

NEW HIRE/REHIRE HEALTH BENEFITS ENROLLMENT GUIDE

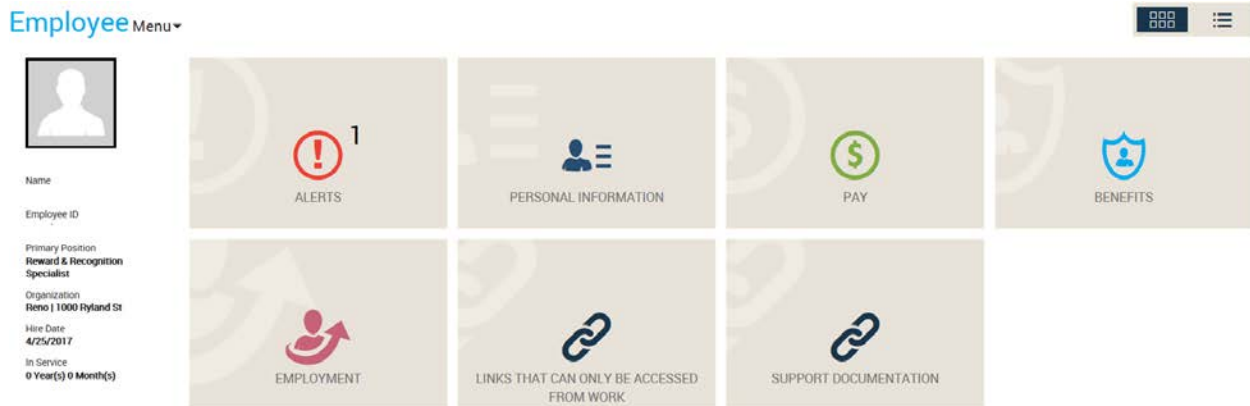
THIS BENEFIT ENROLLMENT GUIDE AIMS TO WALK YOU THROUGH THE PROCESS OF SELECTING YOUR 2021 BENEFITS

Accessing Benefits on Kronos

1. Log on to Kronos at <https://workforce.renown.org/wfc/logon> using the username and temporary password you received on your welcome letter for New Employee Orientation.

You have 30 days from your date of hire/rehire to enroll in benefits.

2. Select *Employee Home Page* on the right hand side task bar.
3. Click on the notification under the *Alerts* tile if accessing Kronos for the first time, or click on the *Life Events* link under *Benefits*.



You can also change your Employee Home Page view from tiles to a list view by clicking the button below.



4. Click on either the *New Hire* or *Rehire* or *Open Enrollment for 2021* link under “What You Can Do” and the enrollment system will guide you through each step.

Introduction and Contact Information

1. Click *Continue* on the Welcome page once you have reviewed all of the information.

WELCOME

Welcome to Renown Health's benefit enrollment system. **New employees must complete their benefit enrollment 30 days from their date of hire.** Employee benefits begin the first of the month following 30 days of consecutive employment.

If you need help with this enrollment, please call (775) 982-4156 or (775) 982-4444.

[Continue](#)

2. Review your mailing address and phone contact information. If you would like to add a new address or phone number, click the *Add Address* or *Add Phone* buttons.

If any of the information is incorrect, you can edit or delete it using the *Change* and *Delete* buttons on the right hand side.

Click *Save & Continue* once everything is correct.

YOUR ADDRESS & PHONE

Please review your address and phone number below to verify our records are correct. Insurance cards will be mailed to this address. To make changes to your address or phone number click on the change link below.

Your records show the following address and phone information:

Add Address			
Primary	Address		
<input checked="" type="checkbox"/>	123 Example Lane, Reno, Nevada 89509		Change

Add Phone				
Primary	Phone	Type	SMS	
<input checked="" type="radio"/>	775-555-5555	Personal Contact 1		Delete Change
<input type="radio"/>	775-982-5000	Work Phone		Delete Change

REMINDER: Human Resources policy HRM.405, Address, Phone and Name Changes require all employees provide phone number changes to their leader within 24 hours of the change and make changes via Kronos Employee Home Page within 14 days of the change.

[Save & Continue](#)

3. The Emergency Contacts page operates exactly as the Address & Phone page. Once you have reviewed the information and made any corrections, click *Save & Continue* to move on.
4. The Updating Your Benefits page shows you all of the Benefits you are eligible to enroll in, as well as your enrollment deadline. Click *Next* to begin selecting your benefit elections.

