

## **Employee Electronic Benefits Enrollment User Guide**



## Employee

You may login to the Employee Self Service (ESS) portal at any time during the enrollment period and make your benefit elections.

The web address for the ESS is: https://ein.prismhr.com/ein/auth/#/login?lang=en

New users will need to register first. Then sign in with their newly created credentials.

Once logged in, click into **Benefits** tab on the left navigation panel. Then click **Benefits Enrollment**.



On the next page, click **Next** to get started.

		Step 1/9 - PEYTON MANNING 🛔
Welcome_OE		
✓ Current Benefits		Welcome to Benefit Enrollment!
Dependents		Vensure and BABINGTONITE are committed to offering you customizable coverage solutions to meet the unique needs of every situation. You will have the opportunity to choose the levels that you desire based on your eligibility. Whatever your lifestyle or age you need the benefits that provide the support to make things a little simpler and less stressful. Our goal is to keep this process simple.
HEALTH	>	quick and informative for you and your family.
LIFE	>	To get started, simply click the "Get Started" button below. We are happy to support you throughout your enrollment and selection process.
Benefit Summary		Send us an email at MyBenefits@Vensure.com or call 1-866-611-1602 to speak directly to an Enroliment Specialist.
		Sincerely,
		Benefits Team
		¥
		Next >

If currently enrolled in benefits, your current benefits will display here. Otherwise, this screen will be blank. Click **Next**, to navigate to the next tab.

					Step 2/9 PEYTON MANNING
Welcome_OE		Current Benefits			
Corrent Benefits					
Pependents		Below are your currently enrolled benefi	ts:		
HEALTH	>	Benefit Plans			
LIFE	>				
Benefit Summary		Plan Name	Plan Type / Coverage Amount	Current Cost (Per Month)	Renewal Cost (10/01/2019)
		METLIFE DENTAL (demo)	FAMILY	\$50.00	\$50.00
		HUMANA MEDICAL	FAMILY	\$200.00	\$200.00
		K Back Next >			

The Dependents page lists all dependents currently in the system, including spouses, partners, children, or disabled relatives who may be eligible for coverage. You can add to or modify dependent records as needed.

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endents LTTH	Current Benefits	_	Dependents include spouses, par	tners, children, or disabled relati	ues who may he e	ligible for coverage	in a benefits plan. The employ	ee cap add to or modify r	enendent records as r	heded
Interfact       Image: Second Se	pendents		peperies is made appears par		ice allow hindy loc c	and the second design	nin astronis bour the collect		apendent records of	included.
Name       Relationship       Age       Gender       Tobacco User       Disabled       Student       Status         Ahley Manning       Spouse *       44       Fenale       No       No       No       Active         Marshall Manning       Child       8       Male       No       No       No       Active         Mosley Manning       Child       8       Fenale       No       No       No       Active         * Spouse is selected	LTH	>	Dependent List							
Name       Relationship       Age       Gender       Tobacco User       Disabled       Student       Status         Infimitation       Ahley Manning       Spouse *       44       Female       No       No       Active         Marshall Manning       Child       8       Male       No       No       No       Active         Mostey Manning       Child       8       Female       No       No       No       Active         Mostey Manning       Child       8       Female       No       No       No       Active         *       Spouse is selected		>								
Ahley Manning       Spouse *       44       Female       No       No       Active         Marshall Manning       Child       8       Male       No       No       Active         Mosley Manning       Child       8       Female       No       No       No       Active         Mosley Manning       Child       8       Female       No       No       No       Active         *       Female       No       No       No       Active       No       No       Active         *       Female       No       No       No       No       Active       No       No       Active         *       Female       No       No       No       No       Active       No       No       Active         *       Female       No	nefit Summary		Name	Relationship	Age	Gender	Tobacco User	Disabled	Student	Status
Marshall ManningChild8MaleNoNoActiveMosley ManningChild8FemaleNoNoActive* Spouse is selected* Active	nfirmasion		Ahley Manning	Spouse *	44	Female	No	No	No	Active
Mostey Manning Child 8 Female No No No Active   * Spouse is selected * Add Dependent This information is intended to be a brief overview of the dependents that are available under your benefits eligibility.			Marshall Manning	Child	8	Male	No	No	No	Active
* Spouse is selected           Add Dependent           This information is intended to be a brief overview of the dependents that are available under your benefits eligibility.			Mosley Manning	Child	8	Female	No	No	No	Active
This information is intended to be a brief overview of the dependents that are available under your benefits eligibility.			Add Dependent	-						

To add a dependent, click **Add Dependent**. The following screen will appear. Insert all necessary information and click **Save**. The dependent will now show in the Dependent List. Click **Next** to proceed.

