

Welcome to the 2018 Benefits Open Enrollment Wizard

The online wizard will enable you to select your benefits that will be effective January 1, 2019. If you aren't making any changes, you do not need to complete the wizard. However, if you are opting to participate in Flexible Spending Account, you will need to select this option in the open enrollment wizard.

You will be able to enroll or modify your current benefits including:

- **Medical**
- **Dental**
- **Vision Plan**
- **Medical Spending**
- **Dependent Care**

If you enroll in health plans that require you to pay a premium, you will automatically be enrolled in the Pre-Tax Premium plan as defined by Internal Revenue, Code Section 125. This means all your health care premiums are paid with tax free dollars. If you do not wish to participate in the pre-tax plan, please complete and return the form declining enrollment in the pre-tax.

To use the wizard, scroll through the screens using the **NEXT** button located at the top of each page. To go back use the **BACK** button.

You can go through the Open Enrollment Wizard as many times as you like between 8:00 am November 5th and 5:00 pm November 16th. No changes will be allowed after 5:00 pm on November 16th.

You **must** select at least 1 option for each benefit. If you do not want to enroll or participate in a plan, please select the **"WAV"** (waive) option. Please remember to review your dependent coverage levels. If you select an option with dependents, you must check all dependents that are to be included in the plan.

A total of five options should be selected when you review your 2019 Open Enrollment Elections.

If you need assistance, please contact Human Resources at 533-2245.

****REMEMBER OPEN ENROLLMENT ENDS on NOVEMBER 16, 2018 at 5:00 pm!****

Log in to the Vista HRMS System. This is the same User ID and Password you currently utilize to view your pay stubs.



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Lee County
Southwest Florida

Twentieth
JUDICIAL CIRCUIT
OF FLORIDA

LEE COUNTY PORT AUTHORITY

Please enter your User ID and Password

User ID:

Password:

[Forgot my password](#)

You will have the opportunity to select five plans, including:

Medical

Dental

Vision

(FSA) Medical Spending

(FSA) Dependent Care Reimbursement

Reminders:

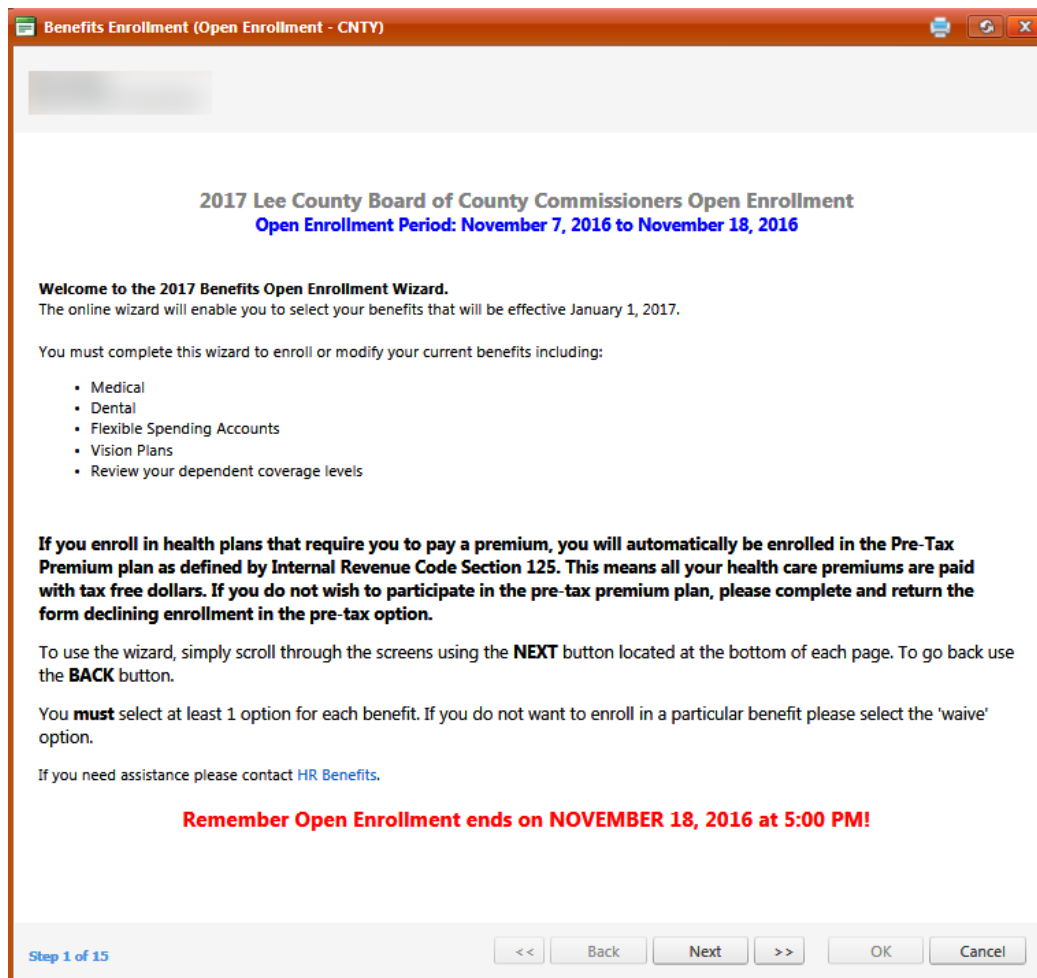
- To enroll in Opt-out, you must waive coverage in the Open Enrollment Wizard, complete the Opt-out form, and send that to the Human Resources Department by November 16, 2018 by 5:00pm.
- You can only DROP Short Term Disability during Open Enrollment. Please complete the drop from your 2018 Open Enrollment materials.
- Read the plan descriptions carefully before making your selections.
- **If you are adding a dependent or spouse that is not listed or available for selection, please contact Human Resources.**

