



Log in to BenefitBridge from internet

License No. 0451271

Innovative Solutions. Enduring Principles.



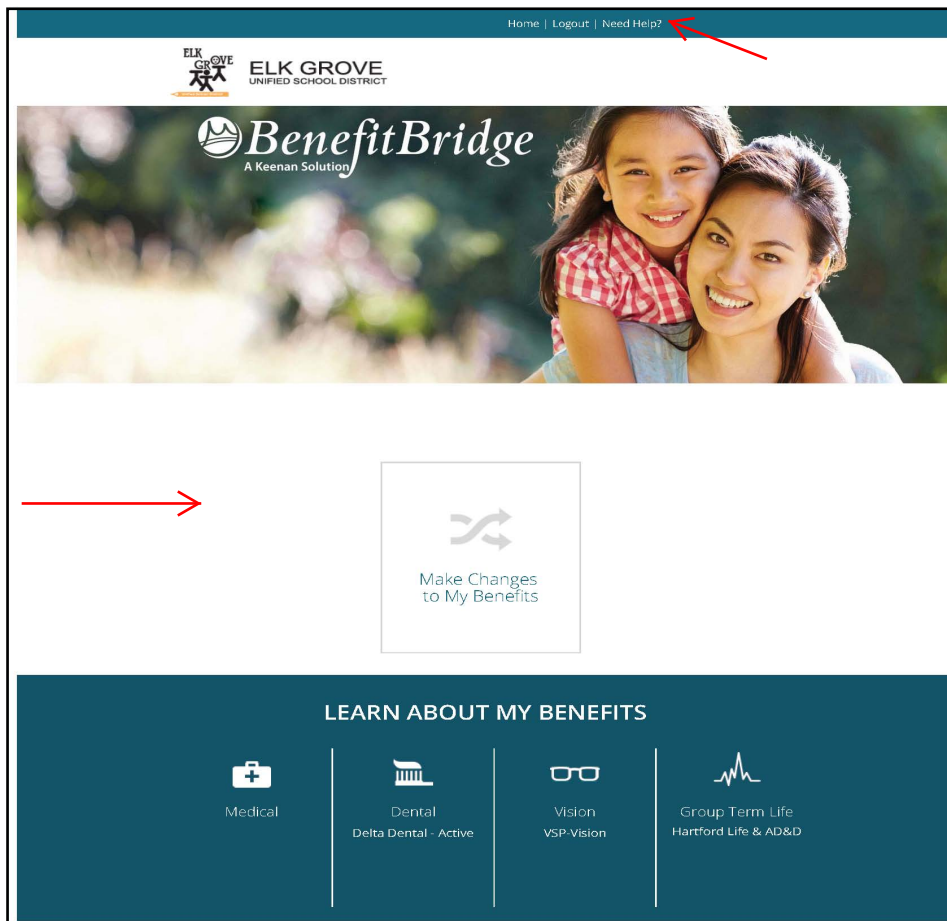
1. Welcome to BenefitBridge. To access the BenefitBridge portal, login to BenefitBridge from the internet.
2. In the internet address bar, type:
www.benefitbridge.com/egusd



1. If you are a returning user to BenefitBridge, enter your username and password.
2. If you have forgotten this information, **click** on Forgot User Name/Password.
3. If this is the first time you are logging in to BenefitBridge, you will have to register.
4. **Click** on the Register button.



1. Provide identifying information, including your **first** name, **last** name and the **last 4** digits of your social security number.
2. After you **select** a picture, click on the Continue button and follow the prompts to either:
 - a) Create your username and password;
 - OR
 - b) Obtain your username and reset your password.



1. This is an individual employee's portal Home screen.
2. Hover over "**Need Help?**" to access the BenefitBridge Customer Care contact information (1-800-814-1862, M-F 8 a.m. to 5 p.m.).
3. In the "**Learn About My Benefits**" section, you can review plan summaries of your current benefits.
4. When you select "Make Changes to My Benefits", you will be directed to begin your enrollment.

