# Saratoga Hospital 2021 Open Enrollment

Step-by-Step Guide for Completing the Online Open Enrollment Process in UltiPro

Online Open Enrollment is Available Monday, October 26th - Friday, November 13th



Open Enrollment Topic	Slide Number
Open Enrollment Steps and Getting Started	3-12
Flexible Spending Enrollment	13-20
Benefit Enrollment	21-34
<ul> <li>Verifying/Adding Beneficiaries</li> </ul>	22-24
– Medical	25-29
– Dental & Vision	30
<ul> <li>Short Term &amp; Long Term Disability</li> </ul>	31-32
<ul> <li>Supplemental Term Life Insurance (Self, Spouse, &amp; Child)</li> </ul>	33-34
- All Other Benefits (AFLAC, Liberty Mutual, etc.)	35-36
Confirming & Submitting Your Elections	37-40

# **Open Enrollment Steps**

Review your current benefit elections. If you do not wish to make changes to your elections, please log in and elect you would like to make no changes.

Changes that require your attention:

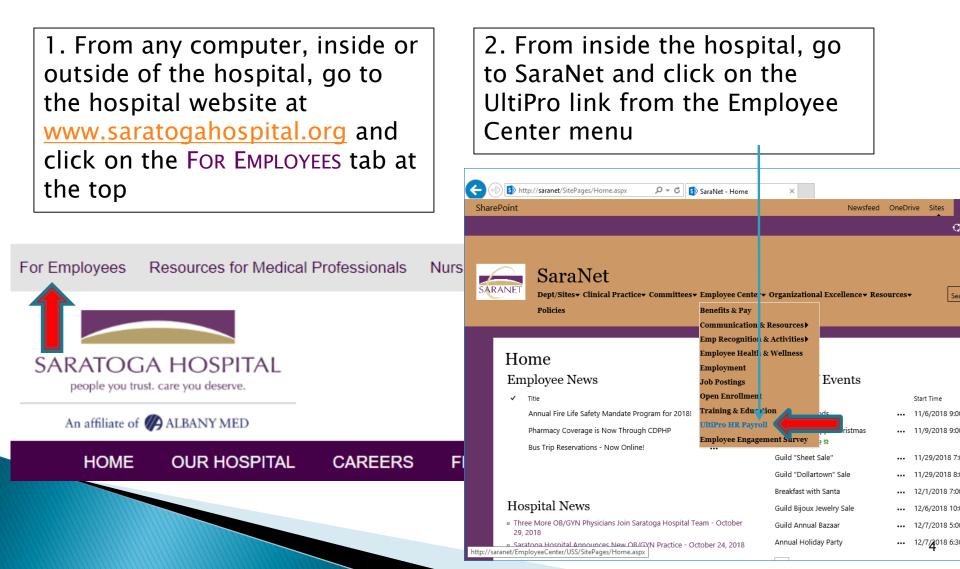
- \*Flexible Spending Accounts: If you wish to contribution to a flexible spending account in the new year, you must make new elections. Current elections will not roll over to the new calendar year.
- To add, change or remove a dependent: In UltiPro, go to Menu/Myself/Contacts. Submit dependent changes for Benefit Administrator review. Once approved, you can then go back into your open enrollment session to make benefit updates. You will not be able to make these changes in your open enrollment session.

If neither of these changes apply to you, then you don't need to take any action through the online enrollment. You can also log in and elect the button to make no changes to see your new 2021 rates. Your current coverage will continue into the next year at the applicable rates.

*NOTE: The screenshots used throughout this guide are for illustrative purposes only and any dollar amounts or dates do not reflect the 2021 premiums or dates for enrollment.* 

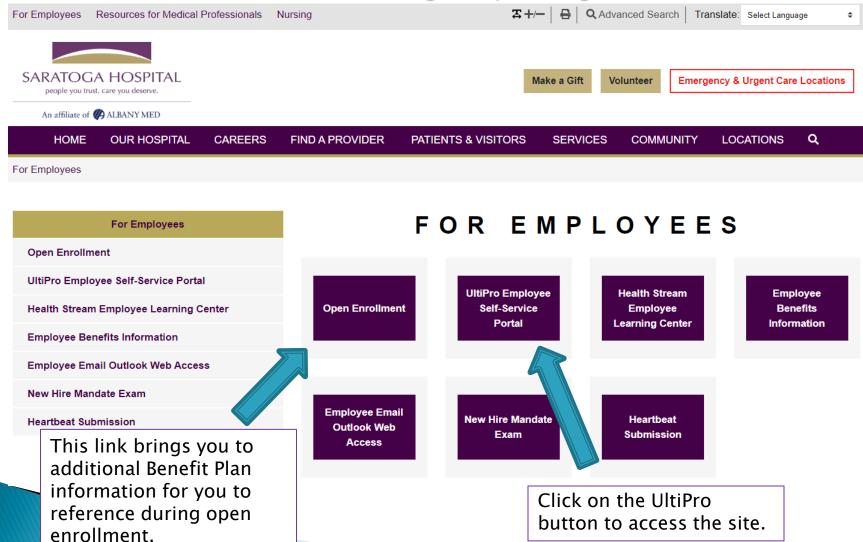
# Getting Started: Accessing UltiPro

There are two ways to access your UltiPro account:



### Accessing UltiPro from the Hospital Website

#### (www.saratogahospital.org)



At the Ultipro home page, log in using your full hospital email address as your username, along with your previously-set password.

