

## 2021 EMPLOYEE ACCESS CENTER (EAC) OPEN ENROLLMENT INSTRUCTIONS - PESPA

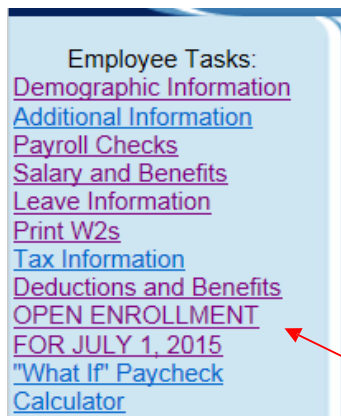
All Full-Time Employees, Full-Time Equivalent (30 to less than 35 hours/week) Employees, and PESPA Employees must complete the Open Enrollment Process for the effective date of July 1, 2021. **Even if you are not returning for the next academic year**, you are still required to make your elections for plan coverage starting July 1st. **You must complete the Open Enrollment process whether you are making any changes or not and whether you elect coverage or not.** The deadline to complete your EAC enrollment is Friday, May 19, 2021.

**To prepare for open enrollment you will need your dependent's Full Names, Dates of Birth, and Social Security Numbers.** They are required and should already be entered, but if not, this must be completed at this time. For life insurance, you will need your Beneficiaries' Full Names, Dates of Birth and Social Security Numbers. These will update whatever we have on file, if we have your form.

Once prepared with the information, you may start the Open Enrollment process. You may stop and revisit any screens needed up until you do the last page and "Confirm All Selections."

**Step 1:** Log into EAC system. You may do so by going to [www.pelhamsd.org](http://www.pelhamsd.org), click on the tab for Staff. Select EAC-Employee Access Center under Quick Links to get to the login page. You may use your email address or your employee ID number as the user name, and the password is whatever you set it to be (or the default of the last four digits of your social security number). If you have forgotten your password, you may select "Forgot Your Password?" and have it sent to your email address for assistance. Once you are logged in, you will see a screen similar to the one below (in these examples all personal information has been blocked out for privacy).

**Step 2:** Select OPEN ENROLLMENT for JULY 1, 2021 on the left side.



**Step 3:** Review dependent information and update if not all dependents are listed. If all current dependents are listed and complete, skip to Step 5 on these instructions to continue. If not, continue here. You will need their birth dates and social security numbers to complete this step. Select ADD A NEW DEPENDENT and then fill in all the fields.

**Update Dependents**

Please review your dependents list below, and if there are any changes, you can use the Edit links, or add a new person. Once entered, use the Continue button at the bottom of the page to move forward. Be sure to check off the box next to each dependent that should be covered on each page representing different plans as you progress through the on-line benefits enrollment progress. If you have a dependent that is listed but will not be on your plan, you will just not select the box next to his/her name when going through that benefit screen. There is additional "paperwork" involved with adding/changing dependents to your actual plan(s).

	First Name	Last Name	Social Security Number
Edit			
Edit			

**Step 4:** Fill in the fields below. Enter Full First Name, Last name, (be sure name matches what is listed on social security card) keep status Active, enter the birth date (MM/dd/yyyy), enter the social security number with dashes, select spouse, child, or other for relationship (other is for those that are not a spouse or child but still a legal dependent), default dependent should be selected for any dependent that you enter who will also be enrolled in either medical or dental coverage. Once completed, select SAVE. Add another dependent in the same manner until all dependents are listed.

**Update Dependents**

Please review your dependents list below, and if there are any changes, you can use the Edit links, or add a new person. There may be paperwork involved with adding/changing dependents. Once complete, use the Continue button at the bottom of the page to move forward.