SPECIFY YOUR LIFE EVENT

*Indicates required fields

*1. Which Life Event applies to your situation?

- Birth / Adoption
 Deceased
 Dependent Loss of Coverage
- Dependent Permanently Disabled
 Divorce / Dissolution / Annulment / Separation
 Domestic Partnership
- Ineligible Dependent
 IRS Dependent Status
 Marriage
- Medicare Eligible Life Event
 New Hire
 Other
- Promotion
 Retiree - District Pay Ends
 Spouse Gains/Loses Coverage
- Student Status

*2. What was the date of your Life Event?



*3. Please describe your Life Event

4. Please provide documentation of your Life Event. (optional) 

[Instructions to Add Documents](#)



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1. You will be directed to the Life Event Page.
2. Select which life event applies to your situation.
3. Enter the date of your Life Event.
4. Describe your Life Event.
5. Click on Upload Document to attach the proof required for your change (i.e. Marriage Certificate, Birth Certificate, Proof of Loss of Coverage, etc)
6. Click on Continue

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Open Enrollment

- EMPLOYEE
- DEPENDENTS
- BENEFITS
- SUMMARY

EMPLOYEE INFORMATION

• Change the desired information and select **Continue** to update. Please contact the appropriate department within your organization for any information you are unable to change.

* Indicates required fields

*FIRST NAME: JANE MIDDLE NAME:

*LAST NAME: DOE

*DATE OF BIRTH: 01/01/1964 *GENDER: FEMALE

*ADDRESS 1: 123 MAIN ST

ADDRESS 2:

*CITY: ALAMEDA

*STATE: CA *ZIP: 94501 PHONE NUMBER: 510-555-5555

EMAIL: TEST@KEENAN.COM

Cancel Continue

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1. You will be directed to the employee information page.
2. Use **these** tabs to navigate through your enrollment.
3. After the Employee Information tab has been reviewed, select **Continue** to proceed to the **Dependents** tab.

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Open Enrollment

EMPLOYEE ✓
DEPENDENTS
BENEFITS
SUMMARY

DEPENDENTS

• **REQUIRED DOCUMENTATION:** A marriage license/birth certificate/state registration must be submitted to the appropriate department within your organization before coverage for your dependent will be approved.

Show More ▾

DEPENDENT	SSN	RELATION	AGE	OPTIONS
JOHN DOE	**-8888	SPOUSE	56	Select ▾

Add Dependent

Add Documents

Cancel Continue

Select
Select
Edit
Remove

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1. The **Dependents** tab lists current dependents. You can also **add**, **remove**, or **edit** information about your dependents on this tab.
2. If you have a new dependent, proof of documentation is required. If you haven't already attached documentation on the Life Events page, attach it here. **Add** your document(s) here, such as a birth certificate or a marriage certificate.
3. If you are waiving benefits, proof of alternative insurance is required. (Example of proof of alternative coverage is a copy of your medical ID card) Upload your proof of other insurance here.

OPEN ENROLLMENT
Here is a summary of what's new for your employer group benefits this year.

Plans with price changes
You can keep the same plans as last year, but new prices apply.

PLAN	Last Year <small>YOUR COST PER PAY PERIOD</small>	Next Year <small>YOUR COST PER PAY PERIOD</small>	Net Change <small>YOUR COST PER PAY PERIOD</small>
Medical Anthem HMO LP - Active	\$164.05	\$2,570.13	\$2,406.08
Dental Delta Dental LP - Active	\$7.62	\$119.37	\$111.75
Vision VSO Vision Certified Admin - Inv	\$0.00	\$0.00	\$0.00
Basic Dependent Life Sun Life Basic: Dependents \$50,000	\$1.32	\$1.32	\$0.00
Commuter Benefit Employer Options - Pre-tax Commuter Expense	\$0.00	Not Available	-----
Group Term Life Sun Life Basic: \$50,000	\$0.00	\$0.00	\$0.00
Long Term Disability Sun Life LTD	\$0.00	\$0.00	\$0.00

I want to keep the same coverage as last year.
 I want to review all options before deciding on what change to make.

