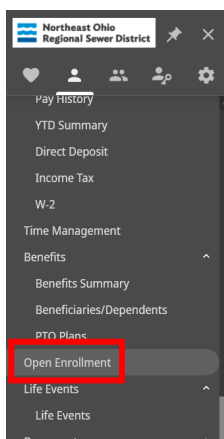


NON-UNION (FULL-TIME, REGULAR) OPEN ENROLLMENT NAVIGATION THROUGH UKG

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 → Myself → 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.

Verify Beneficiary and Dependent Information

+ |
 ← |
 → |
 ✓ |
 ⌂ |
 ⌂ |
 ⌂ |
 ?

Find by: Status ▾ Active ▾

Name	Relationship	Designation
<u>Donna Scott, Alisa</u>	Other	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
<u>Eliza, Dana</u>	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

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).
- **Non-Union 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 HRDirect@neorsd.org.
- **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 HRDirect@neorsd.org, even if you were enrolled for 2022.

About Open Enrollment

Verify Beneficiary And Dependent Information

Medical

Additional

Dental (Non-Union)

Vision & Hearing (Non-Union)

DIPPO

Group Term Life & ADD

Group Life Non-Union

Group AD&D Non-Union

Flexible Spending Account

FSA Health

FSA Dependent Care

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	\$64.36
<input type="radio"/> Employee + One	\$128.55
<input type="radio"/> Employee + Family	\$176.10

☐ Medical Buyout

back next submit draft reset cancel print help

Current Plan
as of 12/31/2022

► **Non-Union Medical & Rx**

Non-Union Medical & Rx Plan Information

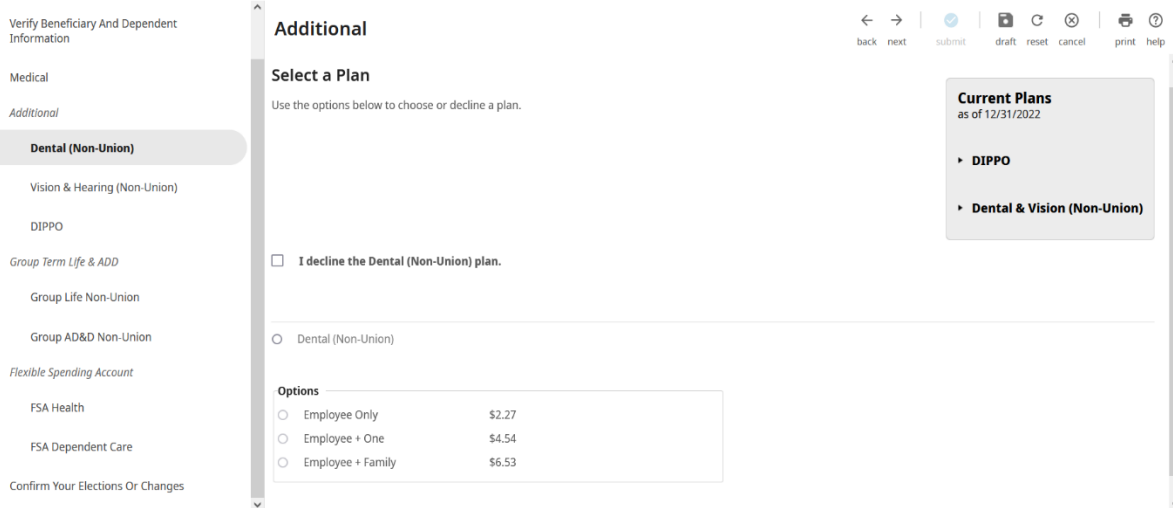
Proof of relationship (marriage/birth certificate) must be submitted to HRDirect@neorsd.org for all newly enrolled dependents.

Medical Buyout Plan Information

STEP 4: Dental insurance enrollment

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

- **I decline the Dental (Non-Union) plan** – use this if you are waiving coverage. (i.e. already covered as a dependent on another Sewer District employee's plan or do not wish to enroll in dental coverage at the Sewer District)
- **Dental (Non-Union)** – Select this and the level of coverage desired (*Employee Only*, *Employee + One*, or *Employee + Family*) if you wish to enroll in the Sewer District dental plan.



