

OPEN ENROLLMENT 2014

HEALTH & DENTAL INSURANCE, SUPPLEMENTAL INSURANCE AND
BENEFITS, ENHANCED WELLNESS BENEFITS

OVERVIEW



- DATES TO KNOW
- OPEN ENROLLMENT OPTIONS
- HEALTH BENEFIT REVIEW
- FLEX BENEFITS
- CITY OF SALEM WELLNESS
- HOW TO ENROLL

DATES TO KNOW

Important Dates

OPEN ENROLLMENT

September 2, 2014 – September 19, 2014 5 p.m.

Benefit changes for

October 1, 2014 – September 30, 2015

Make Up Open Enrollment Sessions:

Tuesday, September 9th, 9 a.m. Fire Station 1

Wednesday, September 10th, 4 p.m. Council Chambers

OPEN ENROLLMENT 2014

Open Enrollment Options

What Is Open Enrollment?

- A period of time when employees can change medical, dental, and optional benefits
- All employees must complete OE in Kronos
- Flexible Spending Plans – must re-enroll every year – **Kronos Self Service**
- Insurances plans and rates are renewed

OPEN ENROLLMENT 2014

Open Enrollment Options

OPEN ENROLLMENT OPTIONS

Make changes on-line:

- Add or drop dependents based on eligibility. Health care reform guidelines remain in force.
- Change or drop current health/dental coverage
- Add, change, drop optional coverage – AFLAC, RL Wood, Legal Shield
 - Optional coverage changes must be made directly through the benefit vendors

REVIEW OF HEALTH INSURANCE CHANGES

Anthem BC/BS

City of Salem & Salem City Schools

Anthem Medical Plan Options

Open Enrollment 2014



HEALTH CARE REFORM

Health Care Reform Updates

- **Changes to dollar limits**
 - Early Intervention Services will be unlimited per member per calendar year for children up to age 3
 - Private Duty Nursing will have a limit of 16 hours per member per calendar year
 - Applied Behavioral Analysis (Autism) will have no dollar limit

KeyCare 20 (Current) and KeyCare 30 Plans

	KeyCare 20	KeyCare 30
Deductible (INN)	\$100 individual/ \$200 family	\$1,000 individual/ \$2,000 family
Out of Pocket Max (INN)	\$2,500 individual/ \$5,000 family	\$3,500 individual/ \$7,000 family
Deductible (ONN)	\$400 individual/ \$800 family	\$1,500 individual/ \$3,000 family
Out of Pocket Max (ONN)	\$4,000 individual/ \$8,000 family	\$5,250 individual/ \$10,500 family
Prescription Drugs	\$15/\$30/\$60 retail \$15/\$60/\$180 mail	\$10/\$30/\$60 retail \$10/\$60/\$180 mail

KeyCare 20 (Current) and KeyCare 30 Plans

	KeyCare 20 (Current Plan)	KeyCare 30
Preventive Care	100%	100%
PCP Office Visit	\$20 copay	\$30 copay
Specialist Office Visit	\$40 copay	\$50 copay
Diagnostic Lab & X-ray	20% coinsurance	20% coinsurance
Mental Health & Substance Abuse	Office Visit: \$20 copay Outpatient Facility: 20% coinsurance	Office Visit: \$30 copay Outpatient Facility: 20% coinsurance
Physical Therapy	\$40 copay plus 20% coinsurance	20% coinsurance
Spinal Manipulation/ Chiro	\$20 PCP/ \$40 Specialist	\$25 copay

KeyCare 20 (Current) and KeyCare 30 Plans

	KeyCare 20	KeyCare 30
Outpatient Surgery	\$200 plus 20% coinsurance	20% coinsurance
Inpatient Stay	\$300 plus 20%; 20% for physician services	20% coinsurance
Emergency Room	\$200 plus 20%; 20% for physician services	20% coinsurance
Maternity Pre & Postnatal care	\$200 copay per pregnancy;	\$30 copay PCP \$50 copay Specialist*
Ultrasounds, diagnostic testing	20% coinsurance	20% coinsurance
Delivery Services for Inpatient Stay	\$300 plus 20%; 20% for physician services	20% coinsurance

*If your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as maternity delivery services. (See Inpatient stay section)

Lumenos with HSA Plan

	Lumenos with HSA Plan
Preventive Care	100% (no deductible)
Deductible (INN)	\$3,000 individual/ \$6,000 family (embedded)
Covered Medical Services	100% after deductible
Prescription Drugs (after deductible)	\$10/\$30/\$50 or 20% retail; \$10/\$60/\$150 or 20% mail order*
Out of Pocket Max (INN)	\$4,000 individual/ \$8,000 family
Out of Pocket Max (OON)	\$6,000 individual/ \$12,000 family

*For tier 3 drugs, copay or coinsurance whichever is greater up to \$200 per script retail and \$400 per script mail.

Blue View Vision

Blue View Vision

- Annual vision exam copay – \$15
- Discounts on eyewear and more
 - ▣ Frames* – 35% off retail price
 - ▣ Standard Eyeglass Lenses*
 - Single- \$50
 - Bifocal- \$70
 - Trifocal- \$105
 - Other lens options and upgrades available
 - ▣ Conventional Contact Lenses- 15% off retail
 - ▣ Accessories & Materials (i.e. non Rx sunglasses, lens cleaning supplies)- 20% off retail

