OnCore Open Enrollment Instructions

When you log in, a pop-up will appear on the screen. Click on the Green button to begin.

Your open enrollment opportunity h	as started.
	Click To Start SKIP

A screen with instructions will appear. Read the instructions and click on the **Start** button in the upper right hand corner.

≡ Open Enrollm	IENt (Opportunity Period 01/07/2021	to 01/09/2021)					Benefit Statement
Instructions	Current/Proposed Enrollment(s)	Dependent(s)	Health & Account(s)	Life	Disability	Other	Finalize
Close 🗙					a far frahad konst	(Start •
UNSTRU Welcome to O	CTIONS	w helpful reminders	before vou get started!		instructions		
 Open Enr most rece The video The next modificat If yo butt 	 ollment can be returned to as ant elections will be locked in a on this page is a tutorial of th page, titled "Current/Propose ions/continued elections if no u do not wish to make any ch ion to skip ahead to the "Finali 	that times as need at that time. he enrollment process d Enrollment(s)" provi changes are made. anges from what's sh ize" page without nav	ed before the closing date s. des an overview of curren own on this page, click on igating through each bene	. If changes are made, the t elections as well as the "Finalize Elections" sfit category.	 Anticipanti de la construcción de la c	٥	m Maria Maria Maria
 Moving o opportun Navigatin have com The "Fina Statemen 	n to "Dependent(s)" will provic ity to add additional depende g through the remaining page ipleted an election, the checkr lize" page allows for the opport t.	le a list of dependent nts. swill allow for indivio nark in the upper left rtunity to review all el	s who are currently in the lual exploration into each -hand corner of the box w ections made and produc	system as well as the benefit offering, Once you vill appear in green. e an Open Enrollment		WATCH THE VIDEO)
 Use the "! 	Save Election" button to confir	m that you've comple	eted the enrollment proce	55.			

The next page will show you your **Current Enrollments** and your **Recommended or Elected Enrollments**. Click **Next** to start the enrollment process.

endent(s) Health & Account(s)	LITE	Disability	Other	Next >
e <mark>Current Enrollment</mark>	ts	OE Enrollm (Recomme	ents nded/Elected)	
Coverage Waived!		No coverage eld You will be able benefit type in f flow. If you do n type, the system	ected yet. to make elections ur urther steps of this e ot take any action in n will consider it as w	nder this nrollment this benefit vaived.
PFSA Coverage Waived!		No coverage eld You will be able benefit type in f flow. If you do n type, the system	ected yet. to make elections ur urther steps of this e ot take any action in will consider it as w	nder this enrollment this benefit vaived.
	endent(s) Health & Account(s) e Current Enrollmen Coverage Waived!	endent(s) Health & Account(s) Efsa Coverage Waived!	endent(s) Health & Account(s) Life Disability e Current Enrollments OE Enrollmente No coverage ele You will be able benefit type in f flow. If you do n type, the system e FSA Coverage Waived!	endent(s) Health & Account(s) Life Disability Other Image:

On the Dependents page, click on the blue **Add New Dependent** button to add dependent information. If no dependents need to be added, click **Next**.

1	D427000487	Test	Not Specified	Jacob	Spouse	01/0	08/1987
+ Add New Deper	ndent † Dependent Code	≑ First Name	\$ Middle Name	\$ Last Name	\$ Relation	< E S \$ D.	Back Next > Showing 1 of 1 entrates ate of Birth
Instructions	Current/Proposed Enrollment(s)	Dependent(s)	Health & Account(s)	Life	Disability	Other	Finalize
-		-0					

In Health & Accounts, you will see the current coverage you have listed in each box. Click on the dark blue **Review Options** button in the upper right hand corner of each box to select or confirm your specific plan.

Open Enrollment (Opportunity Period 01/07/2021 to 01/09/2	.021)				🖹 Benefit Stateme
• •					
Instructions Current/Proposed Dependent Enrollment(s)	(s) Health & Account(s)	Life	Disability	Other	Finalize
					K Back Next >
Auto Generated Elected by you	Waived by you				
Medical CReview Options	Dental	C Review Opt	ions Vision		Review Options
Vo coverage elected yet	No coverage el	ected yet	No	coverage electe	d yet
You may click on the Review Options button to review your options. If you do not make an election, the system will consider it waived.	You may click on the l review your options. I election, the system v	Review Options button t if you do not make an vill consider it waived.	o You revie elect	may click on the Revie v w your options. If you ion, the system will co	w Options button to do not make an nsider it waived.
Health Care FSA	Dependent Care FSA	Review Opt	ions		
No coverage elected yet	🕌 No coverage el	ected yet			
You may click on the Review Options button to review your options. If you do not make an election, the system will consider it waived.	You may click on the I review your options. I election, the system v	Review Options button t If you do not make an vill consider it waived.	o		

When you click on **Review Options** for one of the boxes, you will be given the opportunity to elect a plan. Click on the **Elect This Plan** button to select a plan.

