

Online Open Enrollment Instructions

Open Enrollment is available from April 16, 2024 through April 28, 2024

All benefit eligible employees must enroll or waive Medical, Dental and Vision elections for the plan year beginning June 1, 2024.

Open Enrollment is a three-part process:

Part I – Enroll in Benefits

Part II – Allocate yourself and/or dependent(s) to the benefit plans selected in Part I

Part III – Review summary page

Access Employee Self Service

1. Login to [Cardinal Apps](#).
2. Click on BannerWeb Self Service.
3. Click on **Employee Service Main Menu**.
4. Click on **Benefit and Deductions**
5. Click on **View Benefit Enrollment**
6. Click on **Open Enrollment**.

Part I - Enroll in Benefits

A. Medical, Dental and Vision

1. Click **Health** under **Group** to elect your medical, dental and vision benefits.

Group	Benefits Status		
Health	No choices made in this group.		
Flex Spending	No choices made in this group.		
<input type="button" value="Complete"/>	<input type="button" value="Restart"/>	<input type="button" value="Cancel"/>	<input type="button" value="Calculate Cost"/>

- Click the title of the health benefit in which you want to enroll. If you are waiving any benefits select the appropriate waive options.

Open Enrollment Group

Choose your benefit selection by clicking on the title.
 To waive Health, Vision and/or Dental you must select the **Waive** option for each particular benefit you are waiving.
 To **Waive** Flex Spending you do not enroll in the plan.
 Select **Restart** to clear selections and start enrollment from the beginning.
 Once all selections have been chosen, click on the **Open Enrollment** link on the bottom of the page, this will return you to the Open Enrollment Summary for you to **Complete** your selections.

Health Group

Bronze Medical You have not selected this benefit deduction.
Silver Medical You have not selected this benefit deduction.
Dental Plan You have not selected this benefit deduction.
Vision Plan You have not selected this benefit deduction.
Waive Health Coverage You have not selected this benefit deduction.
Waive Dental Coverage You have not selected this benefit deduction.
Waive Vision Coverage You have not selected this benefit deduction.

[Open Enrollment](#)

- Select the coverage by clicking the radio button under **My Choice** for the appropriate plan level and click **Add Choice** when finished.

Open Enrollment Choice Detail

Select appropriate coverage and then select the **Add Choice** button.
 To return to the previous screen without making a selection click on the **Open Enrollment Group** link at the bottom of the screen.

Medical Spending Account: the annual maximum amount you may contribute to the Medical Spending Account is \$2,750 per calendar year.
Dependent Care Reimbursement: the annual maximum amount you may contribute to the Dependent Care Reimbursement is \$5,000 per calendar year (or \$2,500 if married but filing single).

* - Indicates a required field.

Silver Medical
 Deduction Effective as of: Jun 01, 2021

Plan	Employee Per Pay Amount	Employer Per Pay Amount	My Choice
Employee	416.6000	416.6000	<input type="radio"/>
Employee Children	676.9800	676.9800	<input type="radio"/>
Employee Spouse	791.6000	791.6000	<input type="radio"/>
Family	987.3800	987.3800	<input type="radio"/>

[Open Enrollment Group](#)

- Follow steps 2 and 3 to select or waive the remaining medical, dental and vision plans.
- After all medical, dental and vision selections are complete, click the **Open Enrollment** link at the bottom of the screen.

Health Group

Bronze Medical This benefit deduction cannot be selected as you have selected the following:
 Silver Medical

Silver Medical You have asked to continue this benefit into the new year

Dental Plan You have asked to continue this benefit into the new year

Vision Plan You have asked to continue this benefit into the new year

Waive Health Coverage This benefit deduction cannot be selected as you have selected the following:
 Silver Medical

Waive Dental Coverage This benefit deduction cannot be selected as you have selected the following:
 Dental Plan

Waive Vision Coverage This benefit deduction cannot be selected as you have selected the following:
 Vision Plan

B. Enroll in Flexible Spending (optional)

If you do not want to enroll in Flex Spending proceed to section **C. Complete Benefit Selections.**

1. Click **Flex Spending** under **Group** to elect a flexible spending account.

Group	Benefits Status
Health	Healthcare Bronze Plan will be started in the new year.
Flex Spending	No choices made in this group.

2. Click the flexible spending account in which you are electing.

Flex Spending Group
[Dependent Care Spending Account \(pre-tax\)](#) You have not selected this benefit deduction.
[Medical Spending Account \(pre-tax\)](#) You have not selected this benefit deduction.

