

# 2021 OPEN ENROLLMENT



# Agenda

- Annual Open Enrollment
- What's new?
- Plan overview and reminders
- Additional benefits
- Action steps

# ANNUAL ENROLLMENT & ELIGIBILITY

# Annual Open Enrollment

- Open Enrollment is the one time each year when you are able to make benefit enrollment changes without a family status change event (e.g. marriage, birth, divorce, gain/loss of other coverage)
  - **All employees must make an election, even if you want to waive all benefits or remain enrolled in the same coverage.**
- Open Enrollment begins Monday, November 2, 2020 and runs through Friday, November 13, 2020
- During Open Enrollment you may:
  - Enroll in a new plan or drop a plan you are in today
  - Add an eligible dependent or end coverage for a dependent
  - Sign up for the Flexible Spending Account for 2021
  - Elect voluntary life insurance coverage and/or other voluntary coverage
- New elections take effect January 1<sup>st</sup>, 2021. Deductions will begin in December for any premium changes elected.

# Eligibility

- Employees: Full-time employees working 30 or more hours per week, or equivalent teaching load for full-time status classification
  - Eligible for all benefits available
- Spouses: legal spouse
- Child Dependents: by birth or adoption, step child, child for whom you have legal guardianship
  - Coverage through the end of the month they turn 26

# Dependent Documentation

- Documentation is required if adding a new dependent or for a mid-year status change event
  - Marriage license, birth certificates, adoption paperwork, etc.
- Open Enrollment is your opportunity to remove any ineligible dependents voluntarily.
  - SAU and our providers perform plan audits to remain in compliance with plan guidelines. If we find you are covering an ineligible dependent, that dependent will be removed (and will not be considered a qualifying event) and you could be found responsible for claims paid while that member was covered.

# 2021 SAU BENEFIT OVERVIEW



# What's New?

- Online enrollment – Benefits Advisor through Paycor
- HSA IRS limits increased
- FSA IRS limits increased
- Slight Increase in medical rates
- Infinisource name change – isolved Benefit Services
- Over-the-counter (OTC) items & medications are eligible for reimbursement per the CARES Act of 2020
  - Health Savings Account
  - Healthcare FSA
- Sam's Club has departed Blue Cross Blue Shield (BCBSM) and Blue Care Network (BCN) of Michigan's Pharmacy Network



**MEDICAL**

# Medical

- The 2020 BCN Option 1 and Option 2 plans will again be offered in 2021
  - If you live and work outside the state of MI – see HR for plan options
- Both options are administered by BCN
- Both plans operate as Health Maintenance Organizations (HMO) – a primary care and referrals are required.
- Option 1 aggregates the deductible and OOPM; Option 2 has an embedded deductible and OOPM.
- A Health Reimbursement Account (HRA) will be used to reimburse the last \$500 (single) / \$1,000 (2P or Family) of the deductible expense of each plan. This benefit is administered by BASIC

# Medical Plan

	Option 1	Option 2
<b>Deductible</b>	\$2,000/Individual \$4,000/Family	\$3,000/Individual \$6,000/Family
<b>HRA Threshold</b>	\$1,500/Individual \$3,000/Family	\$2,500/Individual \$5,000/Family
<b>Out-of-Pocket Maximum</b>	\$3,000/Individual \$6,000/Family	\$6,350/Individual \$12,700/Family
<b>Coinsurance</b>	80% after deductible	80% after deductible
<b>Preventive Services</b>	100%	100%

# MEDICAL HRA

# HRA Overview

- 100% Employer Funded
- HRA = Health Reimbursement Account
- Participants are not taxed on HRA dollars
- Provides employees with a reduced deductible responsibility by reimbursing deductible expenses after the threshold has been met
  - This is not provided automatically
- Administered by BASIC
- It is not advised to use HSA funds for the amount that will be reimbursed by BASIC, due to tax guidelines
- All receipts for the full deductible must be submitted to BASIC (not just the \$500 or \$1000)

