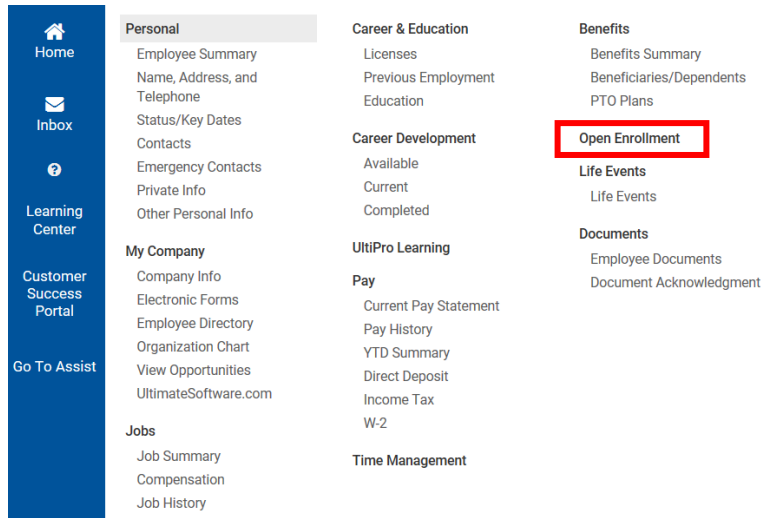


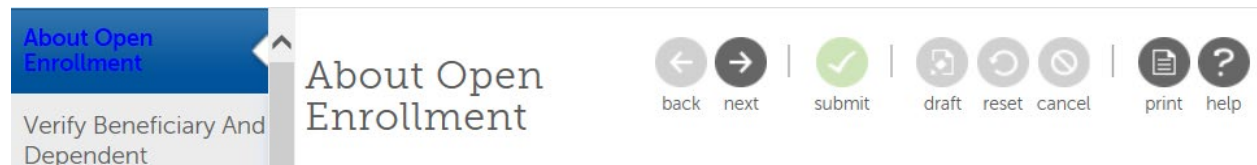
# OPEN ENROLLMENT NAVIGATION THROUGH ULTIPRO

**PLEASE NOTE!** You can access UltiPro using any computer with internet access. You cannot access open enrollment via the app (i.e. cell phone or tablet). If you are not making any changes or enrolling in Flexible Spending Account, you do not need to login to open enrollment. If you want to review your current benefit elections, you can view this information by navigating to Menu → Myself → Benefits Summary. If you do login to open enrollment, the system will require that you make elections on every screen.

*Login to UltiPro, select “Myself” and then Open Enrollment*



**STEP 1:** Click NEXT to navigate through the Open Enrollment pages.



# OPEN ENROLLMENT NAVIGATION THROUGH ULTI<sup>PRO</sup>

**STEP 2:** The first page will ask you to verify beneficiary and dependent information. If you have changes to make to existing contacts, click on their name (blue, underscored) and make appropriate edits. If you are adding a dependent to your medical insurance, you must update their date of birth/social security number and check the “Dependent” box. Click NEXT when finished.

Verify Beneficiary and Dependent Information

add | back | next | submit | draft | reset | cancel | print | help

Find by Status ▾ Active ▾

Name ▲	Relationship	Designation
<a href="#">Pennworth, Alfred</a>	Other	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
<a href="#">Prince, Diana</a>	Spouse	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact

# OPEN ENROLLMENT NAVIGATION THROUGH ULTI PRO

**STEP 3:** You must elect your medical coverage for yourself and your dependents, even if you are not making any changes.

- Select "I decline Medical plans" if you are waiving coverage. This is for employees who have a spouse or parent working at the District.
  - Skip the decline box and select the appropriate health plan and level of coverage if you are making a change to your existing level of coverage. If you are adding a new dependent, please send proof of relationship to Janelle Girod in HR.
  - Select Medical Buyout if you are not enrolling in the District's medical coverage. To enroll in Medical Buyout, you must provide a verification memo of other credible coverage if you are a new enrollee.
- Click **NEXT** to continue.

About Open Enrollment

Verify Beneficiary And Dependent Information

**Medical**

Additional

Dental & Vision (Non-Union)

DIPPO

Group Term Life & ADD

Group Life Non-Union

Group AD&D Non-Union

Flexible Spending Account

FSA Dependent Care

**FSA Health**

Confirm Your Elections Or Changes

## Medical

**Select a Plan**

Use the options below to choose or decline a plan.

