

Step-by-Step Enrollment Instructions

Select your benefits online as soon as possible. The final deadline to enroll is 60 days after your enrollment event. Coverage is effective the first of the month following your event.

- Log on to My HUB.

Go to the **UPMC Infonet** at <http://infonet.upmc.com>

Click the **My HUB icon** on the Infonet homepage



Enter your **user ID and password**. If you are accessing My HUB for the first time click the **First Time users link**

If you have forgotten your log on, use the links provided



- Go to your enrollment event.

Click on the **Human Resources tab**



Under the **My Benefits** section, click the **Benefits enrollment link**



Select the yellow **Enroll** button



- Review your benefit options and make your selections.

Read the information and use the links to learn about your benefit options

Select the yellow **Edit button next to the benefit option you want to review**

Read the information and use the links for details about the benefit

Scroll down to see per-pay costs for each coverage option
Click the circle next to the coverage level you wish to select

Coverage Level	Your Per. Pay Costs	Tax Class
Employee Only	\$29.08	Before-Tax
Employee/Child(ren)	\$56.38	Before-Tax
Employee/Spouse	\$68.77	Before-Tax
Employee/Family	\$72.46	Before-Tax

- For benefits where you may enroll dependents:

Scroll down - Select the **Dependent Information button to enter your dependent's personal data, if they do not already appear**

Click the checkbox next to the name of each dependent you wish to enroll

Enroll	Name	Relationship
<input type="checkbox"/>	John Doe	Spouse
<input type="checkbox"/>	Becky Doe	Daughter

- For employee life insurance options where you need to designate beneficiaries:

Use the links for guidance about designating beneficiaries

Scroll down - Select the **Beneficiary Information button to enter your beneficiary's personal data, if they do not already appear**

Assign a portion of the benefit next to the name of each beneficiary

Name	Relationship	Current Primary Allocation	Current Secondary Allocation	New Primary Allocation	New Secondary Allocation
John Doe	Spouse	100	0		
Jack Doe					100
		Total		100	0

- For staff electing life insurance coverage in amounts requiring Evidence of Insurability:

Print the Evidence of Insurability paperwork
Send both the instruction page and form to the life insurance carrier as directed

Notes

This level of coverage requires evidence of insurability. To apply for this coverage, review and follow the **INSTRUCTIONS TO SUBMIT EVIDENCE OF INSURABILITY** within 30 days.

Be aware benefit coverage and deduction amounts based on salary (such as supplemental life insurance) were calculated at the time your enrollment worksheet was prepared. Any pay rate adjustments entered since then will not be reflected here, but the first pay in which the new pay rate and benefits are effective will have accurate coverage and deduction amounts.

- Select the Update button at the bottom of the page.

Select the **Update** button to temporarily hold your choice

Dependent Documentation

STOP! Did you add a spouse, domestic partner, or dependent child for whom you are a legal guardian to your benefits? If yes, click the **Newly Added Dependent Documentation** button below to obtain submission forms for your marriage certificate, domestic partner affidavit, or court order regarding child for whom you have legal guardianship.

Newly Added Dependent Documentation

Update Click Update to temporarily hold your choice and see a review of your election.

Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment Options page.

Review your entry

Select **OK** if correct; select **Edit** if you need to make additional changes for that benefit

Your Coverage

Click submitted; this choice will take effect on 01/01/2009.

Staff electing to add a spouse/domestic partner to medical and vision coverage for the first time are reminded to:

- Submit your dependent documentation by December 12, 2008.
- Complete the claimant requirements by Jan. 30, 2009.

UPAC reserved the right to audit eligibility under the plan. If you are selected as part of the audit you will be required to provide proof of dependent relationship. Please review "Who is an Eligible Dependent?" if you have any questions regarding eligibility under the plan, contact a Benefits Representative at the Employee Service Center at 800-894-2752, option 3.

You have chosen Advantage HMO Standard Vision with Employee Family coverage.

Your Estimated Per Pay Cost

	Your Cost:	\$72.66
Your Estimated Dependents		
Name	Relationship	
Jessica M. Doe	Spouse	
Bill J. Doe	Son	
Becca L. Doe	Daughter	

OK Click OK to return to the Enrollment Options page.

- Repeat this process for each benefit.
- Store and Submit your selections when finished reviewing each option

Select the **Store** button at the bottom of the Enrollment Options page

This table summarizes the estimated per-pay period costs for your new benefit choices.

All Plan Types	Before Tax	After Tax	Total
Costs	74.77	3.99	78.76
Year Per Pay Costs	74.77	3.99	78.76

Be aware benefit coverage and deduction amounts based on salary such as supplemental life insurance were calculated at the time your enrollment worksheet was prepared. Any pay rate adjustments entered since then will not be reflected here, but the first pay in which the new pay rate and benefits are effective will have accurate coverage and deduction amounts.

Click Store to store your elections and begin the process of submitting your benefit choices.

