

Benelogic:

We are transitioning to a new online enrollment portal (Benelogic). The Benelogic enrollment system will walk you through the steps of both confirming your 2024 benefit elections, your covered dependents and your beneficiaries.

Single Sign On (SSO)

Benelogic has created a single sign-on process, so that you can use your work Username and Password. The SSO is synchronized to help you quickly navigate to the enrollment portal to confirm your enrollment elections.

If you are already signed into your WCS google account, all you have to do is click the Benelogic link below and you will be directed to your Employee profile.

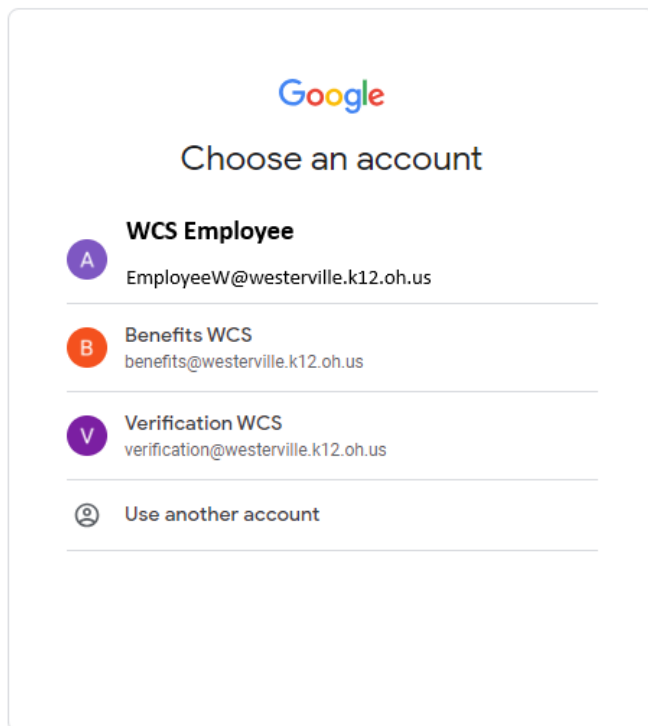
Benelogic: <https://wcs.benelogic.com>

***Username:** Your work email address (@westerville.k12.oh.us)

***Password:** The password that you use with your work email address.

***If you are not logged into your WCS google account,** you will be prompted to enter a Username and Password.

***If you are already signed into your WCS google account, you will not have to enter a username or password.**




Employee Home Page

During the Open enrollment period, <https://wcs.benelogic.com> should direct you to your Employee Home page to either make an election or to view your coverage.

Westerville City School District | WCS Employee | Sign Out


HomeMy BenefitsChange RequestsResourcesToolsProfile


Attention


It's Enrollment Time! Now is your opportunity to make your **Open Enrollment** elections. You have until 10/31/2023 11:59:59 PM ET to elect.


Go!


What Do You Want To Do?

Make a Change. If you need to make a change outside of an enrollment period, you can submit it here.

Upload a Document. You can add supporting documentation or just securely store benefit related records in your personal File Cabinet.

Change Your Password. You can change your password and/or your security questions.

View Current Benefits. You can see the benefits you have in effect today.

Watch an Overview. You can get a high level preview of how to enroll and the highlights of your portal with this quick tour.

Welcome to Your Benefits Website

Open Enrollment

Start: September 19, 2023 12:00 AM ET

End: October 31, 2023 11:59 PM ET

Current Plan Year

January 1, 2024 to December 31, 2024

Website Support

866-396-3382

info@wcs.benelogic.com

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Version 6.8.2

powered by
BENELOGIC

To begin your Open Enrollment

Select the green “Go!” button to review and make your elections.

Attention

It's Enrollment Time! Now is your opportunity to make your **Open Enrollment** elections. You have until 10/31/2023 11:59:59 PM ET to elect.

Go!