# HRA Plan Design

Covers Deductible and RX after an employees threshold is met

## Employee Threshold

- Option 1:  
\$1500/\$3000
- Option 2:  
\$2500/\$5000

## HRA Covers

- Single: \$500
- Family: \$1000

# How it Works?

- You can still contribute to your HSA and use those dollars for reimbursement up until the threshold
  - After you satisfy meeting the full deductible/or an amount over the threshold, then submit a claim reimbursement request to BASIC for the remaining deductible expense incurred
    - Explanation of Benefits
    - Detailed receipts (especially for prescriptions)
    - Claim form
- \* BASIC needs to see all expense information, including those before the threshold amount

# How to Request a Reimbursement



## HRA Claim Form

### Participant Information

To Update your information, log on to your account at <https://hrbenefitsdirect.com/basic>

Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### HRA Expense Information

HRA Plans may cover a wide variety of expenses. Please consult your HRA SBC or Summary Plan Description to determine what your HRA Plan will reimburse. Your Plan may not cover the items described below.

#### Deductible/Co-Insurance Expenses (if eligible):

- Submit the entire Explanation of Benefits (EOB) from your insurance carrier. Summary pages cannot be processed because they don't show the individual date(s) of service.

#### Prescription Expenses (if eligible):

- Submit a copy of the prescription tag or a copy of the cash register receipt showing RX

#### Dental/Vision Expenses (if eligible):

- Itemized statement from provider must show:
  - o Date of service
  - o Description of service/items provided/purchased
  - o Amount of Charge
  - o Provider's name and address

#### How to Submit for Reimbursement

Employee Portal: <https://hrbenefitsdirect.com/BASIC>

Fax: 269-488-6255

Mail: BASIC  
9246 Portage Industrial Dr.  
Portage, MI 49024  
Attn: HRA Department

### Itemized Expenses

Date(s) of Service <small>[provide the date or date range which service(s) were provided]</small>	Service Provider <small>[The name of the provider or pharmacy who provided the service]</small>	Amount <small>[Enter the reimbursement amount requested]</small>
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I certify that I have not already been paid for these expenses from my HRA Plan or any other source. I have submitted the above information in good faith and it is correct to the best of my knowledge. I understand that reimbursement is not a guarantee. The service for which I am requesting reimbursement must be incurred during my period of participation. Services incurred after participation ends are not eligible for reimbursement even if there was a balance remaining in my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BASIC • 9246 Portage Industrial Dr. • Portage, MI 49024 • 888-472-0777 • [basiconline.com](http://basiconline.com)

Complete an HRA Claim Form

Attach all Explanation of Benefits for Deductible and Coinsurance Expenses

Attach Itemized Receipts from the Pharmacy for RX Expenses



# HRA vs HSA

- Both provide you reimbursement for expenses paid to meet your deductible
- You can use your HSA for reimbursements up until the threshold and then request for reimbursement from the HRA after the threshold
- It is not advised to use HSA funds for the amount that will be reimbursed by BASIC
- County National Bank is the SAU HSA partner

# HRA vs HSA

## HRA

- Employer owned account
- No debit card
- Money is only provided with appropriate claim form, EOBs and receipts, if applicable

## HSA

- Employee owned account
- Debit card
- Money in account grows and rolls over

# HRA Plan Design

## Plan Year

- HRA Plan year runs from January 1- December 31

## Claims Run Out

- Participants will have 90 days following the plan year to submit claims

## Rollover

- Participants are unable to rollover funds

# HRA Claim Reimbursement

HRA Claim form can be found on the BASIC website or on the Portal

## Claims Submission

- Fax
- Secure Upload
- Mail

## Claims Turnaround

- Typically, 2 business days turnaround

## Payments

- Direct Deposit
- Check

# PRESCRIPTION DRUGS

# Prescription Drug Plan

	Option 1	Option 2
<b>Retail (30 day supply)</b>	Tier 1A - \$10 after deductible Tier 1B - \$30 after deductible T2- \$60 after deductible T3- \$80 after deductible T4- 20% coinsurance after deductible (max \$200) T5- 20% coinsurance after deductible (max \$300)	Tier 1A - \$10 after deductible Tier 1B - \$30 after deductible T2- \$60 after deductible T3- \$80 after deductible T4- 20% coinsurance after deductible (max \$200) T5- 20% coinsurance after deductible (max \$300)
<b>Mail Order</b>	3x's the 30 day copay/coinsurance minus \$10 after deductible	3x's the 30 day copay/coinsurance minus \$10 after deductible

# Prescription Drugs Programs

## Prior Authorization (PA)

- Certain clinical criteria must be met before coverage is provided for select drugs

## Step Therapy (ST)

- Require previous treatment with one or more drugs on the formulary before coverage is approved

## Mandatory Maximum Allowable (Generic Mandatory)

- The pharmacy will dispense a generic equivalent, if available
- You pay the difference in cost between the generic and brand if you request the brand drug.
- This is not applicable if your doctor writes DAW on script and receives approval from BCBSM.

