Andrews University Enrollment Guide 2019

The 2019 benefits enrollment web site provides you with the tools you need to make your benefit elections this year. It is your responsibility to understand the benefits available to you in the decision making process. This enrollment guide will show you where to go for benefits information, your options, and help you navigate through the web site.

Access to Online Enrollment

Access the bswift system by using the following link **www.andrews.edu/go/mybenefits**. Then log in by entering your username and password.

Andrews 🛿 Univers	ity	PARENTS	FUTURE STUDENTS	CURRENT STUDENTS	FACULTY & STAFF	ALUMNI GIVE	QUICKLINKS	٩
Home > Vault > Login								
Andrews Login								
Username		@and	rews.edu					
Password			-					
	Login							
	Remember me Forgot password?							
	Don't have an Andrews username or password yet? Create account							

The Home Page

The Home Page is your benefits portal that will link you to where you need to go. Navigate back to the home page at any time by clicking the little house icon at the upper left corner of your screen.



The Home Page (continued)

My Benefits (under the Ongoing Enrollments panel) will help you with your current benefits information. If you would like to make changes for next year, you must go through this enrollment process.

Please remember:

- You must re-enroll in the flex spending accounts every year; Flexible Spending Account (FSA) elections do not passively roll into the new benefit year (IRS regulations)
- FSA changes effective July 1, 2019, must be made during open enrollment through bswift

The other sections of this page offer guidance for both open enrollment and mid-year questions and benefitrelated changes.



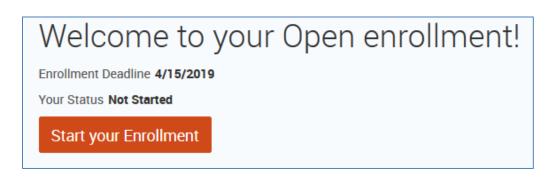
Understanding the decisions you make this year is your responsibility. There are resources available to help you along the way. If the Home Page doesn't help you find what you are looking for, click on the Library link at the top for more plan information and other Andrews University forms and tools.

My Benefits 🗸 My Profile	News	Library 🗸 Role				
Content				Search Library by an	y attribute	
Featured		Title			Modified	
	95	Andrews University	HR Website	Other	04/03/2017	Å
Step by Step Enrollment Guide	98	ASR Dental Reimbu	rsement Form	Documents	04/03/2017	
Andrews University HR	45	ASR Medical and Vi	sion Reimbursement Form	Documents	04/03/2017	
Website Voluntary Life & AD&D Policy	40	ASR Member's Web Find a provider, requ view claims	site Iest an ID Card, view benefits,	ASR Plans (Medical, Dental, Vision)	04/03/2017	
2015 Voluntary Life & AD&D Policy 2015	95	AU Formulary-Quick	Reference	Documents	04/11/2018	
ASR Member's Website	95	Benefits Summary 8	& Premiums	Documents	03/27/2019	
Find a provider, request an ID Card, view benefits, view claims	95	Compliance Notice		Documents	03/27/2019	
FitThumb	95	Employee Benefits (Guide	Benefits	03/27/2019	
	40	FitThumb		Employee Tools	03/27/2019	
	95	Flexible Spending A	ccount Reimbursement Form	Documents	03/30/2018	
	98	Health & Dental/Vis Side	ion Plan Summary Side-by-	Documents	03/27/2019	

The next section explains how to get help with the 2019 enrollment process.

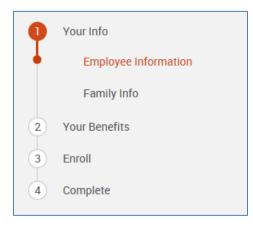
Initiate the Enrollment Process

To begin your enrollment from the Home Page, click on "Start your Enrollment."



Steps to Enroll

The enrollment process is divided into 4 steps as shown in the tabs to the right of your web page. The steps are as follows:



- 1. Your Info confirm and update any needed personal and family information
- 2. Your Benefits choose your benefit plans and designate beneficiaries
- 3. Enroll confirm your new plan year benefit choices and ensure they are saved correctly and are accurate
- 4. Complete complete your enrollment and view confirmation statement

Step 1: Your Info

The system will navigate you through Employee Information verifications, and then Family Information. In the Family Information page, you may add dependents by clicking on **"Add Dependents"**. Confirm that your dependents have their correct SSN/TIN and date of birth, and confirm that any dependent over the age of 19 has the correct full-time student status.

