

## Welcome to the 2020 Benefits Open Enrollment Wizard

The on-line wizard will enable you to select your benefits that will be effective January 1, 2020. If you aren't making any changes, you do not need to complete the wizard. **Participating 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 contact Human Resources.**

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 4<sup>th</sup> and 5:00 pm November 15<sup>th</sup>. No changes will be allowed after 5:00 pm on November 15<sup>th</sup>.

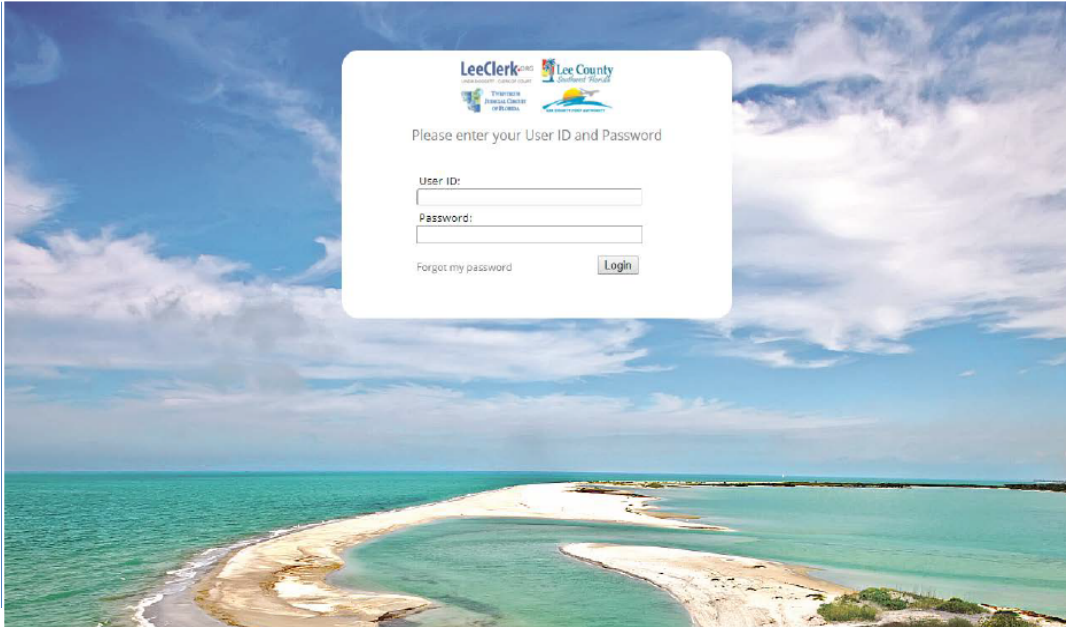
You **must** select at least 1 option for each benefit. If you do not want to enroll or participate in a plan, please select the **"WAV"** (waive) option. Please remember to review your dependent coverage levels. If you select an option with dependents, you must check all dependents that are to be included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

**A total of five options should be selected when you review your 2020 Open Enrollment Elections.**

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

**\*\*REMEMBER OPEN ENROLLMENT ENDS on NOVEMBER 15, 2019 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.



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

**Medical**

**Dental**

**Vision**

**(FSA) Medical Spending**

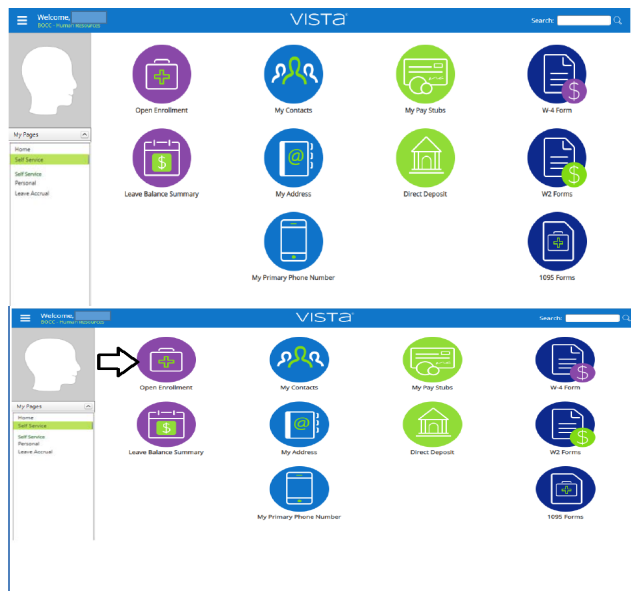
**(FSA) Dependent Care Reimbursement**

**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 15, 2019 by 5:00pm.
- You can only DROP Short Term Disability during Open Enrollment. Please complete the drop form your 2020 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 Benefits Open Enrollment.



