

Annual open enrollment provides you, the participant, with the opportunity to review your benefit options and make any necessary changes for the upcoming benefit year. It is also an opportunity for the Plan to make sure that it has your most up-to-date information on file. The online Open Enrollment process is quick and easy and this guide will walk you through the process step by step!

EVERYONE NEEDS TO COMPLETE OPEN ENROLLMENT

For most people, open enrollment will be the only time each year that they can make changes to their benefit elections, such as adding or removing dependents from coverage or electing the PPO or HMO benefit option. Only individuals who experience a “Qualified Life Event” will be able to make mid-year changes. Even if you do not want to make changes, we still need you to verify that the information that we have on file is complete and up to date. For 2021 coverage, completion of Open Enrollment is mandatory to enroll your dependents for coverage, meaning if you do not complete your enrollment, you will receive employee-only benefits in 2021.



GATHER NECESSARY INFORMATION

You will find that a lot of information has been pre-populated for you, but it is helpful to have the following information on hand and ready just in case. Some items, like your spouse’s employment information and whether your dependents have access to other health coverage must be re-entered every year to make sure they remain up to date.

INFO TO HAVE READY:

- Your social security number and date of birth
- If you are enrolling a new spouse:
 - Your spouse’s date of birth and social security number
 - If your spouse is employed:
 - The name, address & phone number of your spouse’s employer
 - Whether or not your spouse has other health coverage available

NOTE ON SPOUSE COVERAGE: If your spouse is employed, you may be required to complete and return an “Employer Sponsored Health Coverage Verification,” part of which must be completed and signed by your spouse’s employer. This form must also be completed any time your spouse changes employers.

- If you are enrolling a new dependent child:
 - Your child’s date of birth and social security number
 - Whether or not your child has other health coverage available

NOTE ON OTHER HEALTH COVERAGE: You and/or your dependent(s) may receive a request for information on the availability of other health coverage from the claims administrator (Cigna or Kaiser). These forms must be completed and returned so that the Fund can provide proper primary or secondary coverage.

GUIDE TO COMPLETING OPEN ENROLLMENT



GO TO THE ONLINE ENROLLMENT SITE

www.nebainc.com and click on  Member Login

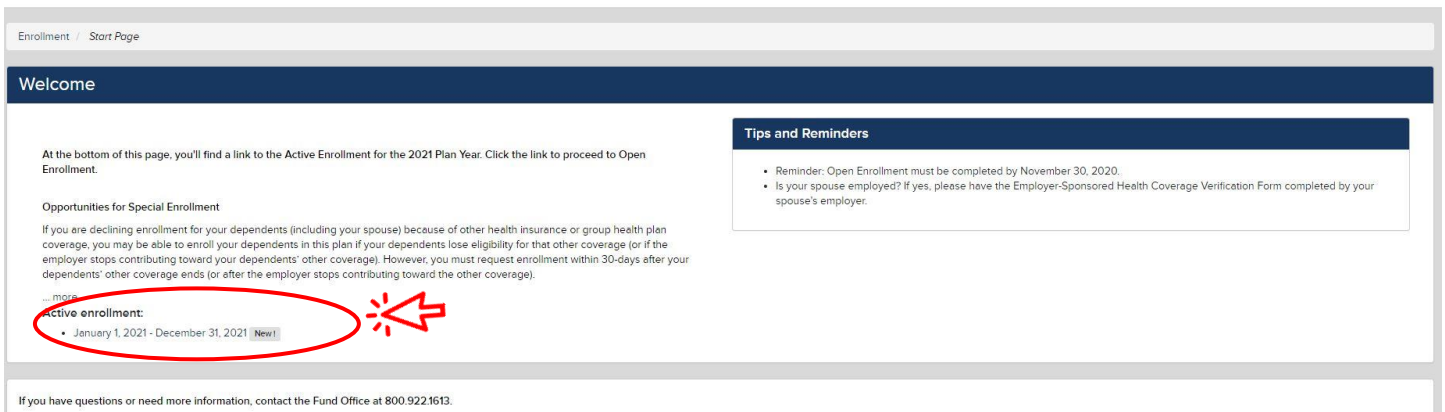
This will take you to your member portal. You can log-in to your member portal with your email and password. If you need to create a log-in, click on "Create Account." To create a new account, you will need an email address, your name, social security number, date of birth and home zip code. Your member portal gives you more than just enrollment, it also has important information on your benefits, your work history and more!



← **CLICK ON THIS ICON FROM YOUR DASHBOARD TO START YOUR ENROLLMENT.**

THIS IS THE WELCOME PAGE. Read this page for important information on your opportunities for Special Enrollment. When you are ready to proceed, click on the Active Enrollment for 2021.

 Enrollment
Welcome to Open Enrollment!



VERIFY INFORMATION FOR YOU AND YOUR FAMILY MEMBERS

On the next page you will see a list of you and any family members that you currently have enrolled. You will notice three important icons on this page:



Click on the pencil icon to edit information for you or a dependent



Click on the plus icon to add a new dependent to your coverage



Click on the trash can icon to remove a listed dependent from your coverage

GUIDE TO COMPLETING OPEN ENROLLMENT

Below is an example of the Family Member screen. Once you have updated your information and added and/or removed dependents as necessary, click on “Save and Continue” to proceed to the next screen.

