

Open Enrollment 2013/2014

User Manual



Document Intended Purpose

This document is intended for the use by Polk County Employees, to assist in the Open Enrollment Process.

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1. FAQ

General Questions (with Answers)

What should I do if I have any problems or questions about using this website?

Please contact the Help Desk at 286-2299 to assist with technical questions. If your question is benefits related, contact Human Resources Staff at 286-3200.

What Web Browsers should I use?

Please use Internet Explorer 7.01 SP2 or higher

What is Open Enrollment?

Each year Polk County establishes Open Enrollment dates for its various benefit programs. During this period employees may change their benefits.

After Open Enrollment you may only change your benefit coverage if there is a **Qualified Life Event** such as the birth or adoption of a child, death of a spouse or child, or marriage, divorce, or a dependent gaining or losing dependency status. You must notify Human Resources within 31 days of the life event and must provide documentation which supports the event.

When is Open Enrollment this year?

Open Enrollment will be held this year from May 13, 2013 through June 7, 2013.

When are my Open Enrollment changes/elections effective?

Changes made during Open Enrollment are effective July 1, 2013

What do I do if I don't want to make any changes to my benefits?

You should still review the Current Benefits Summary page on this site. Once you confirm the benefits are correct, click the **Default Current Elections** button, then the **Submit Your Benefit Elections** button. If you are currently participating in any of the Flexible Spending Accounts (FSA), your enrollment will not automatically be enrolled. **You must make new FSA elections each year. If no election is made, your election will reflect none and you will not be enrolled after July 1.**

What if I get started and then need to exit the application before I'm finished?

The program will not save your elections prior to you submitting them. If you exit the program, all changes will be lost and you will have to start from the beginning upon re-entering the application.

Can I change my elections if I made a mistake or change my mind?

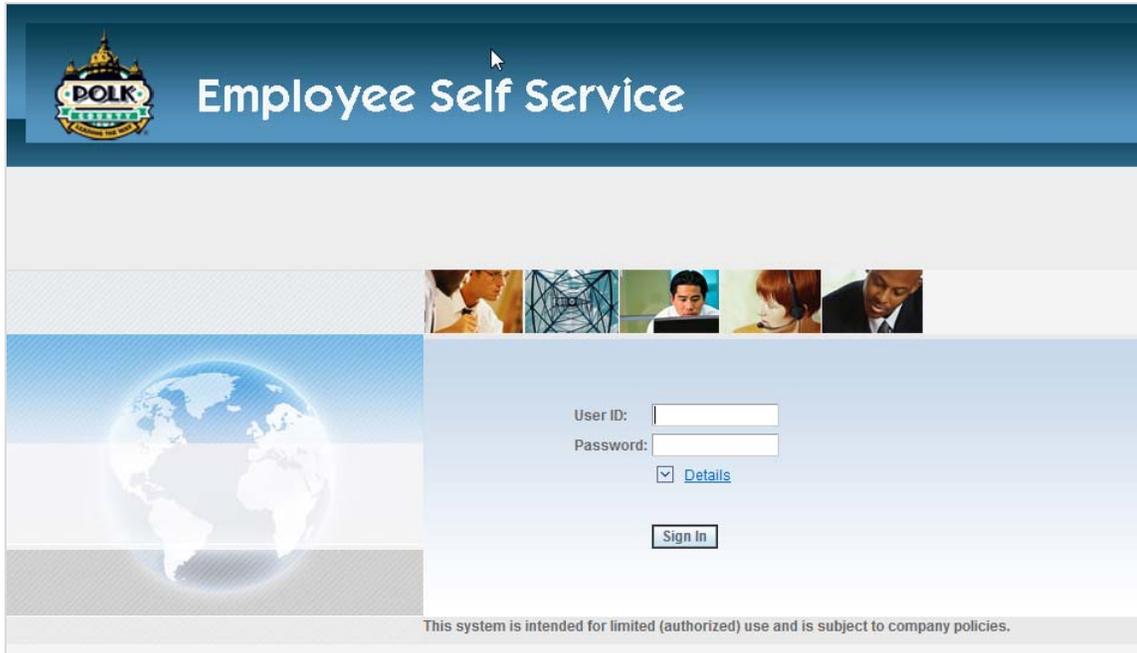
If enrolling online you may change your elections as often as you wish **within the Open Enrollment period**. You must click the **Submit** button to finalize your benefit elections *after making any changes*.

