2025 Online Open Enrollment Instructions

Get Started

- Login to Wings Express.
- At Main Menu, click EMPLOYEE.
- On Employee Menu, click **BENEFITS AND DEDUCTIONS.**
- Click, **BENEFITS ENROLLMENT** (see screenshot below).

Search Go	
Benefits Enrollment	
👎 During Open Enrollment, please comple	ete the following "5 Steps" in order.
During Open Enrollment, please compless Step 1: Health Benefits Summary - Currer	
Step 1: Health Benefits Summary – Currer Step 2: Beneficiaries and Dependents	nt *** View & print current benefits ***
Step 1: Health Benefits Summary - Currer	nt *** View & print current benefits *** *** Verify your dependents (add new) *** *** Choose your healthcare elections or waive coverage ***

Key Things to Remember Before Starting the 5-Step Process

- As you move through the steps, there are instructions and comments at the top of selected screens.
- You will advance through the screens by clicking the links at the bottom or middle of the screens.

STEP 1: Health Benefits Summary – Current (View & print current benefits)

- Click on Step 1.
- Your current healthcare elections are listed in the Health Benefits Summary.
- Your life Insurance and short-term disability elections are listed at the bottom of the screen.
 Changes made to these benefits require a paper process. Forms must be submitted to HR by the open enrollment deadline.
- At very bottom of page, click **Close** to return to the **Benefits Enrollment** screen.

STEP 2: Beneficiaries and Dependents (Verify your dependents)

- \circ Click on Step 2
- You will see yourself and any current or previous eligible dependents for healthcare.
 - Alert! This list can include dependents who were previously enrolled on your health care plan(s) or designated as a life insurance beneficiary. <u>These dependents can't be</u> <u>deleted</u>. Dependents on this screen does not mean they are being included in your medical, dental and/or vision elections. The enrollment of dependents on your health care plans occurs in step 4.
- If a **Social Security Number is blank**, please enter the number.
- To add a new dependent, click the "Add a New Person" link in the middle of the page and enter the requested information. Submit the new dependent by clicking "Submit Changes".
- Please <u>disregard</u> the "College Status" field, it does not impact you or your dependent's eligibility for health care coverage.

•	endents Information SSN or SIN or TI	N Relationsh	ip Birth Date	Gender	Status	Member Type	College Status
Rochelle Raide	er xxxxx1234	Employee	Oct 5, xxxx	Female	Active	Both	Attends college
Rachel Raider	xxxxx4321	Child	Feb 1, xxxx	Female	Active	Both	Does not attend college
							Add a New Person
							Return To Benefits Enrollment

• Click "Return to Benefits Enrollment" to return to the Benefits Enrollment screen.

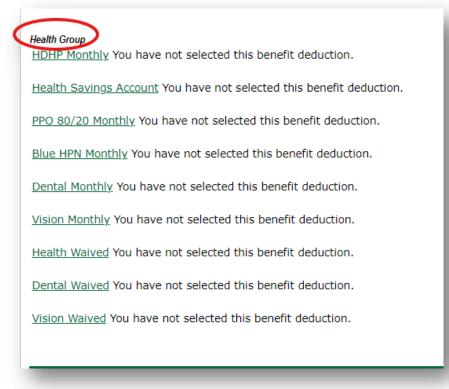
Search	
Benefits Enrollment	
During Open Enrollment, please complete	the following "5 Steps" in order.
	the following "5 Steps" in order. *** View & print current benefits ***
During Open Enrollment, please complete Step 1: Health Benefits Summary - Current Step 2: Beneficiaries and Dependents	
Step 1: Health Benefits Summary - Current	*** View & print current benefits ***
Step 1: Health Benefits Summary - Current Step 2: Beneficiaries and Dependents	*** View & print current benefits *** *** Verify your dependents (add new) *** *** Choose your healthcare elections or waive coverage ***

STEP 3: Healthcare Elections (Change your healthcare elections or waive coverage)

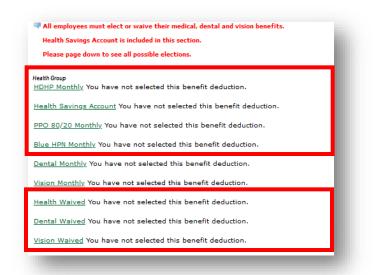
- o Click on Step 3.
- You will see two sections: Health (includes Health Savings Account) and Flex Spending
- Click "Health" to make your medical, dental, vision and health saving account elections.

