

## **ESS – Annual Enrollment Step 5: Insurance Plans**

### Location(s): myNKU $\rightarrow$ Employee Self Service (ESS) $\rightarrow$ Benefits and Payment $\rightarrow$ Annual Enrollment

Your current elections for insurance plans roll over every year. If you do not want to make a change click Next to proceed to Step 6: Savings Plans.

**Note**: If you delete a plan, you will lose all guaranteed coverage and may need to provide proof of good health to regain coverage.

You have the ability to add (  $\square$  ) or edit (  $\checkmark$  ) an Insurance Plan.

#### Add

This employee currently does not have a Dependent Life Spouse coverage.

	Dep Life Spouse	01/01/2016
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To add a plan, use the following steps:

- 1. Click the Add icon.
- 2. Select the plan to highlight.
- 3. Click Add.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dep Life Spouse	Spouse 10000 Dollars	10,000.00		22.80 USD Annually
Dep Life Spouse	Spouse 25000 Dollars	25,000.00		57.00 USD Annually
Dep Life Spouse	Spouse 50000 Dollars	50,000.00		114.00 USD Annually
Dep Life Spouse	Waived Coverage	0.00		

• That plan is now displayed

1 🖉	Dep Life Spouse	01/01/2016	New	Dep Life Spouse	Spouse 25000 Dollars



### Edit

This employee has Short Term Disability coverage of \$300.

To edit this plan, use the following steps:

1. Click the Edit icon.

**Note for Short Term Disability:** If you are unsure of the maximum units you can purchase, enter 25 for the additional units and click calculate.

Select a ShortTerm Disab Plan								
	Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs			
	Short Term Disabil	ty Short Trm Dis 30 DWP	0.00					
	Short Term Disabil	ty Short Trm Dis 15 DWP	0.00		104.40 USD Annually			
	Short Term Disabil	ty No Coverage Elected	0.00					
Additional Coverage								
	Ac	ditional Unit:	25 x	x	100.00 USD			
	Total Insurance	e Coverage:	300.00	Calculate				

- The allowed number of additional units will be populated
- 2. Click Add

lect a	ShortTerm Disab	Plan						
Pla	in Name	Option		Coverage	Pre-Tax Costs	Post-Tax Costs		
Sh	ort Term Disability	Short Trm	Dis 30 DWP	0.00				
Sh	ort Term Disability	Short Trm	Dis 15 DWP	0.00		104.40 USD Annually		
Sh	ort Term Disability	No Covera	age Elected	0.00				
Additional Coverage								
	Total Insurance C	Coverage:		800.00	Calculate	100.00 030		
						Add Cancel		

- A Details box for Evidence of Insurability will display
  - The vendor will require you to provide proof of good health in order to be approved for any election that displays the Evidence of Insurability message.
- Click Close

Detai	ls 🗆 🗙
	Evidence of insurability required by 11/27/2015.
	Evidence of insurability means that you must provide evidence of good health. To be considered for this coverage, complete the EOI form and return the completed form to the HR department before 11/27/2015. Coverage will either be approved or denied based on the information provided.
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• The updated plan in the amount of \$800 is now displayed

ShortTerm Disab	01/01/2016	Pending	Short Term Disability	Short Trm Dis 15 DWP	800.00 USD

# When finished working with Insurance Plans, click Next to proceed to Step 6: Savings Plans

Open Enrollment: Step 5 of 8 (Insurance Plans)								
I) Per	sonal Profile	2 Dependents	3 Benefits Summary	4 Health Plans	5 Insurance Plans	6 Savings Plans		