How do I find more information regarding benefits?

On most benefit screens, there is a link beneath your name. By clicking on this link, you can find additional information pertaining to that benefit. If you cannot find your answer within the document, please feel free to send your question to Human Resources by clicking on the [Send E-mail to HR](#) located at the bottom of each screen.

2. Log In

To access Open Enrollment go to <https://polkess.polkcountyiowa.gov>



Employee Self Service

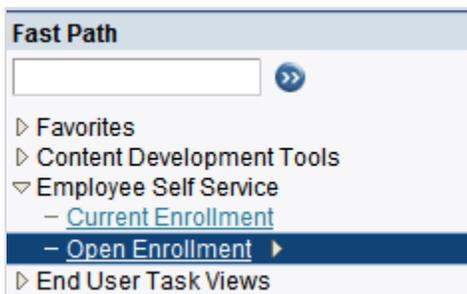
User ID:

Password:

[Details](#)

This system is intended for limited (authorized) use and is subject to company policies.

- Enter your Polk County Network ID
- Enter your network password
- Click Sign In button



Fast Path

- ▷ Favorites
- ▷ Content Development Tools
- ▽ Employee Self Service
 - [Current Enrollment](#)
 - **Open Enrollment** ▶
- ▷ End User Task Views

- Click Employee Self Service (located on the left side of your screen)
- Click Open Enrollment

Open Enrollment - Self-Service Director i ? ?

JOHN A. DOE

Marital Status: Married
Birth Date: 12/10/1965

Welcome to your annual Benefits Open Enrollment. As a Polk County employee, you receive a benefits package that provides excellent insurance coverage and retirement plan options. The decision you make at the time of benefits enrollment will affect your insurance coverage and retirement plan participation for the next plan year. It is therefore important that you review and understand your enrollment elections.

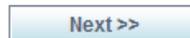
Open Enrollment

- Current Elections
- Dependent List
- Medical, Dental & Vision
- Life Insurance
- Retirement Plans
- Other Benefits/Plans
- Preview Benefit Changes
- Accept Benefit Changes
- Final Benefit Confirm. Stmt.

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The screens will walk you through the Open Enrollment Steps that pertain to you.

- Click Next button to proceed



3. Current Elections Summary

When you sign into the HR Open Enrollment Application, you will have the ability to view your Current Benefits Summary.

- Your current elections show as bi-weekly.
- To see each section of the HR Open Enrollment Application you need to click on the Next button at the bottom of each page.
- If you do not need to make any changes to your elections, simply select the [Default Your Current Enrollment](#) link and you will go to the Review Pending Elections page where you can submit your elections.
- You can also email/print a copy of your current elections.

Open Enrollment - Current Elections i ?

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Current Elections

[Default Your Current Enrollment](#)

Benefits as of: 7/1/12

JOHN A DOE Employee Number:
 1234 TEST DRIVE
 DES MOINES, IA 50324

Total Employee Cost:	\$ 222.81 (per pay period)	
Total Employer Cost:	\$ 378.29 (per pay period)	

Benefits Category	Benefits Plan Selected	Coverage\$	Employee Cost (per pay period)	Employer Cost (per pay period)
Medical Benefits	Single Coverage		\$ 21.47	\$ 217.09
Dental Benefits	Single Coverage		\$ 1.13	\$ 11.39
Vision Plan	Single Coverage		\$.21	\$ 2.16
Commuter Choice Plans	Other Lots: Keck, Newbury etc.		\$ 0	\$ 22.50
Deferred Comp Plans	457 Elective Deferral-Regular		\$ 200.00	\$ 30.00
Other Employer Contributions	Flex Dollars		\$ 0	\$ 92.00
AFLAC Short Term Disability	Waive Short Term Disability		\$ 0	\$ 0
EMC Life Insurance	Basic Life Insurance	\$ 30,000	\$ 0	\$ 3.15
* Cost Per Pay Period Excluding Future Enrollment:			\$ 222.81	\$ 378.29

Total Employee Cost:	\$ 222.81 (per pay period)	
Total Employer Cost:	\$ 378.29 (per pay period)	

[PRINT a Copy of This Statement](#)
[E-MAIL a Copy of This Statement](#)

Exit
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Next >>

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Note: Make sure after each page to click Next to continue through to the application.

