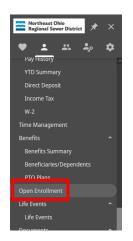


# **AFSCME OPEN ENROLLMENT NAVIGATION THROUGH UKG**

You can access UKG using any computer or iPad with internet access. You must use Firefox or Chrome web browser. You cannot access open enrollment via the app on your cellphone.

**STEP 1:** Login to UKG and navigate to Menu  $\rightarrow$  Myself  $\rightarrow$  Open Enrollment. Click **NEXT** to navigate through each screen.



## **STEP 2: Verify Beneficiary and Dependent Information**

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 health insurance, you must update their date of birth, social security number, and gender and check the "Dependent" box. Click **NEXT** when finished.

Find by Status . Active .			
Name -	Relationship	Designation	
Demosich. All ad	Otter	Beneficiary     Dependent     Emergency contact	
Russ.Date	landr	Dependent Compendent Compension contact	
		Beneficiary Dependent Emergency contact	
		Beneficiary Dependent Emergency contact	
		Beneficiary     Dependent     Emergency contact	



#### **STEP 3: Medical insurance enrollment**

Select one of the following, then click **NEXT**:

- **I decline Medical plans** use this if you are waiving coverage. This is for employees who are covered on Sewer District medical coverage as a dependent (ex: spouse or parent working at the Sewer District).
- **2798** Medical & Rx use this to enroll in the Sewer District's medical coverage, then select the level of coverage (*Employee Only, Employee + One, or Employee + Family*). If you are adding a **new** dependent, please send proof of relationship to <u>HRDirect@neorsd.org</u>.
- **Medical Buyout Union** use this if you have medical coverage from another source, therefore are not enrolling in Sewer District medical coverage. In order to receive the Medical Buyout payment, you must provide verification of other credible coverage to <u>HRDirect@neorsd.org</u>, even if you were enrolled for 2022.

About Open Enrollment Verify Beneficiary And Dependent Information	Medical Select a Plan	← →   ⊘   B C ⊗   B ⑦ back next submit draft reset cancel print help
Medical	Use the options below to choose or decline a plan.	Current Plan as of 12/31/2022
Group Term Life & ADD Group Life 15k	Medical is provided by Medical Mutual of Ohio.	► 2798 Medical & Rx
Group AD&D 15k Additional	I decline Medical plans.	
DIPPO Flexible Spending Account	O 2798 Medical & Rx Options	2798 Medical & Rx Plan Information Proof of relationship (marriage/birth certificate) must be submitted to HRDirect@neorsdorg for all newly enrolled
FSA Health	Employee Only \$87.07	dependents.
FSA Dependent Care	Employee + One         \$136.12           Employee + Family         \$188.68	
Confirm Your Elections Or Changes		
	O Medical Buyout Union	Medical Buyout Union Plan Information



### **STEP 4: Group Term Life enrollment**

Click on the bubble next to **Group Life 15k** and designate your beneficiaries. It is recommended that you have both a primary and a secondary beneficiary. The percentage for primary and secondary must both equal 100%. Click **NEXT** to continue.

About Open Enrollment	Group Term Life & ADD	← →   ⊘   D back next submit draft	C 🛞 🖶 💮 reset cancel print help
Verify Beneficiary And Dependent Information			
Medical	Select a Plan Use the options below to choose a plan.		Current Plans
Group Term Life & ADD			as of 12/31/2022
Group Life 15k			▶ Group Life 15k
Group AD&D 15k			► Group AD&D 15k
Additional			
DIPPO			
Flexible Spending Account	Group Life 15k     \$0.00 Biweekly*		
FSA Health	Coverage start date*: 01/01/2023		
FSA Dependent Care	*Estimated values		
Confirm Your Elections Or Changes	Inroll Beneficiaries		
	Name Primary Secondary		
	♥ . ®[100 O		

#### **STEP 5: Group AD&D enrollment**

Click on the bubble next to **Group AD&D 15k** and designate your beneficiaries. It is recommended that you have both a primary and a secondary beneficiary. The percentage for primary and secondary must both equal 100%. Click **NEXT** to continue.

About Open Enrollment	Group Term Life & ADD	← →   ⊘   back next submit	C ⊗ ē ?? draft reset cancel print help
Verify Beneficiary And Dependent Information			<i>′</i>
Medical	Select a Plan Use the options below to choose a plan.		Current Plans as of 12/31/2022
Group Term Life & ADD Group Life 15k			► Group Life 15k
Group AD&D 15k			<ul> <li>Group AD&amp;D 15k</li> </ul>
Additional			· Group AD&D 13k
DIPPO			
Flexible Spending Account	<ul> <li>Group AD&amp;D 15k</li> <li>\$0.00 Biweekly*</li> </ul>		
FSA Health	Coverage start date*: 01/01/2023 *Estimated values		
FSA Dependent Care	Lamata Mata		
Confirm Your Elections Or Changes	Enroll Beneficiaries		
	Name Primary Secondary		,



#### **STEP 6: DIPPO enrollment**

Select the bubble next to **DIPPO** if you want to enroll for 2023. If you do not want to enroll, click **I** decline the DIPPO plan. Click **NEXT** to continue.

