

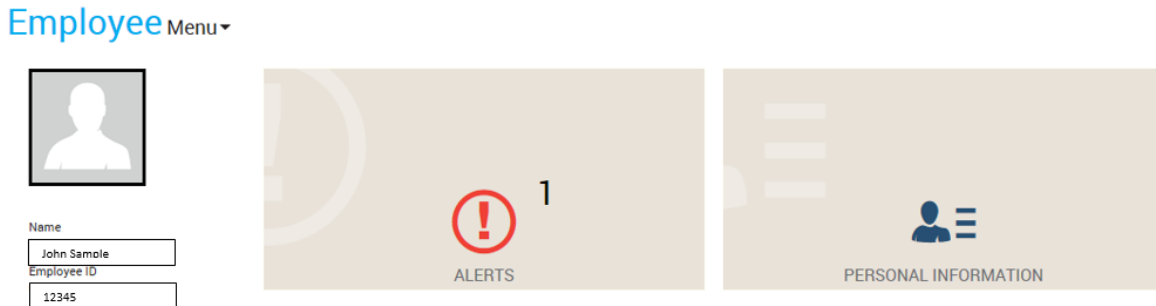


## Kronos Employee Self-Service

### Benefit Enrollment Guide – Open Enrollment

This document will instruct employees on how to complete an enrollment for Medical, Dental, & Vision during Open Enrollment by logging into the employee self-service site <http://mycpthr.com>. This is only a guide for those employees who wish to enroll in coverage. If you do not wish to enroll in either Medical, Dental, or Vision insurance and plan to waive coverage, please see your Human Resource Representative to complete a paper waiver form. For more information regarding specific insurance plan details visit <http://mycpthr.com> and review the insurance plan documents or see your Human Resource Representative.

1. Visit <http://mycpthr.com> and login to your self-service portal
  - a. If you are unable to login or need help identifying your username/password, please reach out to your Human Resource Representative.
2. Once you are logged into the site go to the **Alerts** Tile



3. Hover your cursor over the **Alerts** Tile and Select **2020 Open Enrollment**
4. On the left side, you will see a list of Life Events. Select **2020 Open Enrollment**



5. Once you select **2020 Open Enrollment**, you will receive a Welcome message. Read thru the welcome message and important dates then click **Next**
6. You will reach the Updating Your Benefits page. Check all the boxes available and click **Next**

<input checked="" type="checkbox"/>	Benefit
<input checked="" type="checkbox"/>	Medical
<input checked="" type="checkbox"/>	Dental
<input checked="" type="checkbox"/>	Vision
* Company provided benefit	

7. The first benefit you will need to select will be your **Medical Insurance**.
  - a. Review the options and select your desired **Plan**.
  - b. Once your **Plan** is selected, select your **Election**. If you select an **Election** other than Employee, you will need to add a dependent.
8. If you are adding a dependent, follow the below instructions, if you are selecting Employee coverage only, click **Save & Continue** and move on to **Step 9**. NOTE: It is required to provide the Social Security Number for each Dependent ONLY for Medical & Vision Enrollment
  - a. Click **Add Dependent**
  - b. Enter the dependent's information into the applicable boxes
    - i. All asterisked fields are required
  - c. Review the entered dependent information, click **Save & Continue**

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#### ADD A DEPENDENT

\* Indicates a required field.

First Name*	<input type="text" value="SAMANTHA"/>	Birth Date (mm/dd/yyyy) *	<input type="text" value="8/23/1969"/>
Middle Name	<input type="text" value="A"/>	Social Security #	<input type="text" value="000-00-0000"/>
Last Name *	<input type="text" value="SAMPLE"/>	Full-time Student	<input type="checkbox"/>
Suffix	<input type="text"/>	Smoker	<input type="checkbox"/>
Nickname	<input type="text"/>	Disabled	<input type="checkbox"/>
Gender	<input type="text" value="Female"/>		
Relationship	<input type="text" value="Spouse"/>		

Use my primary address/phone  
 Use a different address/phone

- d. You will now be asked to confirm the address and phone number of your dependent, review their information and change any incorrect items. Once all the dependent contact information is correct, click **Save & Continue**.

Your records show the following address and phone information:

Add Address	
Primary	Address
<input checked="" type="checkbox"/>	123 Main Street, Chicago, Illinois 60646 <a href="#">Change</a>

Add Phone				
Primary	Phone	Type	Delete	Change
<input checked="" type="radio"/>	773-555-5555	Cell	<a href="#">Delete</a>	<a href="#">Change</a>

**Save & Continue**

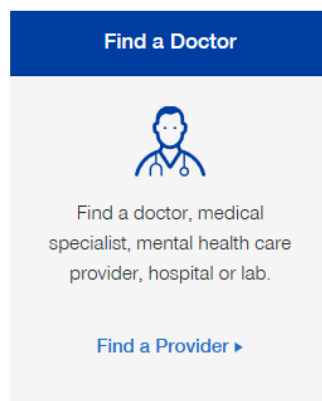
- e. At this point, your dependent should appear in the dependent section of the **Medical Current Elections** screen. Click the **Medical** Box which is located under the Enroll Column to add this dependent to your medical plan and click **Save & Continue** – if this box is not checked, your dependent **will not** be enrolled in the insurance plan.

