



MyEnroll Employee User Guide New Hire Open Enrollment

Below are step-by-step instructions to complete the New Hire Open Enrollment Wizard in MyEnroll.

PLEASE NOTE: BENEFIT ELECTIONS MUST BE MADE WITHIN THIRTY (30) DAYS FROM THE DATE OF HIRE OR THE DATE HOURS INCREASED TO MEET BENEFIT-ELIGIBLE PLAN RULES.

All benefit-eligible employees are strongly encouraged to log in and confirm personal benefit information as well as enter a life insurance beneficiary even if not enrolling in the medical or dental plans. Any benefit elections made during the New Hire Open Enrollment period cannot be changed unless a life event recognized under Plan rules occurs during the year, or during Open Enrollment (May/June, for Plan Year start date of July 1).

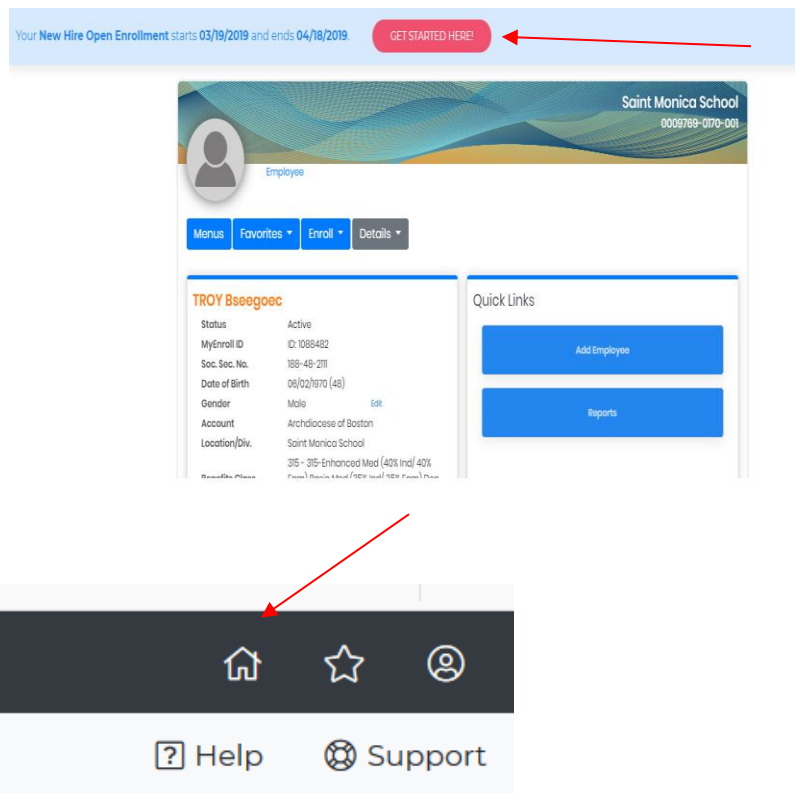
Employees who do not go online to MyEnroll and/or who do not elect any benefits **within thirty (30) days of the date of hire** will be presumed to have waived medical and dental coverage. **Please check with your location to determine which benefits your location participates in through the RCAB Benefit Trusts.** You may not see all of the screens/steps noted below if your location does not offer all benefits.

Employees who work for multiple RCAB locations will have a separate MyEnroll login for each location. Employees who transfer between RCAB locations must log into the new location and re-enroll/enter their benefit elections and beneficiary with the new location. Coverages do not transfer between locations.