[Open Enrollment](#)

3. Enter the Annual Amount you would like to contribute to the flex spending account.

Annual Amount 999999.99 :*

4. Click **Add Choice** button to return to the previous screen.
5. Follow steps 1 and 2 if you wish to enroll in the remaining flex spending accounts.
6. After all flex spending accounts are complete, click the **Open Enrollment** link at the bottom of the screen.

Flex Spending Group
[Dependent Care Spending Account \(pre-tax\)](#) You have not selected this benefit deduction.
[Medical Spending Account \(pre-tax\)](#) You have not selected this benefit deduction.

C. Complete Benefit Selections

1. Click **Complete** once all benefit selections have been made.

Group	Benefits Status
Health	Healthcare Silver Plan will be started in the new year. Dental Plan will be started in the new year. Waive Vision Coverage will be started in the new year.
Flex Spending	Dependent Care Spending Account (pre-tax) will be started in the new year.

[Complete](#) [Restart](#) [Cancel](#) [Calculate Cost](#)

[[Retirement Plans](#) | [Health Benefits](#) | [Flexible Spending Accounts](#) | [Miscellaneous](#) | [Beneficiaries and Dependents](#) | [Benefit Summary](#)]

Part II - Allocate yourself and/or dependent(s)

A. Verify Dependents to Benefit Coverage

Dependents eligible for benefit coverage under UIW's plan include:

- legal spouse, or qualified common law marriage
- Children under the age of 26, regardless of student, dependency or marital status.
- Children who are fully dependent on you for support due to a mental or physical disability may continue coverage past age 26

If your dependent does not meet the eligibility requirement above, please remove the dependent from the plan.

1. Click **Beneficiaries and Dependents** link on the bottom of page.

[[Retirement Plans](#) | [Health Benefits](#) | [Flexible Spending Accounts](#) | [Beneficiaries and Dependents](#) | [Benefit Summary](#)]

2. Review your dependent(s) personal information on the Beneficiaries and Dependents page. To update or add a dependent, see section **B. Add or Update Personal Information.**
3. Click **Coverage and Allocations Summary** to verify that you and/or your dependent(s) have been assigned to the appropriate benefit selection you chose in Part I. **Note:** the coverage begin date will show the original date you and/or your dependent(s) enrolled in the plan.

[Add a New Person](#) | [Coverage and Allocations Summary](#)

4. **If assignments are correct, proceed to Part III.**
5. If you need to change your dependent allocations, scroll to the bottom of the page to **Enroll Coverage and Allocations** section.

- Click the **Coverage Details** link in the **Action** column associated with the corresponding dental, health, or vision benefit.

Enroll Coverage and Allocations		
<i>Enrolled Benefits Information</i>		
Benefit or Deduction	Action	Status
Aflac Insurance (post tax)		Active
Dental Plan	Coverage Details	Active
EE Basic Life		Active
Emeriti Health Savings Plan		Active
Healthcare Silver Plan	Coverage Details	Active
Medical Spending Account (pre-tax)		Active
TIAA/CREF Retirement Plan		Active
Vision Plan	Coverage Details	Active

- To add a dependent(s) to the selected coverage, select the checkbox under the **Choose Benefit** column next to the dependent(s) you are adding. Enter **06/01/2024** in the **Begin Date** column. Then click **Choose or Update**.

Choose Benefit*	Name	Relationship	Existing Coverage	Begin Date MM/DD/YYYY*	End Date MM/DD/YYYY	Deduction Termination Reason	Other Coverage
<input type="checkbox"/>	Employee One	Self	Yes	06/01/2015		Not Selected	No other coverage
<input type="checkbox"/>	Employee Husband	Husband	No	06/01/2017		Not Selected	No other coverage
<input type="checkbox"/>	Employee Child One	Daughter	No	06/01/2017		Not Selected	No other coverage
<input type="checkbox"/>	Employee Child Two	Son	No	06/01/2024		Not Selected	No other coverage

Choose or Update

- If you do not see the dependent listed, see section **B. Add or Update Personal Information.**

- To remove a dependent(s) first select the checkbox under the **Choose Benefit** column next to the dependent(s) you are removing and enter **05/31/2024** in the **End Date** column. Then click **Choose or Update**.

Choose Benefit*	Name	Relationship	Existing Coverage	Begin Date MM/DD/YYYY*	End Date MM/DD/YYYY	Deduction Termination Reason	Other Coverage
<input type="checkbox"/>	Employee One	Self	Yes	06/01/2015		Not Selected	No other coverage
<input type="checkbox"/>	Employee Husband	Husband	No	06/01/2017		Not Selected	No other coverage
<input type="checkbox"/>	Employee Child One	Daughter	No	06/01/2017		Not Selected	No other coverage
<input type="checkbox"/>	Employee Child Two	Son	No	06/01/2017	05/31/2024	Not Selected	No other coverage

Choose or Update

10. If the change was successful, a green check mark with the message **Successfully updated**, will appear to the far right.