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1. You can review a summary of what's new for your group benefits.
2. You can **bypass** making changes to your benefits and proceed to the Summary tab.
3. Or, you can **select** the “Review and Select Plans” button if you want to review or make changes to your enrollment.

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Open Enrollment

EMPLOYEE ✓
DEPENDENTS ✓
MEDICAL ✓
DENTAL ✓
VISION ✓
FLEXIBLE SPENDING ACCOUNT ✓
BASIC DEPENDENT LIFE ✓
OPTIONAL EMPLOYEE LIFE ✓
COMMUTER BENEFIT ✓
GROUP TERM LIFE ✓
LONG TERM DISABILITY ✓
SUMMARY

Last Year You Chose

PLAN: Compare
Anthem
Anthem HMO LP - Active
COST PER PAY PERIOD: **\$164.05**
(12 deductions per year)

COVERED: JANE DOE, JOHN DOE
RELATION: EMPLOYEE, SPOUSE

This Year's Health Insurance Options
Coverage levels shown are based on your selection of dependents below (if applicable).
Select/deselect the checkbox next to the dependent(s) name to add or remove coverage. If you add or remove a dependent, you must update your benefit election.
To change your current election, select the appropriate plan.
If you DO NOT want to change your current election, select **Continue**.

Plans Selected
(6 of 9)
Sub Total: **\$2,690.82** per month
Full Time Faculty

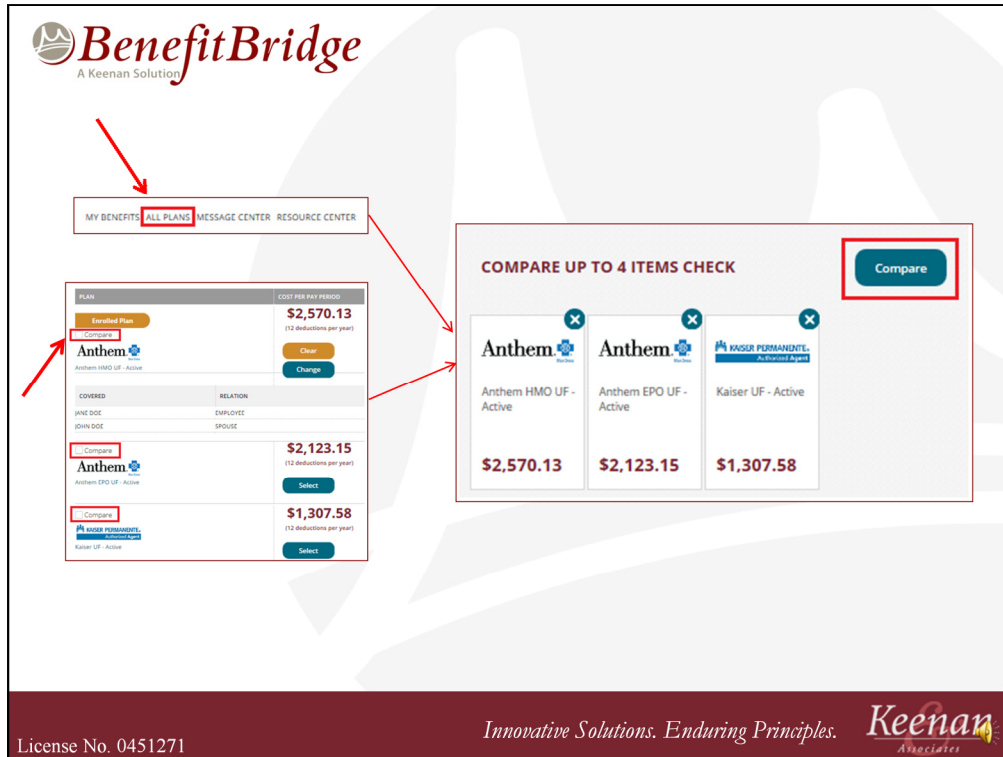
Enrolled Plan:
PLAN: Compare
Anthem
Anthem HMO LP - Active
COST PER PAY PERIOD: **\$2,570.13**
(12 deductions per year)
Clear Change

