

# HCM – New Employee Benefits Enrollment

## Benefits Enrollment

As a new Maricopa Colleges employee, you must enroll yourself and/or your eligible dependents in the benefit plans provided **no later** than the deadline date provided to you in your New Employee Orientation email.


For coverage, you must first work 30 days, then your effective date of coverage is on the first of the following month.

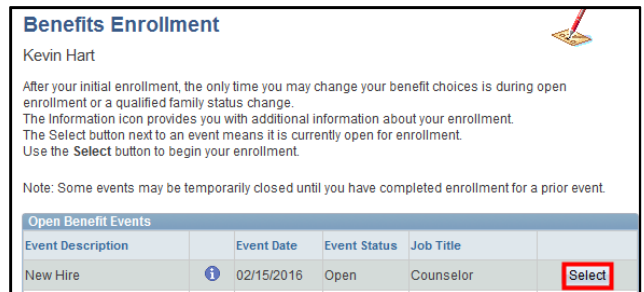
For example, if your hire date is April 15<sup>th</sup>, you must first work 30 days until May 15<sup>th</sup>, and your benefits coverage begins June 1<sup>st</sup> – provided that you enrolled in benefits, and provided all required paperwork is received by the Benefits Department by the required deadline.

If you do not enroll in a medical plan prior to the deadline, you will automatically be enrolled in “Employee Only Coverage” under the “Core” medical plan.

The only time you can change your benefit options after this deadline is during Open Enrollment or if you have a qualified family status life event.

## Enroll in Benefit Plans

1. Log into HCM with your MEID and password.
2. Click NavBar  in the upper-right corner, and then click Navigator.
3. Follow the path: Self Service > Benefits > Benefits Enrollment.
4. In the Benefits Enrollment screen, in the New Hire row, click Select.



Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
New Hire	02/15/2016	Open	Counselor	Select

- The Benefits Enrollment Summary displays.



Medical	Subsidy	Costs	Effective Date	Action
Current: Core Medical (Emp-Only)			10/10	Select
New: Core Medical (Emp-Only)			10/10	Select
Current: Dental Plan (Emp-Only)			10/10	Select
New: Dental Plan (Emp-Only)			10/10	Select
Current: Basic Life (Emp-Only)			10/10	Select
New: Basic Life (Emp-Only)			10/10	Select
Current: Supplemental Life (Emp-Only)			10/10	Select
New: Supplemental Life (Emp-Only)			10/10	Select
Current: Health Savings Account (Emp-Only)			10/10	Select
New: Health Savings Account (Emp-Only)			10/10	Select
Current: Flexible Spending Account (Emp-Only)			10/10	Select
New: Flexible Spending Account (Emp-Only)			10/10	Select

- To select a Medical Plan, in the Medical row, click Edit.

Dependent Verification	Medical Waiver	Short-Term Dis E of I	Life Ins E of I			
<b>Enrollment Summary</b>						
Medical		Full Cost	Credits	Before Tax	After Tax	<b>Edit</b>
Current: Core Medical Emp+Child						
New: Core Medical Emp+Child		19.92	0.00	19.92		
Dental		Full Cost	Credits	Before Tax	After Tax	<b>Edit</b>
Current: Dental Plan Option 2 Co-Pay FI Emp+Child						
New: Dental Plan Option 2 Co-Pay FI Emp+Child		21.77	0.00	21.77		
Basic Life		Full Cost	Credits	Before Tax	After Tax	<b>Edit</b>
Current: Basic Life: \$23,000						
New: Basic Life: \$23,000		0.00	0.00			
Supplemental Life		Full Cost	Credits	Before Tax	After Tax	<b>Edit</b>

- Click the Overview of all Plans link to get an overview of all medical plan options available.

**Benefits Enrollment**  
**Medical**  
 Kevin Hart

MCCCD offers two medical plans. The Core Plan and BuyUp Plan. If you are covered under another group health plan, you may elect to waive medical coverage. All employees waiving medical coverage must complete the medical waiver form. The waiver form can be found and printed from the Benefits Enrollment Summary Page.

You must submit an Affidavit of Domestic Partner to elect the domestic partner coverage. The affidavit can be obtained by emailing the employee benefits department at [rn@domail.maricopa.edu](mailto:rn@domail.maricopa.edu).