Medical is provided by Medical Mutual of Ohio.

I decline Medical plans.

---

Non-Union Medical & Rx

Options	
<input type="radio"/> Employee Only	\$56.52
<input type="radio"/> Employee + One	\$112.90
<input type="radio"/> Employee + Family	\$156.49

**Non-Union Medical & Rx Plan Information**

Proof of relationship (marriage/birth certificate) must be provided to Janelle Girod in Human Resources for all dependents listed on an employee's coverage.

---

Medical Buyout

**Medical Buyout Plan Information**

back next submit draft reset cancel print help

**Current Plan**  
as of 12/31/2020

► **Non-Union Medical & Rx**

# OPEN ENROLLMENT NAVIGATION THROUGH ULTI PRO

**STEP 4:** You must elect to enroll or decline Dental & Vision for yourself and your dependents, even if you are not making any changes. If you are adding a new dependent, please send proof of relationship to Janelle Girod in HR. Click NEXT to continue.

About Open Enrollment	<h2>Additional</h2> <p><b>Select a Plan</b></p> <p>Use the options below to choose or decline a plan.</p> <p><input type="checkbox"/> I decline the Dental &amp; Vision (Non-Union) plan.</p> <p><input type="radio"/> Dental &amp; Vision (Non-Union)</p> <p><b>Options</b></p> <table border="1"> <tr> <td><input type="radio"/> Employee Only</td> <td>\$2.50</td> </tr> <tr> <td><input type="radio"/> Employee + One</td> <td>\$4.99</td> </tr> <tr> <td><input type="radio"/> Employee + Family</td> <td>\$6.92</td> </tr> </table>	<input type="radio"/> Employee Only	\$2.50	<input type="radio"/> Employee + One	\$4.99	<input type="radio"/> Employee + Family	\$6.92	
<input type="radio"/> Employee Only		\$2.50						
<input type="radio"/> Employee + One		\$4.99						
<input type="radio"/> Employee + Family		\$6.92						
Verify Beneficiary And Dependent Information								
Medical								
Additional								
<b>Dental &amp; Vision (Non-Union)</b>								
DIPPO								
Group Term Life & ADD								
Group Life Non-Union								
Group AD&D Non-Union								
Flexible Spending Account								
FSA Dependent Care								
FSA Health								
Confirm Your Elections Or Changes	<div style="border: 1px solid gray; padding: 5px;"> <p><b>Current Plans</b> as of 12/31/2020</p> <ul style="list-style-type: none"> <li>▶ DIPPO</li> <li>▶ Dental &amp; Vision (Non-Union)</li> </ul> </div>							

**STEP 5:** Please elect if you want to participate in DIPPO for 2021. If you do not want to participate, click "I decline the DIPPO plan." Click NEXT to continue.

About Open Enrollment	<h2>Additional</h2> <p><b>Select a Plan</b></p> <p>Use the options below to choose or decline a plan.</p> <p><input type="checkbox"/> I decline the DIPPO plan.</p> <p><input checked="" type="radio"/> DIPPO</p> <p>\$0.00 Biweekly* Coverage start date*: 01/01/2021</p> <p><i>*Estimated values</i></p>	
Verify Beneficiary And Dependent Information		
Medical		
Additional		
Dental & Vision (Non-Union)		
<b>DIPPO</b>		
Group Term Life & ADD		
Group Life Non-Union		
Group AD&D Non-Union		
Flexible Spending Account		
FSA Dependent Care		
FSA Health		
Confirm Your Elections Or Changes		<div style="border: 1px solid gray; padding: 5px;"> <p><b>DIPPO Plan Information</b></p> <p>Please select if you plan to participate in DIPPO.</p> </div>

# OPEN ENROLLMENT NAVIGATION THROUGH ULTI PRO

**STEP 6:** If you are not making changes to your beneficiaries, click NEXT. If you are making changes, indicate the correct distribution. It is recommended that you have both a primary & a secondary beneficiary. The percentage for both primary and secondary must equal 100%. Click NEXT to continue.

