

# ONLINE OPEN ENROLLMENT INSTRUCTIONS

## OPTIONS FOR ACCESSING LAKE COUNTY'S NETWORK

- You can access Lake County's Network from your work computer.
  - You will be required to enter your Network Logon and Network Password.
- You can also access the Network from your home computer by using Lake County's Employee Portal. To access BOSS Web Access, the Employee Service Portal (ESP) and your personal Outlook Email.
  - Click on this link or paste it in your web browser: <https://portal.lakecountyiil.gov>
  - You will be required to enter your Network Logon and Network Password.

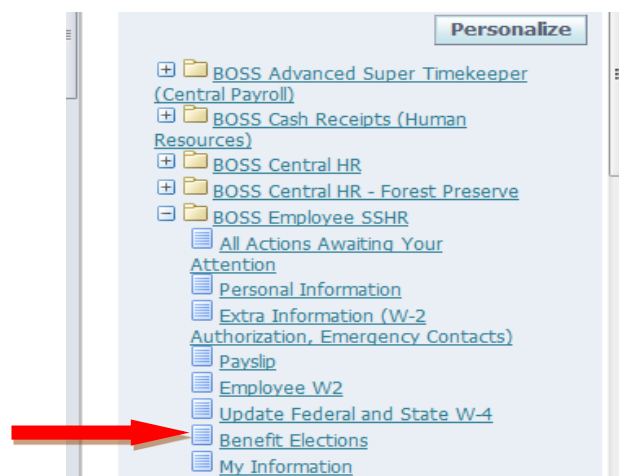


## ENTERING THE BOSS ENVIRONMENT

- If using your work computer, double click on the BOSS icon on your desktop to log in.
  - You will be required to enter your BOSS Logon and BOSS Password.
- If using your home computer, logon to the Portal using the instructions above and then click on the BOSS Web Access (Self-service Only) link. You will be brought to the BOSS Login screen (see below).
  - You will be required to enter your BOSS Logon and BOSS Password.
- If you have forgotten your BOSS Password, click on the Login Assistance link and instructions on resetting your password will be emailed to your Lake County email address. You must follow the link provided in the email as this link is only available for a short time.

A screenshot of the BOSS login interface. The top left features the Lake County logo. The main area contains a login form with fields for '\*User Name' (with an example 'michael.james.smith') and '\*Password' (with an example '4u99w23'). There are 'Login' and 'Cancel' buttons. Below the password field is a 'Login Assistance' link and an 'Accessibility' dropdown menu set to 'None'. At the bottom, there is a 'Select a Language' dropdown menu set to 'English'. A large red arrow points to the password field.

- Once you have logged on to BOSS, click on the link **Benefit Elections**.



## VIEWING CURRENT INFORMATION

- This will bring you to a screen that lists your dependents (past and present).

The screenshot shows a web browser window with the URL [https://otstap.lakeco.org:8443/OA\\_HTML/OA.jsp?rc=BEN\\_FAM\\_ADD\\_PAGE&ri=805](https://otstap.lakeco.org:8443/OA_HTML/OA.jsp?rc=BEN_FAM_ADD_PAGE&ri=805). The page title is "LakeCounty" and the main heading is "Dependents and Beneficiaries". The name "MOTLEY CRUE" is displayed. There is an "Add Another Person" button with a red arrow pointing to it. Below this is a table with the following data:

| Name        | Relationship | Social Security Number | Birth Date  | Update |
|-------------|--------------|------------------------|-------------|--------|
| Spouse Crue | Spouse       | 123-12-1234            | 08-Aug-1980 |        |
| Child Crue  | Child        | 333-11-2222            | 15-Oct-2010 |        |

A tip at the bottom left reads: "TIP Press update icon to validate address and other information." There are "Cancel" and "Next" buttons on the right side of the screen.

