Employee Self-Serve Online Benefit Enrollment Guide

Newly Eligible Enrollment and Open Enrollment How-To Guide

Employee Self-Serve (ESS)

ESS is the MCC Benefit Portal for all benefit eligible employees.

Through ESS you may:

- \checkmark Enroll in benefits when initially benefit eligible.
- ✓ Enroll in benefits during Open Enrollment.
- ✓ View current benefit elections.
- View designated beneficiaries for pension benefits and life insurance(s).
- Review your Lay Employees' Retirement Plan benefits.

 $\checkmark\,$ Link to benefit plan information and carriers.

Access ESS by going to:

www.micatholic.org/OpenEnrollment, www.micatholic.org/benefits, or https://mcc.hroffice.com/ESS/mc/Security

ESS Registration & Login

New Users Enter:

Last 4 of SSN
 Last Name
 Date of Birth
 Create Password

Returning Users:

• Enter Username and Password

	Login Cred	
1	Username	take control of your benefits. Please ser.
	Password	
	Sign In	
	New User? Register	here.



Please provide the following pieces	of information so we can verify your identity.	
Social Security Number (last 4 di	gits)	
1		
Last Name		
Last Name		
Birthdate (mm/dd/yyyy)		
6		
100		
Continue Carcel		

Home Page for **Newly** Eligible employees and **Open Enrollment:**

Access to:

- 1. Your Profile
- Your Benefits 2
- 3. Your Retirement
- 4. Newly Eligible or Open Enrollment link:
 - ✓ Complete your enrollment
 - ✓ Add/Update Beneficiaries
 - ✓ Upload any supporting documentation



-Link to benefit plan information and carriers

Need Help?

The MCC Benefits Team is available Monday-Friday, 8:30 to 4:45 ET to answer your benefit questions and assist in benefit enrollment.

Call: 800-395-5565 Email: benefits@micatholic.org

Review Your Profile

Review:

- ✓ Your Basic Information
- ✓ Your Designated Beneficiary Information
- ✓ Your Dependents
- ✓ Your Email Address(es)
- Inform Bookkeeper of any address, date of birth, or name corrections.
- Call MCC for incorrect dependent information.

HOME	YOUR BENEFITS	YOUR PROFILE	YOUR RETIREMENT	CONTACTS & RESOURCES
Your Pr	ofile			Need Help?
Please verify ncorrect. Basic Ir SSN Date of Bi Gender Communic Preference	r all of the information bel	ow. Contact your employ	yer if any of the information is	The MCC Benefits Team is available Monday-Friday, 8:30 to 4:45 ET to answer your benefit questions and assist in benefit enrollment. Call: 800-395-5565 Email: <u>benefits@micatholic.org</u>
enefic View Your	iary Informat	ion 1		
My Far	nily		BIRTHDATE	
Contact Address	Information Email Telephone		Add New E	mail
Primary Work Ema	il		Uoda	te

To View, Add or Update Your Email:

To view and update email(s) and on record, click the Email tab

- If there's no email on record, Add New Email. Enter Email Information Click Save
- Be sure to select an email address as "Primary"





Your Benefits

Below are your benefits on file as of today (09/22/2023). It does not reflect any pending changes that have been reported on your account. Please contact the MCC Benefits Team if you believe that these benefits are incorrect in any way.

	PLAN	LEVEL	COVERED	ENROLLED AS OF	LAST CHANGE	Need Help?
MEDICAL						
	Blue Cross - Blue Shield PPO1	Employee & Child		09/01/2019	07/01/2023	The MCC Benefits Team is available Monday-Friday, 8:30
DENTAL						to 4:45 ET to answer your benefit
	Dental	Employee & Child		09/01/2019	09/01/2019	benefit enrollment.
						Call: 800-395-5565
	Vision	Employee & Child	100	09/01/2019	09/01/2019	Email: <u>benefits@micatholic.org</u>
LIFE/AD&D						
	2 x Pay Life Insurance	2 times Pay	M40.000.05	07/01/2014	07/01/2022	
OPTIONAL L	IFE					
	Optional Life	\$100,000		01/01/2017	01/01/2023	
	Child Optional Life	Waive		01/01/2015	01/01/2018	
DISABILITY						
	Long-Term Disability	60% of Pay	\$45,40()48	07/01/2014	07/01/2023	
FSA						
	Healthcare FSA	Annual Amount	\$2,400,90	01/01/2023	07/01/2023	
	Dependent Care FSA	Waive		07/01/2014	01/01/2018	

Review your current benefit elections.

- Which plans are you enrolled in?
- Which family members are covered under each plan?