4. Dependents

If you have dependents you can do the following on this page:

- View who is eligible to be enrolled as a dependent
- View information about your current dependents
- Edit dependent information by clicking on their name
- Add a dependent by clicking on the 'Add New Dependent' button.

Open Enrollment - Dependent List

JOHN A DOE

[Dependent Eligibility](#)

Click on person's name to change his or her personal information

Records 1 - 3 Customize Grid			
Dependent	Relationship	Full Time Student	Birth Date
JANE DOE	Spouse	No	08/05/1967
MEGAN DOE	Child	No	10/18/1987
WENDY DOE	Child	No	04/20/1999

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- ✓ Middle Initials must be added to the Mailing Name
- ✓ Tax IDs are required for dependents older than age 18.

Open Enrollment - Add New Dependent

Dependent Information | Dependent Address | Dependent Additional Information

Name - First, Middle, Last

Mailing Name *

Dependent Number

Tax ID

Prefix, Phone Number, Type -- Select One --

Prefix, Phone Number, Type -- Select One --

E-Mail Address

5. Medical, Dental & Vision Insurance

The Medical, Dental & Vision Insurance pages allow you to:

- View which dependents are covered under each insurance plan,
- Choose between Single, Family, and Waive coverage,
- View and update Primary Care Physicians (medical only) for each member.

Open Enrollment - Medical, Dental & Vision

JOHN A DOE

Total Deductions Per Pay Period 175.32

Check on the coverage you would like to provide for yourself and your dependents.

Records 1 - 4 Customize Grid 				
Name	Relationship	MEDICAL	DENTAL	VISION
JOHN A DOE	Self	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
JANE DOE	Spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MEGAN DOE	Child	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WENDY DOE	Child	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Open Enrollment - Elect Coverage

JOHN A. DOE

[Medical Benefits](#)

Total Deductions Per Pay Period 412.47

To change coverage, select the box next to the appropriate plan.

Records 1 - 3 Customize Grid 		
Elect	Plan	Employee Cost
<input type="checkbox"/>	Single Coverage	27.97
<input checked="" type="checkbox"/>	Family Coverage	163.15
<input type="checkbox"/>	Waive Coverage	.00

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To find a Primary Care Physician or OB/GYN, you can click on the  located in the PCP Number column.

Open Enrollment - Primary Care Physician

JOHN A DOE

Family Coverage

Below is a list of dependents that require a Primary Care Physician Number.
 A list of physicians can be found at <http://www.wellmark.com/>

Name	PCP Number	PCP Last Name	PCP First Name	OBGYN Last Name	OBGYN First Name	OBGYN Number
JOHN A DOE	A3619	SIXTA	DEBRA	SAGER	FREDRIC	A7450
JANE DOE	A3619	SIXTA	DEBRA			
MEGAN DOE	B0106					
WENDY DOE	A3619 	SIXTA	DEBRA			

Exit << Previous Next >>

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To search by Physician's Name – type the last name followed by an asterisk. Example: **Johnson***

Open Enrollment - Select User Define Code

Select Find Close Form Tools

Product Code: 55 *Reserved for Clients*
 User Defined Codes: PP *Primary Care Code*

Code	Description	Description 2
<input checked="" type="radio"/>	00335 CLEVERNGER	PHILIP
<input type="radio"/>	01351 COPPOLA	LARRY
<input type="radio"/>	01809 HARVEY	MICHAEL

Click the button next to your doctor, then click the select icon

Open Enrollment - Select User Define Code

Select Find Close Form Tools

Product Code: 55 *Reserved for Clients*
 User Defined Codes: PP *Primary Care Code*

Code	Description	Description 2
<input type="radio"/>	23965 JOHNSON	MICHAEL
<input checked="" type="radio"/>	70649 JOHNSON ROSE	NANCY
<input type="radio"/>	A3724 JOHNSON	JAY

If doctor is not found in this table, go to www.wellmark.com and locate the physician through their website.

6. Life Insurance

Only the Life insurance you are enrolled in will display. Not all employees are eligible for Principal Group Universal Life.