*when purchased as part of a complete pair of eyeglasses

Anthem 360° Health

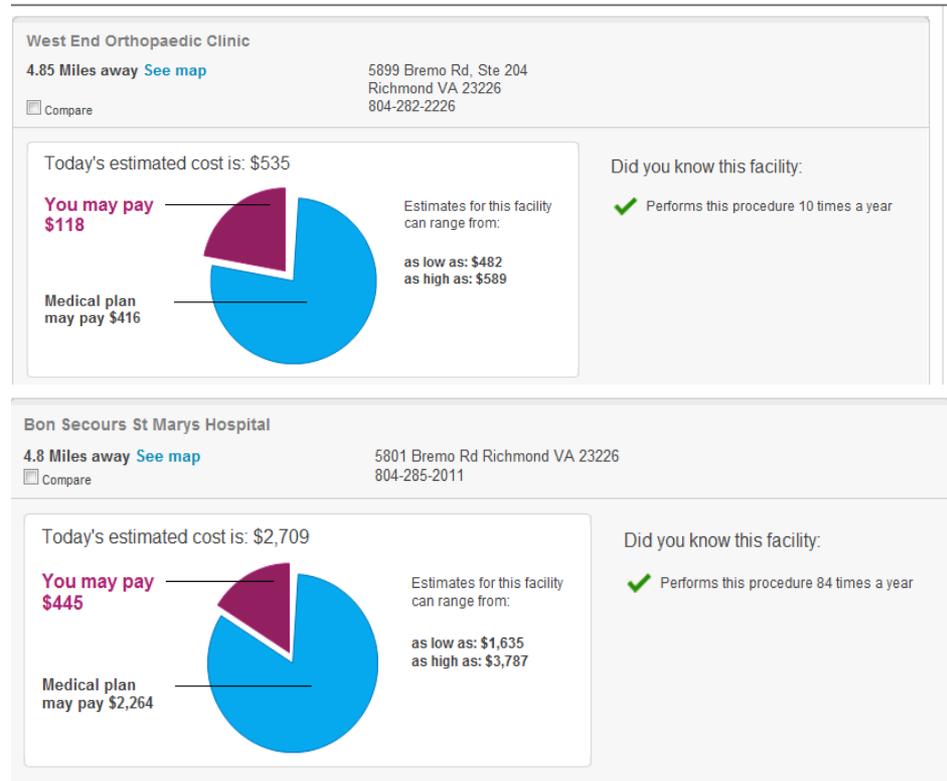
Anthem's 360° Health Programs

- **24/7 NurseLine**
- **Future Moms**
 - A toll-free number you can use to talk to a nurse coach any time, any day, about your pregnancy. A nurse may also call you from time to time to see how you're doing.
 - A book that shows changes you can expect for you and your baby during the next nine months.
 - A screening to check your health risk for depression or early delivery.
- **ConditionCare**
- ConditionCare nurse care managers work with members of all ages who have:
 - Asthma, Diabetes, Chronic obstructive pulmonary disease (COPD), Heart failure, & Coronary artery disease.
- When you join ConditionCare, you'll get:
 - 24-hour, toll-free access to a nurse who'll answer your questions.
 - A health assessment by phone.
 - Support from nurse care managers, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals.
 - Educational guides, newsletters and tools to help you learn more about your condition.

Anthem Care Comparison

Estimate Your Costs for hundreds of procedures. Shop around and save big!

- You can see cost ranges for different treatments, procedures and hospital stays. We even bundle costs together for a health event, so you get the big picture of its impact on your health- and your wallet.
- Gives you information on key quality factors such as the number of specific procedures performed, patient safety, facility complication rates, mortality rates and average length of stay.



LiveHealth Online

Doctors are available online 7 days a week, 24 hours a day, 365 days a year!

- ❑ LiveHealth Online is a convenient way for you to talk with and get treatment from a doctor at livehealthonline.com or on your smartphone or tablet.
- ❑ You use two-way video conferencing, along with instant messaging with U.S. Board Certified doctors.
- ❑ Enroll for free at livehealthonline.com or on the free app (in the App Store or Google Play), and choose a doctor to see your cost. Without enrolling, your health plan won't be able to cover your visit.
- ❑ You can see a doctor using LiveHealth Online for the same cost as your regular doctor visits!
- ❑ Employees and family who aren't members can use it, too, but pay the full price for the visit (\$49).
- ❑ LiveHealth Online accepts Visa, MasterCard and Discover cards.
- ❑ Some of the most common uses include:
 - ❑ Cold and flu symptoms such as a cough, fever and headaches
 - ❑ Allergies
 - ❑ Sinus infections
 - ❑ Family health questions



Questions?





HealthSavings
ADMINISTRATORS

HEALTH SAVINGS ACCOUNTS OVERVIEW

2014 Plan Year

WHAT IS A HEALTH SAVINGS ACCOUNT?

Coupling of high deductible health insurance

(HDHP)

+

A tax-free medical IRA

It's use it or keep it!

BENEFITS OF AN HSA

An HSA provides several financial benefits:

- Tax deductible contributions to your savings account
- Tax free dollars to pay for qualified medical expenses
- Tax free growth of your investment
- Keep the savings you don't use
- Take the plan with you if you change jobs

OTHER POTENTIAL ADVANTAGES

- Lower insurance premiums
- Employer Contribution
- Opportunity to control expenses by being more aware of the true cost of medical treatments
- Supplement retirement - in your retirement years (after age 65) your HSA can be used for non-medical expenses without a penalty, just taxes

HSA MAXIMUM ANNUAL CONTRIBUTION

	<i>2014</i>	<i>2015</i>
Single – one person covered	\$3,300	\$3,350
Family – more than one person on health insurance	\$6,550	\$6,650

- **Catch-up provision**
 - Age 55 and over by December 31 of tax year
 - \$1,000 per year
- **Limits include any employer contribution**

Need guidance on which plan to choose for you and your family?



Choosing has never been simpler.

Introducing *my*clearview, a simple tool to help you select the **right health plan**.

Selection of a health plan is a major financial decision...as significant as a car or home purchase... **So, what's the right plan?**

*The best plan choice is not necessarily the least expensive or even the most rich in coverage. It's the plan that provides the **anticipated medical services for the lowest total cost**. Answer a few simple questions and in 5 minutes or less, a customized recommendation is developed.*

To access *my*clearview:

Go to: www.clearviewlogix.com/salem

User name: salem

Password: salem1802

[my clearview
video](#)

Watch the video then answer the questions to see the plan that works best for you and your family!!