≡ Open Enrollment (Opportunity Period 01/07/2	021 to 01/09/2021)			Benefit Statement
••				
Instructions Current/Proposed Depe Enrollment(s)	endent(s) Health & Account(s	s) Life D	Disability Other	Finalize
Effective Date: 03/01/2021 If you wish to change your enrollment status for on	e or more of these plans, select t	the desired Enrollment Category	and select the dependent(s) you w	Back
applicable). If you wish to terminate coverage for yo requested change.	ourself and your dependent(s), se	elect the 'Waive Coverage' option	You must enter an effective date	for the
 Each covered member must elect a Primary ((MGN) of the selected PCP each member selected 	Care Physician (PCP) that will be r acted in the OnCore system.	responsible for your care. Please	be sure to include the Medical Gr	oup Number
	4			►.
	Anthem Classic HMO 30/ Elect This Plan	Anthem Value Ded HMO	Anthem HSA	
Provider	Anthem	Anthem	Anthem	
Summary of Benefits	🖄 View	🕒 View	🔁 View	
Annual Deductible	None	\$250/person for In-Network Providers.	In Network Providers:\$2,000/individual \$2,800/member \$4,000/family Out of Network Providers: \$6,000/individual	

When you select a plan, a pop-up will appear asking you to select which dependents you would like to enroll in the plan. If you do not have any dependents, click the **Enroll** button. If you need to select dependents, <u>please</u> <u>checkmark</u> which dependents you would like to enroll, and then click the **Enroll** button. Click the gray **Back** button in the upper right hand corner to return to the previous page to continue selecting your coverage.

If you forgot to add dependents on the previous page with the **Add New Dependent** button, you can click **Back** to return to the page and add dependent information.

Elect Plan : Anthem Classic HMO 30/50/ Medical	×
Please Select the family members, whom you wish to enroll in above plan.	Based on your selection, below is your anticipated cost. You may add/remove family members to see the impact.
 Test Rodney Date of Birth: 11/02/1985 Relationship: SELF Date Of Hire: 12/01/2020 	Employee & Spouse \$305.88 \$482.14
Test Macy Date of Birth: 01/08/1987 Relationship: Spouse Date of Marriage: 01/09/2008	Employee Share Employer Share
*If you are not able to elect any dependent then that dependent is not eligible as per plan configuration.	
	✓ Enroll × Close

When electing medical, a pop-up will appear to inform you on how to enter your Primary Care Physician Code (PCP Code) into OnCore and how to find your specific doctor's code on the Anthem website. If you have already done this last year there is no need to do it again, click **Enroll** to continue.

PCP ID required	×
You have selected to enroll in an HMO and you must select a PCP or you will be auto-assigned. Please note that if you are auto-assigned, you will be able to update your PCP at any time once your enrollment is complete.	*
How to enter your PCP info:	
On employee's dashboard under "Quick Links"	
Click on "Update Personal Details"	
Once on Personal Details, on top-right corner there is pencil icon. Click on pencil icon.	
Scroll down. Under "Personal Details Additional Information" you will see "Medical PCP code" and Dental' PCP Code	
Enter the PCP ID and click "update".	
How to locate a PCP:	
Visit www.anthem.com/ca and click on "Find a Doctor"	
Choose "Search as Guest by Selecting a Plan"	
Select HMO Network: "Blue Cross HMO (CACare) – Large Group"	
Select provider from results and view details for medical group PCP ID information	•

To elect a Health Care FSA, you will need to input the total that you would like to contribute for the plan year, NOT the amount per paycheck. After clicking on the **Review Options** button, click on **Skip & Go** once you have read the notice. ***If you do not want to elect the FSA, do not click on the **Review Options** button. ***

