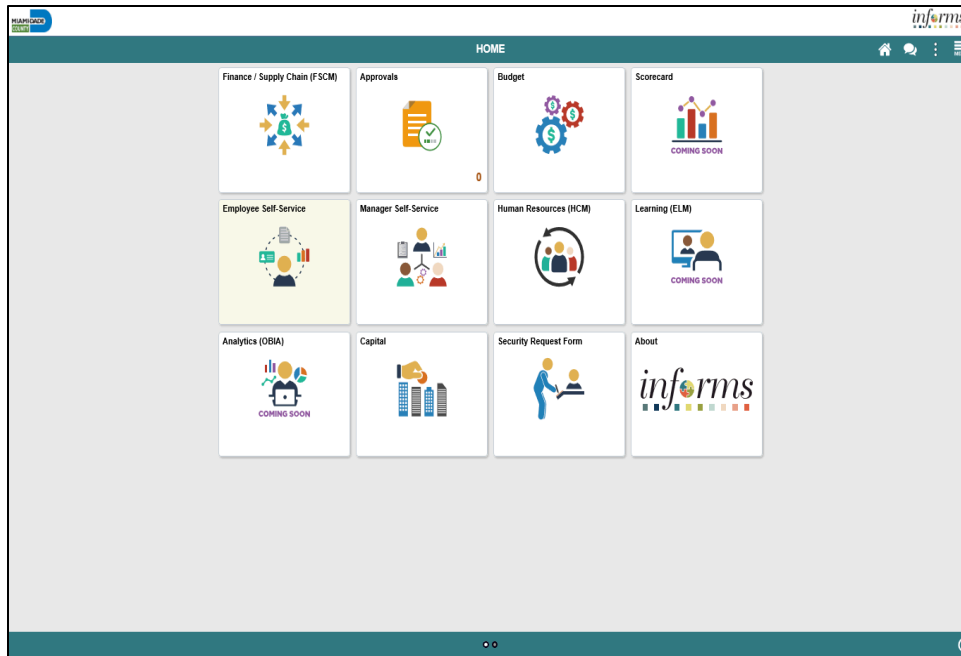
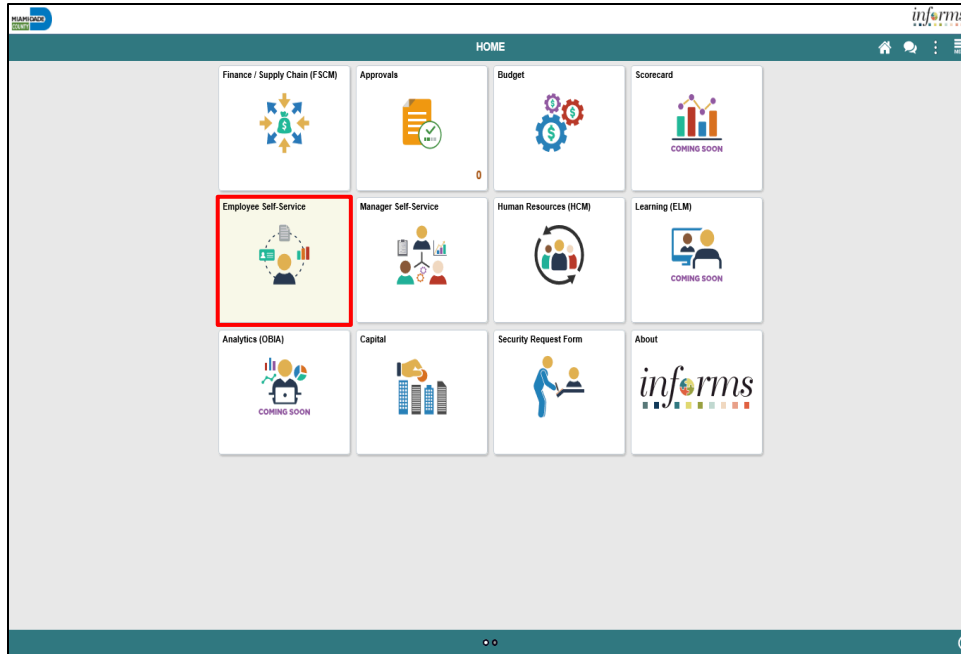