Once you log-in to Vista –

Click on your Self-Service button and then click on the top line, Benefits Open Enrollment.



This screen has important information related to 2018 Open Enrollment. Please read it carefully and click Next.



Current year's plans. Click Next.

	Employee Monthly Cost	Employer Monthly Cost
2016 Enrollment Elections		
Dental Insurance Plans		
<input checked="" type="checkbox"/> <i>Den:Emp Only Pretax</i>		
	5.00	37.00
Medical Plans		
<input checked="" type="checkbox"/> <i>POS2: EE Only Pretax</i>		
	15.00	765.00
Vision Insurance Plans		
<input checked="" type="checkbox"/> <i>Vision WAV Option</i>		
	0.00	0.00
Medical Spending Account		
<input checked="" type="checkbox"/> <i>Med Reimb Acct 2016</i>		
	70.82	0.00
Dependent Care Reimbursement		
<input checked="" type="checkbox"/> <i>Dep Care Reimb 2016 WAV Option</i>		
	0.00	0.00
Total Cost	90.82	802.00

Next year's plans. If it is your first time opening the OE Wizard, you may not see all five plans. Click Next.

	Employee Monthly Cost	Employer Monthly Cost
2017 Open Enrollment Elections		
Dental Insurance Plans		
<input checked="" type="checkbox"/> <i>Den:Emp Only Pretax</i>		
	5.00	37.00
Medical Plans		
<input checked="" type="checkbox"/> <i>POS2: EE Only Pretax</i>		
	15.00	765.00
Vision Insurance Plans		
<input checked="" type="checkbox"/> <i>Vision WAV Option</i>		
	0.00	0.00
Medical Spending Account		
<input checked="" type="checkbox"/> <i>Med Reimb Acct 2016</i>		
	70.82	0.00
Dependent Care Reimbursement		
<input checked="" type="checkbox"/> <i>Dep Care Reimb 2016 WAV Option</i>		
	0.00	0.00
Total Cost	90.82	802.00

MEDICAL

- There are three plans:
 - Select
 - POS 2
 - WAV (waive)
- There are four options for Select and POS2:
 - EE Only Pretax \$15.00
 - EE+Dep Pretax \$115.00
 - EE+Spouse \$145.00
 - EE+Family \$160.00

Remember: If you are changing plans, you need to uncheck the elect option for the old plan and uncheck dependents from the old plan before selecting your new plan. If you select a new plan with dependent or family coverage, be sure to check all dependents that are moving to the new plan.

