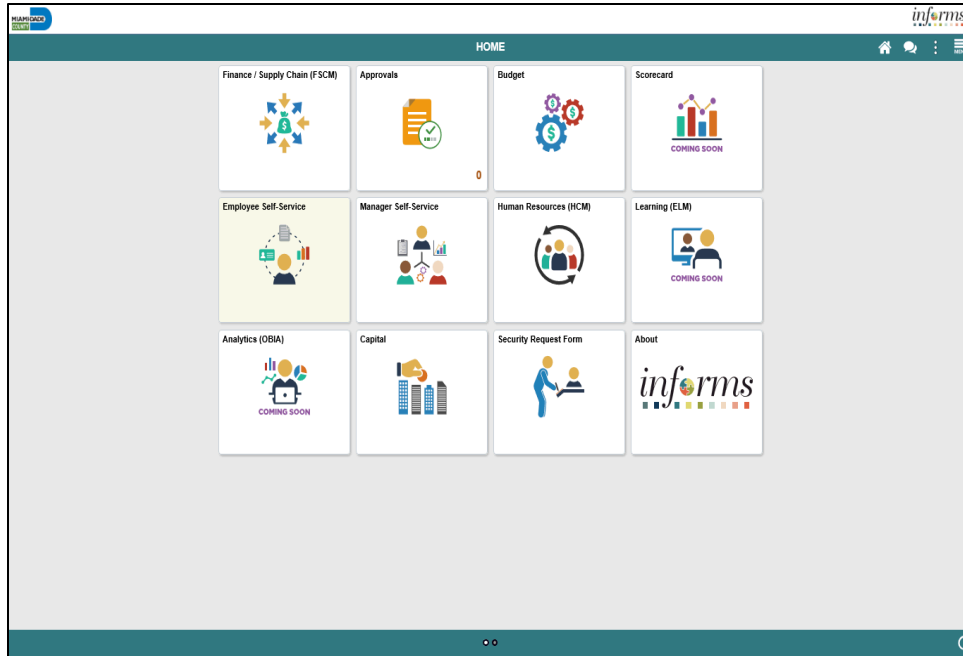


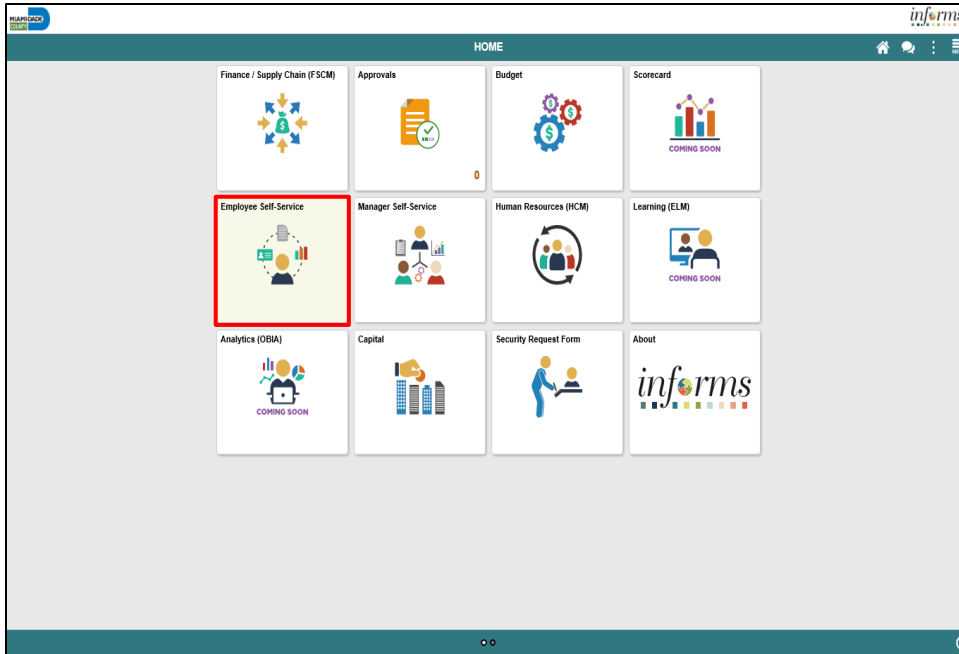


Add A Dependent During Open Enrollment



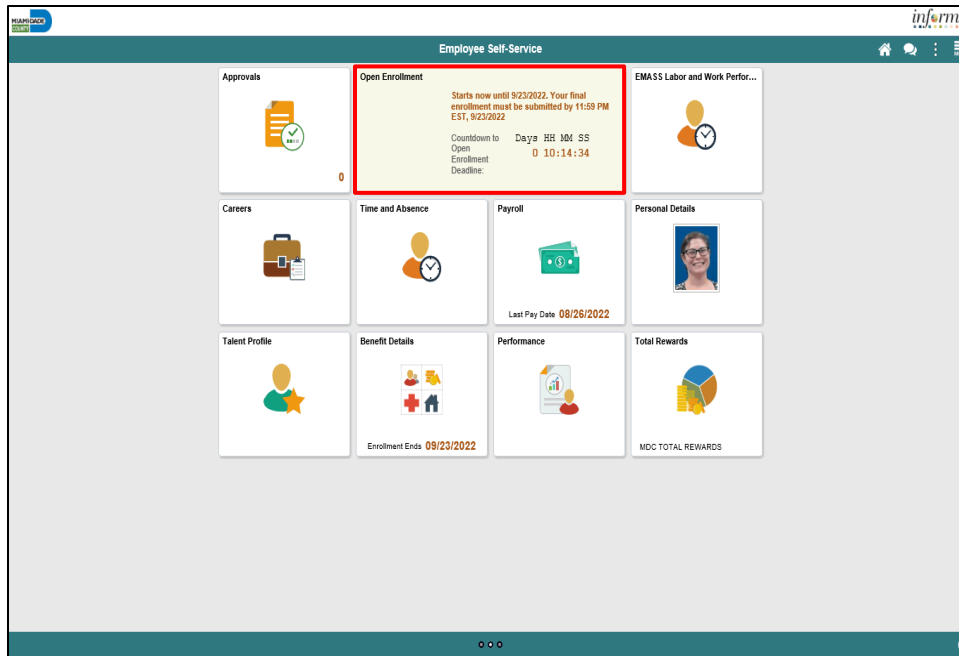
Step 1

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



Step 2

Click the **Open Enrollment** tile.





Add A Dependent During Open Enrollment

Step 3

Click the **Next** button.

A screenshot of a web application titled "Open Enrollment". The header shows the enrollment period "9/7/2022 - 9/14/2022" and the user "Marie Hill". A "Next" button is highlighted with a red box. The left sidebar contains a list of steps: "Welcome" (Not Started), "Personal Information" (Visited), "Name" (Visited), "Home and Mailing Address" (Complete), "Contact Information" (Visited), "Dependent/Beneficiary Info" (Visited), "Benefits Summary" (Not Started), "Benefits Enrollment" (Not Started), "Benefits Statements" (Not Started), and "Summary" (Not Started). The main content area is titled "Task: Personal Information - Name" and displays a form with the name "Marie Hill" and a "Current" status.