Personal Information

Review your personal information. If there are any discrepancies or changes to your information, please contact HR/Benefits at benefits@westerville.k12.oh.us

Effective 01/01/2024

Personal Information

Dependent Information

Medical Insurance

Dental Insurance

Vision Insurance

Basic Life Insurance

Supplemental Life Insurance

Spousal Life Insurance

Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Review

Personal Information

First Name

WCS

Middle Name

Last Name

Employee

Suffix

(none)

SSN

***-**-0417

Birth Date

05/11/1987

Gender

Male

Show

Contact Information

Dependent Information

Review your dependent information. If there are any discrepancies or changes to your information, please contact HR/Benefits at benefits@westerville.k12.oh.us

Effective 01/01/2024

Personal Information

Dependent Information

Medical Insurance

Dental Insurance

Vision Insurance

Basic Life Insurance

Supplemental Life Insurance

Spousal Life Insurance

Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Review

Dependent Information

If you are adding a new dependent to your insurance coverage, you will be required to provide eligibility documentation. Eligibility documentation – marriage or birth certificates – can be uploaded using the Benelogic File Cabinet using the "Upload Document" link below. Documentation can also be emailed to benefits@westerville.k12.oh.us

Upload Document

Spouse

Spouse

05/02/2001

Child

Child 1

11/21/2021

Child

Child 2

11/21/2021

Add New Dependent

Previous

Cancel

Next

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If you are adding a new dependent to your insurance coverage, you will be required to provide eligibility documentation.

Marriage certificates and/or birth certificates can be uploaded using the Benelogic "Upload Document" link. Documentation can also be emailed to benefits@westerville.k12.oh.us

Add New Dependent

Please Note: If you are adding a new dependent to your insurance coverage, you will be required to provide eligibility documentation. Documentation verifying all dependents – marriage or birth certificates – can be uploaded using the Benelogic File Cabinet. Documentation can also be emailed to benefits@westerville.k12.oh.us

First Name

Middle Name

Last Name

Suffix

SSN [Hide](#)

Birth Date

Gender

Relationship

Contact Information

☒ Use same address as employee

Address

Medical Insurance

Effective 01/01/2024

✓ Personal Information

✓ Dependent Information

➤ Medical Insurance

Dental Insurance

Vision Insurance

Basic Life Insurance

Supplemental Life Insurance

Spousal Life Insurance

Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Review

Resources

Plan Information

HDHP A Benefit Summary

HDHP B Benefit Summary

Your Selection
Anthem HDHP Plan A Single
Deductible: \$1,600
Max Out of Pocket: \$1,600
After Deductible Plan Pays: 100%

Medical Insurance

The Westerville City School District offers you two medical plan options through Anthem. Both plans are High Deductible Health Plans (HDHP), which means you are required to pay the full negotiated cost for all services, except preventive care, until your deductible has been met. The table below lists what your cost share is after your deductible has been met (until you reach the out-of-pocket maximum). Both plans run on a calendar year for the deductible and out-of-pocket maximum cycle.

	Plan A	Plan B
Deductible	\$1,600 Enrolled as Single \$3,200 Enrolled as Family	\$2,650 Enroll as Single \$5,300 Enrolled as Family
Coinsurance	100%/0%	80%/20%
Medical Out-of-Pocket Annual Maximum	\$1,600 Enrolled as Single \$3,200 Enrolled as Family	\$5,300 Enrolled as Single \$8,550 Enrolled as Family
Office Visits:		
PCP/sick visit	Deductible, then 0%	Deductible, then 20%
Specialist visit	Deductible, then 0%	Deductible, then 20%
Wellness at PCP	Covered in Full	Covered in Full
Inpatient Hospital	Deductible, then 0%	Deductible, then 20%
Outpatient Hospital	Deductible, then 0%	Deductible, then 20%
Emergency Room	Deductible, then 0%	Deductible, then 20%
Urgent Care Facility	Deductible, then 0%	Deductible, then 20%
Prescription Drugs	Deductible, then 0%	Deductible, then 20%

☒ Anthem HDHP Plan A Plan Details

☐ Anthem HDHP Plan B Plan Details

☐ Waive Medical Insurance

Coverage Level

Single [\$47.32]

Coverage Level

Single [\$47.32]

Covered

Select	Name	Relationship
<input checked="" type="checkbox"/>	WCS Employee	Employee
<input type="checkbox"/>	Spouse Example	Spouse
<input type="checkbox"/>	Child 1 Example	Child
<input type="checkbox"/>	Child 2 Example	Child

[+ Add New Dependent](#)

Select your level of coverage: **Single** or **Family**

Assign a covered dependent: **Select coverage for yourself** and other dependents
If you do not want Medical insurance, select “Waive Medical Insurance”

Dental Insurance

Effective 01/01/2024

✓ Personal Information

✓ Dependent Information

✓ Medical Insurance

➤ Dental Insurance

Vision Insurance

Basic Life Insurance

Supplemental Life Insurance

Spousal Life Insurance

Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Review

Resources

Plan Information

Dental Summary

Dental Insurance

Your dental plan covers your routine dental cleanings and can help offset additional dental expenses from basic to major services.