Store

Important: Your enrollment will not be complete until you click the **Submit** button after storing your elections. This will electronically submit your elections. **IF YOU DO NOT SUBMIT YOUR ELECTIONS, YOUR ENROLLMENT WILL NOT BE COMPLETE AND YOUR STORED ELECTIONS WILL BE LOST.**

Select the **Submit** button to submit your choices

Benefits Enrollment

Submit Benefit Choices

Jane Doe

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Options page.

Dependent Documentation

STOP! Did you add a spouse, domestic partner, or dependent child for whom you are a legal guardian to your benefits? If yes, click the **Newly Added Dependent Documentation** button below to obtain submission forms for your marriage certificate, domestic partner affidavit, or court order regarding child for whom you have legal guardianship.

Newly Added Dependent Documentation

Authenticating Elections

By submitting your benefit choices you are authorizing UPAC to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the UPAC Welfare Benefits Plan to use and disclose, as permitted by federal privacy laws, your personal health information for the purposes of treatment, payment, and health care operations. UPAC strongly believes in protecting the confidentiality and security of staff members' information and wants to assure you we will continue to uphold the obligation to protect your personal data. You are declaring the information you are entering to be correct and accurate and an intentional false statement is considered an act of fraud. UPAC reserves the right to perform periodic audits on benefit eligibility, requesting the appropriate documentation to verify proof of dependent status.

For additional information, refer to the UPAC Privacy Notice.

Submit Click Submit to complete your enrollment.

- Print your Election Summary Statement.

Print and keep this statement
This is your documentation of what you entered.
It is your responsibility to ensure you entered correct information.

Benefits Enrollment

Elections Submitted

Jane Doe
123 ABC Lane
Pittsburgh, PA 15219

Please verify your home address above. This is where your final Confirmation Statement will be mailed. If this address is incorrect and it has been more than 3 days since you submitted a correction, navigate to My Personal Information to make the correction.

Select the **Go to Printable Summary Page** button below and print an Election Summary Statement. **Notes:** If for accuracy, keep it for your records. Should there be a discrepancy in your enrollment, you are required to provide the printed summary as proof of your completed elections.

Go to Printable Summary page* **Continue Enrollment**

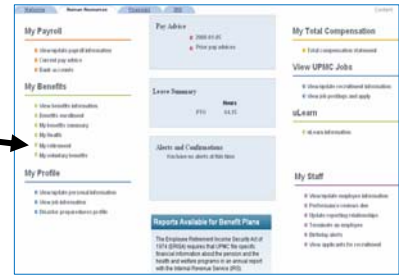
Review Other Benefit Options

- ❑ Review other benefit options. Enroll in the UPMC voluntary benefits within 30 days of your enrollment event. This information is available through My HUB under My Benefits, My Voluntary benefits.



- ❑ You can also enroll in and elect beneficiaries for your UPMC Savings Plan.

To access your retirement information, while in **My HUB**, click on the **Human Resources** tab, then click on **My Retirement** under **My Benefits**. You will be directed to **Your Benefits Resources** and can begin your enrollment.



Additional Steps to Complete Your UPMC Benefit Enrollment

- ❑ **Contact** the UPMC Health Plan (1-800-994-2752, choose option 2) if you enrolled in the Advantage HMO to elect your PCP after you receive your new UPMC Health Plan ID cards. Staff can search for a PCP online at www.upmchealthplan.com, click on Find a Provider.
- ❑ **Complete** the MyHealth requirements. (<http://benefits.infonet.upmc.com/MyHealthRequirements.htm>)
- ❑ **Send** Evidence of Insurability forms (if required) to CIGNA within 30 days of your enrollment event if you are electing life insurance for yourself, spouse, or domestic partner. Forms are provided during your enrollment session in My HUB.
- ❑ **Submit** the required dependent documentation within 30 days, if enrolling a spouse, domestic partner, or child for whom you are a legal guardian for the first time. You can print forms to submit your documentation during your enrollment through My HUB or from the Benefits section of Infonet (<http://benefits.infonet.upmc.com>).
- ❑ **Submit** the required dependent documentation within 30 days, for eligible dependent children between age 19 and 25 (enrolled as a full-time student in an accredited school, college, or university). You can print forms to submit your documentation during your enrollment through My HUB or from the Benefits section of Infonet (<http://benefits.infonet.upmc.com>).
- ❑ **Review** the UPMC Benefit Confirmation Statement that will be mailed to your home within a week of submitting your elections.
- ❑ **Review** your pay advice. Benefit deductions begin the first pay period in which coverage is effective. If your elections are not submitted prior to the processing deadline for that payday, deductions will be taken retroactively from subsequent pays.

My HUB access and log on issues should be directed to the UPMC Help Desk at 412-647-HELP(4357) or your local ISD help desk. If you need additional help with your benefit elections after reading the materials provided in My HUB and the UPMC Infonet, contact the UPMC Employee Service Center at UPMC DirectLink 1-800-994-2752, option 3.

Benefits described may not be applicable to all staff. Some business units have unique benefit programs, certain job classifications may affect benefit eligibility, and contract terms determine benefits for physicians and members of collective bargaining units.