Add A Dependent During Open Enrollment

Step 4

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
Visited

Benefits Summary
Not Started

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



Add A Dependent During Open Enrollment

Step 5

Click the **Next** button.

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
Visited

Benefits Summary
Not Started

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



Add A Dependent During Open Enrollment

Step 6

Click the **Add Individual** button.

Open Enrollment

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

Maria Hill

< Previous Next >

Welcome
Not Started

Task: Dependent/Beneficiary Info

Add Individual

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

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Complete

Benefits Statements
Visited

Summary
Visited



Add A Dependent During Open Enrollment

Step 7

Click the **Add Name** button.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Add Name

Personal Information

Date of Birth

*Gender ☐

*Relationship to Employee ☐

Dependent

*Marital Status ☐ As of

*Student ☐ As of

*Disabled ☐ As of

*Smoker ☐ As of

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 8

Click in the **First Name** field.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Add Name

Personal Information

Date of Birth

*Gender ☐

*Relationship to Employee ☐

Dependent ☐

*Marital Status Single ☐

*Student No ☐

*Disabled No ☐

*Smoker Non Smoker ☐

Address

Address Address Type

1234 COLLINS AVENUE Home

MIAMI BEACH, FL 33141

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Name

Cancel Done

Name Format English ☐

Name Prefix ☐

*First Name

Middle Name

*Last Name

Name Suffix ☐

Display Name

Formal Name

Name



Add A Dependent During Open Enrollment

Step 9

Enter the desired information into the **First Name** field.

The screenshot shows a web application window titled "Add Individual Dependent Information". The main form has sections for "Name", "Personal Information", "Address", "National ID", and "Phone". A modal window titled "Name" is open in the center, allowing the user to enter the dependent's name details. The modal includes fields for "Name Format", "Name Prefix", "First Name", "Middle Name", "Last Name", and "Name Suffix". The "First Name" field is highlighted with a red rectangle. The main form also includes a "Save" button in the top right corner and a "Cancel" button in the top left corner. The "Personal Information" section includes fields for "Date of Birth", "Gender", "Relationship to Employee", "Dependent", "Marital Status", "Student", "Disabled", and "Smoker". The "Address" section includes "Address" and "Address Type" fields. The "National ID" and "Phone" sections both indicate "No data exists" and have "Add" buttons.



Add A Dependent During Open Enrollment

Step 10

Click in the **Last Name** field.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Add Name

Personal Information

Date of Birth

*Gender ☐

*Relationship to Employee ☐

Dependent ☐

*Marital Status Single ☐

*Student No ☐

*Disabled No ☐

*Smoker Non Smoker ☐

Address

Address Address Type

1234 COLLINS AVENUE Home

MIAMI BEACH, FL 33141

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Name

Cancel Done

Name Format English ☐

Name Prefix ☐

*First Name Holly ☐

Middle Name ☐

*Last Name ☐

Name Suffix ☐

Display Name

Formal Name

Name



Add A Dependent During Open Enrollment

Step 11

Enter the desired information into the **Last Name** field.

The screenshot shows a web application window titled "Add Individual Dependent Information". The main form has sections for "Name", "Personal Information", "Address", "National ID", and "Phone". A modal window titled "Name" is open in the center, allowing the user to enter the dependent's name details. The modal includes fields for "Name Format" (set to English), "Name Prefix", "First Name" (Holly), "Middle Name", "Last Name" (highlighted with a red box), "Name Suffix", "Display Name" (Holly), "Formal Name" (Holly), and "Name" (Holly). The main form's "Personal Information" section includes fields for "Date of Birth", "Gender", "Relationship to Employee", "Dependent", "Marital Status" (Single), "Student" (No), "Disabled" (No), and "Smoker" (Non Smoker). The "Address" section shows "1234 COLLINS AVENUE, MIAMI BEACH, FL 33141" with "Home" as the address type. The "National ID" and "Phone" sections indicate "No data exists".



Add A Dependent During Open Enrollment

Step 12

Click the **Done** button.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Add Name

Personal Information

Date of Birth

*Gender ☐

*Relationship to Employee ☐

Dependent ☐

*Marital Status Single ☐

*Student No ☐

*Disabled No ☐

*Smoker Non Smoker ☐

Address

Address Address Type

1234 COLLINS AVENUE Home

MIAMI BEACH, FL 33141

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Cancel Name Done

Name Format English ☐

Name Prefix ☐

*First Name Holly

Middle Name

*Last Name Hill ☐

Name Suffix ☐

Display Name Holly

Formal Name Holly

Name Holly



Add A Dependent During Open Enrollment

Step 13

Click the **Calendar Date of Birth** button.


Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >


Personal Information


Date of Birth 


*Gender ☒


*Relationship to Employee ☒

Dependent

*Marital Status ☒ As of 

*Student ☒ As of 

*Disabled ☒ As of 

*Smoker ☒ As of 

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 14

Click the **Gender** list.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >

Personal Information

Date of Birth 01/01/2010

*Gender ☒ >

*Relationship to Employee >

Dependent

*Marital Status Single > As of >

*Student No > As of >

*Disabled No > As of >

*Smoker Non Smoker > As of >

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 15

Click the **Female** list item.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill

Personal Information

Date of Birth 01/01/2010

*Gender **Female**

*Relationship to Employee Male

Dependent

*Marital Status Single

*Student No

*Disabled No

*Smoker Non Smoker

As of

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 16

Click the **Relationship to Employee** list.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >

Personal Information

Date of Birth 01/01/2010

*Gender Female

*Relationship to Employee >

Dependent

*Marital Status Single As of

*Student No As of

*Disabled No As of

*Smoker Non Smoker As of

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 17

Click the **Child** list item.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill

Personal Information

Date of Birth 01/01/2010

*Gender Female

*Relationship to Employee

Dependent

*Marital Status

*Storident

*Disabled

*Smoker

Adult Child

Child

Domestic Partner Adult

Domestic Partner Child

Employee

ExDomestic Partner

ExSpouse

Foster Child

Friend

Grand Parent

Grandchild

Great Grand Parent

Great Grandchild

In-Law

Neighbor

Other

Other Relative

Parent

Parent In-law

Roommate

Self

Sibling

Spouse

Step Parent

Stepchild

US Same-Sex Spouse

As of

As of

As of

As of

Same as mine

Same as mine

Address

Address

1234 COLLINS AVENUE
MIAMI BEACH, FL 33141

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 18

Click the **Add National ID** button.

