

# OPEN ENROLLMENT BENEFITS GUIDE

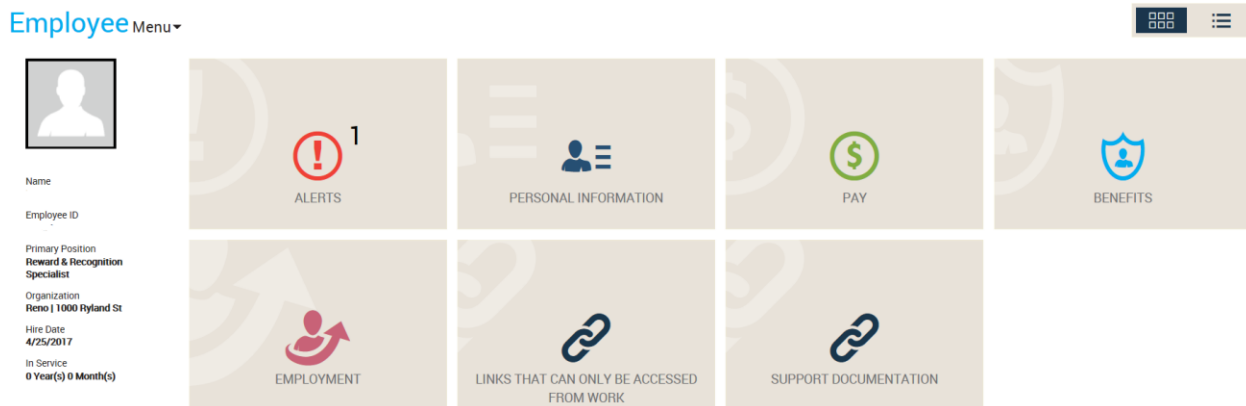
THIS BENEFIT ENROLLMENT WILL WALK YOU THROUGH THE PROCESS OF SELECTING NEXT YEAR'S BENEFITS

## Accessing Benefits on Kronos

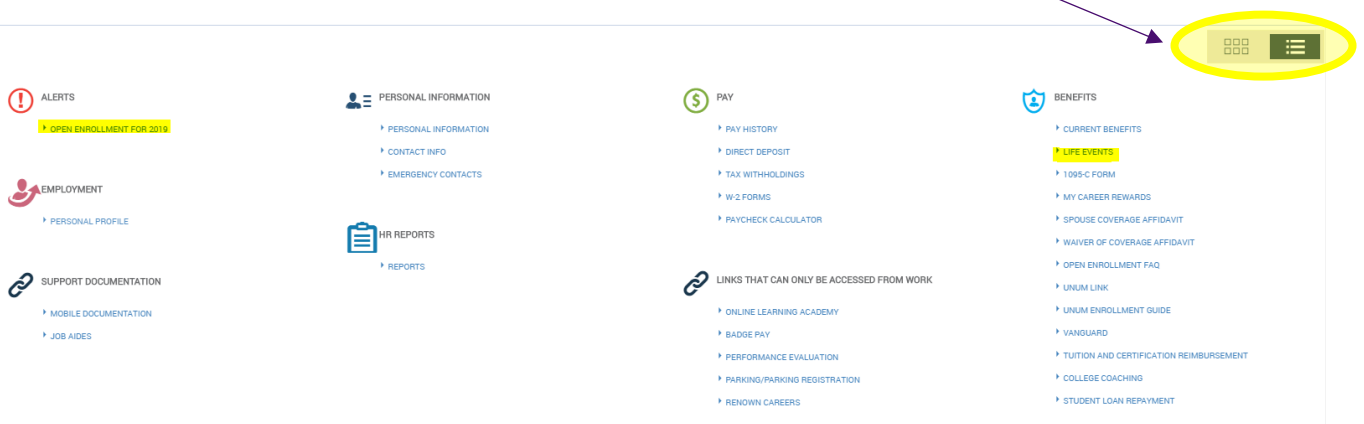
1. Log on to Kronos at <https://workforce.renown.org/wfc/logon> using your username and password.

