



2021 Benefits Open Enrollment Guide

IMPORTANT – before you begin! It is recommended that you complete open enrollment on a personal computer or laptop; do not use a tablet or smart phone. You can exit enrollment at any time and return to your portal without losing information.

Accessing Web Pay

Access Web Pay:

Log into your Paylocity Web Pay Self-Service portal at <https://access.paylocity.com>

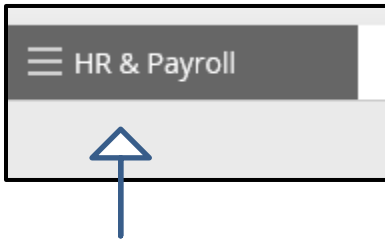
If you have never registered as a user, please go back to the website and click on [2021 Open Enrollment](#) for the instructions.

To obtain your username or 5-digit Company ID, please contact the business or location manager at your parish, school or agency. Do not contact human resources.

If you have forgotten your Company ID, Username or Password, use the “Help” button.

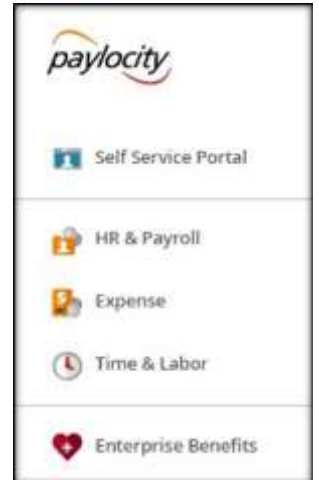
Upon logging in, click on “View Employee Profile” to make any necessary updates to address, phone or email. Your change will not show in Enterprise Benefits until the next day.

Access Enterprise Web Benefits



Access Enterprise Benefits:

After logging in to Web Pay, click on “HR & Payroll” in the top left corner, and then click on “Enterprise Benefits”. This will take you to your Benefits home page.



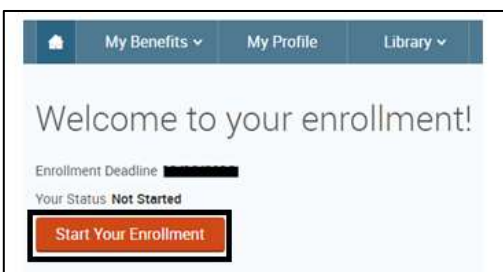
If you're not seeing the “Enterprise Benefits” icon, please contact Human Resources at HR@archindy.org to allow you to see the icon.

2021 Required Notices



In order view the 2021 required notices, please look to the bottom right of your benefits homepage. You can open each document to read the notices.

Welcome To Your Enrollment!



1. From your benefits home page, click on the orange “Start Your Enrollment” button.

Employee Information

All of your personal and family information must be complete before proceeding. Please complete all fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click continue. If any of the information below is incorrect, please click agree and continue through the enrollment process. Once you've completed the enrollment, please log back into your WebPay account and make the appropriate changes. Please allow 24 hours for the information to update in Web Benefits.

Demographics

* Fields are required.

First Name: TESTOE

Work Email

Preferred Email Home Email Work Email None

I verify that my personal information is correct.

I agree

1 Your Info
Employee Information
Family Info
2 Your Benefits
3 Enroll
4 Complete

Continue

1. If any information is incorrect, please go back to the start of the guide and make any updates in your self service portal
2. Once you've made any changes or if everything is OK, click "I agree" and then **Continue**

Family Information

Family Information

YOU NEED TO ADD ALL FAMILY MEMBERS HERE:

Before beginning the enrollment process, please add to either cover on your insurance and/or designate as a beneficiary.

Please complete all required fields below and check that your social security number is blank or incorrect. After you review check box and click Continue.

Note: you cannot remove or delete a dependent from this section.

