Open Enrollment Step by Step Guide

Open Enrollment begins on May 1 and closes May 15 at 10:00 p.m. PST

Alex is still available to help you make those enrollment decisions. Click here Ask ALEX

Remember: you will need to <u>re-elect your HSA and FSA</u> plan amounts. These will not roll over into the new plan year.

Where to Enroll

Open Enrollment is done through Paycom Employee Self-Service. After logging in and navigating to Benefits Enrollment, make sure that the 'Eligible Years' menu is set to 2025:

ſ	Eligible Years
	2024 👻
	2024
	2025

The navigation menu looks different this year! Navigate through Open Enrollment by selecting 'Next':

Second Test				Exit Preview	Change Settings
Eligibility Profile Lay-Benefit Eligible (LAY)		Preview Date 05/01/2025	Enrollment Year 2025		Eligible Years 2025 -
\$0.00 Total Per Pay Period		You have 15 days to comp	lete enrollment.		
			Open Enrollment is here!		
Welcome	1	Th Please refer to the Benefit Enrollin ALEX which a	is is your opportunity to review and update or er sent Guide 2025-2026, Step by Step Enrollment (re attached in PLAN DOCUMENTS on each page	aroll in benefits. Guide, Open Enrollment Wa of the enrollment process	alkthrough Guide and
Personal Information Pre-EnrolIment Questions		We are here to help During these hours you may	Open Enrollment runs from May 1 to May 15 (10 o during our regular office hours Monday through contact us via email at IPBS@Seattlearch.org or	00 p.m. PST) Friday from 8:30 a.m. to by phone 206-382-4566 c	5 p.m. r 800-950-4904.
			·	1.21.9.1	

Personal Information

Here you can review and update your contact information. Make sure your email and address are current! Then select 'Next'.



Pre-enrollment Questions

This is where you can opt to re-enroll in the same benefits as last plan year. Remember, you will still have to elect your HSA/FSA!

Eligibility Profile		Preview Date	Enrollment Year	Eligible Years
\$0.00		Pre-Enrollment Question	15	
SU.UU Total Per Pay Period		O you have a spouse that works a	at this company?	
Welcome	0	O Yes O No	ne benefits you did last year?	
Personal Information	0	🔿 Yes 💿 No	6	
Pre-Enrolment Questions	-1			
^ Benefits Plans	0			

Dependents and Beneficiaries

Here you can review and update your Dependents and Beneficiaries.



Adding a Dependent/Beneficiary

At the bottom of the this page, select 'Add Recipient'.



Add New Recip	pient	×
Add as: *		
O Beneficiary		
Opendent and Beneficiary		
Relationship *		
Q		•
First Name *		
Middle Name		
Last Name *		
Suffix		
Birthdate *		
MM / DD / YYYY		····
Use date order Month/Day/Year		
Social Security Number *		
<u> </u>		
	Cancel	Add

Deleting a Dependent/Beneficiary

To Delete, click the name of the dependent/beneficiary you plan to delete:

Child O. Test	Relationship	Date of Birth	
Dependent and Beneficiary	Child	04/01/2025	

Then select 'Delete' in the menu that pops up on the right-hand side:

Update Existing Recipient $ imes$
î
Add as: *
O Beneficiary
Oppendent and Beneficiary
Relationship *
Q Child ▼
First Name *
Child
Middle Name
Of
Last Name *
Test
Suffix
Birthdate *
04 / 01 / 2025
April 1, 2025
Social Security Number
0000000
Delete Cancel Update

Medical Plans

The next screen brings you to your Medical Plan election choices. You may decline coverage by checking 'Decline coverage' at the top of the page.

Your dependents will be listed near the top. If you have a dependent in that field, your Medical Plan choices will automatically update to the correct coverage level. Navigate to the plan you would like to enroll in and click 'Select Plan' and then click 'Next'.

