

UW Hospitals and Clinics

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?

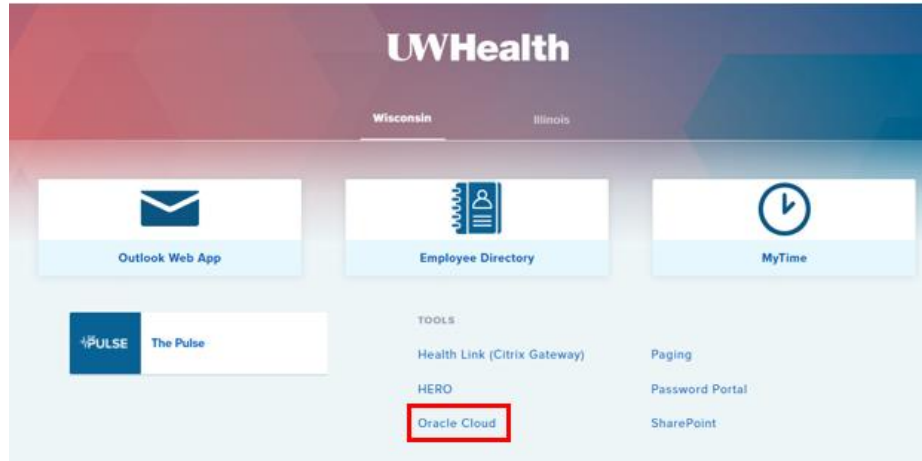
If you have any questions after reviewing the benefit information below, please reach out to the UW Health HR Service Center by submitting a [Benefit Enrollment Opportunities & Change question](#) through The Pulse (can be accessed once you start) or by calling (608) 263-6500 Monday – Friday 7:30 AM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

Accessing Onboarding Tasks

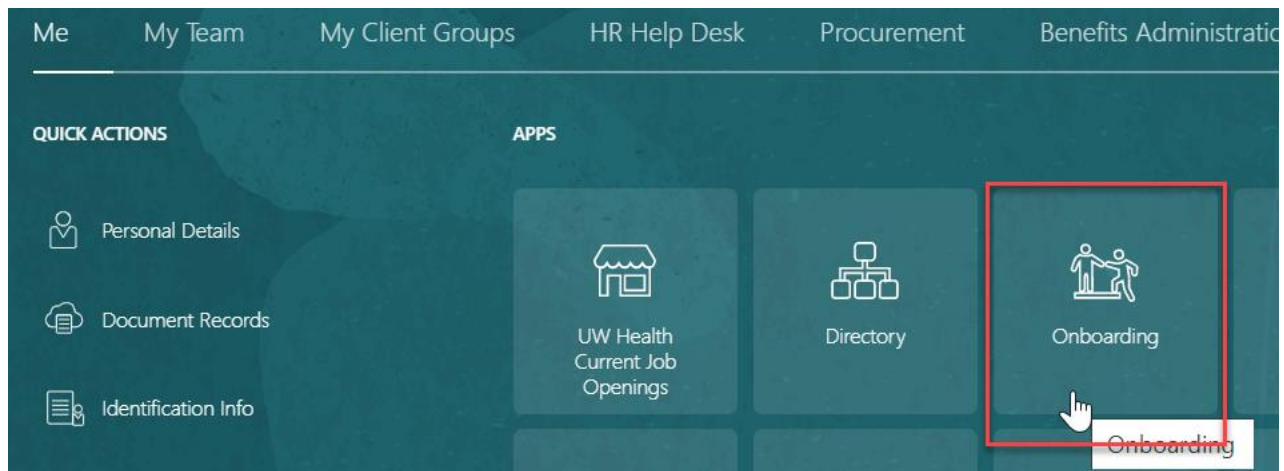
Onboarding tasks are assigned to you within Oracle Cloud to outline the required steps that must be taken within your first few days of employment.

Viewing Your Onboarding Tasks

Navigate to the [The Pulse](#) and access [Oracle Cloud](#).



Once logged into Oracle Cloud, click the *Onboarding* tile to review the tasks assigned to you.