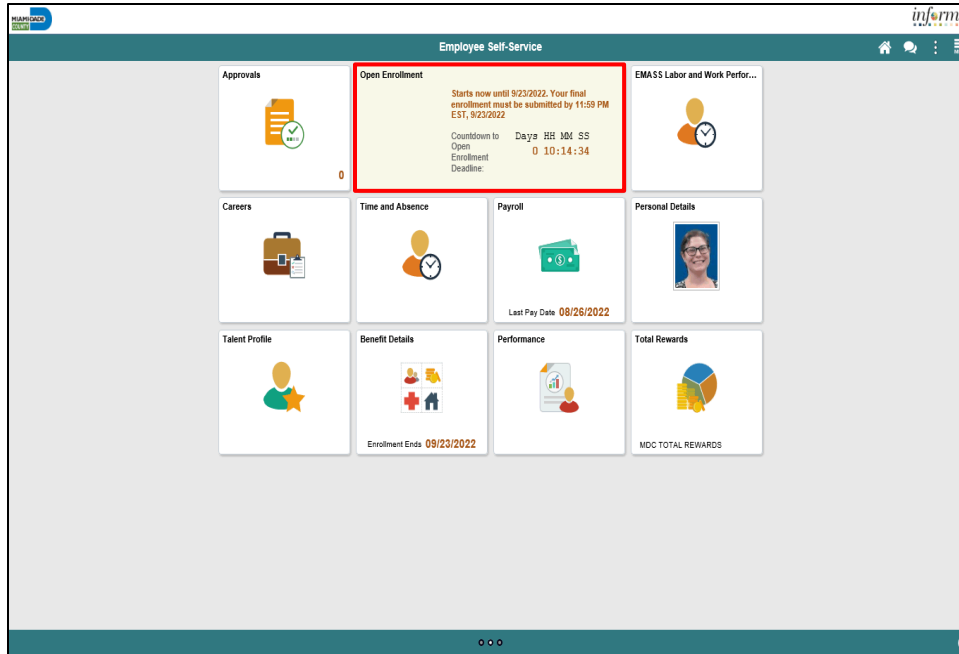
Enroll in Benefits





Step 1

Click the **Employee Self-Service** tile.



Step 2

Click the **Open Enrollment** tile.



Enroll in Benefits

Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

Next >

Welcome
Not Started

Personal Information
Visited

Name
Visited

Home and Mailing Address
Complete

Contact Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Task: Personal Information - Name

Marie Hill Current >

Step 3

Click the **Next** button.



Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

< Previous **Next** >

Welcome
Not Started

Task: Personal Information - Home and Mailing Address

Personal Information
Visited

Name
Visited

Home and Mailing Address
Complete

Contact Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Home Address
1234 Collins Avenue
APT
MIAMI BEACH, FL 33141
Current

Mailing Address
1324 S. Main
Miami, FL 33131
Current

Step 4

Click the **Next** button.



Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

< Previous **Next** >

Welcome
Not Started

Personal Information
Visited

Name
Visited

Home and Mailing Address
Complete

Contact Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Task: Personal Information - Contact Information

Phone

Number	Extension	Type	Preferred	
305/555-5555		Mobile	✓	>
305/123-1234		Home		>

Email

Email Address	Type	Preferred	
marie.hill@miamidade.gov	Business	✓	>

Instant Message

No data exists.

Add IM

Step 5

Click the **Next** button.



Exit

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

< Previous

Next >

Welcome
Not Started

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Task: Dependent/Beneficiary Info

Add Individual

Name	Relationship	Beneficiary	Dependent	
JASON HILL	Spouse		✓	>
Jane Doe	Child	✓	✓	>

Step 6

Click the **Next** button.



Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Marie Hill

Welcome
Not Started

Marie Hill
Eip Business Analyst 1

Task: Benefits Summary

Personal Information
Visited

Dependent/Beneficiary Info
Complete

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on 09/14/2022 Refresh

Benefits Summary
Visited

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Benefit Plans

Medical Plan: Select Advantage HMO Coverage: Employee + Spouse 1 Dependents Review	Dental Plan: DeltaCare USA DHMO Enriched Coverage: Employee + 1 (Couple) 1 Dependents Review	Vision Plan: Humana Vision Standard Coverage: Employee + 1 (Couple) 1 Dependents Review
Life Plan: Basic Life Coverage: Salary Review	Florida Retirement System Plan: FRS Inv Plan Regular Coverage: 3% of Earnings Review	

Step 7

Click the **Next** button.

Step 8

Click the **Medical** object.

Exit

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

Previous

Next

Welcome

Not Started

Personal Information

Visited

Dependent/Beneficiary Info

Complete

Benefits Summary

Visited

Benefits Enrollment

Visited

Benefits Statements

Not Started

Summary

Not Started

Task: Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Pay Period Cost \$179.28

Full Cost \$179.28

Status Pending Review

Review Enrollment

Submit Enrollment

Vision

Dental

Medical

Benefit Plans

Medical

Dental

Vision

Short-Term Disability

Long-Term Disability

Flex Spending Health - U.S.



Step 9

Click the **YesNo** option.

Cancel

Medical

Done

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> JASON W HILL	Spouse
<input type="checkbox"/> Jane Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Employee + Spouse cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
<div>Select</div> First Choice Advantage HMO	<div>?</div>	\$134.71		\$134.71
<div>✓</div> Select Advantage HMO	<div>?</div>	\$166.50		\$166.50
<div>Select</div> Waive	Proof Required			\$0.00

Overview of All Plans



Cancel

Medical

Done

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents		Relationship
<input checked="" type="checkbox"/>	JASON W HILL	Spouse
<input checked="" type="checkbox"/>	Jane Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
<div>Select</div> First Choice Advantage HMO		\$197.84		\$197.84
<div>✓</div> Select Advantage HMO		\$166.00	\$70.00	\$236.00
<div>Select</div> Waive	Proof Required			\$0.00

Overview of All Plans

Step 10

Click the **Done** button.

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

< Previous Next >

Welcome
☐ Not Started

Task: Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Personal Information
☒ Visited

Dependent/Beneficiary Info
☒ Complete

Benefits Summary
☒ Visited

Benefits Enrollment
☒ Visited

Benefits Statements
☐ Not Started

Summary
☐ Not Started

Enrollment Summary

Your Pay Period Cost: **\$248.78** Full Cost: \$248.78

Status: Pending Review

Review Enrollment Submit Enrollment

Benefit Plans

Medical	Dental	Vision
Current Select Advantage HMO New Select Advantage HMO Status Changed 👤 2 Dependents	Current DeltaCare USA DHMO Enriched New DeltaCare USA DHMO Enriched Status Pending Review 👤 1 Dependents	Current Humana Vision Standard New Humana Vision Standard Status Pending Review 👤 1 Dependents
Pay Period Cost \$236.00 <div>Review</div>	Pay Period Cost \$4.99 <div>Review</div>	Pay Period Cost \$7.79 <div>Review</div>

Short-Term Disability	Long-Term Disability	Flex Spending Health - U.S.
Current No Coverage New No Coverage Status Pending Review	Current No Coverage New No Coverage Status Pending Review	Current No Coverage New No Coverage Status Pending Review

Step 11

Click the **Dental** object.



Step 12

Click the **YesNo** option.