For assistance logging in, contact <u>ultipro@saratogahospital.org</u>.

(الله الله الله الله الله الله الله الله	- □ × ☆ 磁 ⑫ Language: English (USA) ✓
SARATOGA people you trust. c	
Log In User Name Password Forgot your password?	Log In Note: If you are logging in for the first time, use your date of birth as your password (mmddyyyy).

# Once logged into Ultipro, click MENU, hover your mouse over the MYSELF tab until the drop down menu appears

C D U MENU	https://e22.ultipro.cc /ult.aspx	ADMINISTRATION	PredUTo view your current benefits, click on Benefits Summary
Home Inbox	Personal Employee Summary Name, Address, and Telephone Contacts Emergency Contacts Private Info Identification Documents Identification Documents Company Info Electronic Forms Employee Directory Organization Chart UltimateSoftware.com Jobs Job Summary Compensation Reviews	Career & Education Licenses Education Career Development Current Pay Current Pay Statement Pay History YTD Summary Direct Deposit Income Tax W-2	Benefits Benefits Summary Beneficiaries/Depender Investments PTO Plans PTO Requests COBRA Health Care El 1095-C Links Open Enrollment Life Events Life Events Employee Dor Note: This year, Flexible Spending is in it's own Open Enrollment Session. This session must be completed if you would like to elect the Flexible Spending benefeit.

We recommend you review your Benefits Summary prior to clicking on Open Enrollment since entering an Open Enrollment session requires a submission in order to be considered complete.

<b>C</b>	https://e2	2.ultipro.com/default.aspx	5 <b>≜</b> - Q	Ü	×			
MENU	Myself Benefits SARATC							
Benefits Sur	nmary	Beneficiaries/Dependents	Investments	PTO Plans	PTO Requests	COBRA	Health Care Eligibility	
Benefits Summary					-		Summary	
Status		Active 🗸		will display your current benefit elections.				

Benefit Seniority Date	08/29/2018
------------------------	------------

		Deduction			Coverag	e	Empl	loyee		
History	Benefit	Plan	Benefit Status	Start	Stop	Coverage	Start	Stop	Last	YTD
	Vision	Vision Insurance	Active	09/01/2018		Employee	09/01/2018		Decide whether you need to make any changes before entering ar Open Enrollment session.	
	Deferred Comp(USA)	ROTH	Active	09/02/2018		10.00 %	09/02/2018	γοι		
	Medical	FT 250 Ded Hlth w/Rx	Active	09/01/2018		Employee + One	09/01/2018	bef		
	Dental	FT Dental Comprehensive	Active	09/01/2018		Employee + One	09/01/2018			

Selecting Open Enrollment from the MYSELF tab will bring you to a landing page, from which you may select the applicable session.

<del>(</del> )	https://e22.ultipro.com/default.aspx	<b>i</b> j 5≞ - Q	×	
MENU	Myself Open Enrollment		RATOGA HOSPITAL people you trust. care you deserve.	▼   To



¥

Open Enrollment

 Description
 Session Open
 Session Close
 Status

 2021 Open Enrollment
 10/26/2020
 11/13/2020
 Not Started

 2021 Flex Spend Open Enrollment
 10/26/2020
 11/13/2020
 Not Started

Notice that there is more than one session available.

This will say "Not Started" until you click on it for the first time. Then it will say "In Progress" until you have submitted your selections.

#### If you do not want to make any changes!

#### **Open Enrollment**

Once you've reviewed your current benefits, if you do not wish to make any changes, select the "Stay enrolled in current benefit plans" button.

> Warning! Once you elect no changes, you cannot log back in and change your benefits



BEFORE choosing to "stay enrolled in current benefit plans", please review your current benefits in UltiPro by going to Menu >> Myself >> Benefit Summary.



Warning! If you select to "stay enrolled in current benefit plans" and you submit your session, you will NOT be able re-open your session to make any changes. Please be certain to review all benefit information before you finalize your open enrollment session.

#### *\*\*If you are re-enrolling or enrolling in flexible spending, please complete the SEPARATE Flex Spend Open Enrollment session.\*\**

OMake new elections

Review my existing plan year elections and/or make election changes. Please guide me through the Open Enrollment work event.