Employer Life Insurance Enrollment

1. To enroll in Renown's free life insurance plan, you must first select a beneficiary.
2. Click on the *Add Beneficiary* button, if a new window does not pop up, tell your browsers pop-up blocker to allow pop-ups from this site. Be sure to provide accurate beneficiary information before clicking *Save & Continue*.
3. The beneficiary percentage **must equal 100%** in order to enroll. Once completed, click *Save & Continue*.

EMPLOYER LIFE

Renown provides Life and Accidental Death & Dismemberment insurance for all benefit eligible employees. Please list a beneficiary below. The beneficiary percentage must equal 100%.

CURRENT ELECTIONS

Benefit	Plan	Election
Employer Life	Not Enrolled	None

Clear my elections		
Plan	Election	Semi-Monthly Deduction
Basic Life 15,000	** Company provided **	\$0.00

Waive Employer Life

Add Beneficiary						
Beneficiary	Relationship	SS#	Enroll	Percent		
Bill Nye	Child	123-45-6789	<input checked="" type="checkbox"/> Employer Life	100 %	Primary	Edit

Save & Continue

Medical Coverage Plan Elections

1. Select your medical and prescription coverage plan in the left-hand column, and then select who you would like to be covered under that plan.
2. If you elect Employee Only (EE) coverage, no dependent is required. Otherwise, click the *Add Dependent* button (if nothing pops up, tell your browsers pop-up blocker to allow pop-ups on this site). Be careful to enter accurate names and social security numbers exactly as they appear on your dependents social security card. Once the dependent information is entered, click *Save & Continue*. Review the address information for the dependent, and make edits as needed before continuing.

MEDICAL

We're simplifying things by offering one medical/pharmacy/vision plan. The medical plan is a point-of-service plan that will look and operate similar to the previous Standard Plan. REMINDER: If electing spouse medical coverage, you must complete the Spouse Coverage Affidavit certifying your spouse is not eligible for other group medical coverage. This affidavit must be completed during open enrollment for the upcoming plan year. To complete click here.

CURRENT ELECTIONS

Benefit	Plan	Election
Medical	Not Enrolled	None

Clear my elections		
Plan	Election	Semi-Monthly Deduction
<input type="radio"/> Decline Medical Coverage FT		\$0.00
<input type="radio"/> Employee Health Plan FT	<input type="radio"/> EE <input type="radio"/> EE+Spouse <input type="radio"/> EE+Child(ren) <input type="radio"/> EE+Family	\$20.00 \$200.00 \$129.00 \$253.00

Add Dependent					
Dependent	Relationship	Birth Date	SS#	Enroll	
None					

NOTE: Children under the age of 26 may be covered under your medical plan. Spouses may be eligible if not eligible for other group medical coverage offered through their employer. For new dependent enrollments provide a copy of your marriage or birth certificates to Human Resources. If you are adding dependents, supporting documents must be provided to Human Resources on or before open enrollment ends on November 30. We make it as easy as possible - simply take a photo and email to BENMAL@Renown.org or you can always fax it to 775-982-4873. Please include your employee ID number.

Save & Continue

- If adding a Spouse to your medical plan, please complete the Spouse Coverage Affidavit by clicking on the link provided on the medical page. If waiving medical coverage, please complete the Waiver of Coverage Affidavit by clicking on the same link.

MEDICAL

Select the Medical plan and election option from the list below. **REMINDER:** If electing spouse medical coverage, complete the Spouse Coverage Affidavit certifying your spouse is not eligible for other group medical coverage. If declining medical benefits, complete the Waiver of Coverage Affidavit. To complete [click here](#).

- Dependents will appear in the bottom table as you add them, in order to fully enroll them, check the box next to each name. Once your plan, election, and dependents are all selected, click *Save & Continue*.

Add Dependent					
Dependent	Relationship	Birth Date	SS#	Enroll	
Dependent One	Child	12/12/2012	555-55-1234	<input checked="" type="checkbox"/> Medical	Edit
Dependent Three	Spouse	4/12/1985	555-55-9876	<input checked="" type="checkbox"/> Medical	Edit
Dependent Two	Child	12/12/2000	555-55-4321	<input checked="" type="checkbox"/> Medical	Edit

NOTE: Children under the age of 26 may be covered under your medical plan. Spouses may be eligible if not eligible for other group medical coverage. For new dependent enrollments provide a copy of your marriage or birth certificates to Human Resources or fax documentation to 775-982-4157.