Cancel

Dental

Done

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> JASON W HILL	Spouse
<input type="checkbox"/> Jane Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Employee + 1 (Couple) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
<div>Select</div> Waive			\$0.00
<div>Select</div> Delta Dental PPO Standard		\$13.11	\$13.11
<div>✓</div> DeltaCare USA DHMO Enriched		\$4.99	\$4.99
<div>Select</div> DeltaCare DHMO Standard		\$3.53	\$3.53
<div>Select</div> Delta Dental PPO Enriched		\$23.89	\$23.89

Overview of All Plans



Cancel

Dental

Done

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents		Relationship
<input checked="" type="checkbox"/>	JASON W HILL	Spouse
<input checked="" type="checkbox"/>	Jane Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Employee + Dependents cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
<div>Select</div> Waive			\$0.00
<div>Select</div> Delta Dental PPO Standard		\$29.33	\$29.33
<div><input checked="" type="checkbox"/></div> DeltaCare USA DHMO Enriched		\$10.09	\$10.09
<div>Select</div> DeltaCare DHMO Standard		\$7.61	\$7.61
<div>Select</div> Delta Dental PPO Enriched		\$46.74	\$46.74

Overview of All Plans

Step 13

Click the **Done** button.

Step 14

Click the **Vision** object.

Exit

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

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Welcome

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Personal Information

Visited

Dependent/Beneficiary Info

Complete

Benefits Summary

Visited

Benefits Enrollment

Visited

Benefits Statements

Not Started

Summary

Not Started

Task: Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Pay Period Cost \$253.88

Full Cost \$253.88

Status Pending Review

Review Enrollment

Submit Enrollment

Vision

Dental

Medical

Benefit Plans

Medical

Current Select Advantage HMO

New Select Advantage HMO

Status Changed

2 Dependents

Pay Period Cost \$236.00

Review

Dental

Current DeltaCare USA DHMO Enriched

New DeltaCare USA DHMO Enriched

Status Changed

2 Dependents

Pay Period Cost \$10.09

Review

Vision

Current Humana Vision Standard

New Humana Vision Standard

Status Pending Review

1 Dependents

Pay Period Cost \$7.79

Review

Short-Term Disability

Current No Coverage

New No Coverage

Status Pending Review

Long-Term Disability

Current No Coverage

New No Coverage

Status Pending Review

Flex Spending Health - U.S.

Current No Coverage

New No Coverage

Status Pending Review



Step 15

Click the **YesNo** option.

Cancel

Vision

Done

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eye care needs.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input checked="" type="checkbox"/> JASON W HILL	Spouse
<input type="checkbox"/> Jane Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Employee + 1 (Couple) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
<div>Select</div> Waive			\$0.00
<div>✓</div> Humana Vision Standard	<div>?</div>	\$7.79	\$7.79
<div>Select</div> Humana Vision Enriched	<div>?</div>	\$8.38	\$8.38
<div>Select</div> TEST HUMANA VISION PLUS TEST	<div>?</div>	\$500.00	\$500.00

Overview of All Plans



Cancel

Vision

Done

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eye care needs.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

	Dependents	Relationship
<input checked="" type="checkbox"/>	JASON W HILL	Spouse
<input checked="" type="checkbox"/>	Jane Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Employee + Dependents cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

	Plan Name		Before Tax Cost	After Tax Cost	Pay Period Cost
<div>Select</div>	Waive				\$0.00
<input checked="" type="checkbox"/>	Humana Vision Standard		\$13.20		\$13.20
<div>Select</div>	Humana Vision Enriched		\$15.41		\$15.41
<div>Select</div>	TEST HUMANA VISION PLUS TEST		\$800.00		\$800.00

Overview of All Plans

Step 16

Click the **Done** button.

Step 17

Click the scrollbar.