Enrollment

This form has been pre-populated with the information on file at the Fund Office. Please make corrections as necessary.



Need to remove a dependent? Select the dependent below and click the **"Trash Can"** icon.




Need to add a new dependent? Click the green **"Plus Symbol"** icon on the toolbar below.

Need to update the demographic information shown below? Click the blue **"Pencil"** icon to edit.

Enrollment / Family Members

Family Members



Name	DOB	SSN	Gender	Address 1	Address 2	City	State	Zip	Country	Remove	Edit
Steven Smith	10/19/1968	XXX-XX-1111	M	123 Main Street		Anytown	GA	30303	USA		
Karen Smith	11/13/1972	XXX-XX-2222	F								

Save and Continue*

If you need to add a new dependent, below is an example of the screen you will see and the information that will be requested. If you leave the address for the new dependent blank, it will default to your address.

Enrollment

Use the form below to enroll your eligible dependents. In general, eligible dependents include your legal spouse, and your natural or legally adopted children. Refer to your Summary Plan Description (SPD) for additional information regarding eligible dependents.

Please Note: The address for the eligible dependent will default to the participants address on file with the Fund Office if not provided.

Enrollment / Family Members / Add Dependent

Add Dependent

First Name: *

Middle Name:

Last Name: *

Relation: *

AMERY


Date of Birth: *

SSN:

Gender: *

Language:

MM/DD/YYYY



__-__-__

Address:

STREET NUMBER AND NAME

APARTMENT, SUITE, FLOOR, ETC.

City:

State:

Zip Code:

Country:

Phone:

Zip/Postal Code

(123) 456-7890

Add

Cancel

Under the Family Health Plan, you can cover your legal spouse, your natural child(ren), and your legally adopted child(ren), including a child placed with you for adoption. Children can be covered up through the last day of the month in which they turn 26, or longer in certain cases of disability. When adding a new dependent, proof of relationship must be provided to the Fund. This may include a marriage certificate, birth certificates, adoption papers and social security cards. Copies of these documents can be securely uploaded to the Fund Office through your member portal. Coverage for your new dependents may not start until such documents are received.

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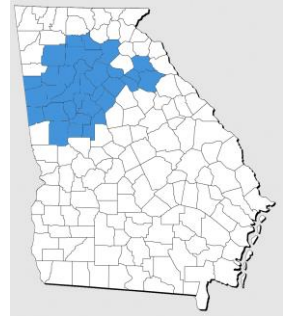


MAKE YOUR BENEFIT ELECTIONS

The next screen will ask you to tell us if you want the CIGNA OAP Plan or the KAISER HMO Plan. If you do not live in a zip code that is included in the Kaiser Service Area, you will only see the CIGNA OAP Plan as your election option.

IF YOU LIVE IN A ZIP CODE THAT IS INCLUDED IN THE KAISER PERMANENTE SERVICE AREA, you will have the opportunity to elect whether you want to participate in the Cigna OAP benefit plan **or** the Kaiser HMO plan for the 2021 benefit year. The next page of the enrollment site will let you make that choice.

Click on the “**COMPARISON OF 2021 FAMILY HEALTH PLAN COVERAGE OPTIONS**” to see a comparison of the Cigna and Kaiser benefit options and to see the more detailed Summaries of Benefits and Coverage.



- The **KAISER HMO** option has a lower deductible and copays, however in order to provide these enhanced benefits, the HMO uses a smaller provider network. Many services may only be available when you visit a Kaiser Medical Center. If you are traveling outside of the Kaiser service area, you will only have access to emergency care and virtual/telephone visits.
- The **CIGNA OAP** option has a higher deductible and copays, but provides access to a larger provider network and does not require a referral to see a specialist. If you are traveling, you have access to Cigna’s full national OAP network, as well as virtual visits through MDLIVE and America Well.

You will also be asked to select your Coverage Type, based on who you want to enroll. Your coverage type options are: Employee Only, Employee & Spouse, Employee & Child(ren), or Employee & Family.

Enrollment

The Plan options available to you are based on your residential zip code. If you live in the Kaiser Permanente service area, you may enroll in the Cigna OAP Plan or the Kaiser HMO Plan. If you do not live in the Kaiser Permanente service area, you may only enroll in the Cigna OAP Plan, and the Kaiser Permanente option will not be displayed.

Please select the Plan you wish to enroll in from the available plans listed in the drop down "Bundle Election" menu. Next, select your desired coverage level from the drop down "Coverage Type" menu. This selection will determine which dependents may be covered. For example, if you have listed a spouse, but select "Employee Only" coverage, your spouse will not be covered.