Cancel **Add Individual Dependent Information** Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >

Personal Information

Date of Birth: 01/01/2010

*Gender: Female

*Relationship to Employee: Child

Dependent: Yes

*Marital Status: Single As of: >

*Student: No As of: >

*Disabled: No As of: >

*Smoker: Non Smoker As of: >

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 19

Click the **Country** list.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill

Personal Information

Date of Birth 01/01/2010

*Gender Female

*Relationship to Employee Child

Dependent Yes

*Marital Status Single

*Student No

*Disabled No

*Smoker Non Smoker

Address

Address Address Type

1234 COLLINS AVENUE Home

MIAMI BEACH, FL 33141

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

National ID

Cancel Done

*Country

*National ID Type

*National ID

Primary Yes



Add A Dependent During Open Enrollment

Step 20

Click the **United States** list item.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name
Holly Hill

Personal Information

Date of Birth 01/01/2010

*Gender Female

*Relationship to Employee Child

Dependent Yes

*Marital Status Single

*Student No

*Disabled No

*Smoker Non Smoker

Address

Address Address Type

1234 COLLINS AVENUE
MIAMI BEACH, FL 33141 Home

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

National ID

Cancel Done

*Country Canada

*National ID Type United States

*National ID

Primary Yes



Add A Dependent During Open Enrollment

Step 21

Click in the **National ID** field.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name
Holly Hill

Personal Information

Date of Birth 01/01/2010
*Gender Female
*Relationship to Employee Child
Dependent Yes
*Marital Status Single
*Student No
*Disabled No
*Smoker Non Smoker

Address
Address Address Type
1234 COLLINS AVENUE Home
MIAMI BEACH, FL 33141

National ID
No data exists
Add National ID

Phone
No data exists
Add Phone

National ID

Cancel Done

*Country United States
*National ID Type Social Security Number
*National ID
Primary Yes



Add A Dependent During Open Enrollment

Step 22

Enter the desired information into the **National ID** field.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name
Holly Hill

Personal Information

Date of Birth 01/01/2010
*Gender Female
*Relationship to Employee Child
Dependent Yes
*Marital Status Single
*Student No
*Disabled No
*Smoker Non Smoker

Address
Address Address Type
1234 COLLINS AVENUE Home
MIAMI BEACH, FL 33141

National ID
No data exists
Add National ID

Phone
No data exists
Add Phone

National ID

Country United States
*National ID Type Social Security Number
*National ID
Primary Yes



Add A Dependent During Open Enrollment

Step 23

Click the **Done** button.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill

Personal Information

Date of Birth 01/01/2010

*Gender Female

*Relationship to Employee Child

Dependent Yes

*Marital Status Single

*Student No

*Disabled No

*Smoker Non Smoker

Address

Address Address Type

1234 COLLINS AVENUE MIAMI BEACH, FL 33141 Home

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

National ID Modal

Cancel National ID Done

*Country United States

*National ID Type Social Security Number

*National ID 123-12-1234

Primary Yes



Add A Dependent During Open Enrollment

Step 24

Click the **Save** button.

CancelAdd Individual Dependent InformationSave

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill

Personal Information

Date of Birth: 01/01/2010

*Gender: Female

*Relationship to Employee: Child

Dependent: Yes

*Marital Status: Single

*Student: No

*Disabled: No

*Smoker: Non Smoker

As of

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine

National ID

+

Country	National ID Type	National ID	Primary
United States	Social Security Number	123-12-1234	✓

Phone

No data exists

Add Phone



Add A Dependent During Open Enrollment

Step 25

Click the **Next** button.

Open Enrollment

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

< Previous **Next** >

Welcome
Not Started

Task: Dependent/Beneficiary Info

Add Individual

Name	Relationship	Dependent	
JASON HILL	Spouse	✓	>
Jane Doe	Child	✓	>
Holly Hill	Child	✓	>

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Complete

Benefits Statements
Visited

Summary
Visited



Add A Dependent During Open Enrollment

Step 26

End of Procedure.

Note: Upon adding a dependent, submit supporting documentation to benefits@miamidade.gov

Open Enrollment

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

Maria Hill

Previous Next

Welcome
Not Started

Task: Dependent/Beneficiary Info

Add Individual

Name	Relationship	Dependent
JASON HILL	Spouse	✓
Jane Doe	Child	✓
Holly Hill	Child	✓

