my>HR infor ESS

my>HR Employee Self-Service

Benefits Enrollment Quick Reference Guide

1. Prepare to Enroll

a. Read the Benefits Plus Enrollment Guide.

b. For benefit questions, contact the Benefits Department 935-6938 or e-mail Benefits@mhc.net.

c. Write down your benefit selections.

d. Gather your beneficiary and dependent names, dates of birth and social security numbers (SSNs) as needed.

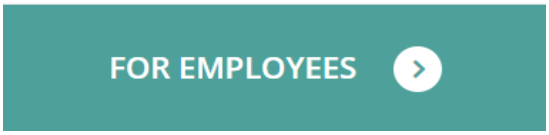
2. Log in to Infor

a. Start your web browser by clicking **Start, Programs, Microsoft Edge.**

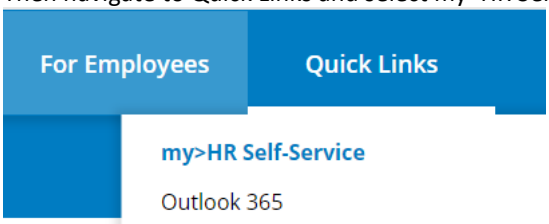
b. From the Munson intranet home page using a Munson network connected computer, click the SharePoint Home page (https://sharepoint16.mhc.net/Pages/home.aspx).Then click and then click on the **my>HR icon**.

At this point, you should automatically be logged in to enroll.

c. **From home or *outside* the Munson network:** Enter web address: **http://www.munsonhealthcare.org,** press **Enter.** At the bottom right corner of the page click on For Employees button.



Then navigate to Quick Links and select my>HR Self-Service.

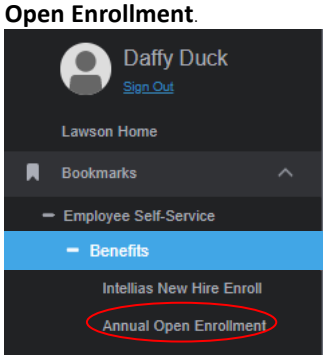


If the Citrix Access Gateway Plug-in is not installed and you do not have multi-factor authentication set up, please read the Log In from Home section and follow the guides listed (Accessing Employee Self-Service Remotely and Multi-Factor Authentication Guide for StoreFront). For technical assistance, please contact the Help Desk at (231) 935-6053. After completing the installations find the **my>HR_SelfService link**, click it and with your network ID, you should automatically be logged in to enroll.

3. Enroll in Benefits

Before you begin this process, plan your choices ahead of time and **make sure you have sufficient time available to complete the process. If you exit part way through enrollment you will lose your work.** You can go back in and change your elections up to the end of open enrollment.

a. Click **Bookmarks**, then click on **Employee Self-Service** to expand menus. Click on **Benefits** and then click on **Annual Open Enrollment**.



b. **Read all of the information** on the welcome page. Click **Continue.**

c. Be sure to use Continue and Previous buttons of your web page selections to navigate. WARNING -- DO NOT use the back and forward buttons on your browser to move between pages.

Application is not designed for browser arrow navigation.

If you accidentally click the back button, log out and log back in to refresh your session.

d. Review/Update your Mailing & Home addresses:
Add a Spouse's phone # as needed.

Address Update

Your home address on file with Human Resources / Payroll is listed below.

- If your address information is correct, simply click the **Continue** button.
- If you need to update your address, enter the correct information and click **Save**.

Enter the mailing address below.

Mailing Address

*Address:	820 Red Drive
* City:	Traverse City
* State:	Michigan
* Zip:	49684
County:	
Country:	United States
Other Phone:	231 - 935 - 6938
Personal Email:	
Spouse Phone (if applicable):	- -

Home Address

Is the Home Address the same as the Mailing Address above: (•) Yes ( ) No

*Address:	820 Red Drive
* City:	Traverse City
* State:	Michigan
* Zip:	49684
County:	
Country:	United States
Home Phone:	231 - 935 - 6938

e. Save and Continue.

f. The current dependents window will appear.
Review your current dependents:

Benefits Enrollment

Current Dependents

Affordable Care Act (ACA) requires Munson HealthCare make a reasonable effort to **maintain accurate Social Security Numbers** for those **enrolled in medical coverage.**

PLEASE CONFIRM

1. Your dependents are listed
2. Your dependents' social security numbers are correct

NOTES:

- This page is where you **list family members**
- Adding a family member to this list **DOES NOT enroll that family member in the benefit plan**
- Adding a family member **DOES put that family member on your dependent list to choose from during benefit enrollment**
- **Documentation** of dependent eligibility is **required upon benefit enrollment**. Details here
- Adding or deleting family members during the benefit year requires a **Qualifying Event(QE)**. Details here

To add a dependent, click on the Add button.

