



2022

# Annual Open Enrollment

October 26- November 8



## CONTENTS

Contents	1
Accessing Employee Benefits	2
Benefits Enrollment	Error! Bookmark not defined.
Enrollment Summary	4
Benefit Plans	4
Enrolling a Dependent	4
Add a New Dependent	6
Medical	8
Dental	10
Life and County Supplemental Life	11
Dependent Life	12
Spousal Life	13
Short-Term Disability	15
Long-Term Disability	16
Flex Spending Health – U.S.	17
Flex Spending Dependent Care	19
Legal Services	21
Submitting Enrollment	22
Important Reminders	23

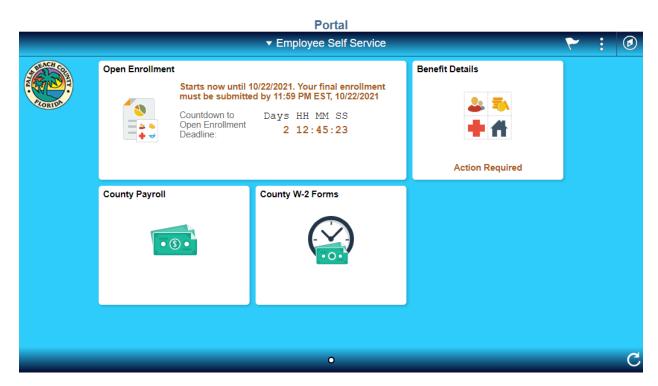


### **ACCESSING EMPLOYEE BENEFITS**

- 1. Enter your SIM User ID and Password.
- 2. Click on the Sign In button.



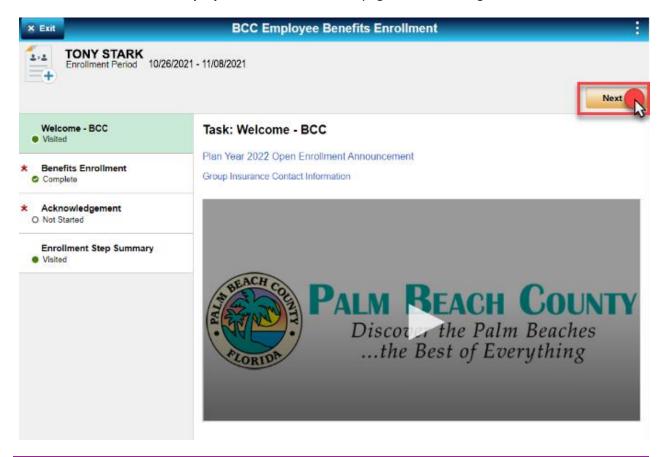
The Employee Self Service main page will display:



3. Click on **Open Enrollment** tile. It displays a countdown and deadline to complete your benefit selection.



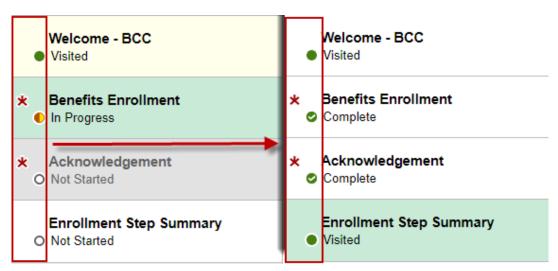
Welcome to the new BCC Employee Benefits Enrollment page. Click Next to get started.



### **BENEFITS ENROLLMENT**

Let's navigate the layout of your **Employee Benefits Enrollment** page.

You must successfully complete each session in order to have your selections properly updated in the system.





### **ENROLLMENT SUMMARY**

This section allows employees to view the total deductions on their paycheck as they update their benefits. Once all selections have been made, employees can Review Enrollment and Submit Enrollment in order to successfully finalize their benefits elections.