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

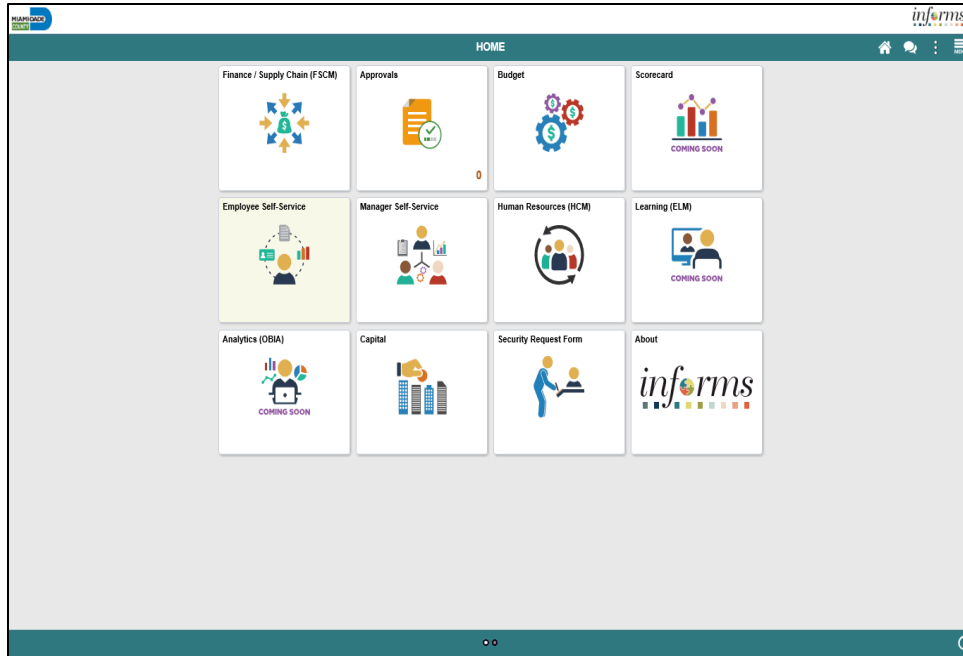
Benefits Enrollment
Complete

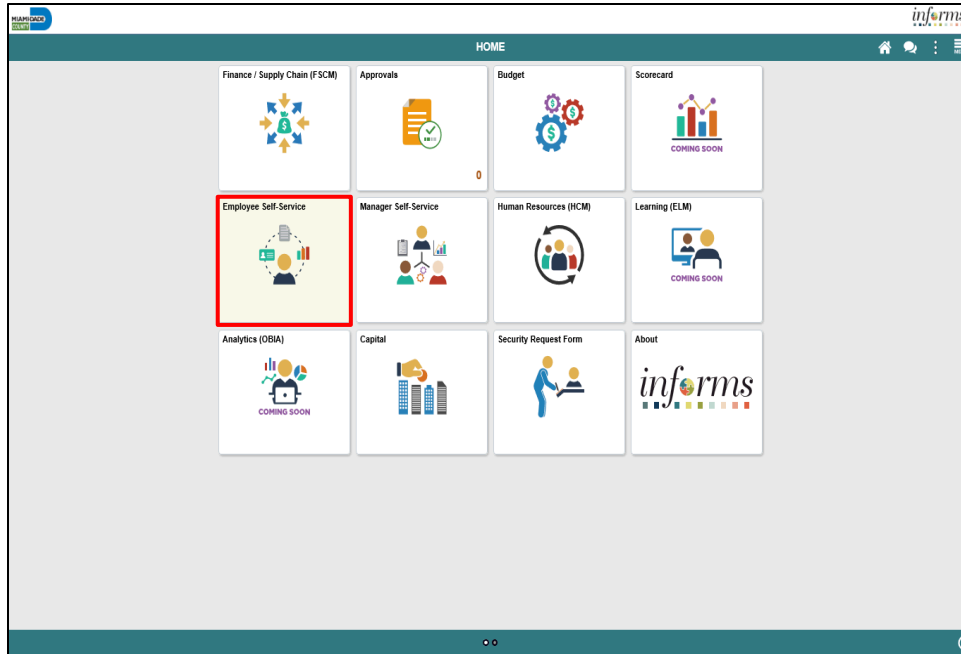
Benefits Statements
Visited

Summary
Visited



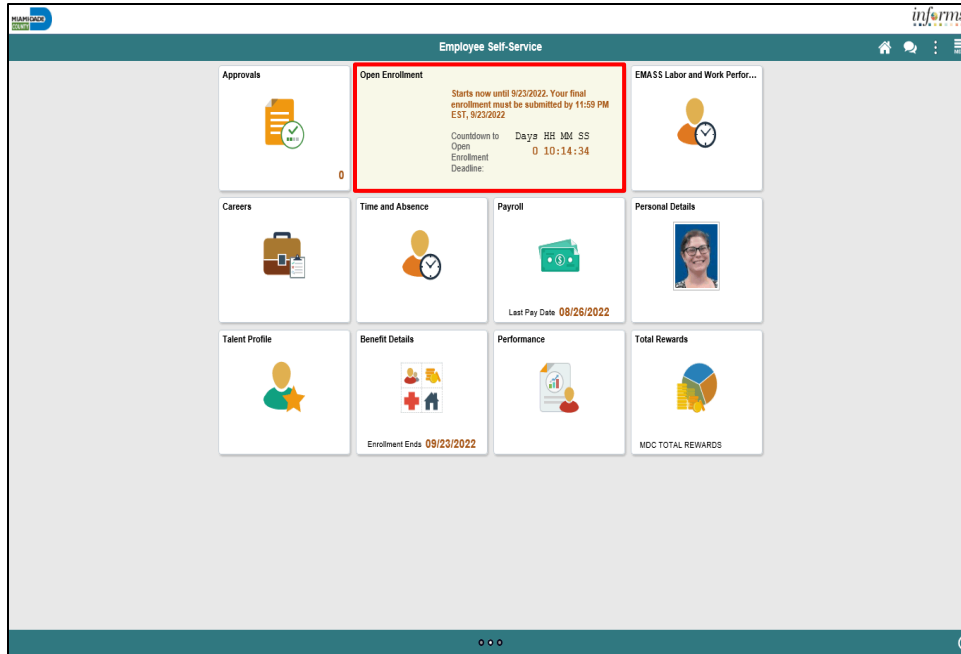
Review Current Benefits During Open Enrollment





Step 1

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



Step 2

Click the **Open Enrollment** tile.



Review Current Benefits During Open Enrollment

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
Not Started

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Task: Personal Information - Name

Marie Hill Current >

Step 3

Click the **Next** button.



Review Current Benefits During Open Enrollment

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
Not Started

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Task: Personal Information - Home and Mailing Address

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.



Review Current Benefits During Open Enrollment

Step 5

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
Not Started

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



Review Current Benefits During Open Enrollment

Step 6

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

Dependent/Beneficiary Info
Complete

Benefits Summary
Not Started

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	✓	✓	>



Review Current Benefits During Open Enrollment

Step 7

Click the **Medical** object.

Open Enrollment

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

Marie Hill

Welcome
Not Started

Marie Hill
Erg 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	



Review Current Benefits During Open Enrollment

Medical

My Benefits on 09/14/2022
This is Current Enrollment

All of our medical choices promote wellness as part of their benefits and are available to protect your and your dependents if you become sick or injured.

Enrolled Plan Select Advantage HMO ⓘ

Plan Provider AVMED INC

Coverage Employee + Spouse

Group Number AAQO-LOC1-001

Covered Dependents

Dependents that are covered by this plan are listed here. Select the dependent to view or modify.

Covered Dependents	Relationship
JASON HILL	Spouse

Step 8

Click the **Cancel** button.



Review Current Benefits During Open Enrollment

Step 9

Click the **Dental** object.

Open Enrollment

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

Marie Hill

Welcome
Not Started

Marie Hill
Erg Business Analyst 1

Task: Benefits Summary

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

My Benefits on 09/14/2022 Refresh

Benefit Plans

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



Review Current Benefits During Open Enrollment

Dental

My Benefits on 09/14/2022
This is Current Enrollment

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

Enrolled Plan DeltaCare USA DHMO Enriched ⓘ

Plan Provider DELTA DENTAL INSURANCE COMPANY

Coverage Employee + 1 (Couple)

Group Number 78873

Covered Dependents

Dependents that are covered by this plan are listed here. Select the dependent to view or modify.

Covered Dependents	Relationship
JASON HILL	Spouse

Step 10

Click the **Cancel** button.



Review Current Benefits During Open Enrollment

Step 11

Click the **Vision** object.

Open Enrollment

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

Marie Hill

Welcome
Not Started

Marie Hill
Erg Business Analyst 1

Task: Benefits Summary

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

My Benefits on 09/14/2022 Refresh

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



Review Current Benefits During Open Enrollment

Vision

My Benefits on 09/14/2022
This is Current Enrollment

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

Enrolled Plan: Humana Vision Standard ⓘ

Plan Provider: HUMANA INSURANCE COMPANY

Coverage: Employee + 1 (Couple)

Covered Dependents

Dependents that are covered by this plan are listed here. Select the dependent to view or modify.

Covered Dependents	Relationship
JASON HILL	Spouse

Step 12

Click the **Cancel** button.



Review Current Benefits During Open Enrollment

Step 13

Click the **Florida Retirement System** object.

