

# **UW Medical Foundation**

## **New Hire Benefit Enrollment Guide**

This enrollment guide will walk you step-by-step through the enrollment process and outline all required information needed to ensure a successful enrollment in your new hire benefits.

### **Questions?**

If you have any questions after reviewing the benefit information below, please reach out to the UW Health HR Service Center by submitting a [Benefit Enrollment Opportunities & Change question](#) through The Pulse (can be accessed once you start) or by calling (608) 263-6500 Monday – Friday 7:30 AM – 5:00 PM.

## Personal Details

To complete the personal details, which include verifying important information needed for a successful benefit enrollment, navigate to Me > Personal Information > Personal Details

As you are reviewing your personal information, to view full details and make any edits, click on the pencil icon to the far right.

### Name

If updates are needed to your name, changes can be made in this section by clicking the pencil icon to edit. Please note any changes to your legal name require you to submit your Social Security Card for review; however, if you have a [preferred name](#), you can update the system with that information. Click *Submit* when you are finished.

The 'Name' form contains the following fields and controls:

- When does this name change start?** (Calendar icon, Required)
- First Name** (Text input)
- Middle Name** (Text input)
- Last Name** (Text input)
- Suffix** (Dropdown menu)
- Credentials** (Dropdown menu)
- Preferred Name** (Text input, highlighted with a red box)
- Pronouns** (Dropdown menu)
- Comments** (Text area)
- Drag and Drop** (Select or drop files here)
- URL** (Text input)
- Add URL** (Button)
- Cancel** (Button)
- Save** (Button, highlighted with a red box)

### Demographic Information

Within this section, you are responsible for reviewing and making updates to your ethnicity, veteran status, marital status and more. To Edit, click the pencil icon. All of this information is important and there are notes below on what is required for a successful benefit enrollment.

The 'Demographic info' form contains the following fields and controls:

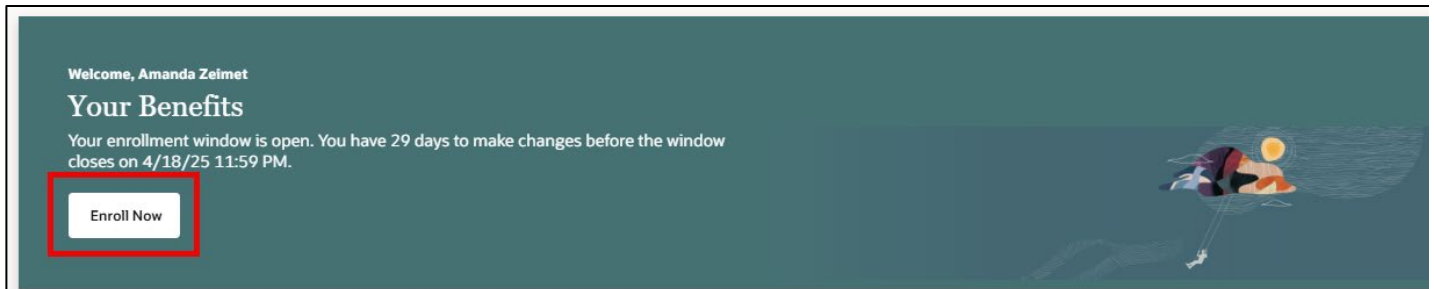
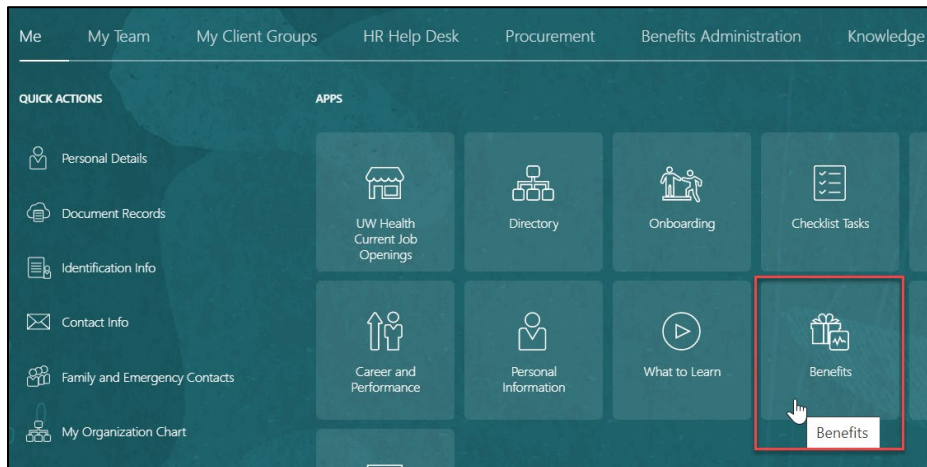
- Country for Demographic Reporting** (Text input: United States)
- Highest Education Level** (Dropdown menu: College level)
- Active Duty Wartime or Campaign Badge Veterans** (Checkbox)
- Newly Separated Veteran Discharge Date** (Calendar icon)
- Gender Identity - Please select all that apply** (Dropdown menu)
- Ethnicity** (Text input: I am Hispanic or Latino)
- Marital Status** (Dropdown menu: Single, highlighted with a red box)
- Gender** (Dropdown menu: Female)
- Veteran Self-Identification Status** (Dropdown menu)
- Armed Forces Service Medal Veteran** (Checkbox)
- Branch of Service** (Radio buttons: Army, Airforce, Navy, Marines, Coast Guard, National Guard)
- Disabled Veteran** (Checkbox)
- Recently Separated Veteran** (Checkbox)
- Date of Marriage** (Calendar icon, highlighted with a red box)