## Task: Benefits Enrollment The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event. \*Enrollment Summary Your Pay Period Cost \$250.41 Status Submitted 10/14/2021 1:45PM Plan Credits \$-2.00 Employer Cost \$966.28 Submit Enrollment

### **BENEFIT PLANS**

Below are all the benefits currently available for employee selection. Employees can customize the screen layout to their preference:



Benefit Status Legend:					
Pending Review: needs to be revised	Visited: tile has been accessed, reviewed				
Changed: updated benefit selection	Error: needs update related to another selection				

### **ENROLLING A DEPENDENT**



### 1. Click on Add/Update Dependent (if necessary).

### **▼** Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship	
PETER STARK	Child	
MORGAN STARK	Child Previously enrolled dependents will appe	d ear.
☑ PEPPER POTTS	Spouse	



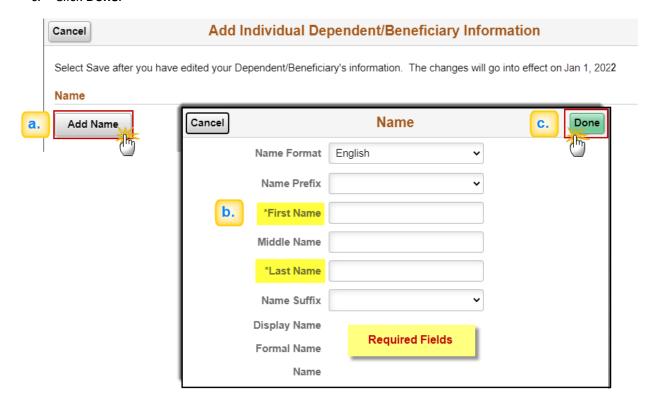


### ADD A NEW DEPENDENT

2. Click on the Add Individual button.

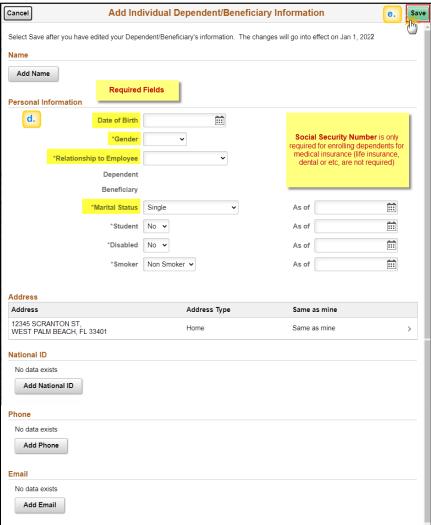


- 3. Enter the following required fields for your new dependent:
  - a. Click on the Add Name button.
  - b. Enter First Name and Last Name. \*Required
  - c. Click Done.





d. Enter the following required fields:



- e. Click Save.
- 4. Verify the new dependent has been successfully added. You may add additional dependents by repeating the process. When done and click on the **X** to return to the selection page.





### **MEDICAL**

Medical

1. Select the **Medical Tile** or **Medical Line**.

County HMO - Pre Tax



The County offers three medical plans. The HMO and OAPIN plans are **in-network only** plans and a POS plan. Only the POS plan includes out-of-network benefits. Or, you may waive medical coverage. If you waive medical coverage, you cannot enroll in the medical plan, until the next applicable open enrollment period, or within 31 days of a qualified family status change.

The County offers a benefit incentive for qualified employees who decline medical insurance, or "opt-out" of the Group's medical plan, because they are otherwise covered under another qualified medical plan. This program does not automatically continue from year to year. Forward your proof of other coverage to your group insurance coverage at this time to ensure you are eligible for the credit in the upcoming plan year. Opt-out benefit credit - does not apply to an employee who is enrolled in a plan to which BCC contributes (including medical plans of BCC, Palm Tran, Supervisor of Elections, PBC Fire Rescue Benefit Fund).

Note: If you are enrolling dependents in the health plan, you must provide each dependent's social security number, in addition to acceptable and timely dependent verification documents, to your group insurance office.

Anyone who is eligible for coverage as an employee cannot be covered as a dependent.

2. Select a **Dependent**.



3. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

▼ Enroll in Your Plan

The Employee + 2 Plus Dependents cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs

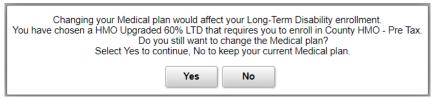


Overview of All Plans



1

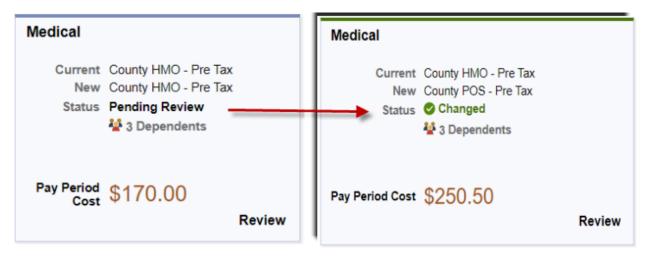
If you change your medical benefit selection, you may receive a warning that you must change your **Long Term Disability**. Click **Yes** to proceed.