○ Stay enrolled in current benefit plans

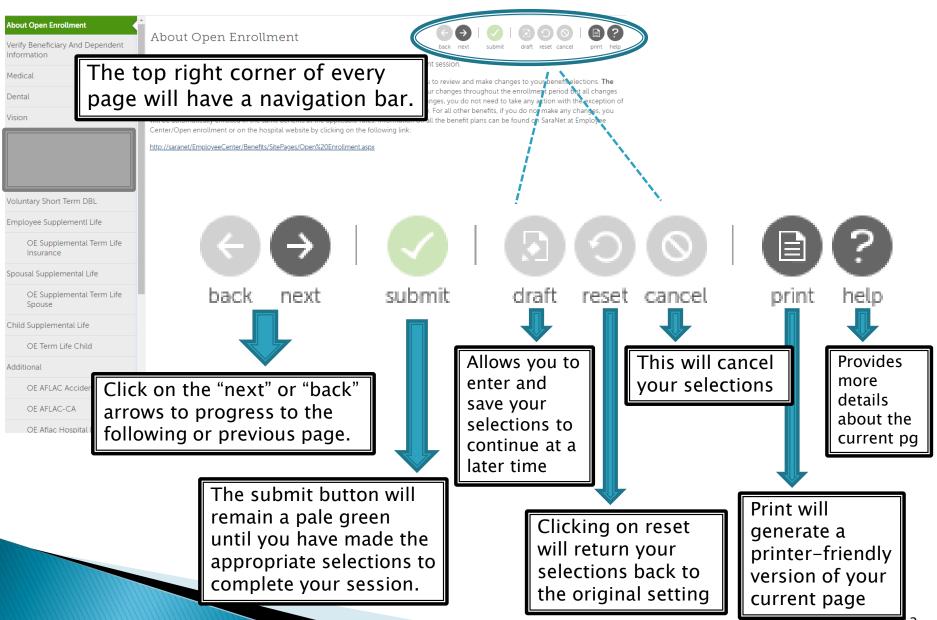
By choosing to stay enrolled in my current benefit plans, I understand that the costs and other plan details could change in the new plan year. (Note: To review your current elections, visit Myself > Benefits > Current Benefits).



# Once you select the 2021 Open Enrollment session from the landing page, it will bring you to the Open Enrollment home page which will display important information about the session.

Verify Beneficiary And Dependent Information Ye Medical W Dental FI	Velcome to Open Enrollment. Open enrollment is the one time a <b>Open Enrollment period runs from</b> must be made before the end of the day or	← →   ✓   ⊙ ⊙    A notice will tell you how many days are left to submit your elections. Ou can modify your changes throughout the enrollment period but all changes throughout the enrollment period but all changes throughout the enrollment period but all changes through out the enrollment period but all changes therold but all changes therold but all changes through out the e
Vision	vill be automatically enrolled in the same benefits at the applicable center/Open enrollment or on the hospital website by clicking on t	rates. Inform Plazes road carefully through those dotails
Voluntary Short Term DBL	<u>ttp://saranet/EmployeeCenter/Benefits/SitePages/Open%20Enrollmen</u>	
Employee Supplementl Life		This link will bring you to
OE Supplemental Term Life Insurance	The left hand side display	
Spousal Supplemental Life	the list of benefits in which you are eligible to enroll.	
OE Supplemental Term Life Spouse	can go directly to any of	the
Child Supplemental Life	benefits by clicking on th	e
OE Term Life Child	specific plan.	
Additional		
OE AFLAC Accident		
OE AFLAC-CA		

### Navigating through Open Enrollment



# 2021 Flex Spend Enrollment Session

# **Benefit Plans**

Flexible Spending Accounts Medical Reimbursement and Dependent Care

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay for eligible medical, prescription, dental, vision or child care costs.

- If you have current flexible spending accounts, you must elect new flexible spending amounts each year. Previous election amounts do not roll over from one year to the next.
- The next few slides will demonstrate how to elect flexible spending amounts.

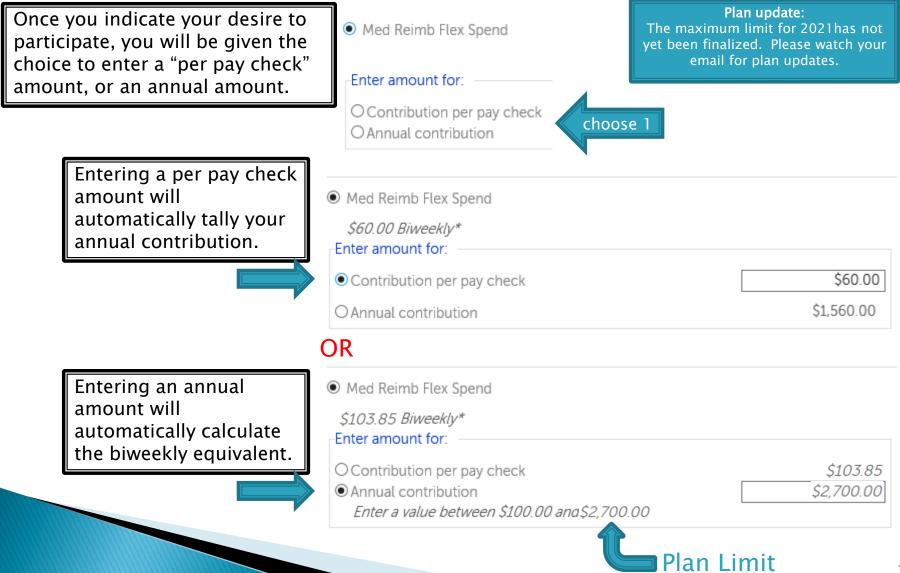
# For Medical Reimbursement flexible spending, click on the current plan box to see your current election amount.