Open Enrollment

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

Marie Hill

Welcome Marie Hill
Erg Business Analyst 1

Task: Benefits Summary

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

My Benefits on 09/14/2022 Refresh

Benefit Plans

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



Review Current Benefits During Open Enrollment

Florida Retirement System

My Benefits on 09/14/2022
This is Current Enrollment

Enrolled Plan FRS Inv Plan Regular

Contribution 3% of Earnings

Step 14

Click the **Cancel** button.



Review Current Benefits During Open Enrollment

Step 15

End of Procedure.

Open Enrollment

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

Marie Hill

Welcome Marie Hill
Not Started

Marie Hill
Erg Business Analyst 1

Task: Benefits Summary

Personal Information
Not Started

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
Not Started

Benefits Enrollment
Not Started

Benefits Statements
Not Started

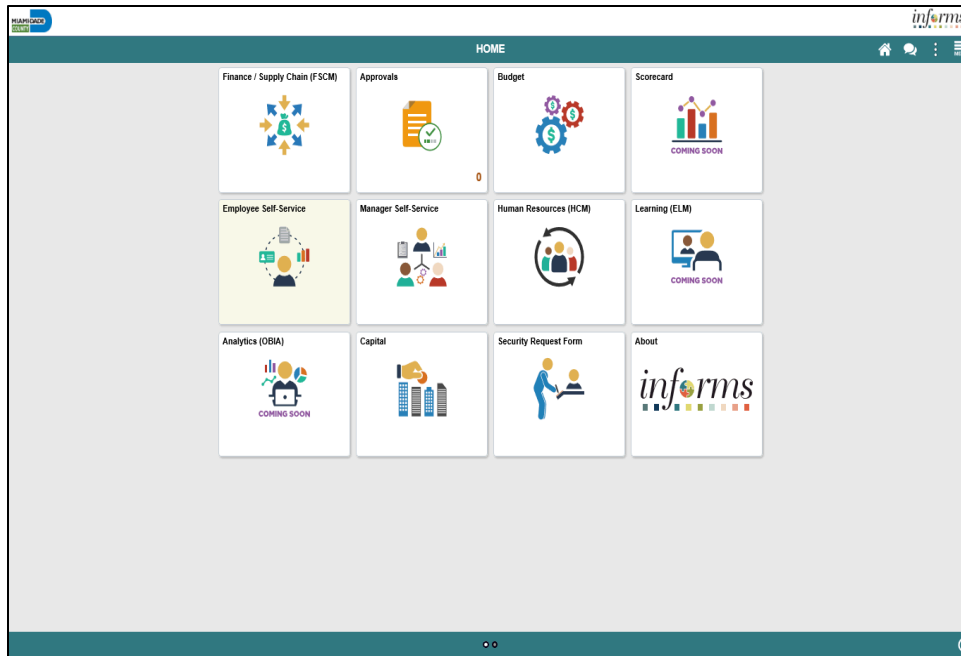
Summary
Not Started

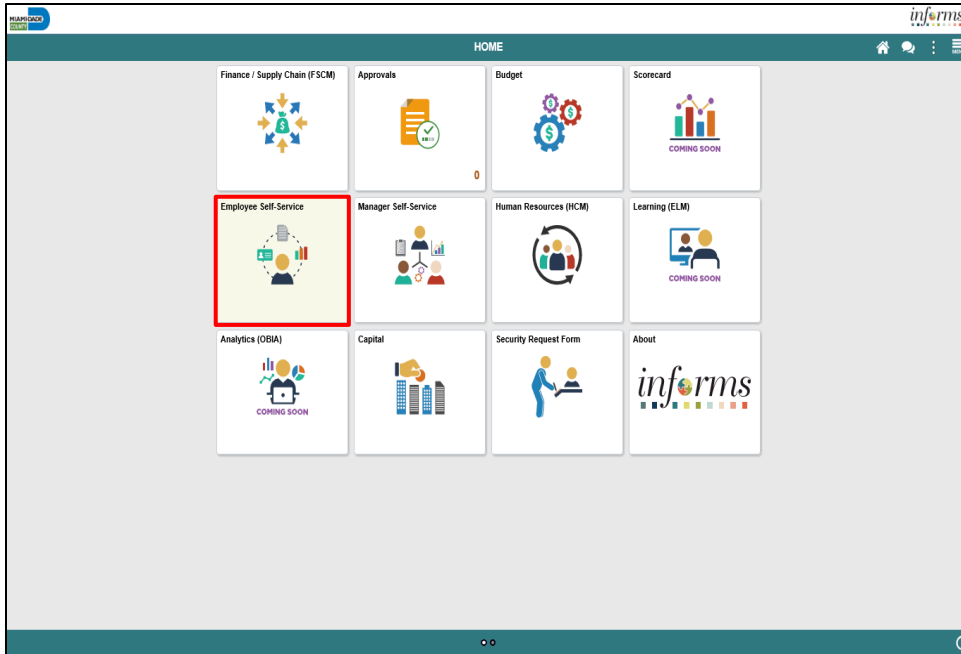
Benefit Plans

Medical Plan Select Advantage HMO Coverage Employee + Spouse 1 Dependents Review	Dental Plan DeltaCare USA DHMO Enriched Coverage Employee + 1 (Couple) 1 Dependents Benefit Plans 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	



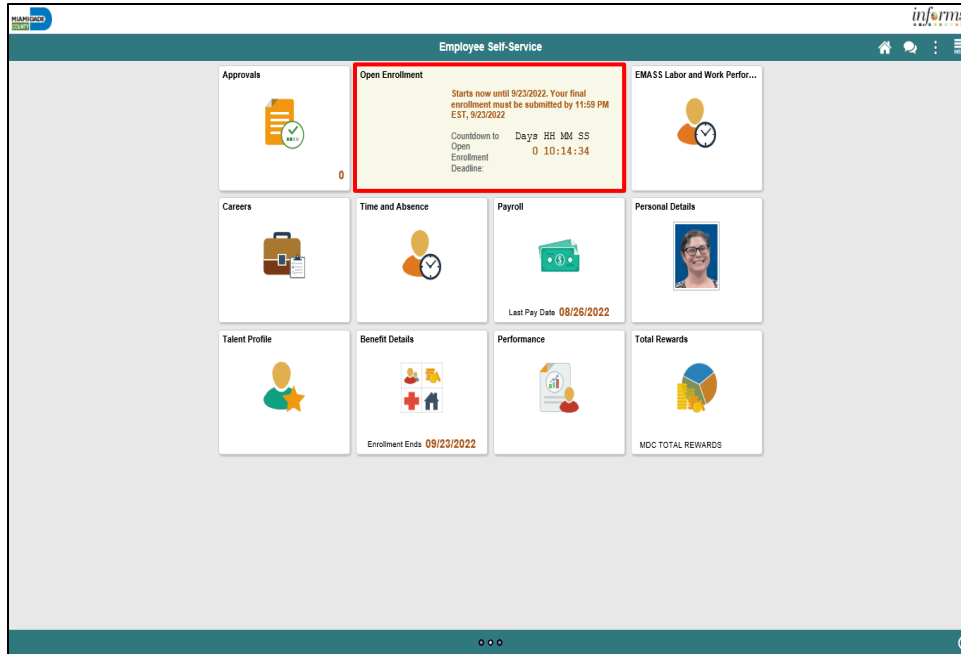
Enroll in Benefits





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.



