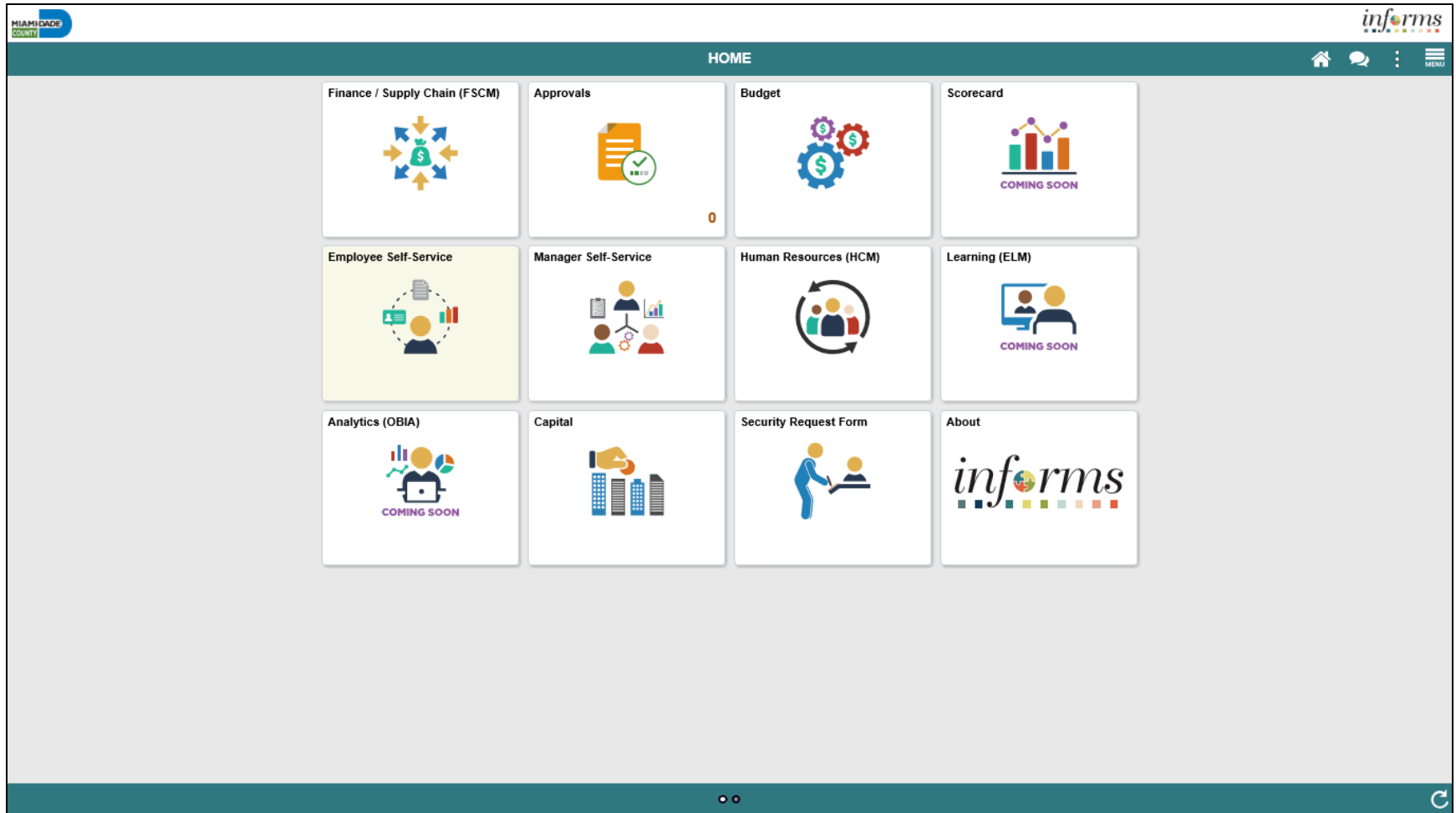




Enroll in Your Benefits During Open Enrollment

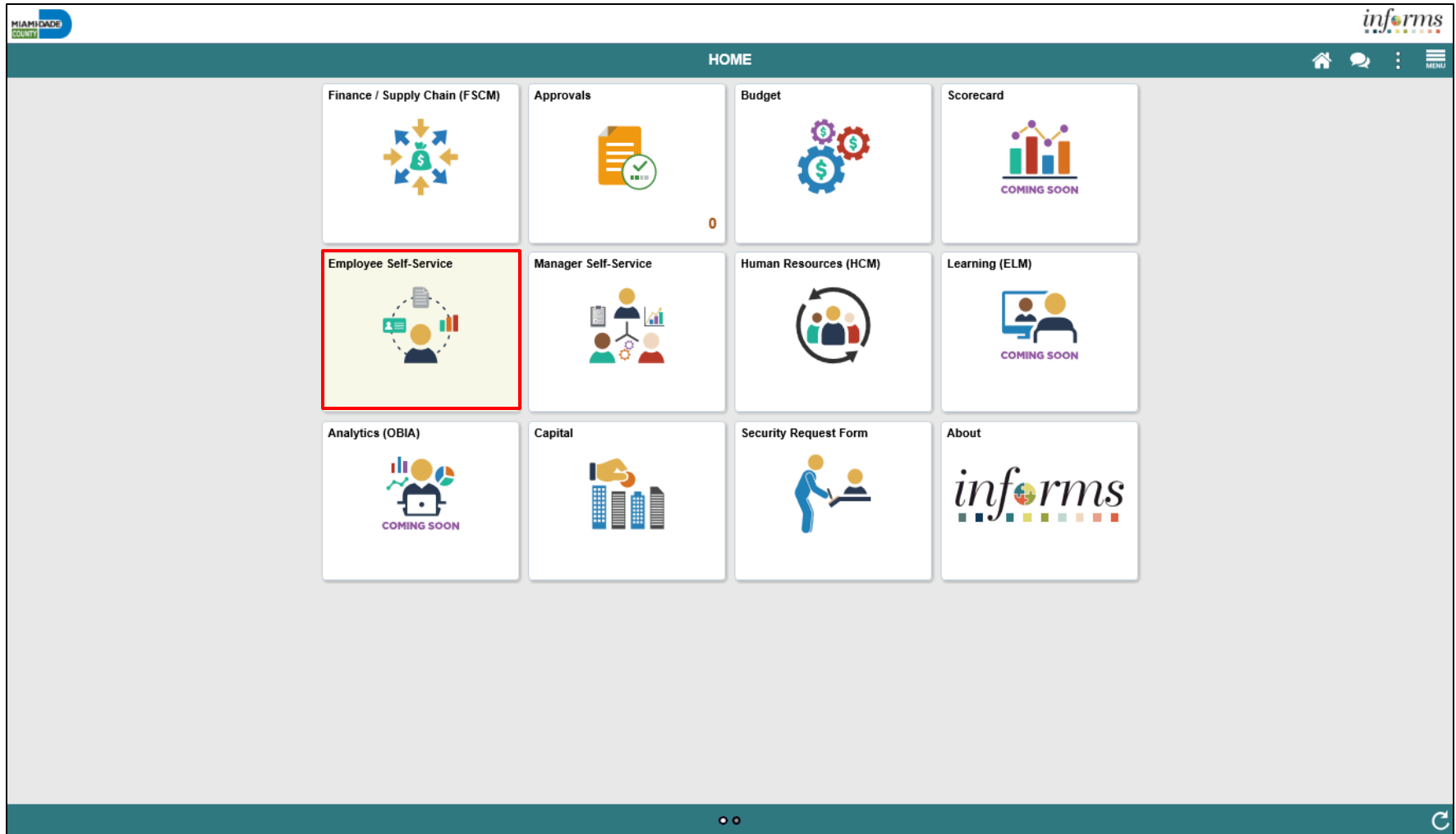
Visit the INFORMS home page at <https://informs.miamidade.gov/>

If not already logged in, enter your login credentials.



