



# Employee Electronic Benefits Enrollment User Guide

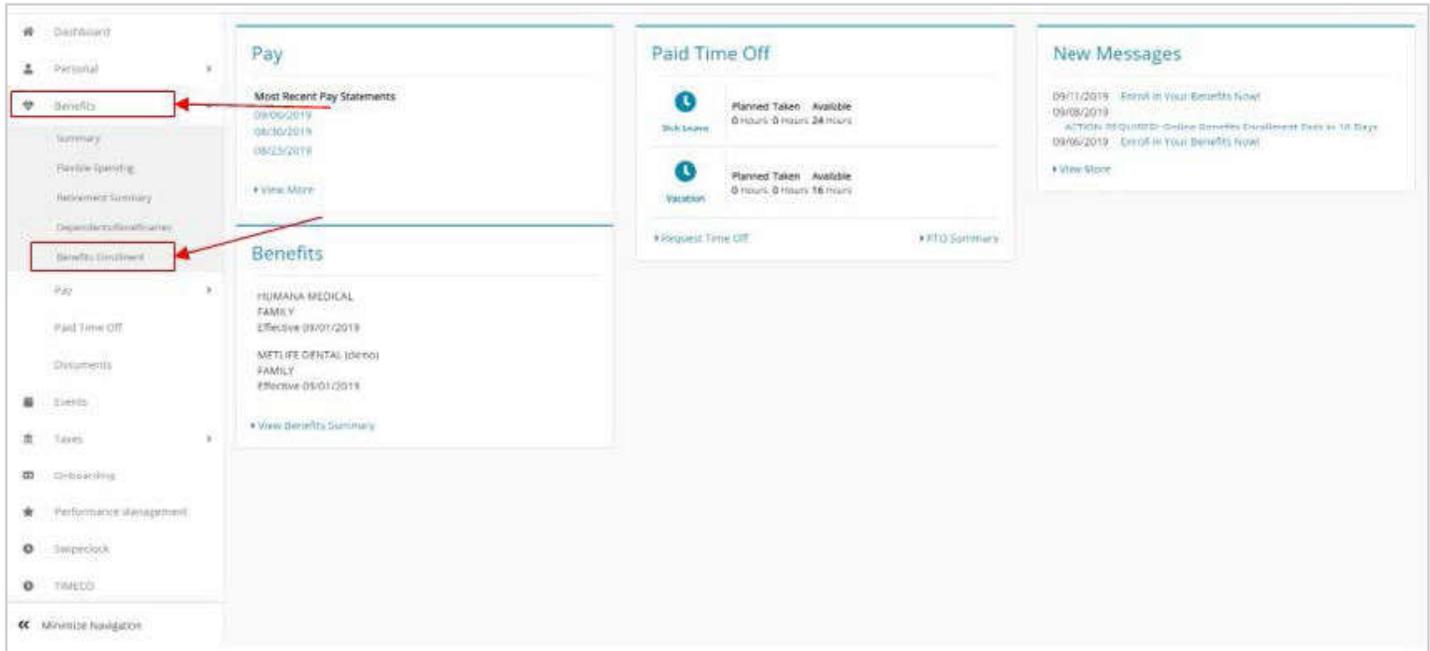
# Employee

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

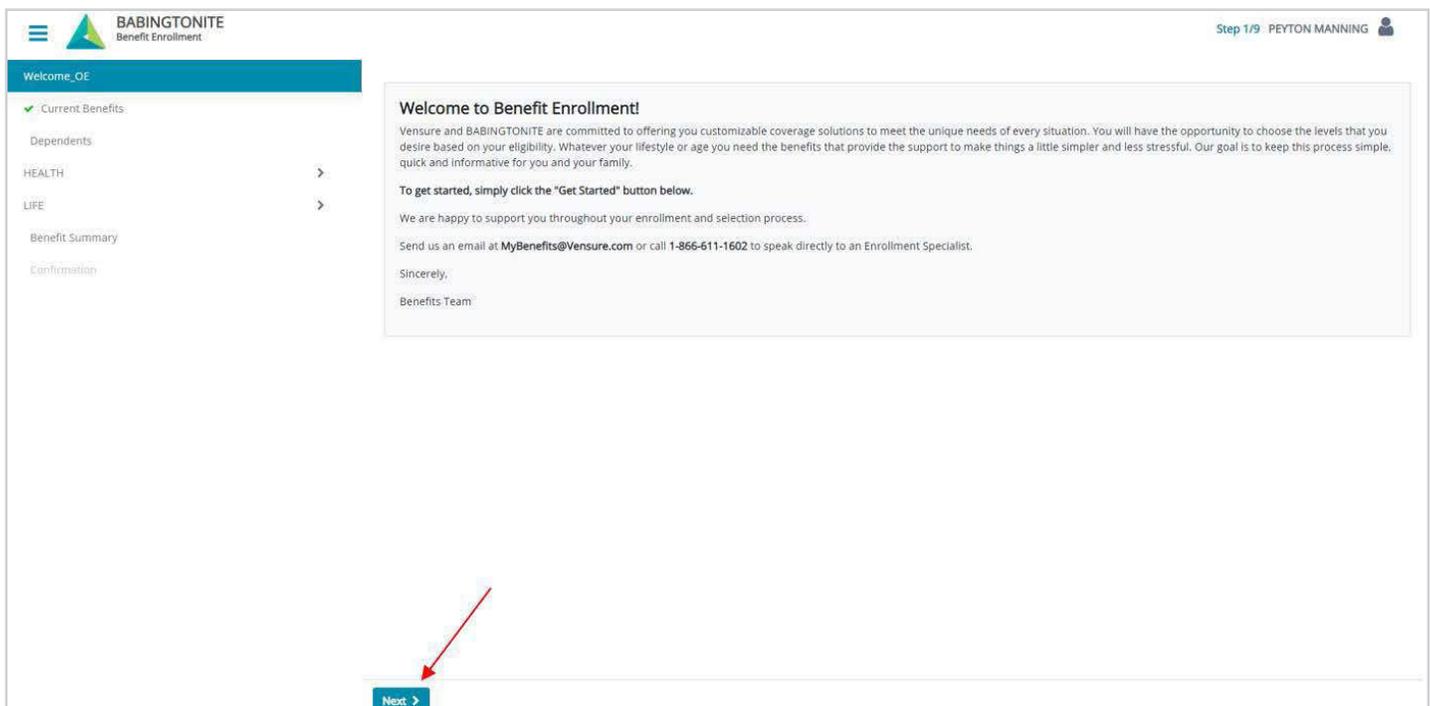
The web address for the ESS is: <https://ein.prismhr.com/ein/auth/#/login?lang=en>