Benefits E	ffective Date:	Jan 01, 2025				
Group	Benefits Stat	us				
Health	No choices ma	de in this group.				
Flex Spend	ling No choices ma	de in this group.				
Complete						

• The **"Health Group**" page will appear



Click the medical plan that you want to enroll in (HDHP, PPO 80/20 or Blue HPN). If waiving coverage, click "Health Waived" (toward the bottom).



- Make your coverage level selections (employee only, employee + child(ren), employee + spouse, or employee + family) by clicking the appropriate button in the far-right column titled "My Choice".
 Click "Add Choice" at the better left side
- Click "Add Choice" at the bottom left side.

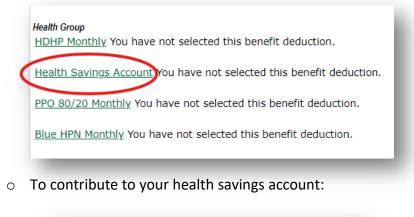
HDHP Monthly			\frown
Deduction Effective as of: Jan 01, 2025			
Plan	Employee Deduction Amount	Employer Amount	My Choice
EE < \$53k	124.0000	504.0000	0
EE + Child(ren) < \$53k	212.0000	908.0000	0
EE + Spouse < \$53k	290.0000	1,078.0000	0
EE + Family < \$53k	384.0000	1,482.0000	
\frown			
Add Choice			
	Onen Enrollment Grou	n	

 Repeat the above steps for dental and vision. If waiving dental and/or vision, click "Waived Dental" or "Waived Vision" (toward the bottom).

Alert! Once coverage is selected, and if you desire a change for any reason, de-select your initial choice by selecting the plan and clicking the "**Cancel Choice**" button. Once cancelled, the online system will allow you to select your desired plan.

urrent Plan	Plan	Employee Amount	Employer Amount	My Choice
y Current Plan	Waived	.0000	.0000	۲
ubmit Change				
ancel Choice				

Alert! HDHP participants who want to contribute to their health savings account via payroll deduction, click **"Health Savings Account"**. If you <u>do not</u> want contribute, no action is required.



* - indicates a required field.
Health Savings Account
Deduction Effective as of: Jan 01, 2025
Employee Per Pay Amount 999999.99 :
Total Employee Contribution 999999.99 :
Add Choice

- Enter your desired Employee per pay amount in the first box.
- Enter your Total Employee Contribution (annual amount) in the second box.
 - For example, if you contribute \$100 (\$50 biweekly) a month, enter this amount in the first box.
 - For the total, if you want this amount to continue for all 12 months (or 24 weeks), then enter \$1,200 in the second Box. Deductions will be in place for January through December.
 - If, you want to front load your contribution and only want \$100 (\$50 biweekly) for five months, then enter \$500 in the second box. Deductions will only occur for January through May.

Alert! HSA elections can be changed at any time during the calendar year. Signing up during open enrollment ensures you will begin your personal contributions in January. Regardless of whether or not you make personal contributions, Wright State's semi-annual contribution will occur in January and July.

Once you have completed your Healthcare plan elections and if applicable, HSA elections, click "Open Enrollment" in the <u>middle of the page</u> and return to the Healthcare Elections page.

<u>Health Waived</u> You have asked to start this benefit in the new year	Plan Employee Amount Employer Amount Waived .0000 .0000
<u>Dental Waived</u> You have asked to start this benefit in the new year	Plan Employee Amount Employer Amount Dental Waived .0000 .0000
$\underline{\text{Vision Waived}}$ You have asked to start this benefit in the new year	Plan Employee Amount Employer Amount Vision Waived .0000 .0000
Restart	<u>Open Enrollment</u>
RELEASE: 8.16.1	

Click "Flex Spending" title and work through the steps below <u>if</u> you want to contribute to one or both of these two benefits. If you do <u>not</u> want_contribute, click "Complete".

lease selec	t Health below to enter Health and Health Savings Acc
Open Enr	ollment Start Date:
Open Enr	ollment End Date:
Benefits I	ffective Date:
Group	Benefits Status
<u>Health</u>	No choices made in this group.
lex Spend	ing to choices made in this group.
Complete	Restart Cancel

