



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

### 1 Log into PeopleSoft.

**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.

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.

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

**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

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

Benefits Enrollment

**New Hire**

George Wills-Jefferson

As a new benefits-eligible colleague, you must enroll in benefits within **30** days from the date you became benefits-eligible. After 30 days of benefit eligibility if no elections are made you will default to Basic Life coverage of 1 times pay (up to \$500,000) and Basic Long Term Disability 60% of eligible pay at no cost to you and no other coverage. Other than limited **Qualifying Events**, as defined by the IRS, this is the only offer of benefits that will be made until **Open Enrollment**.

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

**Enrollment Elections Summary**

Edit	Medical	5	Full Cost	Lahey Paid	Before Tax Deduction	After Tax Deduction
Current:	No Coverage					
New:	<b>Waive</b>		0.00	0.00		
Edit	Dental					
Current:	No Coverage					
New:	<b>Waive</b>		0.00	0.00		
Edit	Vision					
Current:	No Coverage					
New:	<b>Waive</b>		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

**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			36.96
Lahey Paid			-36.96
<b>Your Deduction</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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.**

Benefits Enrollment

**Medical**

George Wills-Jefferson

There are several choices of medical plans. Below are the options and costs for your medical coverage. Cost is based on your regularly scheduled work hours. Your 2018 Wellness Incentive, if applicable, will be added to your paycheck each pay period in 2018.

[Click here for more information on the medical plan options](#)

**Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.**

**Select an Option**

Here are your available options with your deduction: (Your Deduction = Full Cost - Lahey Paid)

[Overview of the Plan Costs](#)

Select one of the following plans:

HP-Lahey Health Value HMO [Search for providers in this plan](#)

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	\$355.24	\$283.49	\$71.75
Individual plus Spouse	\$923.63	\$739.86	\$183.77
Individual plus Child(ren)	\$710.48	\$556.94	\$153.54
Individual plus Family	\$1,065.73	\$831.32	\$234.41

HP-Lahey Health Select HMO-OOA [Search for providers in this plan](#)

Important Note: Selection of a PCP is required.

Coverage Level	Full Cost	Lahey Paid	Your Deduction
Individual	\$373.94	\$279.39	\$94.55
Individual plus Spouse	\$972.23	\$747.00	\$224.43
Individual plus Child(ren)	\$747.87	\$556.06	\$191.01
Individual plus Family	\$1,121.81	\$837.98	\$283.83

Harvard Pilgrim PPO

Important Note: No PCP is required.

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)	\$1,024.59	\$556.32	\$468.27
Individual plus Family	\$1,536.89	\$830.39	\$706.50

HP-Lahey Health Preferred HMO [Search for providers in this plan](#) **6**

Important Note: selection of a PCP is required.

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)	\$653.64	\$578.41	\$75.23
Individual plus Family	\$980.47	\$842.01	\$138.46

Waive

**Enroll Your Dependents**

The definition of an eligible dependent includes:

- Legal spouse
- Children and step children to age 26 and disabled dependents to any age; and
- Children of your eligible covered children and stepchildren

If an individual is missing from the list, s/he does not meet the eligibility criteria. You may use the Add/Review Dependents button below to add or change dependent information.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Martha Jefferson	Spouse

**Add/Review Dependents**

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



# 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).

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).

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).

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
<b>Your Deduction</b>	<b>\$92.31</b>

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.

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 CONTACT WITH QUESTIONS**

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



# New Hire Benefits

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

	<b>Accidental Death/Dismemberment</b>					
Current:	No Coverage					
New:	Waive	0.00	0.00			
	<b>Child Life</b>					
Current:	No Coverage					
New:	Waive	0.00	0.00			
	<b>Spousal Life</b>					
Current:	No Coverage					
New:	Waive	0.00	0.00			
	<b>Basic Long Term Disability</b>					
Current:	No Coverage					
New:	Basic LTD 60% of Eligible Pay; 60.00% of Salary	34.94	34.94			
	<b>Legal Plan</b>					
Current:	Waive					
New:	Waive	0.00	0.00			
	<b>Employee Assistance Program</b>					
Current:	Employee Assistance Plan					
New:	Employee Assistance Plan	0.00	0.00			
	<b>Buy-Up Long Term Disability</b>					
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
<b>Your Deduction</b>	<b>92.31</b>	<b>0.00</b>	<b>92.31</b>

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**

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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

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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.**