TESTOE ACA PART TIME ELIGIBLE <65	Test Spouse
Male Employee 44 years old (4/4/1973) SSN: 321-56-9875	Female Spouse 45 years old (5/5/1972) SSN: 325-46-1234
Edit >	Edit >

I agree that the above information is accurate.

I agree

1 Your Info
Employee Information
Family Info
2 Your Benefits
3 Enroll
4 Complete

Continue

1. Review family information and make any necessary adjustments including adding dependents. **NOTE – you cannot delete any dependents from this section.**
2. Please list all family members here – this will be the list you can choose from when assigning benefits in the portal.
3. Listing family members in this section will NOT enroll them on your insurance. Listing them in this section makes them available to add for insurance/beneficiaries during the enrollment process.
4. Once complete, click "I agree" and then **Continue**

Medical

Medical \$211.93
Your Cost per pay period

PLAN: Medical Plan / UNIC / View plan details

COVERAGE: Employee + Family

TESTOE Contracted Employees	Employee	<input checked="" type="checkbox"/>	Cover
George McFly	Spouse	<input checked="" type="checkbox"/>	Cover
Shelly Belly	Child	<input checked="" type="checkbox"/>	Cover
Marty McFly	Child	<input type="checkbox"/>	Ireligible

Completed

1. Click on **I don't want this benefit (waive)** if you don't want medical coverage.

Medical \$211.93
Your Cost per pay period

PLAN: Medical Plan / UNIC / View plan details

COVERAGE: Employee + Family

TESTOE Contracted Employees	Employee	<input checked="" type="checkbox"/>	Cover
George McFly	Spouse	<input checked="" type="checkbox"/>	Cover
Shelly Belly	Child	<input checked="" type="checkbox"/>	Cover
Marty McFly	Child	<input type="checkbox"/>	Ireligible

Completed

2. Otherwise, click on "View Plan Options" to view your options and add/remove child(ren)/spouse.

3. Add/remove dependents by checking or unchecking the green box beside each name.

The system will automatically assign you to single or family coverage depending on if you select spouse or child(ren).

Back to Benefits Medical

Who will be covered by this plan?

TESTOE Contracted Employees (Employee) George McFly (Spouse) Shelly Belly (Child) Marty McFly (Child & Ireligible)

When all is correct, click

1. Verify that you have selected the correct plan: Single is \$39.32 and family is \$211.93. If you're not seeing the right amount or level of coverage, look at the top of the page to see who you have selected to "be covered by this plan".

Your Cost per pay period: \$39.32
Tier: Employee

Your Cost per pay period: \$211.93
Tier: Employee + Family

2. Click on to proceed

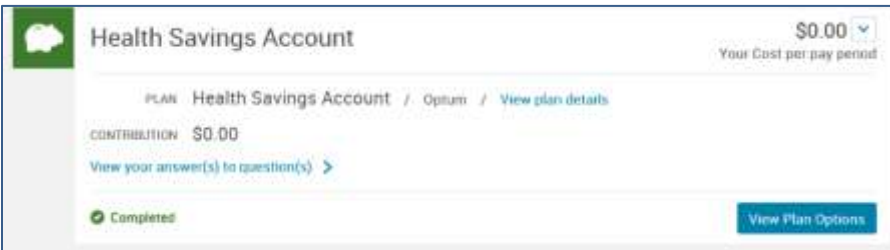
Health Savings Account

If you don't see this section in your portal, you are not eligible for HSA for one of the following reasons:

- You have waived the Archdiocese medical coverage
- You will be turning 65 in 2021
- You are already 65

You may skip this step and move on to Dental.

If you are currently enrolled in a medical plan with the Archdiocese, your HSA contribution will continue in the same account from 2020 with Optum Bank.



1. Click on view plan options.



Employee Contribution Amount:

\$ per pay period = \$0.00 annually

Minimum Annual Contribution Amount: \$0.00

Maximum Annual Contribution Amount: \$4,499.64

1. Enter a per pay amount (not annual). This per pay amount will be multiplied by all 26 pay periods in 2021. Enter \$0 if you don't want to contribute any funds. Click **Continue**

The "maximum annual contribution amount" is the max that you as the employee can contribute. You do not need to take employer contributions into consideration when entering your per pay amount. The system will do that for you.