4. Click **Done** to complete and return to the Benefit Plans.



If you changed your enrollment plan, the Status will be updated accordingly:





### **DENTAL**

1. Select the **Dental Tile** or **Dental Line**.



The County is renewing the dental program with Solstice Benefits, Inc. for Plan Year 2022. A number of enhancements to the existing plans and two additional dental plans (an Enhanced DHMO and a Premier PPO) will be offered. Dental premiums are unchanged for the existing DHMO and the low PPO. A 4% premium increase will apply to the high PPO.

For 2022, the dental program will offer the following five dental plans

DHMO Pre Tax

Dental

- S200B Access+ (Enhanced DHMO Option) NEW!
- S700B Access+ (Basic DHMO Option) UPGRADED

- · Low PPO UPGRADED!
- High PPO UPGRADEDI
- Premier PPO NEW!

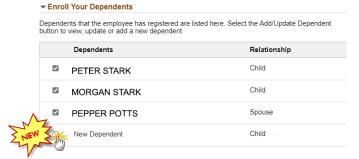
If you currently participate in the Solstice dental program and you do not take action during Open Enrollment, coverage for you and your covered dental dependents will default automatically based on your current dental plans, as follows:

Current Coverage: Solstice DHMO – **New** Coverage: Basic DHMO S700B Access +PBC Current Coverage: Solstice Low PPO – **New** Coverage: Solstice Low PPO Current Coverage: Solstice High PPO – **New** Coverage: Solstice High PPO (premiums for this plan will increase by 4%)

- 1. You do not currently participate in the dental program and wish to join the dental plan for Plan Year 2022, or
- You do not want your dental plan to default automatically to the coverage as indicated above, orYou want to elect one of the two newly added dental plans (Enhanced DHMO or Premier PPO)

There are distinct differences among these plans; review the Group Insurance Information booklet, as well as the dental plan documents for details, including waiting periods, limitations, coverage maximums, and exclusions.

2. Select a **Dependent**.



- 3. If you need to make changes to a selection, click the **Select** button for one of the plans listed.
- 4. **▼** Enroll in Your Plan

The Employee + 2 Dependents cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the blue information icon corresponding to each plan option.





Click **Done** to complete and return to the Benefit Plans.



If you changed your enrollment plan, the Status will be updated accordingly:



### LIFE AND COUNTY SUPPLEMENTAL LIFE

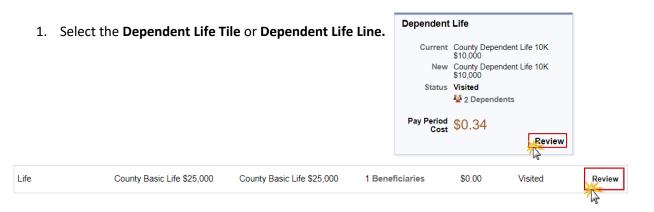
**IMPORTANT:** Life insurance beneficiaries are managed by the carrier, Securian Financial. If you have not declared your beneficiaries with Securian Financial, please do so at this time by accessing the Securian webpage at LifeBenefits.com. Contact Securian at 877-494-1754 for any questions.

If you do not declare your beneficiaries for your group term life insurance directly with Securian Financial, any beneficiary designations you made outside the Securian website are not valid after November 12, 2019 and benefits will be paid according to the group term life policy contract.

**WARNING:** Do not update your beneficiaries for your term life coverage in the section below. Securian Financial, the life insurance carrier, is the system of record for term life beneficiary management and any entries you make in MyBenefits for beneficiary designation are null and void and not applicable.



### **DEPENDENT LIFE**



Dependent Life insurance allows you to purchase life insurance for your dependent child(ren) under the age of 26. You are the beneficiary of this life insurance. The amount elected cannot exceed 100% of your Basic and Supplemental Life Insurance combined. The premium remains the same, regardless of the number of children covered.

