

BENEFITS OPEN ENROLLMENT WORKSHEET

During this year's open enrollment **Oct. 26 (beginning at 8 a.m. MST) – Nov. 13 (ending at 5 p.m. MST)**, you

- **May** change your healthcare, life insurance or short-term disability coverage for you and your family.
- **Must** designate flexible spending account contributions if participating in 2016.

LEARN MORE: [annual open enrollment period](#)

BE PREPARED FOR THE ONLINE OPEN ENROLLMENT PROCESS

Review your current coverage and options with your family to ensure that your elections will meet your and your dependents' needs next year. This worksheet is designed to help you prepare in advance of the online enrollment process in Step 6.

IMPORTANT: You have only one opportunity to make elections online, so complete and confirm your choices prior to enrollment.

Step 1: DEPENDENT INFORMATION AND DOCUMENTATION (if enrolling in medical, dental or vision)

- Read **eligibility and enrollment** in the [Benefits Guide | Administration \(cfo.asu.edu/hr-benefitsguide\)](#) for dependent definitions and supporting documentation requirements. (Step 6 provides additional enrollment instructions.)
- Gather required information and document below. Use the back of this page if you need additional space.

Name (last, first, middle)	SSN	Birth Date	Type of Required Documentation
1			
2			
3			
4			
5			

Step 2: HEALTH CARE PROGRAM – For covered medical, pharmacy, dental and vision expenses

- Compare the **medical, dental, and vision plans** and costs at [Benefits Guide|Health \(cfo.asu.edu/hr-benefitsguide\)](#).
- See the Benefits Guide | Health for the **pharmacy plan** available to all medical plan participants.
- Visit the provider websites to determine if your current providers are in the networks.
- Indicate the plan/provider network and coverage level for your medical, dental, and vision plans.

MEDICAL PLAN OPTIONS	Provider Network Options
EPO cfo.asu.edu/hr-epo	<input type="checkbox"/> Aetna SelectSM (Open Access) (www.aetnastateaz.com/) <input type="checkbox"/> Blue Cross Blue Shield of Arizona (www.adoa.azblue.com/) <input type="checkbox"/> Cigna Open Access Plus ONLY (www.cigna.com/sites/stateofaz/index.html) <input type="checkbox"/> United Healthcare Choice EPO (www.stateofaz.welcometouhc.com/home)
HSA Option (a high-deductible plan) cfo.asu.edu/hr-hsa	<input type="checkbox"/> Aetna Choice POS II (www.aetnastateaz.com/)
PPO cfo.asu.edu/hr-ppo	<input type="checkbox"/> Aetna Choice POS II (www.aetnastateaz.com/) <input type="checkbox"/> Blue Cross Blue Shield of Arizona (www.adoa.azblue.com/) <input type="checkbox"/> United Healthcare Options PPO (www.stateofaz.welcometouhc.com/home)
New Medical Coverage Level	
<input type="checkbox"/> Employee <input type="checkbox"/> Emp + Spouse <input type="checkbox"/> Emp + 1Child <input type="checkbox"/> Family <input type="checkbox"/> No Change <input type="checkbox"/> Waive	

BENEFITS OPEN ENROLLMENT WORKSHEET

DENTAL PLAN OPTIONS					
<input type="checkbox"/> Delta Dental – cfo.asu.edu/hr-PPOdental					
<input type="checkbox"/> Total Dental Administrators (in Arizona and Utah only) – cfo.asu.edu/hr-prepaiddental					
New Dental Coverage Level					
<input type="checkbox"/> Employee	<input type="checkbox"/> Emp + Spouse	<input type="checkbox"/> Emp + 1Child	<input type="checkbox"/> Family	<input type="checkbox"/> No Change	<input type="checkbox"/> Waive

VISION PLAN OPTIONS					
<input type="checkbox"/> Avesis Advantage Program – cfo.asu.edu/hr-advantagevision					
New Vision Coverage Level					
<input type="checkbox"/> Employee	<input type="checkbox"/> Emp + Spouse	<input type="checkbox"/> Emp + 1Child	<input type="checkbox"/> Family	<input type="checkbox"/> No Change	<input type="checkbox"/> Waive
If you waive Avesis Advantage, you will be automatically enrolled in the Avesis Discount Program (cfo.asu.edu/hr-discountvision).					