COVERED: JANE DOE, JOHN DOE
RELATION: EMPLOYEE, SPOUSE

PLAN: Compare
Anthem
Anthem EPO LP - Active
COST PER PAY PERIOD: **\$2,123.15**
(12 deductions per year)
Select

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1. The **Benefits** tab contains all the benefits associated with your classification. Employees in one classification may not see the same benefits as an employee with a different classification.



1. There is a **“Compare”** feature in BenefitBridge.
2. By selecting **“All Plans”** at the top of the screen on the Home portal page, you can compare plans before starting your enrollment.
3. After you have begun your enrollment, you can still utilize the compare feature by **selecting** the checkboxes above the Health Plan logos. For 2018, the District’s medical Health Plans available are Blue Shield of California, Kaiser, and Sutter Health Plus.
4. The system will display a side-by-side plan summary comparison in a spreadsheet format (up to four plans at a time, if applicable).

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Open Enrollment

Last Year You Chose

EMPLOYEE ✓
DEPENDENTS ✓
MEDICAL ✓
DENTAL ✓
VISION ✓
FLEXIBLE SPENDING ACCOUNT ✓
BASIC DEPENDENT LIFE ✓
OPTIONAL EMPLOYEE LIFE ✓
COMBATED BENEFIT ✓
GROUP TERM LIFE ✓
LONG TERM DISABILITY ✓
SUMMARY

Required Elections
Selection Completed

Plans Selected (6 of 9)
Sub Total: \$2,690.82 (per month)
Full Time Faculty

Compare
Anthem
Anthem-BRO LP - Active
\$164.05 (12 deductions per year)

COVERED: JANE DOE (EMPLOYEE), JOHN DOE (SPOUSE)
RELATION: EMPLOYEE, SPOUSE

This Year's Health Insurance Options
Coverage levels shown are based on your selection of dependents below (if applicable.)
Select/eselect the checkbox next to the dependent(s) name to add or remove coverage. If you add or remove a dependent, you must update your benefit election.
To change your current election, select the appropriate plan.
If you DO NOT want to change your current election, select **Continue**.

Hide A

Coverage for:
Employee JANE DOE
 SPOUSE JOHN DOE

PLAN: Enrolled Plan \$2,570.13 (12 deductions per year)
Clear Change

Compare
Anthem
Anthem-DPO - Active
\$2,123.15 (12 deductions per year)
Select

Compare
SHAW PERMANENT
None - None
\$1,307.58 (12 deductions per year)
Select

Select or remove dependents
Current selection
Other benefit options

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1. Let's look at a medical plan election as an example of how you can make a benefit election.
2. You can **select** or remove a dependent from coverage by selecting the checkbox next to your dependent's name
3. Your current benefit selection is **highlighted** in yellow.
4. **Other** benefit options will be displayed below your current election if multiple elections are available. You can change your benefit election by simply clicking on the green "Select" button next to the plan you would like to elect.

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Open Enrollment

EMPLOYEE ✓
DEPENDENTS ✓
MEDICAL ✓
DENTAL ✓
VISION ✓
FLEXIBLE SPENDING ACCOUNT ✓
BASIC DEPENDENT LIFE ✓
OPTIONAL EMPLOYEE LIFE ✓
COMMUTER BENEFIT ✓
GROUP TERM LIFE ✓
LONG TERM DISABILITY ✓
SUMMARY ✓

Sub Total: \$2,690.82 / per month

Full Time Faculty

Last Year You Chose

PLAN	COST PER PAY PERIOD
☐ Compare	\$0.00 (12 deductions per year)
Sun Life Basic \$50,000	

COVERAGE: \$50,000

This Year's Coverage Options

Make your selection for Group Term Life below, if applicable.

