



VTHR Benefits Enrollment Process

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Benefits Enrollment

Enrolling in Benefits

If you have previous health coverage that ended no more than 3 days prior to your date of hire with the State of Vermont, or current health coverage that will terminate less than 30 days after your date of hire, then you qualify for a waiver of the 30-day waiting period. The Employee Benefits Unit will need confirmation of your coverage termination date. This could be a document from your former employer or insurance company, or the relevant page from any COBRA offer you received.

When you are ready to get started, send an email to DHR.Benefits@vermont.gov with a request to initiate the enrollment process. Provide your Employee ID#, and if you are seeking a waiver of all or part of the waiting period, attach the required documentation. No documentation is needed if you are not seeking a waiver.

The Employee Benefits Unit will then generate an enrollment event in the VTTH system for you with the appropriate effective date. This will be either:

- Your date of hire (if previous coverage ended no more than 3 days before your start date); or
- A date between your first and 31st day (if you've documented coverage that will terminate during the waiting period); or
- The 31st day after your date of hire (if you are not seeking a waiver of the waiting period).

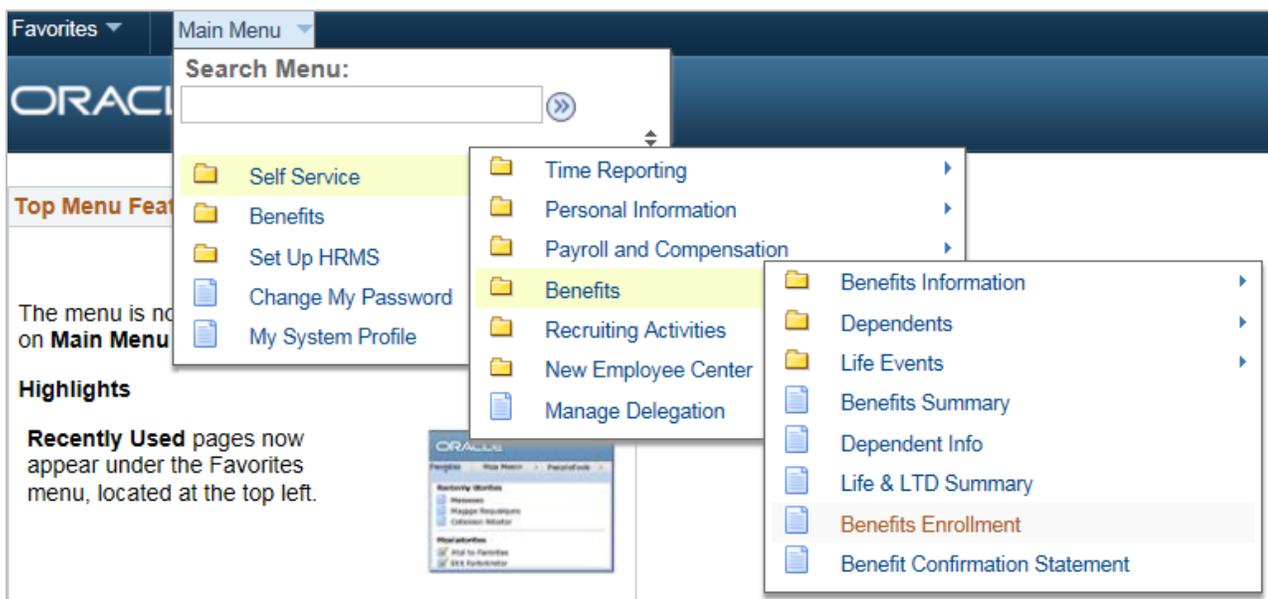
You will receive an email when the enrollment event is ready for you to access in the VTTH system. Before proceeding to your enrollment event, you may want to visit the [Health Benefits Overview page](#) on the State of Vermont's Department of Human Resources website for information on coverage details and cost.

Current/Active Employee Navigation: Main Menu→Self Service→Benefits→Benefits Enrollment

New Hire Employee Navigation: Main Menu→Self Service→New Employee Center→Benefits Enrollment

Begin the enrollment process by completing the following steps:

Step 1: Log into VTTH and Navigate to the Enrollment Event.



Benefits Enrollment

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After your initial enrollment, you will not be able to make changes to your benefits during the Open Enrollment period, which runs November 1 - 30 each calendar year, except for a special event (family status change).

Step 2: On the Benefits Enrollment page, click 'Select' to continue to reviewing/selecting your benefits.