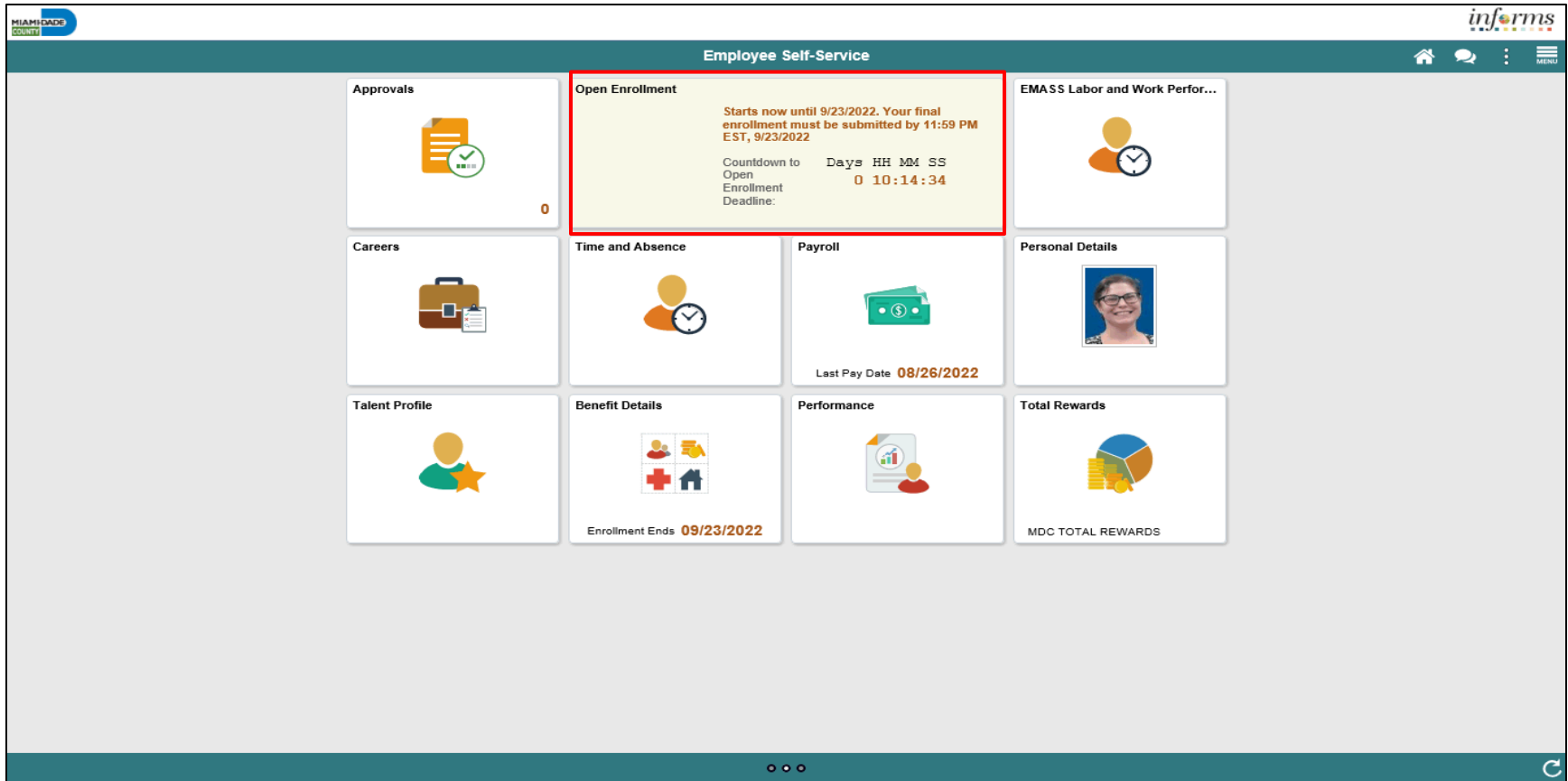
Step 1:

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



Step 2:

Click the **Open Enrollment** tile.



