Pre-tax cost	\$470.70
Post-tax cost	\$102.02
Total Cost Per Pay Period	\$572⁷²

VISION

Your Cost:

Per Pay Period

☒ Employee Only: **\$8.09**

☐ Employee + 1: \$14.56

☐ Employee+Family: \$21.83

Covered People:

Marie E. Davenport

Enroll

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost:

\$0.00

Decline


2. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Long Term Disability:

1. Long term disability is an employer paid benefit, so you will not have the choice to elect or waive this coverage, but the LTD video and plan document are there for your review. Click *Next* to move to the confirmation page.


Employer Funded Long-Term Disability



1:10

Documents

Tell Me More

 LTD Certificate

▶ View Existing Coverage

Benefit Amount:

\$4,431.55 (60% salary)

Cost:


\$0.00

◀ Back

Employer Funded Long-Term Disability is now unlocked for editing. Click *No Change* to undo your changes.

No Change

Next ▶

My Benefits	
<input checked="" type="checkbox"/> Health	\$300.00
<input checked="" type="checkbox"/> Benefits Enhancer Bundle®	\$67.48
<input checked="" type="checkbox"/> Hospital Indemnity	\$34.54
<input checked="" type="checkbox"/> Health Saving Account	\$100.00
<input checked="" type="checkbox"/> Health Care FSA	\$0.00
<input checked="" type="checkbox"/> Dental	\$70.70
<input checked="" type="checkbox"/> Vision	\$14.56
<input checked="" type="checkbox"/> Employer Funded Long-Term Disability	\$0.00
<input type="checkbox"/> Basic Employee Life and AD&D	\$0.00
<input type="checkbox"/> Voluntary Dependent Life	\$0.00
<input type="checkbox"/> Voluntary AD&D	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
Employer Cost	\$1,550.00
Pre-tax cost	\$485.26
Post-tax cost	\$102.02
 Total Cost Per Pay Period	\$587²⁸

2. Click *Confirm* to move to the next coverage election.



Basic Employee Life & AD&D:

1. Employees are able to elect basic life and AD&D coverage in the amounts of 1x, 2x, or 3x their annual salary, to a maximum of \$300,000. CCCS pays for the first \$50,000 of coverage and employees pay for amounts over \$50,000.
2. For the 23/24 open enrollment only, employees can choose any life insurance amount without providing health information or completing Evidence of Insurability.
3. Use the slider to select your desired coverage amount, click to apply for coverage, then click *Next*.

Documents Tell Me More

Life Certificate

SBCCOE pays for the first \$50,000 in coverage.

View Existing Coverage

Benefit Amount: \$177,262 (2 X salary)

Cost: \$20.14

☒ I wish to apply for this coverage

☐ I wish to CANCEL this coverage

Basic Employee Life and AD&D is now unlocked for editing. Click *No Change* to undo your changes.

Back No Change Next

4. Select your beneficiaries, then click *Next*.
5. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Voluntary Dependent Life:

1. Employees are able to elect supplemental life insurance for their spouse and dependent children, with three levels of coverage to choose from.
2. For the 23/24 open enrollment only, employees can choose any life insurance amount without providing health information or completing Evidence of Insurability.
3. Select if you would like to cover a spouse only, children only, or spouse and children.
4. Use the slider to select your desired coverage amount, click to apply for coverage, then click *Next*.

The screenshot shows the 'CCCS Voluntary Life Certificate' selection interface. At the top, there are two tabs: 'Documents' (highlighted in orange) and 'Tell Me More' (blue). Below the tabs is a header bar with the text 'CCCS Voluntary Life Certificate'. The main content area is divided into two sections. The first section, titled 'Benefit Levels:', contains three radio button options: 'Spouse Only' (selected), 'Child Only', and 'Spouse & Child'. A red box highlights these options, with a red arrow pointing to it from the right. Below this, the text 'Click Next to continue.' is displayed. The second section, titled 'Benefit Amount:', features a green slider bar with black arrows at both ends. A red box highlights the slider, with a red arrow pointing to it from the right. To the right of the slider, the value '\$20,000' is displayed in green. Below the slider, the text 'Cost: \$7.84' is shown. At the bottom of the form, there are two radio button options: 'I wish to apply for this coverage' (selected) and 'I wish to DECLINE this coverage'. A red box highlights these options, with a red arrow pointing to it from the left. At the very bottom, there are two orange buttons: 'Back' (with a left arrow) and 'Next' (with a right arrow). A red box highlights the 'Next' button, with a red arrow pointing to it from the left.