When Ready, Complete Your Enrollment

For Newly Eligible or Open Enrollment:

 \times Click Here to Begin:

- 1. Complete your enrollment
- 2. Add/Update Beneficiaries
- 3. Upload any supporting documentation, as needed



Step 1: Verify Personal Information

- 1. Verify all information on screen.
 - Contact employer to update any basic or address information, if needed.
 - Review the primary email listed
 - If blank, please return to *Your Profile* and update.
- 2. When all looks good, click *Continue*.

		MICH CATI	HIGAN HOLIC e r e n c e		
nnual Enrollment					
Step		Step	S	tep	
0	<u>19</u>	2 -		3	
Personal Information	Reviev Ele	v & Change ections	Confi	rmation	
Click Continue to advance to ti Basic Information Name Date of Birth Contact Preference	re next screen.		SSN Gender		Female
Address Information					
ADDRESS TYPE	ADDRESS LINE 1	CITY	STATE	ZIP CODE	PREFERENCE
Permanent					Yes
Email Information					
PRIMARY EMAIL TYPE		EMAIL ADDRESS			
Work					Update
Telephone Information					
	TEL	PHONE NUMBER		PREFI	ERENCE
TELEPHONE TYPE					
TELEPHONE TYPE Work					
TELEPHONE TYPE Work			1		

Step 2: Dependent Information: To cover dependents, they must be listed here.

Add New Dependent



Annual Enrollment

Please verify all dependent information is correct. Dependents must be added below before they can be added to coverage.

To add a dependent to coverage, you will still need to add the dependent when selecting your coverage levels. This dependent documentation will be reviewed and processed in accordance with plan terms.

Per program guidelines, a legal dependent child must be under 26 years of age to be eligible for coverage unless permanently disabled. Please contact the MCC Benefits Team if you need to add a permanently disabled dependent.

If you are adding a legally domiciled adult, you will need to supply a LDA Certification (Click here for LDA Certification Form) and two of the following:

Drivers license listing a common address Tax returns listing a common address Bank, credit card or other financial or utility statements listing a common address

LDA Certification Form and supporting documents must be uploaded as one file while adding dependent information, or can be faxed to MCC at 517-316-3690

Dependent Ini	formation					Add New De	<u>pendent</u>
FIRST NAME	MIDDLE INITIAL	LAST NAME	DEPENDENT SSN	RELATIONSHIP	DATE OF BIRTH	GENDER	DISABLED
tested replicis				Child		Female	
History				Legally Domiciled Adult		Male	
			Contin	ue <u>Exit</u>			

- Legal Name
- Date of Birth
- Social Security Number
- Supporting Documentation ✓ LDA Certification Form ✓ Birth Certificate

✓ Legal Adoption or **Guardianship** Documents

To Add a Dependent:

- 1. Click on Add New Dependent
- **Enter Dependent Information** 2.
- 3. Click **OK** to Save and Continue

nual E	nrollment						
lease verify	all dependent inform	nation is correct.	Dependents must be a	dded below before they c	an be added to cove	age.	
o add a dep I accordanc	endent to coverage, with plan terms.	you will still need	d to add the dependent	when selecting your cove	rage levels. This dep	endent docu	umentation will be reviewed and processed
er program you need t	i guidelines, a legal di o add a permanently	ependent child m / disabled depenr	hust be under 26 years dent.	of age to be eligible for co	verage unless perma	inently disat	oled. Please contact the MCC Benefits Team
you are ad	ding a legally domicil	led adult, you wil	l need to supply a LDA	Certification (<u>Click here f</u>	or LDA Certification	Form) and	two of the following:
rivers licen ax returns l ank, credit DA Certifica Oepender	se listing a common listing a common add card or other financi- ition Form and suppo nt Information	address dress al or utility staten orting documents	nents listing a common s must be uploaded as i	i address one file while adding depe	ndent information, (or can be fax	red to MCC at \$17.316.3690
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MICHIGAN



in accordance with plan terms

If you are adding a legally domiciled a	dult you will need to supply a LDA Certification (lick here for LDA Certification Form) and	two of the following:
, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
Drivers license listing a common addr	ess		
Tax returns listing a common address Bank, credit card or other financial or	utility statements listing a common address		
LDA Certification Form and supporting	g documents must be uploaded as one file while .	adding dependent information, or can be fax	ed to MCC at 517-316-3690
Dependent Information			
First Name	Hellen	Date of Risth	06/06/1996
inst Name		Date of Birth	
Middle Initial	D	Dependent SSN	111111111
Last Name	Louie	Gender	Female 🗸
- 10			
Suffix			
Email Address	hdl2@hewydewyandlouie.com	Mobile Telephone	555555555
Relationship	Child		
Address Same as Employee			
	1777 - S7777 1		data
Disabled Indicator	No V	Disabled Indicator Date	7
		and the second se	
	OK	Cancel	