Exit

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

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Next

Welcome

Not Started

Personal Information

Visited

Dependent/Beneficiary Info

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Benefits Summary

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Benefits Enrollment

Visited

Benefits Statements

Not Started

Summary

Not Started

Task: Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Pay Period Cost \$259.29

Full Cost \$259.29

Status Pending Review

Review Enrollment

Submit Enrollment

Vision

Dental

Medical

Benefit Plans

Medical

Current Selected Advantage HMO

New Selected Advantage HMO

Status Changed

2 Dependents

Pay Period Cost \$236.00

Review

Dental

Current DeltaCare USA DHMO Enriched

New DeltaCare USA DHMO Enriched

Status Changed

2 Dependents

Pay Period Cost \$10.09

Review

Vision

Current Humana Vision Standard

New Humana Vision Standard

Status Changed

2 Dependents

Pay Period Cost \$13.20

Review

Short-Term Disability

Current No Coverage

New No Coverage

Status Pending Review

Long-Term Disability

Current No Coverage

New No Coverage

Status Pending Review

Flex Spending Health - U.S.

Current No Coverage

New No Coverage

Status Pending Review

Step 18

Click the **Short Term Disability** object.

Exit

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

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Welcome

Not Started

Personal Information

Visited

Dependent/Beneficiary Info

Complete

Benefits Summary

Visited

Benefits Enrollment

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Benefits Statements

Not Started

Summary

Not Started

Medical

Current: Select Advantage HMO

New: Select Advantage HMO

Status: Changed

2 Dependents

Pay Period Cost: \$236.00

Review

Dental

Current: DeltaCare USA DHMO Enriched

New: DeltaCare USA DHMO Enriched

Status: Changed

2 Dependents

Pay Period Cost: \$10.09

Review

Vision

Current: Humana Vision Standard

New: Humana Vision Standard

Status: Changed

2 Dependents

Pay Period Cost: \$13.20

Review

Short-Term Disability

Current: No Coverage

New: No Coverage

Status: Pending Review

Pay Period Cost: \$0.00

Review

Long-Term Disability

Current: No Coverage

New: No Coverage

Status: Pending Review

Pay Period Cost: \$0.00

Review

Flex Spending Health - U.S.

Current: No Coverage

New: No Coverage

Status: Pending Review

Pay Period Cost: \$0.00

Review

Flex Spending Dependent Care

Current: No Coverage

New: No Coverage

Status: Pending Review

Pay Period Cost: \$0.00

Review

Florida Retirement System

Current: FRS Inv Plan Regular

New: FRS Inv Plan Regular

Status: Not Available

Pay Period Cost: \$0.00

Review

Legal Services

Current: No Coverage

New: No Coverage

Status: Pending Review

Pay Period Cost: \$0.00

Review

Cancel

Short-Term Disability

Done

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.

▼ Enroll in Your Plan

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	Waive				\$0.00
Select	STD High Option	Proof Required		\$12.11	\$12.11
Select	STD Low Option	Proof Required		\$7.25	\$7.25

Step 19

Click the **Select** button.



Cancel

Short-Term Disability

Done

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.

▼ Enroll in Your Plan

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
✓	Waive				\$0.00
Select	STD High Option	Proof Required		\$12.11	\$12.11
Select	STD Low Option	Proof Required		\$7.25	\$7.25

Step 20

Click the **Done** button.

Step 21

Click the **Long-Term Disability** object.

Open Enrollment

Short-Term Disability plan selection has been updated

Previous Next

Welcome
Not Started

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Visited

Benefits Statements
Not Started

Summary
Not Started

Benefit Plans

Medical	Dental	Vision
<p>Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$236.00 Review</p>	<p>Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$10.09 Review</p>	<p>Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$13.20 Review</p>
<p>Short-Term Disability</p> <p>Current: No Coverage New: Waive Status: Changed</p> <p>Pay Period Cost: \$0.00 Review</p>	<p>Long-Term Disability</p> <p>Current: No Coverage New: No Coverage Status: Pending Review</p> <p>Pay Period Cost: \$0.00 Review</p>	<p>Flex Spending Health - U.S.</p> <p>Current: No Coverage New: No Coverage Status: Pending Review</p> <p>Pay Period Cost: \$0.00 Review</p>
<p>Flex Spending Dependent Care</p> <p>Current: No Coverage New: No Coverage Status: Pending Review</p>	<p>Florida Retirement System</p> <p>Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available</p>	<p>Legal Services</p> <p>Current: No Coverage New: No Coverage Status: Pending Review</p>



Cancel

Long-Term Disability

Done

Long-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.