The Westerville City School District offers dental coverage at no cost to eligible employees. The annual maximum on your dental plan is the maximum amount that your plan will pay for covered services in a plan year, including your preventive exams. Once you reach your annual maximum for the year, you would pay for the cost of services in full. It's recommended that you have your dentist submit for a pre-determination prior to receiving services. A pre-determination will tell you if a service is covered and how much you will owe.

Benefits	PPO	Premier	Non-Network
Deductible	\$25 per person \$50 family max	\$25 per person \$50 family max	\$25 per person \$50 family max
Annual Max	\$2,000	\$2,000	\$2,000
Preventive	100%	100%	100%
Basic	80%	80%	80%
Major	50%	50%	50%
Orthodontia (Adult and Child)	60% to \$1,000	60% to \$1,000	60% to \$1,000

☒ Delta Dental PPO Plan Details

☐ Waive Dental Insurance

Coverage Level

Single

Covered

Select	Name	Relationship
<input checked="" type="checkbox"/>	WCS Employee	Employee
<input type="checkbox"/>	Spouse Example	Spouse
<input type="checkbox"/>	Child 1 Example	Child
<input type="checkbox"/>	Child 2 Example	Child

Select your level of coverage: **Single** or **Family**

Assign a covered dependent: **Select coverage for yourself** and other dependents
If you do not want Dental Insurance, select “Waive Dental Insurance”

Vision Insurance

Effective 01/01/2024

- ✓ Personal Information
- ✓ Dependent Information
- ✓ Medical Insurance
- ✓ Dental Insurance
- ➔ **Vision Insurance**
- Basic Life Insurance
- Supplemental Life Insurance
- Spousal Life Insurance
- Dependent Life Insurance
- Health Savings Account
- Health Savings Account - Alternate Contribution Options
- Flexible Spending Account
- Review

Resources

Plan Information

Basic Life/AD&D Summary

Vision Insurance

Your vision plan helps pay for routine eye exams and prescription glasses and/or contact lenses.

The vision plan only allows for you to get either glasses or contact lenses once every calendar year. Medical Eye Exams are covered on the vision plan with a \$20 copay. Medical eye exams covered through health insurance may be subject to deductible and coinsurance.

Benefits	Coverage
Exam	\$10 copay
Medical Related Evaluation	\$20 copay
Frames	\$160 allowance, 20% off balance
Lenses	\$10 copay (no additional copay if combined with exam)
Contact Lenses	\$160 allowance
Frequency	All benefits available once every calendar year

☒ **VSP Vision Plan Details**

☐ Waive Vision

Coverage Level

Single [\$3.64]

Covered

Select	Name	Relationship
<input checked="" type="checkbox"/>	WCS Employee	Employee
<input type="checkbox"/>	Spouse Example	Spouse
<input type="checkbox"/>	Child 1 Example	Child
<input type="checkbox"/>	Child 2 Example	Child

Select your level of coverage: **Single** or **Family**

Assign a covered dependent: **Select coverage for yourself** and other dependents

If you do not want Vision Insurance, select “Waive Vision Insurance”

Basic Life Insurance

Effective 01/01/2024

- ✓ Personal Information
- ✓ Dependent Information
- ✓ Medical Insurance
- ✓ Dental Insurance
- ✓ Vision Insurance
- ➔ **Basic Life Insurance**
- Supplemental Life Insurance
- Spousal Life Insurance
- Dependent Life Insurance
- Health Savings Account
- Health Savings Account - Alternate Contribution Options
- Flexible Spending Account
- Review

Resources

Plan Information

Basic Life/AD&D Summary

Basic Life Insurance

Your employer offers Life and AD&D coverage through MetLife on your behalf **at no additional cost to you** if you are an eligible contracted employee.