**Important!** Your current coverage is: No Coverage.

You are required to make a choice for this benefit plan.

Enrollment in this benefit may require proof of 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:

*If you choose to Waive coverage in this plan, you will receive a \$111.11 credit.*

- Review plan choices and costs.

Plan Name	Coverage Level	Your Cost	Tax Class
Core Medical	Employee Only	-20.25	Before-Tax
Core Medical	Employee + Spouse	32.02	Before-Tax
Core Medical	Employee + Child(ren)	19.92	Before-Tax
Core Medical	Family	84.92	Before-Tax
Domestic Partner Core Medical	Employee + Domestic Partner	32.02	After-Tax
Domestic Partner Core Medical	Family (with Domestic Partner)	84.92	After-Tax
BuyUp Medical	Employee Only	14.78	Before-Tax
BuyUp Medical	Employee + Spouse	116.57	Before-Tax
BuyUp Medical	Employee + Child(ren)	90.30	Before-Tax
BuyUp Medical	Family	192.09	Before-Tax
Domestic Partner BuyUp Medical	Employee + Domestic Partner	116.57	After-Tax
Domestic Partner BuyUp Medical	Family (with Domestic Partner)	192.09	After-Tax

- The cost listed is a per pay cost, based on 26 pay periods for an employee on a 12-month pay calendar. Less than 12 month pay calendar employees will be prorated.
- Employees who opt to waive a MCCCD Medical plan and employees who select the Core Medical Plan-Employee Only level of coverage will receive credits.
- To view premium costs & credits please go to: <https://hr.maricopa.edu/benefits/coverage/costs-credits>

- Click Return to return to the Medical plan page.

Plan Name	Coverage Level	Your Cost	Tax Class
Core Medical	Employee Only	-20.25	Before-Tax
Core Medical	Employee + Spouse	32.02	Before-Tax
Core Medical	Employee + Child(ren)	19.92	Before-Tax
Core Medical	Family	84.92	Before-Tax
Domestic Partner Core Medical	Employee + Domestic Partner	32.02	After-Tax
Domestic Partner Core Medical	Family (with Domestic Partner)	84.92	After-Tax
BuyUp Medical	Employee Only	14.78	Before-Tax
BuyUp Medical	Employee + Spouse	116.57	Before-Tax
BuyUp Medical	Employee + Child(ren)	90.30	Before-Tax
BuyUp Medical	Family	192.09	Before-Tax
Domestic Partner BuyUp Medical	Employee + Domestic Partner	116.57	After-Tax
Domestic Partner BuyUp Medical	Family (with Domestic Partner)	192.09	After-Tax

**Return**

- Choose the plan that is applicable to you and your dependents (if applicable) or choose to Waive your medical coverage (option at the bottom).

*If you choose to Waive coverage in this plan, you will receive a \$38.46 credit.*

Core Medical

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$0.00	\$20.25	\$-20.25	Before-Tax
Employee + Spouse	\$32.02	\$0.00	\$32.02	Before-Tax
Employee + Child(ren)	\$19.92	\$0.00	\$19.92	Before-Tax
Family	\$84.92	\$0.00	\$84.92	Before-Tax

Domestic Partner Core Medical

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee + Domestic Partner	\$32.02	\$0.00	\$32.02	After-Tax
Family (with Domestic Partner)	\$84.92	\$0.00	\$84.92	After-Tax

BuyUp Medical

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$14.78	\$0.00	\$14.78	Before-Tax
Employee + Spouse	\$116.57	\$0.00	\$116.57	Before-Tax
Employee + Child(ren)	\$90.30	\$0.00	\$90.30	Before-Tax
Family	\$192.09	\$0.00	\$192.09	Before-Tax

Domestic Partner BuyUp Medical

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee + Domestic Partner	\$116.57	\$0.00	\$116.57	After-Tax
Family (with Domestic Partner)	\$192.09	\$0.00	\$192.09	After-Tax

Waive. (You will be required to provide proof of other coverage with this choice.)