▼ Enroll in Your Plan

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	Waive				\$0.00
Select	LTD High Option	Proof Required		\$12.66	\$12.66
Select	LTD Low Option	Proof Required		\$5.83	\$5.83
Select	LTD Premier	Proof Required		\$17.61	\$17.61

Step 22

Click the **Select** button.



Cancel

Long-Term Disability

Done

Long-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness.

▼ [Enroll in Your Plan](#)

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
✓	Waive				\$0.00
Select	LTD High Option	Proof Required		\$12.66	\$12.66
Select	LTD Low Option	Proof Required		\$5.83	\$5.83
Select	LTD Premier	Proof Required		\$17.61	\$17.61

Step 23

Click the **Done** button.

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Marie Hill

Previous Next

Welcome
Not Started

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Visited

Benefits Statements
Not Started

Summary
Not Started

Benefit Plans

Medical	Dental	Vision
<p>Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$236.00</p> <p>Review</p>	<p>Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$10.09</p> <p>Review</p>	<p>Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$13.20</p> <p>Review</p>
Short-Term Disability	Long-Term Disability	Flex Spending Health - U.S.
<p>Current: No Coverage New: Waive Status: Changed</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Current: No Coverage New: Waive Status: Changed</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Current: No Coverage New: No Coverage Status: Pending Review</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>
Flex Spending Dependent Care	Florida Retirement System	Legal Services
<p>Current: No Coverage New: No Coverage Status: Pending Review</p>	<p>Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available</p>	<p>Current: No Coverage New: No Coverage Status: Pending Review</p>

Step 24

Click the **Flex Spending Health - U.S.** object.



Cancel **Flex Spending Health - U.S.** Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ Enroll in Your Plan

Plan Name	
Select	Waive
Select	FSA - Health

Step 25

Click the **Select** button.



CancelFlex Spending Health - U.S.Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
✓	Waive
Select	FSA - Health

Step 26

Click the **Done** button.

Exit

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

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Next

Welcome

Not Started

Personal Information

Visited

Dependent/Beneficiary Info

Complete

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Visited

Benefits Enrollment

Visited

Benefits Statements

Not Started

Summary

Not Started

Medical

Current: Select Advantage HMO

New: Select Advantage HMO

Status: Changed

2 Dependents

Pay Period Cost: \$236.00

Review

Dental

Current: DeltaCare USA DHMO Enriched

New: DeltaCare USA DHMO Enriched

Status: Changed

2 Dependents

Pay Period Cost: \$10.09

Review

Vision

Current: Humana Vision Standard

New: Humana Vision Standard

Status: Changed

2 Dependents

Pay Period Cost: \$13.20

Review

Short-Term Disability

Current: No Coverage

New: Waive

Status: Changed

Pay Period Cost: \$0.00

Review

Long-Term Disability

Current: No Coverage

New: Waive

Status: Changed

Pay Period Cost: \$0.00

Review

Flex Spending Health - U.S.

Current: No Coverage

New: Waive

Status: Changed

Pay Period Cost: \$0.00

Review

Flex Spending Dependent Care

Current: No Coverage

New: No Coverage

Status: Visited

Pay Period Cost: \$0.00

Review

Florida Retirement System

Current: FRS Inv Plan Regular

New: FRS Inv Plan Regular

Status: Not Available

Pay Period Cost: \$0.00

Review

Legal Services

Current: No Coverage

New: No Coverage

Status: Pending Review

Pay Period Cost: \$0.00

Review

Step 27

Click the **Flex Spending Dependent Care** object.



Cancel **Flex Spending Dependent Care** Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ Enroll in Your Plan

Plan Name	
Select	Waive
Select	FSA Dependent Care

Step 28

Click the **Select** button.



