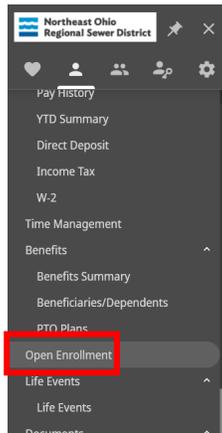


## OPBA OPEN ENROLLMENT NAVIGATION THROUGH UKG

You can access UKG using any computer or iPad with internet access. You must use a 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

Verify Beneficiary and Dependent Information

ADD BACK NEXT SUBMIT OPT IN/OUT CONFIRM SAVE HELP

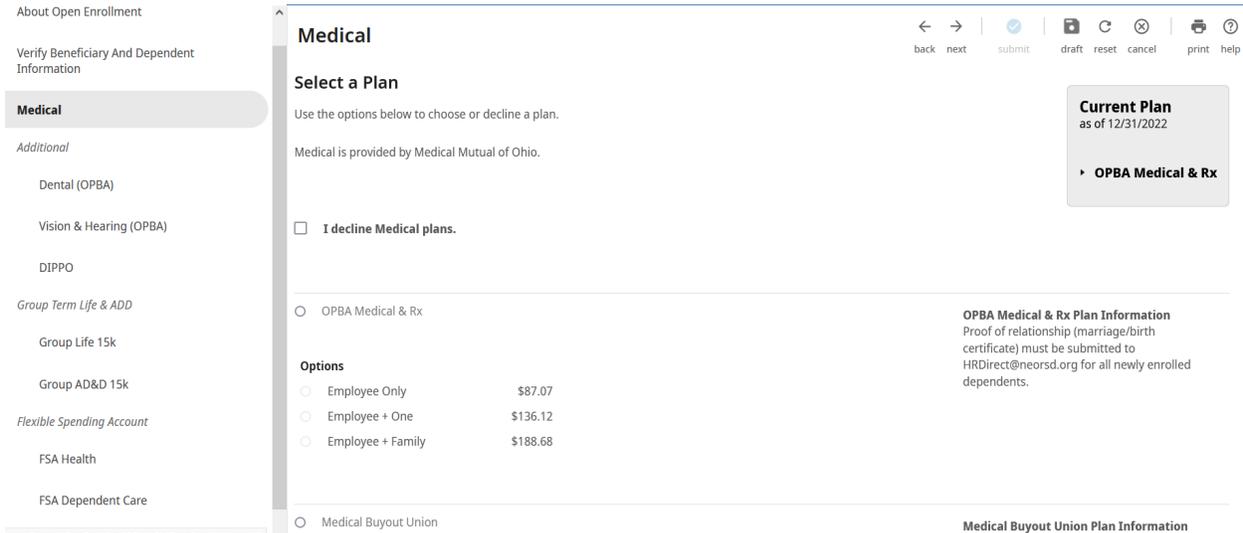
Find by: Status Active

Name	Relationship	Designation
<a href="#">Benjamin, Julia</a>	Other	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
<a href="#">Erick, Dana</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

**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).
- **OPBA 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](mailto: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](mailto:HRDirect@neorsd.org), even if you were enrolled for 2022.

