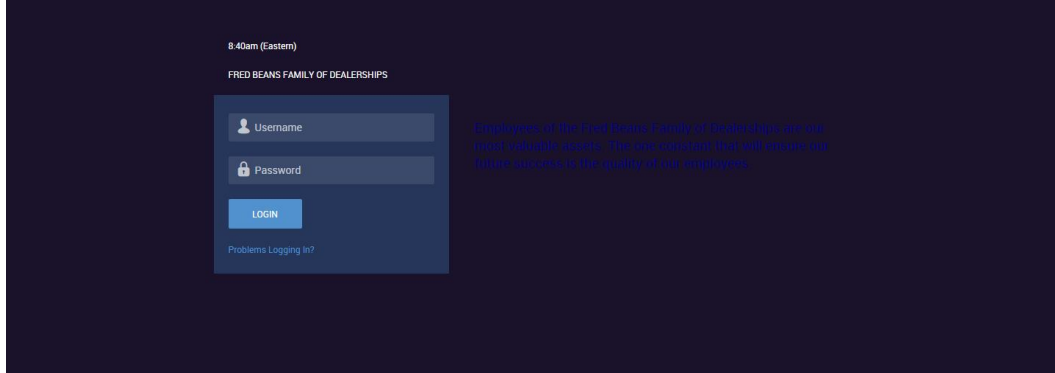


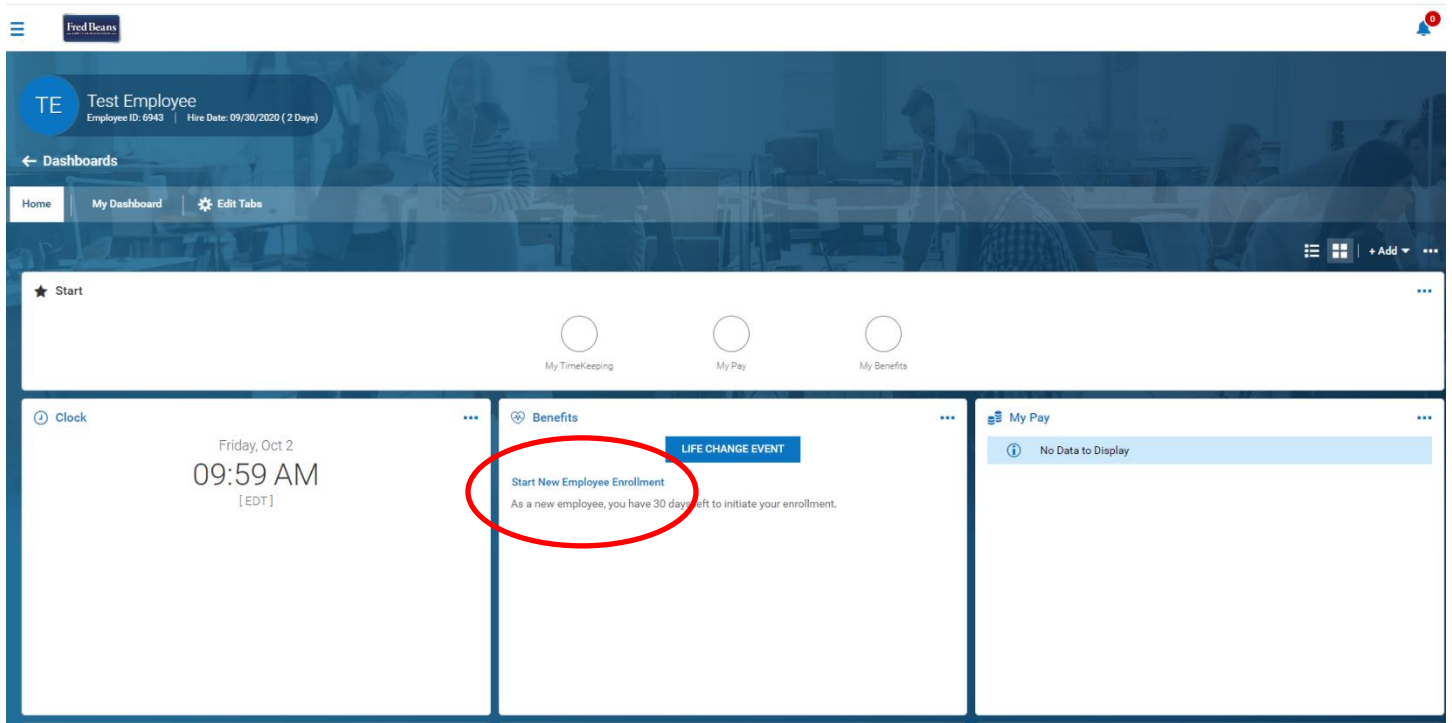


HOW TO ENROLL IN BENEFITS

1. Log into the [Employee Portal](#) using your username (first initial, last name, and employee ID) and password.



2. You will see three large white boxes on your home page. Within the Benefits box, click on “Start New Employee Enrollment”.
 - a. You may also access this page by clicking on the 3 blue lines (top left of screen), then clicking ‘My Benefits’ and selecting ‘Review/Select Benefits’



3. After you click 'Start New Employee Enrollment', you will see the Benefit Enrollment Questionnaire. Please read the instructions, answer the questions fully below the instructions and then click on the blue box in the bottom right hand corner that says, 'Submit'. Click 'OK' to confirm your submission.

Page 1

Welcome to the Benefit Enrollment Questionnaire!

Please complete the below questions accordingly and then click **Submit Questionnaire** on the top right hand corner of the screen to continue with your benefit elections.

You are required to certify your tobacco status if you are enrolling in one of the Fred Beans Family of Dealerships medical plans.

If you are currently a tobacco user (e.g. smoke, chew tobacco, etc.) and enroll for medical coverage, a \$45 per pay surcharge will apply to your medical coverage to your first regular pay.

If you certify as a tobacco user and you are enrolled in one of the Beans Medical/Rx plans, you can qualify to have the surcharge removed by completing the tobacco cessation program, the **free** Independence Blue Cross (IBC) sponsored SmartQuit Tobacco Free Program. Please see Human Resources or ibxpress.com for more information regarding these programs.

I understand that intentional misrepresentation of my current tobacco status will result in significant consequences including but not limited to, commencement of a \$45 per pay surcharge for medical coverage, termination of medical coverage, or termination of employment.