**You have from November 1 – November 30 to make changes to your benefits.**

2. Select *Employee Home Page* on the right hand side task bar.
3. Click on the notification under the *Alerts* tile, or click on the *Life Events* link under *Benefits*.



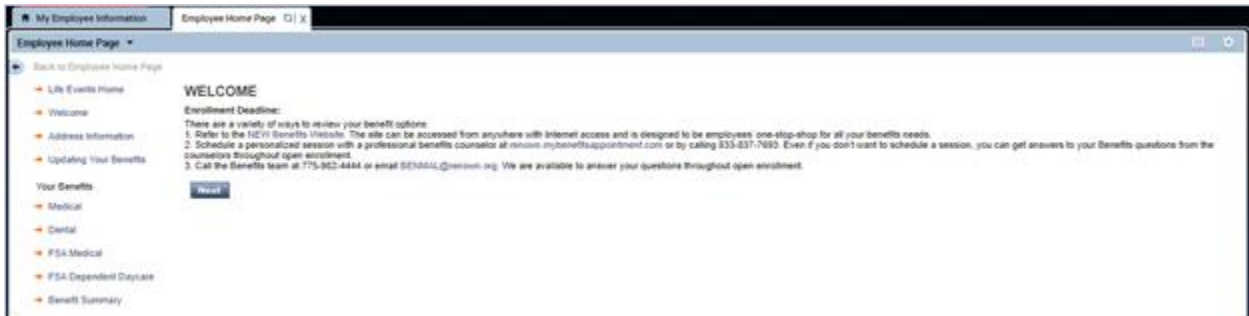
You can also change your Employee Home Page view from tiles to a list view by clicking the button below.



4. Click on *Open Enrollment for (Next Year)* link under “What You Can Do” and the enrollment system will guide you through each step.

## Introduction and Contact Information

1. Click *Continue* on the Welcome page once you have reviewed all of the information.



2. Review your mailing address and phone contact information. If you would like to add a new address or phone number, click the *Add Address* or *Add Phone* buttons.

If any of the information is incorrect, you can edit or delete it using the *Change* and *Delete* buttons on the right hand side.

Click *Save & Continue* once everything is correct.

## YOUR ADDRESS & PHONE

Please review your address and phone number below to verify our records are correct. Insurance cards will be mailed to this address. To make changes to your address or phone number click on the change link below.

Your records show the following address and phone information:

Add Address					
Primary	Address				
<input checked="" type="checkbox"/>	123 Example Lane, Reno, Nevada 89509				<a href="#">Change</a>

Add Phone					
Primary	Phone	Type	SMS		
<input checked="" type="radio"/>	775-555-5555	Personal Contact 1		<a href="#">Delete</a>	<a href="#">Change</a>
<input type="radio"/>	775-982-5000	Work Phone		<a href="#">Delete</a>	<a href="#">Change</a>

REMINDER: Human Resources policy HRM.405, Address, Phone and Name Changes require all employees provide phone number changes to their leader within 24 hours of the change and make changes via Kronos Employee Home Page within 14 days of the change.

[Save & Continue](#)

3. The *Updating Your Benefits* page shows you all of the Benefits you are eligible to enroll in, as well as your enrollment deadline. Click *Next* to begin selecting your benefit elections.

## Medical Coverage Plan Elections

1. You will see the Employee Health Plan where you will have the option to change your Election option (e.i. EE [employee only], EE + Child(ren), EE + Spouse, EE + Family) or decline coverage. If you would like to make changes, select your new medical coverage plan in the left-hand column, and then select who you would like to be covered under the plan.

### MEDICAL

We're simplifying things by offering one medical/pharmacy/vision plan. The medical plan is a point-of-service plan that will look and operate similar to the previous Standard Plan. REMINDER: If electing spouse medical coverage, you must complete the Spouse Coverage Affidavit certifying your spouse is not eligible for other group medical coverage. This affidavit must be completed during open enrollment for the upcoming plan year. To complete click here.