Open Benefit Events

Event Description	Event Date	Event Status	Job Title	
New Enrollee	11/17/2016		Job Center Spec II	Select

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.

Benefits Enrollment

New Enrollee

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i Important: Your enrollment will not be complete until you submit your enrollment information.

[SOV Forms and Documents](#)

Step 3: On the Enrollment Summary page, click 'Edit' to view/select the different Medical Options.

Enrollment Summary

Medical

Current: No Coverage

New: Select(Care, Before-Tax, Empl+SP)

Before Tax After Tax **Edit**

Dental

Current: Northeast Delta Dental:Empl Only

New: Northeast Delta Dental:Empl Only

Before Tax After Tax **Edit**

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the Company is contributing to subsidize the cost of your benefits.)

Election Summary

Summarized es	After Tax	Employer
Costs	0.00	
Your Costs	157.58	157.58 0.00

Note: New enrollees will see 'No Coverage' as the medical option default.

These costs do not include certain choices that are based on variable earnings.

Submit

Step 4: Choose your plan, or waive coverage.

Select an Option

Here Are Your Available Options With Your per-pay-period Costs:
(Your cost = Full benefit cost - Credits)

Overview of all Plans

Select one of the following plans:

SelectCare, Before-Tax

[Search for providers in this plan](#)

Managed care plan where you decide whether or not to use a network doctor or hospital. The SelectCare POS Plan is a 'Point of Service' (POS) Plan. With this plan, you decide whether or not to use a network doctor or hospital at the 'point of service.' In-network services cost you less out of pocket.

Coverage Level

Your Costs Tax Class

- Employee Only
- Employee + Spouse
- Employee + Child
- Family

“Before Tax” - meaning your premium will be deducted from your gross wages, **before** taxes are taken.

SelectCare, After-Tax

[Search for providers in this plan](#)

Managed care plan where you decide whether or not to use a network doctor or hospital. The SelectCare POS Plan is a 'Point of Service' (POS) Plan. With this plan, you decide whether or not to use a network doctor or hospital at the 'point of service.' In-network services cost you less out of pocket.

Coverage Level

Your Costs Tax Class

- Employee Only
- Employee + Spouse
- Employee + Child
- Family

Employee Only	\$78.79	After-Tax
Employee + Spouse	\$157.58	After-Tax
Employee + Child	\$157.58	After-Tax
Family	\$216.68	After-Tax

“After Tax” - meaning your premium will be deducted from your net wages, **after** taxes are taken.

TotalChoice, Before-Tax

[Search for providers in this plan](#)

Indemnity plan that allows you to see any provider nationwide for medical services. The TotalChoice Plan is an 'indemnity' plan. You can see any provider nationwide for medical services.

Coverage Level

Your Costs Tax Class

- Employee Only
- Employee + Spouse
- Employee + Child
- Family

Employee Only	\$94.15	Before-Tax
Employee + Spouse	\$188.29	Before-Tax
Employee + Child	\$188.29	Before-Tax
Family	\$258.90	Before-Tax

TotalChoice, After-Tax

[Search for providers in this plan](#)

Indemnity plan that allows you to see any provider nationwide for medical services. The TotalChoice Plan is an 'indemnity' plan. You can see any provider nationwide for medical services.

Coverage Level

Your Costs Tax Class

- Employee Only
- Employee + Spouse
- Employee + Child
- Family

\$94.15 After-Tax

The option to Waive is listed at the bottom of the page.

Waive

Enroll Your Dependents

The following list displays all individuals who are eligible to be enrolled. If an individual is missing from this list, use the Add/Review Dependent button. If they are not eligible, you may also use this button to add them.

You may enroll any of the following individuals for coverage. Click the **Enroll** box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

Update Elections

Discard Changes

When you select a plan (in **Step 4**) a section will appear at the bottom of the screen. This section is for enrolling dependents.

Note: If you are enrolling only yourself, or are waiving coverage, skip to [Step 8](#).

Step 5: Click 'Add/Review Dependents'

Add/Review Dep/Ben

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The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information.

No Dependents on Record

Add a dependent or beneficiary

Next, click on 'Add a dependent or beneficiary'

Dependent Personal Information

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Select Save once you have edited your Dependent/Beneficiary changes will go into effect on Nov 17, 2016.

Personal Information

*First Name: Wonder

Middle Name:

*Last Name: Woman

Name Prefix:

Name Suffix:

Date of Birth: 01/01/1968

*Gender: Female

*SSN: 001-11-1111 (Social Security N

*Relationship to Employee: Spouse

Status Information

*Marital Status: Married

Student: No

Disabled: No

Step 6: Complete the **Personal Information** for the dependent.