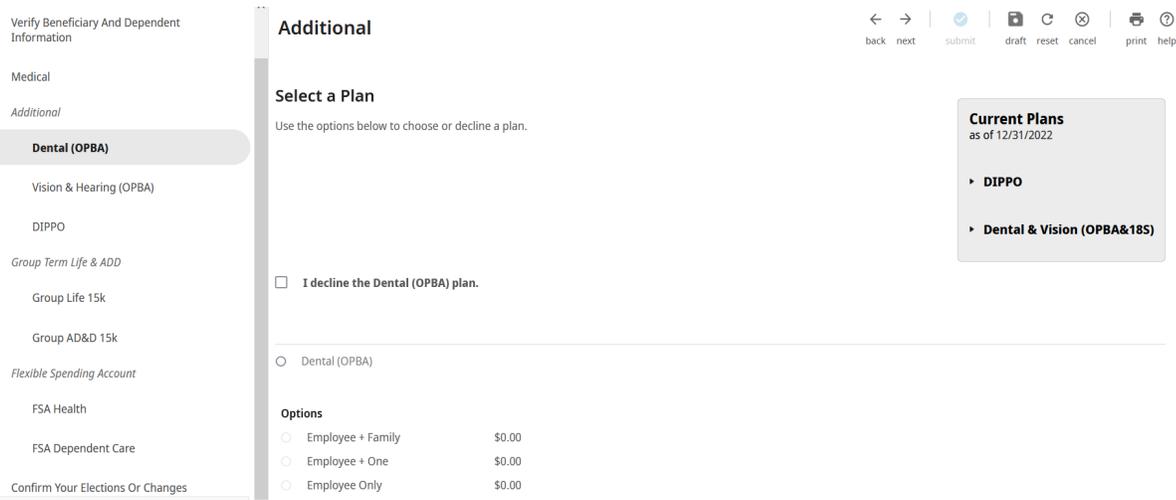


The screenshot shows a web application interface for medical insurance enrollment. On the left is a navigation menu with categories like 'About Open Enrollment', 'Verify Beneficiary And Dependent Information', and 'Medical'. The main content area is titled 'Medical' and 'Select a Plan'. It includes instructions to choose or decline a plan, a note that medical is provided by Medical Mutual of Ohio, and three main options: 'I decline Medical plans', 'OPBA Medical & Rx', and 'Medical Buyout Union'. The 'OPBA Medical & Rx' option is expanded to show three sub-options with their respective costs: 'Employee Only' (\$87.07), 'Employee + One' (\$136.12), and 'Employee + Family' (\$188.68). A 'Current Plan' box indicates the current plan as of 12/31/2022 is 'OPBA Medical & Rx'. A 'Medical Buyout Union Plan Information' section is partially visible at the bottom.

#### STEP 4: Dental insurance enrollment

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

- **I decline the Dental (OPBA) 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 (OPBA)** – 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.



Verify Beneficiary And Dependent Information

Medical

Additional

**Dental (OPBA)**

Vision & Hearing (OPBA)

DIPPO

Group Term Life & ADD

Group Life 15k

Group AD&D 15k

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 Dental (OPBA) plan.

Dental (OPBA)

**Options**

<input type="radio"/> Employee + Family	\$0.00
<input type="radio"/> Employee + One	\$0.00
<input type="radio"/> Employee Only	\$0.00

**Current Plans**  
as of 12/31/2022

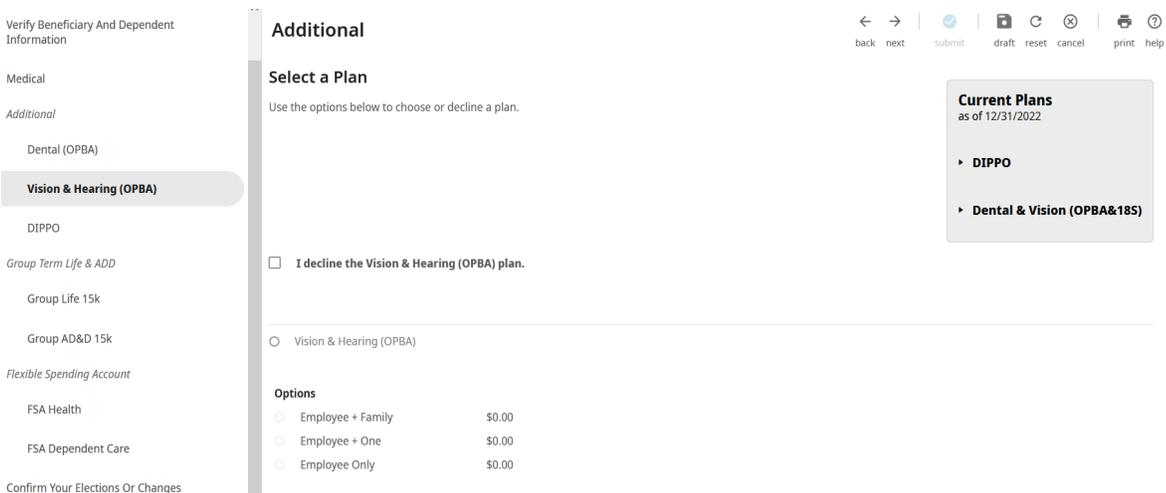
- ▶ DIPPO
- ▶ Dental & Vision (OPBA&18S)

back next submit draft reset cancel print help

#### STEP 5: Vision and Hearing insurance enrollment

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

- **I decline the Vision & Hearing (OPBA) 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 (OPBA)** – 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.



Verify Beneficiary And Dependent Information

Medical

Additional

Dental (OPBA)

**Vision & Hearing (OPBA)**

DIPPO

Group Term Life & ADD

Group Life 15k

Group AD&D 15k

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 Vision & Hearing (OPBA) plan.