The screenshot shows the 'Additional' section of the enrollment form. On the left, a sidebar lists various options: 'Verify Beneficiary And Dependent Information', 'Medical', 'Additional', 'Dental (Non-Union)', 'Vision & Hearing (Non-Union)', 'DIPPO', 'Group Term Life & ADD', 'Group Life Non-Union', 'Group AD&D Non-Union', 'Flexible Spending Account', 'FSA Health', 'FSA Dependent Care', and 'Confirm Your Elections Or Changes'. The 'Dental (Non-Union)' option is selected. The main content area is titled 'Additional' and 'Select a Plan'. It includes a checkbox for 'I decline the Dental (Non-Union) plan.' and a radio button for 'Dental (Non-Union)'. Below the radio button is a table of options:

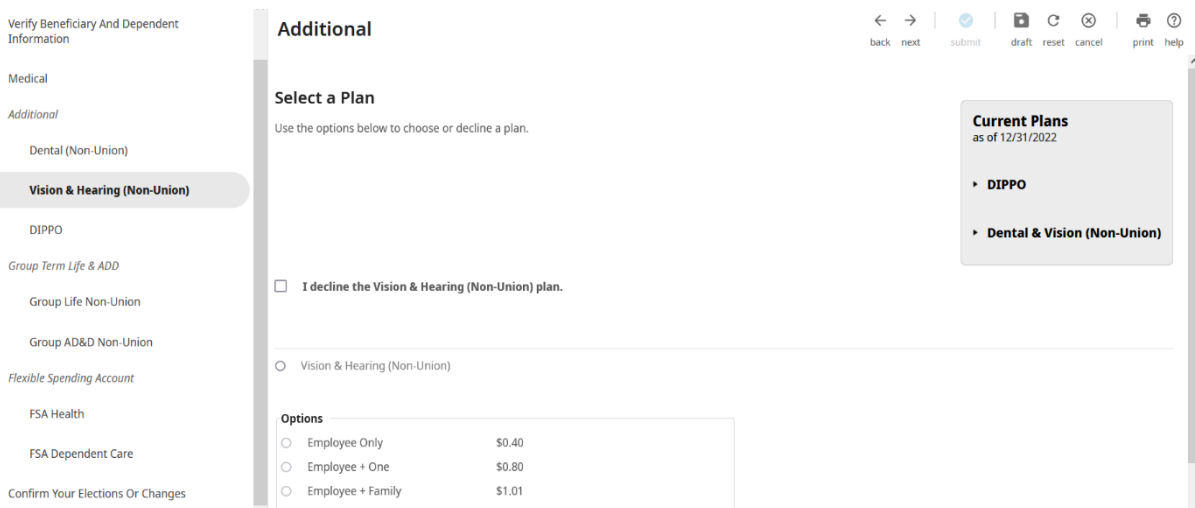
Options	
<input type="radio"/> Employee Only	\$2.27
<input type="radio"/> Employee + One	\$4.54
<input type="radio"/> Employee + Family	\$6.53

On the right, a 'Current Plans' box shows 'as of 12/31/2022' with two options: 'DIPPO' and 'Dental & Vision (Non-Union)'. Navigation buttons at the top include back, next, submit, draft, reset, cancel, print, and help.

STEP 5: Vision and Hearing insurance enrollment

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

- **I decline the Vision & Hearing (Non-Union) plan** – use this if you are waiving coverage. Ex: already covered as a dependent on another Sewer District employee's plan or do not wish to enroll in vision/hearing coverage at the Sewer District.
- **Vision & Hearing (Non-Union)** – Select this and the level of coverage desired (*Employee Only*, *Employee + One*, or *Employee + Family*) if you wish to enroll in the Sewer District vision/hearing plan.