Enroll in Benefits

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.



Enroll in Benefits

Step 7

Click the **Next** button.

Exit Open Enrollment

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

Welcome
Not Started

Marie Hill
Eip Business Analyst 1

Task: Benefits Summary

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

My Benefits on 09/14/2022 Refresh

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

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Not Started

Benefits Statements
Not Started

Summary
Not Started

Previous Next

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.



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

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 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.

Step 11

Click the **Dental** 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 \$248.78

Full Cost \$248.78

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: Pending Review

1 Dependents

Pay Period Cost \$4.99

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 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 checked="" 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	<div>?</div>	\$29.33	\$29.33
<div>✓</div> DeltaCare USA DHMO Enriched	<div>?</div>	\$10.09	\$10.09
<div>Select</div> DeltaCare DHMO Standard	<div>?</div>	\$7.61	\$7.61
<div>Select</div> Delta Dental PPO Enriched	<div>?</div>	\$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

PreviousNext

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 \$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
<div>✓</div> Humana Vision Standard	<div>?</div>	\$13.20	\$13.20
<div>Select</div> Humana Vision Enriched	<div>?</div>	\$15.41	\$15.41
<div>Select</div> TEST HUMANA VISION PLUS TEST	<div>?</div>	\$800.00	\$800.00

Overview of All Plans

Step 16

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

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

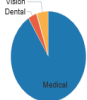
Your Pay Period Cost: **\$259.29**

Status: **Pending Review**

Review Enrollment

Submit Enrollment

Full Cost: \$259.29



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: Changed 👤 2 Dependents	Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 👤 2 Dependents
Pay Period Cost: \$236.00 <div style="text-align: right;">Review</div>	Pay Period Cost: \$10.09 <div style="text-align: right;">Review</div>	Pay Period Cost: \$13.20 <div style="text-align: right;">Review</div>
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 17

Click the scrollbar.

Step 18

Click the **Short Term Disability** object.

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

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</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>
<p>Short-Term Disability</p> <p>Current: No Coverage New: Waive Status: Changed</p> <p>Pay Period Cost: \$0.00</p> <p>Review</p>	<p>Long-Term Disability</p> <p>Current: No Coverage New: No Coverage Status: Pending Review</p> <p>Pay Period Cost: \$0.00</p> <p>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</p> <p>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.

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

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>
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 Review</p>	<p>Current: No Coverage New: Waive Status: Changed</p> <p>Pay Period Cost: \$0.00 Review</p>	<p>Current: No Coverage New: No Coverage Status: Pending Review</p> <p>Pay Period Cost: \$0.00 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
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
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.

Step 30

Click the **Legal Services** 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

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



Cancel Legal Services Done

▼ 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.



Cancel

Legal Services

Done

▼ 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.



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
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: Waive Status: Changed Pay Period Cost: \$0.00 Review

Step 33

Click the scrollbar.

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

Visited

Summary

Visited

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

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

Long-Term Disability

Current: No Coverage

New: Waive

Status: Changed

Flex Spending Health - U.S.

Current: No Coverage

New: Waive

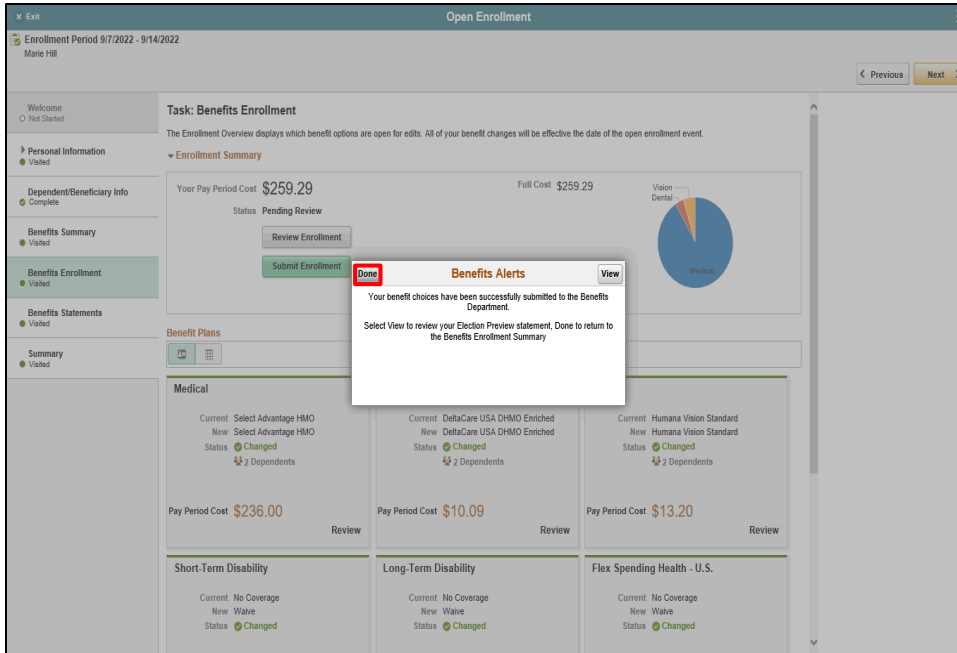
Status: Changed

Step 34

Click the **Submit Enrollment** button.

Step 35

Click the **Done** button.



The screenshot shows the 'Open Enrollment' interface for Marie Hill. The 'Task: Benefits Enrollment' section indicates that the enrollment period is from 9/7/2022 to 9/14/2022. The 'Enrollment Summary' shows a 'Your Pay Period Cost' of \$259.29 and a 'Full Cost' of \$259.29. A pie chart shows the breakdown of costs: Medical, Vision, and Dental. The 'Benefits Alerts' modal is open, displaying a 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 'Done' button is highlighted with a red box.

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

Buttons: Review Enrollment, Submit Enrollment, **Done**, View

Benefits Alerts

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.