1. Navigate to www.catholicbenefits.org and log in to the secure online enrollment system, MyEnroll.

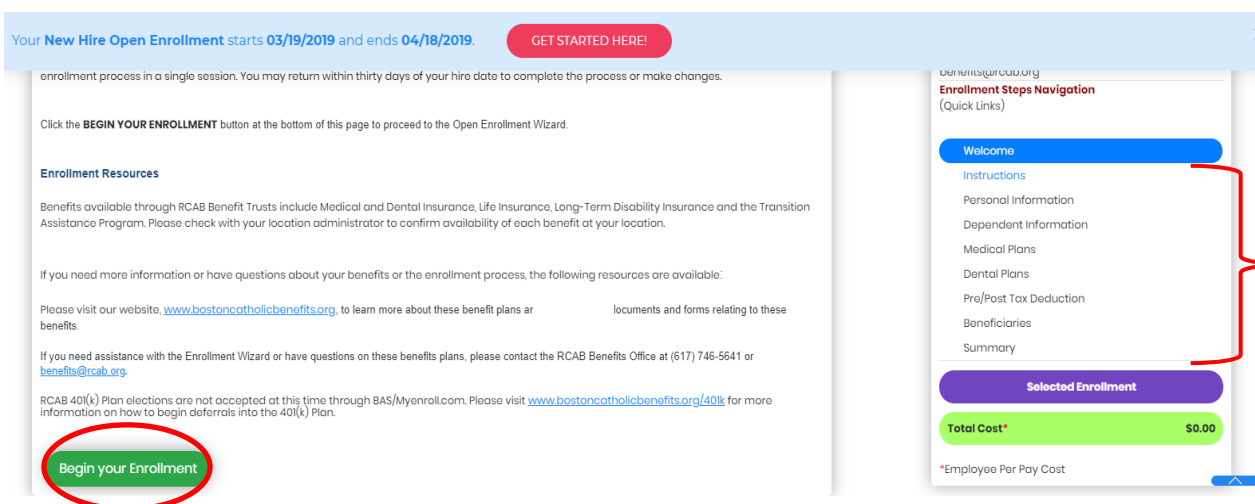
Please see the **Creating a User ID and Password User Guide** for specific instructions on obtaining your log-in information if you have not previously logged in to MyEnroll.

2. Once you have logged in successfully, you will land on your Employee Home page. This page will remain with your record during your employment and will be the place to check on coverage and dependents in the future. To begin your enrollment, click “Get Started Here.” To return to the Home Page once you have left this screen, click on the home icon on the top right-hand side.



3. Review the information on the Welcome Page and click “Begin Your Enrollment.”

The right navigation will list the steps to be completed for the New Hire Open Enrollment Wizard. As a step is completed, a green check mark will appear next to it. You can navigate back and forth between steps once they have been completed.



- Review the information on the Instructions page and click “Next” at the top right of the page to proceed.

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Roman Catholic Archbishop of Boston, a Corporation Sole

Enrollment Type: New Hire Open Enrollment for 2018
Enrollment Period: 04/03/2018 - 05/03/2018

Current Coverages

BACK **NEXT**

Open Enrollment Wizard - Special Instructions
You must complete the enrollment process by the enrollment end date, shown above. The Enrollment Wizard will not be accessible after midnight on this date. If you do not complete the enrollment process by then, your existing elections will remain in place for the 2018 Plan Year. Elections selected at the end of the Open Enrollment period will be applied for the 2018 Enrollment Plan Year.

Open Enrollment Navigation
The enrollment navigation steps shown at the right must be completed in the order shown. Clicking "Save & Next" at the end of each step will confirm your selection(s) and move you to the next step. The navigation link will then become hyper-linked and a green check mark will appear next to the link. This indicates that you have completed this enrollment step and if you need to return to the Enrollment Wizard to make changes before the end of the Open Enrollment period, you may go directly to the appropriate step, skipping the preceding steps. The green check mark will not appear until you have clicked "Save & Next," thereby confirming your elections. The red arrow indicates the step you are currently on.

Finalizing Your Elections
The last step in the Open Enrollment process will allow you to review and print a summary of your employee benefit elections. If you are satisfied with your elections, print a copy for your records. Otherwise, you may return to any of the preceding steps to make changes. Finalizing your elections is an important step in the process. You **must** "Accept and Finalize" your elections to ensure the accuracy of your elections so the Benefits Office can process and update the enrollment information with the third-party administrators for the Plans (Blue Cross Blue Shield, CVS and Delta Dental).

Now, if you're ready to begin, click the "Save & Next" button below and let's get started.

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617.746.5640
benefits@rcab.org
Enrollment Steps Navigation
(Quick Links)

✓ Welcome
Instructions
Personal Information
Dependent Information
Medical Plans
Dental Plans
Pre/Post Tax Deduction
Beneficiaries
Summary

Selected Enrollment

Total Cost* \$0.00

*Employee Per Pay Cost

On the next screen, you will see your Personal Information. You can view information but cannot make updates except to the e-mail address fields. If you have changes for these fields, please notify your location's payroll/benefits administrator, who will make the change for you.