**Marital Status & Marriage Date are required fields for our benefit vendors. Please ensure this information is accurate.**

Once you have completed these fields and verified all information, click *Save*.

# Benefit Enrollment

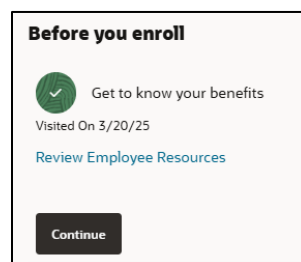
To complete your benefit enrollment, navigate to the *Benefits* homepage. (Me > Benefits > Enroll Now)



You will see the due date for your enrollment the time remaining until that deadline.

## Before You Enroll

**Get to know your benefits:** The first step in the process is to get to know your benefits. In this step, you can review employee resources, which will outline benefit details and additional information. You can click to review, or Continue to proceed.



**Choose how you want to enroll:** Oracle will guide you through your options and display benefits you are eligible for. It is selected as the Discovery path, which is recommended as the default option. Click Continue to proceed.

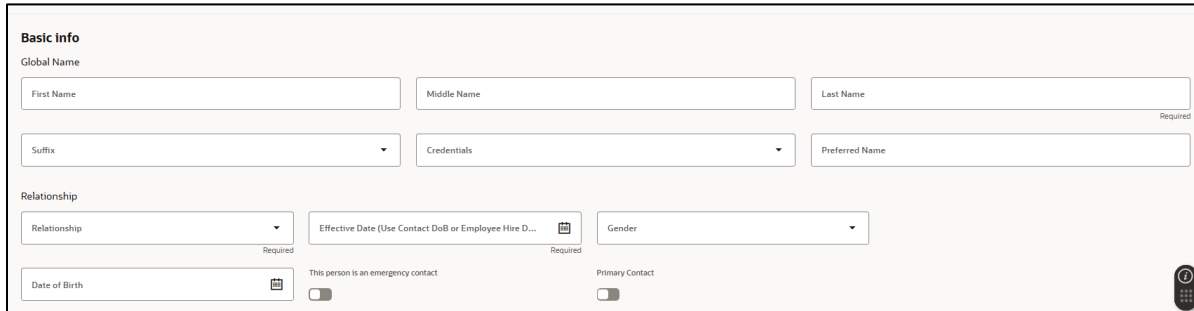
**Verify people you'd like to cover:** Before enrolling, you must list any individual you wish to have covered by your benefits as a dependent or beneficiary, as well as include any relevant information for them.

