

### **New Hire Benefits**

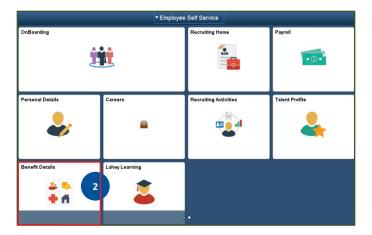
#### This topic will cover the following: Benefits Enrollment – New Hire/Newly Eligible

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		Benefit Details		A . : @
Benefits Summary	George Wills-Jefferson  VP IT Governance & Bacurty			
Ure Events	Benefits Summary			
Dependent/Beneficiary Info		As OF 05/18/2018		
Benefits Enrolment		Refresh		
	Type of Benefit	Plan Description	Coverage or Participation	
	Sick	Extended Sick Leave		
3	Personal	Personal Days		
	Earned Time Sell - April		Waved	
	Earned Time Sell - October		Waved	
	Legal Plan	MetLaw 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	Benefits Enrollme	nt					
💀 Dependent/Beneficiary Info	George Wills-Jefferson After your initial enrollment (30 days from your benefit eligibility date), the only time you ma						
😼 Benefits Enrollment	your benefit choices is durir Open Benefit Events	ig Open	Enrollment or	a Qualifying Ev	ent as defined by the IF	4	
	Event Description		Event Date	Event Status	Job Title	4	
	New Hire	6	03/18/2018	Open	VP IT Governance & Security	Enroll	
	Once you click Enroll, it will t	ake a fe	w seconds fo	r your benefits e	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



## New Hire Benefits

Benefits Enrol	ment				
New Hire					
George Wills-	lefferson				
became benefits Basic Life covera pay at no cost to	s-eligible colleague, you m -eligible. After 30 days of b ge of 1 times pay (up to \$5 you and no other coverage Ily offer of benefits that will	enefit eligibility if no elec 00,000) and Basic Long . Other than limited Qual	ions are m Term Disal fying Event:	ade you will bility 60% of	default to eligible
	: Your encollment will not I olleague Connection.	he complete untilyou.su	hmityour e	boices onl	ine
Enrollmont Elo	ctions Summary				
Edit Medica		Full Cost	Lahey	Before Tax	After Tax
		10110001	Paid		
Current: No Cov New: Waive	erage	0.00	0.00		
Edit Dental					
Current: No Cov New: Waive	erage	0.00	0.00		
Edit Vision					
Current: No Cov New: Waive	erage	0.00	0.00		
Edit Healt	h Care FSA				
Current: No C	overage				
New: Waiw	e ndent Care FSA		0.00	0.00	0.00
Current: No C					
New: Waiw			0.00	0.00	0.00
Edit Basic					
Current: No Co New: BLF 1	overage X: Salary X 1 : \$125,000	)	2.02	2.02	
Edit Supp	lemental Life				
Current: No Co New: Waive	-		0.00	0.00	
	lental Death/Dismembe	rment	0.00	0.00	
Current: No C	overage				
New: Waive			0.00	0.00	
Current: No C					
New: Waive			0.00	0.00	
Current: No C					
New: Waive			0.00	0.00	
	: Long Term Disability				
Salar	: LTD 60% of Eligible Pay y	r: 60.00% of	34.94	34.94	
Edit Lega					
New: Waive	9		0.00	0.00	
	oyee Assistance Progra oyee Assistance Plan	am			
	oyee Assistance Plan oyee Assistance Plan		0.00	0.00	
	Jp Long Term Disability				
Current: No C New: No C	overage overage				
This table sum	marizes estimated cost	s for your new benefit	choices. (1	'he "Emplo	yer" column
displays the ar	nount that Lahey Health	is contributing to subs Before Tax	idize the c After Ta		benefits.) Total
	Full Cost	Deduction	Deductio		36.96
	Lahey Paid		_		-36.96
	Your Deduction Some of these cost	0.00 ts are based on your reg	0.0 ularly sched		0.00 and pay rate.
Submit	These costs may c Select your Lahey Healt	hange if your regularly s			
	Colleague Connection.				
					pices through