#### CURRENT ELECTIONS

Benefit	Plan	Election
Medical	Not Enrolled	None

Clear my elections		
Plan	Election	Semi-Monthly Deduction
<input type="radio"/> Decline Medical Coverage FT <input type="radio"/> Employee Health Plan FT	<input type="radio"/> EE <input type="radio"/> EE+Spouse <input type="radio"/> EE+Child(ren) <input type="radio"/> EE+Family	

Add Dependent					
Dependent	Relationship	Birth Date	SS#	Enroll	
None					

NOTE: Children under the age of 26 may be covered under your medical plan. Spouses may be eligible if not eligible for other group medical coverage offered through their employer. For new dependent enrollments provide a copy of your marriage or birth certificates to Human Resources. If you are adding dependents, supporting documents must be provided to Human Resources on or before open enrollment ends on November 30. We make it as easy as possible – simply take a photo and email to BENMAL@Renown.org or you can always fax it to 775-982-4673. Please include your employee ID number.

[Save & Continue](#)

2. If you elect Employee Only (EE) coverage, no dependent information is required. Otherwise, click the *Add Dependent* button (if nothing pops up, tell your browsers pop-up blocker to allow pop-ups on this site). Be careful to enter accurate names and social security numbers exactly as they appear on your dependents social security card. If your dependent lives out-of-the-area, make sure to enter their physical address. Once the dependent information is entered, click *Save & Continue*.
3. If adding a Spouse to your medical plan, please complete the Spouse Coverage Affidavit by clicking on the link provided on the medical page. If waiving medical coverage, please complete the Waiver of Coverage Affidavit by clicking on the same link.

### MEDICAL

Select the Medical plan and election option from the list below. REMINDER: If electing spouse medical coverage, complete the Spouse Coverage Affidavit certifying your spouse is not eligible for other group medical coverage. If declining medical benefits, complete the Waiver of Coverage Affidavit. To complete [click here](#).

4. Dependents will appear in the bottom table as you add them. In order to fully enroll them, check the box next to each name. Once your plan, election, and dependents are all selected, click *Save & Continue*.

Add Dependent					
Dependent	Relationship	Birth Date	SS#	Enroll	
Dependent One	Child	12/12/2012	555-55-1234	<input checked="" type="checkbox"/> Medical	<a href="#">Edit</a>
Dependent Three	Spouse	4/12/1985	555-55-9876	<input checked="" type="checkbox"/> Medical	<a href="#">Edit</a>
Dependent Two	Child	12/12/2000	555-55-4321	<input checked="" type="checkbox"/> Medical	<a href="#">Edit</a>

NOTE: Children under the age of 26 may be covered under your medical plan. Spouses may be eligible if not eligible for other group medical coverage. For new dependent enrollments provide a copy of your marriage or birth certificates to Human Resources or fax documentation to 775-982-4157.

[Save & Continue](#)

## Dental Coverage Plan Elections

### DENTAL

Dental still has two options: a basic dental option and a higher-level (Plus) option with the same benefits as in prior years. Select the plan and election option from the list below.

#### CURRENT ELECTIONS

Benefit	Plan	Election
Dental	Not Enrolled	None

Clear my elections		
Plan	Election	Semi-Monthly Deduction
<input type="radio"/> Decline Dental Coverage <input type="radio"/> Dental FT	<input type="radio"/> EE <input type="radio"/> EE+Spouse <input type="radio"/> EE+Child(ren) <input type="radio"/> EE+Family	
<input type="radio"/> Dental Plus FT	<input type="radio"/> EE <input type="radio"/> EE+Spouse <input type="radio"/> EE+Child(ren) <input type="radio"/> EE+Family	

Add Dependent				
Dependent	Relationship	Birth Date	SS#	Enroll
None				

NOTE: Children under the age of 26 may be covered under your medical plan. Spouses may be eligible if not eligible for other group medical coverage offered through their employer. For new dependent enrollments provide a copy of your marriage or birth certificates to Human Resources. If you are adding dependents, supporting documents must be provided to Human Resources on or before open enrollment ends on November 30. We make it as easy as possible – simply take a photo and email to BENMAL@Renown.org or you can always fax it to 775-982-4673. Please include your employee ID number.