Vision & Hearing (OPBA)

**Options**

<input type="radio"/> Employee + Family	\$0.00
<input type="radio"/> Employee + One	\$0.00
<input type="radio"/> Employee Only	\$0.00

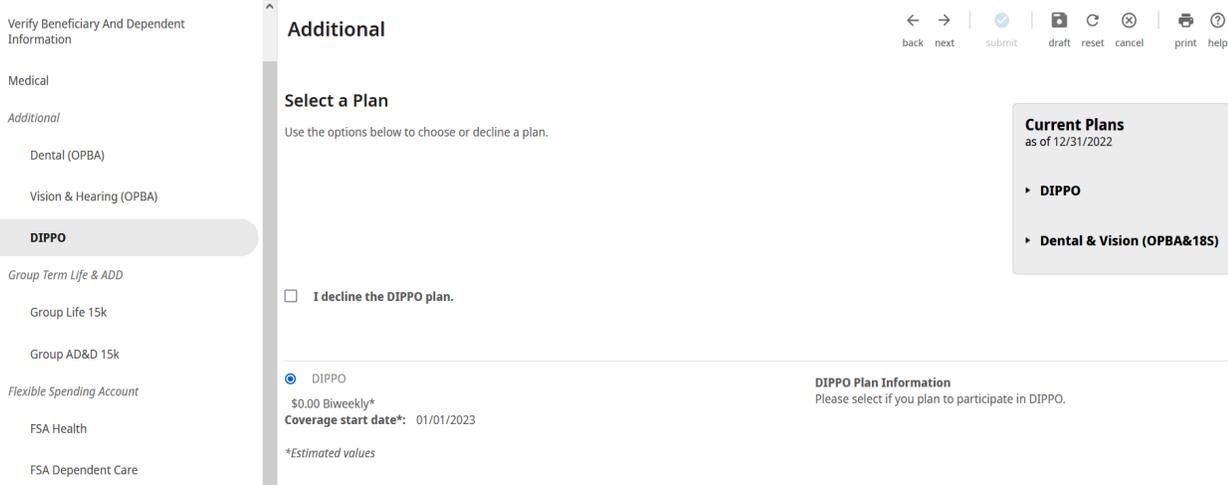
**Current Plans**  
as of 12/31/2022

- ▶ DIPPO
- ▶ Dental & Vision (OPBA&18S)

back next submit draft reset cancel print help

**STEP 6: DIPPO enrollment**

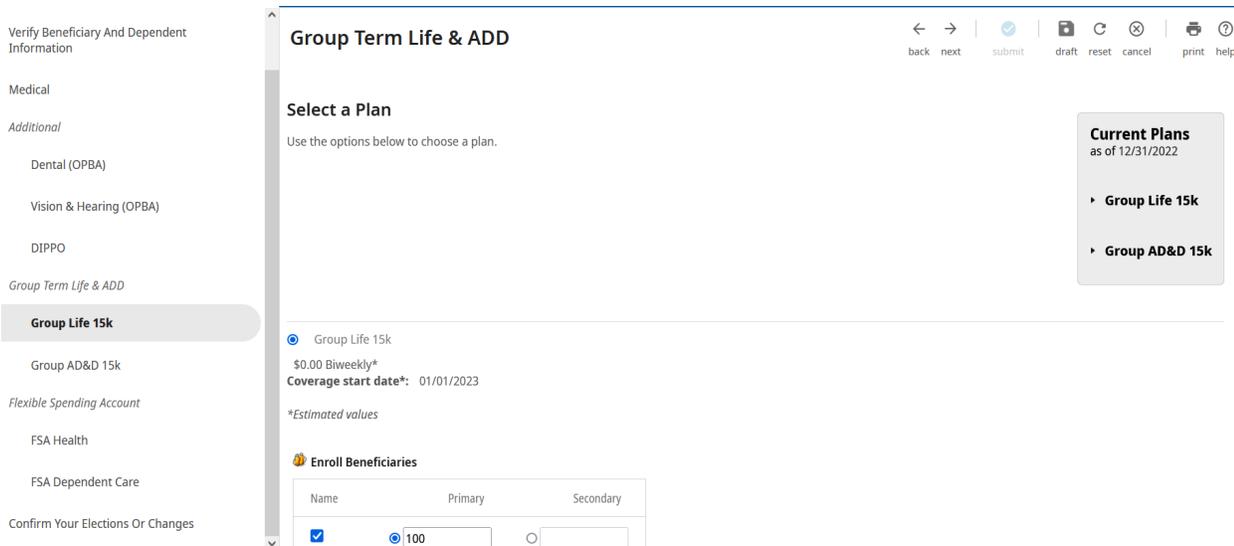
Select the bubble next to **DIPPO** if you want to enroll for 2023. If you do not want to enroll, click **I decline the DIPPO plan**. Click **NEXT** to continue.