6 Click the **radio button** to select a plan.

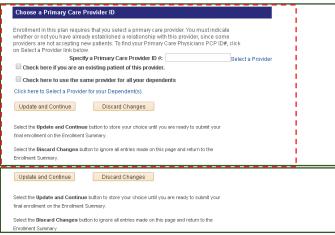
**Note:** When you select a plan, the "Enroll your Dependents" form will open up. If the plan you selected

## requires a PCP, you would also see the "Choose a Primary Care Provider ID" form.

Benefits Enrollment				
Medical				
George Wills-Jefferson				
There are several choices of medic coverage. Cost is based on your rej applicable, will be added to your pa	jularly scheduled wo	ork hours. Your 201		
Click here for more information on t	he medical plan opti	ons		
Important! Your current co you do not make an election		age. Coverage for	this plan will be waived i	if
Select an Option				
Here are your available options with (Your Deduction = Full Cost - Lahey	your deduction: Paid)			
Overview of the Plan Costs				
Select one of the following plans:				
<ul> <li>HP-Lahey Health Value HMO</li> </ul>		Search for	providers in this plan	
Important Note: Selection of a P	CP is required.			
Coverage Level	Full Cost	Lahey Paid	Your Deduction	
Individual	\$355.24	\$283.49	\$71.75	
Individual plus Spouse Individual plus Child(ren)	\$923.63 \$710.48	\$739.86 \$556.94	\$183.77 \$153.54	
Individual plus Family	\$1,065.73	\$831.32	\$234.41	
<ul> <li>HP-Lahey Health Select HMC</li> </ul>	-00A	Search for ;	providers in this plan	
Important Note: Selection of a P				
Coverage Level	Full Cost	Lahey Paid	Your Deduction	
Individual Individual plus Spouse	\$373.94 \$972.23	\$279.39 \$747.80	\$94.55 \$224.43	
Individual plus Spouse Individual plus Child(ren)	\$972.23 \$747.87	\$747.80 \$556.86	\$224.43 \$191.01	
Individual plus Family	\$1,121.81	\$837.98	\$283.83	
Harvard Pilgrim PPO				
Important Note: No PCP is requ	ired.			
Coverage Level	Full Cost	Lahey Paid	Your Deduction	
Individual	\$512.29	\$279.09	\$233.20	
Individual plus Spouse	\$1,331.96	\$738.46	\$593.50	
Individual plus Child(ren) Individual plus Family	\$1,024.59 \$1,536.89	\$556.32 \$830.39	\$468.27 \$706.50	
<ul> <li>HP- Lahey Health Preferred H</li> </ul>			providers in this plan	
<ul> <li>HP- Laney Health Preferred F</li> <li>Important Note: Selection of a P</li> </ul>		Search for	providers in this plan	6
Coverage Level	Full Cost	Lahey Paid	Your Deduction	
Individual	\$326.83	\$283.75	\$43.08	
Individual plus Spouse	\$849.74	\$757.43	\$92.31	
Individual plus Child(ren) Individual plus Family	\$653.64 \$980.47	\$578.41 \$842.01	\$75.23 \$138.46	
<ul> <li>Waive</li> </ul>				
Enroll Your Dependents The definition of an eligible depende	ent includes:			
<ul> <li>Legal spouse</li> </ul>				1
<ul> <li>Children and step children to</li> <li>Children of your eligible cove</li> </ul>			ny age; and	1
f an individual is missing from the li he Add/Review Dependents button i	st, s/he does not me	et the eligibility crit		
You may enroll any of the following				
Enroll box next to the dependent's		5	,	1
Dependent Beneficiary		41		1
		tionship		
Enroll Name				1



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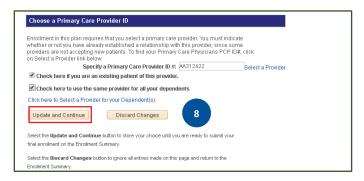