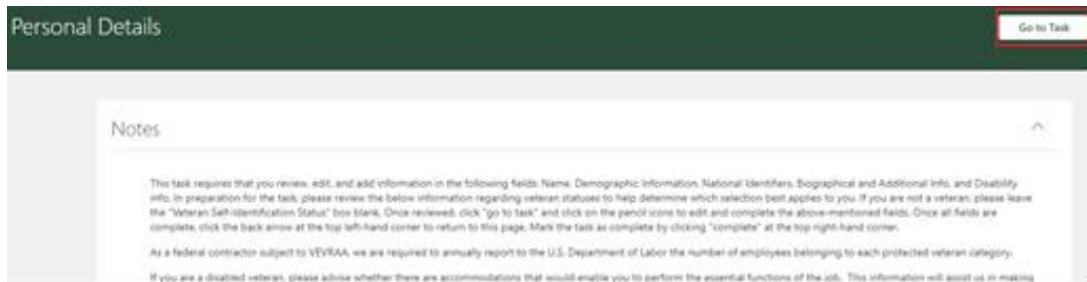


Here you will find all required tasks to complete. Please note that you had access to certain tasks prior to your start date and new tasks are assigned to you as of day 1. To complete the onboarding tasks, click into each to review associated deadlines and step for completion.

Required Tasks to Complete			
Due By 7/29/21 REQUIRED Direct Deposit Form Day 1	Due By 7/29/21 REQUIRED Contact Information Day One	Due By 7/29/21 REQUIRED W4 Form Day 1	Due By 8/27/21 REQUIRED Benefit Enrollment Day One

Personal Details

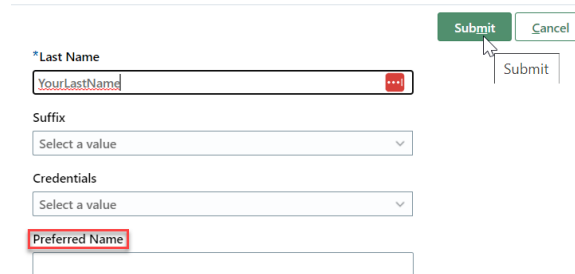
To complete the personal details, which include verifying important information needed for a successful benefit enrollment, click onto the task, and review the information. When you have reviewed the information and you are ready to continue, click *Go to Task*.



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

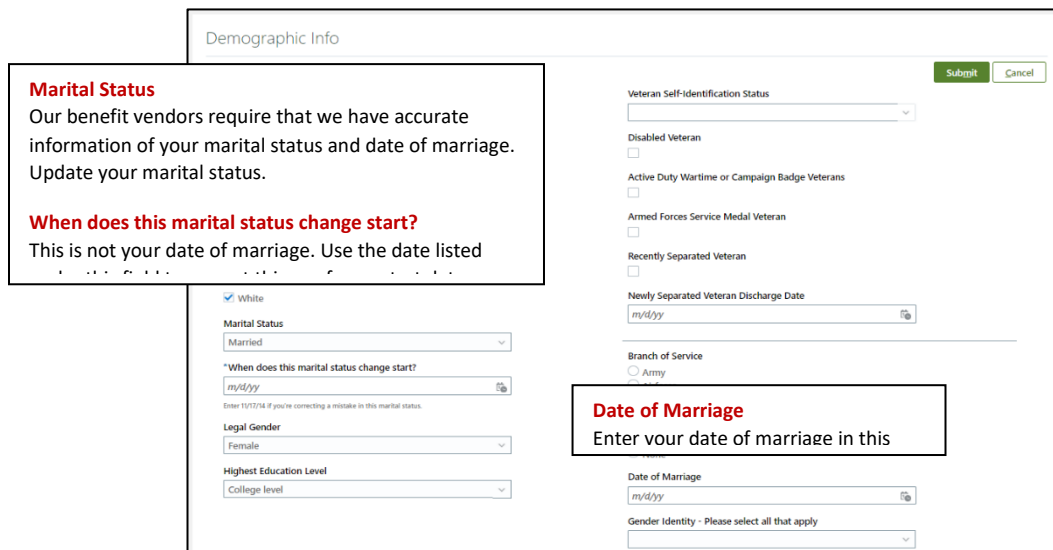
Name

If updates are needed to your name, changes can be made in this section. 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.



Demographic Information

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



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

Biographical and Additional Info

Are you planning to enroll in health insurance? Do you have other coverage that you will have at the time this coverage is in effect? If yes, there are fields within this section that need to be completed.

