

# Navigating Your 2024 Benefits Open Enrollment



Do you think you've ever logged in to Employee Navigator to manage your University benefits?

## Nope

- Let's get you registered! Click [here](#) to access the registration screen, but do return to this document and keep scrolling for registration instructions.
- Then click [here](#) to scroll at super speed down to the relevant page.

## Yes; I know it well!

- Let's get you logged in and move ahead. Click [here](#) to access to the login page.
- Then click [here](#) to scroll at super speed down to the relevant page.

# Registering as a New User

This is easy, so don't fret. We simply need to connect your online access to your existing employee account. You should have an Internet browser open with a screen that looks similar to the one below this text.

Once you've entered all of the fields, click the "Next" button.

## Create Your Account

First, let's find your company record

**First Name**

This should be your legal name. You can update your preferred name later, if you'd like.

**Last Name**

Same here. Legal name.

**Company Identifier**

*(provided by HR)*

Enter "US" as shown.

**PIN**

*(Last 4 Digits of SSN / ID)*

Last 4 digits of your SSN

**Birth Date**

*(mm/dd/yyyy)*

Date of Birth in format MM/DD/YYYY

Next »

## Let's Talk About a Possible Error

If you get this error above the "Next" button, something isn't lining up. It's likely the information we have on file for you isn't exactly as you have typed. Email [cbchampi@sewanee.edu](mailto:cbchampi@sewanee.edu) to get this sorted out.

We cannot locate your records. Please revise your answers or contact your Administrator for help.

Next »

## Creating Something Beautiful - Your Account

The screen similar to the one below should appear after successfully completing the last step. Let's do something special and make this your own!

### Create Your Account

Then register a username and password

#### Username

*(company email is recommended)*

#### Password

*(minimum length of 6, number and symbol required)*

[show it](#)

I agree with the [terms of use](#)

We recommend you use your Sewanee e-mail address for ease of remembrance; however, it's completely up to you. We wouldn't dare put a damper on your free-spirit.

At least 6 characters with a number and a symbol. Save it somewhere!

Don't forget to click that you agree if you'd like to continue.

# Let's Get Acquainted

Stunning! Please read through the introduction, click the "Continue" button, read a bit more and then click the "Let's Begin" button. We're off! [Click here](#) to jump to the next relevant section.



## Welcome! We're excited to have you on our team.

Say hello to your benefits management tool! Here you'll have 24/7 access to detailed information about our employee benefits program, company documents, interactive tools, and more! Click continue to find out what HR needs from you before you begin navigating your personalized employee profile.

Continue

1/2



## Participation Required

The following items are required by HR and need to be completed in a timely manner. You can log out at anytime, but be sure to come back and complete the items listed below.


1 Open Enrollment

Let's Begin

2/2

## Logging In as an Existing User

Wonderful! You remember using Employee Navigator at some point, so we simply need to get you logged in. You should have an Internet browser open with a screen that looks similar to the one below this text. Once you're able to login, move on to the next step.



Username

Password

Login

Your Username was set by you, and is likely your e-mail address. If you can't remember it, email [cbchampi@sewanee.edu](mailto:cbchampi@sewanee.edu)

You may not remember your password – it's okay! Simply use the "Reset a forgotten password" link and you'll be on your way.

[Reset a forgotten password](#)

[Register as a new user](#)


# Enjoying the View of a Successful Login

Welcome! You've made it past the most difficult part of the enrollment process. Let's take this to the next level.

If you'd like to browse around, review your information, check out the kitchen, etc. please do so.

If you've been here before and you're ready to leave, let's make this quick. Click the "Start Enrollment" button.








You have 1 item to complete.

**1** Enroll in your benefits

**Start Enrollment**

**Good Afternoon, Stephanie!**  
Grab a cup of coffee and let's get some work done.  
You have 15 days left to complete your open enrollment.

### Shortcuts

 View Profile	 Document Library	 Enrollment Summary	 Adjust Coverage
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## Let's Get Enrolling!

A bit of additional light reading appears. Please read and click the "Get Started" button.



## Open Enrollment

Let's get rock En-rolling!

Before getting started, you'll want to have your personal information and information for your dependents ready.