Click on the option you wish to select. If you do not wish to select a medical plan, select the WAV Option. To enroll in Opt-out, you must waive coverage in the Open Enrollment Wizard and complete the Opt-out form and send that to the Human Resources Department by November 16, 2018. Remember, that if you are choosing a different option from last year, you must first inactivate your current option and inactivate the dependents.

Benefits Enrollment (Open Enrollment - CNTY)

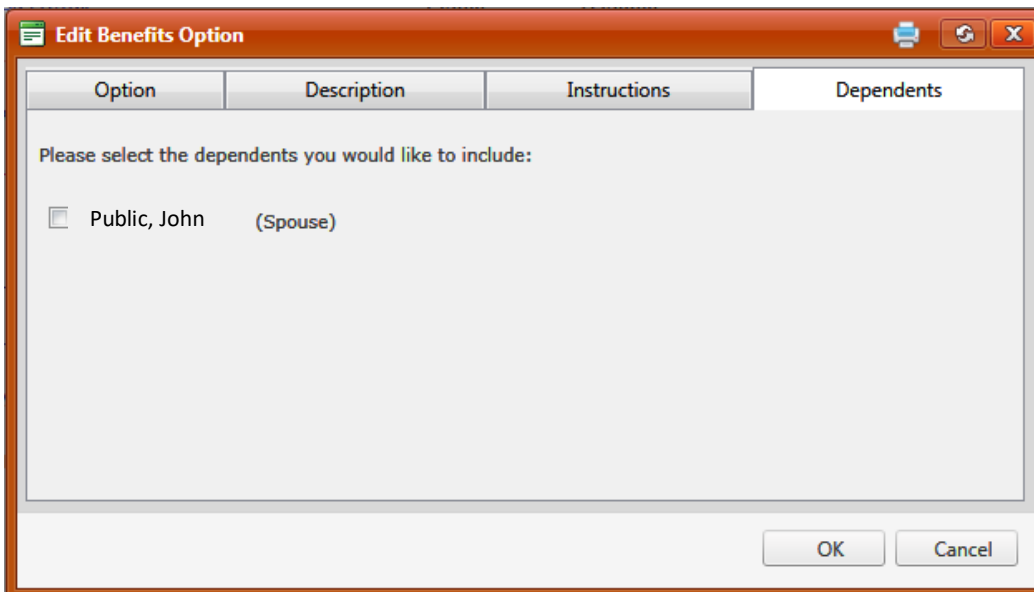
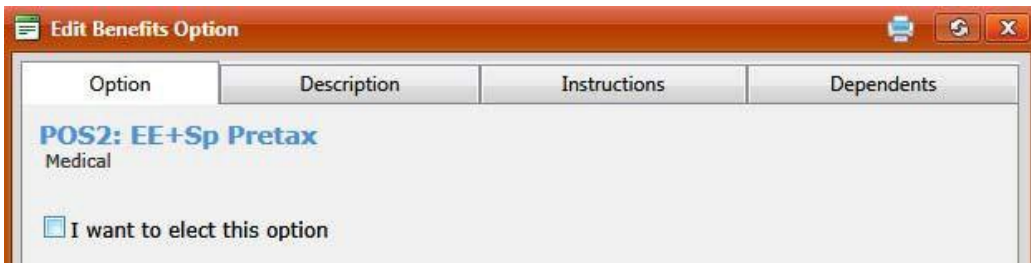
Medical Plans Total Employee Cost: 184.87