Anyone who is eligible for coverage as an employee CANNOT be covered as a dependent.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

### **▼** Enroll in Your Plan

	Plan Name	Before Tax Cost		Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Dependent Life 5K (\$5,000)		\$0.17				\$0.17
~	County Dependent Life 10K (\$10,000)		\$0.34				\$0.34
Select	Waive						\$0.00

### 3. Select a **Dependent**.

### **▼** Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

_	Dependents	Relationship
<b>V</b>	PETER STARK	Child
	MORGAN STARK	Child
	PEPPER POTTS	Spouse
	New Dependent	Child
Ad	d/Update Dependent	





### **SPOUSAL LIFE**

### 1. Select the Spousal Life Tile or Spousal Life Line.



Life County Basic Life \$25,000 County Basic Life \$25,000 1 Beneficiaries \$0.00 Visited Review

Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

The amount elected cannot exceed 100% of your basic and supplemental insurance combined. You can elect or increase spouse/domestic partner coverage by \$5,000 without EOI as long as the resulting coverage does not exceed \$25,000 and as long as your spouse/domestic partner has not been previously declined.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

Anyone who is eligible for coverage as an employee CANNOT be covered as a dependent..

Newly elected coverage for your spouse/domestic partner is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

### **▼** Enroll in Your Plan

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	County Spousal Life & AD&D 5K (\$5,000)			\$0.84				\$0.84
Select	County Spousal Life & AD&D 10K (\$10,000)			\$1.68				<b>\$</b> 1.68
Select	County Spousal Life & AD&D 15K (\$15,000)			\$2.52				\$2.52
Select	County Spousal Life & AD&D 20K (\$20,000)			\$3.36				\$3.36
~	County Spousal Life & AD&D 25K (\$25,000)			\$4.20				\$4.20
Select	County Spousal Life & AD&D 30K (\$30,000)	Proof Required		\$5.04				\$5.04
Select	County Spousal Life & AD&D 35K (\$35,000)	Proof Required		\$5.88				\$5.88
Select	County Spousal Life & AD&D 40K (\$40,000)	Proof Required		\$6.72				\$6.72
Select	County Spousal Life & AD&D 45K (\$45,000)	Proof Required		\$7.56				\$7.56
Select	County Spousal Life & AD&D 50K (\$50,000)	Proof Required		\$8.40				\$8.40
Select	Waive							\$0.00



### 3. Select a **Dependent**.

### **▼** Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance

	Dependents	Relationship
	PETER STARK	Spouse
	MORGAN STARK	Child
	PEPPER POTTS	Child
	New Dependent	Child
A	dd/Update Dependent	





### SHORT-TERM DISABILITY

1. Select the **Short-Term Disability Tile** or **Short-Term Disability Line**.



Short-Term Disability County Short Term Disability County Short Term Disability \$15.75 Visited Review

Short-term disability will be offered by a new vendor, The Standard, beginning January 1, 2022. Rates for short-term disability are decreasing by 25% for the upcoming Plan Year. The short-term disability monthly rate will be \$23.66 (compared to the expiring monthly rate of \$31.50).

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness. The plan is designed to partially fill any gap in your existing sick leave bank until you recover or become eligible for Long-term disability (if enrolled).

Typically, if you are newly electing this coverage during open enrollment, you must successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before the coverage can take effect.

The Standard is offering an annual enrollment opportunity to employees, whereby employees can newly elect STD coverage without requiring Evidence of Insurability [EOI] (without having to answer health questions). If you currently do not participate in the STD program and wish to enroll, The Standard will accept your application during open enrollment without any medical underwriting requirement. Applications for disability coverage other than new hire elections or open enrollment elections (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect

Sick leave offsets (reduces) this benefit.

The plan will not pay any disability benefits for a disability that results, directly or indirectly from injury or sickness for which benefits are paid or payable to you from Workers' Compensation or occupational disease law. Review the coverage certificate for complete list of limitations and exclusions.

**Note:** If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

### **▼** Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
~	County Short Term Disability		\$11.83				\$11.83
Select	Waive						\$0.00

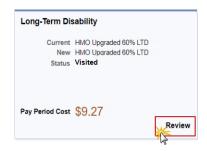






### **LONG-TERM DISABILITY**

1. Select the Long-Term Disability Tile or Long-Term Disability Line.



Long-Term Disability

HMO Upgraded 60% LTD

HMO Upgraded 60% LTD

\$9.27

Visited



Long-term disability will be offered by a new vendor, The Standard, beginning January 1, 2022. Rates for the basic (employer paid), buy-up (employee and employer paid), and voluntary (employee paid) are decreasing for the upcoming Plan Year.

