

# 2020-2021 Benefitfocus Enrollment Guide

Follow these steps for help enrolling for 2020-2021 benefits. Remember, except for Flexible Spending Accounts (FSAs), your current benefits will rollover; you do not need to re-enroll. However, if you have an FSA and wish to continue making contributions and receiving employer contributions (if applicable), you are required to re-enroll or your participation will end June 30, 2020. *Please note: this is not an exhaustive list of every screen you may encounter for your benefit scenario, but rather a general enrollment guide.*

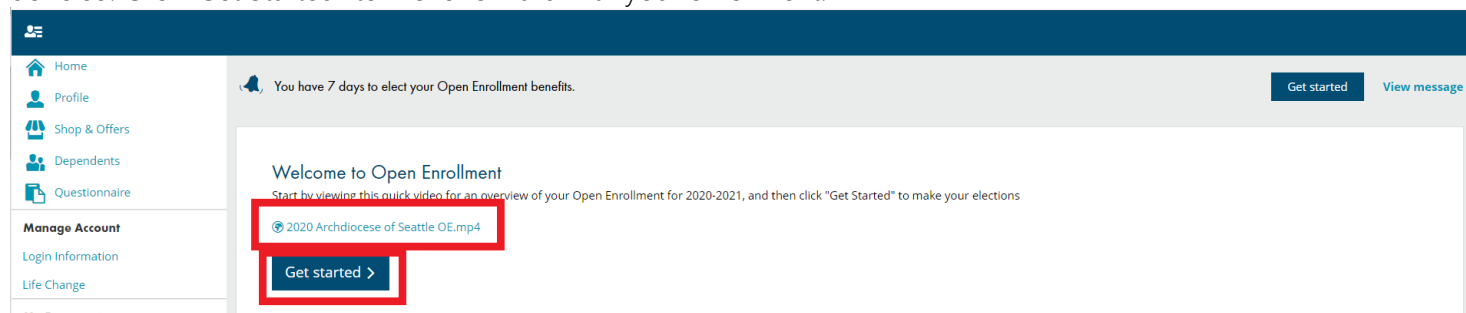
## Navigating to the enrollment website:

- Either login with your Benefitfocus credentials at [www.seattlearchbenefits.hrntouch.com](http://www.seattlearchbenefits.hrntouch.com), or
- Use Single-Sign-On through UltiPro by logging into [www.n22.ultipro.com](http://www.n22.ultipro.com) with your UltiPro credentials, and
  - Click "Current Benefits Summary" from the Home Page
  - Select "Benefit Focus Portal" from the blue toolbar
  - Click the link displayed to be routed to the Benefitfocus site. You will automatically be logged in without needing to know your Benefitfocus login credentials, or
- Use the Benefitfocus Mobile App:
  - Download the "Benefitfocus" app from the Google Play or Apple App Store
  - Enter the Company ID "seattlearchbenefits"
  - Login with your Benefitfocus credentials
  - *Please note: the screenshots in this enrollment guide are for the desktop version of Benefitfocus, not the mobile app*

Upon logging into Benefitfocus, you will land on the Communication Portal homepage. This portal has many resources available to you to learn more about your benefits. Watch the Open Enrollment video, review subpages on various benefit options, and when you are ready to complete your enrollment, click on the "Open Enrollment" button highlighted with the red box below:



You will now land on the Enrollment homepage. You may watch the Open Enrollment video if you have not yet done so. Click "Get Started" to move forward with your enrollment.



## Before you enroll in benefits

Next, if you need to add dependents, select "Add Dependent" and enter each dependent's information. You will need to provide the Name, Date of Birth, Gender, Social Security Number, and Relationship for each dependent you wish to add. Later on, you will select which benefits you would like to add your dependents to. Once you are done, or if you have no dependents to add, click "Next."

**Before you enroll in benefits**

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

## Tobacco Survey for Critical Illness

You will be asked to answer the Tobacco Survey for you and your dependents in order to assign the correct Critical Illness Plan rates, if applicable. Answer the question, then click "Save & Continue."

**Corporation of the Catholic Archbishop of Seattle (Tobacco Survey for Critical Illness 2020)**

**Do you or your Spouse use Tobacco Products?**

June Smith

YES

NO

James Smith

YES

NO

## Guided Shopping

You will be prompted to answer a short set of questions to help you select a "best match" medical plan. By answering these questions, a green asterisk will appear next to the medical plan that best fits your behavior on the medical plan selection page. Guided shopping may also be skipped.

### Guided Shopping

Need help making your health plan decisions? Use the below three questions to help guide you. 'Save' your answers and the best plan option will be highlighted for the health plan that may suit the medical needs of you and your family. If you are still undecided, you can skip this step.

