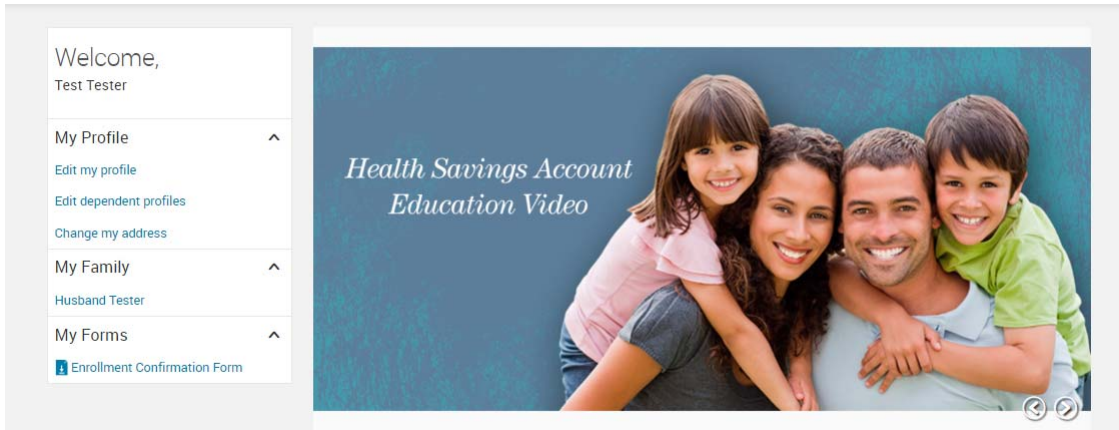


Open Enrollment for your District

www.ftjconnect.com

Start My Enrollment



1

Verify your personal information

Enter your email address so you can receive a confirmation via email when the enrollment is completed.

Employee Information

Please complete the required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue at the bottom of the page. If you need to make a change to your Personal Information which is not allowed on this page (i.e. Birthdate, Last Name, etc.), please contact your payroll supervisor.

Demographics

* Fields are required

First Name: Test
Middle Initial:
Last Name: Tester
Suffix:
Social Security Number: 123-85-7415
Date of Birth: 6/14/1993
Gender: Female

Address

* Fields are required

* Address 1: 123 Main Street
Address 2:
* City: Kansas City
* State: MO - Missouri
* Zip: 64151
Home Phone:
Cell Phone:
Home Email:
Work Email: testtester@work.com

2

Verify your family information –add any dependents you would like to cover

Family Information

To verify or edit the information of a dependent who has already been entered, click on the person's name. Complete the dependent's address information if different than the employee's address. If you do not have any eligible dependents to add, click Continue.

Test Tester Female Employee 26 years old (6/14/1993) SSN: 123-85-7415 Edit >	John Tester Male Spouse 24 years old (5/15/1995) SSN: 123-85-9855 Edit >	Elaine Tester Female Child 10 years old (5/22/2009) SSN: 123-55-6969 Edit >	 Add Dependents
--	--	---	--------------------

I agree that the above information is accurate.
 I agree

1 Your Info
Employee Information
Family Info
2 Your Benefits
3 Enroll
4 Complete
[Continue](#)

3

For each plan, select who you would like to cover.

MEUHP **ftj connect**

Exit Enrollment

[Back to Benefits](#) **Medical**

Who will be covered by this plan?

Test Tester
Employee

John Tester
Spouse

Elaine Tester
Child

[Add Dependents](#)

[Back to Benefits](#) [Continue](#)

[Privacy Policy](#) | [Browser Requirements](#)

4

Select the health plan you would like to enroll in.

For more details, select View plan details

CCF HSA2800 OAP | Cigna

\$HSA Maternity High Deductible

DEDUCTIBLE: Individual \$2,800, Family \$5,000

OUT-OF-POCKET MAX: Individual \$5,000, Family \$10,000

CO-INSURANCE: 20%

View plan details Compare [Select](#)

Your Cost per month: \$15.73
Tier: Employee

- Embedded deductible is an individual deductible level within a family contract.
- Coinurance is your share of the costs of a covered service, calculated as a percent of the allowed amount of the service.