The enrollment process includes:

1. Verifying your personal & dependents' demographic information
2. Electing your benefits & completing any related forms
3. Signing your enrollment confirmation summary

[Get Started](#)



# Confirm Your Personal Information

Look over your personal information, but please let us know if your name, gender or date of birth needs to be updated by emailing [cbchampi@sewanee.edu](mailto:cbchampi@sewanee.edu). Feel free to update your preferred name and phone number if you'd like.

### Personal Information

First Name

Middle Name

Last Name

Suffix

Preferred Name

Gender  Male  Female

Date of Birth

SSN

Phone Number

Email Address

[Save & Continue](#)

Progress: 1 of 12

[View steps >](#)

## Best Kept Secret!

If you need to skip to another section (forward or backward), do not use your browser's 'back' button. Simply click the "View steps" text along the right side of the screen. The menu will expand and you can jump to your favorite section.

Progress: 2 of 12

[View steps ▾](#)

- 1. [Personal Information](#)
- ⊖ 2. [Address](#)
- ⊖ 3. [Dependent Information](#)
- ⊖ 4. [Medical](#)
- ⊖ 5. [Dental](#)
- ⊖ 6. [Vision](#)
- ⊖ 7. [Life](#)
- ⊖ 7a. [Life Beneficiary](#)
- ⊖ 8. [Voluntary Life](#)
- ⊖ 9. [Group Long-Term Disability](#)
- ⊖ 10. [Flexible Spending Account](#)
- ⊖ 11. [Dependent Care Spending Account](#)
- ⊖ 12. [Enrollment Summary](#)

## Where's Home?

Double check your address to ensure we have the most current information housed within this system. It's where any ID cards or other benefit mailings will be sent.

### Address

Country

United States of America ▼

Address 1

735 University Ave

Address 2

City

Sewanee

State

Tennessee ▼

Zip Code

37383

Save & Continue

### Verify Address

Recommended

735 University Ave  
Sewanee, TN 37383-2000  
Franklin County

Use this address

Alternatives

Close and edit my address

Back to edit

You'll likely be asked to verify your address. The software is attempting to check your entry against registered postal addresses. If it proposed something different than what you've input and you know you're correct, simply override it by using an available Alternative option that would appear along the bottom of the screen.

## Other Than Us, Who Depends on You?

This is an important step if you'd like to enroll your eligible dependents (spouse, partner, children under age 26, disabled children over age 26). Take some time to review their information, update or add as necessary and then "Save & Continue."

Should you need to delete a dependent from the system (such as a previous spouse), you can request we do that by e-mailing us [here](#).

### Dependent Information

add dependent +

No dependents were found.

#### Edit Dependent

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Suffix	--Select--
Relationship	--Select--
Gender	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth	--Month-- --Day-- --Year--
Age	<input type="text"/>
SSN	<input type="text"/>
Fulltime College Student	<input type="radio"/> Yes <input type="radio"/> No
Disabled	<input type="checkbox"/>
Tobacco User	<input type="radio"/> Yes <input type="radio"/> No
Address	Home

When it comes to dependent information, it's best to enter information into all of the fields for which you know the information to be accurate. It makes it easier in the future.

# Interested in Medical Coverage?

Let's break it down with some visuals.

## Medical


Enrolling in Medical insurance can protect you from paying the full cost of medical services when you're injured or sick. Select a plan below to safeguard your financial security in the event of a health care emergency.

## Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (Child)

Select who you'd like to cover with this policy.

## Which plan do I want?




2020 BCBST PPO Medical \$750 Deductible

**\$105.46**  
Cost per pay period

Effective on 01/01/20  
Employee

[Compare](#) [Details](#) [Select](#)



2020 BCBST HDHP Medical \$2,000 Deductible

**\$84.64**  
Cost per pay period

Effective on 01/01/20  
Employee

[Compare](#) [Details](#) [Select](#)

Select the policy that you feel is best for you and your family.

Click here this to access a tool to compare pay period costs and coverage details per play side-by-side.

When you've made your selection, click this button to move forward.

Save & Continue


Don't want this benefit?

Not interested in coverage? Click this button and move on.

## Don't Forget About Helpful Resources!

For most plans, there is a section of “Helpful Resources” with links to more information about the coverages offered. These may include links to outside sites, downloadable summaries or documents that you may need to review based on your selections.