The screenshot shows the 'Additional' section of the enrollment form. On the left, a sidebar lists various options: 'Verify Beneficiary And Dependent Information', 'Medical', 'Additional', 'Dental (Non-Union)', 'Vision & Hearing (Non-Union)', 'DIPPO', 'Group Term Life & ADD', 'Group Life Non-Union', 'Group AD&D Non-Union', 'Flexible Spending Account', 'FSA Health', 'FSA Dependent Care', and 'Confirm Your Elections Or Changes'. The 'Vision & Hearing (Non-Union)' option is selected. The main content area is titled 'Additional' and 'Select a Plan'. It includes a checkbox for 'I decline the Vision & Hearing (Non-Union) plan.' and a radio button for 'Vision & Hearing (Non-Union)'. Below the radio button is a table of options:

Options	
<input type="radio"/> Employee Only	\$0.40
<input type="radio"/> Employee + One	\$0.80
<input type="radio"/> Employee + Family	\$1.01

On the right, a 'Current Plans' box shows 'as of 12/31/2022' with two options: 'DIPPO' and 'Dental & Vision (Non-Union)'. Navigation buttons at the top include back, next, submit, draft, reset, cancel, print, and help.

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.

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

Additional

Select a Plan

Use the options below to choose or decline a plan.

☐ I decline the DIPPO plan.

☒ DIPPO
\$0.00 Biweekly*
Coverage start date*: 01/01/2023
*Estimated values

DIPPO Plan Information
Please select if you plan to participate in DIPPO.

Current Plans
as of 12/31/2022
▶ **DIPPO**
▶ **Dental & Vision (Non-Union)**

STEP 7: Group Term Life enrollment

Click on the bubble next to **Group Life Non-Union** 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.

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

Group Term Life & ADD

Select a Plan

Use the options below to choose a plan.

☒ Group Life Non-Union
\$0.00 Biweekly*
Coverage start date*: 01/01/2023
*Estimated values

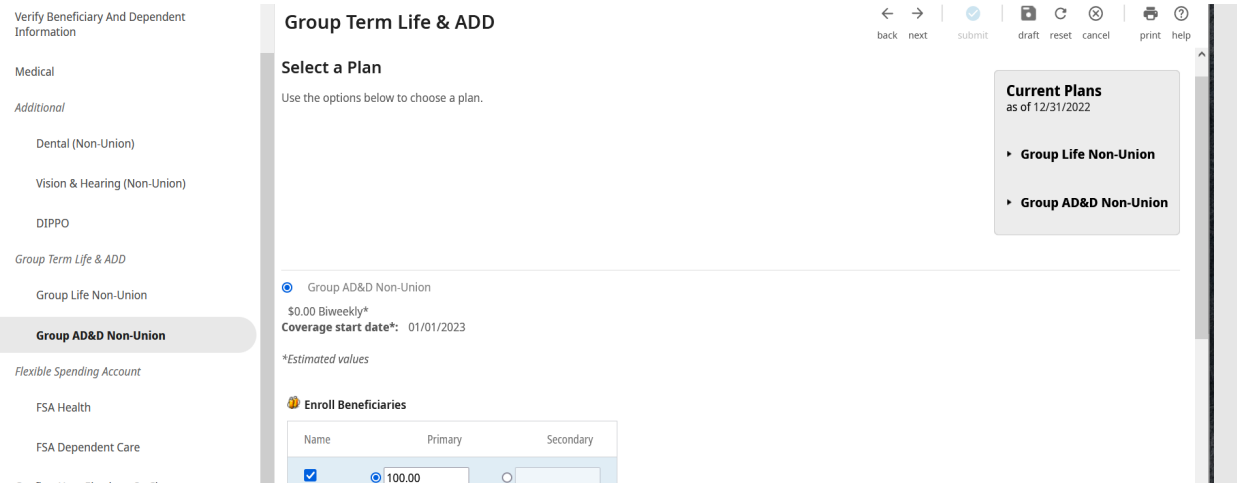
Enroll Beneficiaries

Name	Primary	Secondary
<input checked="" type="checkbox"/>	<input type="text" value="100"/>	<input type="text"/>

Current Plans
as of 12/31/2022
▶ **Group Life Non-Union**
▶ **Group AD&D Non-Union**