Once you read and confirm all your related information, you must check "I agree" at the bottom, in both in the Employee and Family Information sections, and click the orange **"Continue"** button on the right. You can go back at any time by clicking "Employee Information" and "Family Info" labels.

Empl	oyee	Inform	ation

If you need to change your name, date of birth (DOB), or social security number (SSN), please bring your updated SSN card (or	1 Your Info
driver's license for DOB correction) to the Employment Office at Andrews University. The updated information will be displayed here within two business days.	Employee Information
Please update your home address in the Andrews University system by going to www.andrews.edu/go/myaddresses . The updated	Family Info
information will be displayed here within two business days.	2 Your Benefits
	3 Enroll
	4 Complete
Demographics	
First Name John	Continue
Middle Initial	
Last Name Doe	

I have reviewed and confirmed my personal information.

	Q	Your Info
		Employee Information
John Doe	+	Family Info
Male Employee	2	Your Benefits
Male Employee 39 years old (3/1/1978) SSN: 234-22-2123	3	Enroll
SSN: 234-22-2123	4	Complete
Add Dependents		Orantiaura
Edit >		Continue

Don't nave to be a fun-time student

May be married (but plan doesn't co

Who is NOT a qualified dependent?

- Boyfriend/girlfriend
- Parents
- Grandparents/relatives
- Brothers or sisters

I agree

Step 2: Your Benefits

Each benefit available has its own section that you can expand to learn more, and make your choices. The cost per pay period at the top right corner of your screen will change as you make elections changes and/or add more dependents to your coverage.

At each plan, you can always click on **Back to Benefits** both at the top or the bottom of the page to return to your benefits list.

S Back to Benefits	Health					
	Your Health Plan and Wellness Credit are now two separate plans. Make sure to enroll in both and select the same people for coverage. • Click the Compare Plans link for a side-by-side comparison of the plans offered					
Who will be covered by this	/ho will be covered by this plan?					
John Doe Employee	Add Dependents					

Selecting Benefit Plans

Within each benefit type you can click the button **"I don't want this benefit (waive)"** or **"Keep My Selection"** (available for benefits you currently have that would roll over), or **"View Plan Options"**. On most benefit plan selections, you will need to indicate which eligible dependents on file you would like to cover by selecting the check box next to each dependent's name. After deciding which plan you'd like to enroll in, click the **"Select"** or **"Keep Selection"** button next to the plan.

Ē	Supplemental Employee Life		NO PLAN SELECTED
	* Selection Required	I don't want this benefit (waive)	View Plan Options

The **View plan details** and **View All Plans Side-by-Side** are useful tools that provide you more information for the decision making process.

ligh Deductible Plan*	/ SR	Your Cost per pay peri
SR (Physician's Care)		\$50.00 Tier: Emplo
iew plan details		Select
		Selec
		Keep Selection

Select Your Benefits (continued)

A green check mark will show when you have made your selection. You will know once your choice is saved when the plan header icon turns green. In some cases you will have an option to waive the plan. Be sure to understand what it means to waive the plan by reading the details available in **View Plan Details**.



• By selecting the Waive Health option, I represent that I have voluntarily chosen not to enroll and participate in the Health Insurance Plan. I understand and acknowledge that whatever arrangements I have made outside the Health Insurance Plan may not be as comprehensive as the Health Insurance Plan and, if that is the case, I am voluntarily accepting the risk and responsibility for my decision and there may be financial consequences if I am not enrolled in any Health Care plan effective the new plan year.

Health Care FSA, Dependent Care FSA & Health Savings Account Plans

To elect the FSA or HSA plans and make a contribution, select the "**View Plan Options**" button next to the plan, click **"Select**" and enter your contribution amount in the box provided. When you are satisfied with your election, click **"Continue"**.

Note: FSA elections are only for the benefit plan year. Each benefit year, if you would like to continue the benefit, you will need to enter an election amount.