Progress: 4 of 12



[View steps](#) >

### My Selections

**Open Enrollment:**  
No election yet

**Current:**  
No election on file

### Helpful Resources

- [2020 ACA Marketplace Notice](#)
- [2020 BCBS SBC - Option 1](#)
- [2020 BCBS SBC - Option 2](#)
- [2020 BCBS Summary - Option 1](#)
- [2020 BCBS Summary - Option 2](#)

## Interested in a Health Savings Account (HSA)?

If *and only if* you've enrolled in the High Deductible Health Plan (HDHP), will you be eligible to be enrolled in the Health Savings Account (HSA), a tax free account to use toward [eligible medical, dental, and vision expenses](#). If eligible, you'll automatically receive the University's monthly contribution; however, you can go ahead and elect to make your own contribution to the account via payroll deduction. **With an HSA, you can update this at any point during the year, so don't add pressure to yourself if you're not ready to commit to making your own contributions.** You are encouraged you to check out the "Helpful Resources" to ensure this enrollment is right for you. If you still have additional questions, please let us know.

### Healthcare Savings Account

#### Review The Plan Information

IRS Contribution Limit	\$8,300
Employer Annual Contribution	\$1,800
Employer Funding Dates ⓘ	
Effective Date	01/01/2024

#### Choose Your Contribution

Eligible Yearly Contribution	\$6,500
Employee Per Pay Election	<input type="text" value="\$ 0.00"/>

#### Review Your Selection

Your projected deferral through 12/31/2024 is \$1,800.00 ⓘ

[Save & Continue](#)

If you'd like to make contributions each pay period, indicate the amount per pay period here.

# Interested in a Healthcare Flexible Spending Account (HCFSA)?

If *and only if* you're **not** enrolled in an HAS-eligible High Deductible Health Plan (HDHP) at the University or elsewhere, will you be eligible to be enrolled in the HCFSA. If you're interested in having payroll dollars deducted each pay period to be deposited into a tax free account to use toward eligible medical, dental, and vision expenses, we encourage you to check out the "Helpful Resources" to ensure this plan is right for you. If you still have additional questions, please let us know.

### Flexible Spending Account

Enroll in your benefit.

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### Choose your election

Plan year:  
01/01/2020 to 12/31/2020

Available annual amounts:  
\$100 to \$2,700

Number of pay periods:  
26 remaining

How much do you want to defer?

By annual amount      - OR -      Defer Maximum \$

By per pay amount

\$

[Save & Continue](#)

[Don't want this benefit?](#)

Update your Amount and double, even triple check the software's calculation.

## Interested in a Dependent Care Flexible Spending Account (DCFSA)?

If you're interested in having payroll dollars deducted each pay period to be deposited into a tax free account to use toward care for your dependents (such as childcare expenses), we encourage you to check out the "Helpful Resources" to ensure this plan is right for you. Enrollment in a HSA does not affect your eligibility to enroll in a DCFSA. If you still have additional questions, please let us know.

### Dependent Care Spending Account

Enroll in your benefit.

### Choose your election

Plan year:

01/01/2020 to 12/31/2020

Available annual amounts:

\$100 to \$5,000

Number of pay periods:

26 remaining

How much do you want to defer?

By annual amount

- OR - Defer Maximum \$

By per pay amount

\$

Save & Continue

Don't want this benefit?



## Interested in Dental Coverage?

Make your selection or choose not to enroll in the same manner in which you made your medical plan decision. Choose who you'd like to cover (if anyone), select the plan and either "Save & Continue" or decline to enroll by clicking "Don't want this benefit?"

### Dental

Dental insurance is a form of health insurance designed to protect you from paying the full cost of routine or emergency dental care. Select a plan below to safeguard your financial security in the event you need to seek oral care.

### Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (Child)

### Which plan do I want?



2020 BCBST Dental

**\$15.92**

Cost per pay period

Effective on 01/01/20

Employee

Compare

Details

Select

Save & Continue

Don't want this benefit?

## Interested in Vision Coverage?

Make your selection or choose not to enroll in the same manner in which you made your medical and dental plan decisions. Choose who you'd like to cover (if anyone), select the plan and either "Save & Continue" or decline to enroll by clicking "Don't want this benefit?"