Note: Under 'Relationship to Employee' the options you may choose are 'Child' or 'Spouse'. If you are enrolling a domestic partner, email DHR.Benefits@vermont.gov for additional instructions.

Same Address as Employee

Country: United States
Address: 1 Super Hero Way
Montpelier, VT

Same Phone as Employee

Phone: 802/555-5555 Mobile

Save

Return to Dependent/Beneficiary Summary

Once the Personal and Status information is complete, click **Save**

Then **Return to Dependent/Beneficiary Summary**.

Add/Review Dep/Ben

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The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information.

Dependent Information			
Name	Relationship to Employee	Date of Birth	Marital Status
Wonder Woman	Spouse	01/01/1968	Married

Add a dependent or beneficiary

Return to Event Selection

Step 7: Either continue to add additional dependents (repeat **Step 6**), or if no additional dependents need to be added, click '**Return to Event Selection**'.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under the plan. Click the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Wonder Woman	Spouse

Add/Review Dependents

Update Elections

Discard Changes

Step 8: If you have added dependents, click "Enroll" for all dependents you want to add to the coverage.

Next, For all enrollees, whether you've added dependents or not, "**Update Elections**".

Medical

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Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen SelectCare, Before-Tax with Employee + Spouse coverage. You are also covering Employee + Spouse.

Your Estimated per-pay-period Cost

Your Cost: \$157.58

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Wonder Woman	Spouse

Notes

Once submitted, this choice will take effect on 12/17/2016. Deductions and/or Credits for this choice will start with the pay period beginning 12/17/2016.

Update Elections

Discard Changes

Step 9: Review the Summary Screen, then click "Update Elections" again.

The Dental Plan is provided to you and your dependents at no cost. For you, enrollment is not required. Coverage begins automatically six months after your date of hire.



Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

SOV Forms and Documents

Enrollment Summary

Medical

Current: No Coverage

New: SelectCare, Before-Tax:Empl+SP

157.58

Dental

Before Tax After Tax

Current: Northeast Delta Dental:Empl Only

New: Northeast Delta Dental:Empl Only

This table summarizes estimated costs for your new bene...
(contributing to subsidize the cost of your benefits.)

Election Summary

Summarized estimates for new Benefit Elections

	Total	Before Tax	After Tax	Employer
Costs	157.58	157.58	0.00	644.45
Your Costs	157.58	157.58	0.00	

These costs do not include certain choices that are based on variable earnings.

Submit

Step 10: Click "Edit" to add dependents to the Dental plan. **Note:** Dependent dental coverage will begin at the same time as your own.

Whether or not Dependents were enrolled into the Dental Plan, click **Submit** to complete the enrollment process.

Benefits Enrollment

Submit Benefit Choices

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You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit choices.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you select the Submit button your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make changes during the enrollment period ~~if you have a qualified family status change.~~

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit **Cancel**

Select the **Submit** button to send your final choices to the Benefits Department.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Then on the Submit Benefits Choices page, Click **Submit** to complete the enrollment process.

Benefits Enrollment

Submission Confirmation

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Your benefit elections have been successfully submitted to the DHR Employee Benefits Unit. A confirmation statement will be available in Self Service within 3 business days to confirm your benefit choices. An email notification will be sent to your State account to direct you to it. To return to the Benefits enrollment page, click the **OK** button.

OK

A final confirmation screen notes that a message will be sent to your state email address when your confirmation statement is ready for viewing. This will be within 3 business days.

Review the Submission Confirmation, then click '**OK**'.

Benefit Confirmation Statement

Navigation: Main Menu → Self Service → Benefits → Benefit Confirmation Statement

The screenshot shows the Oracle HRMS interface. The 'Main Menu' is expanded to show 'Self Service', 'Benefits', 'Set Up HRMS', 'Change My Password', and 'My System Profile'. The 'Benefits' menu item is further expanded to show 'Benefits Information', 'Dependents', 'Life Events', 'Benefits Summary', 'Dependent Info', 'Life & LTD Summary', 'Benefits Enrollment', and 'Benefit Confirmation Statement'. The 'Benefit Confirmation Statement' option is highlighted at the bottom of the list.

After receiving the email that your confirmation statement is ready for viewing, log into VTH and navigate to the **Benefit Confirmation Statement** page.

Contact the Employee Benefits Unit at DHR.Benefits@vermont.gov, or by phone at (802) 828-6700, option 1, option 3 should you have any questions regarding the enrollment process or any benefits related questions.