

Annual Enrollment

www.mcbenefits.org

Before you begin, have full names, social security numbers and date of births for yourself and all dependents you wish to enroll.

Login Instructions

Go to: www.mcbenefits.org

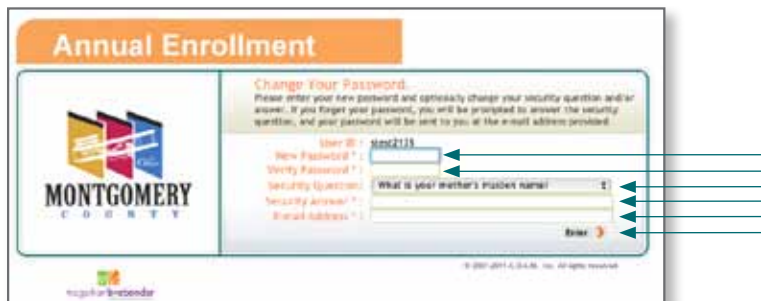
User ID: [First initial of first name] [Lastname][Last 4 of SSN]
ex: JDoe4563

Initial Password: benefits (if you have not logged in before)



You will be prompted to change your password

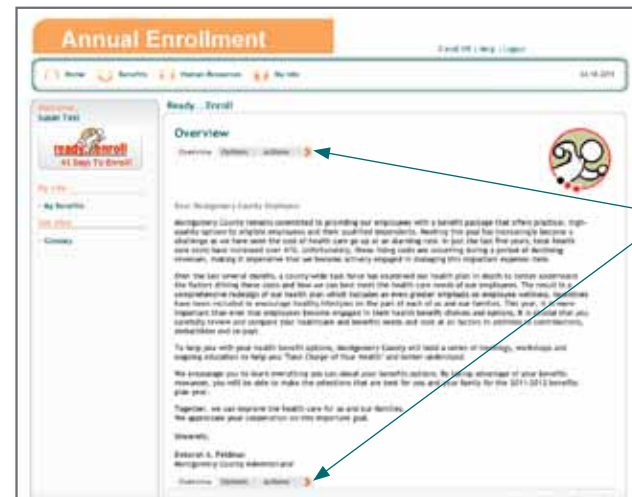
- Put in new password (must be a minimum of 6 letters and 1 number)
- Answer security question
- Enter email address (if you do not have an email address use: 123@mcoho.org)
- Click enter



If you have logged in before, but have forgotten your password, click forgot password and it will be emailed to you. If you entered email address above, contact Human Resources at 937-225-4018.



After logging in, you will see the Special Alert. The Alert is a countdown of how many days you have left to enroll in your 2011-2012 benefits. Click "**begin**".



You have begun the open enrollment process. By clicking the orange arrow you will go through the **Overview** screen (letter from the Montgomery County Administrator), the **Options** screen (which has all of your benefit options), and final screen is **Actions**, where you will begin making your benefit elections.

This **Options** screen is where you can review and compare your election options. Simply click on the plan(s) you would like to review. Once completed, click on the **orange arrow** or click on **Actions** to begin making your elections.



Annual Enrollment

Verify Information
Annual Enrollment period is April 26 - May 26, 2011.

Welcome Susan Test!

Here is the information we have on record for you as of 4/10/2011.

* If any of your personal information below is incorrect, i.e., name, address, etc., you must report it to your Payroll Department. Be sure to click "Edit" next to your name and verify your emergency contact information.

* If any of your dependent data is incorrect click "Edit" next to their name and make the appropriate changes.

* If you wish to add a dependent, click "Add dependents".

SPECIAL NOTES REGARDING DEPENDENT ELIGIBILITY FOR 2011 - 2012

Supplemental Life, Dental and Vision coverage for adult children is available through the end of the month in which they turn age 26 - must meet the IRS-eligibility guidelines.

Married or unmarried adult children who are the natural child or step child of you or your spouse are eligible for coverage (medical only) through the end of the month in which they turn 26. (Federal Health Care Reform)

Unmarried adult children between ages 26 - 29 may be eligible for coverage under Ohio State Law. Special rules apply. See your Human Resources Department.

Spouse Security Benefits are REQUIRED for all dependents who are enrolled in 2011 benefits plans. Please contact all dependent Social Security Numbers. IF THIS DEPENDENT IS NO LONGER ELIGIBLE FOR BENEFITS, PLEASE CLICK THE INACTIVATE BUTTON ON THE BOTTOM OF THE DEPENDENT PAGE.

EMPLOYEE

Name: Susan Test [Edit](#)
SSN: XXX-XX-2136
Address: Dayton, Ohio 45006
Marital Status:
Birth Date: 5/10/1980
Gender: Female

DEPENDENTS [Add Dependents](#)

Name: Susan Test [Edit](#)
SSN: XXX-XX-2128
Address:
Birth Date: 3/10/1990
Gender: Female
Relationship: Child

[Continue](#)

Click here to add emergency data

Click here to add a dependent

Click here to edit dependent information

Before making elections, verify your personal data, your dependent data and you may also add any dependents, if you need to. You must add emergency contact information.

Note: If your address is incorrect, you need to notify your payroll department.

You will need to add dependent info in order to elect dependent coverage. If adding dependents, you are required to provide documentation to the HR Benefits Department, **no later than 5:00 P.M. May 26, 2011.**

Once all information is added, click Continue and begin to make your elections.

Medical Enrollment

You can't elect a medical plan or elect to waive medical coverage if you have medical coverage elsewhere. Failure to make a medical election by May 26, 2011 will result in being automatically enrolled in the County Plan with single coverage.