DENTAL BENEFIT REVIEW



AMERITAS DENTAL

City of Salem Virginia Dental Benefits

Dental Plan Summary

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$80/Lifetime Type 2 & 3 Waived Type 1
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Waiting Period	None
Ortho Coverage	
Coinsurance	50%
Lifetime Maximum (per person)	\$1000
Waiting Period	None

Dental Plan Summary (continued)

Sample Procedure Listing

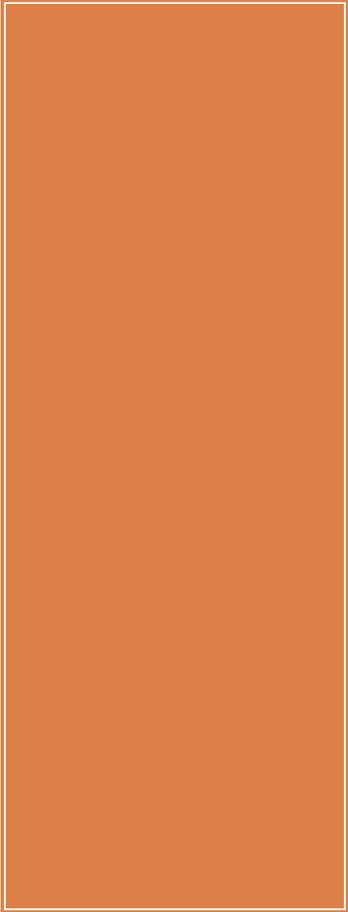
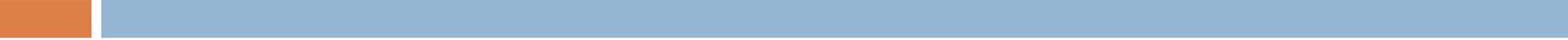
Type 1	Type 2	Type 3
Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under	Sealants (age 16 and under) Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia	Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Pretreatment
 While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for.

Dental Rewards

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards



Flexible Benefit Administrators

Your Flexible Spending Account

2014-2015



KEY INFORMATION

Plan Year:

Oct 1, 2014 – Sept 30 , 2015

Run-Out period for Filing:

12/29/2015

Available Accounts:

Healthcare Reimbursement

Dependent Care Reimbursement

Limited HealthCare Reimbursement

Your FBA Debit Card is automatically issued at time of enrolling in the plan

Benefits Card

FSA Medical/Dependent Care
on ONE Card

Cards valid for 3 years

FBA Customer Service

Contact Us at 800-437-3539
Monday-Friday 8:30a-5:00p EST
Email: flexdivision@flex-admin.com

HealthCare Eligible Items

Fees/Co-pays/Deductibles

Prescription Drugs

Glasses/Contacts/Contact Lens
Supply

Diabetic Supplies

Orthodontic Expenses

Fertility Treatments

Chiropractic Expenses

Mileage to your medical appts.



The Healthcare
Maximum is
\$2,500

Dependent Care Eligible Items

Babysitters or Nannies

Licensed day care centers

Private Preschools

Before and after school care

Summer Day Camp

Day care for elderly or disabled dependent



The Dependent
Care Annual
Maximum is
\$5,000

Submitting for Reimbursement of Manual Claims

Follow These Easy Steps

1. Gather your documentation for eligible expenses
2. Complete the appropriate Claim Form
3. Submit your Form and documentation to FBA as instructed on the form

Documentation Must Include:

- Date of Service
- Provider Name/Patients Name
- Amount Charged
- Nature of the Expense

FlexibleBenefit ADMINISTRATORS
 THE FLEXIBLE BENEFIT PROGRAMS
 PROVIDE THE CHOICE AND THE POWER
 www.flex-admin.com

FSA Dependent Care Reimbursement Claim Form
 Print Form

How to File

FlexibleBenefit ADMINISTRATORS
 P.O. BOX 8188, VIRGINIA BEACH, VA 23450
 www.flex-admin.com

FSA Medical Reimbursement Claim Form
 Print Form

Check box if this is to offset previously submitted ineligible expense(s).

Form can be submitted by (1) e-mail, (2) fax or (3) mail.
 To submit by e-mail, Print Form and sign. E-mail form along with documentation to flexdivision@flex-admin.com
 To submit by fax, Print Form and fax to: 757-431-1155
 To submit by mail, Print Form and mail to: FlexibleBenefit Administrators, Inc.,
 P.O. Box, 8188, Virginia Beach, VA 23450

Account Holder Information

Employee Name (Print name): _____
 Social Security Number or Employee ID #: _____
 Employer: _____

Claims For Out-Of-Pocket Expense INCOMPLETE FIELDS MAY RESULT IN YOUR CLAIM BEING DENIED

Please indicate your qualifying expenses below. DO NOT include expenses reimbursed by any other source. Attach copies of bills, receipts, Explanation of Benefits (EOBs) or other claim documentation. Documentation below must include dates of service, description of service and the expense amount. Cancelled checks and/or credit card statements/receipts are NOT sufficient proof of your claim. Be sure to keep your original receipts, bills, etc. for your records.

Person treated and Relationship	Type of Eligible Expense	Date of Treatment	Amount of Expense
1			\$ 0
2			\$ 0
3			\$ 0
4			\$ 0
5			\$ 0
6			\$ 0

Total \$ _____

Note: Orthodontia expenses are reimbursed as designated by the provider. We must have a copy of your orthodontic contract on file.
 YOU MUST ATTACH APPROPRIATE PROOF OF SERVICE FOR EACH AMOUNT ABOVE. For the amounts listed above. To the best of my knowledge, I request reimbursement from my Health Flexible Spending Account (Health FSA) for the amounts listed above. I understand that I cannot use my statements are complete and true. I certify these expenses are not covered or reimbursable from any other source, nor will I seek reimbursement for these expenses from any other source and that the expense is not for cosmetic purposes. I further certify that the expenses submitted on this claim are for myself and/or my qualified tax dependents for health coverage purposes as defined under the Internal Revenue Code 125.

I, the participant, further certify that the expense(s) noted above have not been previously paid for by use of my Benefits Card.

Employee's Signature: _____ Date: _____

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FBA Debit MasterCard

Convenience Features

- Cards are ordered upon your request
- Works like a pre-paid credit card; no pin number required
- Your card will be activated upon the first swipe
- Additional cards are available for your spouse and dependents over age 18
- Monitor your account balance, transaction history at www.flex-admin.com
- Your Healthcare account is pre-funded with your annual election on the card
- Your dependent care account is funded as payroll deposits are taken



Please visit www.sig-is.org for a list of
IIAS Merchants

Auto-Substantiation Features



For Benefits Card Transactions

1. Recurring Expenses (allergist, chiropractic)

- FBA will not request repeat documentation once audited the first time. Expenses must match the exact same amount provider.