[Add a New Dependent](#)

First Name:

Last Name:

Status: Active

Birth Date:

Gender: Female

Social Security Number:

Relationship: Spouse

Street Address: 264 HIGH RANGE ROAD

City/State: LONDONDERRY NH

Zipcode: 03053

Default Dependent? :

[Continue to Annual Benefits Enrollment](#)

**Step 5:** Once all dependent information is entered, you will see your completed list of dependents. You can then proceed by selecting:

[Continue to Annual Benefits Enrollment](#)

**STEP 6:** Open Enrollment includes several screens that will show your current elections as well as the next year rates for each option that you have. As your deduction is related to the Pay Option (Equal Pay versus Pay for Actual Hours worked) you will choose when you complete your "Notice of Intent to Reemploy," you must select the appropriate deduction to correlate what you plan to elect as your Pay Option. Please check over each benefit that is selected to make sure it is correct, answer any and all questions, if applicable, as directed at the bottom of the screen and Click Next. On the Summary Page at the end you will see all the new rates for each of your selections.

## Health Insurance

**Annual Benefits Enrollment for HEALTH CARE -PESPA SUPPRT**

Please review the plan elections. Once you make your selection, click NEXT on each page to continue. If you are choosing to waive coverage, be sure to select the Waive button at the bottom of the list. Do not select the button that has DO NOT USE next to it.

You will be able to view your deduction rate changes and select your dependents on each of your plans, as applicable.

To review the rate for a plan, click on the button to the left of the plan; the rate will be displayed in the section below the list.

For all changes to Health or Dental plans, a new HealthTrust Fillable Enrollment/Change form is required to be submitted to Human Resources to complete the processing. No changes will be made without the form.

Current Information	
Name:	WAIVE COVERAGE
Employee Cost:	\$0.00
Deductions Per Year:	20
Employer Cost:	\$0.00

Enrollment Election	
Select a Category:	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">All</div>
<input type="button" value="NEXT"/>	
Options:	<ul style="list-style-type: none"> <li><input type="radio"/> ACCESS BLUE (HMO) ACT HRS - 2P ----- PESPA-AB/HMO ACTUAL HR-2P</li> <li><input type="radio"/> ACCESS BLUE (HMO) ACT HRS - F ----- PESPA-AB/HMO ACTUAL HR-F</li> <li><input type="radio"/> ACCESS BLUE (HMO) ACT HRS - S ----- PESPA-AB/HMO ACTUAL HR-S</li> <li><input type="radio"/> ACCESS BLUE (HMO) EQ PAY - 2P ----- PESPA-AB/HMO EQUAL PAY-2P</li> <li><input type="radio"/> ACCESS BLUE (HMO) EQ PAY - F ----- PESPA-AB/HMO EQUAL PAY-F</li> <li><input type="radio"/> ACCESS BLUE (HMO) EQ PAY - S ----- PESPA-AB/HMO EQUAL PAY-S</li> <li><input type="radio"/> BLUE CHOICE (POS) ACT HRS - 2P ----- PESPA-BC2T POS ACT HRS-2P</li> <li><input type="radio"/> BLUE CHOICE (POS) ACT HRS - F ----- PESPA-BC2T POS ACT HRS-F</li> <li><input type="radio"/> BLUE CHOICE (POS) ACT HRS - S ----- PESPA-BC2T POS ACT HRS-S</li> <li><input type="radio"/> BLUE CHOICE (POS) EQ PAY - 2P ----- PESPA-BC2T POS EQ PAY-2P</li> <li><input type="radio"/> BLUE CHOICE (POS) EQ PAY - F ----- PESPA-BC2T POS EQ PAY-F</li> <li><input type="radio"/> BLUE CHOICE (POS) EQ PAY - S ----- PESPA-BC2T POS EQ PAY-S</li> <li><input type="radio"/> DEDUCTIBLE AB (HMO) ACT HRS - 2P ----- PESPA-AB/HMODED ACT HR-2P</li> <li><input type="radio"/> DEDUCTIBLE AB (HMO) ACT HRS - F ----- PESPA-AB/HMODED ACT HR-F</li> <li><input type="radio"/> DEDUCTIBLE AB (HMO) ACT HRS - S ----- PESPA-AB/HMODED ACT HR-S</li> <li><input type="radio"/> DEDUCTIBLE AB (HMO) EQ PAY - 2P ----- PESPA-AB/HMO DED EQ PY-2P</li> <li><input type="radio"/> DEDUCTIBLE AB (HMO) EQ PAY - F ----- PESPA-AB/HMO DED EQ PY-F</li> <li><input type="radio"/> DEDUCTIBLE AB (HMO) EQ PAY - S ----- PESPA-AB/HMO DED EQ PY-S</li> <li><input type="radio"/> SITE OF SERVICE AB (SOS) ACT HRS - 2P ----- PESPA-AB SOS ACT HRS-2P</li> <li><input type="radio"/> SITE OF SERVICE AB (SOS) ACT HRS - F ----- PESPA-AB SOS ACT HRS-F</li> <li><input type="radio"/> SITE OF SERVICE AB (SOS) ACT HRS - S ----- PESPA-AB SOS ACT HRS-S</li> <li><input type="radio"/> SITE OF SERVICE AB (SOS) EQ PAY - 2P ----- PESPA-AB SOS EQ PAY-2P</li> <li><input type="radio"/> SITE OF SERVICE AB (SOS) EQ PAY - F ----- PESPA-AB SOS EQ PAY-F</li> <li><input type="radio"/> SITE OF SERVICE AB (SOS) EQ PAY - S ----- PESPA-AB SOS EQ PAY-S</li> <li><input checked="" type="radio"/> WAIVE COVERAGE ----- PESPA-HEALTH WAIVE</li> </ul>
Choice Instructions:	SELECT IF WAIVING COVERAGE
Employee Cost:	\$0.00
Deductions Per Year:	20
Employer Cost:	\$0.00
<input type="button" value="Next"/>	