If you are not enrolling in health insurance or you are enrolling in health insurance coverage but will not have any other active coverage at that time, no action is required to make updates to these fields.

If you do have other coverage that will be in effect at the time your UWHC coverage is, complete the following fields:

Answer Yes or No here, based on your specific situation:

Are you covered by Medicare?
<input type="text"/>
Are you covered by other Medical Insurance?
<input type="text"/>

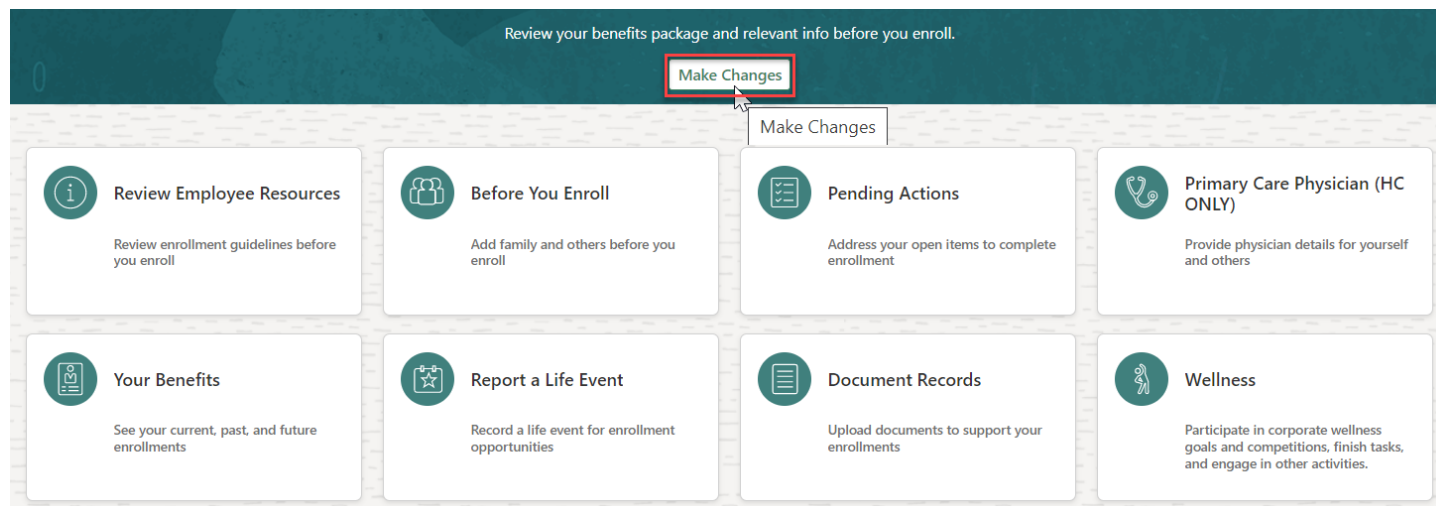
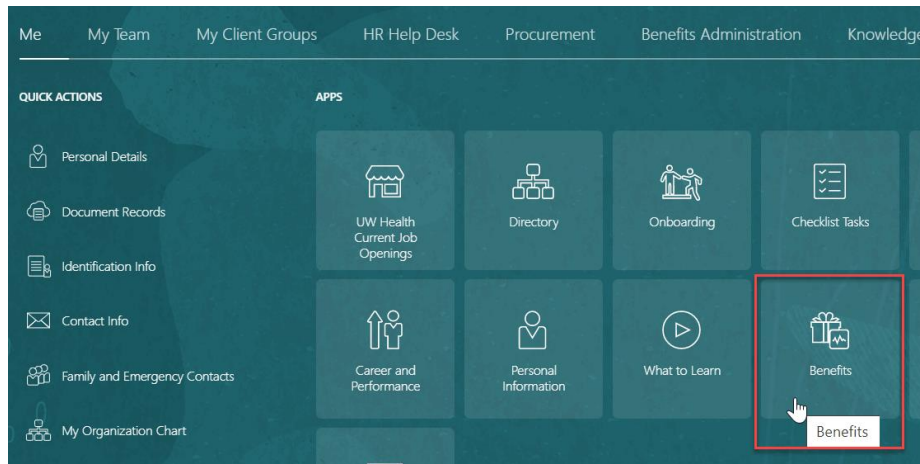
If yes to one or both of those questions, scroll down to complete these additional fields:

If applicable, effective date of Medicare Part A
<input type="text"/>
If applicable, effective date of Medicare Part B
<input type="text"/>
If applicable, Medicare Number
<input type="text"/>
If applicable, MBI Number
<input type="text"/>
Indicate the reason this person is eligible for Medicare
<input type="text"/>
Please choose Medicare Blank Reason if applicable
<input type="text"/>
If you have other coverage, indicate the Company name
<input type="text"/>
If you have other coverage, indicate the Group Number
<input type="text"/>
If you have other coverage, indicate the Policy Number
<input type="text"/>

Once those fields are complete, click *Submit*.

Benefit Enrollment

To complete your benefit enrollment, click on the *Benefit Enrollment* task and review the instructions on the page on how to navigate to the *Benefits* homepage. (Me > Benefits > Make Changes)



People To Cover

The first step in the process is to add any dependents and/or beneficiaries you plan to have covered by your benefit elections.

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 **+Add** 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.**

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

A screenshot of the 'Basic Information' form. It contains two columns of fields. The left column includes: First Name (text input), Middle Name (text input), Last Name (text input), Relationship (dropdown menu), and Effective date (calendar icon). The right column includes: Suffix (dropdown menu), Credentials (dropdown menu), Preferred Name (text input), Gender (dropdown menu), and Date of Birth (calendar icon). At the bottom right, there is a checkbox labeled 'This person is an emergency contact'.

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 the 'National Identifiers' form. It contains two columns of fields. The left column includes: Country (dropdown menu showing 'United States') and National ID Type (dropdown menu showing 'Social Security Number'). The right column includes: National ID (text input) and Issue Date (calendar icon).

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

Two buttons: 'Continue' (highlighted with a red border) and 'Cancel'.

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.

A screenshot of the 'Authorization' form. It contains several paragraphs of text. The first paragraph says: 'If you are a **Non-Physician**, please [click here](#) to review the Terms and Conditions before accepting.' The second paragraph says: 'If you are a **Physician**, please [click here](#) to review the Terms and Conditions before accepting.' The third paragraph says: '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.' The fourth paragraph says: 'I agree to the provisions of the plans in which I have enrolled and hereby authorize deduction of the premium(s) from my salary.' The fifth paragraph says: 'I understand that additional documentation may be required at any time to verify eligibility, and I agree to cooperate with those requests.' The sixth paragraph says: 'I authorize UW Medical Foundation, Inc. to send any necessary personal information to my selected providers to initiate and support coverage.' At the bottom, there are two buttons: 'Accept' (highlighted with a red border) and 'Decline'.

Health Insurance

To review your options for medical insurance, click *Edit* for the Medical section to begin.

Medical

Edit

Enrolling in Health Insurance?

If you are enrolling in health insurance, you will want to choose one of the health plans listed at the appropriate coverage level by checking the box.

Early Coverage

As a UWHC employee, you have the option to enroll in early coverage (effective the 1st of the month following your start date) and you would be responsible for paying 100% of the premium until employer contributions begin. If you are wanting to enroll in early coverage, please contact the HR Service Center before you complete your enrollment as adjustments will need to be made to reflect the appropriate premium.

Single or Family Coverage?

Depending on the coverage level you are planning to enroll in, check the appropriate box for single or family coverage.

If you have successfully added eligible dependents on the previous screen, you should see them set up here as dependents to cover by this plan.

- *If you do not see a dependent listed or do not have the family plan listed and you should, contact the HR Service Center for assistance.*

If you check the box for family coverage, you will be prompted to check the boxes for all eligible dependents to be covered by the plan. **Please note:** As a UWHC employee, the Department of Employee Trust Funds (ETF) who administers the health insurance benefit requires that all eligible members of a family are covered by a family plan. All dependents must be selected as part of this process to prevent any delays in your enrollment.

Enrolling in Uniform Dental Insurance?

If you are enrolling in a health insurance plan with the uniform dental benefit, you must select the health plan with the dental option listed.

Quartz UW Health - Dental (Dane County Providers)

☐ Single
1,152.00 Annually

Waiving Health Insurance?