MICHIGAN CATHOLIC C O N F E R E N C E	MICHIGAN CATHOLIC
Annual Enrollment	CONFERENCE
To add a dependent to coverage, you will still need to add the dependent when selecting your coverage levels. This dependent documentation will be reviewed and processed in accordance with plan terms. Per program guidelines, a legal dependent child must be under 26 years of age to be eligible for coverage unless permanently disabled. Please contact the MCC Benefits Team if you need to add a permanently disabled dependent. If you need to add a permanently disabled dependent. If you are adding a legally domiciled adult, you will need to supply a LDA Certification (<u>Click here for LDA Certification Form</u>) and two of the following: Drivers license listing a common address Tax returns listing a common address Bank, credit card or other financial or utility statements listing a common address LDA Certification Form and supporting documents must be uploaded as one file while adding dependent information, or can be faxed to MCC at 517-316-3690 Dependent Information Add New Dependent	Please verify all dependent information is correct. Dependents must be added below before they can be added to coverage. To add a dependent to coverage, you will still need to add the dependent when selecting your coverage levels. This dependent documentation will be reviewed and processed in accordance with plan terms. Per program guidelines, a legal dependent child must be under 26 years of age to be eligible for coverage unless permanently disabled. Please contact the MCC Benefits Team if you need to add a permanently disabled dependent. If you need to add a permanently disabled adult, you will need to supply a LDA Certification (<u>Click here for LDA Certification Form</u>) and two of the following: Drivers license listing a common address Tax resurs listing a common address Bank, credit card or other financial or utility statements listing a common address LDA Certification Form and supporting documents must be uploaded as one file while adding dependent information, or can be faxed to MCC at \$17,316-3690
FIRST MIDDLE LAST DEPENDENT DELATION CHUR DATE OF CENDED REQUIRED DISABLED	Document Type Birth Certificate
NAME INITIAL NAME SSN KELATIONSHIP BIRTH GENDER DOCUMENT DISABLED	Select File to Upload birth certificag Browse
Hellen D Louie 111-11-1111 Child 06/06/1966 e Birth Certificate	Upload
Continue Exit	

To Upload Required Documentation:

- 1. Click on *Required Document*
- 2. Select *Browse* to locate document from your computer files
- 3. Once document appears in window, click Upload

Dependent Successfully Added!

Once all dependents are listed here, click *Continue*.



Annual Enrollment

Please verify all dependent information is correct. Dependents must be added below before they can be added to coverage.

To add a dependent to coverage, you will still need to add the dependent when selecting your coverage levels. This dependent documentation will be reviewed and processed in accordance with plan terms.

Per program guidelines, a legal dependent child must be under 26 years of age to be eligible for coverage unless permanently disabled. Please contact the MCC Benefits Team if you need to add a permanently disabled dependent.

If you are adding a legally domiciled adult, you will need to supply a LDA Certification (Click here for LDA Certification Form) and two of the following:

Drivers license listing a common address Tax returns listing a common address Bank, credit card or other financial or utility statements listing a common address

LDA Certification Form and supporting documents must be uploaded as one file while adding dependent information, or can be faxed to MCC at 517-316-3690

FIRST NAME	MIDDLE INITIAL	LAST NAME	DEPENDENT SSN	RELATIONSHIP	DATE OF BIRTH	GENDER	DISABLED
<u>Hellen</u>	D	Louie	111-11-1111	Child	06/06/1996	Female	No
			Contin	ue <u>Exit</u>			

Step 3: Elect a Plan for Each Benefit

Reminder:

2024 Healthcare or Dependent Care Flexible Spending Account participants must re-enroll during OE24.



- 1. Review each benefit plan offered.
- 2. Change or select 2024 benefit elections, including Flexible Spending Account contributions.
- 3. Hit **Continue** to go to next benefit plan section.