- LTD Buy-up (enrolled in HMO/OAPIN medical plan) premiums are decreasing by 5%. However, as the basic LTD premium is decreasing this will impact the employer funded credit towards Buy-up. The credit will change from \$2.30 to \$2.00 per pay.
- LTD Voluntary (enrolled in POS medical or opting out of medical): premiums are decreasing by 5%.

Long-Term Disability (LTD) offers income replacement to provide financial protection for you and your family if you can't work over an extended period of time due to injury or illness.



If you are enrolled in the HMO plan or OAPIN medical plan, the County provides a basic LTD plan to you, at no cost. If you are enrolled in the medical HMO plan or OAPIN plan and want to increase your monthly LTD benefit amount, you can elect the upgraded LTD and pay the applicable premium.

If you have enrolled in the POS medical plan or have declined medical coverage through the County, the only LTD benefit you are eligible for is the voluntary LTD benefit. The premium for voluntary LTD is paid fully by the employee.

Typically, if you are newly electing long term disability, or you are electing to increase/upgrade your long term disability benefit, you will be required to successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before coverage can take effect.

The Standard is offering an annual enrollment opportunity to employees, whereby employees can newly elect/upgrade LTD coverage without requiring Evidence of Insurability [EOI] (without having to answer health questions). If you currently do not participate in the LTD program or wish to upgrade your existing LTD election, The Standard will accept your application during open enrollment without any medical underwriting requirement. Applications for disability coverage other than new hire elections or open enrollment (e.g. for qualified family status changes) will continue to require EOI and the carrier has to approve the application for coverage before it will go into effect.

Pre-existing condition limitations continue to apply for LTD coverage

Sick leave and Workers' Compensation offset (reduce) this benefit.

Note: If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the Group Insurance Information booklet and applicable plan documents for additional details.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

### **▼** Enroll in Your Plan

	Plan Name		Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Employer Cost	Pay Period Cost
Select	HMO Basic 50% LTD Requires enrollment to Medical County HMO - Pre Tax	•		\$0.15			\$44.40	\$0.15
~	HMO Upgraded 60% LTD Requires enrollment to Medical County HMO - Pre Tax	•		\$17.01		\$2.00		\$15.01
Select	OAPIN Basic 50% LTD Requires enrollment to Medical County OAPIN - Pre Tax	•		\$0.15			\$44.40	\$0.15
Select	OAPIN Upgraded 60% LTD Requires enrollment to Medical County OAPIN - Pre Tax	•		\$17.01		\$2.00		\$15.01
Select	County Voluntary 60% LTD	•		\$21.90				\$21.90
Select	Waive							\$0.00

3. Click Done.

Cancel Long-Term Disability





### FLEX SPENDING HEALTH - U.S.

 Select the Flex Spending Health – U.S. Tile or Flex Spending Health – U.S Line.



Flex Spending Health - U.S. County FSA Health Care

No Coverage

\$0.00

Visited



The Health Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for out-of-pocket health care expenses for you and your eligible dependents. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The health care FSA typically covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.



The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

2. Click the **Select** button for County FSA Health Care.

### **▼** Enroll in Your Plan



3. Click on Flexible Spending Account Worksheet.

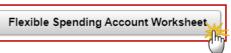
### **▼** Contribution Amount

Annual Pledge

Your annual pledge must not exceed \$2,750.00, which is the maximum amount allowed for this account in the current plan year.

It must also not be less than \$260.00, which is how much you have already contributed to the plan this year.

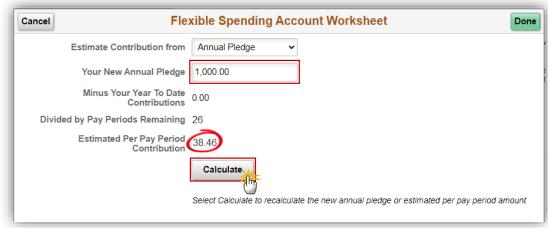
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,750.00.