2. Mail Order Prescriptions

- FBA will not request documentation.

3. Orthodontic Contracts

- Submit a copy of the orthodontic contract in order for FBA to note this expense as recurring; then no additional requests will be generated.

Quick Tips!

✓ Claims/Substantiation Requests:

Remember to file your claims with a completed claim form and to respond to all requests for card substantiation. Please allow 2-3 business days for the processing of your submitted claims once they have been received.

✓ Weekly Reimbursements:

Reimbursement checks will be mailed directly to your home address. Direct Deposit reimbursements are available within 1-2 business days after processing.

✓ Sign-up for **Free Direct Deposit** by completing the form on FBA's website

FlexibleBenefit ADMINISTRATORS

1-800-437-4343 or 757-388-4067
1200 19th Street, Virginia Beach, VA 23461
www.flex-admin.com

Direct Deposit Form

(Please complete this form if you are a new FBA participant or if your bank account information has changed in the past year. You don't need to complete this form if you had direct deposit in the last year and your bank account information hasn't changed.)

Employee Information

Employee Name: _____ Social Security # or Employee ID: _____
Home Telephone: _____ Alternate Telephone (work/cell): _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Name of Employer: _____
Help us go green! If provided, we will use your email as our primary method of contact.

Bank Account Information

Bank Name: _____ Checking Account**
 Savings Account**
Bank Address: _____
City: _____ State: _____ Zip: _____
Name on the Account: _____
Routing Number: _____
Account Number: _____

JOHN G. SAMPLE
FBI # 123456
VOID
EDWARDS/COMPAK 02/20/2016 3:38 PM 123456
Routing Number Account Number Check Number

***Please provide a voided check, we will not process without a voided check.**
****Please provide a copy of your Savings account deposit slip.**

Authorization

I authorize reimbursements from my Section 125 FSA, Dependent FSA, Individual Health Premium, Limited Purpose FSA, or my Section 105 Health Reimbursement Arrangement to be sent to the financial institution named above to be deposited in the designated account.

In the event funds are deposited erroneously into my account, I authorize my Section 125/105/132 administrator to debit my account(s) not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

The IRS regulations state four conditions: 1) Any expenses you incur must be within the plan year; 2) Any expenses you incur must not be covered by any other source, such as insurance; 3) You must provide proper documentation to receive payment; 4) You cannot change or revoke your elections during the plan year unless there is a specific change in status and your employer allows such changes. Please see the Summary Plan Description for details.

Signature: _____ Date: _____

Please fax, email, or mail completed form with a voided check to:
Fax: 757-431-1155 Email: FlexDivision@flex-admin.com
Flexible Benefit Administrators, Inc. P.O. Box 8188, Virginia Beach, VA 23450

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Your Self-Service Technology

www.mywealthcareonline.com/fba

Downloadable App for iPhones and
android smartphones & tablets

Sign-up for email/ text messages

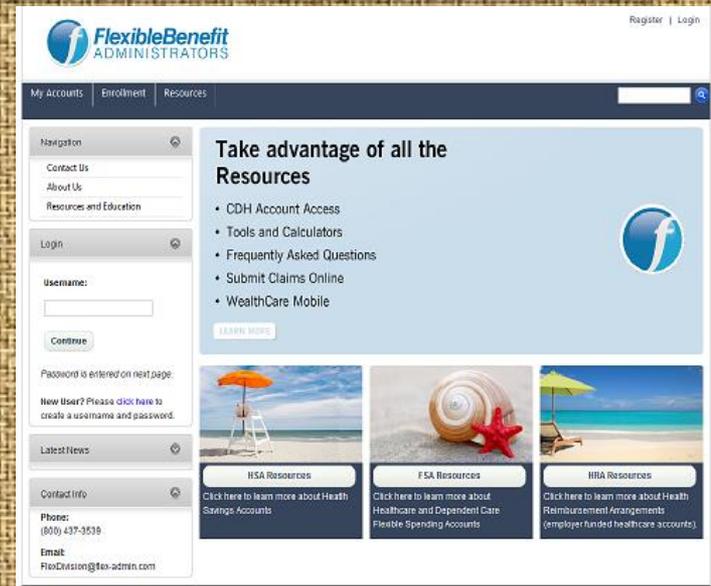
FSA Calculator

Eligible Expense Listing

View 2 years of account of history

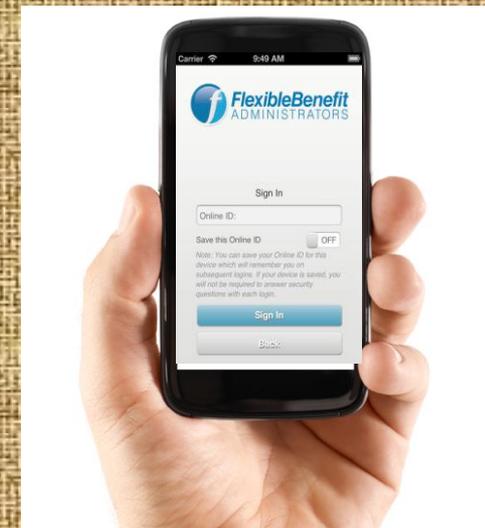
Claim Submission online/by phone

Report a benefits card lost/stolen



The screenshot shows the FlexibleBenefit ADMINISTRATORS website. At the top right, there are links for "Register" and "Login". Below the header, there are tabs for "My Accounts", "Enrollment", and "Resources". The main content area features a "Take advantage of all the Resources" section with a list of services: CDH Account Access, Tools and Calculators, Frequently Asked Questions, Submit Claims Online, and WealthCare Mobile. Below this list are three featured resource boxes: "HSA Resources", "FSA Resources", and "HRA Resources", each with a brief description and a "Click here to learn more" link. On the left side, there is a "Navigation" menu with links for "Contact Us", "About Us", and "Resources and Education". Below that is a "Login" section with fields for "Username:" and "Password:" (with a note that the password is entered on the next page), a "Continue" button, and a link for "New User? Please click here to create a username and password." At the bottom left, there is a "Contact Info" section with the phone number (800) 437-3539 and the email address FlexAdmin@fba-admin.com.