Life Insurance will pay your beneficiary a lump sum in the event that you pass away. AD&D pays an additional benefit if you are involved in an accident.

☒ **MetLife Basic Life Insurance - \$50,000 Plan Details**

Beneficiaries

Select	Name	Relationship	Primary %	Contingent %	Edit
<input checked="" type="checkbox"/>	Spouse Example	Spouse	100.00%		
<input type="checkbox"/>	Child 1 Example	Child			
<input type="checkbox"/>	Child 2 Example	Child			

Effective 01/01/2024

- ✓ Personal Information
- ✓ Dependent Information
- ✓ Medical Insurance
- ✓ Dental Insurance
- ✓ Vision Insurance
- ➔ **Basic Life Insurance**
- Supplemental Life Insurance
- Spousal Life Insurance
- Dependent Life Insurance
- Health Savings Account
- Health Savings Account - Alternate Contribution Options
- Flexible Spending Account
- Review

Resources

Plan Information

Basic Life/AD&D Summary

Basic Life Insurance

Your employer offers Life and AD&D coverage through MetLife on your behalf **at no additional cost to you** if you are an eligible contracted employee.

Life Insurance will pay your beneficiary a lump sum in the event that you pass away. AD&D pays an additional benefit if you are involved in an accident.

☒ **MetLife Basic Life Insurance - \$50,000 Plan Details**

Beneficiaries

Select	Name	Relationship	Primary %	Contingent %	Edit
<input checked="" type="checkbox"/>	Spouse Example	Spouse	100.00%		
<input checked="" type="checkbox"/>	Child 1 Example	Child		50.00%	
<input checked="" type="checkbox"/>	Child 2 Example	Child		50.00%	

Assign a Beneficiary for your Basic Life Insurance policy (Paid by the District)

Supplemental Life Insurance

If you are interested in paying for additional life insurance, you can purchase a supplemental policy. Please refer to the most recent [Employee Benefits Guide](#) for more information.

Effective 01/01/2024

✓ Personal Information

✓ Dependent Information

✓ Medical Insurance

✓ Dental Insurance

✓ Vision Insurance

✓ Basic Life Insurance

➤ Supplemental Life Insurance

Spousal Life Insurance

Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Review

Resources

Plan Information

Voluntary Life Summary

Supplemental Life Insurance

You have an opportunity to purchase additional Life and AD&D Coverage on top of what your employer provides to you.

Employees can purchase policies of 1x your salary, 2x your salary or 3x your salary up to a maximum benefit of \$500,000.

☒ MetLife Supplemental Life Insurance [Plan Details](#)

☐ Waive Supplemental Life Insurance

Coverage Level

Total Requested Amount

2x [\$2.28 - EOI Required]

Approved Amount

\$35,000 [\$1.16]

Pending Amount [EOI Required]

\$34,000

Previous

Cancel

Next ➤

Spousal Life Insurance

Effective 01/01/2024

✓ Personal Information

✓ Dependent Information

✓ Medical Insurance

✓ Dental Insurance

✓ Vision Insurance

✓ Basic Life Insurance

✓ Supplemental Life Insurance

➤ Spousal Life Insurance

Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Review

Resources

Plan Information

Voluntary Life Summary

Spousal Life Insurance

You have an opportunity to purchase additional Life and AD&D Coverage on top of what your employer provides to you.

You may purchase coverage for a spouse - this can be purchased in \$10,000 increments up to \$100,000, not to exceed 125% of your total Basic and Supplemental Life Insurance coverage amounts.

☒ MetLife Spousal Life Insurance [Plan Details](#)

☐ Waive Spousal Life Insurance

Amount

Total Requested Amount

\$ 20,000.00 [\$0.47]

Approved Amount

\$20,000 [\$0.47]

Pending Amount [EOI Required]

\$0

Covered

Select	Name	Relationship
<input type="checkbox"/>	WCS Employee	Employee
<input checked="" type="checkbox"/>	Spouse Example	Spouse
<input type="checkbox"/>	Child 1 Example	Child
<input type="checkbox"/>	Child 2 Example	Child

➤ Add New Dependent

Previous

Cancel

Next ➤

Dependent Life Insurance

Effective 01/01/2024

✓ Personal Information

✓ Dependent Information

✓ Medical Insurance

✓ Dental Insurance

✓ Vision Insurance

✓ Basic Life Insurance

✓ Supplemental Life Insurance

✓ Spousal Life Insurance

➤ Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Review

Resources

Plan Information

Voluntary Life Summary

Dependent Life Insurance

You have an opportunity to purchase additional Life and AD&D Coverage on top of what your employer provides to you.