Open Enrollment - Life Insurance

JOHN A DOE

Select the benefit(s) categories you want to review, enroll, and/or change.

Select To Change	Category Description
<input checked="" type="checkbox"/>	EMC Life Insurance
<input checked="" type="checkbox"/>	Group Universal Life Insurance

Exit

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Next >>

Check marks under the Elect Column will display your coverage and deduction. **Coverage amounts display on the confirmation statements only.**

Open Enrollment - Elect Coverage

JOHN DOE

[EMC Life Insurance](#)

Total Deductions Per Pay Period 177.13

Information is view only.

Elect	Plan	Employee Cost
<input checked="" type="checkbox"/>	Basic Life Insurance	.00
<input type="checkbox"/>	Employee Coverage	.00
<input type="checkbox"/>	Spouse Coverage	.00
<input type="checkbox"/>	Child(ren) Coverage	1.00
<input checked="" type="checkbox"/>	Family Coverage	1.81

Recalculate

Exit

Send E-mail to HR

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Next >>

Note: Deduction amounts always display on Child(ren) and Family Coverage. A grey check mark next to the plan indicates enrollment in the plan. If no check mark, then you are not enrolled.

Open Enrollment - Elect Coverage i ?

JOHN DOE

[Principal Group Universal Life](#)

Total Deductions Per Pay Period 202.09

Information is view only.

Records 1 - 7 Customize Grid

Elect	Plan	Employee Cost
<input type="checkbox"/>	Child(ren) Coverage	1.25
<input checked="" type="checkbox"/>	Employee Coverage	22.08
<input checked="" type="checkbox"/>	Employee AD&D Coverage	2.88
<input type="checkbox"/>	Add'l Employee Premium Contribution	.00
<input type="checkbox"/>	Spouse Coverage	.00
<input type="checkbox"/>	Spouse AD&D Coverage	.00
<input type="checkbox"/>	Add'l Spouse Premium Contribution	.00

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Note: Deduction amounts always display on Child(ren) and Family Coverage. A grey check mark next to the plan indicates enrollment in the plan. If no check mark, then you are not enrolled.

7. Retirement Plans

These screens will allow you to view and change your election to the 457 Employee Contribution Plan.

Open Enrollment - Retirement Plans

JOHN A DOE

Select the benefit(s) categories you want to review, enroll, and/or change.

Select To Change	Category Description
<input checked="" type="checkbox"/>	Deferred Comp Plans

Exit << Previous Next >>

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To enroll or change the amount of your contribution, select the appropriate box and enter the contribution amount per pay period.

Open Enrollment - Elect Coverage

JOHN A DOE

[Deferred Comp Plans](#)

Total Deductions Per Pay Period 412.47

To enroll or change the amount of your contribution, select the appropriate box below and enter pay period contribution.

Elect	Plan	Enter Amount or Rate
<input checked="" type="checkbox"/>	457 Elective Deferral-Regular	150.0000
<input type="checkbox"/>	457 Elective Deferral 50+ Catch Up	
<input type="checkbox"/>	457 Elective Deferral-Roth (post-tax)	

Recalculate Exit << Previous Next >>

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8. Other Plans/Benefits

Check marks next to the plan display if you are currently enrolled in the plan, **except for Flexible Spending Accounts**. Select all boxes to view each benefit.

Open Enrollment - Other Benefits/Plans i ? ?

JOHN A DOE

Select the benefit(s) categories you want to review, enroll, and/or change.

Select To Change	Category Description
<input checked="" type="checkbox"/>	Commuter Choice Plans
<input checked="" type="checkbox"/>	Flexible Spending Accounts
<input checked="" type="checkbox"/>	Flex Dollars
<input checked="" type="checkbox"/>	AFLAC Accident/Cancer/Hospital
<input checked="" type="checkbox"/>	AFLAC Short Term Disability

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Commuter Choice: Only displays for employees eligible to receive the parking subsidy.

Open Enrollment - Elect Coverage i

CHERYL A. WIGGINS

[Commuter Choice Plans](#)

I

Total Deductions Per Pay Period 452.09

Information is view only.