Health Savings Account

Appointment of Employer as Authorized Agent to Open a HSA.

All employer and employee contributions to Health Savings Accounts (HSA) will Optum HSA Authorized Agent document.

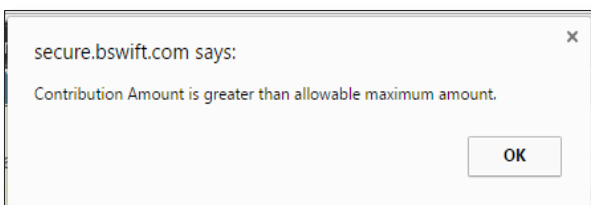
If you answer NO below, you will NOT receive any free employer contributions.

Yes, I authorize or have previously authorized Archdiocese of Indianapolis to received and reviewed the Optum HSA agreement.

2. In order to receive employer and any elected employee contributions, you must view the authorized agent document and click on "yes" to authorize the Archdiocese to open the HSA on your behalf.

If you click "no", you will forfeit all contributions including the free employer contributions.

Click **Save Answers** to continue.



3. If you enter an amount in the employee contribution box that would cause you to over-contribute (after it considers the employer funding) you will receive the following error message.

If you get this message, you must decrease your contribution amount.

Dental

Dental \$23.56
Your Cost per pay period

PLAN Dental / Delta / View plan details

COVERAGE Employee + Family

Test OE Contracted Employees +65 (C)	Employee	Covered
Test Spouse	Spouse	Covered
Test Child	Child	Covered

Completed

I don't want this benefit (waive) View Plan Options

1. Click on **I don't want this benefit (waive)** if you don't want dental coverage.



Dental \$23.56
Your Cost per pay period

PLAN Dental / Delta / View plan details

COVERAGE Employee + Family

TESTOE Contracted Employees	Employee	Covered
George McFly	Spouse	Covered
Shelly Belly	Child	Covered
Marty McFly	Child	Ineligible

Completed

I don't want this benefit (waive) View Plan Options

2. Otherwise, click on "View Plan Options" to view your options and add/remove child(ren)/spouse.



Back to Benefits Dental

Who will be covered by this plan?

TESTOE Contracted Employees Employee

George McFly Spouse

Shelly Belly Child

Marty McFly Child Cost & ineligible

[Add Dependents](#)

Back to Benefits Continue

3. Then add/remove dependents by checking or unchecking the green box beside each name.

The system will automatically assign you to single or family coverage depending on if you select spouse or child(ren).

When all is correct, click **Continue**

4. Verify that you have selected the correct plan: Single is \$4.56 and family is \$23.56. If you're not seeing the correct amount or level of coverage, look at the top of the portal page to see who you have selected to "be covered by this plan".

5. Click on **Keep Selection** to proceed

Your Cost per pay period:
\$4.56

Tier: Employee

Keep Selection

Your Cost per pay period:
\$23.56

Tier: Employee + Family

Keep Selection

FSA Health

If you're 65 years of age or older in 2021 and you want to participate in a health flex plan, please contact HR at HR@archindy.org for a form.



1. Click on View Plan Options for details on the eligible flex plan (either the **limited purpose** or the **health care FSA**).



2. Prior to electing the FSA Health, click on View plan details and view the FAQ to learn more.



3. Click on select or waive. If you click on select, please enter an annual amount. To see the per pay amount, click on "Calculate Costs". Please be aware the Archdiocese does not contribute funds to this account. It is 100% employee funded.