Create a user ID and
Password to access
your account
anywhere!



FSAStore.com Partnership

- ✓ Shop for FSA Eligible products online
- ✓ Search for FSA Eligible Services in your area
- ✓ Online Pharmacy
- ✓ Free shipping for orders over \$50
- ✓ 24/7 customer support

FlexibleBenefit ADMINISTRATORS

Open Enrollment is here!

Flexible Benefits Administrators is partnered with FSA Store, the only e-commerce site exclusively stocked with FSA eligible products, to help you spend down and manage your FSA. FSA Store and Flexible Benefits Administrators work together to eliminate the guesswork behind what is reimbursable by an FSA and HSA.

Our partnership gives you access to tools such as a Dynamic Eligibility List, an FSA Calculator, and a Learning Center to help answer all your FSA/HSA questions.

- Exclusively stocked with eligible products.** (Includes Walgreens, CVS, and Subalyn Therapeutics)
- Eliminate eligibility guessing games.** (FSA Eligibility List)
- Estimate your annual FSA spending.** (FSA Calculator)
- Receive deadline reminders.** (FSA Deadline Tracker)
- Get answers to all your FSA questions!** (FSA Learning Center)

Visit www.fsastore.com to spend down and manage your FSA. code **flexadmin2015** exp 12/31/15

\$5 OFF 500+ participating participating products

Wrap Up



Contact Us



It is our pleasure to assist you with your questions!
Monday through Friday 8:30 am to 5:00pm EST
Toll Free 800-437-3539
Fax Number 757-431-1155
On the Web www.flex-admin.com



For more detailed information on any of the plans offered, visit www.flex-admin.com

QUALIFYING EVENTS

Life Changing Events

- Marriage, Divorce, Legal Separation or Annulment
- Birth, Adoption or placement for adoption of a child
- Termination or commencement of employment by my spouse or dependent
- Judgment, decree or order issued to cover child
- Death of my spouse and/or dependent
- Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse or dependent, or a reduction or increase in hours, strike or lockout
- I, my spouse or dependent have taken an unpaid leave of absence
- My dependent satisfies or ceases to satisfy the requirements for coverage.
- Other

HEALTH BENEFIT INFORMATION

Resources

- The Kronos Employee Self Service Site has the following Resources Available:
 - Summary of Benefit Coverage
 - Health & Dental Rates
 - Online benefit enrollment process
 - Detailed Benefit Information



CITY OF SALEM OFFERS...

CITY OF SALEM OFFERS...

EAP

- (Employee Assistance Program)
 - ▣ Up to four (4) free mental health office visits
 - ▣ Strictly confidential

CITY OF SALEM OFFERS...

Salem Wellness Program Wellness Supplement toward your membership to:

- YMCA
- Gold's Gym
 - (419 and N. Roanoke Facilities)
- Spa Fit
- Green Ridge Recreation Center

**Employer contributions provided are
considered taxable income.**

Salem Health & Wellness Clinic

Open to all Full Time employees enrolled in the City's Health Insurance Plan

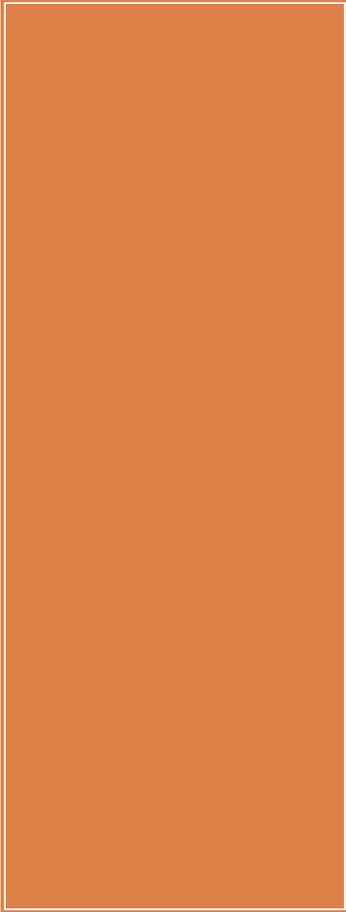
- Family Nurse Practitioner
- Medical Office Assistant
- Open 40 hours per week Mon – Fri
- Must Schedule an appointment
- No out of pocket cost to employee
- Dependents age 6+

City Health & Wellness Clinic

- **Contact the Health Clinic at 378-0190 to Schedule an appointment.**

Must be 6 years and older and covered under the City's Health Insurance Plan to be eligible.

City Health and Wellness Fair



Tuesday, October 8th

Civic Center Community Room

11:00 a.m. – 5:00 p.m.

OPTIONAL BENEFITS

Optional Benefits

- Optional insurances
 - ▣ AFLAC and RL Wood
- Freedom First Credit Union
- ICMA
- Legal Shield

Representatives onsite and available to assist with enrollments/changes/terminations