- o <u>Dependent Care Flexible Spending (Daycare Expenses for Eligible Dependents)</u>
 - Enter your desired per pay amount and click "Add Choice."
- o <u>Healthcare Flexible Spending (Eligible Healthcare Expenses for You and Eligible Dependents)</u>
 - Enter your desired per pay amount and click "Add Choice."
 - Typically, elected by PPO 80/20 or waived participants
 - You can be a HDHP participant if you choose or are unable to receive the HSA. Please email <u>HR Benefits@wright.edu</u> to discuss and ensure HR is aware of this decision to stop the Wright State HSA contribution

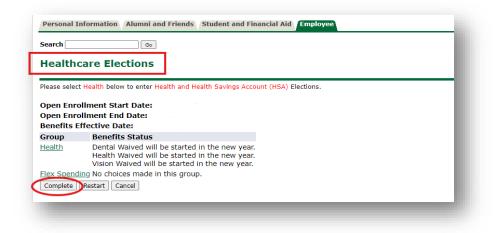
After you have made **all** your selections in both the **"Health"** and/or **"Flex Spending"** sections, you will click the **"Open Enrollment"** link in the middle of the page, returning to the screen, titled **"Healthcare Elections."**

Once back to the main screen within Healthcare Elections you will want to review the information now appearing under Health and Flex Spending:

- Under Health, you will see:
 - A medical plan starting in the new year or waived.
 - A dental plan starting in the new year or waived
 - $\circ~$ A vision plan starting in the new year or waived

- Under Flex Spending, you will see
 - o Dependent Care FSA will be started in the new year or nothing if not elected
 - Healthcare FSA will be started in the new year or nothing if not elected
 - And if neither elected, you will see "no choices made in this group
- Alert! Please review this page.
 - If correct, then click "Complete"
 - If incorrect, then reenter the appropriate section to correct.

Alert! To finalize, you must click the "Complete" button on this screen before moving to Step 4.



• Once you click "**Complete**", you can then click "**Return to Benefits Enrollment**" link at the bottom, center of page to return to the "**Benefit Enrollment**" (the five-step page) menu.

Alert! FSAs elections can't be changed during the calendar year unless there is a qualifying event. Please ensure **if electing HealthCare Flexible Spending** that you do not enter your election in the **Dependent Care section**.

Personal Information Alumni and Friends	Student and Financial Aid Employee
Search	
Benefits Enrollment	
During Open Enrollment, please complete t	he following "5 Steps" in order.
<u>Step 1: Health Benefits Summary - Current</u>	*** View & print current benefits ***
Step 2: Beneficiaries and Dependents	*** Verify your dependents (add new) ***
Step 3: Healthcare Elections	*** Choose your healthcare elections or waive coverage ***
Step 4: Coverage and Allocations Summary	*** LINK your dependents to your healthcare elections ***
Step 5: Health Benefits Summary - Next Year	*** Submit & print your benefits summary ***

STEP 4: Coverage and Allocations Summary (Link your dependents to your healthcare elections)

- Click "Step 4", "Coverage and Allocations Summary".
- At the top of the page, click "Jump to Bottom". Once you are at the bottom of page, you will see the offered benefits.
- For each healthcare benefit you elected in Step 3, you will need to individually click "Coverage Details". Once selected, a second screen will appear listing yourself and if applicable, your dependents.
- If you <u>waive coverage</u> for all three benefits, you will see the respective benefit listed as waived and <u>no</u> <u>further action is required in Step 4.</u>

Alert! As with Step 2, there may be previous healthcare dependents or life insurance beneficiaries listed that you can ignore. These individuals will probably either have no dates (never covered); or might have an earlier begin date and an end date from the past.

You do want to ensure that everyone you want to cover in 2025 is listed and the box labeled **Choose Benefit** is check marked. You will need to review the BEGIN DATES and END DATES.