### Vision

Vision insurance is commonly designed as a health and wellness plan to help reduce costs for preventative and prescription eye care. Select a plan below to safeguard your financial security and start benefiting from discounts on eye care and eyewear services.

### Who am I enrolling?

- Myself
- Select All
- Spouse Test (Spouse)
- Child Test (child)

### Which plan do I want?



2020 VSP Vision

**\$3.79**

Cost per pay period

Effective on 01/01/20  
Employee

Compare

Details

Select

Save & Continue

Don't want this benefit?

# Review Your Complimentary Life Insurance

If eligible, you'll have an opportunity to review the details of the life insurance coverage that the University provides to you at no cost. The amount of the insurance should be equal to your base pay rounded up to the nearest \$1,000. If you feel there is an error in the software's calculation, email [cbchampi@sewanee.edu](mailto:cbchampi@sewanee.edu) for a review.

Note: If you are 65 years of age or older, this amount is reduced to 65% of the original amount. If you are 70 years of age or older, the amount is reduced to 50% of the original amount.

## Life

Enroll in your benefit.

## Review Your Benefit

**Plan:**

Sun Life Financial 2020 Sun Life Basic Life and AD&D

**Your insurance amount:**

\$35,000.00

**Effective on:**

01/01/2020

## Your cost per pay period:

\$0

[backdate the election?](#)

[Save & Continue](#)

When you've reviewed the details of the policy, click this button to move forward.

# Record Beneficiaries for Your Life Insurance

If eligible for complimentary life insurance, you'll need to record at least one beneficiary. We don't recommend leaving it without anyone assigned to it or to your estate.

The image shows a screenshot of a web form for recording life insurance beneficiaries. It includes a main form, a modal for adding a primary beneficiary, and a detailed view of the primary beneficiary form. Callout boxes provide instructions on how to use the form.

**Primary Beneficiaries**

+ add a beneficiary

⚠ You are required to enter a primary beneficiary.

**Contingent Beneficiaries**

+ add a beneficiary

**Primary Beneficiary**

Copy existing dependent --Select--

--or--

Beneficiary Type --Select--

Save

**Primary Beneficiary**

Beneficiary Type Person

Relationship --Select--

Gender --Select--

Allocation %

First / Middle Name

Last Name / Suffix --Select--

Date of Birth --Month-- --Day-- --Year--

SSN

Address 1

Address 2

City

State / Country --Select-- --Select--

ZIP/Postal Code

Phone

Save

Click this button to add a beneficiary.

If you have them entered, you can use the information from your existing dependents to speed the process along.

If you need to add someone's information, do so by selecting the appropriate option from the drop down.

When adding in a beneficiary's information, add as much information as you can. You'll notice that much of the information isn't required, so just do the best you can.

# Need More Life Insurance?

If eligible, you can purchase additional life insurance beyond the coverage provided by the University.


If you are requesting an increase in coverage (including adding coverage when you previously had none), you'll need to complete an Evidence of Insurability (EOI) and have it approved before the new amount goes into effect. We'll have more on that in a bit.

### Voluntary Life

A Voluntary Life insurance policy is designed as a financial protection plan in the event that the policyholder passes away. Select a plan below to secure your loved ones with a cash benefit after death.

### HR Sign Date - 10/25/19

HR Must sign on employee's behalf

10/25/19  [Sign](#)

### Who am I enrolling?

[Buy Guaranteed Issue](#)

**Myself**

\$0

Slide to select →

Requested benefit	^	\$0
Requested per pay cost		\$0.00
Guaranteed Issue ⓘ		\$0

**My Spouse**

Requested benefit	^	\$0
Requested per pay cost		\$0.00
Guaranteed Issue ⓘ		\$0

**My Children (Child)**

Requested benefit	^	\$0
Requested per pay cost		\$0.00
Guaranteed Issue ⓘ		\$0

[Save & Continue](#)

[Don't want this benefit?](#)

Just use the slider to select the level of coverage you'd like.

If you'd like to add coverage for your spouse and/or children, you can do so after you've selected your level of coverage.

Remember that you'll need to have coverage in order to insure other members of your family.

Not interested in coverage? Click this button and move on.