# Prescription Drugs

- “Specialty” drugs are prescription medications that require special handling, administration or monitoring
  - These drugs are used to treat complex, chronic and most costly conditions, including but not limited to: cancer, multiple sclerosis, organ transplants, rheumatoid arthritis, etc.
- Fill your specialty medication:
  - Walgreens Retail Pharmacy
  - Walgreens Community-Based Specialty Pharmacy
  - AllianceRx Walgreens Prime Home Delivery
- Transfer your prescription or send a new one to Walgreens beginning 1/1.
- Find a Walgreens Location at [walgreens.com/pharmacy](http://walgreens.com/pharmacy)
- AllianceRx Walgreens Prime Specialty Pharmacy can be reached at 866-515-1355 or visit [www.alliancerxwp.com](http://www.alliancerxwp.com)



# MEDICAL GENERAL INFORMATION

# Medical

- Selection of a Primary Care Physician is required
  - Different family members can select different providers
  - One will be selected for you if you do not make a selection
  - You can change your PCP monthly
  - Dependents out of state, or those that travel, will have access to the BlueCard program
  - Emergency and Urgent care only is available out of network
- Referral is needed for specialty care
  - Women can self-refer to OBGYN
- Finding a participating provider
  - Visit [bcbsm.com](http://bcbsm.com)
  - Click on “Find a Doctor”
  - Select “Search without logging in.”
  - Change Your Location and Your Plan (BCN HMO) on the top toolbar
  - Select a category, then search by doctor name or specialty

# New I.D. Cards

- If you newly elect coverage, you will receive a new ID card mailed to your home address
  - 1 card for singles
  - 2 cards per family\*
    - (\*Note: ID cards for all family members will have the team member's name on the front)
- Virtual ID card is always on your member portal account or saved in the mobile app
- Contact BCN Customer Service at (800) 662-6667 for additional cards

# Medical Plan Resources

- **BCBS Mobile App** – Search “BCBSM” in Google Play or Apple Store
- **BCBSM.com** – Register to view EOBs, track deductible met
- **BCBSM Nurse Helpline** – 24 hour access to ask a nurse basic health questions (800) 775-2583
- **Blue365** – National discounts
- **BCBS Wellness:** Access to health assessments, videos, blog site

# BCBSM Member Discounts



- Visit [bcbsm.com](http://bcbsm.com) for exclusive access to discounts for:
- Fitness and wellness – health magazines, fitness gear, and gym memberships
- Healthy eating – cook books, cooking classes, and weight-loss programs
- Lifestyle – travel and recreation
- Personal care – dental care, medical alert service, and hearing aids
- Show your BCBSM ID card at participating local retailers.



# VIRTUAL CARE

# Teladoc

- 24 hour access to board-certificated physicians
- No appointment necessary
- Visits available by phone, video, or mobile app
- Used for treatment of minor symptoms such as:
  - Cold & flu
  - Allergies
  - Sinus problems
  - Sore Throat
  - Respiratory Infection
  - Skin problems
- **\$0 copayment for the visit**
- Physicians have the ability to prescribe
- Submit your appointment report to your provider
- Register upon receiving your Welcome Kit



# ADVOCACY



# Health Advocate

## What

Help with finding providers, setting appointments, claim and billing resolution, cost estimates, Medicare information

## Who

All benefit eligible employees, spouse, children, parents & parents in-law

## How

Call (866-695-8622), email ([answers@healthadvocate.com](mailto:answers@healthadvocate.com)) or connect using the mobile app to be assigned a Personal Health Advocate

# HEALTH SAVINGS ACCOUNT (HSA)

# What's an HSA?

**Health Savings Accounts (HSAs) are designed to help you save and pay for your healthcare now and when you retire**

**Health Savings Accounts** A health-wise investment that helps you ...



Deposit your health care dollars.