To change or view additional detail for the dependents listed here, click on a name.

If this screen was presented as part of your benefit enrollment and you have finished adding dependents, please click continue to move to the next screen.

Name	Social Number
Jane J. Jetson	6789
Elroy J. Jetson	8888
Judy J. Jetson	7777
Rosie J. Jetson	1111

Add Continue Previous Exit

If the dependent is not listed, click **Add.** Enter the **dependent details including the Social Security Number (SSN). Scroll down** and click **Update**. Click **OK** at the pop-up window. The dependent will appear on the screen.

Note: You can only Add or Edit dependent information on this screen. To remove or get help changing dependent information, please contact the benefits office at Benefits@mhc.net.

g. If adding a dependent, click the **here** (see section Required Documentation) to review required documents. This documentation must be received by the end of open enrollment, or the additional dependents and/or spouse will not be eligible to enroll. Note: Dependents may only be deleted by contacting the Benefits Department.

h. Once you have completed all dependent changes, click **Continue**

i. An Enrollment Order window will appear. Your current eligible benefit elections list will appear on the screen. Click **Continue** again.

Benefits Enrollment

Enrollment Order

You will enroll in benefits in the following order.

Plan Type
HEALTH
DENTAL
VISION
LIFE - SPOUSE
LIFE - DEPENDENT
HEALTH REIMBURSEMENT
DEPENDENT CARE REIMB
GROUP LEGAL

Continue Exit

j. The next screen will show your previous year benefits in summary fashion. Click Continue.

Benefits Enrollment

Current Benefits

For your review, we have listed below the current benefits we have on file for you.

Plan		Start Date	Coverage	Your Cost		Company Cost
Priority Health HMO	Jane J. Jetson Elroy J. Jetson Judy J. Jetson Rosie J. Jetson	07/01/2020	Emp Plus Family	156.51	Pretax	554.91
Delta Dental 75% Plan	Jane J. Jetson Elroy J. Jetson Judy J. Jetson Rosie J. Jetson	07/01/2020	Emp Plus Family	33.10	Pretax	24.44
Vision Service Plan - Buy-Up	Jane J. Jetson Elroy J. Jetson Judy J. Jetson Rosie J. Jetson	07/01/2020	Emp Plus Family	22.10	Pretax	
No Coverage - AD&D		07/01/2020				
No Coverage - Optional Life		07/01/2020				
No Coverage - Spouse Life		07/01/2020				
No Coverage - Dependent Life		07/01/2020				
Health Care FSA		07/01/2020	2,750.00 per year	105.77	Pretax	
No Coverage - Dependent Care		07/01/2020				
Group Legal Plan		07/01/2020		7.62	Aftertax	

Pay Period Summary	Cost
Total pretax contributions	317.48
Total aftertax contributions	7.62
Total company contributions	579.35

Your deductions may differ slightly due to rounding.

Continue Previous Exit

k. As you are guided through each benefit, please choose the button you desire and click continue to go to the next screen.

Benefits Enrollment

Enrollment Elections - HEALTH

As Of	Coverage Type	Your Cost		Company Cost
06/30/2021	Emp Plus Family	156.51	Pretax	554.91
07/01/2021	Emp Plus Family	160.42	Pretax	568.74

You are currently enrolled in Priority Health HMO. Costs are per Pay Period.

Covered Dependents As Of 06/30/2021

Jane J. Jetson Elroy J. Jetson
Judy J. Jetson Rosie J. Jetson

Select	Option
( )	Keep the same coverage
( )	Keep the same option, add or change dependent coverage
( )	Change the coverage type
( )	Select a different plan

Continue Exit

l. If you choose Change the coverage type, you will see options to choose and will need to make a selection, then click Continue.