## Dental Insurance

**Annual Benefits Enrollment for DENTAL CARE - PESPA SUPRT**

Please review the plan elections. Once you make your selection, click NEXT on each page to continue. If you are choosing to waive coverage, be sure to select the Waive button at the bottom of the list. Do not select the button that has DO NOT USE next to it.

You will be able to view your deduction rate changes and select your dependents on each of your plans, as applicable.

To review the rate for a plan, click on the button to the left of the plan; the rate will be displayed in the section below the list.

For all changes to Health or Dental plans, a new HealthTrust Filable Enrollment/Change form is required to be submitted to Human Resources to complete the processing. No changes will be made without the form.

Current Information	
Name:	PESPA DENTAL EQ PAY - F
Employee Cost:	\$95.66
Deductions Per Year:	20
Employer Cost:	\$0.00

Enrollment Election	
Select a Category:	All
DO NOT USE-SELECT ONE BELOW	
<input type="radio"/> PESPA DENTAL ACT HRS - 2P — PESPA-DENTAL ACTUAL HR-2P	
<input type="radio"/> PESPA DENTAL ACT HRS - F — PESPA-DENTAL ACTUAL HR-F	
<input type="radio"/> PESPA DENTAL ACT HRS - S — PESPA-DENTAL ACTUAL HR-S	
<input type="radio"/> PESPA DENTAL EQ PAY - 2P — PESPA-DENTAL EQUAL PAY-2P	
<input checked="" type="radio"/> PESPA DENTAL EQ PAY - F — PESPA-DENTAL EQUAL PAY-F	
<input type="radio"/> PESPA DENTAL EQ PAY - S — PESPA-DENTAL EQUAL PAY-S	
<input type="radio"/> WAIVE DENTAL — PESPA-DENTAL WAIVE	
Choice Instructions:	SELECT IF PAY OPTION FOR NEXT SCHOOL YEAR WILL BE EQUAL PAY, 0% DISTRICT PAID
Choice Link:	<a href="#">CLICK HERE TO ACCESS BENEFIT INFORMATION AND SEC DOCUMENT</a>
Employee Cost:	\$95.66
Deductions Per Year:	20
Employer Cost:	\$0.00

Include Dependents	
Select the dependents which are covered under this enrollment option.	
<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]
<a href="#">Update Dependents</a>	

**Step 7:** View the Annual Benefits Enrollment Summary. You will see all the selection made. It will display your New Year Selections. If you would like to compare this with your current year, click the Show button at the top of the screen. The Annual Deductions total for current and the new year will show you the difference that you will pay next year. The annual benefit reflects the annual amount that the School District has paid this year and the annual amount that will be paid next year for the individual benefits as well as the total of all benefits selected.