Cancel

Flex Spending Dependent Care

Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ Enroll in Your Plan

Plan Name	
✓	Waive
Select	FSA Dependent Care

Step 29

Click the **Done** button.

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

Previous Next

Welcome
Not Started

Personal Information
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Dependent/Beneficiary Info
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Benefits Summary
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Benefits Enrollment
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Benefits Statements
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Summary
Not Started

Medical Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents Pay Period Cost: \$236.00 Review	Dental Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents Pay Period Cost: \$10.09 Review	Vision Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents Pay Period Cost: \$13.20 Review
Short-Term Disability Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	Long-Term Disability Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	Flex Spending Health - U.S. Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review
Flex Spending Dependent Care Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	Florida Retirement System Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available Pay Period Cost: \$0.00 Review	Legal Services Current: No Coverage New: No Coverage Status: Visited Pay Period Cost: \$0.00 Review

Step 30

Click the **Legal Services** object.



CancelLegal ServicesDone

▼ Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	Waive			\$0.00
Select	Legal Employee Only		\$8.29	\$8.29
Select	Legal Employee plus Dependent		\$9.34	\$9.34
Select	Legal Family		\$9.61	\$9.61

Step 31

Click the **Select** button.



CancelLegal ServicesDone

▼ Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
✓	Waive			\$0.00
Select	Legal Employee Only		\$8.29	\$8.29
Select	Legal Employee plus Dependent		\$9.34	\$9.34
Select	Legal Family		\$9.61	\$9.61

Step 32

Click the **Done** button.



Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

Previous Next

Welcome
Not Started

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Visited

Benefits Statements
Visited

Summary
Visited

Medical Current: Select Advantage HMO New: Select Advantage HMO Status: Changed 2 Dependents Pay Period Cost: \$236.00 Review	Dental Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents Pay Period Cost: \$10.09 Review	Vision Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents Pay Period Cost: \$13.20 Review
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Flex Spending Dependent Care Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	Florida Retirement System Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available Pay Period Cost: \$0.00 Review	Legal Services Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review

Step 33

Click the scrollbar.

Step 34

Click the **Submit Enrollment** button.

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

Task: **Benefits Enrollment**
The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Pay Period Cost: **\$259.29** Full Cost: **\$259.29**
Status: Pending Review

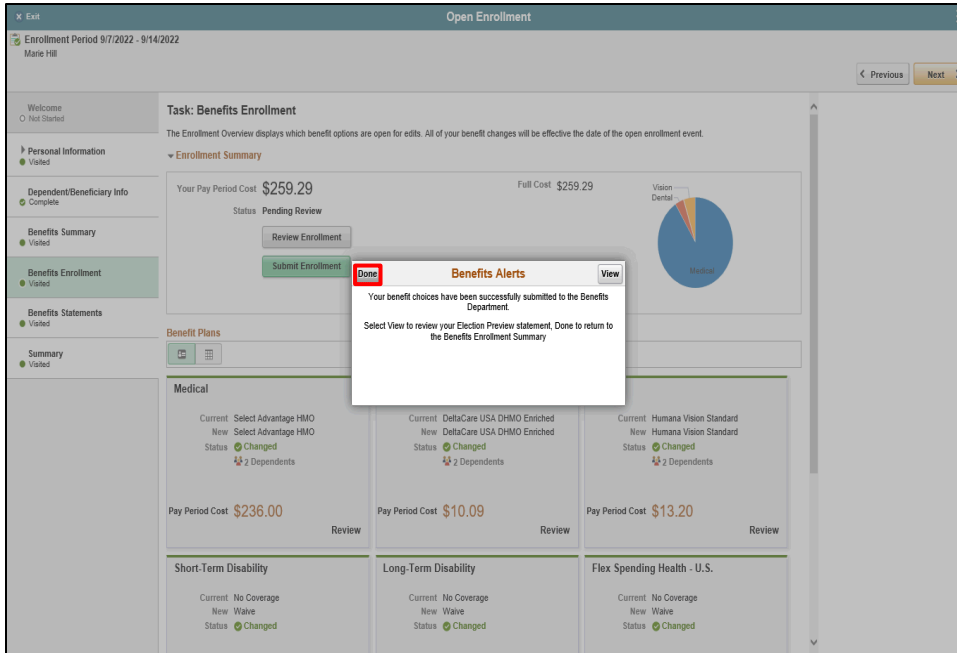
[Review Enrollment](#)
[Submit Enrollment](#)