Note: Contact Human Resources if it is unreasonably difficult due to a medical condition for you to satisfy this requirement under this program, or if it is medically inadvisable for you to attempt to complete this requirement. We will work with you to develop another way to avoid the tobacco user surcharge.

If you elect to cover your Spouse/Domestic Partner (DP) on the Fred Beans medical plan instead of coverage available through your Spouse's/DP's employer plan, a \$25 per pay period spousal surcharge will apply.

Are you a Tobacco User?*

No

What is your current legal marital status?*

single

4. Once you submit your questionnaire, you will see the first page with a list of instructions. Please read fully to understand, then click 'continue' to begin your elections.

← New Enrollment

Incomplete 0%
Started on Oct 2, 2020

CONTINUE

Instructions

As you proceed through the benefit categories (Medical, Dental, etc.), review the provider, pricing and coverage type that best meets your family's needs. Note that there are options to compare plan pricing and features to assist you with your selections.

If you are **waiving** all plans offered, please ensure you go through each tab and click 'Waive'.

Once you have decided on a plan, click on the "select" checkbox next to the plan. Note that you do have the option to waive plan coverage and can modify your selections up to final submit on confirm selections tab.

If you have chosen a plan that requires a dependent (e.g. Employee plus Family) you will need to define those dependents in the confirmation tab. In most cases your dependents have already been added to the options for you. If not, you will want to have your dependent(s) contact, SSN and birthday information available as you complete this section.