**DP** means Domestic Partner.

- If choosing a Domestic Partner plan, you will need to submit a notarized affidavit with supporting documentation. [..Benefit Forms\Affidavit Of Domestic Partners.pdf](https://hr.maricopa.edu/benefits/forms/Affidavit%20Of%20Domestic%20Partners.pdf)
- If you are waiving coverage, you are required to complete and submit a [Medical Waiver](#).
- If you are NOT adding/enrolling dependents, remember you must still add your beneficiaries.**

10. To add Dependents to your healthcare plan, scroll down to the Enroll Your Dependents section, and click Add/Review Dependents.

**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 this plan by checking the Enroll box next to the dependent's name. You must complete the **Dependent Verification** form for all dependents you add to your coverage.

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

**Add/Review Dependents**

Update Elections    Discard Changes

11. Click Add a dependent or beneficiary.

**Add/Review Dep/Ben**

Kevin Hart

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**

[Return to Event Selection](#)

12. Fill out the required Dependent/Beneficiary Personal Information form.

**Dependent/Beneficiary Personal Information**

Kevin Hart

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Feb 15, 2016.

**Personal Information**

\*First Name:

Middle Name:

\*Last Name:

Name Prefix:

Name Suffix:

Date of Birth:

\*Gender:

SSN (REQUIRED):  (Social Security Number)

\*Relationship to Employee:

**Status Information**

\*Marital Status:  As of:

Student:  As of:

Disabled:  As of:

Smoker:  As of:

**Address and Telephone**

Same Address as Employee

Country: United States

Address: 2411 W 14th St  
Tempe, AZ 85281

Same Phone as Employee

Phone:

**Save**

- Fields with an asterisk \* are required, and so is the Social Security number.
- The Social Security number cannot have dashes. It must be straight numbers.

13. When finished, click Save; then OK to confirm.

14. When finished entering dependents, at the bottom, click Return to Dependent/Beneficiary Summary.

Same Phone as Employee

Phone:

**Edit**

**Return to Dependent/Beneficiary Summary**

• Your Dependent Information displays.

**Add/Review Dep/Ben**

Kevin Hart

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

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
Jane Hart	Spouse	04/02/1981	Married	01/17/2011	No	No

**Add a dependent or beneficiary**

[Return to Event Selection](#)

15. To add additional dependents, click Add a dependent or beneficiary; repeat steps 11-13.

**Add/Review Dep/Ben**

Kevin Hart

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

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
Jane Hart	Spouse	04/02/1981	Married	01/17/2011	No	No

**Add a dependent or beneficiary**

[Return to Event Selection](#)

16. When finished adding all of your dependents, click Return to Event Selection link.

**Add a dependent or beneficiary**

**Return to Event Selection**

• There is still one more step for adding your dependents. Please go to the next step, 17.

17. Scroll down to the Dependent Beneficiary section at the bottom of the page, and click the checkbox for the dependent(s) you would like to enroll in your selected plan.

18. Click Update and Continue.

19. Review your medical plan choice and your estimated per pay period cost.

- Please keep in mind that your costs may be calculated differently based on whether you're a 9 or 12 month employee.
- "Your Cost" will display a negative number if you choose the Core – Employee Only Medical Plan or if you waive Maricopa Medical Coverage. This represents the [credit] funds you will receive as extra taxable income in your paycheck.

20. Click Update Elections.

21. **(Dental/Optional)** Back at the Benefits Enrollment page, click the Edit button for Dental.

- Prepaid Dental = SunLife/Assurant.
- PPO Dental = Plan Option 1 Value PDP Plan (MetLife).
- Dental Plan Option 2 Co-Pay = Plan Option 2 Co-Pay Plan (MetLife).

22. Click the Overview of all Plans link to get an overview of all dental plan options available.

23. Review plan choices & costs and click Return to return to the previous page.

24. Choose the plan that is applicable to you and your dependents (if applicable) or choose to Waive your dental coverage (option at the bottom).

- **DP** means Domestic Partner.
- If choosing a Domestic Partner plan, you will need to submit a notarized affidavit with supporting documentation.

25. To add/enroll your dependents, refer to steps 10 – 18.

26. Review your dental plan choice and your estimated annual cost.

27. Click Update Elections.

28. Back at the Benefits Enrollment page, click the Edit button for each plan in which you wish to enroll yourself and/or your dependents and update your elections as necessary.

