



## MyEnroll Employee User Guide New Hire Open Enrollment

Below are step-by-step instructions to complete the New Hire Open Enrollment Wizard in MyEnroll.

**PLEASE NOTE: BENEFIT ELECTIONS MUST BE MADE WITHIN THIRTY (30) DAYS FROM THE DATE OF HIRE OR THE DATE HOURS INCREASED TO MEET BENEFIT-ELIGIBLE PLAN RULES.**

All benefit-eligible employees are strongly encouraged to log in and confirm personal benefit information as well as enter a life insurance beneficiary even if not enrolling in the medical or dental plans. Any benefit elections made during the New Hire Open Enrollment period cannot be changed unless a life event recognized under Plan rules occurs during the year, or during Open Enrollment (August/September).

Employees who do not go online to MyEnroll and/or who do not elect any benefits **within thirty (30) days of the date of hire** will be assumed to have waived medical and dental coverage. **Please check with your location to determine which benefits your location participates in through the RCAB Benefit Trusts. You may not see all of the screens/steps noted below if your location does not offer all benefits.**

Employees who work for multiple RCAB locations will have a separate MyEnroll login for each location. Employees who transfer between RCAB locations must log into the new location and re-enroll/enter their benefit elections and beneficiary with the new location. Coverages do not transfer between locations.

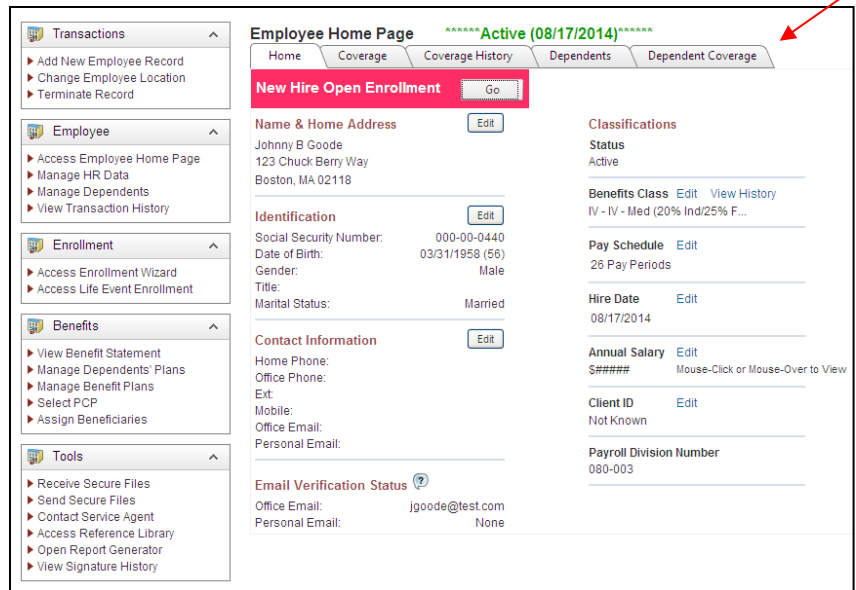
1. Navigate to [www.bostoncatholicbenefits.org](http://www.bostoncatholicbenefits.org) and log into the secure online enrollment system, MyEnroll.

Please see the **Creating a User ID and Password User Guide** for specific instructions on obtaining your log-in information if you have not previously logged into MyEnroll

The screenshot shows the website interface for the Boston Catholic Benefits Connection. At the top, there is a navigation bar with links for Home, At-a-glance, About, Forms, and Contact. Below this is a menu with categories: HEALTH, DENTAL, LIFE INSURANCE, LTD, TAP, PENSION, 401(K), and OTHER BENEFITS. A large banner for 'Open Enrollment August 22 - September 19, 2016' is prominently displayed. To the right of the banner is a 'MyEnroll' login box with fields for 'User ID:' and 'Password:', a 'Log On' button, and links for 'Forgot/request user ID or password?' and 'Information About BAS/MyEnroll'. The 'Information About BAS/MyEnroll' section lists several links: 'Creating an Account', 'User Guide for New Hires', 'Life Event Wizard', and 'Guide to Updating Your Beneficiary'. Below the login box, there are sections for 'Recent Updates' and 'Making Changes to Your Benefits', each with a list of links to relevant documents and notices.