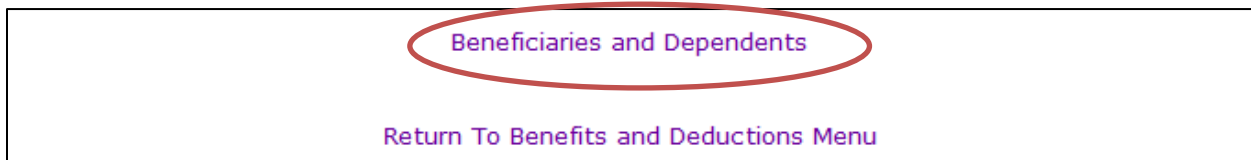
Choose Benefit*	Name	Relationship	Existing Coverage	Begin Date MM/DD/YYYY*	End Date MM/DD/YYYY	Deduction Termination Reason	Other Coverage	Messages
<input type="checkbox"/>	Employee One	Self	Yes	06/01/2015		Not Selected	No other coverage	
<input type="checkbox"/>	Employee Husband	Husband	No	06/01/2017		Not Selected	No other coverage	✓ Successfully updated.
<input type="checkbox"/>	Employee Child One	Daughter	No	06/01/2017		Not Selected	No other coverage	✓ Successfully updated.
<input type="checkbox"/>	Employee Child Two	Son	No	06/01/2017		Not Selected	No other coverage	✓ Successfully updated.

Choose or Update

11. Click **Coverage and Allocations Summary** to return to the previous page.

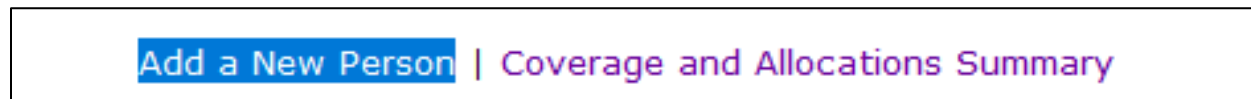
12. Repeat steps 6-10 to update any other coverages.

13. If complete, click the **Beneficiaries and Dependents** link on the bottom of page.



B. Add or Update Personal information

1. To make changes to the dependent information, click on the Name of the dependent which will open the Updating Beneficiary or Dependent page.
2. Enter any changes and click **Submit Changes** to navigate to the Beneficiaries and Dependents section.
3. To add a new dependent, click on the **Add a New Person** link, enter the appropriate information and click **Submit Changes**. **Note:** For the Beneficiary or Dependent field, you must select '**Both**'.



4. After adding a new dependent(s), you will need to allocate the new dependent(s) to your benefit selections by completing steps 5-13 under **Part A - Verify Dependents to Benefit Coverage**.

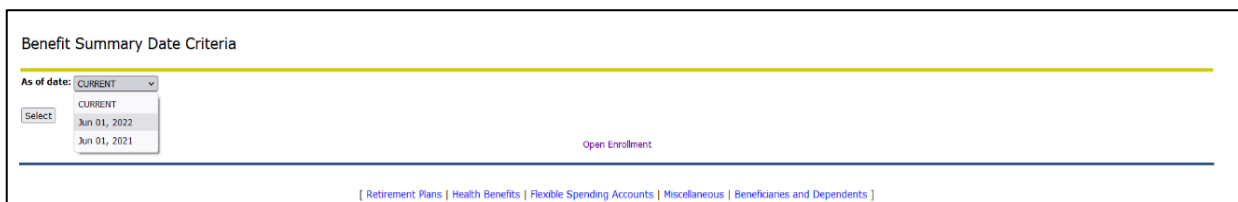
Part III – Review Benefit Summary

A. Benefit Summary

1. Click **Benefit Summary** on the bottom of the Beneficiaries and Dependents page.



2. Change **As of date** to June 1, 2024 and click **Select**.



3. Review benefit summary for accuracy and print for your own records.
4. Click **Open Enrollment** on the bottom of the page and exit the **Cardinal Apps**.

****Congratulations! You have now completed Open Enrollment****

Need to make a change?

1. If you want to change your medical, dental, vision or flexible spending account, click the **Reopen Open Enrollment** button in the Open Enrollment home page.
2. If you made a mistake on one of your benefit selections, click on the benefit plan make your change and select Submit Change.
3. To choose a different plan, first click on the benefit plan currently selected and select **Cancel Choice** and then select the new benefit plan.
4. **You must click Complete when all corrections have been made.**
5. **Note:** If you click the **restart** button your medical, dental, vision and flex spending selections will all be removed and you will have to make all your selections, again.