Add Depende	nt		×
Relationship: *	Select relation typ	e •	
First Name: *	First Name		
Middle Initial:	Middle Initial		
Last Name: *	Last Name		
Gender: *	Male	Female	
Birth Date: *	mm/dd/yyyy		
Soc-Sec-Num: *	000-00-0000	Show	
Address:	Address Line 1		
Address:	Address Line 2		
Zip:	00000	0000	

## **Enrolling in Benefits**

Access No.				Step 4/9 PEYTON MANNING
elcome_OE	Medical			Running Total: \$0.00
Current Benefits Dependents	A good medical health is essential to your overall health and are selected by your employer and customized by geograph	i well-being. When evaluating a plan, you shoul ic area.	d consider both your needs and y	our financial abilities. The Medical plan option(s) offered below
alth 🗸				
Iedical	Enrollees			
Dental	Name	Relationship	Covered	Spouse Walve Reason
Vision	PEYTON MANNING	Myself	<b>(</b>	
>				
nefit Summary	Aniey Manning	spouse	×	
	Marshall W Manning	Child		
	Mosley T Manning	Child	0	Select which dependents you
	\$6.25 BEDIS MEDICAL Rev Period	\$12.50 Per Period		coverage. If a spouse is waiving coverage, select the waive
	Plan Effective Date: 10/01/2019	Plan Effective Date: 10 SBC Select View	Compare	reason nom the drop down.

In the middle of the screen, your plan options will appear. The cost per pay period that is displayed is your (employee) cost per pay period. This will automatically adjust depending on which type of coverage is selected.

	BLUE CROSS BLUE S	HIELD		HUMANA	
\$6.25	BCBS MEDICAL		\$12.50	HUMANA MEDICAL	
Per Period	Plan Effective Date: 10/01/2019		Per Period	Plan Effective Date: 10/0	01/2019

Click **View** to view plan information such as deductible, copay, etc. Click the **SBC** icon to download a PDF of the Summary of Benefits and Coverage.

	BLUE CROSS BLUE SH	HIELD	New Street Street Street	HUMANA	
6.25	BCBS MEDICAL		\$12.50	HUMANA MEDICAL	
er Period	Plan Effective Date: 10/01/2019		Per Period	Plan Effective Date: 10/0	01/2019
	SBC 🖁	and and the		SBC 4	

## You may compare up to three plans at a time. To do so, select the plans and then click **Compare**.

Description	HUMANA MEDICAL	BCBS MEDICAL
Deductible - Network (Single/Family)	\$1,000/\$2,000	\$3,000/\$6,000
Out-of-Pocket Maximum - Network (Single/Family)	\$3,500/\$7,000	\$6,250/\$12,500
Preventative Care/Screening/Immunizations (Network/Non-Network)	\$0	\$0
Office Visit - Primary Care (Network/Non-Network)	\$20	\$20
Office Visit - Specialist (Network/Non-Network)	\$35	\$35
Inpatient Hospital Services (Network/Non-Network)	80%/60%	80%/60%
Outpatient Surgery Services (Network/Non-Network)	80%/60%	80%/60%
Emergency Room Services	\$150	\$150
Urgent Care (Network/Non-Network)	\$45	\$75
Diagnostic Tests (x-ray, blood work) (Network/Non-Network)	\$0	\$0
Imaging (CT/PET scans, MRIs) (Network/Non-Network)	80%/60%	80%/60%
Behavioral Health - Outpatient Therapy (Network/Non-Network)	\$20	\$20

Select the plan you would like to enroll in or select **Waive Benefits** to waive coverage.

\$6.25 Per Period	BLUE CROSS BLUE SH BCBS MEDICAL Plan Effective Date: 10/01	IELD 72019	\$12.50 Per Period	HUMANA HUMANA MEDICAL Plan Effective Date: 10/0	1/2019
<ul> <li>Image: A second s</li></ul>	View	Compare	Select	View	Compare
Compare 0/2 Waive Be	enefits				
I agree to	waive Medical benefits				
To select a bend the plans. Click require PCP info	efit plan, click Select. To u the SBC icon to view sum ormation. Which benefit p	nselect a plan, click the g mary information on a b plans display may change	reen area on the be enefit plan. To view depending on enr	enefit plan. Selecting "I ch v a benefit plan's effective ollees selected. A runninj	noose to waive benefits" in the e date, place the cursor over th g total of employee costs per p

If a medical plan requires a Primary Care Physician (PCP), the following screen will appear. Enter your PCP's name and PCP ID# and click **Save**.