The screenshot displays the "Employee Self-Service" portal interface. The top navigation bar includes the Miami-Dade County logo on the left, the title "Employee Self-Service" in the center, and user navigation icons (home, chat, menu) on the right. The main content area is a grid of tiles. The "Open Enrollment" tile is highlighted with a red border and contains the following information:

- Open Enrollment**
- Starts now until 9/23/2022. Your final enrollment must be submitted by 11:59 PM EST, 9/23/2022
- Countdown to Open Enrollment Deadline: Days HH MM SS
- 0 10:14:34

Other visible tiles include:

- Approvals**: Icon of a document with a checkmark.
- Careers**: Icon of a briefcase.
- Talent Profile**: Icon of a person with a star.
- Time and Absence**: Icon of a person with a clock.
- Benefit Details**: Icon showing a person, a plus sign, and a house. Text below: "Enrollment Ends 09/23/2022".
- Payroll**: Icon of a stack of money. Text below: "Last Pay Date 08/26/2022".
- Performance**: Icon of a document with a bar chart.
- Personal Details**: Icon of a person's photo.
- EMA SS Labor and Work Perform...**: Icon of a person with a clock.
- Total Rewards**: Icon of a pie chart and coins. Text below: "MDC TOTAL REWARDS".

The bottom of the screen features a dark teal bar with three small white dots in the center and a circular refresh icon on the right.

Step 3:

Click the **Benefits Enrollment** button.

Next >

Welcome Visited	Task: Welcome Open enrollment is your annual opportunity to modify your benefit choices. The video gives you step by step instruction on how to enroll your benefits. Your elections will begin on 1/1/2026. IMPORTANT OPEN ENROLLMENT REMINDERS: <ul style="list-style-type: none"> Effective 1/1/2026, Aetna will be our new medical insurance carrier. Your Aetna medical coverage and benefits will be the same as your current coverage. Your online Open Enrollment form will reflect the Aetna plan that corresponds with your current coverage. The Flexible Spending Account (FSA) does not automatically roll over. You must enroll in the plan every year during Open Enrollment to continue coverage. ONE-TIME OPPORTUNITY! If you are enrolling in the LOW OPTION for Short Term Disability or Long Term Disability, no Statement of Health is required. For any other new enrollment or coverage increase, you must complete and submit the Statement of Health form. Click here for the form. ONE-TIME OPPORTUNITY! Employees currently enrolled in Optional Life coverage with 1x, 2x or 3x salary may increase to 4x salary without completing Evidence of Insurability. To make an election for Optional Life coverage, visit the Minnesota Life benefits portal at Minnesota Life. Submit proof of eligibility for newly added dependents before Open Enrollment closes. Submit Affidavit of Dependent Eligibility for your age 26-29 dependents enrolled in County medical coverage. Remove any ineligible dependents from your coverage before Open Enrollment closes. If you are waiving County medical coverage, go into the Medical section and select Waive - Decline Coverage. Click SUBMIT ENROLLMENT to complete your elections. Then, click ENROLLMENT PREVIEW STATEMENT to view and print the confirmation of your elections.
Dependent Info Complete	
Benefits Summary Visited	
Benefits Enrollment Complete	
Summary Visited	
Benefits Statements Visited	

Step 4:

Click the tile for the benefit plan you wish to enroll in or change.