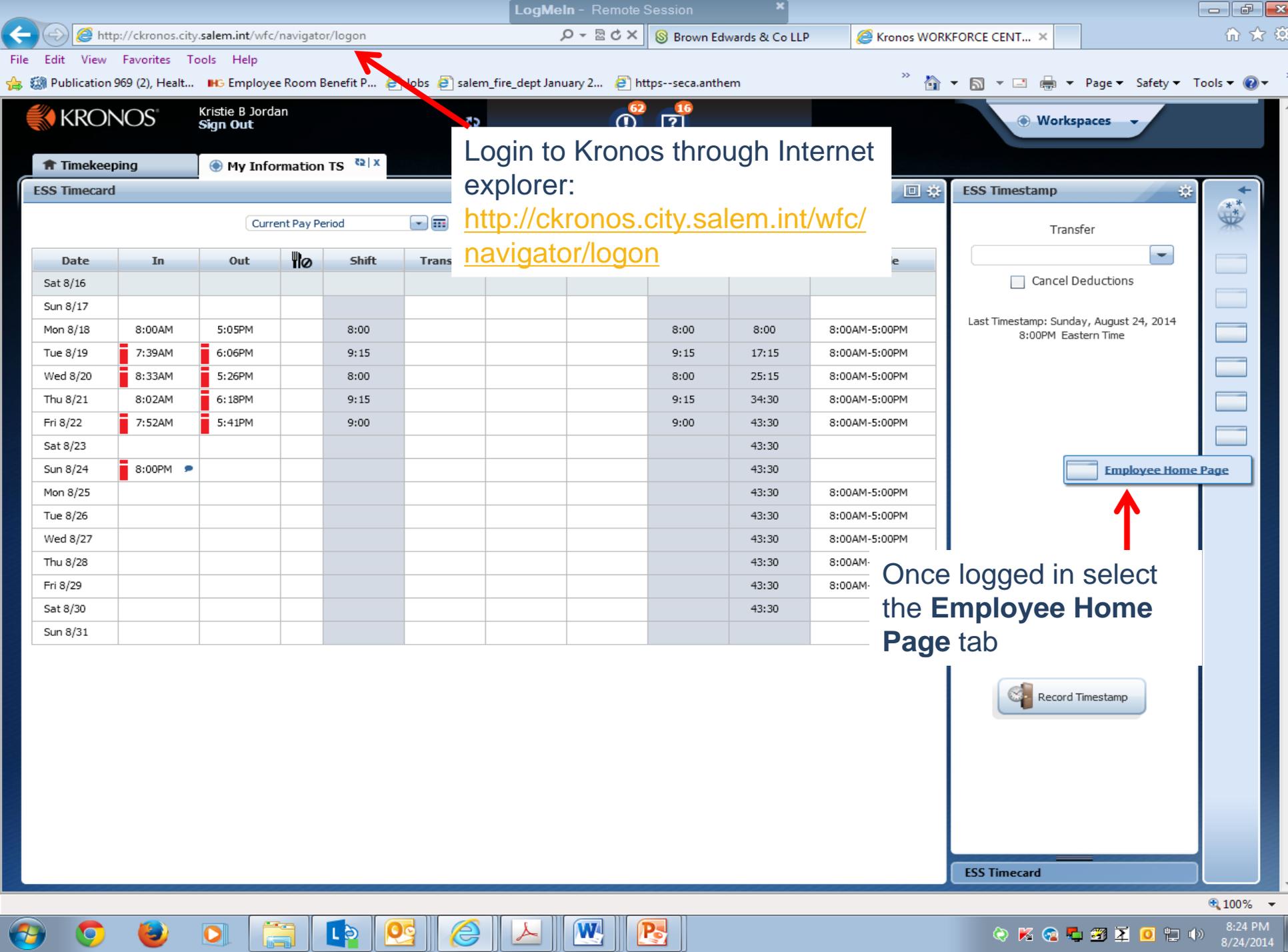
HOW TO ENROLL

Process and Instructions

- ❑ Username – **Kronos** user ID
- ❑ Password –
 - ❑ Network users-same as PC Login
 - ❑ Non Network user-your created password
 - ❑ First time user of Kronos-**Contact HR to retrieve user name and password**
- ❑ Open Internet Explorer
<http://ckronos.city.salem.int/wfc/navigator/logon>
- ❑ Enter username and password
- ❑ Employee Home Page
 - ❑ Open Enrollment 2014 link
- ❑ Walk thru wizard process and choose benefit elections

HOW TO ENROLL

- ❑ ALL EMPLOYEES ARE REQUIRED TO LOGON TO KRONOS AND ELECT BENEFIT OPTIONS.
- ❑ MUST BE COMPLETED WITHIN THE CITY NETWORK.
- ❑ Online enrollment wizard is as follows:



Login to Kronos through Internet explorer:
<http://ckronos.city.salem.int/wfc/navigator/logon>

Once logged in select the **Employee Home Page** tab

ESS Timecard

Date	In	Out	☺	Shift	Trans			
Sat 8/16								
Sun 8/17								
Mon 8/18	8:00AM	5:05PM		8:00		8:00	8:00	8:00AM-5:00PM
Tue 8/19	7:39AM	6:06PM		9:15		9:15	17:15	8:00AM-5:00PM
Wed 8/20	8:33AM	5:26PM		8:00		8:00	25:15	8:00AM-5:00PM
Thu 8/21	8:02AM	6:18PM		9:15		9:15	34:30	8:00AM-5:00PM
Fri 8/22	7:52AM	5:41PM		9:00		9:00	43:30	8:00AM-5:00PM
Sat 8/23							43:30	
Sun 8/24	8:00PM						43:30	
Mon 8/25							43:30	8:00AM-5:00PM
Tue 8/26							43:30	8:00AM-5:00PM
Wed 8/27							43:30	8:00AM-5:00PM
Thu 8/28							43:30	8:00AM-
Fri 8/29							43:30	8:00AM-
Sat 8/30							43:30	
Sun 8/31								