CCF HSA4000 OAP | Cigna

\$HSA Maternity High Deductible

DEDUCTIBLE: Individual \$4,000, Family \$8,000

OUT-OF-POCKET MAX: Individual \$5,000, Family \$10,000

CO-INSURANCE: 0%

View plan details Compare [Select](#)

Your Cost per month: \$0.00
Tier: Employee

- Embedded deductible is an individual deductible level within a family contract.
- Coinurance is your share of the costs of a covered service, calculated as a percent of the allowed amount of the service.

CURRENT PLAN

CCF HSA5000 OAP | Cigna

\$HSA Maternity High Deductible

Selected

DEDUCTIBLE: Individual \$5,000, Family \$10,000

OUT-OF-POCKET MAX: Individual \$6,450, Family \$12,900

CO-INSURANCE: 0%

View plan details Compare [Keep Selection](#)

Your Cost per month: \$0.00
Tier: Employee

- Embedded deductible is an individual deductible level within a family contract.
- Coinurance is your share of the costs of a covered service, calculated as a percent of the allowed amount of the service.

5

For the Summary of Benefits and Coverage, (SBC) select the link

CCF HSA5000 OAP

Cigna

Selected

Plan Highlights

- Embedded deductible is an individual deductible level within a family contract.
- Coinurance is your share of the costs of a covered service, calculated as a percent of the allowed amount of the service.

Plan Information

Coverage Type: Medical

Deductibles/Maximums

Calendar Year Deductible In-Network:

Other deductibles

\$5,000 for individual

\$10,000 for Family

Annual Out-of-Pocket Maximum In-Network - Individual: \$6,450

Annual Out-of-Pocket Maximum In-Network - Family: \$12,900

Plan Links & Documents

[HSA5000 Medical Plan Summary](#)

6

The Summary of Benefits and Coverage for each plan are available to download.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
 Missouri Educators Unified Health Plan: Choice Fund Open Access Plus HSA
 Coverage Period: 07/01/2019 - 06/30/2020
 Coverage for: Individual/Individual + Family | Plan Type: OAP

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/36. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	For <u>in-network providers</u> : \$5,000/individual or \$10,000/family For <u>out-of-network providers</u> : \$5,000/individual or \$10,000/family Combined medical/behavioral and pharmacy deductible	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-network <u>preventive care</u> & immunizations. Out-of-network immunization for children through age 5. In-Network preventive prescription drugs	This plan covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your deductible. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For <u>in-network providers</u> : \$6,450/individual or \$12,900/family For <u>out-of-network providers</u> : \$19,350/individual or \$38,700/family Combined medical/behavioral and pharmacy <u>out-of-pocket limit</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Penalties for failure to obtain <u>pre-authorization</u> for services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

1 of 8

7

If you select an HSA plan, it will ask questions to see if you qualify for an HSA

Please answer question(s) below.

Test Tester (Employee)
 Medical

*HSA Qualifications Questionnaire

The questions below are important to answer correctly for your personal tax situation. If you have questions, please refer to the HSA Primer in the resource library or contact your benefit administrator. You are responsible for seeking your own tax advice.

Are you covered by another health plan such as an HMO or PPO?

No

*Are you enrolled in Medicare?

No

*Are you claimed as a dependent on someone else's tax return?

No

8

If you qualify for an HSA plan, you can make voluntary contributions up to the IRS maximum

Health Savings Account 2800 | Bank

Selected

[View plan details](#)

2020 Employer Contribution

- \$0.00 per month
- \$0.00 per year

Employee Contribution Amount:

\$ per pay period = **\$120.00** annually

Minimum Annual Contribution Amount: **\$0.00**

Maximum Annual Contribution Amount: **\$3,550.00**

9

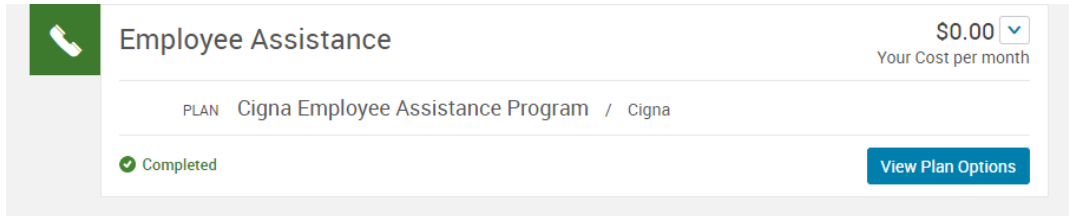
If you are waiving coverage, select the Waive Medical button.