5. Select your beneficiaries, then click *Next*.
6. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Voluntary AD&D

1. Employees are able to elect supplemental AD&D coverage for themselves and their family members. Coverage can be elected in \$10,000 increments up to \$500,000. Any amount over \$250,000 may not exceed 10x the employee's annual salary.
2. Select if you would like to cover employee only, or employee + family.
3. Use the slider to select your desired coverage amount, click to apply for coverage, then click *Next*.

The screenshot shows a video player interface for a 'Voluntary AD&D Summary Certificate of Insurance'. The form includes two radio button options: 'Employee Only' (selected, \$0.22) and 'Employee+Family' (\$0.45). Below these is a 'Benefit Amount' slider set to '\$10,000'. At the bottom, there are two radio buttons for 'I wish to apply for this coverage' (selected) and 'I wish to DECLINE this coverage'. Navigation buttons 'Back' and 'Next' are at the bottom right. Red arrows point to the 'Employee Only' option, the 'Employee+Family' option, the 'Benefit Amount' slider, the 'I wish to apply for this coverage' radio button, and the 'Next' button.

4. Select your beneficiaries, then click *Next*.
5. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Dependent Care Savings Account:

1. To elect a Dependent Care Savings Account enter your desired contribution per pay period, then *Calculate* to enter the annual contribution. Apply or Decline coverage then click *Next*.

FSA Employee Communication-Dependent Care and Health

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be:
 - Employed
 - A full-time student at least five months during the plan year, or
 - Mentally or physically disabled and unable to provide care for himself or herself.

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home)
- After-school care
- If you would like to enroll in the FSA plan, enter the amount you would like to contribute for plan year. Then click on the button next to the text which reads "I wish to apply for this coverage".
- If you do not want to enroll in the FSA, click on the button next to the text which reads "I wish to DECLINE this coverage".
- When you are finished, click on the "NEXT" button to continue.

Maximum Annual Contribution:

\$5,000.00

Amount per pay period:

\$0.00

Number of periods:

12

Total Amount:

\$0.00

Calculate

☐ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

Back

Next

2. Review your plan selections, then click *Confirm* if it is correct. To make changes click *Back*.



Sign and Submit:

1. Once you've completed all your elections you'll be taken to this screen. Here you can see a summary of your enrollment and your total benefit deductions.
2. Please review, then click *Next* to continue.

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
Health	Anthem HDHP; FA	\$300.00	\$0.00	\$1,525.00
Benefits Enhancer Bundle®	Benefits Enhancer Bundle® Good; EC	\$0.00	\$67.48	\$0.00
Hospital Indemnity	Hospital Indemnity; ES	\$0.00	\$34.54	\$0.00
Health Saving Account	\$1,200	\$100.00	\$0.00	\$0.00
Health Care FSA	N/A			
Dental	Delta Dental Option I; FA	\$70.70	\$0.00	\$25.00
Vision	Vision; E+1	\$14.56	\$0.00	\$0.00
Employer Funded Long-Term Disability	Long Term Disability; \$4,431.55	\$0.00	\$0.00	\$10.34
Basic Employee Life and AD&D	Basic Employee Life and AD&D; \$177,262	\$20.14	\$0.00	\$7.87
Voluntary Dependent Life	\$20,000	\$0.00	\$7.84	\$0.00
Voluntary AD&D	10,000; EO	\$0.00	\$0.22	\$0.00
Dependent Care FSA	Waived			
Total		\$505.40	\$110.08	\$1,568.21

Signatures Required

❗ To complete your enrollment, you must sign the following forms. Press **Next** to begin signing forms.

Form Name	Status	Date Signed/Reviewed
Benefit Confirmation	Unsigned	





- [illegible]

Page 1 [Download Form](#)

Sign Form

- Page | 24