- Any dependents you are covering must have a Social Security Number and Date of Birth listed. If this information is missing, please update the record.
  - You will not be able to delete any dependents. If a dependent needs to have the relationship type changed, please edit the dependent as necessary.
  - You may see people who are listed as a dependent who do not show up as an eligible person to cover on benefits. **The only dependents who are eligible to be covered on insurance plans are those designated as "Spouse" or "Child." Spouse would also include Civil Union Partner.**
  - **You may add a dependent Spouse or Child** if necessary by clicking on "Add Another Person."
    - If you add a NEW dependent, you will be required to submit proof of dependent relationship before the change is effective. Examples of accepted documents:
      - Spouse/Civil Union Partner = County issued Marriage/Civil Union Certificate
      - Child = County issued Birth Certificate, Adoption paperwork, Court issued paperwork (documents must include Employee's name as the parent/guardian)
  - The relationship start date listed for existing dependents may vary depending on when the information was entered into the system.
    - When entering a NEW dependent, please use the date of marriage/civil union for a spouse and the date of birth for a child.
    - When entering a NEW dependent you will be required to list the Social Security Number.
- If you have made changes / additions, click on Apply.
- Click Next located on the right-hand side of the screen.

- You will now see your Current Benefit Selections and Covered Dependents.

Benefit Enrollments

Name: **MOTLEY CRUE** Program: **Active Benefits Program**  
 Event Name: **Open** Enrollment Period: **13-OCT-2015 - 31-OCT-2015**

**Benefit Selections**

If you do not select the **Update Benefits** button, you will remain in the benefit options listed below. Your next opportunity to make changes will be during the next annual open enrollment.

| Plan  | Option                | Coverage Start Date | Coverage  | Pre Tax Per Pay Period Deduction Amount | Post Tax Per Pay Period Deduction Amount | Employer Cost Per Pay Period |
|---|-----------------------|---------------------|-----------|---|--|------------------------------|
| Medical - HMO Blue Advantage  | Single                | 01-Dec-2015         |           | 19.69                                   | 0.00                                     | 271.98                       |
| Health Savings Account - Not Enrolled in CDHP                       |                       | 01-Jan-2016         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Dental - Decline Dental Coverage                                    |                       | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Vision - Decline Vision Coverage                                    |                       | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Flexible Spending Account - FSA - Healthcare                        | Decline Coverage      | 01-Jan-2016         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Flexible Spending Account - FSA - Child Day Care                    | Decline Coverage      | 01-Jan-2016         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Optional Employee Life Insurance - Decline Employee Life Coverage   |                       | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Optional Spouse Life Insurance - Decline Spouse Life Coverage       |                       | 01-Jan-2016         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Optional Dependent Life Insurance - Decline Dependent Life Coverage |                       | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Employer Paid Benefits - Basic Life Insurance                       |                       | 01-Jan-2016         | 45,000.00 | 0.00                                    | 0.00                                     | 5.72                         |
| Insurance - Voluntary Life 2005                                     | Decline Coverage      | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Transit One Account - Mass Transit Expense                          | Decline Participation | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Transit One Account - Parking Expense                               | Decline Participation | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| <b>Total</b>  |                       |                     |           | <b>19.69</b>                            | <b>0.00</b>                              | <b>277.70</b>                |

✓ **TIP** The beneficiary and primary care provider information from any previous enrollment carries forward once you make your elections. You will see the information in subsequent pages.  
 ✓ **TIP** The values displayed above are based on the default elections.

- **If you do not wish to change any benefits for the new plan year, please continue through to verify everything and to print/save confirmation statement.**
- Follow the enrollment train, click "UPDATE BENEFITS."
- You will then see a list of the benefits you are able to change.

## THE “BENEFITS ENROLLMENT PROCESS”

\*\*\* Do not use the “Back” button at the top of your browser. This will cause an error (It will reference “Stale Data”) and force you to begin the process again. You must ONLY use the “Back,” “Next” and other buttons within the actual application located on the right hand side of the screen.