[Back to Benefits](#)

[Privacy Policy](#) | [Browser Requirements](#)

10

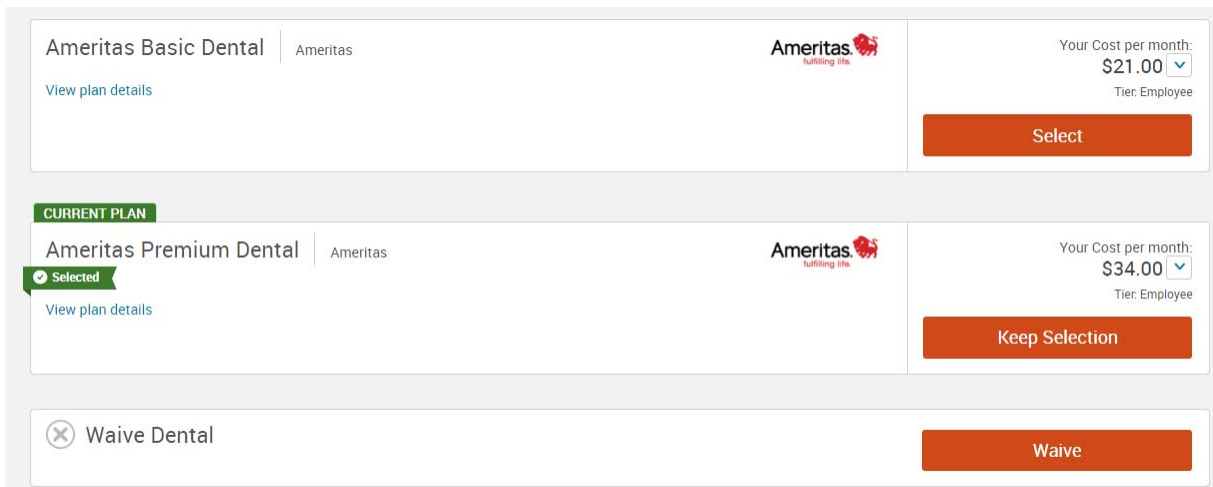
The Employee Assistance Plan (EAP) is at no cost.
If you select any of the health plans,
you will be automatically enrolled.



The screenshot shows a selection card for the Employee Assistance Plan. On the left is a green phone icon. The title is "Employee Assistance" with a cost of "\$0.00" and a dropdown arrow, labeled "Your Cost per month". Below the title, it says "PLAN Cigna Employee Assistance Program / Cigna". At the bottom left, there is a green checkmark and the word "Completed". At the bottom right, there is a blue button labeled "View Plan Options".

11

Dental Options may be available in your District



The screenshot displays three dental plan options from Ameritas. Each option includes a plan name, a "View plan details" link, the Ameritas logo, a cost per month with a dropdown arrow, and a "Tier: Employee" label. The first option is "Ameritas Basic Dental" with a cost of "\$21.00" and a "Select" button. The second option is "Ameritas Premium Dental", marked as the "CURRENT PLAN" and "Selected" with a green checkmark, with a cost of "\$34.00" and a "Keep Selection" button. The third option is "Waive Dental" with a crossed-out circle icon and a "Waive" button.


12

Vision Options may be available in your District

Who will be covered by this plan?

Test Tester (Employee) John Tester (Spouse) Elaine Tester (Child) [+ Add Dependents](#)

CURRENT PLAN

EyeMed Vision | EyeMed 

Selected [View plan details](#)

Your Cost per month: **\$29.61**


Tier: Employee + Spouse + 1 Child

[Keep Selection](#)

Waive Vision [Waive](#)

13

Your District may offer Basic Employee Life (your benefit amount may be different than shown)

 **Basic Employee Life** \$0.00
Your Cost per month

PLAN [Unum Basic Life](#) / [Unum](#) / [View plan details](#)

COVERAGE AMOUNT **\$10,000**

Completed [View Information](#)

Note: If you had spouse and / or children covered under the Basic life, that will end on July 1, 2020.