Plan Name	Full Cost	Credits	Before Tax	After Tax	Edit
Medical - Core Medical Emp+Child	19.92	0.00	19.92		Edit
Dental - Dental Plan Option 2 Co-Pay FI Emp+Child	21.77	0.00	21.77		Edit
Basic Life - Basic Life \$20,000	0.00	0.00			Edit
Supplemental Life - Supplemental Life 20,000 \$20,000	0.47	0.00	0.47		Edit
Basic AD&D - Basic AD&D \$15,000	0.00	0.00			Edit
Dependent AD and D - Family AD&D \$25,000	0.00	0.00			Edit
Dependent Life - Dependent Life (A) \$5,000	0.91	0.00	0.91		Edit
Supplemental AD and D - None	0.00	0.00			Edit
None	0.00	0.00			Edit
Short Term Disability - None	0.00	0.00			Edit

29. When finished, at the bottom of the Benefits Enrollment page, view your Election Summary.

This table summarizes estimated costs for your new benefit choices.

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	85.13	85.22	0.91
Credits	0.00	0.00	
<b>Your Costs</b>	<b>85.13</b>	<b>85.22</b>	<b>0.91</b>

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

If the Before Tax costs total is negative, it means the credits the company is providing for your benefits exceeds your actual benefit costs. Therefore, it results in a net earnings for you.

[Save and Continue](#)

Select the [Save and Continue](#) button to send your final choices to the Benefits Department.

**Important:** Your enrollment will not be complete until you [Submit your choices to the Benefits Department.](#)

- Costs are the costs of your selected plans.
- Your Costs are the per pay period amount to be deducted from your paycheck.
- A negative number in the Before Tax column of Your Costs indicates a credit amount you will receive in your paycheck per pay period.

30. Click Save and Continue.

31. Scroll up to the top of the New Hire Benefits Enrollment page & **Print out your selections!**

Plan Name	Full Cost	Credits	Before Tax	After Tax	Edit
Medical - Core Medical Emp+Child	19.92	0.00	19.92		Edit
Dental - Dental Plan Option 2 Co-Pay FI Emp+Child					Edit

32. **Important!**

If you completed any of the actions below:

- Added/Enrolled Dependents: [Dependent Verification for Health Coverage](#)
- Waived Medical Coverage: [Medical Waiver](#)
- Enrolled in Short-Term Disability above \$1,450 monthly benefits: [Short-Term Disability \(MetLife Statement of Health\)](#). \*Please send directly to MetLife.
- Added Supplemental Life Insurance above \$150,000: [Life Insurance \(Aetna Evidence of Insurability\)](#) \*Send directly to Aetna.
- [Flexible Spending Account \(FSA\)](#) enrollment is by paper enrollment only. **Do not submit the FSA form to Meritain.** Submit the form to: Benefits Dept. District Office Attn: Jean Anderson

You must click on the appropriate link (listed above or in the Benefits Enrollment page) to download, complete, and sign required supplemental paperwork.

Plan Name	Full Cost	Credits	Before Tax	After Tax	Edit
Medical - No Coverage					Edit
Dental - Core Medical Emp+Spous	951.06	905.06	46.00		Edit

- You must submit these forms to the District Office Benefits Department **no later** than the deadline date. (See details on page 1.)

33. When finished with enrolling in your benefit plans, scroll to the bottom, click Submit.

34. Click Submit again.

Benefits Enrollment

### Submit Benefit Choices

Daniel Top-Chef  
You have almost completed your enrollment. If you have no further changes, select the **Submit** button on 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 any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

#### Excess Credit Rollover

If the Before Tax costs total on the Enrollment Summary page is negative, it means the credits the company is providing for your benefits exceeds your actual benefit costs. Therefore, it results in a net earnings for you.

If necessary, apply excess Before Tax credits to Cash

#### 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.

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.

35. Click OK to confirm.

- You have now submitted your benefit plan options.
- Remember to complete, sign, and submit any required documentation to the District Office Benefits Department.

36. When finished, click Sign Out. (upper-right)

## Deadline!

You must enroll yourself and/or your eligible dependents in the benefit plans provided **no later** than the deadline date provided in your New Employee Orientation email.

## Benefits Help & Support

For specific questions regarding benefit plan options, please call 480-731-8169 or email [jean.anderson@domail.maricopa.edu](mailto:jean.anderson@domail.maricopa.edu)