You may purchase coverage for children - this coverage is offered in a \$5,000 amount or a \$10,000 amount, and one policy covers any eligible dependents. **Children can be covered up to the age of 26.**

☒ MetLife Dependent Life Insurance [Plan Details](#)

☐ Waive Dependent Life Insurance

Amount

Total Requested Amount

\$ 10,000.00 [\$0.91]

Approved Amount

\$10,000 [\$0.91]

Pending Amount [EOI Required]

\$0

Covered

Select	Name	Relationship
<input type="checkbox"/>	WCS Employee	Employee
<input type="checkbox"/>	Spouse Example	Spouse
<input checked="" type="checkbox"/>	Child 1 Example	Child
<input checked="" type="checkbox"/>	Child 2 Example	Child

➤ Add New Dependent

Previous

Cancel

Next ➤

Health Savings Account

If you are enrolled in a High Deductible Health Plan, you are eligible to enroll in a Health Savings Account (HSA). **If you are a new participant** to the H.S.A. program, you will also need to open your H.S.A account with the CME Credit Union. We cannot begin your payroll contributions until you open an account. *If you contributed during 2023, then we already have your account information on file.*



HSA Account Action Required

If you are a new participant to the H.S.A. program, you will also need to open your H.S.A account with the CME Credit Union. If you have not already created your account, please see instructions on how to do so here.

Employees that are enrolled in the FSA and HSA plans must identify their annual contributions for each plan year. *Current FSA/HSA elections do not automatically continue for next plan year.*

HSA Options:

All of the H.S.A. contribution options can now be identified online using the Benelogic enrollment system. *Employees no longer have to submit a paper form to identify their H.S.A. contributions.*

The Benelogic system will have two different H.S.A. elections to choose from as you make your election. There are 4 options for contributing towards your Health Savings Account (H.S.A.)

Health Savings Account

- Recurring Contributions during the entire year (18/24 contributions)

Health Savings Account – Alternate Contribution Options

- One Time Lump Sum Contribution
- 4 Contributions (2 Months)
- 12 Contributions (6 Months)

Health Savings Account

The majority of our employees that have recurring/ongoing deductions (18/24) through the year, will be able to make their election under the first election **Health Savings Account**

The screenshot shows the 'Health Savings Account' enrollment page. On the left is a sidebar menu with a list of options: Personal Information, Dependent Information, Medical Insurance, Dental Insurance, Vision Insurance, Basic Life Insurance, Supplemental Life Insurance, Spousal Life Insurance, Dependent Life Insurance, **Health Savings Account** (highlighted with an orange arrow), Health Savings Account - Alternate Contribution Options, Flexible Spending Account, and Review. The main content area is titled 'Health Savings Account' and contains a paragraph explaining eligibility and the need to open an H.S.A. account with the CME Credit Union. Below this, there are two radio button options: 'Health Savings Account - Payroll Deductions Plan Details' (selected) and 'No Health Savings Account Payroll Deductions'. Under the selected option, there is a text input field labeled 'Amount' with '\$50.00' entered. At the bottom, there is a note: 'Deductions should be entered on a Per Pay Period basis.' and two buttons: 'Cancel' and 'Save'.

Please enter your **Per Pay** election amount in the value field.

If you do not want to submit a bi-weekly contribution, you would select No Health Savings Account Payroll Deductions. If you want to also/or do an alternate type of contribution, you will identify your contribution using the election for **Health Savings Account – Alternate contribution Options**

Health Savings Account – Alternate Contribution Options

Health Savings Account – Alternate contribution Options

If you wish to make either a lump sum or a short-term contribution, you have the opportunity to make the election on this page. You can elect to contribute to your Health Savings Account in one lump sum, in 4 deductions (over the first 2 months), or in 12 deductions (over the first 6 months).