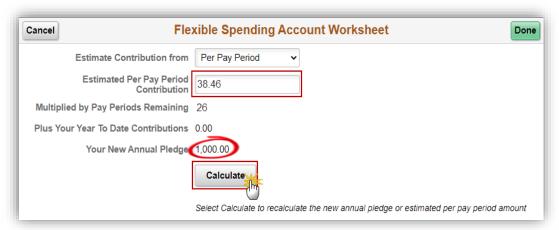
Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



- 4. There are two options to calculate your annual pledge:
  - a. <u>Estimate from Annual Pledge:</u> allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.



b. <u>Estimate from Per-Pay-Period Contributions:</u> allows user to determine the desired Annual Pledge amount. Click on Calculate to see the Estimate Per-Pay-Period Contribution amount and click **Done**.







### FLEX SPENDING DEPENDENT CARE

The Flexible Spending Dependent Care covers money you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. Important, this account does NOT reimburse medical expenses for your dependents. It is for qualified daycare expenses only.

1. Select the Flex Spending Dependent Care Tile or Flex Spending Dependent Care Line.



Flex Spending Dependent Care

No Coverage

No Coverage



The Dependent Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for dependent care expenses incurred during the plan year. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective and when you have sufficient balance available in your dependent care account, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The dependent care account generally covers amounts you pay to daycare centers, baby-sitters, caregivers or after school programs so that you and your spouse can work (overnight camps are NOT eligible).

The Dependent Care FSA is NOT for the out of pocket medical expenses of your dependents. It is for child care or other care giver expenses that allow you and your spouse to work.

Plan carefully, because if you don't spend all the money you have set aside for a particular plan year, you lose the money ("Use it or lose it"). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

A "qualifying child" (including a stepchild, foster child, child placed for adoption or younger brother/sister) for dependent care FSA eligible expenses is typically a child under age 13 who has the same principal residence as you for more than one half the year and does not provide more than one-half of his or her own support during the calendar year. For questions about your dependent's eligibility for this account, please contact P&A at 800-688-2611.

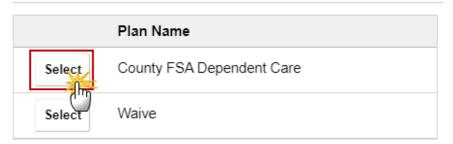


The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

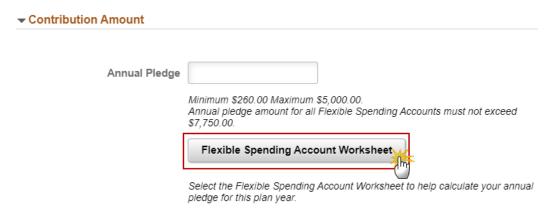
2. Click the Select button for County FSA Health Care.

### ▼ Enroll in Your Plan

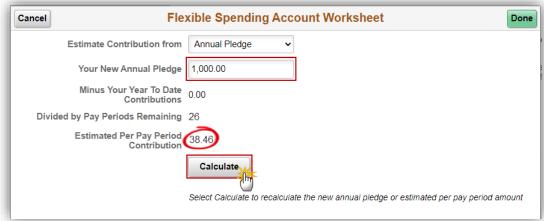




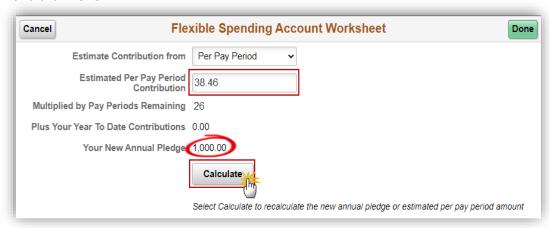
3. Click on Flexible Spending Account Worksheet.



- 4. There are two options to calculate your annual pledge:
  - a. <u>Estimate from Annual Pledge:</u> allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.



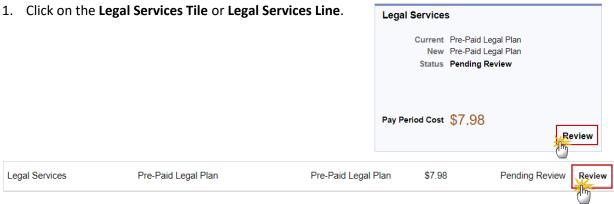
 Estimate from Per-Pay-Period Contributions: allows user to determine the desired Annual Pledge amount. Click on Calculate to see the Estimate Per-Pay-Period Contribution amount and click Done.