**DO NOT USE**

**Use to navigate between pages.**

| Plan                     | Option                     | Select                              | Pre Tax Per Pay Deduction Amount |
|--------------------------|----------------------------|-------------------------------------|----------------------------------|
| HMO Illinois             | Single                     | <input type="checkbox"/>            | 27.92                            |
|                          | Single Plus One            | <input type="checkbox"/>            | 60.70                            |
|                          | Family                     | <input type="checkbox"/>            | 109.84                           |
| HMO Blue Advantage       | Single                     | <input type="checkbox"/>            | 19.69                            |
|                          | Single Plus One            | <input type="checkbox"/>            | 44.66                            |
|                          | Family                     | <input type="checkbox"/>            | 83.09                            |
| Traditional PPO          | Single                     | <input type="checkbox"/>            | 47.83                            |
|                          | Single Plus One            | <input type="checkbox"/>            | 104.05                           |
|                          | Family                     | <input type="checkbox"/>            | 168.14                           |
| CDHP PPO                 | Single                     | <input type="checkbox"/>            | 40.02                            |
|                          | Single Plus One            | <input type="checkbox"/>            | 89.44                            |
|                          | Family                     | <input checked="" type="checkbox"/> | 147.44                           |
| Medical Opt-Out Credit   | LC Proof of Other Coverage | <input type="checkbox"/>            |                                  |
| Decline Medical Coverage |                            | <input type="checkbox"/>            |                                  |

| Plan                   | Option                    | Select                   | Coverage | Annual Cost | Pre Tax Per Pay Deduction Amount |
|------------------------|---------------------------|--------------------------|----------|-------------|----------------------------------|
| HSA - Enrolled in CDHP | Employee Contributions    | <input type="checkbox"/> | 24.00    | 24.00       | 0.92                             |
|                        | No Employee Contributions | <input type="checkbox"/> |          |             |                                  |

## CHOOSING YOUR ELECTIONS FOR THE NEW PLAN YEAR

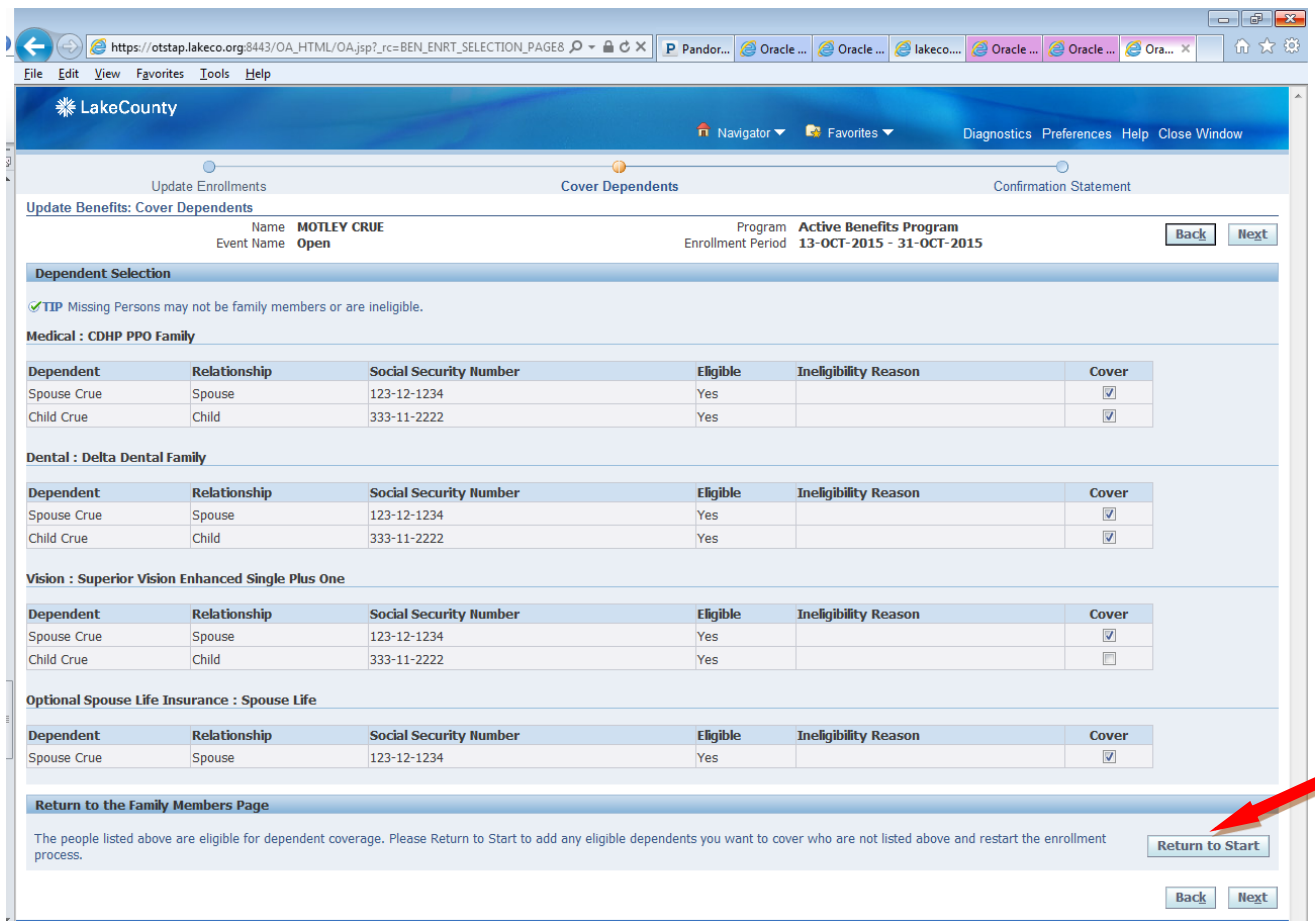
- If you have questions regarding Lake County’s benefit plans, go to [Employee Service Portal \(ESP\)](#). There is an **Open Enrollment** page, which will be found under **Benefits**.
- If you or your Lake County spouse/Civil Union Partner participates in Local 150 union medical and/or dental, the medical and dental choices in Online Open Enrollment must be marked as **Decline Coverage**. Dependent children eligible for Local 150 union medical and dental will remain on your plan. Contact your union for information on your union provided medical and dental plans.
- Click on the appropriate level of coverage for each item you wish to change.
  - Please see the previous screen shot for reference, if needed.
  - Your current elections will be prefilled with a check mark and/or an amount.
  - To change your Pre or Post tax election status contact Human Resources, Benefits at [benefits@lakecountyiil.gov](mailto:benefits@lakecountyiil.gov). Benefits will notify you once this has been updated and you will need to