Step 3: HEALTHCARE ACCOUNTS – For eligible, out-of-pocket healthcare expenses

Healthcare Flexible Spending Accounts (FSA)

- Re-enrollment required every calendar year. IRS maximum annual contribution is \$2,550 per employee.
- **LEARN MORE:** Healthcare Accounts in the **Benefits Guide | Health** (cfo.asu.edu/hr-benefitsguide).
- Indicate your annual election and election type.

HEALTHCARE FLEXIBLE SPENDING ACCOUNTS (FSA) OPTIONS	Annual Election (for eligible expenses incurred between January 1 and December 31 next year)
Healthcare FSA – For EPO and PPO participants (Cannot participate in a high-deductible plan with any employer)	\$
Limited Healthcare FSA – For high-deductible HSA health plan participants only	\$
FSA Election Type	
<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	

HealthFund Health Savings Account (HSA)

- For Aetna HSA medical option plan participants only. IRS annual contribution limits may change each January 1.
- **LEARN MORE:** Healthcare Accounts in the **Benefits Guide|Health** (cfo.asu.edu/hr-benefitsguide).
- Indicate your election amount (\$0 or more) and election type.

HEALTHFUND HEALTH SAVINGS ACCOUNT	Annual Election
Employer Contributions (automatic)	Single Coverage \$720 Family Coverage \$1,440
Employee Contributions Options: <ul style="list-style-type: none"> • Elect your desired amount up to plan limits. • To receive employer contributions only, you must elect \$0. 	\$ DO NOT LEAVE BLANK
HSA Election Type	
<input type="checkbox"/> Enroll <input type="checkbox"/> Change your current annual election	

BENEFITS OPEN ENROLLMENT WORKSHEET

Step 4: OTHER BENEFITS – For tax savings and income protection

Child/Adult Day Care Flexible Spending Account (FSA)

- Re-enrollment required every calendar year. IRS maximum annual contribution is \$5,000.
- **LEARN MORE:** [Benefits Guide | Financial Security \(cfo.asu.edu/hr-benefitsguide\)](http://cfo.asu.edu/hr-benefitsguide).
- Indicate your election amount and election type.

CHILD/ADULT DAY CARE FLEXIBLE SPENDING ACCOUNT	Annual Election (for eligible expenses incurred between January 1 and December 31 next year)
While you (and your spouse) work, look for work, or attend school full-time.	\$
Child/Adult FSA Election Type	
<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	

Short-term Disability Insurance (STDI)

- Compare the short-term disability plans and cost at [Benefits Guide | Financial Security \(cfo.asu.edu/hr-benefitsguide\)](http://cfo.asu.edu/hr-benefitsguide).
- Indicate your STDI option (if applicable) and type of change.

SHORT-TERM DISABILITY INSURANCE (STDI) OPTIONS	Maximum Covered Salary
Unum <ul style="list-style-type: none"> • Pays 70%, up to the maximum covered salary. • May receive ASU paid leave benefits in addition to STDI benefit. • IMPORTANT: To receive 70% up to the maximum, elect Option C. 	<input type="checkbox"/> Option C: \$148,571
	<input type="checkbox"/> Option B: \$111,429
	<input type="checkbox"/> Option A: \$55,714
The Hartford <ul style="list-style-type: none"> • Pays 66 2/3%, up to the maximum covered salary. • Any ASU paid leave benefits received will reduce the STDI benefit. • IMPORTANT: If your ASU paid leave exceeds 66 2/3% of your base pay, you will receive only the \$57.69 minimum STDI benefit. 	<input type="checkbox"/> \$60,000
Type of STDI Change	
<input type="checkbox"/> Enroll <input type="checkbox"/> Change carriers <input type="checkbox"/> Change Unum options <input type="checkbox"/> Waive	

Step 5: LIFE INSURANCE PROGRAM – In the event of a covered person’s death

- ASU provides **basic life insurance** coverage at no charge to you.
- Compare **supplemental life and dependent life insurance plans and costs** at [Benefits Guide | Financial Security \(cfo.asu.edu/hr-benefitsguide\)](http://cfo.asu.edu/hr-benefitsguide).
- Review and update your beneficiaries for your basic and supplemental insurance coverage. You can [designate your life insurance beneficiaries](#) through My ASU at any time.
- You are the beneficiary for dependent life insurance coverage.

