

## Benefits Enrollment Instructions

### Important Information for 2019 Benefits

This year, St. Luke's has moved to a passive benefit enrollment process. Employees who have no changes to their benefits and do not have a medical spending, dependent spending, or health savings account, do not need to enroll for benefits for 2019. Your benefits will continue and no action is needed.

If you want to change plans, add or drop dependents, want a medical spending, dependent care spending, health savings account, increase life insurance, or want to enroll or make changes to any voluntary benefits, you will need to enroll for benefits for 2019.

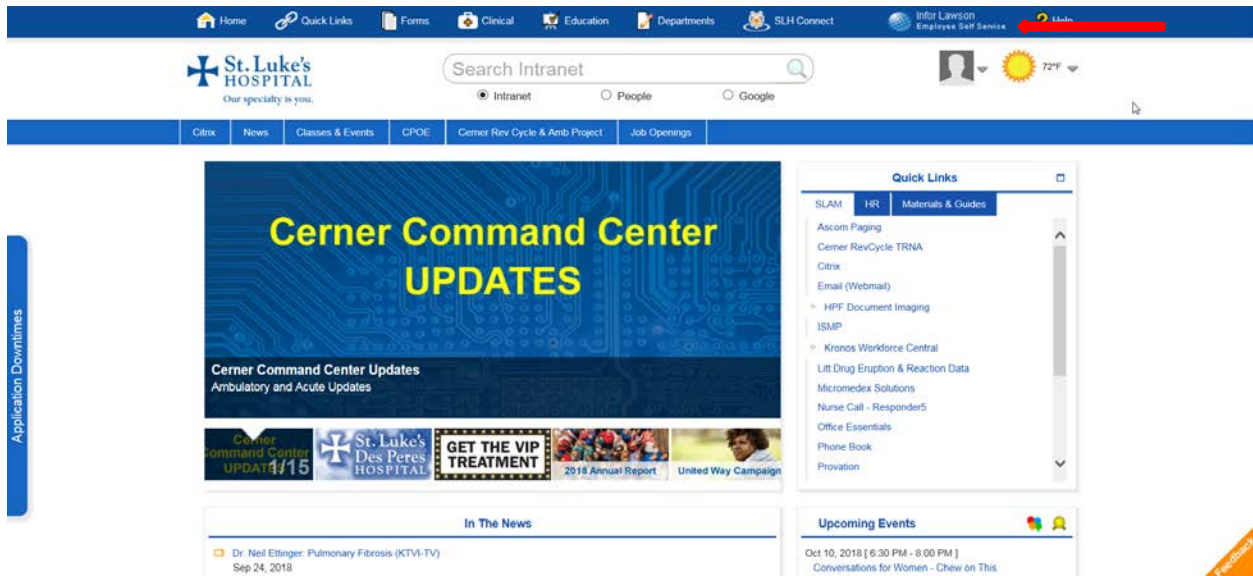
Before you begin enrolling in benefits, you will need the following:

- Take time to review the 2019 Benefit Summary Book.
- Your user name and password. If you do not have it or need your password updated, please call ext. 4357 (HELP) or 314-434-1500 ext. 4357.
- Adding new dependents? You will need to turn in birth certificate for children and marriage license for spouse to the Benefits Office in order to complete enrollment. Documents must be turned in by November 2, 2018.
- For dependents, you will also need social security numbers.

If you need to enroll for 2019 benefits, please proceed with logging into Lawson Employee Self Service. Log into Lawson Employee Self Service at on the upper right hand corner to the St. Luke's intranet page.

The screenshot shows the St. Luke's Hospital intranet homepage. At the top, there is a navigation bar with links for Home, Quick Links, Forms, Clinical, Education, and Departments. Below this is a search bar for the intranet, with options for Intranet, People, and Google. To the right of the search bar is a login section with fields for User ID and Password, and a Login button. A red arrow points to the User ID field, and another red arrow points to the Password field. Below the login fields is a weather widget showing 69°F. The main content area features a large banner for 'GET THE VIP TREATMENT' and several smaller promotional tiles. On the right side, there is a 'Quick Links' sidebar with various links like SLAM, HR, Materials & Guides, and a 'Upcoming Events' section at the bottom right.