[< Previous](#)
[Next >](#)

Welcome
● Visited

Dependent Info
● Complete

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Summary
● Visited

Benefits Statements
● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

▼ **Enrollment Summary**

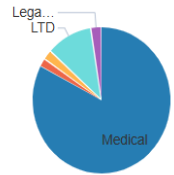
Your Pay Period Cost **\$285.50**

Status **Pending Review**

[Enrollment Preview Statement](#)

[Submit Enrollment](#)

Full Cost **\$285.50**



Benefit Plans

Medical

Current Aetna-Select Advantage HMO
New Aetna-Select Advantage HMO
Status **Changed**
2 Dependents

Pay Period Cost **\$236.00**

[Review](#)

Dental

Current Delta Dental PPO Enriched
New Delta Dental PPO Enriched
Status **Pending Review**
0 Dependents

Pay Period Cost **\$5.45**

[Review](#)

Vision

Current Humana Vision Enriched
New Humana Vision Enriched
Status **Pending Review**
0 Dependents

Pay Period Cost **\$6.18**

[Review](#)

Life

Short-Term Disability

Long-Term Disability

Step 5:

Click **Select** next to the plan option you wish to enroll in.

Check the box(es) next to the dependents you wish to add to your coverage.

Uncheck the box(es) next to the dependents you wish to remove from your coverage.

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
Select First Choice Advantage HMO		\$134.71		\$134.71
<input checked="" type="checkbox"/> Select Advantage HMO		\$166.50		\$166.50
Select Waive	Proof Required			\$0.00

Overview of All Plans

Step 6:

Click the **Done** button.

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
Select	First Choice Advantage HMO		\$197.84		\$197.84
<input checked="" type="checkbox"/>	Select Advantage HMO		\$166.00	\$70.00	\$236.00
Select	Waive	Proof Required			\$0.00

Overview of All Plans

Follow Steps 4 - 6 to enroll in or change the following benefits:
 Medical, Dental, Vision, Short-Term Disability, Long-Term Disability, Legal Insurance

< Previous
Next >

Welcome
● Visited

Dependent Info
● Complete

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Summary
● Visited

Benefits Statements
● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

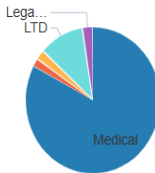
▼ **Enrollment Summary**

Your Pay Period Cost **\$285.50** Full Cost \$285.50

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment



Benefit Plans

Medical

Current Aetna-Select Advantage HMO
 New Aetna-Select Advantage HMO
 Status **Changed**
 2 Dependents

Pay Period Cost **\$236.00** Review

Dental

Current Delta Dental PPO Enriched
 New Delta Dental PPO Enriched
 Status **Pending Review**
 0 Dependents

Pay Period Cost **\$5.45** Review

Vision

Current Humana Vision Enriched
 New Humana Vision Enriched
 Status **Pending Review**
 0 Dependents

Pay Period Cost **\$6.18** Review

Life

Short-Term Disability

Long-Term Disability

Step 7:

Click the **Submit Enrollment** button to submit your elections and complete your enrollment.

[< Previous](#)
[Next >](#)

- Welcome ● Visited
- Dependent Info ● Complete
- Benefits Summary ● Visited
- Benefits Enrollment ● Complete
- Summary ● Visited
- Benefits Statements ● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

▼ **Enrollment Summary**

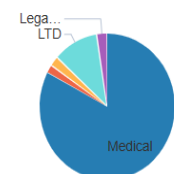
Your Pay Period Cost **\$285.50**

Full Cost **\$285.50**



Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment



Benefit Plans

<p>Medical</p> <p>Current Aetna-Select Advantage HMO</p> <p>New Aetna-Select Advantage HMO</p> <p>Status ● Changed</p> <p><small>2 Dependents</small></p> <hr/> <p>Pay Period Cost \$236.00</p> <p style="text-align: right;">Review</p>	<p>Dental</p> <p>Current Delta Dental PPO Enriched</p> <p>New Delta Dental PPO Enriched</p> <p>Status Pending Review</p> <p><small>0 Dependents</small></p> <hr/> <p>Pay Period Cost \$5.45</p> <p style="text-align: right;">Review</p>	<p>Vision</p> <p>Current Humana Vision Enriched</p> <p>New Humana Vision Enriched</p> <p>Status Pending Review</p> <p><small>0 Dependents</small></p> <hr/> <p>Pay Period Cost \$6.18</p> <p style="text-align: right;">Review</p>
<p>Life</p>	<p>Short-Term Disability</p>	<p>Long-Term Disability</p>