Grow your savings.



Save on taxes.



Pay for health care, now or later.

# HSA Eligibility

## You are eligible to open and contribute to an HSA if you:



Are covered by a Qualified Medical Plan (QMP)



Are not covered by any other health plan that is not a QMP



Are not enrolled in Medicare, Medicaid, or TRICARE



Have not received VA benefits within the past 3 months



Are not claimed as a dependent on someone else's tax return



Are not covered by a Health FSA

*(Must have \$0 in your Health FSA before opening an HSA)*

# HSA Qualified Medical Expenses



Medical/Rx plan copays, medical deductibles, coinsurance, dental & vision expenses, too!  
(Cannot use dollars that will be reimbursed by HRA).



HSA dollars can be used to pay for medical expenses for your spouse or Tax Code dependents



Savings vehicle for retiree medical expenses  
(Medicare premiums and expenses associated with Parts A, B and D)  
*See IRS guidelines for restrictions.*

Any money you take out of your HSA for qualified medical expenses is *income-tax free*

# HSA Contributions

- 2021 Maximum Contribution Limits:

Tier	2020 IRS Annual Maximum	2021 IRS Annual Maximum
Individual	\$3,550	\$3,600
Family	\$7,100	\$7,200

- IRS maximum reflects a combined employer + employee contribution
- 55+ can fund an additional \$1,000/year: “catch-up” contributions

# Taking Money Out of an HSA

- Reimbursement of expenses for employee, spouse and Tax Code dependents are tax free, follow IRS guidelines
- Expense must be incurred on or after the date the HSA was established
- Qualified expenses include: **SAVE YOUR RECEIPTS!!!**
  - Section 213 medical/prescription expenses (OTC Rx)
  - Dental and vision expenses
  - COBRA premiums
  - Medicare premiums – Reference IRS guidelines
  - Qualified long-term care premiums
  - Retiree health insurance after age 65, but not Medigap/Supplement plans – Reference IRS guidelines
- Other non-qualified withdrawals are taxable
  - Income tax, plus...
  - Subject to 20% excise tax if withdrawn prior to age 65

# DENTAL & VISION



# Dental

	Coverage
Deductible	\$50 single / \$150 family
Benefit Maximum	\$1,000 per benefit per covered person
Maximum Carryover	\$1,200 (\$350 added each year one service of less than \$500 paid that year)
Class 1: Diagnostic & Preventive	100%
Class 2: Basic	80%
Class 3: Major	50%
Class 4: Ortho (to age 19)	50% to \$1,000 lifetime maximum

- Administered by Delta Dental of Michigan



- Dentists classified into three networks: PPO, Premier, Non-participating
  - Coverage the same, but accepted discount/ approved fee differs

# Dental

- Locate a Delta Dental of Michigan PPO or Premier dentist:
  - Visit [www.deltadentalmi.com](http://www.deltadentalmi.com) website and click on “Find a Dentist” tab at the top of the webpage
  - Call (800) 524-0149
- No ID card needed
  - Delta Dental does not issue ID cards
  - Your dentist can verify your eligibility for coverage anytime by checking Delta Dental’s Dental Office Toolkit®
- Register on the Consumer Toolkit
  - Electronic EOB’s
  - Find a provider
  - View your benefits

# Vision

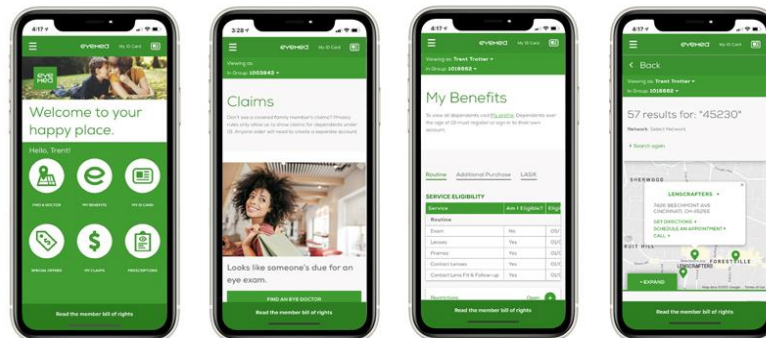
- Administered by EyeMed
- Contacts or lenses are allowed once every 12 months
- Out of network benefits available
- Additional discounts available through online retailers