Your information will be forwarded to HR for review and approval. You can always return to view your status of current benefits as needed or prompt a request for change should you experience a "Life Change Event" outside of the open enrollment period.

NOTE: You must complete the Confirmation Selection tab and submit prior to your selections to be considered for activation.

CONTINUE

- Once you click 'Continue' at the top right of the screen, you will see all of our options for Medical Insurance. **SCROLL DOWN TO VIEW ALL OPTIONS.** To select a plan, click in the box in front of the plan name. You will then be prompted to choose your coverage level and tobacco use.
 - ❖ If you wish to waive medical insurance, click 'Waive all Medical'

Medical Compare Plans

Employees should select one of the following options (HDHP, POS, PPO) or select "Waive This Option" in order to save and continue.

Employees selecting the POS will need to enter PCP Medical Numbers on this screen.

Need to find a doctor? Go to ibxpress.com and select 'find a doctor'.

Waive all Medical

Independence BC- Personal Choice HDHP

Independence

Fred Beans
Coverage Name

Independence BC - Keystone POS (FB)

Keystone
Fred Beans
Coverage Name

Independence BC - Personal Choice PPO (FB)

- ❖ You will need a 9-digit PCP ID number if enrolling in the POS plan. Search using <https://www.ibx.com/get-care/find-doctors-and-health-care-providers> Enter this PCP number directly under your chosen plan.
- ❖ If you choose the employee + children, employee + spouse, or employee + family plan, you will need to add covered dependents under the appropriate category by clicking the blue '+add' and then either selecting 'add new' or 'add from existing contacts'. When adding new, you must enter the dependent's gender, DOB and SNN. Adding from existing will be any contacts you previously entered. **You will need to add a 9-digit PCP ID number for each family member if electing the POS plan.**

Fill in Required Info for Selected Plan

Employee Benefit Fields

Tobacco user? *

No

Spouse

Require 1 Spouse

Page 1 of 1 0 Rows + Add

Name	Relationship	Birth Date	Actions
No Data to Display			

Children

Require 1-20 Child/ren

Page 1 of 1 0 Rows + Add

Name	Relationship	Birth Date	Actions
No Data to Display			

CANCEL SAVE AND SELECT

6. Once you click 'Continue' at the top right of the screen, you will see all of our options for Dental Insurance.
SCROLL DOWN TO VIEW ALL OPTIONS.
 - a. You will need a 6-digit PCP ID number if enrolling in the DMO plan. Search using <http://www.aetna.com/docfind>
 - b. If you wish to waive dental insurance, click 'Waive all Dental'
 - c. If you choose the employee + children, employee + spouse, or employee + family plan, you will need to add covered dependents under the appropriate category by clicking the blue '+add' and then either selecting 'add new' or 'add from existing contacts'. When adding new, you must enter the dependent's gender, DOB and SNN. Adding from existing will be any contacts you previously entered.
7. Once you click 'Continue' at the top right of the screen, you will see all of our options for Vision Insurance.
 - a. If you wish to waive vision insurance, click 'Waive all Vision'
 - b. If you choose the employee + children, employee + spouse, or employee + family plan, you will need to add covered dependents under the appropriate category by clicking the blue '+add' and then either selecting 'add new' or 'add from existing contacts'. When adding new, you must enter the dependent's gender, DOB and SNN. Adding from existing will be any contacts you previously entered.
 - c. Click 'Continue' (top right) once you have made your selections
8. Once you click 'Continue' at the top right of the screen, you will see your current enrollment in the Basic Life and Basic AD&D plans.
 - a. You are automatically enrolled in this plan
 - b. You **MUST** add a beneficiary on this page. To add a beneficiary, click on 'fill in required info' in yellow. Again, click the blue '+add' and then either selecting 'add new' or 'add from existing contacts'. You then will be asked to enter the percentage. You can add up to 20 beneficiaries, as long as they equate to 100%.
 - c. Click 'Continue' (top right) to move forward

Basic Life/Basic AD&D Automatically Enrolled

Basic life and AD&D insurance that is paid by the company. Please designate a beneficiary to this plan.