If you are not enrolling in health insurance, you may be eligible for the Opt-Out Incentive. To elect the Opt-Out Incentive as a new hire, you will need to check the appropriate box, *Enroll (Waiving Medical)*, in the Opt-Out section and check *Waive* in the Medical section.

Opt-Out

Opt-Out

☒ Enroll (Waiving Medical)

☐ Waive (Enrolling in Medical)

☐ Waive (Waiving Medical and Not eligible for Opt-Out)

Medical

Medical

☒ Waive

If you elect the Opt-Out Incentive, ETF and HR are required to review your eligibility and verify that information. Review this information in the Pending Actions section after you submit your enrollment.

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

Dental Insurance

To review your options for dental insurance, click *Edit* for the Dental section to begin.

Dental

 Edit

In this section, you would make your election for any supplemental dental benefits, including the Preventive plan.

Enrolling in Dental Insurance?

If you are planning to enroll in the Supplemental Dental, Select or Select Plus, or the Preventive Dental plan, review your options and check the appropriate box for the coverage level you are selecting.

Coverage Level?

Dependent on the plan selected, you have various options of the different coverage levels to have – *employee only*, *employee + spouse*, etc. Check the appropriate box and designate the dependents you wish to have covered 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*.

Vision Insurance

To review your options for vision insurance, click *Edit* for the Vision section to begin.

Vision

 Edit

Enrolling in Vision Insurance?

If you are planning to enroll in the DeltaVision plan, review your options and check the appropriate box for the coverage level you are selecting.

Coverage Level?

When enrolling in the DeltaVision insurance, you have the option to enroll in employee only, employee + spouse, employee + child(ren) or family coverage. Check the appropriate box and designate the dependents you wish to have covered 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 vision insurance, click *Continue*.

Savings Accounts

To review your options for a health savings account or limited purpose flexible spending account, click *Edit* for the Savings Accounts section to begin.

Saving Accounts

 Edit

Enrolled in a High Deductible Health Plan?

If you are enrolled in a high-deductible health plan (HDHP), you are required to complete the enrollment in a health savings account (HSA).

Single or Family HDHP?

Dependent on the coverage level for your HDHP, you must select a health savings account at that same level as well by checking the box for *Single or Family*.

Employee Contribution

You have the option to make a contribution to your health savings account by typing in an amount between 0 and 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, it will calculate your per pay period deduction. Once you have determined the amount of employee contributions, click *OK*.

HSA Employer Contribution

By default, this box will be checked. No action is required by you in this section. If enrolled in an HDHP, you will receive employer contributions towards your HSA.

Limited Purpose Flexible Spending Account

If you are interested in enrolling in a Limited Purpose FSA, check 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, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *OK*.

Once you have successfully made your election for your Health Savings Account and/or Limited Purpose FSA, click *Continue*.

Spending Accounts

To review your options for a Health Care Flexible Spending Account or Dependent Care Flexible Spending Account, click *Edit* for the Spending Accounts section to begin.

Spending Accounts

 Edit

Health Care Flexible Spending Account

If you are interested in enrolling in a Health Care FSA, check 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, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *OK*.

Dependent Care Flexible Spending Account

If you are interested in enrolling in a Dependent Care FSA, check 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, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *OK*.

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

Life Insurance

To review your options for the State Group Life Insurance benefit, click *Edit* for the Life Insurance section to begin.

Life Insurance

 Edit

With the State Group Life Insurance benefit, you can enroll in up to 5x of coverage. Based on your desired units of coverage, the appropriate boxes should be checked to make that election:

Units of Coverage	Election Option
1	Basic
2	Basic + Supplemental
3	Basic + Supplemental + 1 Unit of Additional
4	Basic + Supplemental + 2 Units of Additional
5	Basic + Supplemental + 3 Units of Additional

To make the elections, check the appropriate boxes within the sections for coverage.

You can also elect Spouse or Dependent coverage if you have an eligible dependent to cover by this plan. To enroll, check the box for 1 or 2 units of coverage. You do not designate any dependents to cover by this plan as it is a blanket policy that applies to all eligible dependents.

Once you have successfully made your election for your State Group Life Insurance benefit, click *Continue*.

Supplemental Life Insurance

To review your options for supplemental life insurance benefits, click *Edit* for Supplemental Life Insurance to begin.