Benefits Enrollment

Benefit Elections - HEALTH

You have selected Priority Health HMO. Your contribution will be pretax. Costs are per Pay Period. Select one coverage option.

Select	Coverage	Cost	Company Cost
○	Emp Only	56.21	199.29
○	Emp Plus One	129.28	458.34
○	Emp Plus Family	160.42	568.74

Continue Previous

m. If you choose Change Select a different plan, you will see all options for various plan types and will need to make a selection, then click Continue.

Benefits Enrollment

Benefit Elections - HEALTH

Select the plan in which you would like to enroll.

Select	Plan	Coverage	Your Per Pay Period Cost	Company Per Pay Period Cost
○	Priority Health HMO	Emp Only	56.21	199.29
○	Priority Health HMO	Emp Plus One	129.28	458.34
○	Priority Health HMO	Emp Plus Family	160.42	568.74
○	Priority Health POS	Emp Only	97.01	199.21
○	Priority Health POS	Emp Plus One	223.14	458.20
○	Priority Health POS	Emp Plus Family	277.17	569.15
○	No Coverage - Priority Health	PH Decline		

Continue Previous Start Over Exit

Note: Please to add or remove dependents as desired by checking the boxes for a particular benefit plan as warranted.

Benefits Enrollment

Benefit Elections - HEALTH

You have selected Priority Health HMO. This plan may cover a spouse and your dependents. This plan covers up to 99 dependent(s). Select dependents to include for plan coverage.

Select	Dependent	Status
☐	Jane J. Jetson	Eligible
☐	Elroy J. Jetson	Eligible
☐	Judy J. Jetson	Eligible
☐	Rosie J. Jetson	Eligible

Continue Previous

n. If you enroll a spouse in the health insurance, the Spousal Eligibility questionnaire will appear on your screen. Employees are required to complete this form annually if enrolling a spouse.

Spousal Eligibility

If your spouse is eligible to be covered elsewhere and that medical coverage costs less than $100 per month (single rate), your spouse must elect that medical coverage as primary, before enrolling in Munson's plan as secondary. Indicate your spouse's employment status below. If he/she is employed outside of Munson or self-employed, you will need to complete their employer and insurance information. If he/she is employed at Munson, not employed or retired, you only need to indicate their employment status.

If your spouse has a change in eligibility during the year, you are required to contact Munson's Benefits Office to make appropriate changes within 30 days of that event.

Additionally, if your spouse has prescription coverage, prescriptions will be processed under his/her employer's plan first.

My Spouse is (check one):
- ◉ Employed (outside of Munson) or Self-Employed
- ○ Employed at Munson
- ○ Not Employed
- ○ Retired

Employer Name: ABC Company

o. If you enroll in health insurance, the Priority Health Confirmation Statement will appear on your screen. Read the statement and place a check in the box.

Priority Health Confirmation Statement

Priority Health coverage requires that both employee and spouse complete certain requirements by October 31 to remain enrolled in the Choice level of benefits. Details are included in the online Benefits Plus Enrollment guide.

Requirements for Choice benefits:

- Online health risk appraisal: Complete the online health risk appraisal from July 1 through October 31, which is available through the Priority Health Member Center.
- Meet 3 wellness criteria documented on a HealthByChoice Incentives Qualification Form by physician:
  - Tobacco Use = Non-tobacco user
  - Body Mass Index (BMI) = Below 30
  - Blood Pressure = Below 140/90
- Employees/spouses who don't meet the 3 criteria can still maintain Choice level of benefits if they complete the following by October 31:
  - A fasting cholesterol test
  - A fasting blood sugar test
  - Agree to follow physician's treatment recommendations

☐ By checking this box, I have read and understand the Priority Health requirements for me and my spouse (if applicable) to be enrolled in the Choice level of benefits.

p. Click **Continue** to enroll in your next Enrollment Election.

q. On ***specific*** plans you can either enroll in the plan, or choose the *No Coverage option, which means you decline coverage*. **Select the option you need for the plan presented.**

4. Add Beneficiaries

a. If you enroll in Optional Life or AD/D or have a Life plan, please enter beneficiaries.
Note: This can be completed/updated within Employee Self-Service throughout the year as well.