Annual Enrollment

Review and Change Your Benefits

REMEMBER TO "SAVE" YOUR ELECTIONS BEFORE LEAVING THIS PAGE Please contact your employer for premium sharing policies

Your Benefit Selections	Monthly Premium
MEDICAL	MAKE CHANGES
BCBS PPO1 Employee & Child	\$1,802.00
Dependents Covered:	
DENTAL	MAKE CHANGES
Dental Employee & Child Dependents Covered:	\$83.50
VISION	MAKE CHANGES
Vision Employee & Child Dependents Covered:	\$14.00
LIFE/AD&D	MAKE CHANGES
2 x Pay Life Insurance 2 times Pay \$	și a
Update Beneficiaries	MAKE CHANGES
\$100,000	\$46.30
Update Beneficiaries	
CHILD OPTIONAL LIFE	MAKE CHANGES
Waive	\$0.00
DISABILITY	MAKE CMANGES
LTD 60% of Pay \$	(an ai
HEALTHCARE FSA	MAKE CHANGES
Annual Amount \$3,050.00	\$254.17
DEPENDENT CARE FSA	MAKE CHANGES
Waive	\$0.00
	Total Premium Cost: \$2,266.56

Change Your Coverage due to Annual Enrollment

Your change in coverage is effective 1/1/2024.

You have 43 days remaining to complete your changes. Changes must

be completed by 11/3/2023.

Election Summary Medical Election Dental Election Vision Election Life Election Optional Life Election Disability Election FSA Election Step 4: Review Benefits Elected, Acknowledge, then SAVE

- 1. Once you have reviewed and elected benefit options for the coming year, you have a final opportunity to review your elections.
 - You can still **Make Changes** from this page
- 2. Complete the acknowledgement statement by marking the check-box after reading.
 - If you do not read and mark complete you will be unable to save your elections.
- 3. When you are satisfied with your elections, you <u>must click Save</u> for benefit elections to record.
 - If you do not **Save** on this page, your benefits selections will not record.

I confirm my enrollment in the MCC benefit plans as indicated and I have been provided with my contribution share for Medical, Dental and/or Vision plans. I understand that I am making benefit elections for the 2024 plan year and that these elections cannot be changed or revoked during the Plan Year unless I have a qualified event which must be reported to MCC within 30 days of event.



Step 5: Confirmation



Please contact your employer for your premium share amount if any, complete an Annual Salary Reduction Agreement and provide to your employer. Your employer will receive a FINAL confirmation statement at the end of the Annual Enrollment period confirming your 2024 plan year's elections. Current plan year elections can be reviewed in the Your Benefits tab.

BENEFIT	PLAN	OPTION	BENEFIT AMOUNT	MONTHLY PREMIUM	-
Medical	BCBS PPO1	Employee & Child	10.00		1.000
Dental	Dental	Employee & Child			10.00
Vision	Vision	Employee & Child			1000
Life/AD&D	2 x Pay Life Insurance	2 times Pay	\$		1000
Optional Life	Optional Life	\$100,000	\$		1000
Optional Life	Child Optional Life	Waive			840
Disability	LTD	60% of Pay	1000-1000-00	6 (10000
FSA	Healthcare FSA	Annual Amount	0.000.00		and the second
FSA	Dependent Care FSA	Waive			100

- Print this Screen for confirmation of enrollment
- To enroll in the Unum Voluntary Worksite Benefits, click here or call 877.545.3001.

Unum Voluntary Worksite Benefit Enrollment

atholic Conference

Welcome to Voluntary Benefits Open Enrollme

As a benefit eligible participant this is your opportunity to **protect your family's financial security** in the event of **cancer, heart attack, stroke, accident, the need for long-term care services or at death.** These valuable benefits allow you to **offset the cost of deductibles and copays** associated with your medical, dental and vision coverage.

Acceptance is guaranteed, which means no health questions are required, within plan parameters. Benefits are received tax-free and individual participation is available for you and your immediate family members.

Now verify your eligibility by entering the last four digits of your SSN and date of birth and sign in to review each benefit and accept or decline coverage.

Is this your first time here? Would you like to see a video on how to use the site? 🛛 🗄 Watch the video

Learn about your benefits

- Learn more about each benefit by clicking Learn about your benefits
- Available Options:
 - ✓ Individual Whole Life with Long-Term Care Rider
 - ✓ Accident
 - ✓ Hospital
 - ✓ Critical Illness

Remember:

Submit all required dependent verification documents to MCC via Fax or Mail within 7 days.

Fax to:

Employee Benefits Team 517.316.3690

Mail to:

Michigan Catholic Conference Employee Benefits Team 510 South Capitol Avenue Lansing, MI 48933 *Please allow extra time for USPS delays



Employee Self-Serve:

- To reset your Password: Call MCC's Benefits Team
- To retrieve your User ID: Call MCC's IT Team

Benefits Team:

- **800.395.5565**
- <u>benefits@micatholic.org</u>

Open Enrollment Hub:

www.micatholic.org/OpenEnrollment