You are not eligible for the waiver credit if you are covered on a Metropolitan County plan as a dependent under your spouse's or parent's plan.

The rules for the Buy-Up plan apply through September 30, 2011. [Click here for more info on the Buy-Up plan.](#)

If you wish to add a dependent age 26 to 29 please contact your Benefits Department.

NOTE: IF YOU WAIVED, YOU MUST SUBMIT PROOF OF OTHER INSURANCE TO HUMAN RESOURCES.

Click the plan and coverage level you want.

Plan Name	Your Cost (Monthly)
County Plan (with HSA)	
Employee Only	\$13.00
Employee + One	\$23.00
Family	\$33.00
County Plan - Select this plan if you are not eligible for the HSA, under the FSA instead, or to elect the plan by mail!	
Employee Only	\$13.00
Employee + One	\$23.00
Family	\$33.00
Buy-Up Medical Plan	Your Cost (Monthly)
Employee Only	\$48.00
Employee + One	\$97.00
Family	\$166.00
Opt Out Medical - If covered under another MC employee	Your Cost (Monthly)
Employee Only	\$3.00
Employee + One	\$3.00
Family	\$9.00
Waive Medical	Your Cost (Monthly)
Employee Only	(\$17.00)
Employee + One	(\$30.00)
Family	(\$100.00)

[Submit](#)

Click on the plan and the tier for the benefit you wish to elect. (If you are covered under a MC employee as a spouse or dependent and you are going to be on their medical plan, be sure to click Opt Out Medical.)

Click submit once completed.

You must click on the appropriate dependents that you wish to be covered on each benefit plan. This includes medical, dental and vision. If a dependent is not to be on the plan of which you are electing, you must **uncheck** the check by their name.

Once complete click **submit**.

You will continue electing all of your 2011-2012 benefits in the same manner.

Medical Enrollment

Please select the dependents you wish to enroll in this benefit. If your dependents are not showing up then they are not eligible. See your Human Resources Department with any questions you may have. **NOTE: IF YOU WISH TO ENROLL, A CHILD BETWEEN THE AGES OF 26 TO 29, YOU MUST SEE YOUR HUMAN RESOURCES DEPARTMENT AND FILE OUT THE APPROPRIATE DOCUMENTATION FOR APPROVAL.**

Plan Name	Your Cost (Monthly)
Medical	
County Plan (with HSA)	\$13.00
Employee + One	

CHOOSE DEPENDENTS

[Submit](#)

Annual Enrollment

If you elect the County Plan enter your HSA deduction amount here. You can use the attached calculator to determine your monthly amount, (deducted from 24 pay periods). Please consider your potential wellness incentive credits when making this determination.

Montgomery County will match your HSA contributions dollar for dollar up to a maximum of \$1000. If you are 55 or older, you may elect an additional \$1000 as catch-up.

To access the calculator **click here**.

Note: This calculator is also available to assist you in determining your contributions to Medical Reimbursement, Limited Purpose FSA and Dependent Care FSA.

In the case of group life and employee supplemental life you must complete the beneficiary information. For spouse life and dependent life (if applicable) you are the beneficiary since you are the policy holder.

Primary beneficiaries **must equal 100%**. If any changes are needed you may do so year round.

Click **submit** to continue on bottom of page.

If you elect to enroll or increase the amount of coverage for **Employee Supplemental Life** or **Spouse Life**, you will receive a Personal Health Application (PHA) immediately following Annual Enrollment. This application must be completed and returned to The Hartford by July 1, 2011.

Click here for information regarding the PHA.

Annual Enrollment

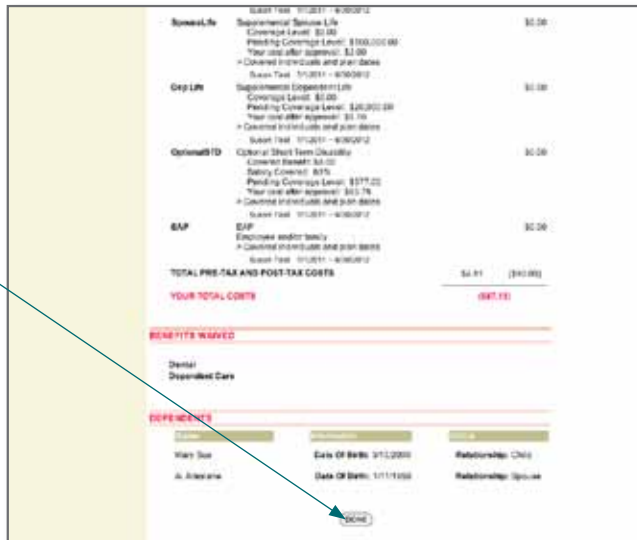


Review the confirmation and ensure that under your medical, dental and vision the appropriate dependent(s) show coverage. **Also note, that if you added a dependent that did not have coverage in the past year you must provide eligibility documentation to the HR Benefits Department by 5:00 P.M. May 26, 2011 or they will not be covered.**

If you wish to make any edits or changes, you may click on the appropriate benefit and make those changes.

Be sure to click submit if any changes are made. Be sure to go back to You Are Almost Finished screen.

After you have reviewed your final elections, you must click done.



If you have reviewed your confirmation statement and clicked **DONE** your enrollment is now complete. At this time you can print your confirmation statement for your records.

Click **close window** which will take you back to your mcbenefits.org home page.

If "Done" appears at the bottom of your printed confirmation statement, your enrollment is not complete. You must go back in and click "Done"

*Keep your confirmation statement for verification.