go back into Benefit Elections in Employee SSHR to re-enroll your benefit elections, old plans will not carryover when there is a change in Pre/Post tax election status.

- CDHP enrollment requires that you no longer participate in FSA. You MUST uncheck the FSA box. You may choose to participate in HSA contributions by checking the appropriate box.
  - Some Insurance vendors require additional forms to be completed to process enrollments, all forms can be sent to Human Resources, Benefits. The following plans **require** a form to enroll:
    - Medical Opt Out
      - If choosing to cancel medical coverage or starting for the first time, must complete the Opt-Out form located on ESP along with proof of other coverage.
      - If continuing the benefit, must complete the Opt-Out form annually which is located on ESP.
  - You will be able to change the amounts for the following benefit elections WITHOUT completing an enrollment form. **If you do not make a change, your existing amount will continue to be in force (FSA will be end-dated only if you enroll in the Consumer Driven Health Plan).**
    - Flexible Spending Account (FSA) – Unreimbursed Medical, capped at \$2,850.
    - Flexible Spending Account (FSA) – Dependent Care, capped at \$5,000.
    - Health Spending Account (CDHP Plan Enrollees Only) – capped at \$3,850 (Single) & \$7,750 (Single+1/Family)
  - The following plans will not show in the Online Open Enrollment process:
    - Optional Life – Employee, Spouse and Dependent
      - More information to come!
    - Deferred Compensation (Mission Square)
      - To enroll visit [Mission Square's](#) website.
      - To change your election – Logon to BOSS, click on BOSS Employee SSHR and then Deferred Compensation. Detailed instructions are available in the Employee SSHR Guide on ESP.
- Click “Next” once your changes are complete.