Employee Basic Life Insurance with Aetna and The Hartford

- Collect **required** information and designate your beneficiaries for both insurance carriers. Use the back of this page if you need additional space.

Percent	Name (last, first, middle)	Birth Date	Carriers: Aetna and/or Hartford
Primary beneficiary(ies) must equal 100% of life insurance amount with each carrier.			
%			
%			
Secondary beneficiary(ies) must equal 100% of life insurance amount with each carrier.			
%			
%			

BENEFITS OPEN ENROLLMENT WORKSHEET

Employee Supplemental Life Insurance available through Aetna and The Hartford

Your **Aetna supplemental life** request will require underwriting approval if you are:

- Enrolling for the first time,
- Increasing your coverage by two levels (from one times to three times annual salary) or
- Requesting coverage that exceeds \$500,000.

You may elect or increase **Hartford Supplemental Life** coverage, up to \$20,000 (in \$5,000 increments) during open enrollment.

- The maximum coverage under the plan is three times annual salary or \$500,000, whichever is less.
- Underwriting is not required; however, the premiums are higher.
- Indicate your election and type of change for supplemental life insurance.
- Collect **required** information and designate your beneficiaries for each insurance carrier.

AETNA SUPPLEMENTAL LIFE	THE HARTFORD SUPPLEMENTAL LIFE	
Options: <input type="checkbox"/> One times annual salary <input type="checkbox"/> Two times annual salary <input type="checkbox"/> Three times annual salary	Option: Coverage in \$5,000 increments, up to \$20,000.	Coverage Amount: \$
Type of Supplemental Life Change		
<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change	<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change	

Percent	Name (last, first, middle)	Birth Date	Carriers: Aetna and/or Hartford
Primary beneficiary(ies) must equal 100% of life insurance amount with each carrier.			
%			
%			
Secondary beneficiary(ies) must equal 100% of life insurance amount with each carrier.			
%			
%			

Dependent Life Insurance available through Aetna and The Hartford

- Aetna dependent life coverage cannot exceed 100% of your combined Aetna basic and supplemental life coverage.
- Your **Aetna dependent life** request will require underwriting approval if you are:
 - Enrolling for the first time;
 - Electing Option D: Spouse \$50,000/Child(ren) \$25,000; or
 - Increasing coverage by two or more levels.
- You may elect **Hartford dependent life** coverage, provided your spouse did not elect this coverage and is an employee of a state university or agency; coverage is limited to one family.
 - Coverage cannot exceed 100% of your combined Hartford basic and supplemental life coverage.
 - Underwriting is not required; however, the premiums are higher.
- Indicate your election and type of change for dependent life insurance.

AETNA DEPENDENT LIFE	THE HARTFORD DEPENDENT LIFE	
Options: <input type="checkbox"/> Option A: \$ 5,000 Spouse / \$ 2,500 Child(ren) <input type="checkbox"/> Option B: \$15,000 Spouse / \$ 7,500 Child(ren) <input type="checkbox"/> Option C: \$25,000 Spouse / \$12,500 Child(ren) <input type="checkbox"/> Option D: \$50,000 Spouse / \$25,000 Child(ren)	Options: <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$12,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$10,000	
Type of Dependent Life Change		
<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change	<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change	

Step 6: REQUEST CHANGES, ENROLL IN FSAs AND UPDATE BENEFICIARIES ONLINE

- Read the online **Enrollment Instructions** at cfo.asu.edu/hr-openenrollmentfaq; enrollment begins Oct. 26, 2015.
- Click on **ENROLL NOW** at cfo.asu.edu/hr-openenrollment **before 5 p.m. MST on Nov. 13, 2015.**
- Print or electronically file your Health and Welfare Benefits Open Enrollment Summary for your records.
- Designate your life insurance beneficiaries through My ASU at any time.
- Verify all benefits elections with your family.

IMPORTANT: If you find a discrepancy, email HRESC@asu.edu **before 5 p.m. MST on Dec. 31, 2015.** A copy of your Health and Welfare Benefits Open Enrollment Summary is required.