#### About Open Enrollment Flexible Spending Account Verify Beneficiary And Dependent submit draft reset cance Information Select a Plan **Current Plan** as of 12/31/2019 Flexible Spending Account Use the options below to choose or decline a plan. Med Reimb Flex Spend Med Reimb Flex Spend Your cost Pre-tax flex spending account elections for medical expense Dependent Care Flex Spend reimbursement or dependent care must be made each year during \$20.00 Biweekly open enrollment. Previous elections do not roll over from one year Confirm Your Elections Or to the next. \*\*2020 Flex Spend limits have not been finalized by the Changes IRS. An email will be sent to all employees once an announcement on plan limits is made. You will then be able to update your election in your open enrollment session.\*\* Please note that if you check the "I decline" box below, you are declining enrollment in the applicable flex spending accounts. You must make a choice to either enroll or decline these **Directions** are provided on how to indicate your I decline the Med Reimb Flex Spend plan. election amount Med Reimb Flex Spend Med Reimb Flex Spend Plan Information Enter amount for: Contribution per pay check Once an Annual contribution election is made for a flex

You must make an election to either enroll in, or decline, BOTH types of flexible spending accounts; Medical Reimbursement and Dependent Care. If you fail to do so, you will not be able to submit your elections.

About Open Enrollment Verify Beneficiary And Dependent Information Please note that if you de flexible spending during open enrollment, you will	cline	xible Spending Account our open enrollment session.** se note that if you check the "I decline ining enrollment in the applicable flex t make a choice to either enroll or dec	back box below, you are spending accounts. You	Next   submit
be able to re-enroll until open enrollment next yea	ır.		Read more	
Confirm Your Elections Or Changes decline	l de	ecline the Med Reimb Flex Spend plan.	If you want to dec Spending deduction the box next to decline" state	ons, click in the " I
participate	O Med	d Reimb Flex Spend		
	Enter	r amount for:	Plan Information	print
		ontribution per pay check Inual contribution	Once an election is made for a flex spending a changed during the plan year. Expense reimbu March 31st following the conclusion of the plan funds can not be rolled over or refunded.	ccount, the election can not be rsement must be submitted by
				Close

# Choose your Flexible Spending contribution amount



# **Submitting Your Elections**

#### DOUBLE CHECK

- Did you remember to either enroll in, or decline, both types of flexible spending accounts? You will not be able to submit your elections unless you have done so. If necessary, go back to the flexible spending section and enroll or decline each plan.
- Even after you submit your elections, you can go back into the open enrollment session to review and make changes up to the last day of open enrollment: November 13th. No changes can be made after that date.
- The benefits that you are electing will remain in force until 12/31/20 unless you experience a Qualifying Event (i.e., birth of a child, marriage, divorce or change of employment status for you or your spouse). You have 30 days from the date of the event to make changes to your benefits.
- Questions? Email benefits@saratogahospital.org

# **Confirming Your Elections**

- Once you have gone through all the benefit options, you will need to confirm your elections.
- REMINDER: If you're seeing a message like this at the top of the page, it means you have not made an election to either enroll or decline in the Flexible Spending section. Your "submit" button will not be active until you have made an election there.

Confirm Your Elections or Changes

#### 🚹 Information

· Your elections cannot be submitted until elections for the required plan type(s) have been completed:

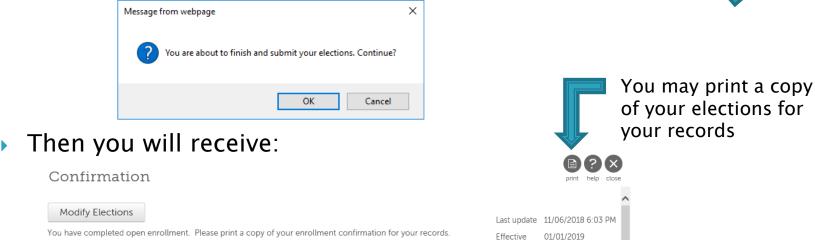
Flexible Spending Account

Med Reimb Flex Spend

Dependent Care Flex Spend

# **Submitting Your Elections**

- When you are satisfied with your Benefit Elections, click the submit button.
   Confirm Your Elections or Changes
- You will be prompted to continue your submission:



\*\*Please note: For any benefit that you did not make a change to, you will see the note "no election made". This means that you will continue your benefit election as you have it during the current plan year.

## Finally, if you go back to your Open Enrollment page, it will show: Open Enrollment

Description	Session Open Date	Session Close Date	Status	×
2021 Open Enrollment	10/26/2020	11/13/2020	Complete	