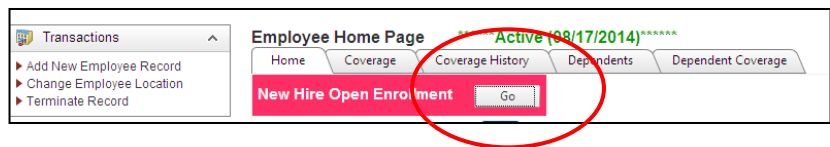
Once you have logged in successfully, you will land on your Employee Home page. Please take note of the features on this page including the left navigation menu and the coverage/dependent tabs across the top of the page.

If you have changes to any of your demographic information, please notify your location's payroll/benefits administrator, who will make the change for you.



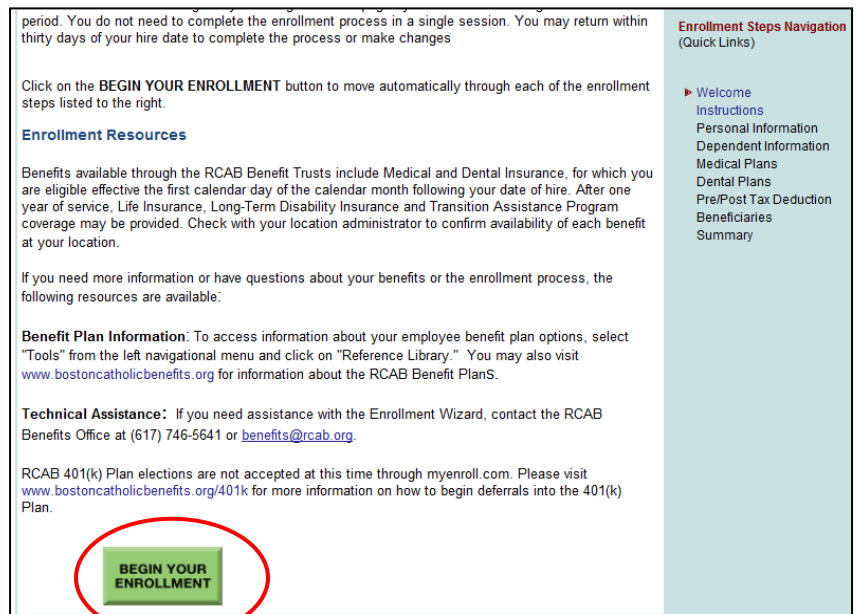
At any time during the New Hire Open Enrollment or afterwards, you can click on "Access Employee Home Page" to review this information again.

2. Click "Go" in the Pink Box to begin the New Hire Open Enrollment Wizard.



3. Review the information on the Welcome Page and click "Begin Your Enrollment".

The right navigation will list the steps to be completed for the New Hire Open Enrollment Wizard.



- Review the information on the Instructions page and click "Save and Next" at the bottom of the page to proceed.
- On the next screen, you will see your Personal Information. You can view information but cannot make updates except to the e-mail address fields. If you have changes for these fields, please notify your location's payroll/benefits administrator, who will make the change for you.

|   |   |
|---|---|
| <b>Carol W. Gustavson</b><br>PC - Benefits Office | <b>Enrollment Type:</b><br>Annual Open Enrollment for 2013<br><b>Enrollment Period:</b><br>08/30/2013 - 09/20/2013<br><b>Days Remaining to Enroll:</b><br>18 Days |
|---|---|

**Open Enrollment Wizard - Special Instructions**  
You must complete the enrollment process by the enrollment end date, shown above. The Enrollment Wizard will not be accessible after midnight on this date. If you do not complete the enrollment process by then, your existing elections will remain in place for the 2013 Plan Year. Elections selected at the end of the Open Enrollment period will be applied for the 2013 Enrollment Plan Year.

**Open Enrollment Navigation**  
The enrollment navigation steps shown at the right must be completed in the order shown. Clicking "Save & Next" at the end of each step will confirm your selection(s) and move you to the next step. The navigation link will then become hyper-linked and an arrow will appear next to the link. This indicates that you have completed this enrollment step and if you need to return to the Enrollment Wizard to make changes before the end of the Open Enrollment period, you may go directly to this step, skipping the preceding steps. The arrow will not appear until you have clicked "Save & Next," thereby confirming your elections.

**Confirming Your Elections**  
The last step in the Open Enrollment process will allow you to review and print a summary of your employee benefit elections. If you are satisfied with your elections, print a copy for your records. Otherwise, you may return to any of the preceding steps to make changes. Now, if you're ready to begin, click the "Save & Next" button below and let's get started.

Back    **SAVE & NEXT**

Click "Save & Next" to advance to next screen.