- One Time Lump Sum Contribution
- 4 Contributions (2 Months)
- 12 Contributions (6 Months)

Effective 01/01/2024

✓ Personal Information

✓ Dependent Information

✓ Medical Insurance

✓ Dental Insurance

✓ Vision Insurance

✓ Basic Life Insurance

✓ Supplemental Life Insurance

✓ Spousal Life Insurance

✓ Dependent Life Insurance

✓ Health Savings Account

➔ **Health Savings Account - Alternate Contribution Options**

Flexible Spending Account

Review

Health Savings Account - Alternate Contribution Options

If you wish to make either a lump sum or a short-term contribution, you have the opportunity to make this election on this page. You can elect to contribute to your Health Savings Account in one lump sum, in 4 deductions (over the first 2 months), or in 12 deductions (over the first 6 months).

When you enroll in an HSA, you elect an amount to be taken from your paycheck and placed into a savings account. This account is designed to help offset medical, dental, and vision expenses. You can use your HSA at the time of service, when you get a bill or to reimburse yourself on the back end.

If you are enrolled in a High Deductible Health Plan, you are eligible to enroll in a Health Savings Account (HSA). Please enter your **Per Pay** election amount or select the waive option if not eligible or declining coverage. The calendar year maximums for 2024 are as follows: Individual- \$4,150, Family - \$8,300.

If you are a new participant to the H.S.A. program, you will also need to open your H.S.A account with the CME Credit Union. We cannot begin your payroll contributions until you open an account. For instructions on how to apply, click [here](#).

☒ **Health Savings Account - Alternate Contribution Options Plan Details**

☐ No Health Savings Account Alternate Contribution Options

Coverage Level

One Lump Sum

Amount

\$500.00

Deductions should be entered on a **Per Pay Period** basis.

Cancel

Save ✓

Using the Drop down field, you will choose the alternate contribution level.

Please enter your **Per Pay** election amount in the value field.

Coverage Level

One Lump Sum

Select Coverage Level

One Lump Sum

4 Contributions (Over Two Months)



12 Deductions (Over 6 Months)

Save ✓

Once you have completed your election, then select the save button to proceed.

Confirmation page:

When you review your benefits at the end, you will see separate items for the different transactions.

Health Savings Account - Payroll Deductions	\$50.00	
\$50.00 of Health Savings Account - Payroll Deductions		
Health Savings Account - Alternate Contribution Options	\$400.00	
\$400.00 of One Lump Sum		

Flexible Spending Account

Westerville City School District | WCS Employee | Sign Out

HomeMy BenefitsChange RequestsResourcesToolsProfile

Total Cost \$503.50

Effective 01/01/2024

Personal Information

Dependent Information

Medical Insurance

Dental Insurance

Vision Insurance

Basic Life Insurance

Supplemental Life Insurance

Spousal Life Insurance

Dependent Life Insurance

Health Savings Account

Health Savings Account - Alternate Contribution Options

Flexible Spending Account

Flexible Spending Account

Health Care Flexible Spending Account - \$3,200 Maximum

Dependent Care FSA - \$5,000 Maximum

Flexible Spending Account

Health Care

Dependent Care

Waive Flexible Spending Account

Annual Amount

Between \$180.00 and \$3,200.00

Between \$180.00 and \$5,000.00

Cancel

Submit

If you want to participate in the Flexible Spending Programs, you will need to select the program and enter **the total "annual" contribution** that you would like to make. Your bi-weekly deduction would be the total amount divided by your pay schedule (18/24).

Employees that are enrolled in the FSA and HSA plans must identify their annual contributions for each plan year. Current FSA/HSA elections do not automatically continue for next plan year.

Review and Confirmation Page

Westerville City School District | WCS Employee | Sign Out

HomeMy BenefitsChange RequestsResourcesToolsProfile

Total Cost \$503.50

Review - 01/01/2024

Review the following summary of your benefit elections to ensure that it is accurate and complete. To make changes click the **Edit** icon to the right of the information section you wish to change. Any changes made will be effective 01/01/2024. Once you are satisfied with your benefit elections, click **Submit**.