If you would like to change anything that you have selected or view any of the screens again, you may select the Benefit Type, and it will bring you back to the screen for changes.

**Annual Benefits Enrollment Summary**

[Update Dependents](#)

Current Information							New Year Selections					
Benefit Type	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit
<a href="#">DENTAL CARE - PESPA SUPRT</a>	None	0	\$0.00	\$0.00	\$0.00	\$0.00	PESPA DENTAL ACTUAL HOURS	17	\$29.58	\$502.80	\$0.00	\$0.00
<a href="#">HEALTH CARE - PESPA SUPRT</a>	None	0	\$0.00	\$0.00	\$0.00	\$0.00	ACCESS BLUE (HMO) ACTUAL HOURS	17	\$209.21	\$3,556.42	\$313.81	\$5,334.77
<b>TOTALS</b>				\$0.00		\$0.00				\$4,069.22		\$5,334.77

By clicking the button to submit, you are declaring that you selected all options as shown, and these will be your benefits and deductions moving forward. Any changes requested will require additional steps to be completed, per the insurance carrier's requirements. For changes to Health and/or Dental, please fill out an Application/Change form completely and submit it to Human Resources for processing. HR will contact you via email regarding any changes requested or if there are any discrepancies. Thank you for your cooperation.

**Step 8:** Once you are comfortable with all selections, you will select CONFIRM ALL SELECTIONS. Immediately following your submission, you will see the FINAL SUBMISSION message across the bottom.

It is suggested that you keep a copy of this screen for your records. You can either save it electronically or print it. You can hit Control P to bring up the print menu. This will allow you to select a printer and print the screen. If you would prefer to save it, you can select Adobe PDF/Microsoft PDF from the print menu (if it is available) and save it to a file. If Adobe is not a print option, press Control Print Screen, open Microsoft Word, and press Control V to paste the screen shot. This file can then be saved.

Annual Benefits Enrollment Summary												
Update Dependents												
Current Information							New Year Selections					
Benefit Type	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit
DENTAL CARE - PESPA SUPRT	None	0	\$0.00	\$0.00	\$0.00	\$0.00	PESPA DENTAL ACTUAL HOURS	17	\$29.58	\$502.80	\$0.00	\$0.00
HEALTH CARE - PESPA SUPRT	None	0	\$0.00	\$0.00	\$0.00	\$0.00	ACCESS BLUE (HMO) ACTUAL HOURS	17	\$209.21	\$3,556.42	\$313.81	\$5,334.77
<b>TOTALS</b>				\$0.00	\$0.00	\$0.00				\$4,059.22		\$5,334.77

By clicking the button to submit, you are declaring that you selected all options as shown, and these will be your benefits and deductions moving forward. Any changes requested will require additional steps to be completed, per the insurance carrier's requirements. For changes to Health and/or Dental, please fill out an Application/Change form completely and submit it to Human Resources for processing. HR will contact you via email regarding any changes requested or if there are any discrepancies. Thank you for your cooperation.

Your Final Selections Were Submitted on 5/6/2017 at 11:46 AM

If you have not made any changes to your medical and/or dental plan elections, you are done with the Open Enrollment process.

**If you made a change**, open the HT Medical and/or Dental Application and Change Fillable form that linked in the Open Enrollment kick-off email. Complete it fully, including your signature Email it to [kkelley@pelhamsd.org](mailto:kkelley@pelhamsd.org). Your change request cannot be completed without the Application form. The form is also located on the Pelham School District Website under *Departments—Human Resources—Open Enrollment*.

Adjustments related to summer costs will be calculated after open enrollment elections are made. Adjustments will be taken through payroll deduction if elections are completed in time for administrative processing.

If you have questions please contact Christine Lavacchia, Payroll/HR Coordinator 603.635.1145 ext 5010, or [clavacchia@pelhamsd.org](mailto:clavacchia@pelhamsd.org).