7 Enter Primary Care Provider ID # and if applicable place check marks in the boxes below.



**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.



9 Review Summary screen and click on Update Elections.

Medical				
George Wills-Jeffe	rson			
	enrollment will not be gue Connection.	complete until you submit	your choices online	
Your Choice				
You have chosen HP-	Lahey Health Preferred	HMO with Individual plus	Spouse coverage.	
Your Estimated pe	r-pay-period Deducti	ion		
	ull Cost \$849.74			
	ey Paid \$757.43			
Lui				
Your De	duction \$92.31			
The Primary Care Prov	vider ID is AA2312422. Y	/ou have seen this provide	r before.	
Your Covered Dep	endents			
Dependent Inform	ation			
Name	Relationship	Select a Provider	Existing Patient	
Martha Jefferson	Spouse	AA2312422	e e	
Notes				
Once submitted, this		03/18/2018. Deductions f	or this choice will start	
			or this choice will start	

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

### WHO TO CONTACT WITH QUESTIONS

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



Ilment Elections Summa

### **New Hire Benefits**

George Wills-Jeffersor

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 <u>NOT</u> 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 ice and a gree 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 normation 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 to any dary daministrators chosen by Lahey Health sato my health status and assistance available to me or my dependents.



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

#### 12 Click Done.

<b>∧</b>	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	Click <b>Print</b> to generate your Enrollment Summary
Done 12	Print

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

#### 13 Click OK.

Pers	sonal Information
Sav	ve Confirmation
~	The Save was successful.
	ОК 13

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

		ent Elections						
E	dit	Medical			Full Cost		Before Tax Deduction D	
Curr		No Coverage						
New		HP- Lahey He: Dental	aith Preferred H	IMO:Ind+Spouse	849.74	757.43	92.31	0.0
Curr New		No Coverage Waive			0.00	0.00		
		Vision			5.00	5.00		
Curr	ent:	No Coverage						
New		Waive			0.00	0.00		
E	dit	Health Care F	SA					
Curr	ent:	No Coverage						
New		Waive			0.00	0.00	0.00	
E	dit	Dependent Ca	are FSA					
Curr		No Coverage						
New	_	Waive Basic Life			0.00	0.00	0.00	
Curr		No Coverage BLF 1X: Salan	y X 1: \$125,000		2.02	2.02		
_	_	Supplemental			2.02	2.02		
Curr		No Coverage						
New		Waive			0.00	0.00		
E	dit	Accidental De	ath/Dismember	rment				
Curr	ent:	No Coverage						
New		Waive			0.00	0.00		
E	dit	Accidental De	ath/Dismember	rment				
Curr	ent:	No Coverage						
New	_	Waive			0.00	0.00		
E	dit	Child Life						
Curr		No Coverage						
New	_	Waive Spousal Life			0.00	0.00		
Cum New		No Coverage Waive			0.00	0.00		
14040		Basic Long Te	erm Disability		5.00	5.00		
Curr	ent:	No Coverage						
New			% of Eligible Pay	r 60.00% of	34.94	34.94		
E	_	Salary Legal Plan						
Curr		Waive						
New		Waive			0.00	0.00		
		Employee As:	sistance Progra	am				
Curr		Employee Ass						
New		Employee Ass Buy Up Long			0.00	0.00		
			Term Disability					
Curr New		No Coverage No Coverage						
INGM		No Coverage						
This	table	summarizes	estimated costs	s for your new ben	efit choices.	(The "Em	ployer" colum	n
disp	lays t	he amount tha	at Lahey Health i	is contributing to s	ubsidize the	cost of yo	ur benefits.)	
				Before Tax	After		Total	
			ull Coot	Deduction	Deduct	ion		
			ull Cost ahey Paid				886.70 -794.39	
			our Deduction	92.31	0	.00	92.31	
		S	ome of these cost	s are based on you	r regularly sch	eduled hou	rs and pay rate	э.
		Tł	nese costs may ch	hange if your regula	rly scheduled I	hours or pa	y rate change.	
5	Subm	it Belect vr	ur Lahev Health	n benefits, then cli	ck Submit to	send vou	r final choices	s throug
			Je Connection.			,		
-			name lines careful and second	not be complete (			de sta se de s	

11 After reading Authorize Elections, click Submit again.