About Open Enrollment	Additional	$\leftrightarrow \rightarrow$   $\bigotimes$   back next submit	draft reset cancel	
Verify Beneficiary And Dependent Information				
Medical Group Term Life & ADD	Select a Plan Use the options below to choose or decline a plan.		Current Plans as of 12/31/2022	
Group Life 15k			► DIPPO	
Group AD&D 15k			<ul> <li>Supplemental AFSCME</li> </ul>	
Additional				
DIPPO	I decline the DIPPO plan.			
Flexible Spending Account				
FSA Health	• DIPPO	DIPPO Plan Information		
FSA Dependent Care	\$0.00 Biweekly* Coverage start date*: 01/01/2023	Please select if you plan to participate in DI	PPO.	
Confirm Your Elections Or Changes	*Estimated values			

## STEP 7: Flexible Spending Account (FSA) Health Plan enrollment

Select one of the following then click **NEXT**:

- I decline the FSA Health plan select this if you do <u>not</u> want to participate in the FSA for health care expenses for 2023.
- **FSA Health** select this if you want to elect FSA for health care expenses for 2023, then click the bubble next to a contribution option and enter the amount you wish to contribute. You and/or your dependents do not have to be enrolled in the Sewer District's medical insurance to participate in FSA.

About Open Enrollment	Flexible Spending Account	← →   ⊘   ि C ⊗   5 ⑦ back next submit draft reset cancel print help
Verify Beneficiary And Dependent Information		Â
Medical	Select a Plan	
	Use the options below to choose or decline a plan.	Current Plan as of 12/31/2022
Group Term Life & ADD		
Group Life 15k		► FSA Health
Group AD&D 15k	☐ I decline the FSA Health plan.	
Additional	I decline the FSA realiting and	
DIPPO		
Flexible Spending Account	FSA Health	FSA Health Plan Information FSA Health allows employees to use tax-free
FSA Health	\$118.75 Biweekly*	income to pay for out-of-pocket medical expenses.
FSA Health	Enter amount for:	
FSA Dependent Care	O Contribution per pay check         \$118.75 <ul></ul>	
Confirm Your Elections Or Changes	Enter a value that is less than or equal to \$2,850.00	
comminition dections of changes	Coverage start date*: 01/01/2023 Remaining pay checks*: 24 ①	
	*Estimated values	



#### **STEP 8: Flexible Spending Account (FSA) Dependent Care enrollment**

Select one of the following then click **NEXT**:

- I decline the FSA Health plan select this if you do <u>not</u> want to participate in the FSA for dependent care expenses for 2023.
- **FSA Health** select this if you want to elect FSA for dependent care expenses for 2023, then click the bubble next to a contribution option and enter the amount you wish to contribute. You and/or your dependents do not have to be enrolled in the Sewer District's medical insurance to participate in FSA.

About Open Enrollment	Flexible Spending Account	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Verify Beneficiary And Dependent Information		
Medical	Select a Plan	
Group Term Life & ADD	Use the options below to choose or decline a plan.	Current Plan as of 12/31/2022
Group Life 15k		► FSA Health
Group AD&D 15k	I decline the FSA Dependent Care plan.	
Additional		
DIPPO		
Flexible Spending Account	FSA Dependent Care \$208.34 Biweekly*	FSA Dependent Care Plan Information FSA Dependent Care can be used for expenses related to the care of your children such as daycare
FSA Health	Enter amount for:	or afterschool care.
FSA Dependent Care	O Contribution per pay check         \$208.34                Ø Annual contribution             Enter a value that is less than or equal to \$5,000.00          \$5,000.00	
Confirm Your Elections Or Changes	Coverage start date*: 01/01/2023 Remaining pay checks*: 24 ①	
	*Estimated values	

**Step 9:** Review your elections and click **Submit**. **CONGRATULATIONS! You are finished with Open Enrollment!** 

Confirm Your Elections or Changes	$\leftarrow$ $\rightarrow$ back next	<b>Submit</b>	draft re	3 set c	(X) cancel	pri	int help	
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.				Effectiv	ve 01	1/01/2023		

\*If you are interested in electing Voluntary Life Insurance up to the guaranteed issue amounts, please contact <u>HRDirect@neorsd.org</u> for an enrollment form.