Total Per Pay Period	Plans	Documents
elcome ersonal Information	Dependents Child O. Test ×	- Add Dependent
e-Enrollment Questions	Christian Brothers CDHP Plan	^
enefits Plans	Please select your medical plan and then family c share of the premium, which will be deducted from if you have coverage elsewhere and want to waive option box at the bottom of the page.	overage level from the following options. The costs listed are your n the first two paychecks of each month. Your employer pays the rest. e Archdiocesan medical coverage, check the DECLINE COVERAGE
Medical Plans		
Medical Plans FSA Dependent Care Dental Vision	\$62.50 PER PAY Employee and Children	View Full Description

HSA/FSA Employee Contribution

If you elected to enroll in a CDHP Plan, the next page will prompt you to elect a Health Savings Account (HSA). To receive the Employer Seed Contribution, you **must** enroll in the HSA. If you do not have dependents, click the bubble for 'Individual'. If you do have dependents, click the bubble for Family. Then click 'Select Plan' and then click 'Next'. (Note: Employees do **not** need to contribute to their HSA to receive the Employer Seed Contribution. Just set the 'Annual Contribution Amount' to \$0.):

	Employee Health Savings Account	
\$62.50 Total Per Pay Period	HSA's are tax-exempt savings and spending accounts that can be used to help pay for qualified medical expenses if you are enrolled in a CDHP. Use the Health Equity Link to help you compare plans and savings by clicking Health Equity - Compare your Plans	
Welcome	View Full Description	
Personal Information	Contribution Level	
Pre-Enrollment Questions	O Individual: \$0.00 - \$3,150.00	
Dependents and Beneficiaries	Checks to withhold Contribution Amount 24	
∧ Benefits Plans	Per Pay Period Amount	
Medical Plans \$62.50 🗸	\$	
HSA/FSA Employee Contribution	\$	
FSA Dependent Care		
Dental	Plan YTD Contribution \$0.00	
Vision		
Prudential Group ADD \$0.00 🗸	Plan Details Select Plan	
Prudential Groun Life \$0.00.7		
	Save and Exit	Nex

If you elected to enroll in a Standard Plan, you are ineligible to enroll in an HSA or receive the Employer Seed Contribution and will not see the option to enroll in one. You will instead be taken to the FSA EE Contribution- No ER Cont. page; however you will not receive the Employer Seed Contribution.

2000000	FSA EE Contribution-No ER Cont.	
\$250.00 Total Per Pay Period	Plans Documents	5
	Decline coverage	
Welcome	Flexible Spending Account - Employee No ER Contribution	
Personal Information		
Pre-Enrollment Questions	Flexible Spending Accounts allows you to put aside money for important expenses and help you red the same time.	luce your income taxes at
Dependents and Beneficiaries	Please see the attached Benefit Enrollment Guide in PLAN DOCUMENTS for further details on this pl	lan.
Benefits Plans	Per Pay Period Amount	
	s s	

FSA Dependent Care

The next screen will ask if you want to enroll in an FSA – Dependent Care. (Note: The funds in this account may **only** be used for qualified child care or elder care expenses.) If you do not have a dependent or elder under your care, you can decline by checking 'Decline coverage'. If you wish to enroll enter the amount you wish to contribute in the "Annual Contribution Amount field. The annual contribution amount will be divided by the 24 pay periods in the plan year and will auto-fill the "Per Pay Period Amount", then click "Select Plan" and then "Next" to continue.

\$62.50 Total Per Pay Period		Plans	Documents
/elcome		Decline coverage Flexible Spending Account - Dependent Care	^
ersonal Information re-Enrollment Questions		Flexible Spending Accounts allows you to put aside money for important expenses the same time.	s and help you reduce your income taxes at
ependents and Beneficiaries		Dependent Care FSA may UNLY be used to Eider Care of Child Care FSA quainted	expenses.
enefits Plans	0		View Full Description
Medical Plans	\$62.50 🗸	Per Pay Period Amount	
HSA/FSA Employee Contribu	ution	Annual Contribution Amount	
FSA Dependent Care		S	
Dental		Contribution Range: \$24.00 - \$5,000.00	
Vision		Plan YTD Contribution	
Prudential Group ADD	\$0.00 🗸	\$0.00	
	40.00		Plan Details Select Plan

Dental

The next screen will ask if you want to enroll in Dental coverage. This year, there will be a \$4.00 premium per pay period for Employee Only coverage. You may decline coverage by checking 'Decline coverage' at the top of the page. Your dependents will be listed near the top. If you have a dependent in that field, your Dental Plan will automatically update to the correct coverage level. To enroll in Dental, click 'Select Plan' and then click 'Next':