Eye Exam – every 12 months	\$10 Copay
Frames – every 24 months	\$150 allowance
Standard Lenses – every 12 months	\$25 copay
Contact Lenses – every 12 months	Up to \$55 copay (fitting & evaluation) \$150 allowance

# Vision

- Locate a vision care provider:
  - Log on to [www.eyemed.com](http://www.eyemed.com)
  - Click on “Find a Provider” at the upper right corner of the webpage
  - Choose “Insight” from the Network drop down menu
- You do not need an ID card to receive benefits
  - When you arrive for your appointment, identify yourself as an EyeMed Vision Care member and the EyeMed provider will take care of the rest

- EyeMed App



# PAYROLL CONTRIBUTIONS

# Payroll Contributions

- Rates reflected below are monthly rates

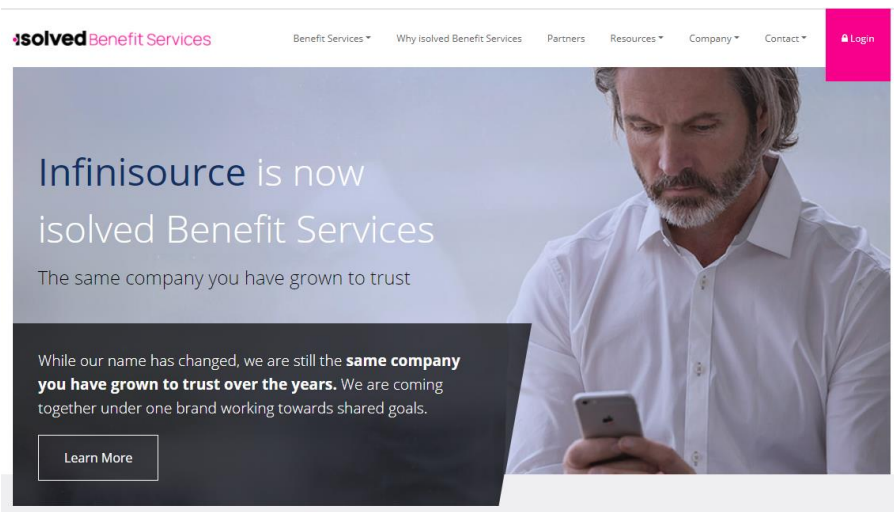
PLAN	EMPLOYEE	EE + ONE	EE + FAMILY
Medical Option 1	\$108.82	\$253.88	\$316.06
Medical Option 2	\$48.66	\$113.16	\$140.80
Dental	\$41.02	\$77.28	\$153.40
Vision	\$6.76	\$12.83	\$18.84

# FLEXIBLE SPENDING ACCOUNTS

# Flexible Spending Accounts

## isolved Benefit Services - [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com)

- Inifinisource has gone through branding consolidation to their new, old name – isolved Benefit Services
  - isolved Benefit Services and Inifinisource have always been one company, but now they will be one brand
- On the isolved Benefit Services website you will find tremendous content on how to maximize your FSA dollars
  - Video Library
  - Guides & FAQs
  - Savings Calculator
  - FSA Store





# Flexible Spending Accounts

- Allows you to set aside pre-tax dollars to pay for eligible out of pocket health care and/or dependent care expenses incurred during the plan year (January 1 – December 31)
  - Funds can be used to pay for certain non-reimbursable medical, dental and vision expenses.
  - Three Types of Flexible Spending Accounts Available:
    - **\*Health Care Flexible Spending Account:** \$2,750 maximum
    - **Limited Purpose Flexible Spending Account:** \$2,750 maximum for dental and vision expenses only.
    - **Dependent Care Flexible Spending Account:** \$5,000 maximum per household (\$2,500 if married and filing separately)
    - Amounts for 2021 may change according to IRS regulations
    - Check with HR regarding the most updated IRS contribution limits
- \*ONLY AVAILABLE TO THOSE THAT DO NOT ELECT THE HSA.***

# Flexible Spending Accounts

- Debit card is available for the Healthcare and Limited Purpose FSA account only
- When possible, administrator will electronically verify your purchase at the point of transaction
  - However some swipes require itemized receipts to be submitted in order to verify the transaction
  - Request for itemized receipts to substantiate expenses are sent via email
  - You will need to request reimbursement from isolated Benefit Services for Dependent Care expenses.