**When someone in your family gets sick, what do you do? \***

Head straight to the doctor to see what's up

Wait a few days to see if it clears up on its own

The doctor would just tell us to stay hydrated and get plenty of rest anyway

**Which statement is most accurate for you? \***

I am willing to pay more out of my pocket upfront for a plan that will provide greater coverage when/if I need it.

I prefer to pay less out of my pocket now and more if I need care.

I want to pay as little as possible out of pocket but recognize the need for coverage.

**Would you describe any of your prescriptions to be expensive? (\$50-\$100 copay) \***

Yes

No

## Open Enrollment Benefits

It's time to start selecting your benefits! Your benefit choices will automatically rollover from last year to the new plan year unless you visit those subsections and select otherwise. This excludes your participation in the **HSA and FSAs**, however, in which you must re-enroll. Benefits that appear in blue mean that you must visit the area before you will be able to complete your enrollment.

### Open Enrollment Benefits

Whether you want to change your benefits or keep them the same as last year, it's still important that you carefully complete each step in the enrollment process to make sure all of your benefits are covered for the upcoming plan year.

14/17  
Benefits Complete

Your benefits

1. Choose your Medical coverage

## Health Savings Account (HSA) Eligibility

You need to determine if you are eligible for a Health Savings Account (HSA). Read the statements carefully. If you choose "Yes, I certify," then you are eligible for an HSA with a limited purpose Flexible Savings Account (FSA). If you choose "No, I do not certify," then you are NOT eligible for an HSA, and you will be offered the Full Purpose FSA. Select your answer from the drop-down menu, then click "Next".

### Medical

2020-2021 Corporation of the Catholic Archbishop of Seattle Medical Eligibility

**June Smith**

To be eligible for my employer's HSA plan, I certify that:

- I am not enrolled in Medicare or Tricare.
- For the plan year that begins July 1, 2020, I will not be enrolled in any other Traditional or Preferred Provider Option (PPO) medical insurance plan established by another employer for myself, my spouse or any other covered family member.
- For the plan year that begins July 1, 2020, I will not have access to reimbursement of medical expenses under a Flexible Spending Account (FSA, general purpose) or a Health Reimbursement Account (HRA) established by another employer for myself, my spouse or any other covered family member including a grace period or carryover balance from a prior year.
- I have not received any medical benefits (excluding dental, vision or preventative) during the previous three (3) months from:
  - The Indian Health Service (IHS)
  - The US Department of Veterans Affairs (VA) except for treatment for a service-connected disability
- I cannot be claimed as a dependent on someone else's tax return

- By answering "Yes, I certify", you agree the above statements are true, and you may enroll into an HSA with an employer contribution if you are also enrolled in a CDHP.
- By answering "No, I do not certify", you agree you are not eligible for an HSA, and you may enroll into a Full Health FSA with an employer contribution if you are also enrolled in a CDHP.

## Choose Your Medical Plan

If you are selecting medical coverage, you will first be met with the option to use the “Personalize Your Estimated Cost” app for a medical plan recommendation. Based on your answers to the cost estimator, the enrollment program highlights the potential cost of each medical plan for you as an aid to each selection. You may skip this if you wish.

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan?

✓ John Smith Jane Doe

**Need help choosing the right plan?\***

We have some great modeling tools that can help you choose a plan that is right for you and your family

Get started No thanks

Costs based on National Average Year

After selecting the appropriate dependents at the top of the screen, make your medical plan selection by clicking “Select Plan” next to your plan of choice.

HSA

Compare

**CBEBT CDHP with HSA 2021** **\$0.00**  
Semi-Monthly Cost

If you enroll in a CDHP with one or more dependents (family coverage), your family will need to satisfy the entire \$3,000 annual deductible before the coinsurance applies for any one family member. The family must satisfy the family deductible before any services are paid (other than preventative).

Estimated Annual Cost **\$981.48** HSA Tax Savings  
How was this calculated? Add Contribution

|                              |            |
|------------------------------|------------|
| Individual Deductible        | \$1,500.00 |
| Family Deductible            | \$3,000.00 |
| Individual Out of Pocket Max | \$4,500.00 |
| Family Out of Pocket Max     | \$9,000.00 |

Select plan Plan details

## Would you like a Health Savings Account? (HSA)

You will be prompted to enroll in an HSA if you selected a CDHP and qualify for an HSA. This is where you can make your HSA coverage selections.

1. Would you like an HSA?

Yes, I would like an HSA.

No, I do not want an HSA.

Continue Previous Cancel & return home

2. How would you like to contribute to your HSA?

Custom amount  
Contribute a custom amount to be deducted from one or every paycheck.

