

During the annual open enrollment period, you:

- **May change** health care, life insurance and/or short-term disability coverage for you and your eligible family members.
- **Must elect** an annual contribution amount to participate in next year's flexible spending account(s). Flexible spending account elections **do not rollover** from year to year.

Learn more: [annual open enrollment](#)

## Prepare for the Online Open Enrollment Process

Review your current coverage and options with your family to ensure that your elections will meet your and your dependents' needs next year. This worksheet is designed to help you prepare in advance of the online enrollment process outlined in Step 6.

**Important:** You have only one opportunity to make next year's elections. Your open enrollment elections will be binding for the next plan year (Jan.-Dec.), unless a [qualified life event](#) occurs.

## Step 1: Dependent Information and Documentation (required if enrolling dependents in medical, dental and/or vision)

- Read about eligibility, enrollment, dependent definitions, Social Security number requirements, and supporting documentation requirements and deadlines in the [Benefits Guide | Administration](#) ([cfo.asu.edu/benefits-guide](http://cfo.asu.edu/benefits-guide)).
- Gather and document **required** information in the spaces below. Use the back of this page if you need additional space.

	Name (last, first, middle as it appears on SS card)	SSN	Birth Date	Type of Required Documentation
1				
2				
3				
4				
5				

## Step 2: Health Care Program – For covered medical, pharmacy, dental and vision expenses

- Compare **medical, dental, and vision** plans and costs in the [Benefits Guide | Health](#) ([cfo.asu.edu/benefits-guide](http://cfo.asu.edu/benefits-guide)).
- Read the [Benefits Guide | Health](#) for **pharmacy** plan information (included with all medical plans).
- Visit the provider websites (links below) to see if your current providers are in the networks.
- Indicate your plan/provider network and coverage level for medical, dental, and vision plans.

Medical Plan Options	Provider Network Options
<b>EPO</b> <a href="http://cfo.asu.edu/health">cfo.asu.edu/health</a>	<input type="checkbox"/> Aetna Select <sup>SM</sup> (Open Access) ( <a href="http://www.aetnastateaz.com/">www.aetnastateaz.com/</a> ) <input type="checkbox"/> Blue Cross Blue Shield of Arizona ( <a href="http://www.adoa.azblue.com/">www.adoa.azblue.com/</a> ) <input type="checkbox"/> Cigna Open Access Plus ONLY ( <a href="http://www.cigna.com/sites/stateofaz/index.html">www.cigna.com/sites/stateofaz/index.html</a> ) <input type="checkbox"/> United Healthcare Choice EPO ( <a href="http://www.stateofaz.welcometouhc.com/home">www.stateofaz.welcometouhc.com/home</a> )
<b>HSA Option (a high-deductible plan)</b> <a href="http://cfo.asu.edu/health">cfo.asu.edu/health</a>	<input type="checkbox"/> Aetna Choice POS II ( <a href="http://www.aetnastateaz.com/">www.aetnastateaz.com/</a> )
<b>PPO</b> <a href="http://cfo.asu.edu/health">cfo.asu.edu/health</a>	<input type="checkbox"/> Aetna Choice POS II ( <a href="http://www.aetnastateaz.com/">www.aetnastateaz.com/</a> ) <input type="checkbox"/> Blue Cross Blue Shield of Arizona ( <a href="http://www.adoa.azblue.com/">www.adoa.azblue.com/</a> ) <input type="checkbox"/> United Healthcare Options PPO ( <a href="http://www.stateofaz.welcometouhc.com/home">www.stateofaz.welcometouhc.com/home</a> )
New Medical Coverage Level	
<input type="checkbox"/> Employee <input type="checkbox"/> Emp + Spouse <input type="checkbox"/> Emp + 1Child <input type="checkbox"/> Family <input type="checkbox"/> No Change <input type="checkbox"/> Waive	

Dental Plan Options	
<input type="checkbox"/>	<b>Delta Dental</b> – <a href="http://cfo.asu.edu/health">cfo.asu.edu/health</a>
<input type="checkbox"/>	<b>Total Dental Administrators</b> (available only in Arizona and Utah) – <a href="http://cfo.asu.edu/health">cfo.asu.edu/health</a>
New Dental Coverage Level	
<input type="checkbox"/>	Employee
<input type="checkbox"/>	Emp + Spouse
<input type="checkbox"/>	Emp + 1Child
<input type="checkbox"/>	Family
<input type="checkbox"/>	No Change
<input type="checkbox"/>	Waive

Vision Plan Options	
<input type="checkbox"/>	<b>Avesis Advantage Program</b> – <a href="http://cfo.asu.edu/health">cfo.asu.edu/health</a>
New Vision Coverage Level	
<input type="checkbox"/>	Employee
<input type="checkbox"/>	Emp + Spouse
<input type="checkbox"/>	Emp + 1Child
<input type="checkbox"/>	Family
<input type="checkbox"/>	No Change
<input type="checkbox"/>	Waive
If you waive Avesis Advantage, you will automatically be enrolled in the Avesis Discount Program.	