# Flexible Spending Accounts

- **FSA elections do not roll over from one plan year to the next plan year**
- Use it or Lose it! Plan carefully—use for “predictable” expenses
- Run out period allows you to submit past receipts from 2020 until March 31st, 2021
- Grace period allows you to submit new expenses from 2020 until March 15<sup>th</sup>, 2021 (Limited Purpose)
- Insolved Benefit Services is our FSA Administrator
- There is a \$2.50 per month fee charged

# LIFE AND DISABILITY

# Life / Accidental Death & Dismemberment (ADD)

- Administered by Mutual of Omaha
- Basic Life / AD&D
  - Provided at no cost to you
  - 1x annual salary up to \$50,000 maximum
- Voluntary Life/ AD&D
  - Employee Life = \$10,000 increments up to \$500,000 or 7 times annual salary
  - Spouse Life = \$5,000 increments up to \$250,000 not to exceed team member's voluntary life amount
  - Child(ren) Life = \$2,500 increments up to \$10,000 per child
  - You must elect coverage on yourself to elect coverage for your spouse/child(ren)

# Life / Accidental Death & Dismemberment (ADD)

- Evidence of Insurability (Eol) Required
  - If you were previously eligible and did not elect coverage
  - If you elect an amount greater than the guarantee issue amount for you and/or your spouse when first eligible
  - If you are currently enrolled, but request an increase in coverage at open enrollment
- Eol applies only to voluntary life / AD&D elections for employees/spouse coverage elections
- Coverage does not become effective until your request has been approved by Mutual of Omaha Life Insurance Company
  - Premium deductions will be adjusted accordingly

# Disability

- Both Short and Long Term Disability administered by Mutual of Omaha
- Short Term Disability
  - Voluntary benefit
  - Provides income when you are disabled from work due to a non-work related illness or injury
  - 70% of weekly wages after 21 days waiting up to \$1,000 weekly maximum for up to 10 weeks
- Long Term Disability
  - Provided at no cost to you, if eligible
  - Provides income when you are disabled for an extended period of time
  - 60% of monthly wages after 90 days waiting up to \$7,500 monthly maximum

# ADDITIONAL BENEFITS



# AFLAC Supplement Benefits

Plans wrap around existing insurance coverage. There is no coordination of coverage. Use the cash to help pay for unexpected expenses not covered by insurance.

- 1 ACCIDENT** Family coverage available This plan has a \$60 annual wellness benefit  
From broken bones to burns, the financial fallout from an accident is often surprising and can result in expenses you haven't thought of before. Aflac accident insurance can help you pay for the unexpected costs, so you can focus on getting better. **Covered injuries can include treatment from a Chiropractor, Family Physician, Urgent Care, Eye Doctor, Dentist, Emergency Room, etc.**
- 2 PLUS RIDER** Family coverage available  
A serious illness can have an equally serious impact on your financial health. Even if you have medical insurance, it's not usually enough to cover every medical cost. **That's where Aflac's Plus Rider comes in providing an initial \$5,000 benefit for specific health events such as heart attack, stroke, coma, advanced alzheimer, etc.**
- 3 CANCER** Family coverage available Plans offers a \$25, \$40, or \$75 annual wellness benefit  
An Aflac cancer plan provides a simple way to help protect your financial health when the unthinkable happens. It helps you deal with the expenses of cancer treatment – from diagnosis, through treatment and possible reconstruction – so you can focus on what really matters. **Initial Diagnosis benefits of \$500, \$2000, or \$4000. Chemo, radiation, skin cancer benefits, and more.**
- 4 HOSPITAL INDEMNITY** Family coverage available  
Just a few days in the hospital for an illness can be costly. Cash benefits from the Aflac hospital indemnity insurance plan may offer a measure of financial protection when you, or a member or your family, is hospitalized due to a covered accident or illness. **Initial hospitalization benefits ranging from \$1000, \$1500, \$2000**

<https://spark.adobe.com/page/2rr0gKVXS9ehY/>

Contact Chris Bouldrey for a meeting. Remember to have elections completed prior to close of OE.