Employer only  
I don't want to contribute right now (you will still receive your employer's contribution)

Continue Previous Cancel & return home

3. Select a way to contribute to your HSA

Ongoing Contribution  
Enter an amount to be deducted from each paycheck.

One time Contribution  
Schedule an amount to be deducted from one specific paycheck.

Continue Previous Cancel & return home


If you are participating in an HSA, choose your contribution level and click save.

## Review your HSA contributions

At the end of this benefit year, the total amount contributed to your HSA is expected to be \$750.00.

Contribution summary   Contribution schedule

Pending

|   |  |
|---|--|
|  Employer ongoing contribution | \$31.25 / \$750.00<br><small>per paycheck / total contribution</small> |
|---|--|

Your employer ongoing contribution is scheduled from 07/07/2020 to 06/22/2021

Total 2020 Contributions: \$750.00

**Save & Continue**   Add contribution   Cancel & return home

You will be given the option to contribute to a Limited Purpose FSA in conjunction with your HSA. If you choose to participate, click "Select Plan" and enter your contribution level. If you do not want to participate, click "Decline Coverage."



### Limited Purpose Health FSA 2021

**Select plan**

[Decline Coverage](#)   I would like to decline Health FSA coverage.

[Previous](#)   [Cancel](#)

You will then be brought to a summary screen where you can review selections so far. Click "Save" and return to the general enrollment screen.

|   |  |
|---|--|
|  <b>Medical</b><br>CBEBT CDHP with HSA 2021<br>Effective Date: 07/01/2020<br>You Pay: \$0.00 twice per month | <b>Cost Summary</b><br>This is a summary of your OE benefit elections.<br>Benefit Elections (10 items)  |
|---|--|

**Save**   [Cancel](#)

## OR, Choose your Health FSA Plan.

If you do not qualify for an HSA, after you select your covered dependents and your medical plan, you will be prompted to enroll in a Full Health FSA. If you choose to enroll, click "Select Plan" and enter your desired contribution amount. If you do not want to participate, click "Decline Coverage."

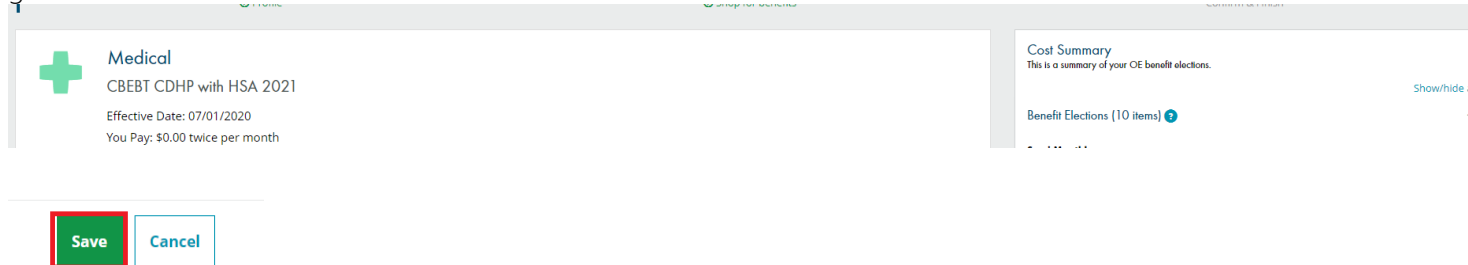


### Full Health FSA 2021

**Select plan**

[Decline Coverage](#) I would like to decline Health FSA coverage.

You will then be brought to a summary screen where you can review selections so far. Click "Save" and return to the general enrollment screen.



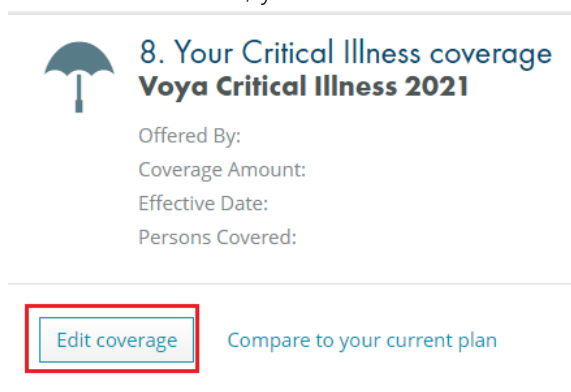
**Medical**  
CBEBT CDHP with HSA 2021  
Effective Date: 07/01/2020  
You Pay: \$0.00 twice per month

**Cost Summary**  
This is a summary of your OE benefit elections.  
Benefit Elections (10 items)

**Save** [Cancel](#)

## Open Enrollment Benefits

From the Open Enrollment Benefits general enrollment screen, continue reviewing the numbered list of benefits available to you. You have the opportunity to make changes to, Dental, Vision, Dependent Care FSA (which MUST be re-enrolled in if desired for the 2020-2021 plan year, even if you have had the benefit previously), Critical Illness, Optional Group Life, and Identity Theft Protection. Should you choose to make a change to any one of these benefits for the new plan year, including your covered dependents, select "Edit Coverage" and proceed through the prompts. If no action is taken, your current benefits will rollover to the new plan year.