\$83.33 Total Per Pay Perio	d	Plans	Documents
Welcome Personal Information		Dependents Son O. Test ×	+ Add Dependent
Pre-Enrollment Questions		Delta Dental WA	^
Dependents and Beneficiarie	S		
Benefits Plans	0	Please see the Summary Of Benefits for this coverage in the "Documents" tab.	
Medical Plans HSA/FSA Employee Contri	\$62.50 🗸 bution	Contact Delta Dentals Website at: Deltadentalwa.gov or by phone 1-800-554-1907	View Full Description
FSA Dependent Care	\$20.83 🗸	Coverage Level	
Dental		Employee + 1	
Vision		\$25.00 PEN PAY Employee + 1	
Prudential Group ADD	\$0.00 🗸	VICTO PERIOD	
100 1 100 100 100 100 100 100 100 100 1	40.00		Plan Details Select Plan

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Vision

The next screen will ask if you want to enroll in Vision coverage. This year, there will be a \$0.50 premium per pay period for Employee Only coverage. You may decline coverage by checking 'Decline coverage' at the top of the page. Your dependents will be listed near the top. If you have a dependent in that field, your Vision Plan will automatically update to the correct coverage level. To enroll in Vision, click 'Select Plan' and then click 'Next':

Total Per Pay Perio	d	Plans	Documents
/elcome ersonal Information		Dependents Son O. Test ×	← Add Dependent
re-Enrollment Questions		Vision Plan	^
ependents and Beneficiarie	s		
		Save on eyewear and eye care when you see a VSP network provider.	
enefits Plans	0	Insurance cards WILL NOT be sent to you by the vision insurance card	ier. An ID card is not necessary for services.
enefits Plans Medical Plans	\$62.50 🗸	Insurance cards WILL NOT be sent to you by the vision insurance carri Please see the attached VSP Vision Coverage 25-26 in PLAN DOCUM	ier. An ID card is not necessary for services. ENTS for further details on this plan
enefits Plans Medical Plans HSA/FSA Employee Contri	\$62.50 🗸	Insurance cards WILL NOT be sent to you by the vision insurance card	ier. An ID card is not necessary for services. ENTS for further details on this plan View Full Description
enefits Plans Medical Plans HSA/FSA Employee Contri FSA Dependent Care	\$62.50 \$62.83 \$20.83 \$25.00 (Insurance cards WILL NOT be sent to you by the vision insurance card Please see the attached VSP Vision Coverage 25-26 in PLAN DOCUM Coverage Level	ier. An ID card is not necessary for services. ENTS for further details on this plan View Full Description
enefits Plans Medical Plans HSA/FSA Employee Contri FSA Dependent Care Dental	\$62.50 bution \$20.83 \$25.00	Insurance cards WILL NOT be sent to you by the vision insurance card Please see the attached VSP Vision Coverage 25-26 in PLAN DOCUM Coverage Level Employee + 1	ier. An ID card is not necessary for services. ENTS for further details on this plan View Full Description
enefits Plans Medical Plans HSA/FSA Employee Contri FSA Dependent Care Dental Vision Prudential Group ADD	\$62.50 \$ bution \$20.83 \$ \$25.00 \$	Insurance cards WILL NOT be sent to you by the vision insurance cards Please see the attached VSP Vision Coverage 25-26 in PLAN DOCUM Coverage Level Employee + 1 \$1.00 PER PAY Employee + 1	ier. An ID card is not necessary for services. ENTS for further details on this plan View Full Description

Prudential Group ADD | Prudential Group Life | Prudential Long Term Disability

PLEASE NOTE:

In order to complete enrollment, you will need to have beneficiaries added to your Prudential Group ADD and Life plans. Start by clicking "Add Beneficiaries":

Prudential Group ADD	🖌 Auto Enrolled	^
The Archdiocese of Seattle provides Accidental Death and Dismemberment (AD&D) coverage at no cost t enrollment is automatic.	o you, and	
Please see the attached Prudential Life, AD&D and LTD 25-26 in PLAN DOCUMENTS for further details or	n this plan.	
Total Life Policy Amount \$36,000.00		
Beneficiaries		
Beneficiaries are required to select this plan. + A	Add Beneficiaries	
\$0.00 PER PAY PERIOD		
Plan Details	Deselect Plan	