Flexible Spending Account 👔	
Please note: The amount you are electing for FSA coverage is an ANNUAL amount. After you elect the see the per pay period amount you will contribute on the main screen.	e amount, you will then
Dental Descence Options	→ Skip & Go

Click on Elect This Plan to input your FSA amount

-		-0-	-0				
Instructions	Current/Proposed Enrollment(s)	Dependent(s)	Health & Account(s)	Life	Disability	Other	Finalize
							< Back
Coverage Effective	Date: 03/01/2021						
If you are signing main screen. If yo	up, please elect an ANN u do not wish to enroll i	UAL amount for yo n the FSA, please se	ur FSA election. You will s elect the 'Waive Coverage	see the per paychec e' option.	k deduction after you h	ave enrolled in the be	enefit, on the
Filter fields							
Hide Blank Fiel.	*						
		4					÷
		Heal	thcare FSA 2 <mark>021</mark> Elect This Plan				
Provider		Dis	covery Benefits				
ERISA Number			Not Specified				
		Heal	thcare FSA 2021 Elect This Plan				
		4					Þ

When the pop-up appears, enter your yearly contribution amount. You can calculate the per paycheck amount by dividing the total amount by 24. Then click **Elect Plan**. Click **Yes** when asked if you are sure you want to enroll.

Elect Plan : Healthcare FSA 2021	FSA	×
Contribution Limits		
Contribution Type	Minimum Contribution Per Year	Maximum Contribution Per Year
Health Care	\$10.00	\$2,750.00
There are 24 Pay Cycles remaining for curr New Election Health Care Contribution: 1200 Note: You were not covered in this plan or	ent plan year from today's date. Last Year Carry O last day of last year.	ver:
		✓ Elect Plan X Close



Once you have confirmed your FSA election, your per paycheck amount will appear in the Health Care FSA box.



The same instructions for the Health Care FSA apply to the Dependent Care FSA should you wish to enroll.

Once all of your elections look correct. Click the Next button.



Every benefits eligible employee is already covered with Basic Life Insurance. The employee coverage level will appear so you do not need to click on the **Review Options** button.

HOWEVER, if you would like to elect Voluntary Life insurance, you must click on the Review Options button to elect coverage and go through the same steps to elect. If you do not want Voluntary Life insurance, click the **Next** button.

Dependent(s) Health & Account(s) Life Disability Other	Finalize
K Bac	k Next >
you Waived by you	
Options Voluntary Life 🛛 🖓 Review Options	
Wo coverage elected yet	
You may click on the Review Options button to review your options. If you do not make an election, the system will	
not make an election, the system will	

***If you are electing Voluntary Life insurance, you must first select the "Employee Benefit Amount" with the drop down menu for yourself and/or dependent(s) so that the **Elect This Plan** button activates. ***

Hide Blank Fiel		
		4
		Voluntary Life Plan Elect This Plan
Provider		Cigna
SBC Plan Document		View
	Employee	
Employee Benefit Amount		Select V
Cost Per Pay Period	Employee Share	\$10,000.00 \$20,000.00 \$30,000.00 \$40,000.00
	Employer Share	\$50,000.00 \$60,000.00 \$70,000.00
Guaranteed Issue Amount		\$80,000.00 \$90,000.00 \$100,000.00
	Spouse	\$110,000.00 \$120,000.00 \$130,000.00 \$140,000.00
Spouse Benefit Amount		\$150,000.00 \$160,000.00 \$170,000.00
Cost Per Pay Period	Employee Share	\$180,000.00 \$190,000.00 -

After clicking **Next**, you will be shown your Long Term Disability coverage. You are also already covered with LTD so click **Next** again.



If you would like to enroll in voluntary Hospital Indemnity coverage, you can do so by clicking on the **Review Options** button. Every employee already has EAP coverage so you do not need to click on the **Review Options** button for EAP.



Clicking **Next** will take you to the Finalize screen. Here you will see a comparison between the coverage you had for the past year and the coverage you will have for the new plan year. If you need to make any changes, utilize the **Back** and **Next** buttons. If everything looks correct, *FIRST click on the OE Statement button*, located next to the **Save Election** button, to download a copy of your confirmation. Then click on the **Save Election** button in the upper right hand corner.



If you forget to click on the OE Statement button, you can go through open enrollment again and skip all of the pages by clicking **Next** to get to the Finalize page again, and click on the OE Statement button.