Enrollment Wizard - Personal Information

Please review your information below. If any of the information is incorrect, please contact your location administrator. When you are finished reviewing your information, click the "Save & Next" button below and the wizard will move you to the next enrollment step to manage your dependents, if any.

Personal Information

First Name: TROY
M.I.:
Last Name: Bseegoec

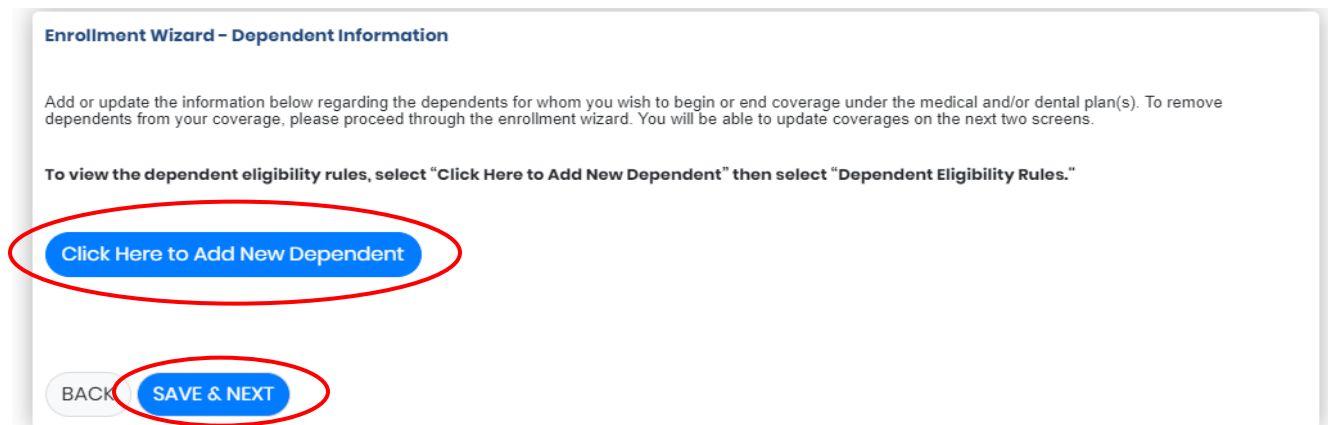
Date of Birth: 06/02/1970
Gender: Male
Marital Status: Single

Home Address

Address Line 1: 1088482 Main Str
Address Line 2:
City: State: Zip:

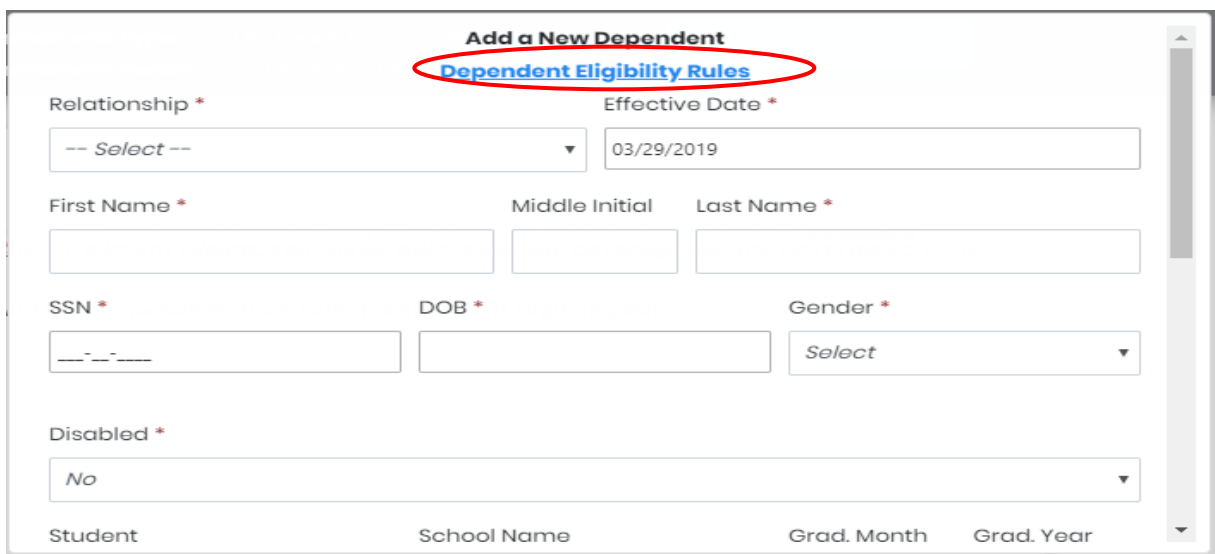
Click “Save & Next” to advance to next screen.