Please note: This will be an inclusive list of any contacts you have set up in the system, including beneficiaries, dependents, emergency contacts and more. Not all people on this screen are eligible to be covered by benefits. The designation of the beneficiary/dependent for each plan will be done in the next step.

To Add Dependent/Beneficiary

Click + at the top right of the screen. As you are going through this, you will be required to provide accurate information for all dependents – including date of birth, marital status, and Social Security Number. Ensure you have

this information readily accessible during the enrollment process. **Do not add a contact more than one time.** If you experience any issues, please contact the HR Service Center.

A screenshot of a 'Basic info' form. It contains fields for Global Name (First Name, Middle Name, Last Name), Suffix, Credentials, Preferred Name, Relationship, Effective Date, Gender, Date of Birth, and checkboxes for 'This person is an emergency contact' and 'Primary Contact'. A help icon is in the bottom right corner.

|                   |                                                        |                |
|-------------------|--------------------------------------------------------|----------------|
| <b>Basic info</b> |                                                        |                |
| Global Name       |                                                        |                |
| First Name        | Middle Name                                            | Last Name      |
|                   |                                                        | Required       |
| Suffix            | Credentials                                            | Preferred Name |
|                   |                                                        |                |
| Relationship      | Effective Date (Use Contact DoB or Employee Hire D...) | Gender         |
| Required          | Required                                               |                |
| Date of Birth     | This person is an emergency contact                    |                |
|                   | Primary Contact                                        |                |

## Basic Information

The following fields must be completed in this section:

- First Name
- Middle Name
- Last Name
- Relationship – Spouse, Child, Stepchild, etc.
- Effective Date – Use this contact’s date of birth or your hire date in this field. This must be on or prior to your hire date in order to effectively enroll them in benefits.
- Gender
- Date of Birth

## Communication & Address

Add personal contact information for the dependents who are listed. This is particularly important if you are marking this contact as an emergency contact.

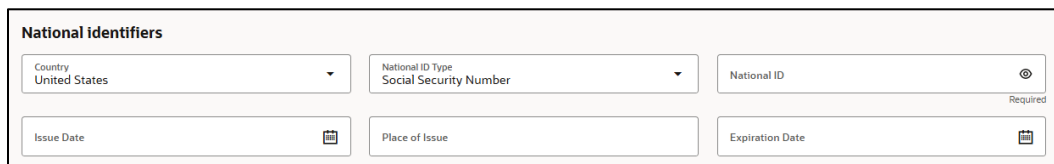
## National Identifiers

This is where you will list the Social Security Number for any dependents. Any dependent who is covered by a health, dental, or vision insurance benefit must have a Social Security Number listed. Individuals who are listed as a beneficiary or who are not covered by your benefit plans are not required to have this information.

To enter in the Social Security Number,

- Select *United States* as Country
- Select *Social Security Number* as National ID Type
- Enter the number as the National ID

*Note: Issue date and expiration date are not required.*

A screenshot of a 'National identifiers' form. It contains fields for Country, National ID Type, National ID, Issue Date, Place of Issue, and Expiration Date.

|                             |                        |                 |
|-----------------------------|------------------------|-----------------|
| <b>National identifiers</b> |                        |                 |
| Country                     | National ID Type       | National ID     |
| United States               | Social Security Number |                 |
|                             |                        | Required        |
| Issue Date                  | Place of Issue         | Expiration Date |

Click Submit.

Once all contacts are added and information is verified as correct, click Continue.

**Enroll in Benefits that matter to you:** You’re all set! Click Edit to make your elections.

## Accept Terms & Conditions

You will be prompted to accept the terms & conditions to complete your enrollment. You can click into the links to review the details. Once you are ready to continue, click *Accept* to move forward with your enrollment.

**Authorization**

Please [click here](#) to review Terms and Conditions before accepting.