Add Dependent				
Dependent	Relationship	Enroll		
Samantha Sample	Spouse	<input checked="" type="checkbox"/> Medical	<a href="#">Edit</a>	

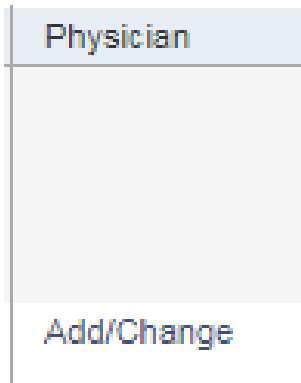
**Save & Continue**

- 9. If you elected the Medical Charter HMO Plan, you must enter the Primary Care Physician number (PCP). Make sure the doctor is within the Network. If you elected the Silver PPO, Copper PPO, or CDHP plan, continue to **Step 10**.

- a. To find a list of providers, visit MyUHC.com

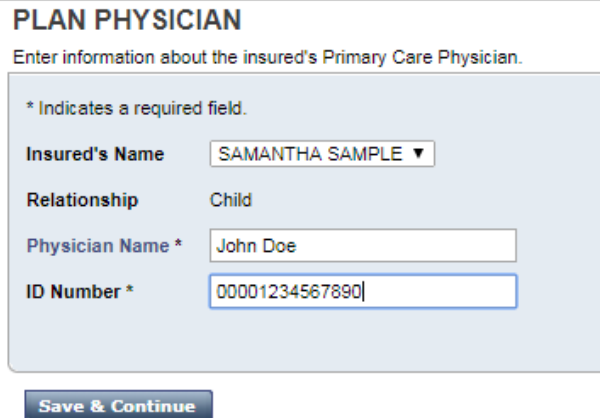


- b. Once you have your PCP number, go back to your enrollment and click **Add/Change** (Right side of the screen next to your plan election).



The screenshot shows a light blue header with the word "Physician" in bold. Below the header is a large, empty light gray rectangular area. At the bottom of this area is a blue button with the text "Add/Change" in white.

- c. Select the Insured's Name and enter their PCP information. You will have to enter a PCP for yourself and each dependent.

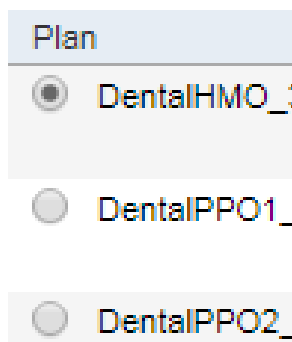


The screenshot shows a form titled "PLAN PHYSICIAN" with the instruction "Enter information about the insured's Primary Care Physician." Below the instruction is a light blue box containing the following fields:

- A note: "\* Indicates a required field."
- "Insured's Name": A dropdown menu showing "SAMANTHA SAMPLE" with a downward arrow.
- "Relationship": A dropdown menu showing "Child".
- "Physician Name \*": A text input field containing "John Doe".
- "ID Number \*": A text input field containing "00001234567890".

At the bottom of the form is a blue button with the text "Save & Continue" in white.

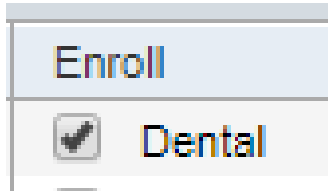
10. The next benefit you will have the option of adding will be your **Dental** insurance. Review the various **Dental** plans and select first the **Plan** then **Election** which you desire



The screenshot shows a light blue header with the word "Plan" in bold. Below the header are three radio button options:

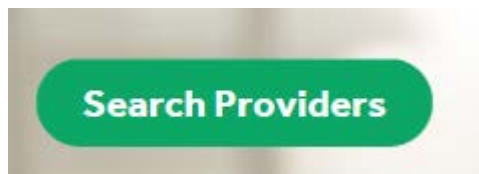
- DentalHMO\_
- DentalPPO1\_
- DentalPPO2\_

- a. All dependent information from the **Medical** insurance enrollment stage will be carried over to the **Dental** insurance screen. Check the **Dental** box for each dependent that is to be enrolled into the Plan. If this box is not checked, your dependent **will not** be enrolled in the insurance Plan.

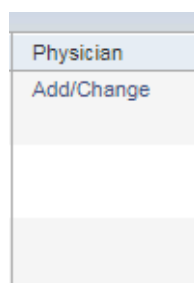


- 11. If you are selecting the **Dental HMO** option, you will need to select a **Primary Care Dentist (PCD)**. If you are **not** selecting the **Dental HMO** plan, select the desired **Plan** and **Election** and click **Save & Continue** and move to **Step 12**.

