Open Enrollment – Enrolling online

Navigate to the following web address to get started -

https://enroll.benefitsconnect.net/archofno

Username: First 6 characters of last name + first initial of first name + last four digits of your Social Security Number (SSN). If your last name does not have 6 characters it will be your full last name. Your username will be all lowercase.

Password: Full Social Security Number (SSN).

You will be prompted to change your password upon your initial login.

Examples:

Jane Thompson
SSN: 987-65-4321
Username: thompsj4321
Password: 987654321

John Doe
SSN: 123-45-6789
Username: doeji6789
Password: 123456789
The system will allow you to choose security questions and provide answers which will allow you to do a self-service password reset in the event that you forget your password.

Update your password
You will now be able to review your information and your dependents information before continuing through the enrollment process.

Welcome to this year’s open enrollment, brought to you by The Archdiocese of New Orleans. On the following pages, you will update your current personal information, and choose your benefits for the upcoming plan year. If you need any assistance, please contact your HR manager. Thank you!
If any of your information is incorrect, please contact your HR Admin so that they can update in the payroll system.

Review and update your dependent information, and add beneficiary information for the Life coverages if applicable.
Choose the Health plan and the level of coverage that you require by clicking on your dependents that should be also covered.

Choose your dependents
- Mrs Hope - Spouse
- Child1 Hope - Child

Choose your plan

PLAN 3: HDHP HMO 80
- $475.69 (your pay-period cost)
- Effective on: 5/1/2019
- Cost is deducted on a pre-tax basis

PLAN 1: HMO 90
- $552.74 (your pay-period cost)
- Effective on: 5/1/2019
- Cost is deducted on a pre-tax basis

PLAN 2: POS 100/70
- $657.87 (your pay-period cost)
- Effective on: 5/1/2019
- Cost is deducted on a pre-tax basis

- Or -

YOU CAN WAIVE COVERAGE IF YOU ARE COVERED ELSEWHERE. Clicking on ‘Save’ will automatically move you on to the next benefit election.

[Do we want to include reasons if the member waives coverage? If so, what reasons do we want to collect?]
Dental Election for Current Enrollment

Choose your dependents

- [ ] Mrs Hope - Spouse
- [ ] Child1 Hope - Child

Choose your plan

- [ ] BASIC LOW PLAN
  - Guardian
  - $6.32
  - Effective on: 5/1/2019
  - Cost is deducted on a pre-tax basis

- [ ] PREFERRED HIGH PLAN
  - Guardian
  - $12.59
  - Effective on: 5/1/2019
  - Cost is deducted on a pre-tax basis

Benefit Cost Summary

- Health: $475.69
- Dental: $0.00
- Vision: $3.60
- Basic Life: $0.00
- Long-term Disability: $0.00
- Short-term Disability: $0.00
- Voluntary Employee Life AD&D: $17.31
- Voluntary Spouse Life AD&D: $2.88
- Total cost of coverage: $499.48

- Or -

WAVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Dental coverage for myself and my dependents (if applicable) through my employer. I choose to decline enrollment at this time.

- [ ] SELECT THIS

Add Back

SAVE

Vision Election for Current Enrollment

Choose your dependents

- [ ] Mrs Hope - Spouse
- [ ] Child1 Hope - Child

Choose your plan

- [ ] $7.92
  - (your pay-period cost)
  - Effective on: 5/1/2019
  - Cost is deducted on a pre-tax basis

Benefit Cost Summary

- Health: $475.69
- Dental: $0.00
- Vision: $7.92
- Basic Life: $0.00
- Long-term Disability: $0.00
- Short-term Disability: $0.00
- Voluntary Employee Life AD&D: $17.31
- Voluntary Spouse Life AD&D: $2.88
- Total cost of coverage: $503.80

- Or -

WAVE COVERAGE

I acknowledge that I have been offered the opportunity to purchase Vision coverage for myself and my dependents (if applicable) through my employer. I choose to decline enrollment at this time.

- [ ] SELECT THIS

Add Back

SAVE
Some benefits are provided by your employer at no cost to you.
Using the slider choose the level of Voluntary Employee Life.

Voluntary Employee Life AD&D Election for Current Enrollment

Choose your plan

$11.54
(your pay-period cost)
Effective on 5/1/2019
Cost is deducted on a post-tax basis

Guardian
View Outline of Benefits

Guardian

Select a Coverage Amount

$25,000
$50,000
$100,000

- Or -

Wave Coverage

I acknowledge that I have been offered the opportunity to purchase Voluntary Employee Life AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

- Or -

Wave Coverage

I acknowledge that I have been offered the opportunity to purchase Voluntary Spouse Life AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.

Voluntary Spouse Life AD&D Election for Current Enrollment

Choose your plan

$2.88
(your pay-period cost)
Effective on 5/1/2019
Cost is deducted on a post-tax basis

Guardian
View Outline of Benefits

Guardian

Mrs Hope - Spouse

$25,000.00

- Or -

Wave Coverage

I acknowledge that I have been offered the opportunity to purchase Voluntary Spouse Life AD&D coverage for myself and my dependents (if applicable) through my employer.
I choose to decline enrollment at this time.
If you are completing both a New Hire enrollment for benefits effective before the 7/1/2019 the system will then allow you to complete your Open Enrollment too. If you are just doing Open Enrollment you will be taken directly to the Consolidated Enrollment Form.

Current / Future Enrollment

You have successfully completed your current benefits elections!
Your benefit elections for your new current eligibility is now complete.

FUTURE BENEFITS ELECTIONS

Begin your future benefits elections now
You are eligible to enroll in your future enrollment benefits. Click the start button to proceed.

START >>

Once you have reviewed your elections click on finished. If you need to make any changes, you can click on edit and go back to update as necessary

Consolidated Enrollment

Please review your Personal Information and Election choices. Note that you can edit those choices if you see anything you wish to change.

Current Elections

Name: Duncan Hope
Job Title: A
Division: AM195 - Annunciation Church
Category: Full Time - Benefits Eligible
Print Date: 4/3/2019 11:32:49 AM

<table>
<thead>
<tr>
<th>Benefit</th>
<th>My Cost</th>
<th>ERP Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>$475.69</td>
<td>$224.76</td>
<td>$700.45</td>
</tr>
<tr>
<td>Vision</td>
<td>$7.92</td>
<td>$0.00</td>
<td>$7.92</td>
</tr>
<tr>
<td>Basic Life</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Long-term Disability</td>
<td>$0.00</td>
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<td>$13.15</td>
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<td>Short-term Disability</td>
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<td>$6.76</td>
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<tr>
<td>Guardian</td>
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<td>$11.54</td>
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<tr>
<td>Guardian</td>
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<tr>
<td>Total</td>
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<td>$241.57</td>
<td>$739.60</td>
</tr>
</tbody>
</table>

Total Cost Distribution by benefit
Congratulations! You have successfully completed your enrollment process.

Home

Welcome to your Benefits Homepage. Here you may review your dependents and beneficiaries, view your benefit elections summary and process any life events.