[Save & Continue](#)

Dental Coverage Plan Elections

The instructions for medical plan coverage also apply to dental. Your dependents will carry over from the medical page as well, but be sure to check the box if you would also like them to be covered on your dental plan. Click *Save & Continue* when finished.

DENTAL

Dental still has two options: a basic dental option and a higher-level (Plus) option with the same benefits as in prior years. Select the plan and election option from the list below.

CURRENT ELECTIONS

Benefit	Plan	Election
Dental	Not Enrolled	None

Clear my elections		
Plan	Election	Semi-Monthly Deduction
<input type="radio"/> Decline Dental Coverage		\$0.00
<input type="radio"/> Dental FT	<input type="radio"/> EE <input type="radio"/> EE+Spouse <input type="radio"/> EE+Child(ren) <input type="radio"/> EE+Family	\$5.00 \$12.00 \$11.00 \$19.00
<input type="radio"/> Dental Plus FT	<input type="radio"/> EE <input type="radio"/> EE+Spouse <input type="radio"/> EE+Child(ren) <input type="radio"/> EE+Family	\$14.00 \$36.00 \$33.00 \$54.00

Add Dependent					
Dependent	Relationship	Birth Date	SS#	Enroll	
None					

NOTE: Children under the age of 26 may be covered under your medical plan. Spouses may be eligible if not eligible for other group medical coverage offered through their employer. For new dependent enrollments provide a copy of your marriage or birth certificates to Human Resources, if you are adding dependents, supporting documents must be provided to Human Resources on or before open enrollment ends on November 30. We make it as easy as possible – simply take a photo and email to BENMAL@Renown.org or you can always fax it to 775-982-4673. Please include your employee ID number.

[Save & Continue](#)

Flexible Spending Accounts – Medical & Dependent (Optional)

FSA Medical is for pre-tax health care related expenses for you and your dependents. The annual limit is \$2,750. FSA Dependent is for pre-tax Dependent Daycare Expenses. The IRS annual limit is \$5,000.

FSA MED
If you would like to enroll in a Medical Flexible Spending Account you will enter the **semi-monthly deduction below**. The annual election amount is to be calculated by the number of pay periods remaining in the year. For example: (\$2,500/24 = \$106.25)

CURRENT ELECTIONS

Benefit	Plan	Election
FSA Med	Not Enrolled	

Clear my elections

Plan	Election	Amount	Calculate	Semi-Monthly Deduction
<input checked="" type="checkbox"/> Flexible Spending Account Medical	50			\$0.00

Save & Continue

If electing an optional pre-tax Flexible Spending Account enter one-half of the monthly deduction. (To calculate - take the annual amount elected divided by the number of benefit pay periods left in the calendar year, i.e. \$2,750 divided by 24 pay periods = \$114.58)

Benefit Summary

Very important, Click the print button to print a copy of your Benefit Summary and then click the submit changes button. When the Benefits Team processes your elections you will no longer be able to view your elections until benefits begin.

BENEFIT SUMMARY

Print

A John Test

Enrollment Date: 1/1/2021

This is a list of the benefits you have selected. Please review carefully for accuracy. When you have completed the enrollment changes, click Submit Changes below.

Print this page as confirmation of the changes that are effective January 1, 2021, pending approval by the Benefits Administrator.

Benefit	Plan	Election	Coverage	Semi-Monthly Deduction	Employer Contribution	
Medical	Employee Health Plan FT	EE			\$292.53	Edit
Dental	Dental FT	EE		\$5.00	\$12.60	Edit
FSA Med	Not Enrolled					Edit
FSA Dep	Flexible Spending Acct Dep Daycare	\$200.00		\$200.00		Edit

* Company provided benefit

DEPENDENTS

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
None				

BENEFICIARIES

Beneficiary Name	Relationship	SS#	Enrolled In
None			

Your beneficiary elections will not be reflected on this Open Enrollment Benefit Summary. To view your current beneficiaries click here.

Save for Later

Submit Changes

