



This topic will cover the following: Benefits Enrollment – New Hire/Newly Eligible

1 Log into PeopleSoft.

ORACLE
PEOPLESOFT

User ID
GEORGE

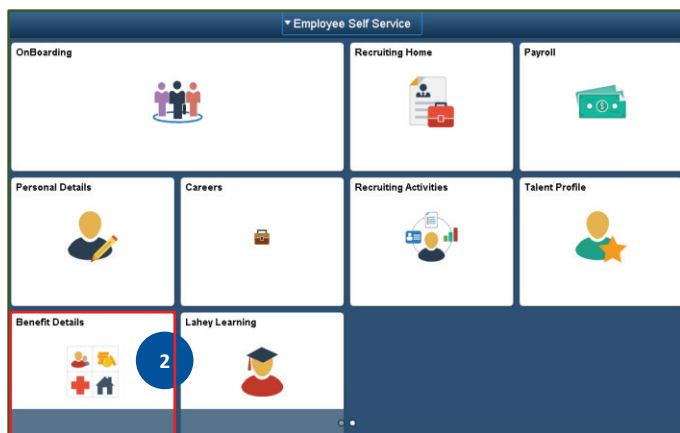
Password
••••••••

Select a Language
English

Sign In

Note: After you log in, your page will default based on your access (security settings). The image below shows **Employee Self Service**. Tiles shown are based on this setting and your access. Based on your position, your default settings may take you to **Manager Self Service**. You can click on the drop-down arrow and change the view to Employee Self-Service to access your benefits enrollment.

2 Click Benefit Details tile



3 Click on Benefits Enrollment.

Employee Self Service

George Willis-Jefferson
VP IT Governance & Security

Benefits Summary

Avail: 03/18/2018

Refresh

Type of Benefit	Plan Description	Coverage or Participation
Sick	Extended Sick Leave	
Personal	Personal Days	
Earned Time Off - April		Waived
Earned Time Off - October		Waived
Legal Plan	Med_Law Legal Plan	Participating
Employee Assistance Program	Employee Assistance Plan	Participating

Note: Since this is a new hire/newly eligible benefit enrollment, “**Coverage or Participation**” for all benefits, except for the company-paid benefits, are listed as waived.

4 Click Enroll.

Employee Self Service

Benefit Details

Benefits Summary

Life Events

Dependent/Beneficiary Info

Benefits Enrollment

George Willis-Jefferson

After your initial enrollment (30 days from your benefit eligibility date), the only time you may change your benefit choices is during Open Enrollment or a Qualifying Event as defined by the IRS.

Open Benefit Events

Event Description	Event Date	Event Status	Job Title
New Hire	03/18/2018	Open	VP IT Governance & Security

Enroll

Once you click Enroll, it will take a few seconds for your benefits enrollment information to load.

Note: When you click on Enroll, the “Enrollment Elections Summary” form will open up. This form will list your available benefits. You will see an Edit button next to each available benefit; clicking on the **Edit** button will expand that benefit and provide you with the cost and other selection options. As you select each benefit, you can scroll down to the bottom of the form to see the cost impact. This Tip Sheet will show you how to select the Medical benefit, then just follow the same steps to select other benefits.

5 Click Edit button next to Medical.

**WHO TO
CONTACT
WITH
QUESTIONS**

**HR Benefits
Helpline @
781-744-3539 or
LaheyBenefits
@Lahey.org**



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New Hire Benefits

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: Select a Provider

☐ Check here if you are an existing patient of this provider.

☐ Check here to use the same provider for all your dependents

[Click here to Select a Provider for your Dependent\(s\).](#)

[Update and Continue](#) [Discard Changes](#)

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

[Update and Continue](#) [Discard Changes](#)

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

7 Enter Primary Care Provider ID # and if applicable place check marks in the boxes below.

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: AA312422 Select a Provider

☒ Check here if you are an existing patient of this provider.

☒ Check here to use the same provider for all your dependents

[Click here to Select a Provider for your Dependent\(s\).](#)

[Update and Continue](#) [Discard Changes](#)

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Note: You can also click on the “Select a Provider” link for this plan. It will take you to the Harvard Pilgrim Health Care/Lahey portal from which you can get the provider ID number to enter here. If you are enrolling in a HMO plan, each enrolled member must have a PCP ID number listed.

8 Click on **Update** and Continue.

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. To find your Primary Care Physicians PCP ID#, click on Select a Provider link below.

Specify a Primary Care Provider ID #: AA312422 Select a Provider

☒ Check here if you are an existing patient of this provider.

☒ Check here to use the same provider for all your dependents

[Click here to Select a Provider for your Dependent\(s\).](#)

[Update and Continue](#) [Discard Changes](#)

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

9 Review Summary screen and click on **Update Elections**.

Benefits Enrollment

Medical

George Willis-Jefferson

Important: Your enrollment will not be complete until you submit your choices online through Colleague Connection.

Your Choice

You have chosen HP- Lahey Health Preferred HMO with Individual plus Spouse coverage.