submit

next

draft

reset can

# 2021 Open Enrollment Session

# Verifying Beneficiaries and Dependents

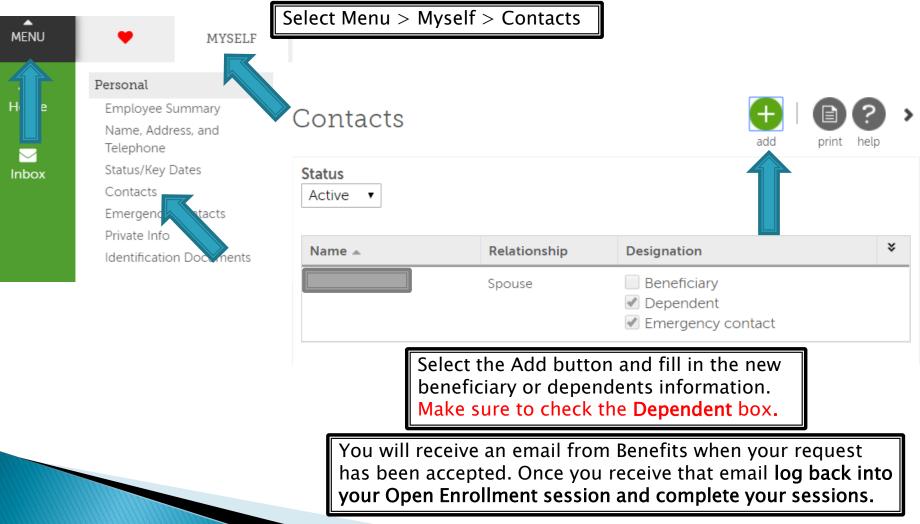
#### The next step is to confirm your Beneficiary(s) and Dependent(s)

About Open Enrollment Verify Beneficiary And Dependent Information	Verify Benefic Information	ciary and Dependent	t $\bigoplus_{back next}$   $\bigcirc_{submit}$   $\bigcirc_{draft}$ res	set cancel   print help
Medical Dental	ro, you will go to Men		not make the changes in your open er mit your changes and receive an appro penefit changes.	
Vision	Find by Status V Activ	ve 🗸		
	Name 🔺	Relationship	Designation	*
			<ul> <li>Beneficiary</li> <li>Dependent</li> <li>Emergency contact</li> </ul>	
Voluntary Short Term DBL			<ul> <li>Beneficiary</li> <li>Dependent</li> <li>Emergency contact</li> </ul>	
Employee Supplementl Life OE Supplemental Terr Life Insurance			<ul> <li>Beneficiary</li> <li>Dependent</li> <li>Emergency contact</li> </ul>	

This is important because only dependents denoted here may be applied in later sections.

### To add or edit your Beneficiary(s) and Dependent(s)

Exit out of your Open Enrollment session and go back to your Ultipro home page



# **Benefit Plans**

### Medical/RX, Dental and Vision Plans

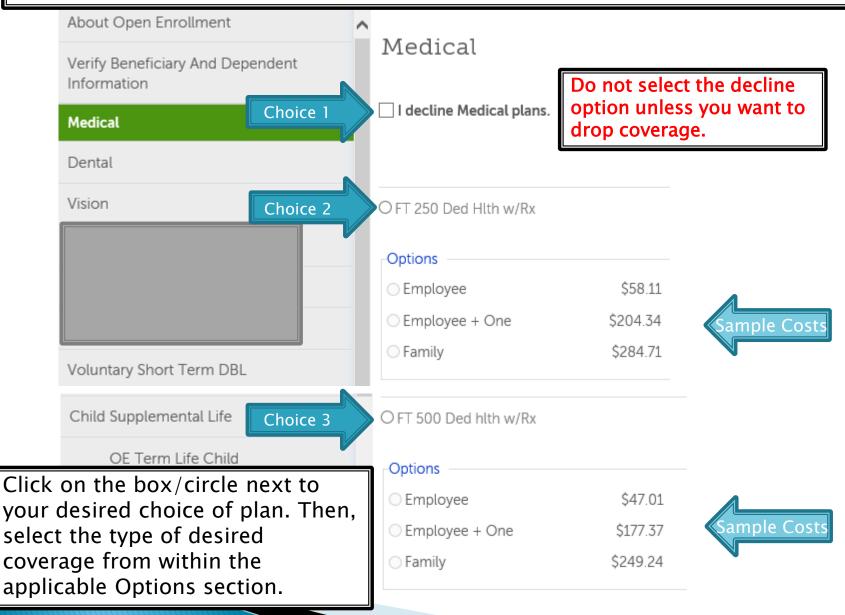
### Each plan has an individual page that provides:

- A brief plan description
- Your current election, cost and coverage
- Cost and election section
- A link to additional info and resources

A brief description is provided for each plan. If you click on your current option box on the right hand side, the box will display your current cost, coverage option and enrolled dependents.