Elect	Plan
<input type="checkbox"/>	County Owned Lots
<input type="checkbox"/>	Ampco Lots
<input type="checkbox"/>	Other Lots: Keck, Newbury etc.
<input checked="" type="checkbox"/>	Meters
<input type="checkbox"/>	Other Reimbursements
<input type="checkbox"/>	DART Bus Pass

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Flexible Spending Accounts: To re-enroll check this box and indicate your deduction on the applicable screen.

Open Enrollment - Elect Coverage i ? ?

JOHN A DOE

[Flexible Spending Accounts](#)

Total Deductions Per Pay Period 462.47

To enroll or change the amount of your contribution, select the appropriate box below and enter pay period deduction

Records 1 - 2 Customize Grid		
Elect	Plan	Enter Amount or Rate
<input checked="" type="checkbox"/>	Health Care Reimbursement FSA	50.0000
<input checked="" type="checkbox"/>	Dependent Care Reimbursement FSA	102.4400

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Reminder: Per pay period limits are as follows:

- Healthcare: \$104.17
- Dependent Care: \$208.34

Adjustments will be made to the final payroll deduction to comply with IRS annual limits.

Other Employer Contributions: Display only for eligible employees.

Open Enrollment - Elect Coverage i ? ?

JOHN A DOE

[Flex Dollars](#)

Total Deductions Per Pay Period 564.91

Records 1 - 1 Customize Grid	
Elect	Plan
<input checked="" type="checkbox"/>	Flex Dollars

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AFLAC – Accident/Cancer/Hospital: Changes to these plans must be made through the AFLAC agent and cannot be made through this application.

Open Enrollment - Elect Coverage i ?

JOHN A DOE

[AFLAC Accident/Cancer/Hospital](#)

Total Deductions Per Pay Period 564.91

Information is view only.

Records 1 - 3 Customize Grid		
Elect	Plan	Employee Cost
<input type="checkbox"/>	AFLAC Accident Policy	.00
<input type="checkbox"/>	AFLAC Cancer Policy	.00
<input type="checkbox"/>	AFLAC Hospitalization Policy	.00

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AFLAC - Short Term Disability: Changes to this plan must be made through the AFLAC agent and cannot be made through this application.

Open Enrollment - Elect Coverage i ?

JOHN A DOE

[AFLAC Short Term Disability](#)

Total Deductions Per Pay Period 564.91

Information is view only. See confirmation statement for deduction amount.

Records 1 - 2 Customize Grid		
Elect	Plan	
<input type="checkbox"/>	AFLAC Short Term Disability	
<input checked="" type="checkbox"/>	AFLAC - Waive Short Term Disability	

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9. Review Elections

This screen will display the elections you made during open enrollment. If you need to change any benefit, click on the benefit name and you will be able to make the necessary changes.

You may print a copy of this screen or email it to your work or personal email address.

Open Enrollment - Preview Benefit Changes

Elections Pending Submission

Benefits as of: 7/1/13 Pending Submission and Approval

JOHN SMITH Employee Number:
 22 E CHERRY STREET
 WINTERSET, IA 50273

Total Employee Cost: \$ 429.65 (per pay period)
Total Employer Cost: \$ 370.85 (per pay period)

Benefits Category	Benefits Plan Selected	Coverage\$	Employee Cost (per pay period)	Employer Cost (per pay period)
Medical Benefits	Single Coverage		\$ 27.97	\$ 205.10
Dental Benefits	Single Coverage		\$ 1.50	\$ 11.02
Vision Plan	Single Coverage		\$.29	\$ 2.08
Commuter Choice Plans	Meters		\$ 0	\$ 27.50
Flexible Spending Accounts	Not Participating		\$ 0	\$ 0
Deferred Comp Plans	457 Elective Deferral-Regular		\$ 250.00	\$ 30.00
Other Employer Contributions	Flex Dollars		\$ 0	\$ 92.00
AFLAC Accident/Cancer/Hospital	Cancer Policy		\$ 18.75	\$ 0
AFLAC Short Term Disability	Waive Short Term Disability		\$ 0	\$ 0
EMC Life Insurance	Basic Life Insurance	\$ 30,000	\$ 0	\$ 3.15
Group Universal Life Insurance	Employee Coverage	\$ 316,000	\$ 126.40	\$ 0
Group Universal Life Insurance	Employee with AD&D Coverage	\$ 316,000	\$ 4.74	\$ 0
Cost Per Pay Period:			\$ 429.65	\$ 370.85
Previous Cost:			\$ 425.24	\$ 380.75
Total Employee Cost:			\$ 429.65 (per pay period)	
Total Employer Cost:			\$ 370.85 (per pay period)	

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10. Approve Elections

Employee acknowledgement and final approval are made on this screen.