The screenshot shows a web application interface for enrollment. On the left is a navigation menu with categories: 'Verify Beneficiary And Dependent Information', 'Medical', 'Additional', 'Group Term Life & ADD', 'Flexible Spending Account', and 'Confirm Your Elections Or Changes'. Under 'Additional', 'DIPPO' is selected. The main content area is titled 'Additional' and 'Select a Plan'. It contains the instruction: 'Use the options below to choose or decline a plan.' There are two radio button options: 'I decline the DIPPO plan.' (unchecked) and 'DIPPO' (checked). Below the 'DIPPO' option, it shows '\$0.00 Biweekly\*' and 'Coverage start date\*: 01/01/2023'. A note below reads '\*Estimated values'. On the right, there is a 'Current Plans as of 12/31/2022' box listing 'DIPPO' and 'Dental & Vision (OPBA&18S)'. Below the main content, there is a 'DIPPO Plan Information' section with the text: 'Please select if you plan to participate in DIPPO.' At the top right of the main content area, there is a navigation bar with icons for back, next, submit, draft, reset, cancel, print, and help.

**STEP 7: 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



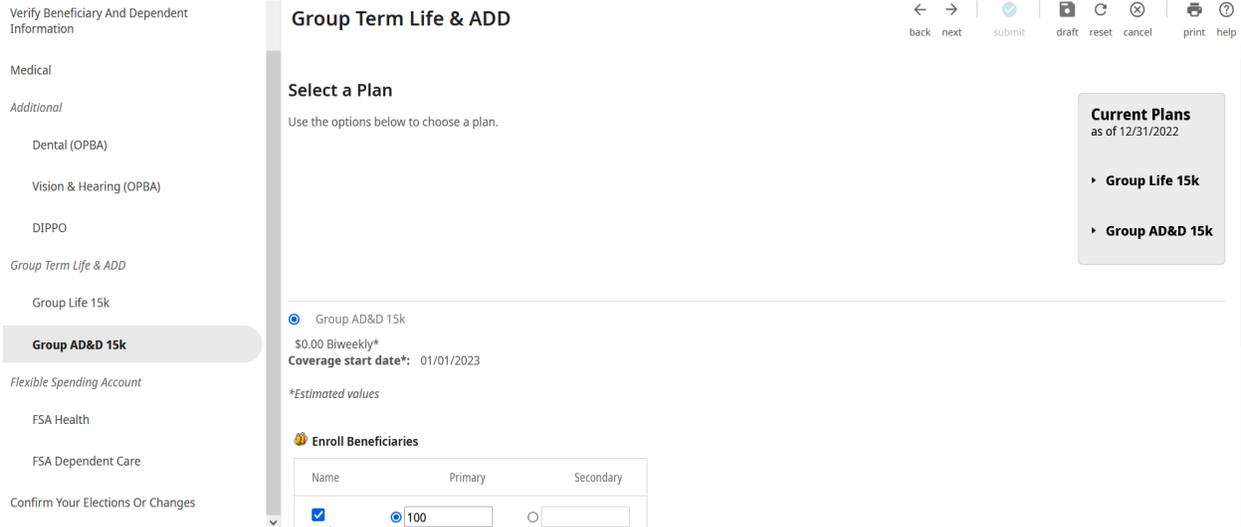
The screenshot shows a web application interface for enrollment. On the left is a navigation menu with categories: 'Verify Beneficiary And Dependent Information', 'Medical', 'Additional', 'Group Term Life & ADD', 'Flexible Spending Account', and 'Confirm Your Elections Or Changes'. Under 'Group Term Life & ADD', 'Group Life 15k' is selected. The main content area is titled 'Group Term Life & ADD' and 'Select a Plan'. It contains the instruction: 'Use the options below to choose a plan.' There is one radio button option: 'Group Life 15k' (checked). Below this option, it shows '\$0.00 Biweekly\*' and 'Coverage start date\*: 01/01/2023'. A note below reads '\*Estimated values'. On the right, there is a 'Current Plans as of 12/31/2022' box listing 'Group Life 15k' and 'Group AD&D 15k'. Below the main content, there is an 'Enroll Beneficiaries' section with a table:

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

At the top right of the main content area, there is a navigation bar with icons for back, next, submit, draft, reset, cancel, print, and help.