STEP 8: Group AD&D enrollment

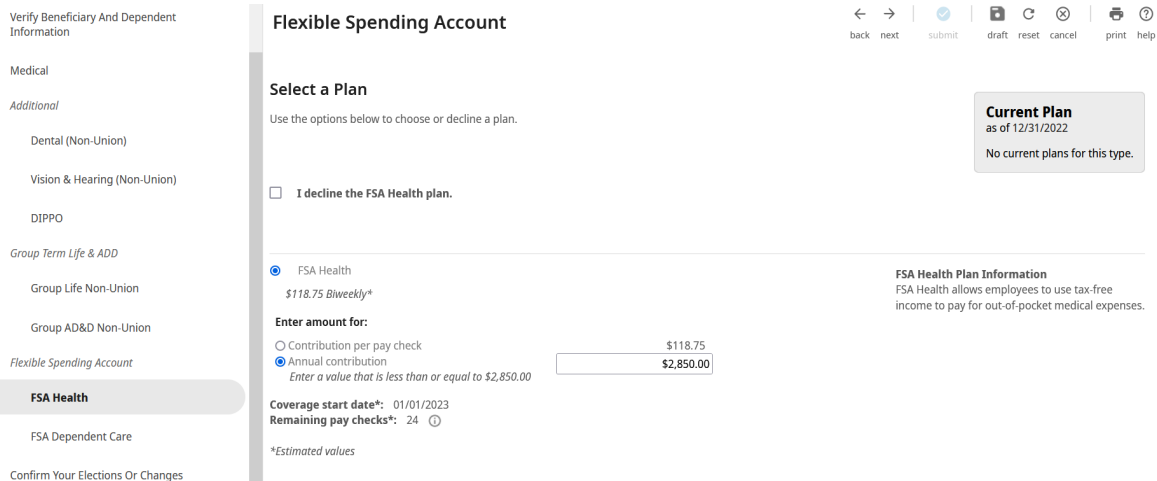
Click on the bubble next to **Group AD&D Non-Union** and designate your beneficiaries. It is recommended that you have both a primary and a secondary beneficiary. The percentage for primary and secondary must both equal 100%. Click **NEXT** to continue.



STEP 9: Flexible Spending Account (FSA) Health Plan enrollment

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

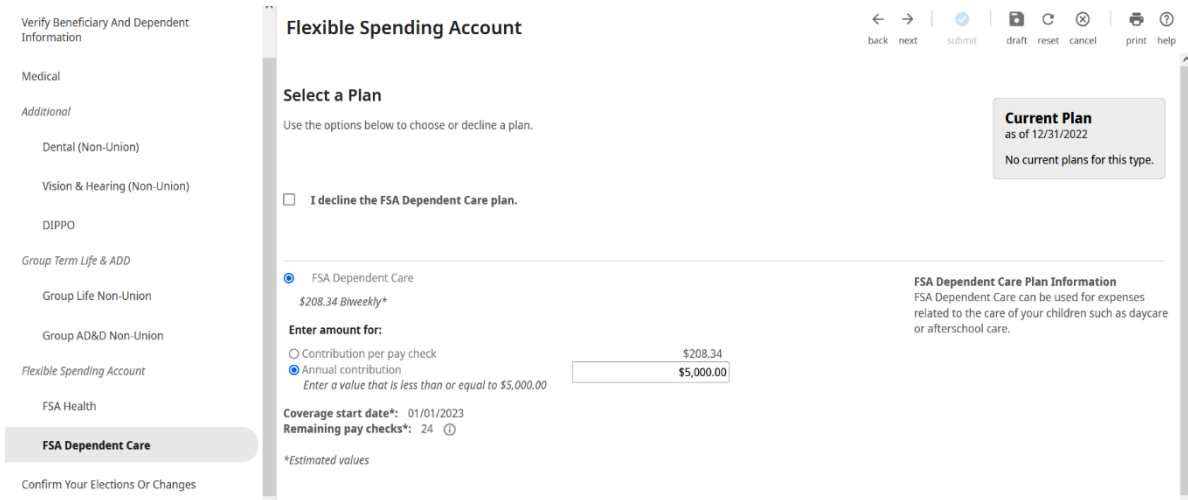
- **I decline the FSA Health plan** – select this if you do not want to participate in the FSA for health care expenses for 2023.
- **FSA Health** – select this if you want to elect FSA for health care expenses for 2023, then click the bubble next to a contribution option and enter the amount you wish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



STEP 10: 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 not 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.



Step 11: Review your elections and click **Submit**.

CONGRATULATIONS! You are finished with Open Enrollment!

Confirm Your Elections or Changes

back next **submit** draft reset cancel print 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.

Effective 01/01/2023

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