	Employee Monthly Cost	Employer Monthly Cost
<input checked="" type="radio"/> SEL: EE+Deps Pretax	115.00	1,430.00
<input type="radio"/> POS2: EE Only Pretax	15.00	765.00
<input type="radio"/> POS2: EE+Deps Pretax	115.00	1,430.00
<input type="radio"/> POS2: EE+Sp Pretax	145.00	1,430.00
<input type="radio"/> POS2: EE+Fam Pretax	160.00	1,430.00
<input type="radio"/> SEL: EE Only Pretax	15.00	765.00
<input type="radio"/> SEL: EE+Sp Pretax	145.00	1,430.00
<input type="radio"/> SEL: EE+Fam Pretax	160.00	1,430.00

Note: Only 1 option may be selected for this group

Step 4 of 10 << Back Next >> OK Cancel

For a plan change, click on the current plan title to open. Then uncheck the box “I want to elect this option.”
If the current plan has dependents, click on the dependent tab and remove the check next to each dependents name. If there are no dependents, click OK.



When you've made your selection, click Next.

DENTAL

Remember: If you are changing plans, you need to uncheck the elect option for the old plan and uncheck dependents from the old plan. If you select a new plan with dependent or family coverage, be sure to check all dependents that are moving to the new plan.

- There are two plans:
 - Dental
 - WAV (waive)
- There are options for Dental:
 - Dental Emp Only Pretax \$ 5.00
 - Dental Emp + Fam Pretax \$40.00

Once inside the option, click I want to elect this option. If the option includes dependents, click on dependents. If there are no dependents, select ok.

Benefits Enrollment (Open Enrollment - CNTY)

Dental Insurance Plans Total Employee Cost: 184.87

	Employee Monthly Cost	Employer Monthly Cost
<input checked="" type="radio"/> Den:Emp + Fam Pretax	40.00	37.00
<input type="radio"/> Den:Emp Only Pretax	5.00	37.00
<input type="radio"/> Dental WAV Option	0.00	0.00

Note: Only 1 option may be selected for this group

Step 5 of 10 << Back Next >> OK Cancel

When you've made your selection, click next.

VISION

Remember: If you are changing plans, you need to uncheck the elect option for the old plan and uncheck dependents from the old plan. If you select a new plan with dependent or family coverage, be sure to check all dependents that are moving to the new plan.

- There are three plans:
 - Vision
 - Vision2
 - WAV (waive)
- There are two options for both Vision and Vision2:
 - Vision Emp Only Pretax \$9.43
 - Vision Emp + Fam Pretax \$18.38
 - Vision2: Emp Only \$16.42
 - Vision2: EE+Fam Pretax \$31.36

Once inside the option, click I want to elect the option. If the option includes dependents, click on dependents. If there are no dependents, select ok.

Benefits Enrollment (Open Enrollment - CNTY)

Vision Insurance Plans Total Employee Cost: 20.00

You must choose an option.

If you do not want Vision coverage, select the Vision Waive option.

If you are changing your option of coverage, you must uncheck your current option and uncheck your dependents, if you have family coverage. Then, select your new option of coverage, and add dependents, if applicable.

	Employee Monthly Cost	Employer Monthly Cost	Total Cost
<input type="radio"/> Vision2-EE Only Pretax	10.58	0.00	10.58
<input type="radio"/> Vision2-EE+Fam Pretax	22.28	0.00	22.28
<input checked="" type="radio"/> Vision WAV Option	0.00	0.00	0.00
<input type="radio"/> Vis:Emp Only Pretax	7.92	0.00	7.92
<input type="radio"/> Vis:Emp + Fam Pretax	16.68	0.00	16.68

Note: Multiple options may be selected for this group [CLICK HERE FOR ADDITIONAL BENEFITS INFORMATION](#)

Step 6 of 10 << Back Next >> OK Cancel

When you've made your selection, click Next.

(FSA) MEDICAL SPENDING ACCOUNT

Employees must enroll in Flexible Spending Accounts every year there is no automatic roll over from the prior plan year.