Then click 'Primary Beneficiaries'

Beneficiaries	×
Assign your beneficiaries by the tiers listed bel individual beneficiary can not be assigned to m	ow. An nultiple tiers.
Primary Beneficiaries No Beneficiaries Selected	>
Secondary Beneficiaries No Beneficiaries Selected	>

Your dependents and beneficiaries will automatically populate on this menu. Click the checkbox as seen below:



The selected dependent/beneficiary will then be assigned as the Primary Beneficiary at 100%. (If you have two beneficiaries and select them, they will be split into 50% primary beneficiaries, if you have three and select them, they will be split into 33% primary beneficiaries and so on). Then click 'Save':

<	Beneficiaries
Primary Beneficiari A primary beneficiary proceeds from your in multiple primary bene 100%.	es is the first person or people you name to receive surance policy upon your death. If you select ficiaries, their allocated percentages must total
Son O. Test	
Percent 100.00	%
Add Beneficiary	
	Cancel Save

Then click 'Save' to enroll and 'Next' to continue your enrollment. Follow the same process above for Prudential Group Life.

Prudential Group Life – Dependent (Adding Self as beneficiary)

This coverage is only for employees with dependents (spouse or children). If you do not have dependents, you can decline by checking 'Decline coverage'. Your dependents will automatically populate the field titled 'Dependents'. For this plan, you must make yourself the beneficiary.

First, click 'Add Beneficiaries. Then click 'Primary Beneficiaries'. From there click 'Add Beneficiary' as you did in the steps above. Once the 'Add New Recipient' menu pops up, click the bubble next to 'Beneficiary'. Click on the 'Relationship' field and select 'Self' from the drop down menu:

Add New Recipient	×
Add as: * Beneficiary Dependent and Beneficiary 	
Relationship * Q	• Î
Spouse Child	
Suffix	•

Your information will then automatically populate the rest of the fields. Click 'Add'. Then select yourself as the Primary beneficiary and click 'Save'. From there, you should see yourself as the beneficiary for this plan. Click 'Select Plan' to enroll and then click 'Next' to move on:

Prudential Group Life - Dependent	^
The Archdiocese of Seattle provides Dependent Life coverage at no cost to you.	
You must elect this plan to have the coverage for \$10,000 for your dependent (which could be a spouse or child).	
This coverage does not require Evidence of Insurability and is available to all benefited employees who have a dependent.	
View Full Descripti	on
Total Life Policy Amount \$10,000.00	
Dependents Add Dependent Son O. Test × Add Dependent	
Beneficiaries	
Primary SECOND TEST 100.00%	lit
\$0.00 PER PAY PERIOD	
Plan Details Select Plan	1
Save and Exit	

Optional Benefits

The rest of the benefits are considered optional benefits and will be fully paid by you, if you elect to enroll. If you do not wish to enroll in these benefits, select 'Decline coverage' same as above. If you wish to enroll, follow the instructions above. Once you've made your election choice you will be taken to the last step.

Review and Finalize

This screen will show you a summary of your benefit elections. After you have reviewed them, scroll to the bottom of the form where you will be asked to provide a signature by either drawing it or typing it. Once signed, click 'Finalize' to complete your enrollment:

Dependent	\$0.00 🗸	Congratulations: You have completed your Open Enrollment elections. As a reminder these changes will be effective July 1, 2025
Prudential Long Term Disability - Lay	\$0.00 🗸	
Accident Insurance	Declined	Login to Transamerica at: Transamerica
Critical Illness - Employee	Declined	
Hospital Indemnity	Declined	Draw Type Style -
Voluntary Life - Employee	Declined	
Voluntary Life - Spouse	Declined	Test
Voluntary Life - Child	Declined	
Allstate Identity Protection	\$6.97 🗸	A signature is required to finalize enrollment
Review and Finalize		

Congratulations! These benefits will become effective on 7/1/2025



You've completed your 2025 Enrollment!

Congratulations!

Your enrollment is complete. Below is a recap of your elections including who will be covered under each benefit plan and your named beneficiaries.

Don't forget to take the time to review your 403(b) or Roth contributions too. Login to Transamerica at: <u>Transamerica</u>