- On the Dependent Information screen, you can add data for each dependent that you would like enrolled in Medical and/or Dental Plan coverage by selecting "Click Here to Add New Dependent." You can repeat this process until all dependents are added. If you have no spouse or children and/or you do not plan to enroll them in the Medical or Dental Plans, click "Save & Next" to skip data entry for Dependents. Select "Edit" next to a dependent's name to view/update information for that dependent.

|  |   |
|--|---|
| <b>Johnny B. Goode</b><br>Arlington Catholic High School | <b>Enrollment Type:</b><br>New Hire Open Enrollment for 2013<br><b>Enrollment Period:</b><br>08/17/2014 - 09/16/2014<br><b>Days Remaining to Enroll:</b><br>28 Days |
|--|---|

**Enrollment Wizard - Dependent Information**

Add or update the information below regarding the dependents for whom you wish to begin or end coverage under the medical and/or dental plan(s). To remove dependents from your coverage, please proceed through the enrollment wizard. You will be able to update coverages on the next two screens.

To view the dependent eligibility rules, select "Click Here to Add New Dependent" then select "Dependent Eligibility Rules."

**Click Here to Add New Dependent**

Back    **SAVE & NEXT**

Note: If no dependents are entered in this step, Employee and Family coverage option will not be available later in the Wizard.

A pop-up appears when you select "Click Here to Add New Dependent". Fields with a red asterisk \* are required. A link is provided to view "Dependent Eligibility Rules." Click "Save & Exit" when done with each dependent's data.

Click "Save & Next" when all data entry for dependents is complete.

**Add a new Dependent**

[Dependent Eligibility Rules](#)

|                             |  |
|-----------------------------|--|
| Relationship * -- Select -- | Dependent's home address, if different from employee's |
| First Name *                | Street   |
| Middle Initial              | Apt# / P.O.Box   |
| Last Name *                 | City   |
| SSN *                       | State Select   |
| DOB *                       | Zip Code   |
| Gender * Select             | Phone # (000) 000-0000                                 |
| Disabled * No               |  |
| Student * No                |  |
| School Name                 |  |
| Graduation Date Month Year  |  |

Indicates Required Field

**Save & Exit**    **Cancel**

- You will then be directed to the Medical Plan page. To elect coverage, select the radio button next to the coverage being elected then click "Save & Next."

If Medical Plan coverage is elected, a popup will appear requesting PCP information for each member. A link is provided to locate a PCP and the PCP Enrollment ID # from the Tufts Health Plan website. This step can be skipped by clicking "Close." Note: Care may have a higher out-of-pocket cost or be denied if a PCP is not on file.

|   |   |   |
|---|---|---|
| Johnny B. Goode<br>Arlington Catholic High School | Enrollment Type:<br>Enrollment Period:<br>Days Remaining to Enroll: | New Hire Open Enrollment for 2013<br>08/17/2014 - 09/16/2014<br>28 Days |
|---|---|---|

**Enrollment Wizard - Medical Plan Enrollment**  
To change your Medical Plan selection, click the radio button associated with the plan you wish to select. Click the "Save & Next" button to save your selection and move to the next enrollment step.

Additional information regarding the RCAB Medical Plan is available at [www.bostoncatholicbenefits.org/health](http://www.bostoncatholicbenefits.org/health)

If you elect enrollment in the RCAB Health Plan, you will receive ID Cards from Tufts Health Plan and CVS/Caremark in 10-14 days

Current Enrollment: **Waive Medical Coverage - Waived**

| Status  | Per Pay Cost             |
|---|--------------------------|
| <b>Waive Medical Coverage</b>                   |                          |
| <input checked="" type="radio"/> Waived         | \$0.00                   |
| <b>Tufts Health Plan/ CVS - Group 10000-200</b> |                          |
| <input type="radio"/> Employee Only             | \$61.29                  |
| Employee and Family                             | \$197.13 <b>Note (1)</b> |

**Note 1:** Cannot elect coverage because you do not have an eligible dependent.

Back **SAVE & NEXT**

For both the Medical and Dental Plan election pages, coverages are defaulted to Waive. The Per Pay Cost shown is based on a percentage of the overall premium as determined by each location. When Employee and Family coverage is elected, eligible dependents will automatically be assigned coverage. The maximum age for adult child dependents in the Medical and Dental Plans is 26; additional requirements may apply. Each dependent will appear with **Assigned** or **Not Assigned** next to each, showing enrollment/non-enrollment.