Benefit Plans

Medical	Dental	Vision
<p>Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$236.00 Review</p>	<p>Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$10.09 Review</p>	<p>Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents</p> <p>Pay Period Cost: \$13.20 Review</p>
<p>Short-Term Disability</p> <p>Current: No Coverage New: Waive Status: Changed</p>	<p>Long-Term Disability</p> <p>Current: No Coverage New: Waive Status: Changed</p>	<p>Flex Spending Health - U.S.</p> <p>Current: No Coverage New: Waive Status: Changed</p>

Step 35

Click the **Done** button.

The screenshot shows the 'Open Enrollment' interface for Marie Hill. The main task is 'Benefits Enrollment'. The 'Enrollment Summary' section shows a 'Your Pay Period Cost' of \$259.29 and a 'Full Cost' of \$259.29. The status is 'Pending Review'. A 'Submit Enrollment' button is visible, and a 'Done' button is highlighted in a red box. A 'Benefits Alerts' modal is open, displaying the message: 'Your benefit choices have been successfully submitted to the Benefits Department. Select View to review your Election Preview statement. Done to return to the Benefits Enrollment Summary'. The modal has a 'View' button and a 'Done' button. The background interface includes a sidebar with navigation links like 'Personal Information', 'Dependent/Beneficiary Info', 'Benefits Summary', 'Benefits Enrollment', 'Benefits Statements', and 'Summary'. The main content area shows 'Benefit Plans' with a table of medical plans and their costs, and a 'Medical' section with details for various plans.



Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

< Previous **Next** >

Welcome
Not Started

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Visited

Benefits Statements
Not Started

Summary
Not Started

Medical Current: Select Advantage HMO New: Select Advantage HMO Status: Changed 2 Dependents Pay Period Cost: \$236.00 Review	Dental Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents Pay Period Cost: \$10.09 Review	Vision Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents Pay Period Cost: \$13.20 Review
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Flex Spending Dependent Care Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	Florida Retirement System Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available Pay Period Cost: \$0.00 Review	Legal Services Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review

Step 36

Click the **Next** button.



Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

< Previous Next >

Welcome
Not Started

Task: Benefits Statements

Statement Type

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Visited

Benefits Statements
Visited

Summary
Not Started

There are no statements available at this time. Please try again later.

Step 37

Click the **Statement Type** list.

Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

Welcome
Not Started

Task: Benefits Statements

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Visited

Benefits Statements
Visited

Summary
Not Started

Statement Type

Confirmation Statement
Enrollment Preview

There are no statements available at this time. Please try again later.

Step 38

Click the **Confirmation Statement** list item.



Exit Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022
Marie Hill

Previous Next

Welcome
Not Started

Task: Benefits Statements

Statement Type: Confirmation Statement

Personal Information
Visited

Dependent/Beneficiary Info
Complete
There are no statements available at this time. Please try again later.

Benefits Summary
Visited

Benefits Enrollment
Visited

Benefits Statements
Visited

Summary
Not Started

Step 39

Click the **Next** button.



Exit

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

< Previous

Next >

Welcome

Not Started

Task: Benefits Statements

Statement Type

Confirmation Statement

Personal Information

Visited

Dependent/Beneficiary Info

Complete

Benefits Summary

Visited

Benefits Enrollment

Visited

Benefits Statements

Visited

Summary

Not Started

Step 40

End of Procedure.