This screen has important information related to 2020 Open Enrollment. Please read it carefully and click Next. **Tip: if you cannot see the "next" button hold down control key and press the "+" or "-" key on the numeric key pad to resize the screen larger or smaller.**

2020 Lee County Board of County Commissioners Open Enrollment  
Open Enrollment Period: November 4, 2019 to November 15, 2019

**Welcome to the 2020 Benefits Open Enrollment Wizard.**

The online wizard will enable you to select your benefits that will be effective January 1, 2020.

You must complete this wizard to enroll or modify your current benefits including:

- Medical
- Dental
- Flexible Spending Accounts
- Vision Plans
- Review your dependent coverage levels

**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 premium plan, please contact HR Benefits for the form to complete and return declining enrollment in the pre-tax option.**

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

You **must** select at least 1 option for each benefit. If you do not want to enroll in a particular benefit please select the 'waive' option.

If you need assistance please contact HR Benefits 239-533-2245.

**Remember Open Enrollment ends on NOVEMBER 15, 2019 at 5:00 PM!**

sp 1 of 16

<< Back Next OK Cancel

Current year's plans. Click Next.

**2019 Enrollment Elections**

	Employee Monthly Cost	Employer Monthly Cost
Dental Insurance Plans		
<input checked="" type="checkbox"/> <b>Den:Emp Only Pretax</b>		
Medical Plans	5.00	37.00
<input checked="" type="checkbox"/> <b>POS2: EE Only Pretax</b>		
Vision Insurance Plans	15.00	865.00
<input checked="" type="checkbox"/> <b>Vision2-EE Only Pretax</b>		
Disability Insurance Plans	16.42	0.00
<input checked="" type="checkbox"/> <b>LTD</b>		
Medical Spending Account	0.00	24.11
<input checked="" type="checkbox"/> <b>Med Reimb Acct 2019</b>		
Life Insurance Plans	166.66	0.00
<input checked="" type="checkbox"/> <b>LIFE 1X</b>		
Dependent Care Reimbursement	0.00	10.13
<input checked="" type="checkbox"/> <b>Dep Care Reimb 2019 WAV Option</b>		

Step 2 of 16    <<    Back    Next    OK    Cancel

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

**2020 Open Enrollment Elections**

	Employee Monthly Cost	Employer Monthly Cost
Dental Insurance Plans		
<input checked="" type="checkbox"/> <b>Den:Emp Only Pretax</b>		
Medical Plans	5.00	37.00
<input checked="" type="checkbox"/> <b>POS2: EE Only Pretax</b>		
Vision Insurance Plans	15.00	865.00
<input checked="" type="checkbox"/> <b>Vision2-EE Only Pretax</b>		
Disability Insurance Plans	16.42	0.00
<input checked="" type="checkbox"/> <b>LTD</b>		
Medical Spending Account	0.00	24.11
<input checked="" type="checkbox"/> <b>Med Reimb Acct 2019</b>		
Life Insurance Plans	166.66	0.00
<input checked="" type="checkbox"/> <b>LIFE 1X</b>		
Dependent Care Reimbursement	0.00	10.13
<input checked="" type="checkbox"/> <b>Dep Care Reimb 2019 WAV Option</b>		

Step 3 of 16    <<    Back    Next    OK    Cancel

## 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.

**Dental Insurance Plans** Total Employee Cost: **203.08**

You must choose an 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.

If you do not want Dental coverage, select the Dental Waive option and click next.

	Employee Monthly Cost	Employer Monthly Cost	Total Cost
<input checked="" type="radio"/> Den:Emp Only Pretax	5.00	37.00	42.00
<input type="radio"/> Den:Emp + Fam	40.00	37.00	77.00
<input type="radio"/> Den:Emp + Fam Pretax	40.00	37.00	77.00
<input type="radio"/> Dental WAV Option	0.00	0.00	0.00
<input type="radio"/> Den:Emp Only	5.00	37.00	42.00

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

Step 4 of 16

When you've made your selection, click next.

## 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 15, 2019. Remember, that if you are choosing a different option from last year, you must first inactivate your current option and inactivate the dependents.