5. On the Dependent Information screen, you can add data for each dependent you will enroll in the Medical and/or Dental Plans by selecting “Click Here to Add New Dependent.” You can repeat this process until all dependents are added. If you have no spouse or children and/or you do not plan to enroll them in the Medical or Dental Plans, click “Save & Next” to skip data entry for Dependents.



Note: If no dependents are entered in this step, Employee and Family coverage option will not be available later in the Wizard.

6. A pop-up appears when you select “Click Here to Add New Dependent.” Fields with a red asterisk * are required. A link is provided to view “Dependent Eligibility Rules.” Click “Save & Exit” when done with each dependent’s data.



- Click "Next" when all data entry for dependents is complete. Select "Edit" next to a dependent's name to view/update information for that dependent.

Pending New Dependents

FULL NAME	RELATION	DOB	GENDER	STATUS	ACTION
R, J	Child - Male	12/23/1993	M	Pending - Add	<div>Edit</div> <div>Remove</div>

BACK

NEXT

- You will be directed to the Medical Plan Enrollment page. Buttons appear showing all coverage for which you are eligible. Coverage is defaulted to Waive. To enroll, you must make an affirmative election on this page. Each button shows your per paycheck cost for each option. To elect coverage, click the button with the corresponding coverage being elected and then click "Save & Next." **Note: Once you have made an election on this page, it is considered binding, even if you do not complete the entire wizard.**

Enrollment Wizard - Medical Plan Enrollment
 To enroll or change your Medical Plan selection, select the button associated with the plan you wish to select. Click the "Next" button to save your selection and move to the next enrollment step.
 Current Enrollment: **Blue Cross Enhanced Plan - Employee Only**

Waive Medical Coverage

Waived \$0.00

Selected

Blue Cross Enhanced Plan

Employee Only \$89.77

Employee and Family \$359.62

Blue Cross Basic Plan

Employee Only \$48.21

Employee and Family \$281.66

Add/View Primary Care Providers

If Medical Plan coverage is elected, a popup will appear requesting PCP information for each member. A link is provided to locate a PCP and the PCP Enrollment ID# from the Blue Cross Blue Shield website.

Select Your PCP

Each member enrolling in the RCAB Health Plan must assign a Blue Cross Primary Care Provider. To locate a PCP in your area or to locate your PCP's Blue Cross PCP/POC ID# (which begins with 700), please visit www.bluecrossma.com. Once you have enrolled in coverage, if you need to make a change to your PCP, you should contact Blue Cross member services.

Coverage: Blue Cross Enhanced Plan

Name	PCP First Name	PCP Last Name	PCP Enrollment ID #
THOMAS Chtvdpf	Karen	Kelly	700J43861

When Employee and Family coverage is elected, eligible dependents will automatically be assigned coverage. The maximum age for adult child dependents in the Medical and Dental Plans is 26. Each dependent will appear with **Assigned** or **Not Assigned** next to each, showing enrollment/non-enrollment.

To enroll or change your Medical Plan selection, select the button associated with the plan you wish to select. Click the "Next" button to save your selection and move to the next enrollment step.
Current Enrollment: **Blue Cross Enhanced Plan - Employee Only**

The screenshot shows three panels for Medical Plan enrollment. The first panel, 'Waive Medical Coverage', has a 'Waived' button for \$0.00. The second panel, 'Selected', shows the 'Blue Cross Enhanced Plan' with 'Employee Only' at \$89.77 and 'Employee and Family' at \$359.62. Below this, it lists 'John DOB:08/17/2017' as 'Not Assigned' and includes an 'Edit Covered Dependents' link. The third panel, 'Blue Cross Basic Plan', has 'Employee Only' at \$48.21 and 'Employee and Family' at \$281.66.