### **CHANGING YOUR COVERED DEPENDENTS**

- You will now see the plans that allow you to change your covered dependents. Please see the next page for the screen shot.
- Covered dependents who are currently covered will automatically be marked with a Check Mark.
  - You may **uncheck** a box next to a dependent to **stop** their coverage as of 01-01.
  - You may **check** a box next to a dependent to **start** their coverage as of 01-01.
  - For Single +1 coverage, only one dependent may be checked.
  - For Family coverage, at least two dependents must be checked.



- If you need to add an eligible dependent in order to check them for coverage, click on “Return to Start”
  - This will bring you back to the first screen in the process where you view dependents.
  - Click on “Add Another Person.”
  - Complete the information.
  - Click “Apply” to save your changes.
  - You will then restart the “Update Benefits” Process.
- Click “Next” once your changes are complete.

### **CONFIRMING YOUR CHANGES!!**

- You will now see a screen to confirm your changes.
  - **Print or Save a copy of the Confirmation Statement to retain for your records.** You will **not** receive confirmation from Human Resources.
  - Don’t forget to look at your first check in January to verify your confirmation statement to your deductions.

Representative for more details.

**Confirmation Statement**

Name **MOTLEY CRUE** Program **Active Benefits Program**  
 Event Name **Open** Enrollment Period **13-OCT-2015 - 31-OCT-2015**

Back Printable Page Confirmation Statement Do Another **Finish**

**TIP** Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave BOSS.

**Benefit Selections**

| Plan   | Option                 | Coverage Start Date | Coverage  | Pre Tax Per Pay Deduction Amount | Post Tax Per Pay Deduction Amount | Employer Per Pay Costs |
|--|------------------------|---------------------|-----------|----------------------------------|-----------------------------------|------------------------|
| Medical - CDHP PPO   | Family                 | 01-Jan-2016         |           | 147.44                           | 0.00                              | 887.23                 |
| Health Savings Account - HSA - Enrolled in CDHP                        | Employee Contributions | 01-Jan-2016         | 24.00     | 0.92                             | 0.00                              | 0.00                   |
| Dental - Delta Dental  | Family                 | 01-Jan-2016         |           | 24.85                            | 0.00                              | 24.85                  |
| Vision - Superior Vision Enhanced                                      | Single Plus One        | 01-Jan-2016         |           | 8.06                             | 0.00                              | 0.00                   |
| Flexible Spending Account - FSA - Healthcare                           | Decline Coverage       | 01-Jan-2016         |           | 0.00                             | 0.00                              | 0.00                   |
| Flexible Spending Account - FSA - Child Day Care                       | Decline Coverage       | 01-Jan-2016         |           | 0.00                             | 0.00                              | 0.00                   |
| Optional Employee Life Insurance - Employee Life                       | 1 x Salary             | 01-Jan-2016         | 44,000.00 | 0.00                             | 1.76                              | 0.00                   |
| Optional Spouse Life Insurance - Spouse Life(Suspended)                |                        | 01-Jan-2016         | 25,000.00 | 0.00                             | 1.13                              | 0.00                   |
| Optional Spouse Life Insurance - Decline Spouse Life Coverage(Interim) |                        | 01-Jan-2016         |           | 0.00                             | 0.00                              | 0.00                   |
| Optional Dependent Life Insurance - Decline Dependent Life Coverage    |                        | 01-Dec-2015         |           | 0.00                             | 0.00                              | 0.00                   |
| Employer Paid Benefits - Basic Life Insurance                          |                        | 01-Jan-2016         | 45,000.00 | 0.00                             | 0.00                              | 5.72                   |
| Insurance - Voluntary Life 2005  | Decline Coverage       | 01-Dec-2015         |           | 0.00                             | 0.00                              | 0.00                   |
| Transit One Account - Mass Transit Expense                             | Decline Participation  | 01-Dec-2015         |           | 0.00                             | 0.00                              | 0.00                   |
| Transit One Account - Parking Expense                                  | Decline Participation  | 01-Dec-2015         |           | 0.00                             | 0.00                              | 0.00                   |
| <b>Total</b>   |                        |                     |           | <b>181.27</b>                    | <b>1.76</b>                       | <b>917.80</b>          |