Enrollment / Benefit Elections

Benefit Elections

Plan Documents:
COMPARISON OF 2021 FAMILY HEALTH PLAN COVERAGE OPTIONS

Bundle Election: Kaiser Kaiser HMO Plan

Coverage Type: Employee and Child(ren) Employee and Child(ren)

Premium: Not Applicable

Eligible Family Members Add / Edit

Name
Steven Smith
Karen Smith

Save for Later Next

Select CIGNA or KAISER in this drop-down box to choose your plan.

Choose your Coverage Type from this drop-down list.

← This box will show you who will be enrolled for benefits based on the Coverage Type selected above. Click "Add/Edit" if you need to add or remove dependents.




From the Elections screen you can click “Save for Later” in the lower left-hand corner if you want to save your progress or click “Next” in the lower right corner to continue to the next screen.

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UPDATE YOUR BENEFICIARY(IES)

A beneficiary is the person (or persons) that you designate to receive your life insurance and pension plan benefits in the event of your death. If you have named or updated your beneficiaries since January 2015, your current information will be pre-populated on the Beneficiary screen. If you have not yet named your beneficiaries or if you have not updated them since before 2015, the next screen will be blank.

Open enrollment is a good time to review and update your beneficiary choices for both the Family Health Plan and the Defined Contribution Pension Plan. Remember that when naming beneficiaries, the total allocation must add up to 100%. You can also name an event that qualifies you for a Special Enrollment Period. Please take a moment to read about your Special Enrollment rights. You can also name a secondary beneficiary, who will receive the distribution in the event that your primary beneficiary(ies) predecease you. Just like adding dependents for your health benefits, use the  edit,  add, and  remove icons to update your beneficiaries on this screen.


To add a new beneficiary, you will need their name, gender, relation, date of birth, social security number, address, and phone number. If you are adding a beneficiary who is also in your records as a dependent, you can select that dependent from a drop down list at the top of the screen after you click on the Add icon.



SPOUSE INFORMATION

The next screen will ask you if your spouse is currently employed (select “Not enrolling a spouse” if you are single or do not want coverage for your spouse for 2021). If your spouse is employed, you will need to complete and return the Employer-Sponsored Health Coverage Verification Form (click on the orange link at the top of the page to download the form).

Your spouse’s 2021 coverage will not become effective until the Fund receives your completed form. Information on your spouse’s employment and access to other coverage determines the type of coverage your spouse is entitled to under the Family Health Plan.

 **Enrollment**
The following questions are related to your marital status, your spouse's working status and health insurance coverage. Click here to download the [Employer-Sponsored Health Coverage Verification Form](#), to be completed and submitted via IBEW Local 613's [Secure Site](#).

Enrollment / Questions

Questions

Is your spouse employed? If yes, please have the Employer-Sponsored Health Coverage Verification Form completed by your spouse's employer. A link to the form can be found above. *

☐ Yes☐ No☐ Not enrolling a spouse.

Save for Later

BackNext

Enrollment Terms and Conditions

Please Note: The Employer-Sponsored Health Coverage Verification Form is required for all dependent spouses.

GUIDE TO COMPLETING OPEN ENROLLMENT



ELECT TO RECEIVE ELECTRONIC COMMUNICATIONS VIA EMAIL

On the next screen you can elect to **GO GREEN**, by choosing to receive certain plan disclosures (for both the Family Health Plan and the Defined Contribution Pension Plan) via email instead of paper communications. Consenting to electronic delivery can provide you with a more convenient way to receive and save plan materials, save the Plan money in postage and printing and **save the trees!** For more information, click on the “**Electronic Consent**” link at the top of the screen. If you opt-in to electronic communications, you can elect to have emails sent to a different email address than the one you used to register for the portal.



REVIEW & SUBMIT YOUR ENROLLMENT

The next screen will provide a review of all of the election choices you made during enrollment. You will be able to see your choice of CIGNA or KAISER, your Coverage Type, a list of the individuals being enrolled for coverage and your elected beneficiaries. You can click to expand the “Miscellaneous Questions” section to see your answers to the questions about your spouse and electronic consent.

Review this information carefully and go back and make any changes necessary to reflect your final enrollment options. When your information is correct, click submit. It will ask you if you are sure you are ready to submit. If you click no, you can go back and review and edit again. If you are ready, click yes. This will bring up your enrollment confirmation. On the top right of your confirmation, you will see an envelope and a printer icon. If you click on the envelope you can email a copy of your confirmation to an email of your choice. Click on the printer to print a copy of your confirmation. Be sure to save a copy of your confirmation for your records.



CLICK THESE ICONS TO EMAIL OR PRINT A COPY OF YOUR CONFIRMATION FOR YOUR RECORDS!



If you need to send documents to the Fund Office to complete your enrollment, such as the spousal health coverage form, birth certificates, adoption papers, marriage certificate, etc., you can send those via mail, fax or through secure upload via NEBA's website at <https://www.nebainc.com/613upload/>.

REMEMBER!

IF YOU DO NOT ELECT DEPENDENT COVERAGE DURING ENROLLMENT, YOU WILL NOT BE ABLE TO ADD DEPENDENTS MID-YEAR UNLESS YOU QUALIFY FOR A SPECIAL ENROLLMENT PERIOD.