9. The next page allows you to make a Dental Plan election. Coverage is defaulted to Waive. To enroll, you must make an affirmative election on this page. To elect coverage, select the button with the corresponding coverage being elected and then click "Save & Next." **Note: Once you have made an election on this page, it is considered binding, even if you do not complete the entire wizard.**

The screenshot shows three panels for Dental Plan enrollment. The first panel, 'Waive Dental Coverage', has a 'Waived' button for \$0.00. The second panel, 'Selected', shows the 'Delta Dental of Massachusetts' plan with 'Employee Only' at \$21.88 and 'Employee and Family' at \$50.08. Below this, it lists three dependents: 'Claudia DOB:11/26/1961' as 'Assigned', 'Christopher DOB:02/15/1995' as 'Assigned', and 'David DOB:11/18/2002' as 'Assigned'. It includes an 'Edit Covered Dependents' link. The third panel, 'Blue Cross Basic Plan', is partially visible on the right.

10. The Pre/Post Tax Deduction page is next. This page allows you to elect to pay Medical and Dental premiums on a pre-tax or post-tax basis. The default setting is pre-tax. Once an election has been made, click "Save & Next."

The screenshot shows the 'Employee Pre-Tax or Post-Tax Payroll Deduction Election' page. It includes instructions about the RCAB Section 125 Premium Only Payment Plan and a link to the 'RCAB Description of Premium Only Cafeteria Plan Summary'. Under 'Payroll Deduction Option:', the 'Pre-tax' button is selected. At the bottom, there are 'BACK' and 'SAVE & NEXT' buttons, with 'SAVE & NEXT' circled in red.

11. If you are eligible for Life Insurance, on the Beneficiaries screen, click “Manage” next to Core Life Insurance to enter your Life Insurance beneficiary. Then select “Primary” to enter your primary beneficiary. You must designate a beneficiary to proceed.

Manage Beneficiaries

To view the how to video on how to “Add or Modify” your beneficiaries, please Click [Here](#)

The RCAB Benefit Trusts offer participating Catholic organizations a Life Insurance and Accidental Death and Dismemberment (AD&D) Plan for eligible employees. These benefits are offered at no cost to employees.

You are automatically enrolled in this benefit on the first day of the calendar month following completion of one year of eligible service with a participating location if you are actively at work. The life insurance benefit equals two times your Base Annual Earnings. Coverage reduces to 80% for participants ages 65-70 and 60% for participants over age 70.

For more information, please visit www.bostoncatholicbenefits.org/life_ins/life_ins.htm

At least one Primary Beneficiary is required to be on file for each eligible employee. You have the option to list multiple beneficiaries as well as the option to assign a Contingent Beneficiary. A Primary Beneficiary is designated as the first in line to receive your life insurance benefits. A Contingent Beneficiary is entitled to a benefit only if the Primary Beneficiary is deceased as of your date of death.

Click Manage below to view and/or update your beneficiary information.

Plan Selected	
> Core Life Insurance	MANAGE

Select the type of beneficiary, enter beneficiary information, and click “Save.” Enter a percentage for that beneficiary (you must erase the “1” that appears and then re-type 100 if there is only one designated beneficiary) and click “Save & Next.”

Add Primary Beneficiary
Selected Plan: Core Life Insurance
Benefit Amount: \$45000.00

Select Type of Beneficiary: ☒ Individual ☐ Trust/Organization

First Name: *John
Middle Initial:
Last Name: *Smith
Relation: *Brother

Additional Information (e.g. Address, etc.)
Cancel Save

BACK **SAVE & NEXT**

Manage Primary Beneficiaries
Core Life Insurance
Benefit Amount: \$45000.00
Note: To remove a beneficiary set his/her Percentage value to zero and click the Update or Save buttons.
* The sum of all beneficiaries below must be 100%

Add Primary Beneficiary

Name	Relationship	Percentage
John Smith	Brother	100

Total: 100%

Return to Life Insurance Coverage Listing – Home Save


BACK **SAVE & NEXT**

To add multiple primary beneficiaries (*i.e.*, the life insurance benefit is to be split among more than one person if both are still living at the time of the employee’s death), click on “Add Primary Beneficiary” and repeat steps above until all beneficiaries are added with a percentage. Coverage total must equal 100%. To add contingent beneficiaries (*i.e.*, a beneficiary only effective if the primary beneficiary has passed away at the time of your death), click Manage, then Contingent, and follow appropriate steps. After this step is complete, click “Save & Next.”

12. The final step in the New Hire Open Enrollment Wizard is the **Summary & Signature** page. At this point, you should review the elections made. You may return to a previous screen by

clicking on the step you would like to return to on the right navigation menu. You may print a copy of this screen for your records.