Beneficiaries Form

*Benefit Plan: Optional Life
*Beneficiary Type: ◉ Individual ○ Trust
*Primary or Contingent: ○ Primary ○ Contingent
Percent:
*Individual: Select an existing dependent: *Last: *First: Middle: Social Security Number: *Relationship:
Address same as Employee's home? ○ Other ○ Employee Home Address

Save Clear

*Benefit Plan: Additional AD/D
*Beneficiary Type: ◉ Individual ○ Trust
*Primary or Contingent: ○ Primary ○ Contingent
Percent:
*Individual: Select an existing dependent: *Last: *First: Middle: Social Security Number: *Relationship:
Address same as Employee's home? ○ Other ○ Employee Home Address

b. Once you have completed all of your beneficiary information per plan and are ready to save the information, click the Save Beneficiaries button.

Save Beneficiaries

c. If you want to complete beneficiary information at a later time, you can click the Continue WITHOUT Beneficiary Update button.

Continue WITHOUT Beneficiary Update

Submit elections

Your selected elections will appear. Carefully review your choices. If you decide you need to change something, click **Do Not Process – Go back and Make Changes** and you will be able to select the plan(s) you want to change and update them as needed.

Benefits Enrollment

Benefit Elections As Of 07/01/2021

2021-2022 Benefit Confirmation

Please verify that your elections and dependents are listed correctly below. Benefit elections may be changed any time between 7 am on Wednesday May 12, 2021 and 5 pm on Wednesday May 26, 2021.

Click Do Not Process - Go Back and Make Changes if you would like to make changes to any of the information below.

Click Save Enrollment and Process if the information below is correct.

After you click Save Enrollment and Process, you will be asked if you want to print and/or e-mail your elections. Be sure to print and keep your elections for future reference.

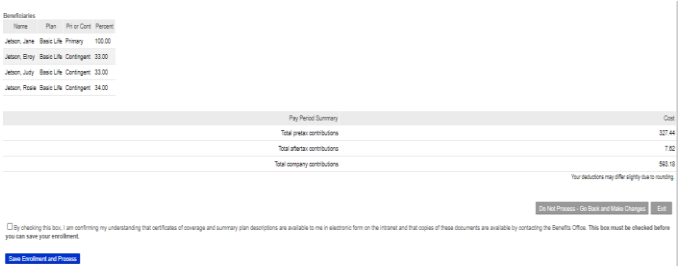
If you added a new dependent (spouse or child), you are required to provide proof of family relationship (e.g. birth or marriage certificate). This documentation must be received by the Benefits Office by 5 pm on Wednesday, May 26, 2021 or the additional dependents and/or spouse will not be eligible to enroll.

I have provided accurate and complete information in submitting this information. I understand that should I provide incomplete or inaccurate information I am falsifying this document. By doing so I am subjecting myself to Munson's Corrective Action Policy, up to and including termination of employment and/or loss of coverage.

Plan	Coverage	Your Cost		Company Cost
Priority Health HMO	Emp Plus Family	160.42	Pretax	568.74
Delta Dental 70% Plan	Emp Plus Family	33.10	Pretax	24.44
Vision Service Plan - Buy-Up	Emp Plus Family	28.15	Pretax	
No Coverage - AD&D				
No Coverage - Optional Life				
No Coverage - Spouse Life				
No Coverage - Dependent Life				
Health Care FSA	2,750.00 per year	105.77	Pretax	
No Coverage - Dependent Care				
Group Legal Plan		7.62	Aftertax	

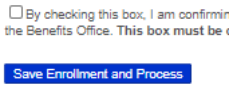
Dependent Information

Dependent	Health	Dental	Vision
Jane J. Jetson	✓	✓	✓
Elroy J. Jetson	✓	✓	✓
Judy J. Jetson	✓	✓	✓
Rosie J. Jetson	✓	✓	✓



Note: Review your confirmation carefully. If it says your elections have not been saved, you will need to log back into Infor and repeat the process described in section 5.