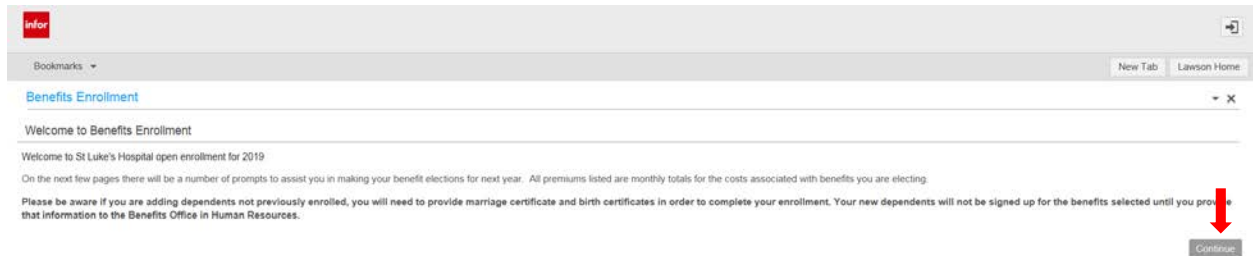
Click on the Infor Lawson Employee Self Service above your picture image in the upper right corner. Log in again with the same user name and password.



Use the Bookmarks on the upper left side of the screen under the Infor logo. Use your mouse to hover over Bookmarks, then Employee Self Service, Benefits, then New Hire Enrollment or Benefits Enrollment if enrolling during open enrollment.



Read the Open Enrollment Instructions and click **Continue**.



## Current Dependents

If you plan to enroll dependents, you will need to click the Add button. If not, click on Continue.

Benefits Enrollment

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Current Dependents

To add a dependent, click on the Add button.  
To change or view additional detail for the dependents listed here, click on a name.

Name	Social Number
Brody A. Pollack	

Add Continue

You will see existing dependents listed on the screen.

You will need to add last name, first name, date of birth, social security number, type of dependent, relationship, address and gender. Please also mark for spouses if they have other medical coverage available.

Then, click on Update to add them to your enrollment. If you have no additional dependents, click continue.

## Tobacco Use

Please answer tobacco use question.

Benefits Enrollment

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Tobacco Use

Has the Employee/Member used tobacco in any form in the last 24 months?  Yes  No

Has the Spouse of the Employee/Member used tobacco in any form in the last 24 months?  Yes  No

Continue Previous Exit

Click continue.

## Enrollment Order

This screen will show the order of which you will enroll in benefits. Review and click continue.

Benefits Enrollment

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Enrollment Order

You will enroll in benefits in the following order.  
Please click "Continue" to begin enrollment.

Plan Type
MEDICAL
CRIT ILL - EMPLOYEE
CRIT ILL - SPOUSE
CRIT ILL - CHILDREN
ACCIDENT INSURANCE
DENTAL
VISION
MSA AND HSA ACC
DEPENDENT SPEND ACC
EMPLOYEE SUPP LIFE
DEPENDENT LIFE
LEGAL INSURANCE

Continue Exit

## Current Benefits

This screen shows your current benefits enrollment for 2018. Review and click continue.

[Benefits Enrollment](#) ✕

Current Benefits

Your benefits as of 12/31/2018. Costs are per Month.

Plan	Start Date	Coverage	Your Cost
Premium Medical	01/01/2018	EMPLOYEE	151.00 Pretax
Premium Dental	01/01/2018	EMPLOYEE	14.20 Pretax
Premium Vision	01/01/2018	EMPLOYEE	9.57 Pretax
Declined Supp Life - via ESS	03/11/2018		

Monthly Summary	Cost
Total pretax contributions	174.77
Total aftertax contributions	0.00

Your deductions may differ slightly due to rounding.

[Continue](#) [Previous](#) [Exit](#)

## Enrollment Elections – Medical

Keep the same coverage

Change dependent coverage

If you want to change your dependents, you will need to select this option.

Select a different medical plan

Select one of the medical plans

Select type of coverage, employee, employee & spouse, employee & children, or employee & family.

If you select coverage other than employee only, you will need to select the dependent(s) you want to add to that coverage.

The monthly premiums will show on the right.

The next page will show a list of dependents you may have attached.

[Benefits Enrollment](#) ✕

Enrollment Elections - MEDICAL

You are currently enrolled in [High Deductible Medical](#). Costs are per Month.

As Of	Coverage Type	Your Cost
12/31/2018	EMPLOYEE + SPOUSE	129.00 Pretax
01/01/2019	EMPLOYEE + SPOUSE	150.00 Pretax

Covered Dependents As Of 12/31/2018

Alvin J. Pollack

Select	Option
<input type="radio"/>	Keep the same coverage
<input type="radio"/>	Change dependent coverage
<input type="radio"/>	Select a different medical plan

[Continue](#) [Exit](#)

After selection, it will bring you to a summary page.

[Benefits Enrollment](#) ✕

Benefit Elections - MEDICAL

You have chosen to keep [High Deductible Medical](#). Costs are per Month. Changes will be effective 01/01/2019. Review and confirm your election choices for this benefit.