**Medical Plans** Total Employee Cost: **203.08**

You must choose an 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.

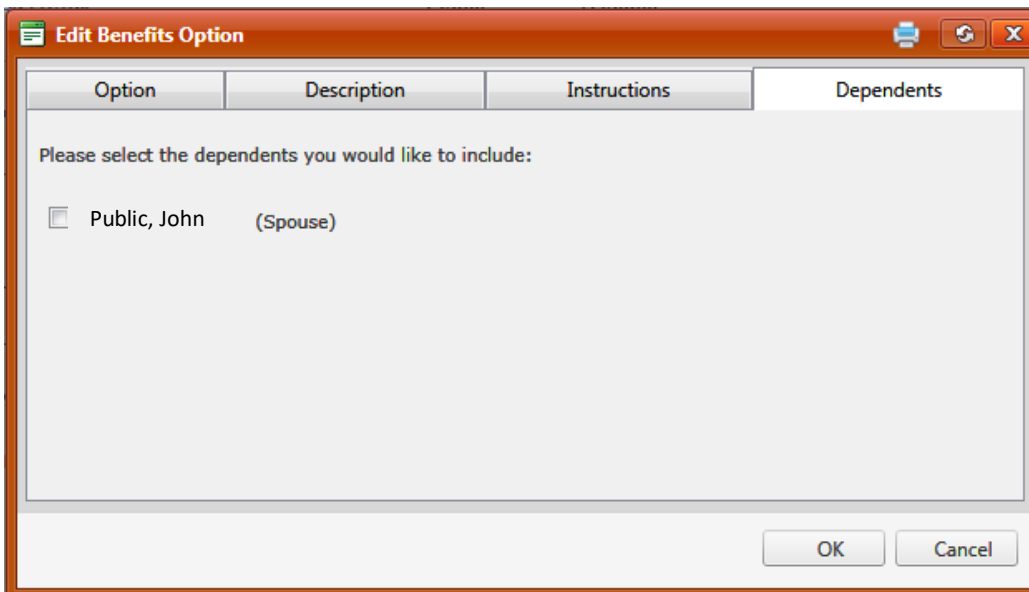
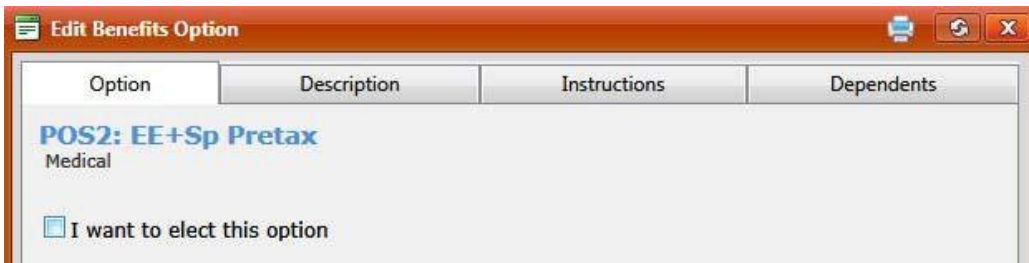
If you are waiving medical insurance, and wish to enroll in the MEDICAL OPT-OUT PLAN, please complete the Opt-Out Enrollment form provided in your Open Enrollment material and return the form to Human Resources.

If you do not want Medical coverage or the Medical Opt Out Plan, select the Medical waive option, and click next.

	Employee Monthly Cost	Employer Monthly Cost	Total Cost
<input type="radio"/> <i>SEL: EE Only Pretax</i>	15.00	865.00	880.00
<input type="radio"/> <i>SEL: EE+Sp+Dep 26-30 Pretax</i>	1,025.00	1,530.00	2,555.00
<input type="radio"/> <i>SEL: EE+Deps Pretax</i>	115.00	1,530.00	1,645.00
<input type="radio"/> <i>SEL: EE+Sp Pretax</i>	145.00	1,530.00	1,675.00
<input type="radio"/> <i>SEL: EE+Fam Pretax</i>	160.00	1,530.00	1,690.00
<input type="radio"/> <i>SEL: EE+Fam+Dep 26-30 Pretax</i>	1,040.00	1,530.00	2,570.00
<input type="radio"/> <i>SEL: EE Only</i>	15.00	865.00	880.00

<< 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.

## 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.

**Vision Insurance Plans** Total Employee Cost: **203.08**

You must choose an 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.