- There are two plans:
 - Med Reimb Acct 2019 – Annual min \$600, max \$TBA (To be Announced)
 - Med Reimb Acct 2019 – WAV Option (waive)

	Employee Monthly Cost	Yearly Maximum	Yearly Contribution	Per-Pay Contribution	Total Cost
<input type="radio"/> Med Reimb Acct 2017	0.00	2,600.00	0.00	0.00	0.00
<input type="radio"/> Med Reimb Acct 2017 WAV Option	0.00	0.00	0.00	0.00	0.00

Click on the option you choose. If you chose Med Reimb Acct, click on the Deduction Amount tab to enter the annual amount.

Option	Description	Instructions	FSA
Med Reimb Acct 2017	Medical Spending Account		

I want to elect this option

Enter the annual amount and click OK.

Option	Description	Instructions	FSA
<input checked="" type="radio"/> Calculate per pay contribution (based on yearly contribution)			
Employee Annual Contribution:	Pay Periods:	Plan Maximum:	
90.00	24	2600.00	

When you've made your selection, click Next.

(FSA) DEP CARE REIMBURSEMENT

Employees must enroll in Flexible Spending Accounts every year there is no automatic roll over from the prior plan year.

- There are two plans:
 - Dep Care Reimb 2019 – Annual min \$600, max \$5000
 - Dep Care Reimb 2019 WAV Option (waive)

Dependent Care Reimbursement Total Employee Cost: 20.00

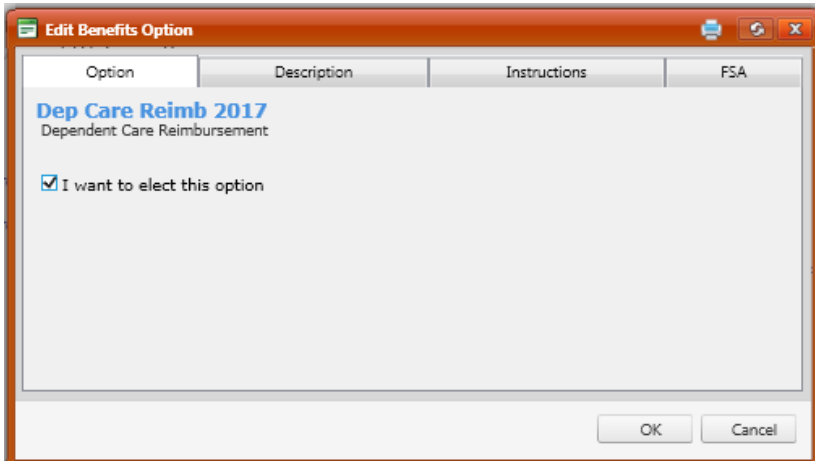
You must choose an option.
If you do not want a Dependent Care FSA (Flexible Spending Account), select the Dependent Care Reimbursement Waive option.

	Employee Monthly Cost	Yearly Maximum	Yearly Contribution	Per-Pay Contribution	Total Cost
<input type="radio"/> Dep Care Reimb 2017	0.00	5,000.00	0.00	0.00	0.00
<input type="radio"/> Dep Care Reimb 2017 WAV Option	0.00	0.00	0.00	0.00	0.00

Note: Only 1 option may be selected for this group [CLICK HERE FOR ADDITIONAL BENEFITS INFORMATION](#)

Step 8 of 10 << Back Next >> OK Cancel

Click on the option you choose. If you chose Dep Care Reimb Acct, click on the Deduction Amount tab to enter the annual amount.