### Step 3: Health Care Accounts – For eligible, out-of-pocket health care expenses

#### Health Care Flexible Spending Accounts (FSA)

- Re-enrollment is required every calendar year.
- IRS maximum annual contribution is \$2,550 per employee.
- **Learn more:** Healthcare Accounts in the [Benefits Guide | Health](http://cfo.asu.edu/benefits-guide) ([cfo.asu.edu/benefits-guide](http://cfo.asu.edu/benefits-guide)).
- Indicate your annual election and election type.

Health Care FSA Options	Annual Election (for eligible expenses incurred between January 1 and December 31 next year)
<b>Health Care FSA</b> – Excludes high-deductible health plan participants	\$
<b>Limited Health Care FSA</b> - For high-deductible health plan participants only	\$
Election Type	
<input type="checkbox"/>	Enroll
<input type="checkbox"/>	Waive

#### HealthFund Health Savings Account (HSA)

- For Aetna HSA option medical plan participants only.
- IRS annual contribution limits may change each January 1.
- Your annual election will continue from year to year until you change it. To change your annual election, complete and submit an HSA Payroll Deduction Authorization Form ([cfo.asu.edu/hr-forms](http://cfo.asu.edu/hr-forms)).
- **Learn more:** Healthcare Accounts in the [Benefits Guide | Health](http://cfo.asu.edu/benefits-guide) ([cfo.asu.edu/benefits-guide](http://cfo.asu.edu/benefits-guide)).
- Indicate your election amount (\$0 or more) and election type.

Healthfund HSA	Annual Election
<b>Employer Contributions</b> (automatic)	Single Coverage \$720 Family Coverage \$1,440
<b>Employee Contribution Options:</b> <ul style="list-style-type: none"> <li>• Elect your desired amount up to plan limits.</li> <li>• To receive employer contributions only, you must elect at least \$0.</li> </ul>	\$ <b>DO NOT LEAVE BLANK</b>
Election Type	
<input type="checkbox"/>	Enroll
<input type="checkbox"/>	Change your current annual election

## Step 4: Other Benefits – For tax savings and income protection

### Child/Adult Day Care Flexible Spending Account (FSA)

- Re-enrollment is required every calendar year.
- IRS maximum annual contribution is \$5,000 per household.
- **Learn more:** [Benefits Guide | Financial Security \(cfo.asu.edu/benefits-guide\)](http://cfo.asu.edu/benefits-guide).
- Indicate your election amount and election type.

Child/Adult Day Care FSA	Annual Election <small>(for eligible expenses incurred between January 1 and December 31 next year)</small>
While you (and your spouse) work, look for work, or attend school full-time.	\$
Election Type	
<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	

### Short-term Disability Insurance (STDI)

- Compare **short-term disability insurance** plans and cost at [Benefits Guide | Financial Security \(cfo.asu.edu/benefits-guide\)](http://cfo.asu.edu/benefits-guide).
- Indicate your STDI option (if applicable) and type of change.

STDI Options	Maximum Covered Salary
<b>Unum</b> <ul style="list-style-type: none"> <li>• Pays 70 percent, up to the maximum covered salary.</li> <li>• May receive ASU paid leave benefits in addition to STDI benefit.</li> <li>• <b>Important:</b> To receive 70 percent up to the maximum, elect Option C.</li> </ul>	<input type="checkbox"/> Option C: \$148,571 <input type="checkbox"/> Option B: \$111,429 <input type="checkbox"/> Option A: \$55,714
<b>The Hartford</b> <ul style="list-style-type: none"> <li>• Pays 66 2/3 percent, up to the maximum covered salary.</li> <li>• Any ASU paid leave benefits received will reduce the STDI benefit.</li> <li>• <b>Important:</b> If your ASU paid leave exceeds 66 2/3 percent of your base pay, you will receive only the \$57.69 minimum STDI benefit.</li> </ul>	<input type="checkbox"/> \$60,000
Election Type	
<input type="checkbox"/> Enroll <input type="checkbox"/> Change carriers <input type="checkbox"/> Change Unum options <input type="checkbox"/> Waive	

## Step 5: Life Insurance Program – In the event of a covered person’s death

- ASU provides **basic life insurance** coverage (one times your annual salary) at no charge to you.
- Compare **employee supplemental and dependent life insurance** plans and costs at [Benefits Guide | Financial Security \(cfo.asu.edu/benefits-guide\)](http://cfo.asu.edu/benefits-guide).
- You can [designate your life insurance beneficiaries](#) for basic and supplemental life insurance plans through My ASU at any time after your enrollment has been processed.
- You are automatically the beneficiary for dependent life insurance coverage.