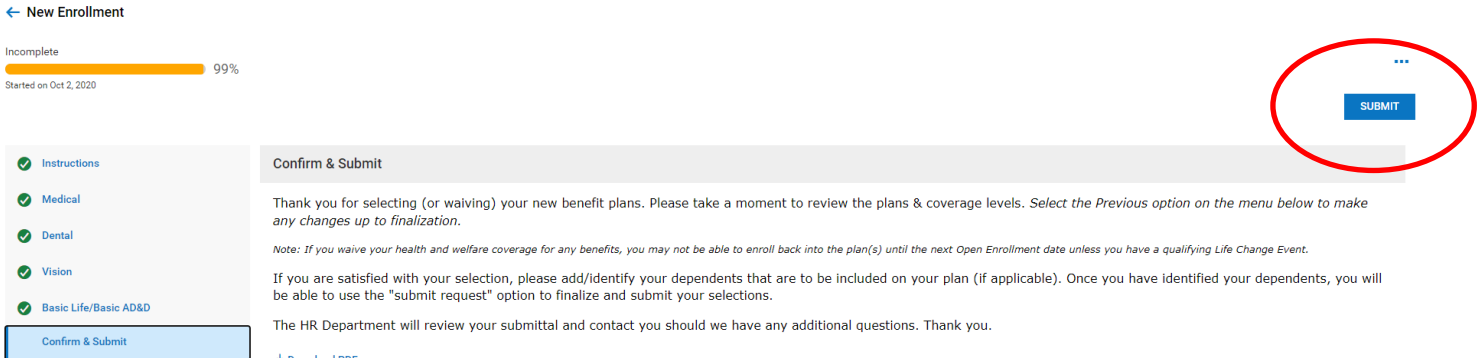
Basic Life and AD&D - Hartford

⚠ Fill in required info

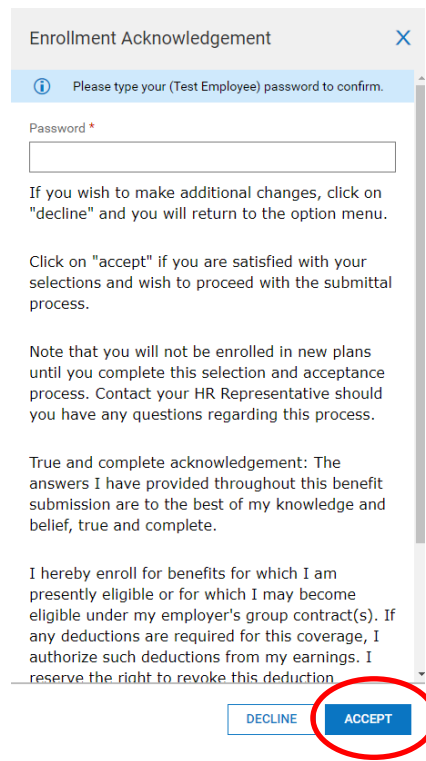
Fred Beans McCafferty Langhorne Mechanicsburg

Coverage Name \$10,000	Employee Contribution ⊖
Coverage \$10000.00	Company Contribution -
Taxable Income -	Company Frequency -
Employee Frequency Every Scheduled Pay	

9. Once you click 'Continue' at the top of the screen, you will see a confirmation page that summarizes the elections you have just made.
 - a. Click 'Submit' in the top right once you are satisfied with your elections.



10. Once you click 'Submit', you will be asked to enter your employee portal password.
 - a. You **MUST** type in your password and hit **ACCEPT** in order to submit elections.
 - b. Your elections will then be sent to the administrator.



11. If you have successfully submitted, a prompt will pop-up stating your enrollment was successfully submitted