Supplemental Life Insurance

 Edit

Supplemental Life Insurance

If you are planning to enroll in Supplemental Life Insurance for yourself, spouse and/or dependent children, check the box to Elect for the coverage you desire and enter in the amount of coverage (up to the maximum at time of initial offering).

- **Note:** To enroll in Supplemental Life – Spouse or Supplemental Life – Dependent Children, you must be enrolled in Supplemental Life – Employee coverage.

AD&D with Identify Theft Protection

If you are planning to enroll in AD&D with Identify Theft Protection, check the box based on the desired coverage level (Single or Family). To select the coverage amount, choose from the drop down. You will also be prompted to designate the beneficiary(ies) for this plan.

Once you have successfully made your election for Supplemental Life Insurance, click *Continue*.

Disability

To review your options for disability insurance, click *Edit* for Disability to begin.

Income Continuation Insurance (ICI)

If you are planning to enroll in ICI coverage, check the box to elect coverage.

Supplemental Income Continuation Insurance

If you are eligible for the Supplemental ICI coverage (projected earnings greater than \$64,000) and intend to enroll, you can check the box to elect coverage.

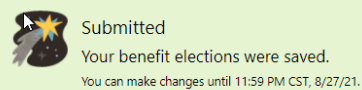
Once you have successfully made your election for your disability insurance, click *Continue*.

Retirement

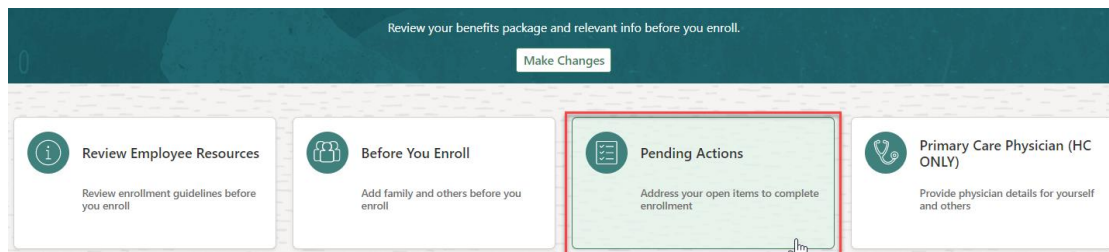
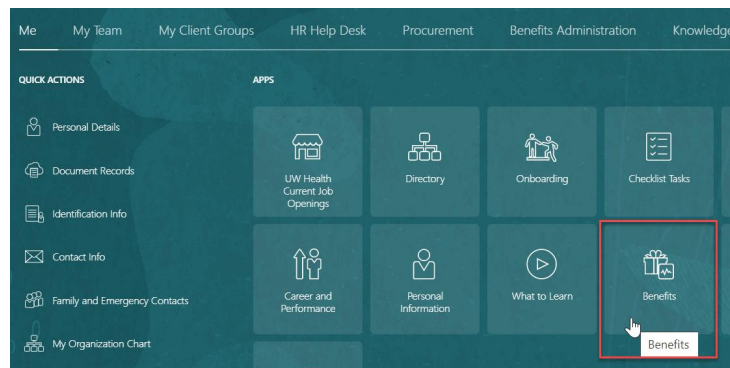
Although the retirement option is displayed here, this election cannot be modified. This is intended to display what the required percentage of employee and employer contribution is for the current benefit year.

Submitting & Confirming Enrollment

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



You may notice pending actions displayed on this screen, depending on the details of your enrollment. To review and complete any pending actions, return to the Me > Benefits homepage and click **Pending Actions**

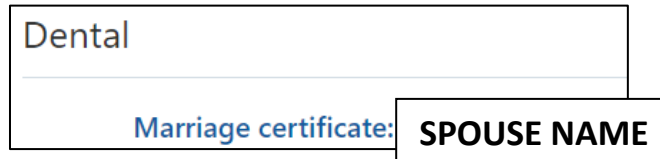


Pending Actions

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.

Marriage and/or Birth Certificate

If you enrolled any dependent onto your health, dental or vision plans, you will be prompted to provide a marriage certificate and/or birth certificate to verify eligibility of the dependent.