By clicking Accept, I understand that Wis. Stat. §943.395 provides criminal penalties for knowingly making false or fraudulent claims on this election of benefits and hereby certify that, to the best of my knowledge and belief, all information provided is true and correct.

I agree to the provisions of the plans in which I have enrolled and hereby authorize deduction of the premium(s) from my salary.

I understand that additional documentation may be required at any time to verify eligibility, and I agree to cooperate with those requests.

I authorize UW Medical Foundation, Inc. to send any necessary personal information to my selected providers to initiate and support coverage.

## Dental Insurance

### Enrolling in Dental Insurance?

If you are planning to enroll in the dental insurance, review your options and click Enroll for the appropriate option based on your desired election. The default option selected will be Waive.

### Coverage Level?

You have the option to enroll in *Single* or *Family* coverage. Based on your desired enrollment, click Enroll on the appropriate box. If you are enrolling in a family plan, you will be prompted to check the boxes for the individuals you wish to cover by the plan.

- *If you do not see a dependent listed, contact the HR Service Center for assistance.*

Once you have successfully made your election for dental insurance, click *Continue*.

## Spending Accounts

### Health Care Flexible Spending Account

*Note: you are only eligible for this if you are enrolled in a non-HDHP. As your health insurance is not through UWMF, please ensure you are enrolling in the correct plan.*

If you are interested in enrolling in a Health Care FSA, click Enroll in the box to elect and type in your annual election (up to the IRS maximum). Keep in mind these contributions will be taken over the remaining pay periods in the year, and as you enter an amount and click Save, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *Continue*

### Dependent Care Flexible Spending Account

If you are interested in enrolling in a Dependent Care FSA, click Enroll in the box to elect and type in your annual election (up to the IRS maximum). Keep in mind these contributions will be taken over the remaining pay periods in the year, and as you enter an amount and click Save, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *Continue*.

Once you have successfully made your election for your Health Care Flexible Spending Account and/or Dependent Care Flexible Spending Account, click *Continue*.

## Savings Account

### Combination Flexible Spending Account

*Note: you are only eligible for this if you are enrolled in a HDHP. As your health insurance is not through UWMF, please ensure you are enrolling in the correct plan.*

If you are interested in enrolling in a Health Care FSA, click Enroll in the box to elect and type in your annual election (up to the IRS maximum). Keep in mind these contributions will be taken over the remaining pay periods in the year, and as you enter an amount and click Save, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *Continue*

## Life Insurance

### Basic Life and AD&D Insurance

As a physician, you are automatically enrolled in a life insurance benefit with a coverage amount of \$500,000. You have the option of enrolling in the VEBA option, which would reduce the Basic Life election down to \$50,000 with a VEBA election of \$450,000.

If you plan to enroll in the VEBA, update your Basic Life election to \$50,000 and designate the beneficiary(ies) for this plan.

If you do not plan to enroll in the VEBA, stay enrolled in the Basic Life election of \$500,000 and designate the beneficiary(ies) for this plan.

### VEBA Life & AD&D Insurance

If you plan to enroll in the VEBA option, enroll in that option and designate the beneficiary(ies) for this plan. Reminder, you can only enroll in the VEBA option if you are enrolled in the \$50,000 Basic Life insurance option.

If you do not plan to enroll in VEBA, select the waive option.

### Enrolling in Spouse/DP Life Insurance?

If you are planning to enroll in the Spouse/DP Life Insurance, click Enroll in the \$50,000 option. The default option selected will be Waive. You will not designate a beneficiary as you are the beneficiary for this plan.

If you wish to enroll in \$100,000, this requires evidence of insurability. Select the \$50,000 option and contact the HR Service Center for more information.

Once you have successfully made your election for your life insurance, click *Continue*.

## Supplemental Life Insurance

### Enrolling in Dependent Life Insurance?

If you are planning to enroll in the Dependent Life insurance, click Enroll. The default option selected will be Waive. This is a blanket policy so no dependent designation is required as it applies to any eligible dependent (spouse/DP or dependent child(ren))

Once you have successfully made your election for your supplemental life insurance, click *Continue*.