Your Estimated per-pay-period Deduction

Full Cost	\$849.74
Lahey Paid	\$757.43
Your Deduction	\$92.31

The Primary Care Provider ID is AA2312422. You have seen this provider before.

Your Covered Dependents

Dependent Information			
Name	Relationship	Select a Provider	Existing Patient
Martha Jefferson	Spouse	AA2312422	<input checked="" type="checkbox"/>

Notes

Once submitted, this choice will take effect on 03/18/2018. Deductions for this choice will start with the pay period containing 04/01/2018.

[Update Elections](#) [Discard Changes](#)

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

10 Make other Benefit elections as above; and once completed, click on **Submit**.

**WHO TO
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LaheyBenefits
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New Hire Benefits

Enrollment Elections Summary

		Full Cost	Lahey Paid	Before Tax Deduction	After Tax Deduction
Current:	No Coverage				
New:	HP- Lahey Health Preferred HMO/Ind+Spouse	849.74	757.43	92.31	0.00
	Dental				
Current:	No Coverage				
New:	Waive	0.00	0.00		
	Vision				
Current:	No Coverage				
New:	Waive	0.00	0.00		
	Health Care FSA				
Current:	No Coverage				
New:	Waive	0.00	0.00	0.00	
	Dependent Care FSA				
Current:	No Coverage				
New:	Waive	0.00	0.00	0.00	
	Basic Life				
Current:	No Coverage				
New:	BLF 1X: Salary X 1 : \$125,000	2.02	2.02		
	Supplemental Life				
Current:	No Coverage				
New:	Waive	0.00	0.00		
	Accidental Death/Dismemberment				
Current:	No Coverage				
New:	Waive	0.00	0.00		

Accidental Death/Dismemberment

Current:	No Coverage				
New:	Waive	0.00	0.00		

Child Life

Current:	No Coverage				
New:	Waive	0.00	0.00		

Spousal Life

Current:	No Coverage				
New:	Waive	0.00	0.00		

Basic Long Term Disability

Current:	No Coverage				
New:	Basic LTD 60% of Eligible Pay; 60.00% of Salary	34.94	34.94		

Legal Plan

Current:	Waive				
New:	Waive	0.00	0.00		

Employee Assistance Program

Current:	Employee Assistance Plan				
New:	Employee Assistance Plan	0.00	0.00		

Buy-Up Long Term Disability

Current:	No Coverage				
New:	No Coverage				

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount that Lahey Health is contributing to subsidize the cost of your benefits.)

	Before Tax Deduction	After Tax Deduction	Total
Full Cost			886.70
Lahey Paid			-794.39
Your Deduction	92.31	0.00	92.31

Some of these costs are based on your regularly scheduled hours and pay rate. These costs may change if your regularly scheduled hours or pay rate change.

Submit

Select your Lahey Health benefits, then click **Submit** to send your final choices through Colleague Connection.

Important: Your enrollment will not be complete until you submit your choices through Colleague Connection.

George Wills-Jefferson

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

Click **Cancel** if you are **NOT** ready to submit your choices and wish to return to the Enrollment Summary.

Once your enrollment period is closed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualifying event as defined by the IRS.

Authorize Elections

I acknowledge that the dependents I have listed qualify as eligible dependents under Lahey Health's health and welfare plans. I hereby authorize Lahey Health to deduct periodically from my wages or salary the amount required, if any, for my benefits coverage. If the benefits effective date is retroactive, I understand and agree that deductions may be doubled temporarily, to account for the retroactive effect of the election. I am also authorizing Lahey Health to send necessary personal information to my selected health and welfare plans in addition to other third party vendors that may be contracted by Lahey Health to initiate and support my coverage. I understand that Protected Health Information is only used for the purpose of supporting and managing my health care under Lahey Health benefits and that any data that is shared is electronically transmitted in a safe and secure manner. I authorize any health professional, insurance or re-insurance company, or other health plan to provide medical information to the plan and to permit the plan to examine, copy, or receive copies of any portion of my or my dependents medical records for the duration of the membership for the purposes of determining eligibility and entitlement to benefits. I also understand that I may be contacted by either my selected health plan or other third party administrators chosen by Lahey Health as to my health status and assistance available to me or my dependents.

Submit

Cancel

Click **Submit** to send your final choices through Colleague Connection.

Click **Cancel** if you are **NOT** ready to submit your choices and wish to return to the Enrollment Summary.

12 Click Done.

Benefit Details

Benefits Enrollment

Submit Confirmation

George Wills-Jefferson

Your benefit choices have been successfully submitted through Colleague Connection.

Click **Done** to log out of Colleague Connection.

Done

Click **Print** to generate your Enrollment Summary.

Print

Note: You can click on the Print Button before clicking on Done to save a pdf enrollment summary.

13 Click OK.

Personal Information

Save Confirmation

The Save was successful.

OK

11 After reading Authorize Elections, click **Submit** again.

You have successfully completed the New Hire/Newly Eligible Enrollment process.