4. Click [Continue](#)

FSA Dependent Care



1. Click "View Plan Options"



2. Prior to electing the FSA, click on View plan details and view the FAQ to learn more.

Employee Contribution Amount:

\$ annually [Calculate Costs](#)

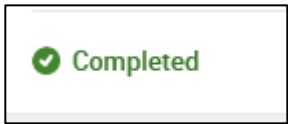
Minimum Annual Contribution Amount: **\$0.00**

Maximum Annual Contribution Amount: **\$5,000.00**

Remaining Pay Periods: **26**

3. If you elect, enter an annual amount. To see the per pay amount, click on “Calculate Costs”. Please be aware the Archdiocese does not contribute funds to this account. It is 100% employee funded.

4. Click **Continue**



After you’ve gone through each plan, please review to ensure that all benefits show a green “completed” check mark.

Once all green check marks appear, click **Continue** on the far right of the screen.

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per pay period **\$43.88**

Finished selecting benefits? Click the button below to continue.

Continue



Basic Employee Life

Enter your beneficiary designations for the basic life insurance. Benefit will be paid only to those listed as primary.

If all primary are deceased at the time the benefit is to be paid out, it will then pay to those you have listed as secondary. It’s recommended to have both primary and secondary beneficiaries listed.

Do not select “My Estate” unless you have legal documentation showing the

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
George McFly (Spouse)	100.0 %
Mary McFly (Child)	<input type="text"/> %
Shelly Betty (Child)	<input type="text"/> %
Total: 100%	

[Add New Beneficiary](#)

[Add Secondary Beneficiaries \(optional\)](#)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

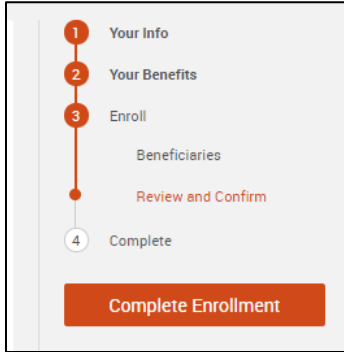
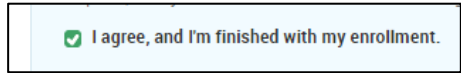
Your Cost per pay period **\$25**

Continue

establishment of an estate in your name. Click [Continue](#)

Carefully review all your selections! These selections (except for HSA) must remain in effect for the entire plan year or for as long as you're eligible to receive them.

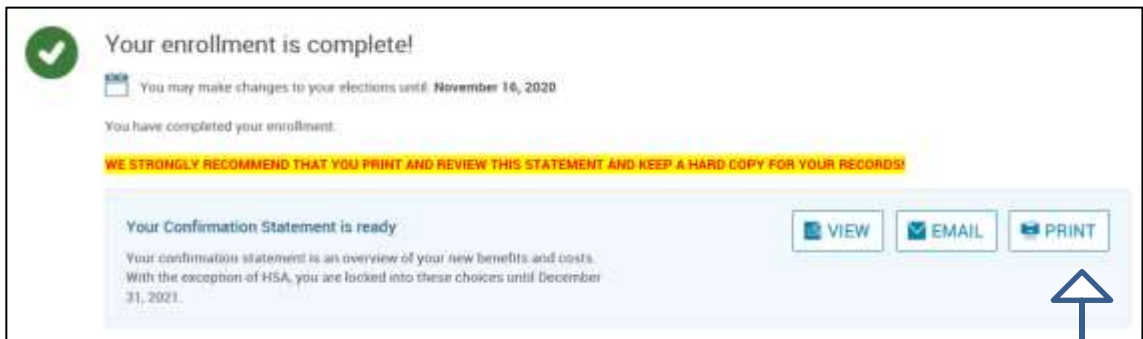
Review your selections and then click the "I agree" box at the bottom of the page.



Click "Complete Enrollment" to finish. If you don't, your enrollment choices will not be sent to Human Resources.



You are finished once you see the "Your enrollment is complete!".
You can log back in anytime through November 16th to make any changes.



[Print your confirmation statement](#), review it and log back into your benefits portal to make any changes.