Employee Open Enrollment  
2019 Open Enrollment  
Pretzel Test - 22233

- About Open Enrollment
- Verify Beneficiary And Dependent Information
- Medical
  - Group Term Life & ADD
  - Group Life 15k
  - Group AD&D 15k
- Flexible Spending Account
  - FSA Dependent Care
  - FSA Health
- Additional
  - DIPPO
- Confirm Your Elections Or Changes

## Group Term Life & ADD

**Select a Plan**  
Use the options below to choose a plan.

Group AD&D 15k  
\$0.00 Biweekly\*  
Coverage start date\*: 01/01/2019

*\*Estimated values*

**Enroll Beneficiaries**

Name	Primary	Secondary
<input checked="" type="checkbox"/> Candy Test	<input checked="" type="radio"/> 100 0.00 %	<input type="radio"/> 0.00 %

**Current Plans**  
as of 12/31/2018

- ▶ Group Life 50K
- ▶ Group AD&D 50K

**NOTE!** The IRS requires FSA participants to make annual elections. Your elections will NOT carry-over from year-to-year. **FSA Dependent Care is strictly for Child Care or Elderly Care purposes.** FSA Dependent Care accounts cover qualified daycare expenses for children younger than 13 and adult dependents who are incapable of caring for themselves.

**STEP 7:** If you are not participating in the Flexible Spending Account for Dependent Care, click "I decline" and then click NEXT. If you are electing for 2021, click FSA Dependent Care and enter the amount. Click NEXT to continue.

About Open Enrollment

- Verify Beneficiary And Dependent Information
- Medical
- Additional
  - Dental & Vision (Non-Union)
  - DIPPO
- Group Term Life & ADD
  - Group Life Non-Union
  - Group AD&D Non-Union
- Flexible Spending Account
  - FSA Dependent Care
  - FSA Health
- Confirm Your Elections Or Changes

## Flexible Spending Account

**Select a Plan**  
Use the options below to choose or decline a plan.

I decline the FSA Dependent Care plan.

FSA Dependent Care  
\$208.34 Biweekly\*  
Enter amount for:

Contribution per pay check \$208.34

Annual contribution \$5,000.00

Enter a value that is less than or equal to \$5,000.00

Coverage start date\*: 01/01/2021  
Remaining pay checks\*: 24









*\*Estimated values*

**FSA Dependent Care Plan Information**

FSA Dependent Care can be used for expenses related to the care of your children such as daycare or afterschool care.

# OPEN ENROLLMENT NAVIGATION THROUGH ULTI PRO

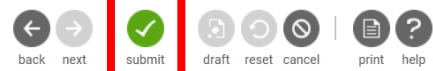
**NOTE! The IRS requires FSA participants to make annual elections. Your elections will NOT carry-over from year-to-year. You and/or your dependents do not have to be enrolled in the District's medical insurance to participate in FSA.**  
**STEP 7: If you are not participating in the Flexible Spending Account for Health Care, click "I decline" and then click NEXT. If you are electing for 2021, click FSA Health Care and enter the amount. Click NEXT to continue.**

About Open Enrollment	Flexible Spending Account	       
Verify Beneficiary And Dependent Information	<b>Select a Plan</b> Use the options below to choose or decline a plan.	<b>Current Plan</b> as of 12/31/2020 No current plans for this type.
Medical	<input type="checkbox"/> I decline the FSA Health plan.	
Additional		
Dental & Vision (Non-Union)		
DIPPO		
Group Term Life & ADD		
Group Life Non-Union	<input checked="" type="radio"/> FSA Health	<b>FSA Health Plan Information</b> FSA Health allows employees to use tax-free income to pay for out-of-pocket medical expenses.
Group AD&D Non-Union	<i>\$114.59 Biweekly*</i> Enter amount for: <input type="radio"/> Contribution per pay check \$114.59 <input checked="" type="radio"/> Annual contribution \$2,750.00 <small>Enter a value that is less than or equal to \$2,750.00</small>	
Flexible Spending Account	Coverage start date*: 01/01/2021 Remaining pay checks*: 24	
FSA Dependent Care	<small>*Estimated values</small>	
<b>FSA Health</b>		
Confirm Your Elections Or Changes		

**CONGRATULATIONS! You are finished with Open Enrollment!**

**Confirm your elections and click Submit. Please print or save your benefit elections for 2021.**

## Confirm Your Elections or Changes



This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

Effective 01/01/2021