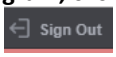
d. If you are satisfied with your choices, read the SPD statement and place a check in the box. Then click **Save Enrollment and Process**.



e. Click **Yes** to e-mail and/or print a copy of your elections. Select the printer you want to use and click the **Print** button. NOTE: We always recommend use of email for your confirmation and saving it for any future reference.

f. Click **Continue** at the Congratulations window.

g. The window on the right will be blank and your menu selections on the left are available. **To exit the program, click on the Sign Out icon in the upper-right corner.**



5. Making Changes to the Enrollment

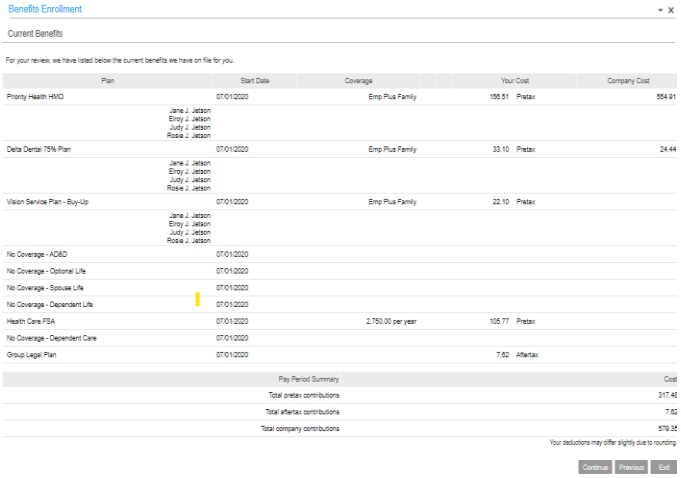
a. Changes can be made to your benefit elections up to the end of open enrollment.

b. Click **Bookmarks**, then click on **Employee Self-Service** to expand menus. Cick on **Benefits** and then click on **Annual Open Enrollment**.

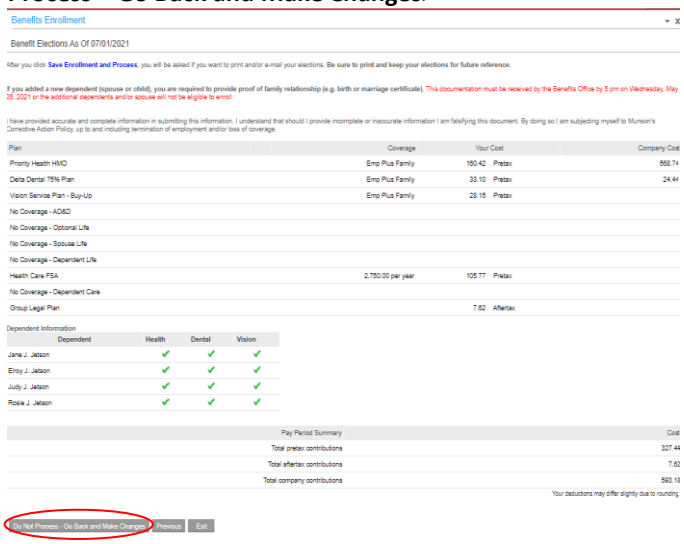
c. Review/Update your Mailing & Home addresses as needed and click **Continue**.

d. Make changes to the current dependents as needed and click **Continue**.

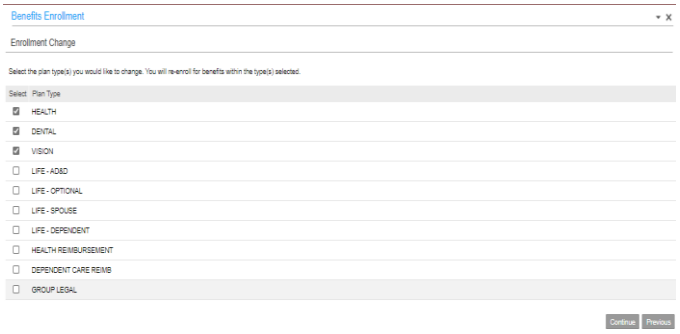
e. Your previously elected benefits should appear if they were saved properly.



f. Click continue until you see the previous enrollment Benefit Confirmation screen and here click the button **Do Not Process – Go Back and Make Changes**.



g. The Enrollment Change window will appear. **Check the boxes** for all the plans you would like to change. Click **Continue**.



h. Enter your desired changes, clicking **Continue** until you reach the benefit verification screen. Check the SPD statement box and then click **Save Enrollment and Process.**

i. Click **Yes** to e-mail and/or print a copy of your elections. Select the printer you want to use and click the **Print** button. NOTE: We always recommend use of email for saving your most recent confirmation.