Cancel

Submit

Personal Information

Name

WCS Employee

Home/Mobile Phone

(none)

Email

TestExt00417@testemployees.com

Dependent Information

Name

Spouse Example

Relationship

Spouse

Gender

Female

Name

Child 1 Example

Relationship

Child

Gender

Female

Name

Child 2 Example

Relationship

Child

Gender

Male

Beneficiary Information

Name

Relationship

This section is only for beneficiaries not already listed as dependents. If none are listed here, please refer to the specific plan(s) below to review or update your beneficiaries.

Your Benefit Selections

Benefit	Current Election 09/21/2023	Current Cost	Your Selection 01/01/2024	Cost
Medical Insurance	N/A		<div><div>Your Selection</div><div>Anthem HDHP Plan A Single</div><div>Deductible: \$1,600</div><div>Max Out of Pocket: \$1,600</div><div>After Deductible Plan Pays: 100%</div></div> <div><div>Anthem HDHP Plan A</div><div>Single</div><div>WCS Employee - Employee</div><div>\$47.32</div></div>	
Dental Insurance	N/A		<div><div>Delta Dental PPO</div><div>Single</div><div>WCS Employee - Employee</div><div>\$0.00</div></div>	
Vision Insurance	N/A		<div><div>VSP Vision</div><div>Single</div><div>WCS Employee - Employee</div><div>\$3.64</div></div>	
Basic Life Insurance	N/A		<div><div>MetLife Basic Life Insurance - \$50,000</div><div></div><div>\$0.00</div></div>	
Primary Designation:			<div><div>Spouse Example - Spouse 100.00%</div></div>	
Contingent Designation:			<div><div>Child 1 Example - Child 50.00%</div><div>Child 2 Example - Child 50.00%</div></div>	

Supplemental Life Insurance	N/A	MetLife Supplemental Life Insurance \$35,000.00 In Force 1x	\$1.16	
Spousal Life Insurance	N/A	MetLife Spousal Life Insurance \$20,000.00 In Force Spouse Example - Spouse	\$0.47	
Dependent Life Insurance	N/A	MetLife Dependent Life Insurance \$10,000.00 of MetLife Dependent Life Insurance Child 1 Example - Child Child 2 Example - Child	\$0.91	
Health Savings Account	N/A	Health Savings Account - Payroll Deductions \$50.00 of Health Savings Account - Payroll Deductions	\$50.00	
Health Savings Account - Alternate Contribution Options	N/A	Health Savings Account - Alternate Contribution Options \$400.00 of One Lump Sum	\$400.00	
Flexible Spending Account	N/A	Health Care FSA Waive Dependent Care FSA Waive		
Current Employee Per Pay Cost		\$0.00	New Employee Per Pay Cost	\$503.50

Attachments

Description	File Name	File Type	Size	Delete
There are no files uploaded.				

Upload Document or Select from File Cabinet

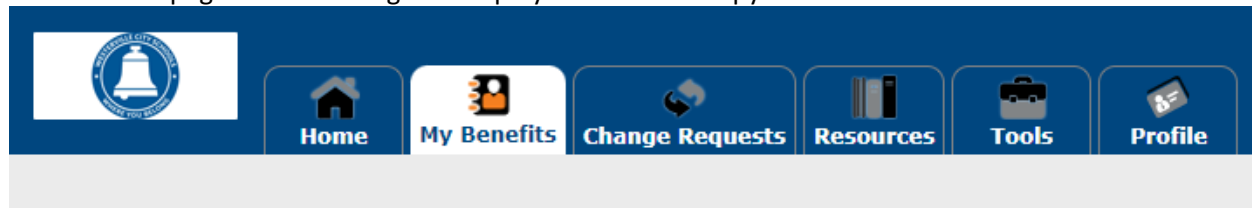
- Only PDF, PNG, JPG, BMP and XLSX are allowed.
- HR can access ALL files uploaded.
- Content must be appropriate. Benelagic reserves the right to delete offensive materials.
- Maximum file size is 10 MB.
- Can attach up to ten (10) files per request.

Cancel

Submit

Before you submit your OE: Review your elections, your covered dependents and your beneficiaries. If you need to upload eligibility documentation, you will see the upload document feature available.

If your Open Enrollment elections are complete, you can submit your OE elections and view your confirmation page. We encourage all employees to save a copy of their OE confirmation statement.



Finished!



View Confirmation



Edit Enrollment



Take Survey