Open Enrollment - Acceptance Form i ?

I have read and understand the following statements:

Dependents

- a) I certify that all dependents enrolled in Polk County's group insurance plans are my eligible dependents according to current plan provisions.
- b) I understand I may be asked to provide supporting documentation and to complete additional forms, if necessary, upon the request of Polk County.
- c) I understand if I knowingly submit false information, I may be subject to recovery of claims for ineligible dependents as well as subject to disciplinary action up to and including termination of employment.

Election of Coverage

- a) I understand that the elections I have made in this application cannot be changed until the next open enrollment period, unless I have a Qualified Life Event which will allow for a change in coverage.
- b) I understand it is my responsibility to notify the Department of Human Resources within 31 days if I or any of my dependents become ineligible for any benefit plans in which enrolled

Flexible Spending Accounts

- a) If I have elected to participate in the Flexible Spending Accounts, I understand this amount will be contributed on my behalf.
- b) I understand I will not earn interest on my contribution.
- c) I further understand that any contributions in the FSA not used for my eligible expenses at the time I terminate participation, or at the end of any plan year or applicable grace period, will be forfeited.
- d) I certify that I have not been and will not be reimbursed for these expenses from this or any other benefit plan and have/will not include them as itemized deductions or as a tax credit on my personal income tax returns.

Payroll

- a) I understand that I have made the benefit elections for the plan year and I authorize the Polk County Auditor's office to make the necessary payroll deductions and adjust my pay accordingly.
- b) I understand pre-tax deductions reduce my wages for Social Security purposes and may reduce my Social Security disability and retirement benefits.

Any person who knowingly and with intent to defraud any insurance company by doing one or both of the following will be considered committing a fraudulent insurance act, which is a crime:

- a) filing an application for insurance or statement of claim containing false information, or
- b) conceals for the purpose of misleading, information concerning any fact material

Do you authorize Human Resources to update your records with the changes you have made?

Click the "Previous" button to view the confirmation statement again.

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11. Final Confirmation Statement

Open Enrollment - Final Benefit Confirm. Stmt.

Next >>

Final Confirmation Statement

Transaction Number: WA05101313280296

Benefits as of: 7/1/13

JOHN SMITH
22 E CHERRY STREET
WINTERSET, IA 50273

Employee Number:

Total Employee Cost: \$ 429.65 (per pay period)
Total Employer Cost: \$ 370.85 (per pay period)

Benefits Category	Benefits Plan Selected	Coverage\$	Employee Cost (per pay period)	Employer Cost (per pay period)
Medical Benefits	Single Coverage		\$ 27.97	\$ 205.10
Dental Benefits	Single Coverage		\$ 1.50	\$ 11.02
Vision Plan	Single Coverage		\$.29	\$ 2.08
Commuter Choice Plans	Meters		\$ 0	\$ 27.50
Flexible Spending Accounts	Not Participating		\$ 0	\$ 0
Deferred Comp Plans	457 Elective Deferral-Regular		\$ 250.00	\$ 30.00
Other Employer Contributions	Flex Dollars		\$ 0	\$ 92.00
AFLAC Accident/Cancer/Hospital	Cancer Policy		\$ 18.75	\$ 0
AFLAC Short Term Disability	Waive Short Term Disability		\$ 0	\$ 0
EMC Life Insurance	Basic Life Insurance	\$ 30,000	\$ 0	\$ 3.15
Group Universal Life Insurance	Employee Coverage	\$ 316,000	\$ 126.40	\$ 0
Group Universal Life Insurance	Employee with AD&D Coverage	\$ 316,000	\$ 4.74	\$ 0
Cost Per Pay Period:			\$ 429.65	\$ 370.85

Total Employee Cost: \$ 429.65 (per pay period)
Total Employer Cost: \$ 370.85 (per pay period)

[PRINT a Copy of This Statement](#)

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Exit

Next >>

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