Plan	Coverage	Cost
High Deductible Medical	EMPLOYEE + SPOUSE	150.00 Pretax

Covered Dependents As Of 01/01/2019

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[Continue](#) [Previous](#) [Elections](#)

Click continue.

## Benefit Elections – Critical Illness

If selected you will need to select the amount of insurance in \$10,000 increments.

Valid Increments	Employee Cost
10,000.00	24.90

Minimum	Maximum
10,000.00	30,000.00

Enter the amount of insurance you want.

[Continue](#) [Previous](#) [Exit](#)

After selection, it will bring you to a summary page.

You may also select options for spouse and children coverage

Click continue.

## Benefit Elections - Accident Insurance

**Selections are employee only, and Employee + Child**

Select	Plan
<input type="radio"/> Accident Insurance	
<input type="radio"/> Accident Insurance - Waived	

[Continue](#) [Exit](#) [Elections](#)

After selection, it will bring you to a summary page.

Click continue.

## Enrollment Elections - Dental

Keep the same coverage

Change dependent coverage

If you want to change your dependents, you will need to select this option.

Select a different dental plan

Select one of the dental plans

Select type of coverage, employee, employee & spouse, employee & children, or employee & family.

If you select coverage other than employee only, you will need to select the dependent(s) you want to add to that coverage.

The monthly premiums will show on the right.

The next page will show a list of dependents you may have attached.

**Benefits Enrollment** ✕

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Enrollment Elections - DENTAL

You are currently enrolled in [Premium Dental](#). Costs are per Month.

As Of	Coverage Type	Your Cost
12/31/2018	EMP & SPOUSE	44.90 Pretax
01/01/2019	EMP & SPOUSE	44.90 Pretax

Covered Dependents As Of 12/31/2018

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Select Option

Keep the same coverage  
 Change dependent coverage  
 Select a different dental plan

[Continue](#) [Exit](#)

After selection, it will bring you to a summary page.  
Click continue.

### Enrollment Elections - Vision

Keep the same coverage

Change dependent coverage

If you want to change your dependents, you will need to select this option.

Select a different vision plan

Select one of the vision plans

Select type of coverage, employee, employee & spouse, employee & children, or employee & family.

If you select coverage other than employee only, you will need to select the dependent(s) you want to add to that coverage.

The monthly premiums will show on the right.

The next page will show a list of dependents you may have attached.

**Benefits Enrollment** ✕

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Enrollment Elections - VISION

You are currently enrolled in [Premium Vision](#). Costs are per Month.

As Of	Coverage Type	Your Cost
12/31/2018	EMP & SPOUSE	24.16 Pretax
01/01/2019	EMP & SPOUSE	24.16 Pretax

Covered Dependents As Of 12/31/2018

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Select Option

Keep the same coverage  
 Change dependent coverage  
 Select a different vision plan

[Continue](#) [Exit](#)

After selection, it will bring you to a summary page.  
Click continue.

**Additional Benefit Elections – You will also have the opportunity to enroll for Medical Spending (MSA) Dependent Spending, (DSA), supplemental life insurance, dependent life insurance, legal insurance, and a Health Savings Account (HSA) if you selected the High Deductible Health Plan.**

You will hit Continue after each selection and this will bring up a summary page of your election.

This is the confirmation page that list your benefit elections for 2019. Please review and if correct, hit continue

Benefits Enrollment ✕

Benefit Elections As Of 01/01/2019

Plan	Coverage	Your Cost
High Deductible Medical	EMPLOYEE + SPOUSE	150.00 Pretax
Crit III - Employee Waived		
Crit III - Spouse Waived		
Crit III - Child Waived		
Accident Insurance	Employee + Spouse	23.22 Aftertax
Premium Dental	EMP & SPOUSE	44.90 Pretax
Premium Vision	EMP & SPOUSE	24.16 Pretax
Health Savings Acct - EE+Depts	2,892.00 per year	241.00 Pretax
Declined DSA - via ESS		
Full Time Supplemental Life	133,000.00	39.63 Aftertax
DEPENDENT LIFE INSURANCE	20000Spr10000Ch	2.35 Aftertax
ARAG Legal Insurance - Waived		

Plan	Covered Dependents
High Deductible Medical	Alvin J. Pollack
Premium Dental	Alvin J. Pollack

If you wish to make any changes, click the Make Changes button on the bottom of the screen and Click on Edit for plans you want to go back to for any edits.

You will bring up an option to print your 2019 elections for reference. Click Yes and Continue

Dialog ✕

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Do you want to print these elections for your reference?

Yes

No

[Continue](#)