14

UNUM VOLUNTARY LIFE & AD&D

Your District may also offer Voluntary Life & AD&D through UNUM. If so, you, your spouse and children are eligible for GUARANTEED ISSUE this plan year. No health questions asked.

CURRENT PLAN
Unum Voluntary Employee Life | Unum

Selected
View plan details

- Please select the TOTAL amount of coverage you wish to purchase. You can purchase coverage in increments of \$10,000 up to a maximum of \$500,000.
- If you request any amount above \$200,000, your request will be put in a pending status awaiting Evidence of Insurability (see your payroll supervisor).
- Note: Coverage reduce by 35% at age 70 and by 50% at age 75.

Coverage Amount:
\$200,000.00

Guaranteed Coverage Amount: \$200,000.00

Cost Summary (per month)	
Employer Contribution	\$0.00
Your Cost (Pre-Tax)	
Your Cost (Post-Tax)	\$12.00

15

UNUM VOLUNTARY LIFE & AD&D

UNUM Voluntary Life Guaranteed Issue

Employees may purchase up to \$200,000 – not to exceed 5 times salary

Children are eligible for up to \$10,000

Your spouse may purchase up to \$50,000 (not to exceed employee coverage)

Voluntary Employee Life | \$12.00 | Your Cost per month

PLAN: Unum Voluntary Employee Life / Unum / View plan details

COVERAGE AMOUNT: \$200,000

Completed | I don't want this benefit (waive) | View Plan Options

Voluntary Child Life (Individual) | \$2.00 | Your Cost per month

PLAN: Unum Voluntary Child Life / Unum / View plan details

COVERAGE AMOUNT: \$10,000

Elaine Tester | Child | Cover

Completed | I don't want this benefit (waive) | View Plan Options

Voluntary Spousal Life (Individual) | \$7.00 | Your Cost per month

PLAN: Unum Voluntary Spouse Life / Unum / View plan details

COVERAGE AMOUNT: \$50,000

John Tester | Spouse | Cover

Completed | I don't want this benefit (waive) | View Plan Options

This offer is "Forever Guaranteed Issue" This means if an employee purchases a minimum of \$10,000 at this open enrollment, he/she can guarantee the ability to purchase insurance at future open enrollments – up to the Guaranteed Issue amount. This opportunity to purchase Life insurance in the future is regardless of any health condition he/she may have.

16

UNUM VOLUNTARY LIFE & AD&D

Unum Voluntary AD&D

Employees and spouses may also purchase up to \$500,000 of Accidental Death and Dismemberment (AD&D) insurance at low rates. No health questions asked.

Children are also eligible for up to \$10,000 of AD&D.

The screenshot displays three enrollment cards for Unum Voluntary AD&D:

- Voluntary Employee AD&D:** Coverage amount \$100,000, cost \$3.00 per month. Status: Completed.
- Voluntary Child AD&D (Individual):** Coverage amount \$10,000, cost \$0.45 per month. Beneficiary: Elaine Tester (Child). Status: Completed.
- Voluntary Spousal AD&D (Individual):** Coverage amount \$100,000, cost \$3.00 per month. Beneficiary: John Tester (Spouse). Status: Completed.

17

Verify beneficiary information is correct or add new beneficiaries.

The screenshot shows the 'Basic Employee Life' beneficiary selection screen:

- Primary Beneficiaries (required):**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Husband Tester (Spouse)	100.0 %
Total: 100.000%	
- Secondary Beneficiaries (optional):**

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Husband Tester (Spouse)	<input type="text"/> %
Total: 0.0000% (must equal 100%)	

18

Review your selections and complete enrollment.

! Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

CHANGED BENEFITS: [Health Savings Account](#)

*INDICATES CHANGED BENEFITS

Your Total Cost **\$79.27** Per Month

Your total cost (pending approval) **\$79.27** Per Month

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
 - Beneficiaries
 - Review and Confirm
- 4 Complete

[Complete Enrollment](#)

19

Once complete, you can email a copy of your confirmation statement – and log out!

✓ Your enrollment is complete!

You may make changes to your elections until: **April 30, 2020**

You have completed your enrollment. Click the "Printer Friendly" link to print out a copy of your Confirmation Statement for your records or email yourself a copy of the Statement. You may click on "Home" to go back to your home page, or click on "log out" to log out.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)

20

Questions?

800-821-7303 ext 1179

info@meuhp.com