Benefit Plans

Medical	Medical	Medical
<p>Current: Select Advantage HMO</p> <p>New: Select Advantage HMO</p> <p>Status: Changed</p> <p>2 Dependents</p> <p>Pay Period Cost: \$236.00</p> <p>Review</p>	<p>Current: DeltaCare USA DHMO Enriched</p> <p>New: DeltaCare USA DHMO Enriched</p> <p>Status: Changed</p> <p>2 Dependents</p> <p>Pay Period Cost: \$10.09</p> <p>Review</p>	<p>Current: Humana Vision Standard</p> <p>New: Humana Vision Standard</p> <p>Status: Changed</p> <p>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</p> <p>New: Waive</p> <p>Status: Changed</p>	<p>Current: No Coverage</p> <p>New: Waive</p> <p>Status: Changed</p>	<p>Current: No Coverage</p> <p>New: Waive</p> <p>Status: Changed</p>



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

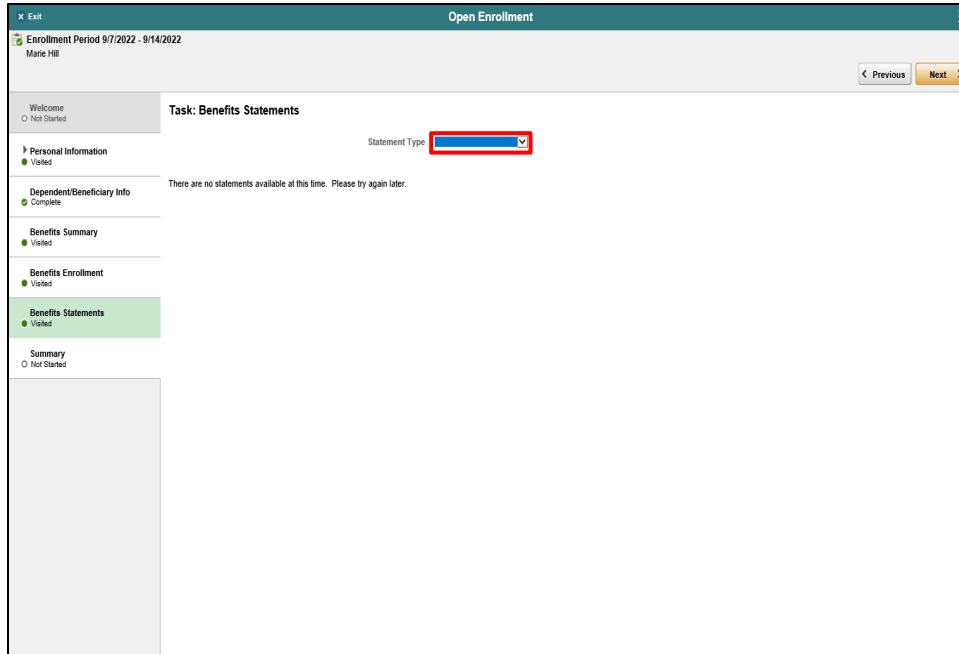
Benefits Statements
Not Started

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
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: Waive Status: Changed Pay Period Cost: \$0.00 Review

Step 36

Click the **Next** button.

A screenshot of a web application titled "Open Enrollment". The header shows "Enrollment Period 9/7/2022 - 9/14/2022" and the user "Marie Hill". A sidebar on the left lists navigation items: "Welcome", "Personal Information", "Dependent/Beneficiary Info", "Benefits Summary", "Benefits Enrollment", "Benefits Statements" (highlighted in green), and "Summary". The main content area is titled "Task: Benefits Statements" and contains a "Statement Type" dropdown menu, which is highlighted with a red and blue border. Below the dropdown, a message states: "There are no statements available at this time. Please try again later." Navigation buttons "Previous" and "Next" are located at the top right of the main content area.

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.



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
Marie Hill

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.

< Previous Next >

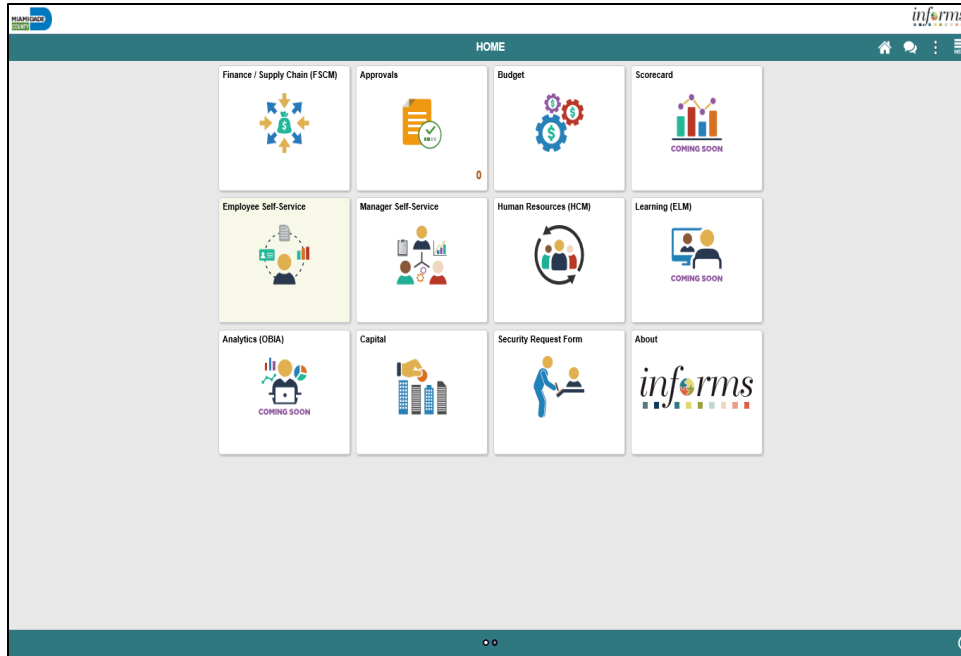
Step 40

End of Procedure.