Note: HSA elections are based on a calendar/tax year. Your per-pay election here is for the remainder of the calendar year. Please confirm or adjust your projected YTD contributions as of July 1 to ensure that you will be within the IRS limit.

Health Savings A	ccount Plan		Ø
Andrews University	oodantrium	An Un	drews iversity
Selected			
View plan details			
	nd limits are based on a calendar year, not the benefit plan I on your confirmation statement will take into account the		contribution calculations, limits, and contribution
• 2019 annual calendar li	mitation for single coverage is \$3,500		
• 2019 annual calendar li	mitation for family coverage is \$7,000		
 2019 catch-up contribution 	tion (over age 55 and not enrolled in Medicare) \$1,000		
 Please refer to your pay 	stub for your personal year-to-date HSA contribution		
Minimum Annual Contribu	per pay period = \$1,200.00 annually tion on a specific date (1-time deduction)		
Please verify Estimate	d YTD Contribution amount on your last paycheck s	tub and enter the amount below:	
1200	as of 7/1/2019		
			Continue

Select Your Benefits (continued)

If at any time, you want to review or change your elections, click on the **"View Plan Options"** button next to the plan type. Once you have selected all your benefits, review to make sure each benefit has the green **"Completed"** check mark underneath it (the icon to the left of the benefit name will also have turned from gray to green) and then click **"Continue."**

	FSA Health	WAIVED	Your Cost per pay period \$50.00
	You have waived this benefit.	View Plan Options	Finished selecting benefits? Click the button below to continue.
ţ.	FSA Dependent Care	WAIVED	Continue Not ready to complete your benefits
	You have waived this benefit.		enrollment? No problem, you can click the button below to save your progress
	Completed	View Plan Options	and return later.
			Save and Finish Later

Certain plans require enrollment on a separate web site. Please be aware that the "Enroll/Waive" button as shown below should only be used for new UNUM plan enrollments. You must also follow the instructions on the separate UNUM web site to obtain new coverage. After running through the UNUM enrollment process, you will be automatically directed back to the bswift enrollment site with the correct elections.

To change or cancel existing coverage, you will need to contact UNUM at 1-800-635-5597.

Sack to Benefits	Voluntary Accident		
 To make changes to an existin To waive or elect coverage for 	ou must contact UNUM at 1-800-635-5597. Rate changes made in this ig policy, please click on the Enroll/Waive button below. the first time, click on the Enroll/Waive button below. If desired, there rent elections or waived status, no action is necessary and you may na	will be an option to OPT-OUT on the first sci	
CURRENT PLAN Voluntary Accident F	Plan Unum	ບໍ່າບໍ່້າ	Enroll/Waive
This UNUM Plan is only avail	e Voluntary Accident Plan, please click the 'Enroll/Waive' button. able during Annual Enrollment. 5597 for questions, or to make changes to an existing policy.		
3 Back to Benefits			

Select Your Benefits (continued)

If elections are made that require an evidence of insurability/EOI form to be submitted, the following pop up will appear when you click **Select** and also when you continue beyond your benefits election. You will be directed to an electronic questionnaire at the end of your enrollment.

)	Voluntary Spousal Life (Individual) Your requested coverage amount exceeds the guaranteed issue amount (GIA), so you will need to complete an Evidence of Insurability (EOI) questionnaire at the end of the enrollment process. Once you've completed these questions and submitted them, you will receive one of three responses immediately on the screen: approved (requested coverage will appear on confirmation statement), denied (you will have coverage for the GIA), or pending (UNUM will be contacting you for further information; your GIA will be in effect until UNUM reaches a final decision). If you exit enrollment before completing the EOI, you may need to recomplete your enrollment while your election window is still open to reach the EOI questionnaire. If your election window has closed, there is also
S2	a paper EOI form available to print in the library.

Step 3: Enroll

You will go over your beneficiaries and confirm your enrollment in this section.

Beneficiary Designations

You will be able to review and update your beneficiaries. You must choose a Primary Beneficiary for each plan. Secondary Beneficiaries are optional.