- a. To find your **PCD** number, visit the **Guardiananytime.com** website to search for the ID number.
  - i. Click **Find a Provider**
  - ii. Click **Search Providers**

A screenshot of a web form titled 'Find a Dentist'. The form has a header with two tabs: 'Find a Dentist' (active) and 'Find a Vision Provider'. Below the header, there is a note: 'All fields are required unless marked optional.' The form contains several input fields: 'Plan Type' with radio buttons for 'PPO' and 'Managed Dental Care (DHMO/Prepaid)'; 'Location' with a text box and a link 'Use my current location'; 'Miles' with a dropdown menu showing '10'; 'Dentist Last Name (Optional)' with a text box; and 'Office Name (Optional)' with a text box. A green 'Search' button is on the right. A red error message 'Enter a location' is visible below the location field.

- b. When you select the dentist, you will see their **PCD ID#**. Take note of the **PCD ID#** and go back to the **Dental** enrollment page.
- c. Click **Add/Change** (Right side of the screen next to your plan election)



- d. Select the insured's name and enter their **PCD** information. You will have to enter a **PCD** for yourself and each dependent. Once done entering, click **Save & Continue**.

**PLAN PHYSICIAN**  
Enter information about the insured's Primary Care Physician.

\* Indicates a required field.

Insured's Name

Relationship

Physician Name \*

ID Number \*

**Save & Continue**

- e. When all Primary Care Dentist(s) information is entered and attributed to the correct enrollees, review the **Dental Current Elections** page and make sure that all the information on it is accurate. When all the information is correct, click **Save & Continue**.

12. The final benefit you will need to make an election on will be the **Vision Plan**.

Plan

Vision\_:

Election

Employee

Employee + Spouse

Employee + Child(ren)

Family

13. Review your options for this plan and select your desired election and Click **Save & Continue**.

- a. Adding dependents to the **Vision Plan** will follow a similar process as the **Medical & Dental Insurance Plans**.
- b. Note – Important – This is a standalone plan that is completely separate from the **Medical Insurance Plan**.

**14.** You will now be directed to the Benefit Summary page where you will have a chance to review all of our **Benefit Plans, Elections, Dependents**.

**BENEFIT SUMMARY**

Johns Sample

Print

Enrollment Date: 1/1/2020

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.

To retain a copy of your **Benefit Summary Elections and per pay check deductions for your records, please use the print icon on the upper right side of this page!**

If you are not seeing your employee deductions on this benefit summary page, you missed enrolling into that particular benefit plan. Please review your enrollment election for that plan. If do not choose a benefit plan and the employee deduction states zero, you will not be enrolled into that benefit plan.

Benefit	Plan	Election	Coverage	Biweekly Deduction	Employer Contribution	
Medical	MedCharterHMO_30	Family		\$517.01	\$346.68	Edit
Dental	DentalHMO_30	Family		\$14.21	\$0.00	Edit
Vision	Vision_30	Employee + Child(ren)		\$3.12		Edit

\* Company provided benefit

**DEPENDENTS**

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
John Doe	Spouse	01/01/1950	123-45-6789	Dental, Medical
Samantha Doe	Child	05/01/1970	555-55-5555	Medical
Jane Doe	Child	12/31/2018	999-99-9999	Vision, Dental, Medical

**BENEFICIARIES**

Beneficiary Name	Relationship	SS#	Enrolled In
None			

**Section 125**

By clicking on "Submit Changes" I have enrolled for a group health and/or dental benefit coverage. Under the employer's Cafeteria Benefit Plan, any previous election and compensation reduction agreement under the Cafeteria Benefit Plan relating to the same benefits is hereby revoked. I agree that my gross pay will be reduced by the amount of my contribution for the benefit option(s) I have elected under the Cafeteria Benefit Plan, effective **01/01/2020** and counting for each succeeding pay period until this agreement is amended or terminated. In addition, this compensation reduction agreement will continue by its terms in the amount of the contribution for these benefit coverage(s). The Plan Administrator may reduce or cancel the amount of my pay reduction or otherwise modify this agreement in accordance with the Cafeteria Benefit within the IRS guidelines.

The Employee Benefits Support staff is available to help you with your benefits questions and enrollment. Most questions can be answered by Business Office Manager or Human Resources Director at your location. You can also email the Benefits Support at [benefitshelp@thealdennetwork.com](mailto:benefitshelp@thealdennetwork.com) with your questions.

**Please Note: Your benefit enrollment must be done by 11/7/2019**

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

**15.** Review the Benefit Summary page to insure that all the desired **Plans, Elections & Dependents** are selected. *If all the information on this screen is correct, please ensure you Print a copy for your records.*

- a. Note: This will be the only chance that you get to review the Benefit Summary page, so please print the screen.
- b. This page will be very helpful then you receive your **Medical & Dental** insurance cards, so that you can verify that the information on the Benefit Summary is the same as the information on the insurance cards.

**16.** Once the Benefit Summary page is printed, click **Submit Changes**.

**17.** You will see the below message:

**BENEFIT SUBMISSION CONFIRMATION**

Your benefit information has been submitted.

**OK**

**18.** Click **OK**