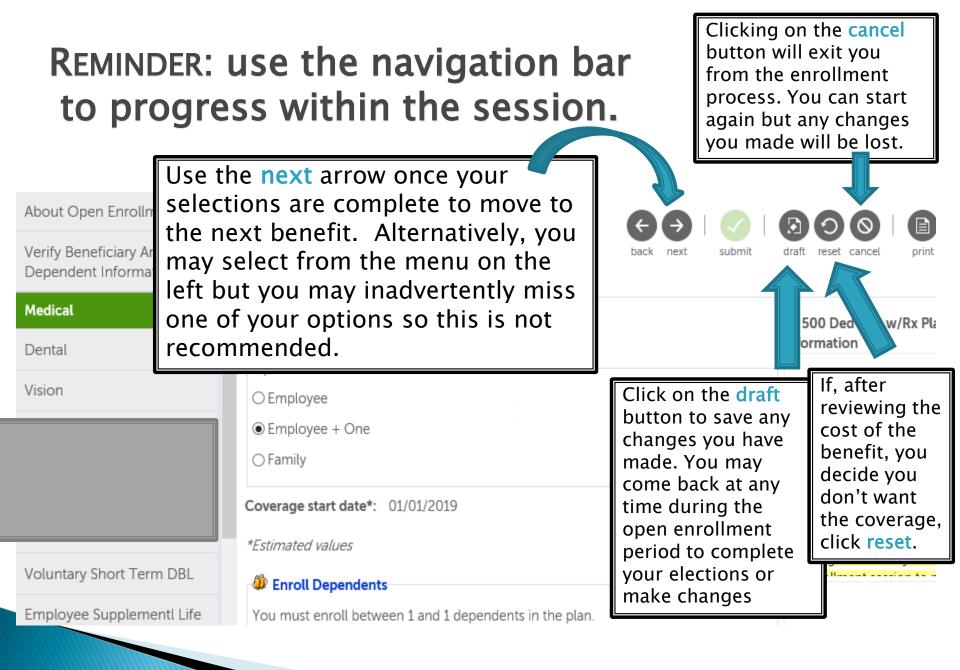
About Open Enrollment	Madiaal	
Verify Beneficiary And Dependent Information	Medical	back next submit draft reset cancel print hel
	Select a Plan	Current Plan
Medical	Use the options below to choose or decline a plan.	as of 12/31/2018
Dental		Click Here • FT 500 Ded hlth w/Rx
Vision	Health and Prescription coverage are administered by CDPHP. You will receive one benefit card for both health and prescription. Rates shown for this plan include both health and prescription costs.	
Voluntary Short Term DBL	There are two plan options with different individual deductibles and out of pocket maximums. Please review the individual plan options to determine which one is best for you. For a complete summary of benefit coverage, applicable copayments, deductibles, coinsurance and out of pocket maximums, go to SaraNet/Employee Center/Benefits & Pay or click on the following link for resources located on the hospital website: http://saratogahospital.org/information-	* FT HEAL TH INSURANCE Your cost
Employee Supplementl Life	Read more	Option
OE Supplemental Term Life Insurance	I decline Medical plans.	Family
Spousal Supplemental Life		Plan Dependents
OE Supplemental Term Life Spouse	FT 250 Ded Hlth w/Rx	
Child Supplemental Life		
OE Term Life Child	Options Employee \$58.11	
Additional	© Employee + One \$204.34	coverage for yourself, one
OE AFLAC Accident	Family \$284.71	dependent (this includes spouse, child or domestic
OE AFLAC-CA		partner), or family, If electing

## You may need to scroll down on the page to see information on all available benefit plans/options and to view the cost for each.



If you are changing the level of coverage, want to take a dependent off your plan or add a dependent to the plan, click on the circle next to the plan title, then click to indicate your current preferences.

About Open Enrollment		
Verify Beneficiary And Dependent Information	Medical	
Medical	● FT 500 Ded hlth w/Rx	
Dental	\$177.37 Biweekly* Options	
Vision	○ Employee	\$47.01
	<ul> <li>Employee + One</li> </ul>	\$177.37 Sample Costs
	○ Family	\$249.24
	Coverage start date*: 01/01/	2019
Voluntary Short Term DBL	*Estimated values	Once you select coverage from the applicable Options
Employee Supplementl Life	Enroll Dependents	section, your current
Click on the box next to those dependents you want to be covered under the plan. For anyone that you do not elect, if they have existing coverage, it will end 12/31	You must enroll between 1 ar	<ul> <li>dependents will appear.</li> <li>Notice that only those you have elected as a 'Dependent' on the Verify Beneficiary &amp; Dependent Information page, will be available here</li> </ul>



### TAKE NOTE: declining a benefit has consequences!

About Open Enrollment Verify Beneficiary And	Dental	back next	t submit draft reset cancel print help
Dependent Information Medical	Select a Plan Use the options below to ch	oose or decline a plan.	Current Plan as of 12/31/2018
Vision Once you decline a benefit, your other choices wil disappear. Voluntary Short Term DBL	annual maximum coverage with dependents now con- they turn age 26. For more to SaraNet/Employee Cen- website at the following I about-employee-benefits/d If you currently have cover action. Your current cover	nprehensive dental plan that provides an ge amount of \$1,500 per participant vered to the end of the month in which re information on what is covered, go nter/Benefits & Pay or on the hospital link: http://saratogahospital.org/information- lental-plan/ erage, you do not need to take any erage will continue. Please note that if you elou , your existing coverage will end	FT Dental Comprehensive
Employee Supplementl Life OE Supplemental Term Life Insurance	✓ I decline Dental plans.	or vision, you will no	n Enrollment, or unless

# **Benefit Plans**

### Short Term Disability and Long Term Disability

- Voluntary Short Term and/or Long Term Disability insurance coverage may be purchased through The Hartford.
  - Please review the information on each plan and refer to the resources available on the hospital website or on SaraNet.
  - If you currently have voluntary disability coverage and want to continue the benefit as it currently is, you do not need to take any action.

## You can find out the benefit amount and cost of coverage by clicking in the small circle next to the plan name. The per pay period amount will display.