Hide ▲

Coverage for: Employee: JANE DOE

PLAN	COST PER PAY PERIOD
☐ Compare	\$0.00 (12 deductions per year)
Enrolled Plan	
Sun Life Basic \$50,000	

Clear Change

Coverage: \$50,000

NAME	RELATION	BENEFICIARY	%
JOHN DOE	SPOUSE	Primary	100 %

Cancel Continue

Edit Coverage Amount

Select your EMPLOYER PAID LIFE plan benefit amount below, if applicable.

COST PER PAY PERIOD: \$0.00 per pay period

EMPLOYEE COVERAGE: JANE DOE

\$50,000

Cancel Continue

Your Beneficiaries

Primary and Secondary must each add up to 100%.

Current Coverage Amount \$50,000

Select primary and/or secondary beneficiaries and enter distribution percentages.
To add a beneficiary not listed, select the Add Beneficiary button.

NAME	RELATION	BENEFICIARY	DISTRIBUTION
JOHN DOE	SPOUSE	Primary	100 %

Add Beneficiary Cancel Save

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1. Some plan elections have additional single or multiple pop-up screens.
2. Let's look at the Group Term Life election as an example.
3. The **main** screen displays the **coverage** level and also allow the **selection** of beneficiaries.
4. If you make a new election, you can **select** the plan on the main screen, **select** the amount of coverage on a pop-up screen and then **add** beneficiaries on a second pop-up screen.
5. Other plans, such as a flexible spending account, will also contain additional pop-up screens—just follow the prompts when they appear.

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Open Enrollment SUMMARY

EMPLOYEE: [checked] DEPENDENTS: [checked] MEDICAL: [checked] DENTAL: [checked] VISION: [checked] FLEXIBLE SPENDING ACCOUNT: [checked] BASIC DEPENDENT LIFE: [checked] OPTIONAL EMPLOYEE LIFE: [checked] COMPUTER BENEFIT: [checked] GROUP TERM LIFE: [checked] LONG TERM DISABILITY: [checked] **SUMMARY**

Effective date of new plans: 12/1/2016

All plans have a pending status and all amounts and information have been approved by your employer.

Employee Pay: \$230.30
You Pay: \$2,690.82

PLAN	TERMINABLE PLAN	COST PER PAY PERIOD
Medical Anthem Anthem HD of ACA JANE DOE JOHN DOE		Employee Pay: \$164.05 You Pay: \$2,570.13
Dental Anthem HD of ACA JANE DOE JOHN DOE		Employee Pay: \$7.62 You Pay: \$119.37
Vision VSP VSP Vision Care Select JANE DOE		Employee Pay: \$27.68 You Pay: \$0.00
Basic Dependent Life Sun Life Basic Dependent Select Coverage: \$5,000 JANE DOE		Employee Pay: \$0.00 You Pay: \$1.32
Group Term Life Sun Life Basic \$50,000 Coverage: \$50,000 JANE DOE		Employee Pay: \$7.15 You Pay: \$0.00
Long Term Disability Sun Life LTD Coverage: \$5,000 JANE DOE		Employee Pay: \$23.80 You Pay: \$0.00
Total per pay period -		Employee Pay: \$230.30 You Pay: \$2,690.82

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1. Once all benefits have been elected, **navigate** to the Summary tab.
2. All the plans you have elected will be listed.
3. The cost of your coverage amounts are listed, both your contribution and the District's contribution amounts.

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Elk Grove Unified School District
Summary of Benefits for the Requested Effective Date of 11/1/2018

MY DIGITAL SIGNATURE
Please review all of the information on this page and when you are satisfied with your selections, check the **I Agree** box and select **Submit**.