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

	Employee Monthly Cost	Employer Monthly Cost	Total Cost
<input checked="" type="radio"/> Vision2-EE Only Pretax	16.42	0.00	16.42
<input type="radio"/> Vision2-EE+Fam Pretax	31.36	0.00	31.36
<input type="radio"/> Vision2-EE Only	16.42	0.00	16.42
<input type="radio"/> Vision2-EE+Fam	31.36	0.00	31.36
<input type="radio"/> Vis:Emp Only Pretax	9.43	0.00	9.43
<input type="radio"/> Vis:Emp + Fam Pretax	18.38	0.00	18.38
<input type="radio"/> Vision WAV Option	0.00	0.00	0.00
<input type="radio"/> Vis:Emp + Fam	18.38	0.00	18.38
<input type="radio"/> Vis:Emp Only	9.43	0.00	9.43

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

Step 6 of 16 << 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 2020 – Annual min \$600, max \$2,700 (To be Announced)

Med Reimb Acct 2020 – WAV Option (waive)

**Medical Spending Account** Total Employee Cost: **203.08**

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

	Employee Monthly Cost	Yearly Maximum	Yearly Contribution	Per-Pay Contribution	Total Cost
<input checked="" type="radio"/> Med Reimb Acct 2019	166.66	2,700.00	2,000.00	83.33	166.66
<input type="radio"/> Med Reimb Acct 2019 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 9 of 16 << Back Next OK Cancel

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

Vista Edit Page

Option	Description	Instructions	Deductions
<input checked="" type="checkbox"/> I want to elect this option	<b>Med Reimb Acct 2019</b> Medical Spending Account		

OK Cancel

Enter the annual amount and click OK. Please note deductions are based on 24 pay periods

Vista Edit Page

Option	Description	Instructions	Deductions
<input checked="" type="radio"/> Calculate per pay contribution (based on yearly contribution)			
Employee Annual Contribution:	Pay Periods:	Plan Maximum:	
2000.00	24	2700.00	

OK Cancel

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 2020 – Annual min \$600, max \$5000  
 Dep Care Reimb 2020 WAV Option (waive)

**Dependent Care Reimbursement** Total Employee Cost: **203.08**

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 checked="" type="radio"/> Dep Care Reimb 2019 WAV Option	0.00	0.00	0.00	0.00	0.00
<input type="radio"/> Dep Care Reimb 2019	0.00	5,000.00	0.00	0.00	0.00

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

Step 10 of 16 << 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.

Vista Edit Page

Option Description Instructions Deductions

**Dep Care Reimb 2019 WAV Option**  
Dependent Care Reimbursement

I want to elect this option

Waive Reason:  
Do not wish to enroll

OK Cancel

Enter the annual amount and click OK. Please note deductions are based on 24 pay periods

Vista Edit Page

Option Description Instructions Deductions

Calculate per pay contribution (based on yearly contribution)

Employee Annual Contribution: Pay Periods: Plan Maximum:

0.00 24 0.00

OK Cancel

When you've made your selection, click Next.

This screen shows the choices you've made for 2020. 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.

**2020 Open Enrollment Elections**

	Employee Monthly Cost	Employer Monthly Cost
Dental Insurance Plans		
<input checked="" type="checkbox"/> <b>Den:Emp Only Pretax</b>		
Medical Plans	5.00	37.00
<input checked="" type="checkbox"/> <b>POS2: EE Only Pretax</b>		
Vision Insurance Plans	15.00	865.00
<input checked="" type="checkbox"/> <b>Vision2-EE Only Pretax</b>		
Disability Insurance Plans	16.42	0.00
<input checked="" type="checkbox"/> <b>LTD</b>		
Medical Spending Account	0.00	24.11
<input checked="" type="checkbox"/> <b>Med Reimb Acct 2019</b>		
Life Insurance Plans	166.66	0.00
<input checked="" type="checkbox"/> <b>LIFE 1X</b>		
Dependent Care Reimbursement	0.00	10.13
<input checked="" type="checkbox"/> <b>Dep Care Reimb 2019 WAV Option</b>		

Step 15 of 16

<< Back Next OK Cancel

Thank you for participating in the 2020 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 15, 2019.** **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 has ended.

Please refer any questions to HR Benefits 239-533-2245.

Show a benefits statement after completion

E-Mail a benefits statement to the following address:

Step 16 of 16

<<

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 2020 Open Enrollment for the Year. Questions? Call Human Resources at 533-2245.**