[Save & Continue](#)

The instructions for medical plan coverage also apply to dental. Your dependents will carry over from the medical page as well, but be sure to check the box if you would also like them to be covered on your dental plan. Click *Save & Continue* when finished.

## Flexible Spending Accounts – Medical & Dependent Daycare (Optional)

FSA Medical is for pre-tax health care related expenses for you and your dependents. FSA Dependent is for pre-tax Dependent Daycare Expenses.

FSA MED				
If you would like to enroll in a Medical Flexible Spending Account you will enter the <b>semi-monthly deduction</b> below. The annual election amount is to be calculated by the number of pay periods remaining in the year. For example: (\$2,550/24 = \$106.25)				
CURRENT ELECTIONS				
Benefit	Plan	Election		
FSA Med	Not Enrolled			

Clear my elections				
Plan	Election	Amount	Calculate	Semi-Monthly Deduction
<input checked="" type="checkbox"/> Flexible Spending Account Medical	50			\$0.00

[Save & Continue](#)

If electing an optional pre-tax Flexible Spending Account, enter one-half of the monthly deduction. To calculate - take the annual amount elected divided by 24 benefit pay periods, i.e. \$2,750 divided by 24 pay periods = \$114.58. Click *Save & Continue* when finished.

## Benefit Summary

**Very important:** Click the *Print* button to print a copy of your Benefit Summary and then click the *Submit Changes* button.

### BENEFIT SUMMARY

A John Test

[Print](#)

Enrollment Date: 1/1/2021

This is a list of the benefits you have selected. Please review carefully for accuracy. When you have completed the enrollment changes, click [Submit Changes](#) below.

Print this page as confirmation of the changes that are effective January 1, 2021, pending approval by the Benefits Administrator.

Benefit	Plan	Election	Coverage	Semi-Monthly Deduction	Employer Contribution	
Medical	Employee Health Plan FT	EE				<a href="#">Edit</a>
Dental	Dental FT	EE				<a href="#">Edit</a>
FSA Med	Not Enrolled					<a href="#">Edit</a>
FSA Dep	Flexible Spending Acct Dep Daycare	\$200.00				<a href="#">Edit</a>

\* Company provided benefit

### DEPENDENTS

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
None				

### BENEFICIARIES

Beneficiary Name	Relationship	SS#	Enrolled In
None			

Your beneficiary elections will not be reflected on this Open Enrollment Benefit Summary. To view your current beneficiaries click [here](#).

[Save for Later](#)

[Submit Changes](#)

## Updating Beneficiaries

If you would like to update your beneficiaries for your Life Insurance, you can go online to [standard.benselect.com/Enroll/Login](http://standard.benselect.com/Enroll/Login) and update your beneficiaries.

### Benefits Enrollment

Renown Employees:  
Log in with your **User Name** (5 digit Employee ID) and your **PIN** (last 4 digits of your SSN + last 2 digits of birth year). If you need help, contact the Renown Benefits Team, [benmal@renown.org](mailto:benmal@renown.org)

**Is this your first time here?**

User name

PIN

[Forgot your PIN?](#) [LOGIN](#)

By entering your user ID and Personal Identification Number, you are agreeing to enroll electronically and the terms of the [Consent to Electronic Transactions & Enroll Electronically](#).

Unauthorized access is prohibited. Please review the [Consent to Electronic Transactions & Enroll Electronically](#) before entering your user ID and Personal Identification Number.