Choose Benefit *	Name		Existing Coverage	-	End Date MM/DD/YYYY	Deduction Termination Reason	Other Coverage
✓	Rowdy Raider	Employee	No	01/01/2025		Not Selected 🗸	
Choose o	r Update						

- BEGIN DATE:
 - If continuing in same plan, a benefit BEGIN DATE exists with an END DATE you need to only remove the END DATE for everyone that will be enrolled in your 2025 plan.
 - If moving to a new plan, enter 01/01/2025 as the BEGIN DATE and the END DATE should be blank for everyone that will be enrolled in your 2025 plan.
 - If adding a new dependent, enter 01/01/2025 as the BEGIN DATE and the END DATE should be blank.
- END DATE:
 - If someone (e.g. spouse or child) is covered today and you want to discontinue coverage in 2025, the END DATE should be reflected as "12/31/2024"
 - Click the "Choose or Update" Button
 - You will then see the message "Successfully updated" on the far right.
 - Once the first benefit is complete, click "Coverage and Allocations Summary" at the bottom of screen. You will need to repeat this process for each benefit you elect to enroll: medical, dental and/or vision.
- Once completed with each elected healthcare benefit in Step 4, click "**Return to Benefit Enrollment**" in the middle to page to return to the "**Benefit Enrollment**" (the five-step page) menu.

STEP 5: Health Benefits Summary – Next Year

• Click "Step 5", "Health Benefits Summary – Next Year" and it will take you to the page shown below:

oliment Selections - 2025 a - Geiserieit b - Geiserieit c -	ployee	0.00 Employer	0.00
a - Geiserfeld ID: U00865236 Dept: Human Resources Effective Date: D1/01/2025 effits effits Dental Waived waived Dental Coverage. effits Effective Date: D1/01/2025 effits Effits effits Effits d Vaion Waived	ployee	Employer	0.00
efits d Detal Waved waved Denial Coverage. efits d Waved Wa	ployee	Employer	0.00
ed Detail Waved waved Dental Coverage. effis coverage. effis d Waved terfis t	ployee	Employer	0.00
waived Dental Coverage. effis Emiliary Sector Sect	ployee	Employer	0.00
efits Emiliary Emi Emiliary Emiliary Emi Emiliary Emiliary Emi			
ed Waived waived Medical Coverage. states d Vacon Waived			
waived Medical Coverage.			
fills d Vision Waived		0.00	0.00
d Vision Waived			
waived Vision Coverage.		0.00	0.00
nt Per Pay		0.00	0.00
ECTIONS: You need to confirm all statements to be able to "SUBMIT" your elections.		Click if Complete	
medical, dental and/or vision benefit elections (or I waived). no, please repeat Steps 3 through 5			
self and/or dependents listed (linked) for each benefit I elected (or I waived). no, please repeat Steps 4 and S			
contributions to the Health Savings Account and/or the Flexible Spending Accounts (Dependent Care and/or Healthcare) or I am not participating. no, please repeat Steps 3 through 5		/	
ECTIONS:		\smile	
g "SUBMIT/" I am confirming that I have reviewed my summary and that my elections are correct.			
T NOTE ON RE-ENTRY AFTER SUBMISSION:			
if you re-enter this Benefit Election site and make any changes, you will erase this submission, and subsequently will need to complete Steps 1-5 again including a re-submission of your elections.			

- Review your elections and enrolled dependents for each benefit.
- Confirm and click all of the check mark boxes (shown above).
- Submit your elections by clicking the "Submit" button that populates once you've clicked all boxes.

0.00	0.00
Click if	Complete
SUBMI	

• Once you click the "Submit" button, you will see a message populate that says "Thank you for completing your enrollment", once this message populates, you will click the "Close" button.

Total Amount Per Pay	
Your elections have been confirmed. To make changes return to step 3 and Reopen Open Enrollment.	L
IMPORTANT NOTE ON RE-ENTRY AFTER SUBMISSION: Remember, if you re-enter this Benefit Election site and make any changes, you will erase this submission, and subsequently will need to complete Steps 1-5 again including a re-submission of your elections.	L
THANK YOU FOR COMPLETING YOUR ENROLLMENT!	L
	8

- Please review and save your confirmation emails in regards to your 2025 elections.
- If you later decide to make changes, you can "Reopen Open Enrollment" at any time, but remember you will always need to click "Complete" in Step 3 before moving to Step 4 and/or Step 5.

CONGRATULATIONS AND THANK YOU FOR COMPLETING YOUR ENROLLMENT!