#### About Open Enrollment Voluntary Short Term DBL Verify Beneficiary And back next submit draft reset cancel print Dependent Information Select a Plan Current Plan Medical Use the options below to choose or decline a plan. as of 12/31/2019 No current plans for this type Dental If, after reviewing the cost Voluntary Short term disability provides coverage for up to Vision of the benefit, you decide 26 weeks at 50% of your weekly wages up to a maximum of you don't want the \$3,000 per week in the event that you are out of work due **Voluntary Short Term DBL** to a non-work related illness or injury for more than seven coverage, click reset. calendar days. Rates are based on age and weekly salary Employee Supplementl Life amount. If you currently have coverage, you do not need to take **OE** Supplemental any action. Your current coverage will continue. Term Life Insurance Spousal Supplemental Life Read more This is the weekly benefit you would **OE** Supplemental be paid if you were out on short Term Life Sp term disability including state I decline Voluntary Short Term DBL plans. disability. It is based on your Child Supplemental current salary and scheduled hours. OE Term Life Child Additional OE Voluntary Short Tarm Disability **OE Voluntary Short Ter** Information Sample Cost **OE AFLAC-CA** \$8.46 Biweekly\* Benefit Amount Short term disability **OE AFLAC Accident** 32 Desired benefit amount \$162.20 Per week for up to 26 weeks a

# **Benefit Plans**

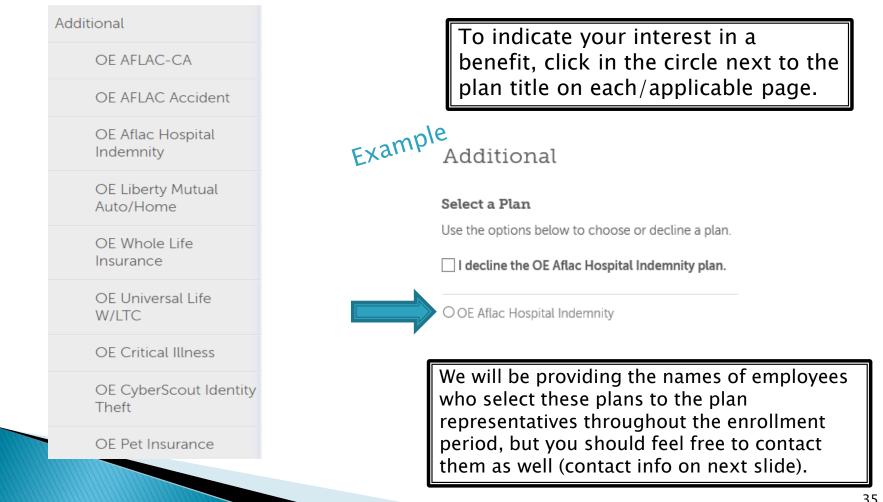
### Supplemental Term Life Employee, Spouse and Child

- If you are interested in term life insurance coverage for yourself, or you would like life insurance coverage for your spouse and/or child/children, Supplemental Term Life Insurance coverage may be purchased through The Hartford.
  - The maximum amount available is up to \$100,000 for Spouse/Domestic Partners and up to \$500,000 for employees\* (\*certain limitations apply – review plan document for additional qualifications regarding employee coverage limits)
- Follow the same process when electing supplemental term life for a spouse or child as well. You do not need to elect a beneficiary for either of these plans.

#### To elect this benefit, click on the circle next to the Supplemental Term Life plan. Then go into the 'Desired benefit amount' box and enter the coverage amount you wish to purchase.

About Open Enrollment Verify Beneficiary And Dependent Information	Employee Suppler	mentl Life	ba	Jack       next       submit       Image: Submit in the
Medical	Use the options below to choose o	or decline a plan.		Current Plan as of 12/31/2018
Dental				Supplemental Term Life Insurance
Vision	coverage for the first time, or ele- must complete an Evidence of In form can be accessed at the follo	ance is offered through Unum. If you ar lecting additional coverage, during open Insurability form on line through the Unu Ilowing link: m/generichome Employee Access Code:	n enrollment you um website. The	
	Coverage amounts can be elect times your annual salary.	cted in increments of \$10,000 up to \$3		OE Supplemental Term Life Insurance Plan Information
Voluntary Short Term DBL	If you are within 31 days from your date of hire or status change date you can elect up to \$100,000 for yourself and up to \$30,000 for your spouse without evidence of			Any new enrollment or increase in coverage requires medical underwriting. Coverage amounts can be
Employee Supplementl Life			Read more	elected in increments of \$10,000 up to \$300,000 or
OE Supplemental Term Life Insurance	I decline the OE Supplemental	i Term Life Insurance plan.		5 times your annual salary. Link to Evidence of Insurability: https://securehealth.unum.com/generichome Employee Access Code: 2CV5NCJ
Spousal Supplemental Life	OE Supplemental Term L	Lifa Incurance		
OE Supplement	\$0.48 Biweekly*		Ent	ter the Desired Benefit Amount
Child Supplemental Life	Benefit Amount	<u> </u>	her	re
OE Term Life Child	Desired benefit amount	\$10,00		nd the biweekly cost of the
Additional	The maximum benefit am	nount value is \$300,000.00	bei	questing will display above

Additional voluntary benefits are provided to meet the needs of employees and their families. More information on each plan may be found on SaraNet.



# **Other Benefit Plans**

There are a number of other benefit plans which may be elected during open enrollment. For most of them, the cost of the plan depends on the amount of coverage you are requesting.