## Adding or Increasing Life Insurance?

If you elected to add coverage or increase your existing coverage, you may need to complete an Evidence of Insurability (EOI). Don't worry, we can assist you if you'd like. USAbLe simply wants to know why you are now interested in coverage when you weren't last year or why you're wanting to increase it. Often, no medical visit is required, but they want additional information before extending coverage.

Simply click the link to download the form and follow the instructions to complete it and submit it to USAbLe.

### Evidence of Insurability Form

If you have not already done so, please complete the Evidence of Insurability form and return as requested.



#### Attention: Health History Needed

You have elected over the Guaranteed Issue amount for this plan.

Employee requested \$100,000 but is only pre-approved for \$0

Your designated beneficiary cannot receive the pending amount until this form has been submitted to, and approved by, the carrier.

[Click here for Sunlife EOI.pdf](#)

Continue

# Record Beneficiaries for Your Additional Life Insurance

This probably looks familiar. For the specific steps, please click [here](#) to scroll back up to the previous page that looks like this.

## Beneficiaries Form

 Claims Summary Report


For: 2020 Sun Life Vol Life and AD&D

A beneficiary is the recipient of financial benefit from an insurance policy in the event the insured passes away. Beneficiaries are categorized as primary and contingent. If a primary beneficiary cannot receive the benefit after an insured passes away because the primary beneficiary is deceased or refuses the inheritance, the rights are passed to the contingent beneficiary. The benefit payout can be divided between multiple persons or entities so long as the total sum of shares is equal to 100% for each primary and contingent beneficiary sets.

Some states dictate if the insured is married, the spouse is the primary beneficiary. If a married individual designates a non-spouse as the primary beneficiary, the requirements of the state will be reviewed prior to claim payment.

## Primary Beneficiaries

[+ add a beneficiary](#)

 You are required to enter a primary beneficiary.

## Contingent Beneficiaries

[+ add a beneficiary](#)



### Reminder

Your designated beneficiary cannot receive the full amount until the Evidence of Insurability (EOI) form has been submitted to the carrier.

[Continue](#)

# Review Your Complimentary Long Term Disability Coverage


If eligible, you'll have an opportunity to review the details of the long term disability coverage that the University provides to you at no cost. The amount of the insurance should be equal to 60% of your monthly base pay up to a maximum of \$7,000 per month. If you feel there is an error in the software's calculation, email [cbchampi@sewanee.edu](mailto:cbchampi@sewanee.edu) for a review.

### Group Long-Term Disability

Enroll in your benefit.

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### Select a plan



**2020 Sun Life Long Term Disability**

**\$0**  
Cost per pay period

Effective on 01/01/2020  
Your monthly benefit: \$1,750

[Details](#) [Select](#)

[Save & Continue](#)

Before moving on, make sure you click "Select."



# Let's Give it a "Once Over."

You're almost there. Close your eyes, take a deep breath, count to 10... now open them and let's get this completed! On this final page, please check over all of your elections and the amounts of those elections. Then check one more time, you know, for fun.


If they look just as you remember, click the "Click to Sign" button to complete your enrollment.

Remember that you can come back any time before 5 p.m. on December 9<sup>th</sup> to make changes.

If anything looks strange, use the "View steps" link along the upper right to go to that page whose information seems incorrect. Make any adjustments necessary and come back to the last step to recheck everything. If you are unable to make a correction that you feel is necessary, please contact us and we'll take care of it for you.


### Enrollment Summary Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

**Signature required**  
You've elected all your benefits, but we still require a signature before advancing.


**Please review the acknowledgment below.**

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

 Sign to complete enrollmentClick to Sign

### Enrolled Plans

**Medical** Collapse ▾



2020 BCBST PPO Medical \$750 Deductible

Coverage: Employee      Effective: 01/01/2020

Cost Per Pay: \$105.46

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**Vision** Collapse ▾

**Progress: 11 of 12**

[View steps ▾](#)

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## Success!

You've completed your enrollment and nothing further is needed from you. Thank you so much for your time and the effort taken to complete this process. Should you have any additional questions, please let us know.

### Enrollment Summary



Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.



### Acknowledged and Submitted

Enrollment completed on Friday, October 25, 2019 9:34 AM