A screenshot of a web form. At the top, the word "Dental" is displayed in a large, blue font. Below it, there is a text input field. To the right of the input field, the text "Marriage certificate:" is written in blue, followed by a white box containing the text "SPOUSE NAME" in black.

To complete this pending action:

- Click into the pending action
- Attach document on this screen
- Click *Save & Close*

Marriage and/or birth certificates are obtained to verify dependent eligibility. Timely submission of these documents is essential for a successful enrollment.

Participant (or Dependent) Requires Primary Care Physician

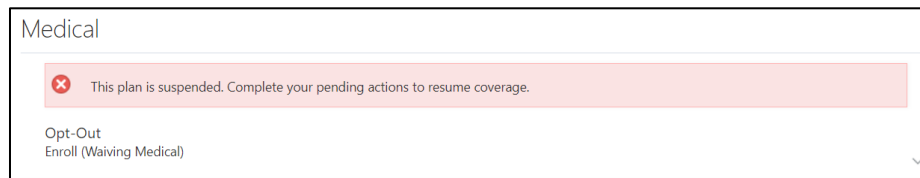
If enrolling in a health insurance plan, as part of the enrollment process, you must list the name of the primary care provider (PCP) or clinic that you will be seeking services at under this plan.

To complete this pending action,

- Click into the pending action
- For each individual listed, click *+Add*
- **Plan:** Select the health plan elected
- **Physician Name:** Type in the name of the provider and/or clinic location you will be seeking services
 - Note: If enrolling in a Quartz UW plan, you can type in Welcome Center as the Physician Name
- Click *Save*

Opt-Out Incentive – Proof of Coverage

If you elect to receive the Opt Out Incentive as a new hire, your confirmation will display that your plan is suspended.

A screenshot of a web form titled "Medical". Below the title, there is a red banner with a white 'x' icon and the text "This plan is suspended. Complete your pending actions to resume coverage." Below the banner, the text "Opt-Out" and "Enroll (Waiving Medical)" is visible. A small downward arrow icon is at the bottom right of the form.

This triggers a pending action for HR to review and complete in advance of your start date. No action is required by you; however, this will display as a pending action. Once your eligibility has been reviewed, HR will update this information and a communication will be sent to your work email.

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

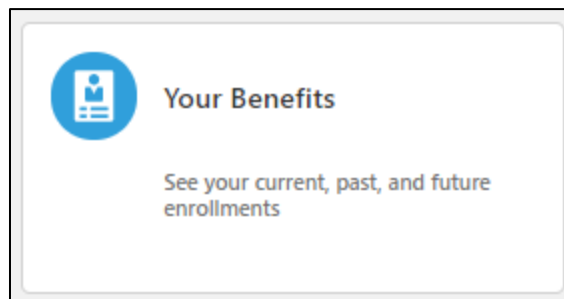
If you are enrolled in the AD&D plan and did not designate a beneficiary as part of the enrollment process, this will appear as a pending action.

To complete pending action,

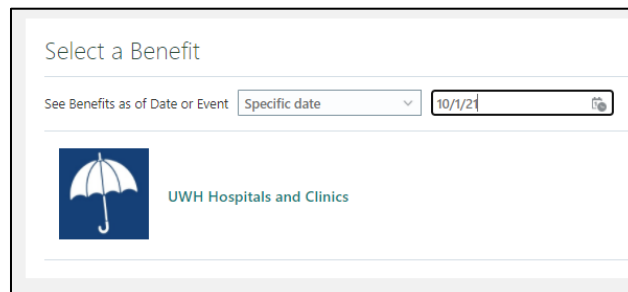
- Click into the pending action
- If the desired beneficiary is listed, designate the appropriate percentage for the primary and contingent beneficiaries. If designating multiple as primary or multiple as contingent, the sum of percentages must equal 100%
 - *If the desired beneficiary is not listed,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

Review Final Benefit Submission

After resolving all pending actions, you can review your final benefit submissions by navigating to the Benefits homepage (Me > Benefits) and clicking on Your Benefits.



To see your benefits as of a future date (i.e., when your benefits are effective, change the date and click on the UWH Hospitals and Clinics umbrella.



All final benefit submissions are listed on this page, including the associated premiums for each. After you submit your enrollment, if you wish to make changes, you may need to contact the HR Service Center to reopen the enrollment.

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.