ESS Timestamp

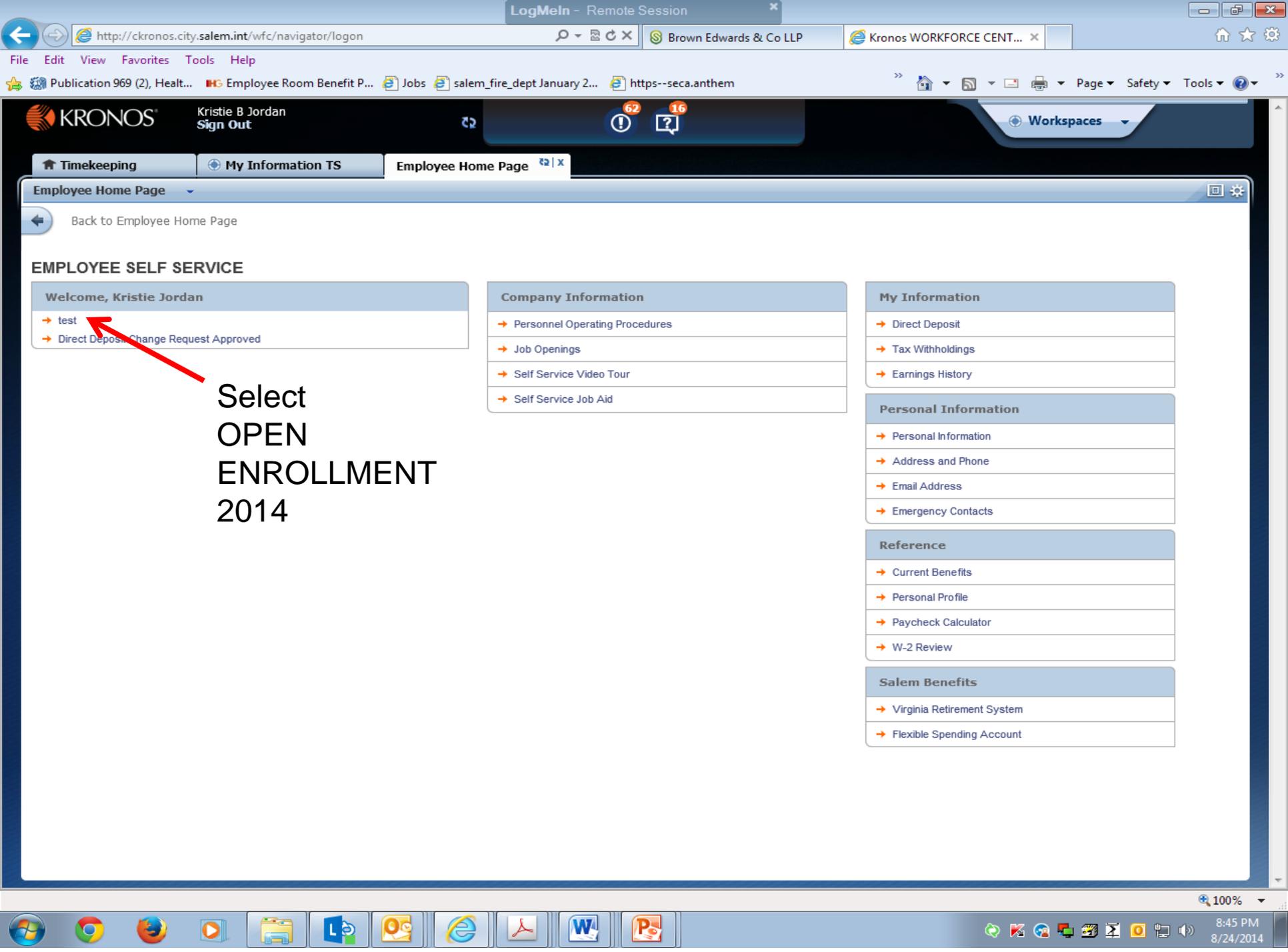
Transfer

 Cancel Deductions
 Last Timestamp: Sunday, August 24, 2014
 8:00PM Eastern Time

Employee Home Page

Record Timestamp

ESS Timecard



EMPLOYEE SELF SERVICE

Welcome, Kristie Jordan

- test
- Direct Deposit Change Request Approved

Company Information

- Personnel Operating Procedures
- Job Openings
- Self Service Video Tour
- Self Service Job Aid

My Information

- Direct Deposit
- Tax Withholdings
- Earnings History

Personal Information

- Personal Information
- Address and Phone
- Email Address
- Emergency Contacts

Reference

- Current Benefits
- Personal Profile
- Paycheck Calculator
- W-2 Review

Salem Benefits

- Virginia Retirement System
- Flexible Spending Account

Select
OPEN
ENROLLMENT
2014

- Life Events Home
- Welcome
- Updating Your Benefits
- Current Benefit Summary
- Open Enrollment Summary
- Your Benefits
 - Health
 - Dental
 - FSA Dependent

WELCOME

Enrollment Deadline: 8/26/2014
Open Enrollment Documents

Next

View Benefit information by clicking on Open Enrollment Documents

Once you are ready to begin the enrollment process please select "NEXT"



- [Life Events Home](#)
- [Welcome](#)
- [Updating Your Benefits](#)
- [Benefit Summary](#)
- Your Benefits**
- [Health](#)
- [Dental](#)
- [FSA Dependent](#)

UPDATING YOUR BENEFITS

Enrollment Deadline: 8/26/2014

		Current Elections				Future Elections			
<input checked="" type="checkbox"/>	Benefit	Plan	Election	Coverage	Monthly Deduction	Plan	Election	Coverage	Monthly Deduction
<input checked="" type="checkbox"/>	Health	Not Enrolled				Lumenos High Deductable	Employee		\$43.04
	Health Savings	Not Enrolled				Health Savings Account	\$100.00		\$100.00
	FSA Med Limited	Not Enrolled				FSA Med Limited 2015	\$50.00		\$50.00
	FSA Medical	Not Enrolled				Not Enrolled			
<input checked="" type="checkbox"/>	Dental	Dental	Employee Only		\$0.00	Dental	Employee Only		\$0.00
<input checked="" type="checkbox"/>	FSA Dependent	Not Enrolled	\$0.00			Not Enrolled	None		

* Company provided benefit ■ Differences in current and future elections

Next

Review benefit information, select all benefit check boxes and then select Next. It is important you go through each benefit plan to ensure that you are enrolled in/or have waived your right to the listed benefit plans.

- Life Events Home
- Welcome
- Updating Your Benefits
- Benefit Summary
- Your Benefits**
- Health
- Dental
- FSA Dependent

HEALTH

What you can do?
 Change your enrollment
 Add or update your dependents
 View plan details

CURRENT ELECTIONS

Benefit	Plan	Election	Monthly Deduction
Health	Not Enrolled		\$0.00
Health Savings	Not Enrolled		\$0.00
FSA Med Limited	Not Enrolled		\$0.00
FSA Medical	Not Enrolled		\$0.00

If you have a spouse working Full Time for the City or the Schools, use the SWS benefit plan election

HEALTH

[Clear my elections](#)