**STEP 8: Group AD&D enrollment**

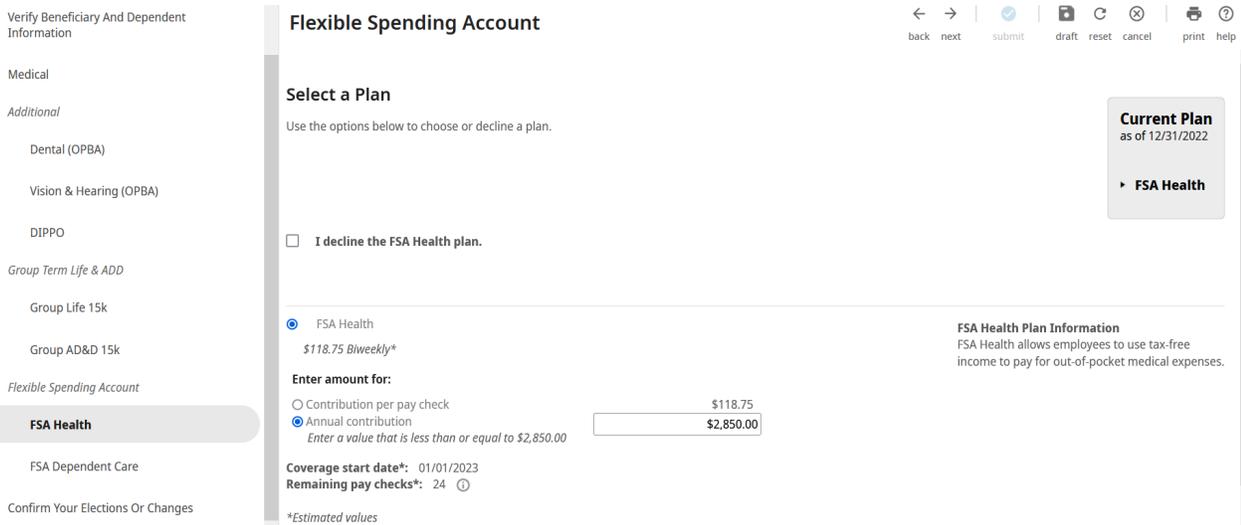
Click on the bubble next to **Group AD&D 15k** and designate your beneficiaries. It is recommended that you have both a primary and a secondary beneficiary. The percentage for primary and secondary must both equal 100%. Click **NEXT** to continue.



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

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

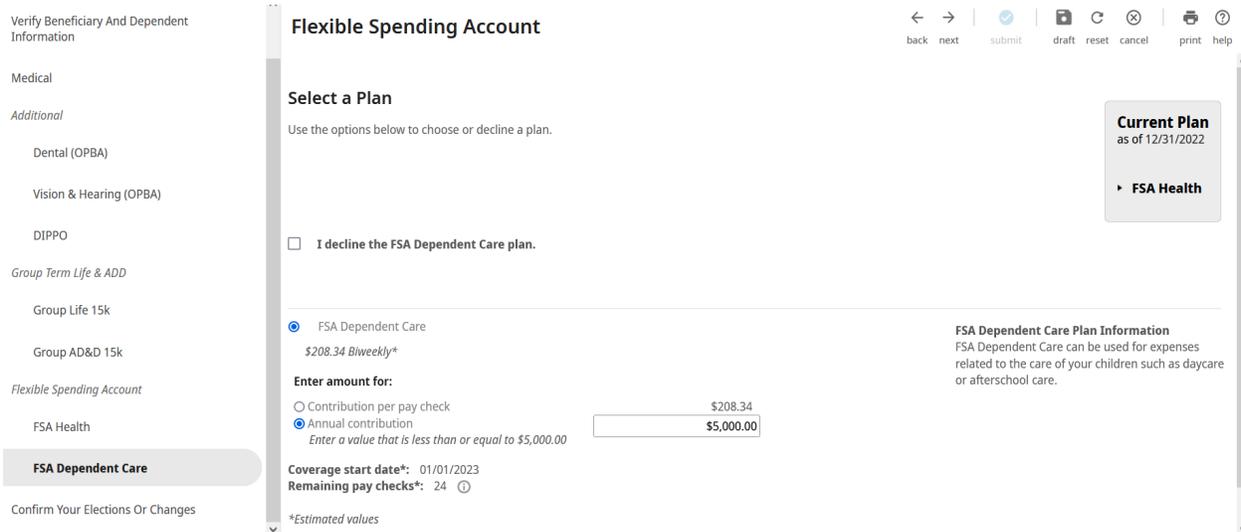
- **I decline the FSA Health plan** – select this if you do not want to participate in the FSA for health care expenses for 2023.
- **FSA Health** – select this if you want to elect FSA for health care expenses for 2023, then click the bubble next to a contribution option and enter the amount you wish 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: Confirm your elections and click *Submit*.**

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



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