**Covered Dependents**

| Plan   | Option          | Coverage Start Date | Dependent   | Relationship | Social Security Number |
|--|-----------------|---------------------|-------------|--------------|------------------------|
| Medical - CDHP PPO                           | Family          | 01-Jan-2016         | Spouse Crue | Spouse       | 123-12-1234            |
|  |                 |                     | Child Crue  | Child        | 333-11-2222            |
| Dental - Delta Dental                        | Family          | 01-Jan-2016         | Spouse Crue | Spouse       | 123-12-1234            |
|  |                 |                     | Child Crue  | Child        | 333-11-2222            |
| Vision - Superior Vision Enhanced            | Single Plus One | 01-Jan-2016         | Spouse Crue | Spouse       | 123-12-1234            |
| Optional Spouse Life Insurance - Spouse Life |                 | 01-Jan-2016         | Spouse Crue | Spouse       | 123-12-1234            |

- You may use the Printable Page or Confirmation Statement buttons to print a copy of the benefits you have elected for the new Plan Year, whether you have made changes or not.
- Once you have completed your enrollment, click “Finish.” This will bring you to the start of the process.

https://otstap.lakeco.org:8443/OA\_HTML/OA.jsp?rc=BEN\_ENRL\_CONF\_PAGE&ri=8

File Edit View Favorites Tools Help

LakeCounty Navigator Favorites Diagnostics Preferences Help Close Window

**Benefit Enrollments**

Name **MOTLEY CRUE** Program **Active Benefits Program**  
 Event Name **Open** Enrollment Period **13-OCT-2015 - 31-OCT-2015** Update Benefits

**Benefit Selections**

If you do not select the **Update Benefits** button, you will remain in the benefit options listed below. Your next opportunity to make changes will be during the next annual open enrollment.

| Plan   | Option                 | Coverage Start Date | Coverage  | Pre Tax Per Pay Period Deduction Amount | Post Tax Per Pay Period Deduction Amount | Employer Cost Per Pay Period |
|--|------------------------|---------------------|-----------|---|--|------------------------------|
| Medical - CDHP PPO   | Family                 | 01-Jan-2016         |           | 147.44                                  | 0.00                                     | 887.23                       |
| Health Savings Account - HSA - Enrolled in CDHP                        | Employee Contributions | 01-Jan-2016         | 24.00     | 0.92                                    | 0.00                                     | 0.00                         |
| Dental - Delta Dental  | Family                 | 01-Jan-2016         |           | 24.85                                   | 0.00                                     | 24.85                        |
| Vision - Superior Vision Enhanced                                      | Single Plus One        | 01-Jan-2016         |           | 8.06                                    | 0.00                                     | 0.00                         |
| Flexible Spending Account - FSA - Healthcare                           | Decline Coverage       | 01-Jan-2016         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Flexible Spending Account - FSA - Child Day Care                       | Decline Coverage       | 01-Jan-2016         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Optional Employee Life Insurance - Employee Life                       | 1 x Salary             | 01-Jan-2016         | 44,000.00 | 0.00                                    | 1.76                                     | 0.00                         |
| Optional Spouse Life Insurance - Spouse Life (Suspended)               |                        | 01-Jan-2016         | 25,000.00 | 0.00                                    | 1.13                                     | 0.00                         |
| Optional Spouse Life Insurance - Decline Spouse Life Coverage(Interim) |                        | 01-Jan-2016         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Optional Dependent Life Insurance - Decline Dependent Life Coverage    |                        | 01-Dec-2015         |           | 0.00                                    | 0.00                                     | 0.00                         |
| Employer Paid Benefits - Basic Life Insurance                          |                        | 01-Jan-2016         | 45,000.00 | 0.00                                    | 0.00                                     | 5.72                         |

- You may now Logout. You do not need to click on “Update Benefits” unless you want to make changes.
- If you would like to make changes after you have completed the process but within the Open Enrollment period, simply follow the instructions from the beginning.
- For any issues not addressed in this document, please contact Human Resources, Benefits at [benefits@lakecountylvil.gov](mailto:benefits@lakecountylvil.gov) or 847.377.2415.