Plan	Election	Monthly Deduction
<input type="radio"/> Key Care 20	<input type="radio"/> Employee <input type="radio"/> Employee + Child <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Spouse + Child <input type="radio"/> Family <input type="radio"/> Employee	\$61.52 \$260.00 \$716.90 \$657.38 \$749.00 \$57.20
<input type="radio"/> Key Care 30	<input type="radio"/> Employee + Child <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Children <input type="radio"/> Family	\$231.78 \$572.08 \$629.28 \$714.42
<input checked="" type="radio"/> Lumenos High Deductable	<input checked="" type="radio"/> Employee <input type="radio"/> Employee + Child <input type="radio"/> Employee + Spouse <input type="radio"/> Employee + Children <input type="radio"/> Family	\$43.04 \$174.38 \$430.42 \$473.46 \$537.52
<input type="radio"/> Spouse Employed by Salem Key Care 20	<input type="radio"/> SWS-Emp + EmpSpouse <input type="radio"/> SWS-Family	\$123.04 \$123.04
<input type="radio"/> Spouse Employed by Salem Key Care 30	<input type="radio"/> SWS-Emp + EmpSpouse <input type="radio"/> SWS-Family	\$114.40 \$114.40
<input type="radio"/> Spouse Employed by Salem Lumenos High De	<input type="radio"/> SWS-Emp + EmpSpouse <input type="radio"/> SWS-Family	\$86.08 \$86.08
<input type="radio"/> Waived Health		\$0.00

HEALTH SAVINGS

[Clear my elections](#)

Plan	Election	Monthly Deduction
<input checked="" type="checkbox"/> Health Savings Account	<input type="text" value="100"/> Amount Calculate	\$100.00

FSA MED LIMITED

[Clear my elections](#)

Plan	Election	Monthly Deduction
<input checked="" type="checkbox"/> FSA Med Limited 2015	<input type="text" value="50"/> Amount Calculate	\$50.00

FSA MEDICAL

[Clear my elections](#)

Plan	Election	Monthly Deduction
<input type="checkbox"/> FSA Medical 2015	<input type="text" value="0"/> Amount Calculate	\$0.00

[Add Dependent](#)

Dependent	Relationship	Birth Date	SS#	Enroll
None				

[Save & Continue](#)

Make monthly election if you are participating in the FSA or HSA plans.

ADD A DEPENDENT

* Indicates a required field.

First Name*

Birth Date (mm/dd/yyyy) *

Middle Name

Social Security #

Last Name *

Full-time Student

Suffix

Smoker

Nickname

Disabled

Gender ▼

Relationship ▼

Use my primary address/phone

Use a different address/phone

List all dependents covered under your Health

Save & Continue

- Life Events Home
- Welcome
- Updating Your Benefits
- Benefit Summary
- Your Benefits
 - Health
 - Dental
 - FSA Dependent

DENTAL

What you can do?
 Change your enrollment
 Add or update your dependents
 View plan details

CURRENT ELECTIONS

Benefit	Plan	Election	Monthly Deduction
Dental	Dental	Employee Only	\$0.00

Plan	Election	Monthly Deduction
<input checked="" type="radio"/> Dental	<input checked="" type="radio"/> Employee Only <input type="radio"/> Employee + 1 <input type="radio"/> Family <input type="radio"/> SWS-Emp+EmpSpouse <input type="radio"/> SWS-Family <input type="radio"/> Waived Health - EE <input type="radio"/> Waived Health - EE + 1 <input type="radio"/> Waived Health - Family	\$0.00 \$26.76 \$65.24 \$0.00 \$0.00 \$34.64 \$61.40 \$99.88
<input type="radio"/> Dental Without Medical Enrollment	<input type="radio"/> Waived Health - EE <input type="radio"/> Waived Health - EE + 1 <input type="radio"/> Waived Health - Family	\$37.08 \$65.72 \$106.88
<input type="radio"/> Spouse Employed by Salem Dental	<input type="radio"/> SWS-Emp+EmpSpouse <input type="radio"/> SWS-Family	\$0.00 \$0.00
<input type="radio"/> Waived Dental		\$0.00

Add Dependent				
Dependent	Relationship	Birth Date	SS#	Enroll
None				

Save & Continue

If you have a spouse working Full Time for the City or the Schools, use the SWS benefit plan election

[→ Life Events Home](#)[→ Welcome](#)[→ Updating Your Benefits](#)[→ Benefit Summary](#)[Your Benefits](#)[→ Health](#)[→ Dental](#)[→ FSA Dependent](#)

FSA DEPENDENT

What you can do?

[Change your enrollment](#)[View plan details](#)

CURRENT ELECTIONS

Benefit	Plan	Election	Monthly Deduction
FSA Dependent	Not Enrolled		\$0.00

	Plan	Election	Monthly Deduction
<input type="checkbox"/>	FSA Dependent 2015	<input type="text" value="0"/> Amount Calculate	\$0.00

[Save & Continue](#)

Enter your Monthly Dependent Care election here then select Calculate. Select Save & Continue

- Life Events Home
- Welcome
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BENEFIT SUMMARY

Herbert B Orth

Enrollment Date: 10/1/2014

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

Benefit	Plan	Election	Coverage	Monthly Deduction	Employer Contribution	
Health	Lumenos High Deductable	Employee		\$43.04	\$387.38	Edit
Health Savings	Health Savings Account	\$100.00		\$100.00		
FSA Med Limited	FSA Med Limited 2015	\$50.00		\$50.00		
FSA Medical	Not Enrolled					
Dental	Dental	Employee Only		\$0.00	\$34.64	Edit
FSA Dependent	Not Enrolled	None				Edit

* Company provided benefit

DEPENDENTS

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
None				

BENEFICIARIES

Beneficiary Name	Relationship	SS#	Enrolled In
None			

[Save for Later](#) [Submit Changes](#)

Review Information. You may **Edit** your elections if needed. You may select the **Print** option in top right side of the page to keep a copy for your records. To finalize select **Submit Changes**.

Other Information, Documents and Forms

- Due to plan design changes:
 - Current Benefit Summary
 - City Flex Plan Guide
 - Various plan guidance and forms

Will be available when Kronos Self Service for Open Enrollment is open for employees to elect insurance options

Questions?

- Representatives available for questions
 - Ameritas
 - Anthem
 - AFLAC
 - Business Solutions-*Insurance Consultants*
 - HealthSavings Administrators
 - Legal Shield
 - RL Wood