**Aflac Representative**

Chris Bouldrey - 269-998-9950 - [chris\\_bouldrey@us.aflac.com](mailto:chris_bouldrey@us.aflac.com)

# TIAA 403b Retirement Plan

- Employees may begin to contribute at the time of hire or any time after.
- SAU will contribute 5% after you have one year of service with SAU.
  - New employees with a current TIAA account and can provide proof of such, SAU will begin to contribute at time of hire.
- At age 55 and above or 10 years of service, SAU will contribute 6%.
- Please contact Brian Fors, Spring Arbor's TIAA representative, at 517-203-3606

# Additional SAU Benefits

- Employees may be eligible for the following additional benefits; see the SAU Employee Manual for details on eligibility (Located on SAU Portal).
  - Paid time off
  - Sick Leave
  - Jury Duty
  - Bereavement Leave
  - Holidays
  - FMLA Leave
  - Moving Expense Reimbursement
  - Dining Commons Discount
  - Tuition Discount
  - Bookstore Discount
  - Use of Fieldhouse and Fitness Room
  - Admission to Athletic Events

# FINAL REMINDERS

# What to do for 2021?

- If applicable, advise your medical providers that your insurance coverage has changed
- Complete telemedicine registration online
- Download carrier mobile apps and register for their online sites
- Transfer your specialty scripts to Walgreens
- Sign-up for mail-order, if applicable
- Enroll in 2021 Benefits online – Paycor Benefit Advisor

# IMMEDIATE ACTION – PAYCOR

- Open Enrollment will be **ALL ONLINE** this year through the Paycor HRMS – called Benefit Advisor!
- **IMPORTANT:** Every employee that is benefit eligible needs to go through the online process, even if you do not elect any SAU benefits!
- You **MUST** have a Paycor sign in to enroll in benefits.
  - HR CANNOT ENROLL YOU MANUALLY – you must sign in with your own password and go through the OE online process.
  - If you do not enroll in benefits through the Paycor system, you risk losing your benefits for 2021.
  - Your enrollment selections will transfer to the Paycor payroll system. New deductions amounts will begin start on the December payrolls.
    - Step by Step Instructions are saved on the SAU HR Portal.

# IMMEDIATE ACTION – PAYCOR

- If you are not already registered in Paycor, follow steps below

## STEPS to REGISTER in PAYCOR:

- Simply add this link to your browser: [www.paycor.com](http://www.paycor.com) and follow Paycor’s instructions to register
  - The “Paycor Register for a Username” attachment will assist you to set up your account.
  - Set up a unique user name and password
  - We strongly suggest that SAU employees use a format of “first initial, last nameSAU” (example: SClausSAU) for a User Name.
    - If you forget your username and password, you will be able to reach out to Paycor for assistance.
    - If asked for an SAU Registration ID Number:
      - **SAU’s ID/Number: is 116481.**
- Step by step instructions are saved on the SAU Portal

# Action Steps

- Read and review the 2021 Benefits Guide and other OE Resources
  - Available on the SAU HR portal
- Read and review the Paycor Benefit Advisor Employee Guide for step by step instructions to guide you through the online tool.
  - Available on the SAU HR Portal
- Log-In to Paycor-Benefit Advisor and go through the OE process
  - Make your benefit choices or waive benefits by completing online enrollment through the Paycor Benefits Advisor platform by **Friday, November 13, 2020.**
  - **Must sure to have you and your dependents information such as; dates of birth, social security numbers, etc.) prior to starting the process.**
    - Verify you & your family's information
    - Navigate the Plan pods & Enroll in a plan
    - Make sure to add the appropriate beneficiaries
    - Review & Confirm your elections
- If you are having trouble with the OE Online process, HR is here to help. This year we will be doing 30 min. - VIRTUAL HR HELP sessions, watch for an email with times to sign up!



**THANK YOU FOR ATTENDING!**