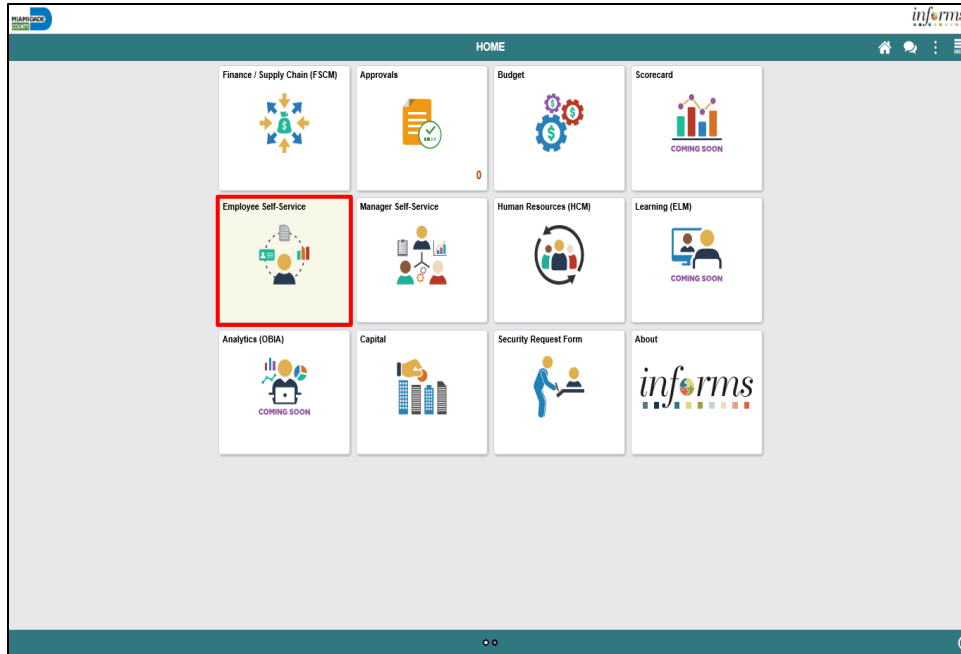


Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

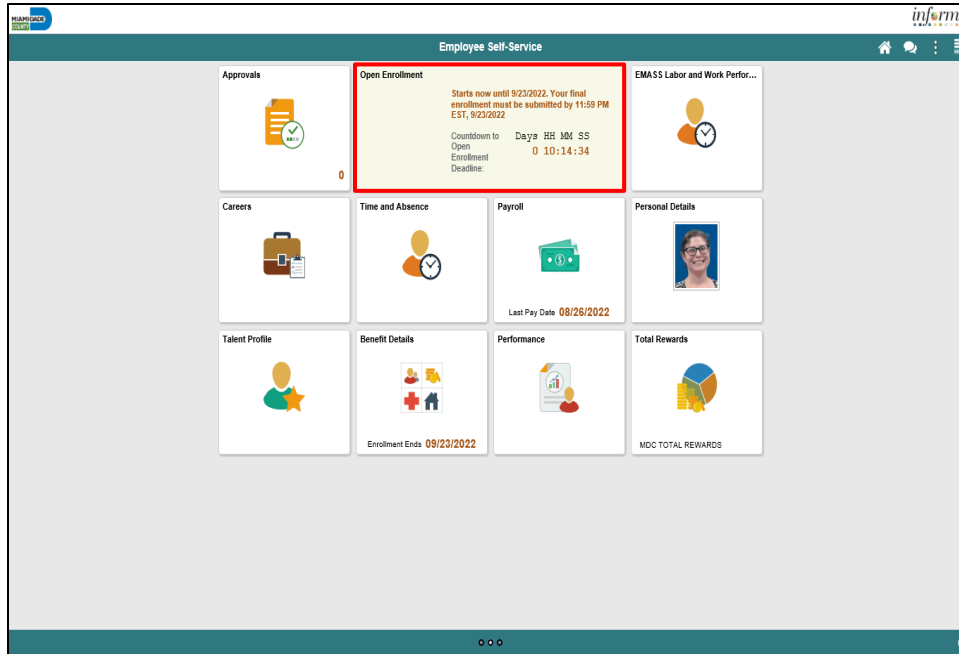


Step 1

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



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment



Step 2

Click the **Open Enrollment** tile.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

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

Marie Hill

Next >

Welcome
Not Started

Task: Personal Information - Name

Marie Hill Current >

Personal Information
Visited

Name
Visited

Home and Mailing Address
Complete

Contact Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Complete

Benefits Statements
Visited

Summary
Visited

Step 3

Click the **Next** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Exit Open Enrollment

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

< Previous **Next** >

Welcome
O 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
● Complete

Benefits Statements
● Visited

Summary
● Visited

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.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
Complete

Benefits Statements
Visited

Summary
Visited

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.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Exit

Open Enrollment

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

Previous

Next

Welcome
Not Started

Task: Dependent/Beneficiary Info

Add Individual

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

Personal Information
Not Started

Dependent/Beneficiary Info
Complete

Benefits Summary
Not Started

Benefits Enrollment
Complete

Benefits Statements
Not Started

Summary
Not Started

Step 6

Click the **Next** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

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

Marie Hill

Welcome
Not Started

Marie Hill
Eip Business Analyst 1

Task: Benefits Summary

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

My Benefits on 09/14/2022 Refresh

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.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

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

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.

Enrollment Summary

Your Pay Period Cost: \$259.29
Full Cost: \$259.29
Status: Submitted
Buttons: Review Enrollment, Submit Enrollment
Pie Chart: Vision, Dental, Medical

Benefit Plans

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

Step 8

Click the scrollbar.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

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

Welcome
Not Started

Personal Information
Visited

Dependent/Beneficiary Info
Complete

Benefits Summary
Visited

Benefits Enrollment
Complete

Benefits Statements
Visited

Summary
Visited

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: Waive Status: Changed Pay Period Cost: \$0.00 Review

Step 9

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



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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	
✓	Waive
Select	FSA - Health

Step 10

Click the **Select** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,800.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 11

Click in the **Annual Pledge** field.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,800.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 12

Enter the desired information into the **Annual Pledge** field.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,850.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Flexible Spending Account Worksheet.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 13

Click the **Flexible Spending Account Worksheet** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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

✓ FSA - Health

Contribution Amount

Annual Pledge

Flexible Spending Account Worksheet

Cancel Done

Estimate Contribution from Annual Pledge

Your New Annual Pledge 2,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Step 14

Click the **Calculate** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓ FSA - Health

Contribution Amount

Annual Pledge

Flexible Spending Account Worksheet

Cancel Done

Estimate Contribution from Annual Pledge

Your New Annual Pledge 2,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 74.07

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Step 15

Click the **Done** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,800.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$74.07

Step 16

Click the **Done** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
Complete

Benefits Statements
Visited

Summary
Visited

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: 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: FSA - Health \$2,000 Status: Changed Pay Period Cost: \$74.07 Review
Flex Spending Dependent Care Current: No Coverage New: Waive Status: Changed	Florida Retirement System Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available	Legal Services Current: No Coverage New: Waive Status: Changed

Step 17

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



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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 18

Click the **Select** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 19

Click in the **Annual Pledge** field.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 20

Enter the desired information into the **Annual Pledge** field.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$8,000.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Flexible Spending Account Worksheet.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 21

Click the **Flexible Spending Account Worksheet** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge

Cancel **Flexible Spending Account Worksheet** Done

Estimate Contribution from **Annual Pledge** ▼

Your New Annual Pledge

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Step 22

Click the **Calculate** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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

✓ FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Flexible Spending Account Worksheet

Cancel Done

Estimate Contribution from Annual Pledge

Your New Annual Pledge 4,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 148.15

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Step 23

Click the **Done** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$5,000.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$148.15

Step 24

Click the **Done** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
Complete

Benefits Statements
Visited

Summary
Visited

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: FSA - Health \$2,000 Status: Changed Pay Period Cost: \$74.07 Review
Flex Spending Dependent Care Current: No Coverage New: FSA Dependent Care \$4,000 Status: Changed Pay Period Cost: \$148.15 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 25

Click the **Next** button.



Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

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
Complete

Benefits Statements
Visited

Summary
Visited

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: FSA - Health \$2,000 Status: Changed Pay Period Cost: \$74.07 Review
Flex Spending Dependent Care Current: No Coverage New: FSA Dependent Care \$4,000 Status: Changed Pay Period Cost: \$148.15 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 26

End of Procedure.