- Voluntary Legal Plan: MetLaw Hyatt Legal <u>https://info.legalplans.com/Home/</u> Password MetLaw
- AFLAC: Warren Weil at 518.321.1168 or <u>Warren\_weil@us.aflac.com</u>
- Liberty Mutual: Christin Zorda at 518.782.2541 ext. 51748 or <u>Christin.Zorda@LibertyMutual.com</u>
- NY Whole Life: Joe Lee at 214.274.9545
- Allstate Universal Life/Critical Illness: Brian Johnson at 518.371.5522 ext. 154 or bjohnson@nyltcb.com
- Nationwide Pet Insurance: petinsurance.com/saratogahospital or call 877.738.7874
- CyberScout Identity Management: Customer Service: 1-877-432-7463
  - To enroll visit: <a href="https://saratogahospital.e.paylogix.com/Login.aspx">https://saratogahospital.e.paylogix.com/Login.aspx</a>

To discuss cost and coverage options, contact the representative. 36

## Make sure you review both current benefits and new benefits to make sure your elections are as you intended them.

#### Confirm Your Elections or Changes





This page shows a summary of the changes you are about to make. Please verify your change selecting the plan type or plan description hyperlink to return to the election page. When you toolbar. If your screen is wide enough, you will see the current and new benefits side-by-side. If not, your new benefits will be listed under your current benefits, so just scroll down to see them.

Personal Information

1							
	ame ddress			W	ome phone ork phone ork extension mail		
	<ul> <li>Current Be</li> </ul>	mefits - As of 12/31/2018 Estimated Total Cost			<ul> <li>New Benef</li> </ul>	fits - As of 01/01/2019 Estimated Total Co	ost: \$0.00 🕐
	Plan Type	Plan Details	Your bi- weekly cost		Plan Type	Plan Details	Your bi- weekly cost
	Additional	AFLAC Accident	\$15.84 😨		Medical	No election has been made	
		Covered Family Members			<u>Dental</u>	No election has been made	
					Vision	No election has been made	
	Additional	AFLAC Hospital Indemnity Plan	\$23.76		Flexible Spending	<u>Med Reimb Flex Spend</u> No election has been made	
		Covered Family Members			Account		37

#### Confirm Your Elections or Changes





This page shows a summary of the changes you are about to make. Please verify your changes car selecting the plan type or plan description hyperlink to return to the election page. When you are s toolbar.

Personal	Inform	ation
a wawwaters	and the set is in the	

Name Address

1			
1			
1			
1			

Current Benefits - As of 12/31/2018

Estimated Total Cost: \$307.57 🛛

Plan Type	Plan Details	Your bi- weekly cost
Additional	AFLAC Accident Covered Family Members Tallah Cristin Woykowski	\$15.84 🛛
Additional	AFLAC Hospital Indemnity Plan Covered Family Members	\$23.76

NOTE: Only *newly* elected benefits will be listed in the Plan Details and include a cost. The statement "No Election Has Been Made" means you have not changed the status of the benefit indicated. Any previous elections will continue into the new year at the applicable rates.

<ul> <li>New Bene</li> </ul>	fits - As of 01/01/2	Estimated Total Cost: \$0.00 🛛
Plan Type	Plan Details	Your bi- weekly cost
Medical	No election has been made	
<u>Dental</u>	No election has been made	
Vision	No election has been made	
Flexible Spending Account	<u>Med Reimb Flex Spend</u> No election has been made	

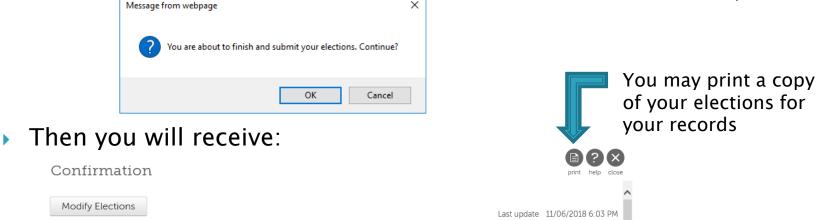
# **Submitting Your Elections**

#### DOUBLE CHECK

- Even after you submit your elections, you can go back into the open enrollment session to review and make changes up to the last day of open enrollment: November 13th. No changes can be made after that date.
- The benefits that you are electing will remain in force until 12/31/21 unless you experience a Qualifying Event (i.e., birth of a child, marriage, divorce or change of employment status for you or your spouse). You have 30 days from the date of the event to make changes to your benefits.
- Questions? Email benefits@saratogahospital.org

# **Submitting Your Elections**

- When you are satisfied with your Benefit Elections, click the submit button.
   Confirm Your Elections or Changes
- You will be prompted to continue your submission:



You have completed open enrollment. Please print a copy of your enrollment confirmation for your records.
\*\*Please note: For any benefit that you did not make a change to, you will see the note "no election made". This

means that you will continue your benefit election as you have it during the current plan year.

## Finally, if you go back to your Open Enrollment page, it will show: Open Enrollment

Description	Session Open Date	Session Close Date	Status	*
2021 Open Enrollment	10/26/2020	11/13/2020	Complete	

Effective

01/01/2019

submit

next

draft

reset can