### **LEGAL SERVICES**



The Pre-Paid Legal Plan will reduce the costs of covered legal services for you, and your family, when you use an in-network attorney.

2. Click the Select button for Pre-Paid Legal Plan.





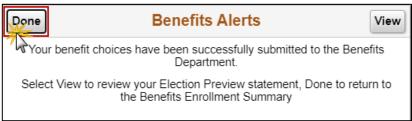


### SUBMITTING ENROLLMENT

Your selections and updates are not finalized until you submit your benefits elections. Once you have selected and reviewed all of your benefits options, click on the **Submit Enrollment** button. All of your benefit changes will be effective <u>January 1, 2022</u>, unless subject to successful completion of <u>Evidence of Insurability</u>, which requires approval by the respective carrier.

## Task: Benefits Enrollment The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event. ▼ Enrollment Summary Your Pay Period Cost \$400.65 Status Pending Review \*Excess Credit Gross Pay ▼ Submit Enrollment Summary Full Cost \$400.65 General Credits \$0.00 Plan Credits \$0.00 Employer Cost \$992.76

A prompt will appear confirming the benefit choices have been successfully submitted. Click **Done**.



Click Next to continue to the Acknowledgment Task.



Carefully read the important text concerning your benefits choices.



### Check the box for I Agree and click Save.

### Task: Acknowledgement

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

### **DEPENDENT COVERAGE**

By clicking submit you are affirming that the dependents you have enrolled are eligible dependents of yours, in accordance with County PPM and applicable insurance policy/certificate. It is your responsibility to ensure your dependents continue to be eligible for coverage and you must notify your group insurance office IMMEDIATELY, if a dependent of yours loses eligibility (e.g. a "spouse" becomes an "Ex-spouse" due to divorce, and, therefore, can no longer remain covered under your group insurance plans). You must notify your Group Insurance Office to update your coverage and remove any ineligible dependents. If it is determined that employees have covered dependents not eligible for coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination. Review County PPM CW-P-023 for further information or contact your Group Insurance Office with



The Task will be updated with the Acknowledgment date and Time and Employee Name.



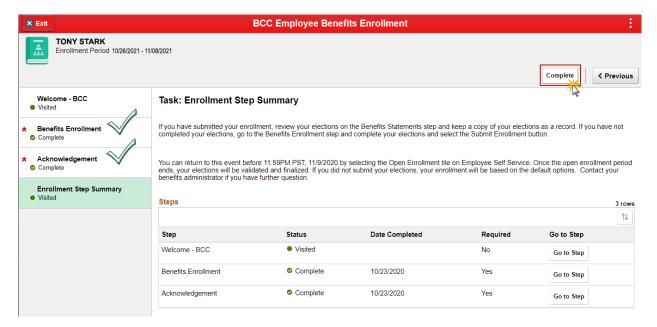
### Click **Next** to go to the **Enrollment Step Summary Task**.



□ I Agree



Read the instructions carefully and click the **Complete** button to successfully complete this task.



A prompt will appear, click **Yes** to mark this action as completed.





## **IMPORTANT REMINDERS**



Remember you must *finalize and submit your elections by November 8, 2021*. If you have already submitted your elections and wish to make a change, contact your group insurance office at 561-233-5400 or Palm Tran at 561-841-4337.

Submit the required dependent verification documentation to your Group Insurance office for newly added dependents, no later than *Nov 8*.

Forward your *proof of other coverage to your Group Insurance office by Nov 8,* if you participate in the *Opt-Out program*.

Closely review the open enrollment *confirmation statement that will be mailed* to your address on record in *early December* and notify your Group Insurance office of any errors immediately and in *no event later than December 15, 2021*.

Additionally, *review the paycheck dated January 7, 2022 for your Opt-Out credit*, if applicable, and notify your Group Insurance office of any discrepancies immediately.

Any errors or discrepancies that were included in your open enrollment confirmation statement and were not reported to your group insurance office by Dec 15, 2021 cannot be corrected after this date.



If you have questions or need assistance with your group insurance options, contact your *group insurance* office at:

Email: bccmybenefits@pbcgov.org

Palm Tran Tel: 561-841-4237 Fax: 561-841-4291

Email: tjames@pbcgov.org