Name	PCP Name	PCP ID#
PEYTON MANNING		
Ahley Manning		
PCP Lists		

As you navigate through each benefit and make your benefit elections, the running total (your cost per pay period) will automatically update.

				Step 5/9 PEYTON MANNING
Welcome_OE		Dental		Running Total: \$25.00
Current Benefits     Dependents		A good dental health is essential to your overall h below are selected by your employer and custom	ealth and well-being. To help you maintain good dental health, your employe ized by geographic area.	er offers the following dental benefit plans. The Dental plan option(s) offered
HEALTH	•	Enrollees		·•
Dental		Name	Relationship	Covered
Vision				

The Benefit Summary tab outlines all your benefit elections. Please review your selected benefits and click **Submit**.

			Step 8/9 PEYT	ON MANNING 🛔
Benefit Summary			Running To	otal: \$25.00
Please review your selected benefits.				
♥ Dependents ☑				
Name	Relationship	SSN	Date of birth	
Ahley Manning	Spouse	xxx-xx-1111	12-02-1974	
Mosley T Manning	Child	ххх-хх-1100	03-31-2011	
✓ Marshall W Manning	Child	xxx-xx-0001	03-31-2011	
Construction of the second sec				
Medical 🕜				
Policy	Covered	Primary Care Physician	Effective date	Cost
BCBS MEDICAL	Peyton Manning (EE) Ahley Manning (spouse)		10/01/2019	\$12.50
Dental 🕼				
Policy	Covered	Primary Care Physician	Effective date	Cost
METLIFE DENTAL (demo)	Peyton Manning (EE) Ahley Manning (spouse) Marshall W Manning (child) Mosley T Manning (child)		10/01/2019	\$12.50
K Back Submit				
		Benefit Summary         Please review your selected benefits.         Dependents         Name       Relationship         Ahley Manning       Spouse         Mosley T Manning       Child         Marshall W Manning       Child         Medical       Covered         BCBS MEDICAL       Peyton Manning (EE) Ahley Manning (EE) Ahley Manning (EE) MertuiFE DENTAL (demo)         Peyton Manning (EE) Ahley Manning (EE) Ahley Manning (EE) Ahley Manning (EE) Ahley Manning (Child) Masshall W Manning (Child)	Benefit Summary         Please review your selected benefits.         Image: Specific Summary         Name       Relationship         Anley Manning       Spouse         Anley Manning       Spouse         Mosley T Manning       Child         Mosley T Manning       Child         Marshall W Manning       Child         Medical @       means and they Manning (EB)         Medical @       Perfore Manning (EB)         Anley Manning (Spouse)       Manning (ED)         MetTLIFE DENTAL (demo)       Peyron Manning (ED)         MetTLIFE DENTAL (demo)       Peyron Manning (ED)         Manshall W Manning (ED)       Manshall W Manning (ED)         MetTLIFE DENTAL (demo)       Peyron Manning (ED)         Manshall W Manning (ED)       Manshall W Manning (ED)         Manshall W Manning (ED)       Manning (ED)         Manshall W Manning (ED)       Manshall W Manning (ED)         Manshall W Manning (ED)       Manshall W Manning (ED)         Manshall W Manning (	Benefit Summary       Running To         Please review your selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Please review your selected benefits.         Image: Comparison of the selected benefits.       Pleasereview your selected benefits.

Complete the acknowledgement and click **Complete Enrollment**. Once complete, the Benefit Confirmation Statement will appear. Please print or save a copy for your records as this page will not display again.

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GN .				
	Benefit Cont	Irmation Statem	ent	
	PEYTON MANNING	Confirmation Number: 10	02	
	600 W College Ave	Employee ID: C34983		
	Tallahassee, FL 32306	Confirmed: 09/11/2019 04	:27PM	
This is a summa	ary of the benefit elections	you have confirmed.		<u>19</u>
This is a summa	ary of the benefit elections	s you have confirmed.		
This is a summa	ary of the benefit elections	you have confirmed.		
This is a summa	ary of the benefit elections	you have confirmed.		
This is a summa Depender	ary of the benefit elections	s you have confirmed.	Date of birth	
This is a summa Depender Name Ahley Manning	ary of the benefit elections Its Relationship Spouse	syou have confirmed.	Dete of birth 12-02-1974	
This is a summa Dependen Name Ahley Manning Mosley T Manning	ary of the benefit elections nts Relationship Spouse Child	syou have confirmed.	Date of birth 12-02-1974 03-31-2011	

You will also receive a confirmation email from noreply@vensure.com upon submission.



The Benefits Team will review the information submitted and will either approve or request additional information if needed.

Payroll + Benefits + Risk Management + Human Resources



ELECTRONIC BENEFIT ENROLLMENT

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