- The next page allows you to make a Dental Plan election. To elect coverage, select the radio button next to the coverage being elected then click "Save & Next."

|   |   |   |
|---|---|---|
| Johnny B. Goode<br>Arlington Catholic High School | Enrollment Type:<br>Enrollment Period:<br>Days Remaining to Enroll: | New Hire Open Enrollment for 2013<br>08/17/2014 - 09/16/2014<br>28 Days |
|---|---|---|

**Enrollment Wizard - Dental Plan Enrollment**  
To change your Dental Plan selection, click the radio button associated with the plan you wish to select. Click the "Save & Next" button to save your selection and move to the next enrollment step.

To change your Dental Plan selection, click the radio button associated with the plan you wish to select. Click the "Save & Next" button to save your selection and move to the next step.

Additional information regarding the RCAB Dental Plan is available at [www.bostoncatholicbenefits.org/dental](http://www.bostoncatholicbenefits.org/dental)

If you elect enrollment in the RCAB Dental Plan, please note that MetLife does not send cards to members. Your dentist's office can access your member information through the MetLife website. If you voluntarily elect to drop dental coverage, you cannot elect to enroll in the RCAB dental plan for two years following the end of your prior coverage.

Current Enrollment: **MetLife Dental Plan - Group: 101323 - Employee Only**

| Status   | Per Pay Cost            |
|--|-------------------------|
| <b>Waive Dental Coverage</b>                   |                         |
| <input type="radio"/> Waived                   | \$0.00                  |
| <b>MetLife Dental Plan - Group: 101323</b>     |                         |
| <input checked="" type="radio"/> Employee Only | \$19.81                 |
| Employee and Family                            | \$45.37 <b>Note (1)</b> |

**Note 1:** Cannot elect coverage because you do not have an eligible dependent.

9. The Pre/Post Tax Deduction page is next. This allows you to elect to pay for Medical and Dental premiums on a pre-tax or post-tax basis. Once an election has been made, click “Save & Next.”

Johnny B. Goode Enrollment Type: New Hire Open Enrollment for 2013  
 Arlington Catholic High School Enrollment Period: 08/17/2014 - 09/16/2014  
 Days Remaining to Enroll: 28 Days

**Employee Pre-Tax or Post-Tax Payroll Deduction Election**

You are automatically enrolled in the RCAB Section 125 Premium Only Payment Plan, which means that payroll deductions are taken on a pre-tax basis for your health and/or dental coverage. You may elect to have your payroll deductions for health and dental premiums taken on a post-tax basis by selecting the appropriate radio button below.

To view the RCAB Section 125 Premium Payment Plan please visit – [http://www.catholicbenefits.org/PDF/health/RCAB\\_Description\\_of\\_Premium\\_Only\\_Cafeteria\\_Plan...](http://www.catholicbenefits.org/PDF/health/RCAB_Description_of_Premium_Only_Cafeteria_Plan...)

Please make your **required** Payroll Deduction Selection below:

**Payroll Deduction Option:**

Pre-tax  
 Post-tax

Back SAVE & NEXT

10. On the Beneficiaries screen, click “Manage” next to Core Life Insurance to enter your Life Insurance beneficiary. Then select “Primary” to enter your primary beneficiary. You must designate a beneficiary to proceed.

Johnny B. Goode Enrollment Type: New Hire Open Enrollment for 2013  
 Arlington Catholic High School Enrollment Period: 08/17/2014 - 09/16/2014  
 Days Remaining to Enroll: 28 Days

**Manage Beneficiaries**

The RCAB Benefit Trusts offer participating Catholic organizations a Life Insurance and Accidental Death and Dismemberment (AD&D) Plan for eligible employees. These benefits are offered at no cost to employees.

You are automatically enrolled in this benefit on the first day of the calendar month following completion of one year of eligible service with a participating location if you are actively at work. The life insurance benefit equals two times your Base Annual Earnings. Coverage reduces to 80% for participants ages 65-70 and 60% for participants over age 70.

For more information, please visit [www.bostoncatholicbenefits.org/Life](http://www.bostoncatholicbenefits.org/Life).

At least one Primary Beneficiary is required to be on file for each eligible employee. You have the option to list multiple beneficiaries as well as the option to assign a Contingent Beneficiary. A Primary Beneficiary is designated as the first in line to receive your life insurance benefits. A Contingent Beneficiary is entitled to a benefit only if the Primary Beneficiary is deceased as of your date of death.

Plan Selected

> Core Life Insurance Manage

Back SAVE & NEXT

Click “Add Primary Beneficiary” to add a beneficiary. Next select the type of beneficiary, enter beneficiary information and click “Save”. Enter a percentage for that beneficiary (you must erase the “1” that appears and then re-type 100 if there is only one designated beneficiary) and click “Save”.