## Disability

### Long Term Disability

You are automatically enrolled in the LTD option. You cannot waive this.

### Physician LTD Mandatory Base Wrap and Physician LTD Voluntary Base Wrap

These are benefits that have a special enrollment opportunity and should not be elected as part of your new hire enrollment. Please leave as the default options and you will receive more information in the fall about how to enroll.

To proceed, click *Continue*.

## Other Benefit Plans

To review your options for LifeLock, Accident, Critical Illness and Hospital Indemnity insurance, click *Edit* for Other Benefit Plans to begin.

### LifeLock

If you are planning to enroll in the LifeLock coverage, review your options and click Enroll in the appropriate box for the coverage level you are selecting.

### Accident Plan

you are planning to enroll in the Accident insurance, review your options and click Enroll in the appropriate box for the coverage level you are selecting. You can choose from the Basic Plan and the Enhanced plan. If

### Critical Illness Plan

If you are planning to enroll in the Critical Illness insurance, review your options and click Enroll in the appropriate box for the coverage level you are selecting.

- *If enrolling in spouse coverage, you must select the same election amount as coverage for yourself.*

### Hospital Indemnity Plan

If you are planning to enroll in the Hospital Indemnity insurance, review your options and click Enroll in the appropriate box for the coverage level you are selecting. You can choose from the Basic Plan and the Enhanced plan.

## Retirement

Physicians are required to make a Physicians Retirement Plan (PRP) designation within the first 7 days of employment. This contribution percentage is defaulted to 15%. Contribution designations can be made in the amount of: 0%, 5%, 10%, 15%, 20%, 25%.

## Review & Submit

The final step of the enrollment process is to review and submit our elections. Take the opportunity to review the elections made, dependents designated and premiums for each plan.

**Total Cost Per Pay Period:** This is the total cost per pay period based on elections made. There's a breakdown below of the pretax and after tax portions of that, as well as an annual cost (which is the total cost multiplied by 24 pay periods throughout the year).

Once you have successfully made all your desired elections, click *Submit*.

Note: if there are any issues with elections made, you will receive an error message once you click submit to address/correct those issues.

Once you successfully submit, you will receive a confirmation:

### Enrollment submitted

You can go ahead and enroll in other benefits that are available to you. Or you can continue with the rest of the process.

Click Continue to most onto Post-Enrollment tasks.

## Post-Enrollment

**Complete pending actions:** Pending actions are the final step in successfully completing your enrollment and will vary depending on what you had elected as coverage. Review the information here on what action is required to resolve the pending actions.

**Note:** If you receive a message stating “You’re up to date on your tasks” there are no pending actions to review.

### Requires Additional Dependent Designation

If you elected to enroll in a plan to cover any eligible dependents, you are required to check the boxes during the enrollment process of the dependents to be covered. If this information is missed, a pending action will be displayed requiring you to review the enrollment and designate the correct dependents.

To complete pending action,

- Click into the pending action
- Review the plan and plan option elected
- Review the Who do you want to cover?
- If there is a dependent who should be covered, check the box
- Once complete, click *Save & Close*

### Designate Beneficiary

If you are enrolled in the Life Insurance/AD&D plan and did not designate a beneficiary as part of the enrollment process, this will appear as a pending action.

To complete pending action,

- Click into the pending action
- If the desired beneficiary is listed, designate the appropriate percentage for the primary and contingent beneficiaries. If designating multiple as primary or multiple as contingent, the sum of percentages must equal 100%
  - *If the desired beneficiary is not listed, contact the HR Service Center for assistance*
- Once complete, click *Save & Close*

## Review Payroll Deductions

Based on the effective date of your coverage, you will begin seeing deductions for the benefits you had elected to enroll in. Employees are responsible for reviewing their paycheck to verify the deductions.

*Note: If your enrollment was completed after deductions should have begun for any benefits, you may see a retro adjustment of missed premiums on your paycheck.*

If you have any questions, please contact the HR Service Center.