

2021 EMPLOYEE ACCESS CENTER (EAC) OPEN ENROLLMENT INSTRUCTIONS

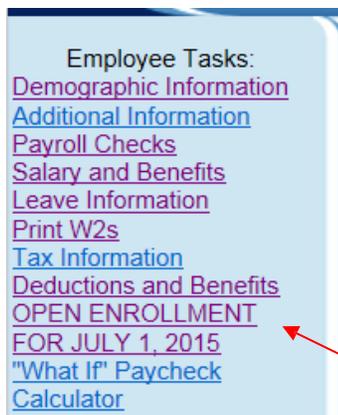
All Full-Time Employees, Full-Time Equivalent (30 to less than 35 hours/week) Employees, and PESPA Employees must complete the Open Enrollment Process for the effective date of July 1, 2021. **Even if you are not returning for the next academic year**, you are still required to make your elections for 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 Wednesday, 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.

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, 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? :

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

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. Please check over the benefit that is selected to make sure it is correct, and if applicable, answer any and all questions as directed at the bottom of the screen and Click Next. On that 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 -TEACH/SY

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. You will be able to view your deduction rate changes and elected beneficiaries and 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 Paper Enrollment/Change form is required to be submitted to Human Resources/Payroll to complete the processing. No changes will be made without the form.

All Health and Dental Elections selected through Electronic Open Enrollment are processed as Pre-tax Deductions (Premium Conversion) per the Section 125 Plan. If you prefer to have your deductions taken on a Post-tax basis, you must contact the Human Resources/Payroll office to complete the necessary f

Current Information	
Name:	ACCESS BLUE 20 -2P
Employee Cost:	\$76.75
Deductions Per Year:	20
Employer Cost:	\$784.26

Enrollment Election	
Select a Category:	All
Options:	<input type="radio"/> DO NOT USE- SELECT WAIVE BELOW <input type="radio"/> ACCESS BLUE 20 - F ----- PEA ABHMO F 20PAY <input type="radio"/> ACCESS BLUE 20 - S ----- PEA ABHMO S 20PAY <input checked="" type="radio"/> ACCESS BLUE 20 -2P ----- PEA ABHMO 2P 20PAY <input type="radio"/> BLUE CHOICE 2T20 - 2P ----- PEA BC2T2POS 2P 20PAY <input type="radio"/> BLUE CHOICE 2T20 - F ----- PEA BC2T2POS F 20PAY <input type="radio"/> BLUE CHOICE 2T20 - S ----- PEA BC2T2POS S 20PAY <input type="radio"/> DEDUCTIBLE ACCESS BLUE - 2P ----- PEA ABHMO DED 2P 20PAY <input type="radio"/> DEDUCTIBLE ACCESS BLUE - F ----- PEA ABHMO DED F 20PAY <input type="radio"/> DEDUCTIBLE ACCESS BLUE - S ----- PEA ABHMO DED S 20PAY <input type="radio"/> WAIVE HEALTH COVERAGE ----- PEA HEALTH DECLINED
Choice Instructions:	85% OF BC2T20 DISTRICT-PAID BENEFIT
Choice Link:	CLICK HERE TO ACCESS BENEFIT INFORMATION AND SBC DOCUMENT
Employee Cost:	\$76.68
Deductions Per Year:	20
Employer Cost:	\$783.48

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

Dental Insurance

Annual Benefits Enrollment for DENTAL CARE -EMPLOYEE YR

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. You will be able to view your deduction rate changes and elected beneficiaries and 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 Paper Enrollment/Change form is required to be submitted to Human Resources/Payroll to complete the processing. No changes will be made without the form.

All Health and Dental Elections selected through Electronic Open Enrollment are processed as Pre-tax Deductions (Premium Conversion) per the Section 125 Plan. If you prefer to have your deductions taken on a Post-tax basis, you must contact the Human Resources/Payroll office to complete the necessary f

Current Information	
Name:	DELTA DENTAL IA- S
Employee Cost:	\$0.00
Deductions Per Year:	24
Employer Cost:	\$20.95

Enrollment Election	
Select a Category:	All
Options:	<input type="radio"/> DO NOT USE- SELECT WAIVE BELOW <input checked="" type="radio"/> DELTA DENTAL IA- 2P ----- YR DENTAL 2P 24PAY <input type="radio"/> DELTA DENTAL IA- F ----- YR DENTAL F 24PAY <input type="radio"/> DELTA DENTAL IA- S ----- YR DENTAL S 24PAY
Choice Instructions:	80% DISTRICT-PAID
Choice Link:	CLICK HERE TO ACCESS BENEFIT INFORMATION AND SBC DOCUMENT
Employee Cost:	\$0.11
Deductions Per Year:	24
Employer Cost:	\$32.42

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

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													
Hide >>	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 -EMPLOYEE YR	DELTA DENTAL IA-S	24	\$0.00	\$0.00	\$20.85	\$502.80		DELTA DENTAL IA-S	24	\$0.00	\$0.00	\$20.95	\$502.80
HEALTH CARE -EMPLOYEE YR	BLUE CHOICE 3T20 -S	24	\$40.51	\$972.24	\$364.63	\$8,751.12		BLUE CHOICE 3T20 -S	24	\$40.48	\$971.39	\$364.28	\$8,742.72
LIFE INSURANCE -EMPLOYEE YR	LIFE INSURANCE -1XSAL NEAREST \$1000, \$25K MIN	24	\$0.00	\$0.00	\$2.65	\$63.60		LIFE INSURANCE -1XSAL NEAREST \$1000, \$25K MIN*	24	\$0.00	\$0.00	\$2.65	\$63.60
LONG TERM DIS -EMPLOYEE YR	LONG TERM DISABILITY	24	\$0.00	\$0.00	\$3.31	\$79.44		LONG TERM DISABILITY	24	\$0.00	\$0.00	\$3.31	\$79.44
TOTALS				\$972.24		\$9,396.96					\$971.39		\$9,388.56

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.

*Warning: Lines marked with a * may have inaccurate amounts calculated.

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												
Depends on Dependents												
Hide >>	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 SUPPL	PESPA DENTAL EQUAL PAY	20	\$25.72	\$514.32	\$0.00	\$0.00	PESPA DENTAL EQUAL PAY	20	\$26.31	\$526.20	\$0.00	\$0.00
HEALTH CARE PESPA SUPPL	ACCESS BLUE (HMO) EQ PAY - S	20	\$175.34	\$3,506.64	\$263.00	\$5,259.96	ACCESS BLUE (HMO) EQ PAY - S	20	\$182.53	\$3,650.45	\$273.79	\$5,475.80
TOTALS				\$4,020.96		\$5,259.96				\$4,170.65		\$5,475.80

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 5/8/2019 at 10:40 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 was linked in the Open Enrollment kick-off email. Complete it fully, including your signature. Email it to 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.