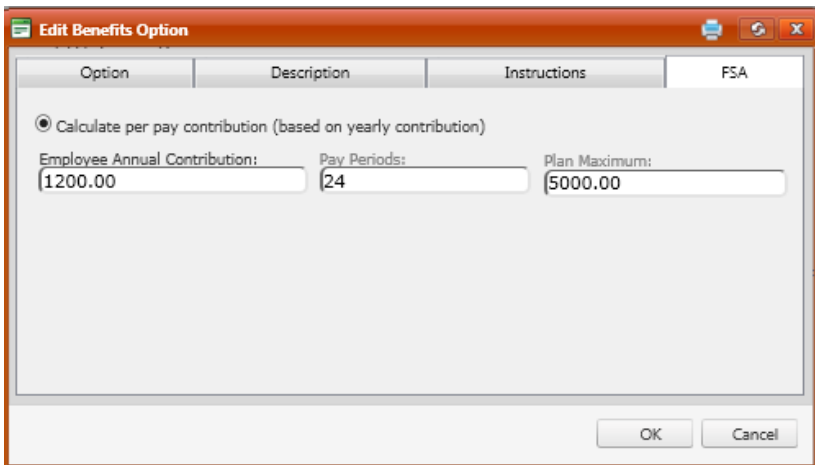


The screenshot shows a window titled "Edit Benefits Option" with a tabbed interface. The "Option" tab is active, displaying the following information:

Option	Description	Instructions	FSA
Dep Care Reimb 2017	Dependent Care Reimbursement		

Below the table, there is a checkbox labeled "I want to elect this option" which is checked. At the bottom right of the window are "OK" and "Cancel" buttons.

Enter the annual amount and click OK



The screenshot shows the same "Edit Benefits Option" window, but with the "FSA" tab selected. The "Calculate per pay contribution (based on yearly contribution)" radio button is selected. Below this, there are three input fields:

Employee Annual Contribution:	Pay Periods:	Plan Maximum:
1200.00	24	5000.00

At the bottom right of the window are "OK" and "Cancel" buttons.

When you've made your selection, click Next.

This screen shows the choices you've made for 2018. If you would like to change something, use the Back button to return to the plan you need to change. If everything is correct, click Next.

	Employee Monthly Cost	Employer Monthly Cost
Medical Plans		
<input checked="" type="checkbox"/> POS2: EE Only Pretax	15.00	765.00
Dental Insurance Plans		
<input checked="" type="checkbox"/> Den:Emp Only Pretax	5.00	37.00
Vision Insurance Plans		
<input checked="" type="checkbox"/> Vision WAV Option	0.00	0.00
Medical Spending Account		
<input checked="" type="checkbox"/> Med Reimb Acct 2017	180.00	0.00
Dependent Care Reimbursement		
<input checked="" type="checkbox"/> Dep Care Reimb 2017	100.00	0.00
Total Cost	300.00	802.00

Step 9 of 10

<< Back Next >> OK Cancel

Benefits Enrollment (Open Enrollment - CNTY)

Thank you for participating in the 2017 Benefits Enrollment for Lee County Board of County Commissioners!

You must click "OK" for your benefits enrollment process to be complete. A Benefits Confirmation Statement will then be displayed (this may take a moment). The Statement is for your records and we encourage you to print or save electronically. To send a copy to your email address, please check the box below.

By clicking the OK button, you are stating that all of the information contained in your online open enrollment is true and complete.

Review your statement carefully. If you find any discrepancies, or wish to make any changes, you may re-enter the Annual Benefits Enrollment Wizard and make the necessary changes/corrections until the deadline of **5:00 p.m. on November 18, 2016.** **After you have reviewed your statement please use the logout button in the upper right hand corner of the page to exit Vista.**

You also understand that you will **NOT** be allowed to go back and change any information after the open enrollment period ends.

Please refer any questions to [HR Benefits](#).

Show a benefits statement after completion

E-Mail a benefits statement to the following address:

Step 10 of 10

<< Back Next >> OK Cancel

Verify that "Show a benefits statement after completion" is checked. If you do not click OK, your changes will not be saved. If you would like a statement sent to your email, verify that the email at the bottom is correct and click OK.

To logoff, click the Log Out link in the upper right hand corner.



, you have just completed 2019 Open Enrollment for the Year. Questions? Call Human Resources at 533-2245.