Select your Beneficiaries			0	Your Info Your Benefits	
IMPORTANT: Please identify your beneficiaries. It is recommended that you list a primary benefic persons designated in writing and in accordance insured. In the event the primary beneficiary is d after the death of the insured. If you are electing Life and/or AD&D Coverage for	with the terms of the plan to re eceased the designated second	ceive any benefits due after death of the ary beneficiary would receive the benefits due	3	Enroll Beneficia	
				our Cost pay period	\$331.48
Basic Employee Life Please choose your beneficia Primary Beneficiaries (required)	aries			Contii	nue
Name	Percentage	Note			
My Estate (Employee)	%				
• Add New Beneficiary	tal: 0% (must equal 100%)				
✓ Add Secondary Beneficiaries (o Secondary beneficiaries receive money if you	. ,	le to inherit.			

Click "Continue" once you complete your beneficiary designations.

Review and Confirm

Almost Finished! You will now be on the final review page. Review all of your benefit elections, covered dependents, and participation information at the bottom. Once you've completed your review, check the box next to **"I agree, and I'm finished with my enrollment"** and click the **"Complete Enrollment"** button.

Review and Confirm		
Almost Finished! Please Review All of Your Selections Once you have completed your review, click the "Complete page.		 Your Info Your Benefits Enroll Beneficiaries Review and Confirm Complete
Health	Your cost per pay period \$50.00	
High Deductible Plan* ASR (Physician's Care) Coverage: Employee Who will be covered on this plan:	Cost Details Per Pay Period Your Cost \$50.00	

I agree, and I'm finished with my enrollment

Complete Enrollment

Evidence of Insurability

If elections are made that require an evidence of insurability/EOI form to be submitted, at the end of the enrollment you will be brought to this questionnaire page below. Upon completion, there will be one of three possible responses.

Unum Evidence of Insurability Questionnaire	
Electronic Consent and Submission	
I consent to the electronic delivery of insurance documents, including legally required disclosure and policy documents. I have an email address and an electronic device such as a computer or a smart phone to access the internet and view and retain PDF documents. I can withdraw my consent, update my email address and request a paper copy of any document at any time by contacting Unum.	
By checking this box and clicking submit, I agree to the Electronic Consent, Terms of Use and the Privacy Notice.	
By checking the box and clicking Submit, I agree to the Medical Authorization and Fraud Warning 1143-01 and HIPAA Authorization AE-1220	
In order to expedite your underwriting process, we ask that you provide at least one phone number.	
Submit 🗲	
Please know that if you have questions during this time, we are here to help. You can contact us at 1-800-421-0344 between the hours of 8 a.m. and 8 p.m. Eastern Time.	
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Step 4: Confirmation Statements

Save this statement for your records. We strongly suggest that you **email yourself a copy**, in addition to printing out your confirmation statement, if you wish. You may return to the benefit selection process at any time through **Monday**, April 15, 2019.

Please note: a final confirmation statement will be sent to your email address in the weeks following the open enrollment period. However, we encourage you to save a copy of your confirmation at this point in time. Click the **"Print"** link to print a copy of your Confirmation Statement and/or click the **"Email"** link to email yourself a copy of the Statement. Should there be an issue with your election(s), the Benefits Office will need a copy of this statement to confirm what your elections were.

My B	lenefits 🗸	My Profile	News	Library 🗸	
0	You have c period. How and/or clic	ompleted your e vever, we encou	es to your e nrollment. F age you to ton to emai	lections until: Ap Please Note: A fir save a copy of y I yourself a copy	il 15, 2019 I confirmation statement will be sent to your email address in the weeks following the open enrollment or confirmation at this point in time. Click the 'Print ' button to print a copy of your Confirmation Statement of the Statement. Should there be an issue with your election(s), the Benefits Office will need a copy of this
	Your Co	onfirmation State nfirmation State review and reco	ment is an		ew benefits and costs

For Your Security

Although the online benefits enrollment site is a secure site, and your information is encrypted during transit, it is important that you log off when you have completed your session. Click the **"Log Off"** icon in the upper right-hand corner of the enrollment site up log off. For security purpose, the system will automatically logout if you leave your system idle for more than 30 minutes.



Need More Information?

For benefit or plan questions, please email benefits@andrews.edu.