**Manage Primary Beneficiaries**

Core Life Insurance  
 Benefit Amount: \$60000.00

**Note:** To remove a beneficiary set his/her Percentage value to zero and click the Update or Save buttons.

\*The sum of all beneficiaries below must be 100%

Add Primary Beneficiary

| Name       | Relationship | Percentage |
|------------|--------------|------------|
| Jane Goode | Spouse       | 1          |

Total: 1

Return to Life Insurance Coverage Listing – Home Save

Back SAVE & NEXT

To add multiple primary beneficiaries (i.e., the life insurance benefit is to be split among more than one person if both are still living at the time of the employee’s death), click on “Add Primary Beneficiary” and repeat steps above until all beneficiaries are added with a percentage. Coverage totals must equal 100%. To add Contingent beneficiaries, click Manage, then Contingent, and follow appropriate steps. A Contingent beneficiary would become effective if the primary beneficiary has passed away. Once this step is complete, click “Save & Next.”

11. The final step in the New Hire Open Enrollment Wizard is the **Summary & Signature** page. At this point, you should review the elections made. You may return to a previous screen by clicking on the step you would like to return to on the right navigation menu. You may print a copy of this screen for your records.

**Johnny B. Goode** Enrollment Type: New Hire Open Enrollment for 2013  
 Arlington Catholic High School Enrollment Period: 08/17/2014 - 09/16/2014  
 Days Remaining to Enroll: 28 Days

**Summary & Signature**

The following is a summary of the coverages you have elected. Please print this page using the Print button on the top right side of this screen. Your elections will not be complete until you click the I Accept and Finalize buttons at the bottom of this screen.

| Benefit Plan                        | Benefit Level | Core/Optional Benefit | Your Perpay Cost | Effective Date |
|-------------------------------------|---------------|-----------------------|------------------|----------------|
| Core Life Insurance                 | \$60,000.00   | Core                  | \$0.00           | 09/01/2015     |
| Core Long Term Disability           | Enrolled      | Core                  | \$0.00           | 09/01/2015     |
| Transition Assistance Plan          | Enrolled      | Core                  | \$0.00           | 09/01/2015     |
| Waive Medical Coverage              | Waived        | Optional              | \$0.00           | 09/01/2014     |
| MetLife Dental Plan - Group: 101323 | Employee Only | Optional              | \$19.81          | 09/01/2014     |
|                                     |               |                       | <b>\$19.81</b>   |                |

**CUSTOMER SERVICE**  
 1.617.746.5641  
 benefits@rcab.org

**Enrollment Steps Navigation (Quick Links)**

- Welcome
- Instructions
- Personal Information
- Dependent Information
- Medical Plans
- Dental Plans
- Pre/Post Tax Deduction
- Beneficiaries
- Summary

Once reviewed, proceed to the bottom of the page and click “I Accept” then “Finalize.”

| Benefit Plan                        | Benefit Level | Benefit  | Perpay Cost    | Effective Date |
|-------------------------------------|---------------|----------|----------------|----------------|
| Core Life Insurance                 | \$60,000.00   | Core     | \$0.00         | 09/01/2015     |
| Core Long Term Disability           | Enrolled      | Core     | \$0.00         | 09/01/2015     |
| Transition Assistance Plan          | Enrolled      | Core     | \$0.00         | 09/01/2015     |
| Waive Medical Coverage              | Waived        | Optional | \$0.00         | 09/01/2014     |
| MetLife Dental Plan - Group: 101323 | Employee Only | Optional | \$19.81        | 09/01/2014     |
|                                     |               |          | <b>\$19.81</b> |                |

**Please read this entire page and choose the appropriate button located below.**

I hereby acknowledge that I have read and understand the informational materials provided by my employer, including those materials posted at [www.bostoncatholicbenefits.org](http://www.bostoncatholicbenefits.org), explaining my benefits and the enrollment process. I confirm that I work at least 1,000 hours per year at one or more employers that participate in the RCAB Benefit Plans and that I am otherwise eligible for the benefits I have elected.

I acknowledge that the benefit elections I have made are irrevocable and may not be changed until the next plan year unless I experience a qualified life event and follow the appropriate procedures for making such a change. By choosing the "Finalize" button below, I authorize that required contributions be made, through payroll deduction, for the benefits I have elected and I confirm that such authorization is voluntary.

**Your Electronic Signature**

I Accept  I do not Accept

**Finalize**

**Pre/Post Tax Deduction**  
 Beneficiaries  
 Summary

For questions, please contact the RCAB Benefits Office at (617) 746-5640 or [benefits@rcab.org](mailto:benefits@rcab.org).