Acknowledgment:
I hereby certify that all the information entered is true and correct to the best of my knowledge. I also understand that any false information entered will make this enrollment process and the coverage for which it applies null and void. The Plan reserves the right to rescind coverage should the information prove to be incomplete or inaccurate. I understand that my benefit elections will be in effect until the next Open Enrollment period, unless my family status changes (e.g. loss of coverage for me or my dependents, change in marital status, change in spouse's/domestic partner's employment status). I understand that I must notify my employer within 30 days if I experience a qualifying event. I authorize my employer to make all payroll deductions associated with my elections. I understand that I am entitled to a copy of the plan documents for the benefit plans.

TO PRINT SUMMARY OF BENEFITS
Once your enrollment has been submitted, you will be able to download a copy of your Summary of Benefits. A copy of your Summary of Benefits will also be stored in your Message Center.

PERSONAL INFORMATION SUMMARY

Name: JANE DOE Gender: FEMALE Date of Birth: 11/1964 SSN: **-7876
Address: 123 MAIN ST ALABAMA GA 36001 Phone: 510-555-5555 Email: TEST@KEENAN.COM Age: 52

MY DEPENDENTS SUMMARY

DEPENDENT	RELATION	DOB	AGE	SSN	ADDRESS
JOHN DOE	SPOUSE	2/2/1960	56	**-8888	SAME

CORE BENEFITS SUMMARY

BENEFIT DETAILS COST PER PAY PERIOD
Medical: Anthem HMO LP - Active \$2,570.13
Coverage: Employee + One Carrier: ANTHEM BLUE CROSS

COVERED	RELATION	PCP #	EXISTING PROVIDER?
JANE DOE	EMPLOYEE	333	YES
JOHN DOE	SPOUSE	333	YES

REQUIREMENT FOR BINDING ARBITRATION
IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including gggg, dispute re: to medical malpractice, that is or is not whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and as provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL AND PARTICIPATION IN A CLASS ACTION FOR BQJIL MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.


NAME:

Your Approval: I Agree (Check to confirm your final approval)

Cancel Submit

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1. The last Summary screen will display Acknowledgement language, and a summary of changes and benefit elections.
2. You may also see a Cost Summary, if your employer has requested this feature.
3. **Scroll** to the bottom of the page so you can enter your name and check the “I Agree” box.
4. This serves as your electronic signature.
5. Once everything has been reviewed, select the “Submit” button.
6. This will submit the enrollment to the Benefits Administrator at the District. Once the administrator has approved (or denied) the enrollment, you will receive notification via email (if you entered an email address when you initially registered in the system).



Things to Remember

- Employee can return to Enrollment throughout enrollment period
- Use scroll bars
- BenefitBridge is intuitive
- Follow prompts
- Instructional verbiage on screens
- BenefitBridge Customer Care is available to assist
 - Need Help?

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1. Some things to remember about the BenefitBridge system:
2. You can return to your enrollment throughout the eligibility period by logging in as a returning user, even if your employer's Benefits Administrator has approved your enrollment. If you submit an updated enrollment, the Benefits Administrator will once again approve or deny it. Once the enrollment period ends, you will not be able to return to your enrollment.
3. Remember to use the right-hand scroll bars on screens throughout the system, as the Continue button is at the bottom of the each page and may not be immediately visible.
4. As you navigate through the system, follow the prompts on the screen.
5. There is instructional verbiage at the top of most screens in BenefitBridge to assist in navigating through the system.
6. If you have questions about registration, logging in or navigating through the system, on your home screen—simply hover over the “Need Help?” link. Here you will find the number to call BenefitBridge Customer Care for assistance (1-800-814-1862). Representatives are available Monday-Friday from 8 a.m. to 5 p.m. Pacific Time. You may also send an email to benefitbridge@keenan.com for assistance.



Thank you for using the BenefitBridge system to process your enrollment selections!