Summary & Signature

 Print

The following is a summary of the coverages you have elected. Please print this page using the Print button on the top right side of this screen. Your elections will not be complete until you click the I Accept and Finalize buttons at the bottom of this screen.

Selected Payroll Deduction pre-tax

Benefit Plan	Benefit Level	Core/Optional Benefit	Your Perpay Cost	Effective Date
Core Life Insurance	\$45,000.00	Core	\$0.00	04/01/2020
Core Long Term Disability	Enrolled	Core	\$0.00	04/01/2020
Transition Assistance Plan	Enrolled	Core	\$0.00	04/01/2020
Blue Cross Enhanced Plan	Employee Only	Optional	\$143.63	04/01/2019
Delta Dental of Massachusetts	Employee Only	Optional	\$21.86	04/01/2019

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✓ Personal Information

✓ Dependent Information

✓ Medical Plans

✓ Dental Plans

✓ Pre/Post Tax Deduction

✓ Beneficiaries

Summary

Once reviewed, proceed to the bottom of the page and click “I Accept” and then “Confirm.”

Please read this entire page and choose the appropriate button located below.

I hereby acknowledge that I have read and understand the informational materials provided by my employer, including those materials posted at www.bostoncatholicbenefits.org, explaining my available benefits and the enrollment process. I confirm that I work at least 1,000 hours per year at one or more employers that participate in the RCAB Benefit Plans and that I am otherwise eligible for the benefits I have elected.

I acknowledge that the benefit elections I have made are irrevocable and may not be changed until the next plan year unless I experience a qualified life event and follow the appropriate procedures for making such a change. By choosing the "Finalize" button below, I authorize that required contributions be made, through payroll deduction, for the benefits I have elected and I confirm that such authorization is voluntary.

Your Electronic Signature

I Accept

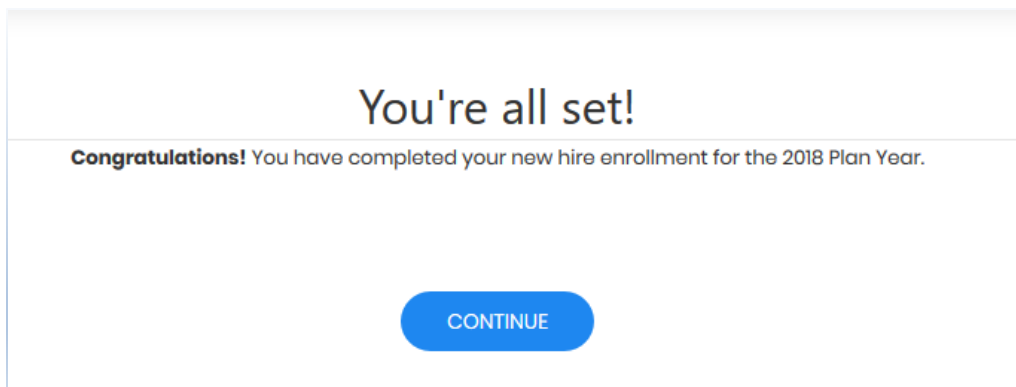
I do not Accept

I confirm my benefit elections. I understand I will be able to return to the Enrollment Wizard and make changes until the end of my enrollment period, but after the close of my enrollment period, my elections are irrevocable and may not be changed until the next plan year unless I experience a Permitted Election Change and follow the procedures described in my employer's informational materials for making a change. I authorize any required contributions be made, through payroll deduction, for the benefits that I elected and confirmed and such authorization is voluntary.

CANCEL

CONFIRM

You will see a message confirming your completion of the enrollment process.



To view a summary of all of your benefits, including those automatically provided to you by your employer, click on the Home icon and scroll down to “Enrollment Summary” located in the middle of the page.

Enrollment Summary

Current & History Details

ENROLLED

WAIVED/OPTED OUT

Blue Cross Basic Plan – HRA

Employee Only

03/01/2019

Core Life Insurance

\$111,000.00

03/01/2020

Core Long Term Disability

Enrolled

03/01/2020

Delta Dental of Massachusetts

Employee Only

03/01/2019

Transition Assistance Plan

Enrolled

03/01/2020

For questions, please contact the RCAB Benefits Office at (617) 746-5640 or benefits@rcab.org.