### Employee Basic Life Insurance with Aetna and The Hartford

- Collect **required** information and designate your beneficiaries for both insurance carriers. Use the back of this page if you need additional space.

Percent	Name (last, first, middle)	Birth Date	Carriers: Aetna and/or Hartford
<b>Primary beneficiary(ies) must equal 100% of life insurance amount with each carrier.</b>			
%			
%			
<b>Secondary beneficiary(ies) must equal 100% of life insurance amount with each carrier.</b>			
%			
%			

**Employee Supplemental Life Insurance** available through Aetna and The Hartford

- Your **Aetna supplemental life** request will require underwriting approval if you are:
  - Enrolling for the first time,
  - Increasing your coverage by two levels (from one times to three times annual salary) or
  - Requesting coverage that exceeds \$500,000.
- You may elect or increase **Hartford supplemental life** coverage up to \$20,000 (in \$5,000 increments).
  - The maximum coverage is three times your annual salary or \$500,000, whichever is less.
  - Underwriting is not required; however, premiums are higher than Aetna.
- Indicate your election and type of change for supplemental life insurance.
- Collect **required** information and designate your beneficiaries for each insurance carrier, if applicable.

Aetna Supplemental Life	The Hartford Supplemental Life
<b>Options:</b> <input type="checkbox"/> One times annual salary <input type="checkbox"/> Two times annual salary <input type="checkbox"/> Three times annual salary	<b>Option:</b> Elect or increase coverage up to \$20,000 in \$5,000 increments  <b>Coverage Amount:</b> \$
Type of Supplemental Life Change	
<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change	<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change

Percent	Name (last, first, middle)	Birth Date	Carriers: Aetna and/or Hartford
<b>Primary beneficiary(ies) must equal 100% of life insurance amount with each carrier.</b>			
%			
%			
<b>Secondary beneficiary(ies) must equal 100% of life insurance amount with each carrier.</b>			
%			
%			

**Dependent Life Insurance** available through Aetna and The Hartford

- Your **Aetna dependent life** request will require underwriting approval if you are:
  - Enrolling for the first time;
  - Electing Option D: Spouse \$50,000/Child(ren) \$25,000; or
  - Increasing coverage by two or more levels.
- You may elect **Hartford dependent life** coverage, provided your spouse did not elect this coverage and is an employee of a state university or agency; coverage is limited to one family.
  - Underwriting is not required; however, the premiums are higher than Aetna.
- Indicate your election and type of change for dependent life insurance.

**Arizona statutes:** Aetna dependent life coverage cannot exceed 100% of your combined Aetna basic and supplemental life coverage. Hartford dependent life coverage cannot exceed 100% of your combined Hartford basic and supplemental life coverage.

Aetna Dependent Life	The Hartford Dependent Life
<b>Options:</b> <input type="checkbox"/> Option A: \$ 5,000 Spouse / \$ 2,500 Child(ren) <input type="checkbox"/> Option B: \$15,000 Spouse / \$ 7,500 Child(ren) <input type="checkbox"/> Option C: \$25,000 Spouse / \$12,500 Child(ren) <input type="checkbox"/> Option D: \$50,000 Spouse / \$25,000 Child(ren)	<b>Options:</b> <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$12,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$10,000
Type of Dependent Life Change	
<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change	<input type="checkbox"/> Enroll <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Waive <input type="checkbox"/> No change

## Step 6: Request changes, enroll in FSAs and/or update beneficiaries online

- Learn about open enrollment and read the FAQs at [cfo.asu.edu/benefits-open-enrollment](http://cfo.asu.edu/benefits-open-enrollment).
- Use this worksheet to expedite the online enrollment process.
- Click **ENROLL NOW** at [cfo.asu.edu/benefits-open-enrollment](http://cfo.asu.edu/benefits-open-enrollment) **before 5 p.m. AZ time on the last day of open enrollment.**
- Follow screen prompts to edit, save and submit changes, FSA enrollments and/or beneficiary designations.
- Print and/or save your Health and Welfare Benefits Open Enrollment Summary for your records and future reference.
- [Designate your life insurance beneficiaries](#) through My ASU at any time.
- Verify all benefits elections with your family **before 5 p.m. AZ time on Dec. 31.**

## Important

If you made changes online during the open enrollment period and find a discrepancy, you must email [HRESC@asu.edu](mailto:HRESC@asu.edu) **before 5 p.m. AZ time on Dec. 31**, with an explanation of the discrepancy and a copy of your Health and Welfare Benefits Open Enrollment Summary attached to the email. You will receive instructions with next steps by email.