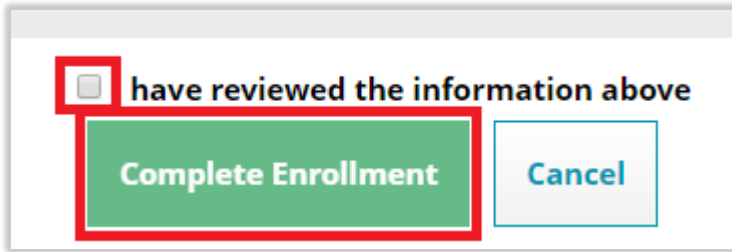
### 8. Your Critical Illness coverage

**Voya Critical Illness 2021**

Offered By:  
Coverage Amount:  
Effective Date:  
Persons Covered:

**Edit coverage** Compare to your current plan

After you have determined you have elected all of your desired benefits, check the box next to the statement "I have reviewed the information above" and click "Complete Enrollment" at the bottom of the page.

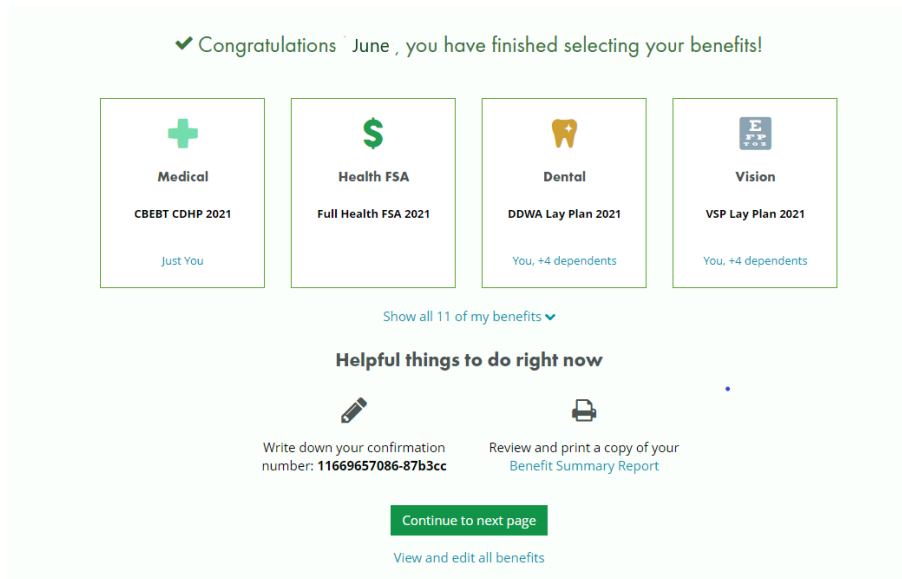


I have reviewed the information above





**Complete Enrollment** **Cancel**

## Congratulations

You have completed your enrollment for the 2020-2021 plan year. Please save/print a copy of your Benefit Detail Report and click "Continue to Next Page." *Please note: if you have elected Optional Group Life insurance as a new enrollee, you will be linked to the Prudential website to complete your Evidence of Insurability. Click the link and complete their online questionnaire (and any other requests). This coverage will not go into effect until Prudential has received your completed evidence of insurability and approved your coverage.*





✓ Congratulations June, you have finished selecting your benefits!

|  |  |  |   |
|--|--|--|---|
| <br><b>Medical</b><br>CBEET CDHP 2021<br>Just You | <br><b>Health FSA</b><br>Full Health FSA 2021 | <br><b>Dental</b><br>DDWA Lay Plan 2021<br>You, +4 dependents | <br><b>Vision</b><br>VSP Lay Plan 2021<br>You, +4 dependents |
|--|--|--|---|

[Show all 11 of my benefits](#)

**Helpful things to do right now**

-  Write down your confirmation number: **11669657086-87b3cc**
-  Review and print a copy of your [Benefit Summary Report](#)

[Continue to next page](#)

[View and edit all benefits](#)

If you still have questions or concerns, please contact the Benefits Services Office:

### Benefits Services Office | Archdiocese of Seattle

710 9th Avenue | Seattle, WA 98104

(P) 206.382.4566 | (F) 206.382.3493

(E) [benefitsservices@seattlearch.org](mailto:benefitsservices@seattlearch.org)

Monday - Thursday | 8:00AM - 4:30PM

Friday | 8:30AM - 12:30PM