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.



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.

Welcome\_OE

Step 2/9 PEYTON MANNING

### Current Benefits

Below are your currently enrolled benefits:

#### Benefit Plans

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

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< 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.

Welcome\_OE

Step 3/9 PEYTON MANNING

### Dependents

Dependents include spouses, partners, children, or disabled relatives who may be eligible for coverage in a benefits plan. The employee can add to or modify dependent records as needed.

#### Dependent List

Name	Relationship	Age	Gender	Tobacco User	Disabled	Student	Status
Ahley Manning	Spouse *	44	Female	No	No	No	Active
Marshall Manning	Child	8	Male	No	No	No	Active
Mostley 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.

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 Dependent ✕

**Relationship: \***

**First Name: \***

**Middle Initial:**

**Last Name: \***

**Gender: \***  Male  Female

**Birth Date: \***

**Soc-Sec-Num: \***

**Address:**

**Address:**

**Zip:**

# Enrolling in Benefits

**BABINGTONITE**  
Benefit Enrollment

Welcome\_OE

Current Benefits

Dependents

HEALTH

Medical

Dental

Vision

LIFE

Benefit Summary

Confirmation

Step 4/9 PEYTON MANNING

Running Total: \$0.00

### Medical

A good medical health is essential to your overall health and well-being. When evaluating a plan, you should consider both your needs and your financial abilities. The Medical plan option(s) offered below are selected by your employer and customized by geographic area.

#### Enrollees

Name	Relationship	Covered	Spouse Waive Reason
PEYTON MANNING	Myself	<input checked="" type="checkbox"/>	
Ahley Manning	Spouse	<input type="checkbox"/>	
Marshall W Manning	Child	<input type="checkbox"/>	
Mosley T Manning	Child	<input type="checkbox"/>	

**\$6.25** Per Period  
BLUE CROSS BLUE SHIELD  
BCBS MEDICAL  
Plan Effective Date: 10/01/2019  
SBC

Select View Compare

**\$12.50** Per Period  
HUMANA  
HUMANA MEDICAL  
Plan Effective Date: 10/01/2019  
SBC

Select View Compare

Select which dependents you would like to enroll in coverage. If a spouse is waiving coverage, select the waive reason from 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.

**\$6.25** Per Period  
BLUE CROSS BLUE SHIELD  
BCBS MEDICAL  
Plan Effective Date: 10/01/2019  
SBC

Select View Compare

**\$12.50** Per Period  
HUMANA  
HUMANA MEDICAL  
Plan Effective Date: 10/01/2019  
SBC

Select View Compare

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.

**\$6.25** Per Period  
BLUE CROSS BLUE SHIELD  
BCBS MEDICAL  
Plan Effective Date: 10/01/2019  
SBC

Select **View** Compare

**\$12.50** Per Period  
HUMANA  
HUMANA MEDICAL  
Plan Effective Date: 10/01/2019  
SBC

Select View Compare

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 SHIELD**  
BCBS MEDICAL

Plan Effective Date: 10/01/2019

SBC

✓
View
Compare

**\$12.50**  
Per Period

**HUMANA**  
HUMANA MEDICAL

Plan Effective Date: 10/01/2019

SBC

Select
View
Compare

Compare 0/2

**Waive Benefits**

I agree to waive Medical benefits

To select a benefit plan, click Select. To unselect a plan, click the green area on the benefit plan. Selecting "I choose to waive benefits" in the the plans. Click the SBC icon to view summary information on a benefit plan. To view a benefit plan's effective date, place the cursor over th require PCP information. Which benefit plans display may change depending on enrollees selected. A running 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	<input type="text"/>	<input type="text"/>
Ahley Manning	<input type="text"/>	<input type="text"/>

PCP Lists 
Cancel
Save

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

**BABINGTONITE**  
Benefit Enrollment

Welcome\_OE

Current Benefits  
Dependents

**HEALTH**

Medical  
**Dental**  
Vision

**Dental**

Step 5/9 PEYTON MANNING

**Running Total: \$25.00**

**Dental**

A good dental health is essential to your overall health and well-being. To help you maintain good dental health, your employer offers the following dental benefit plans. The Dental plan option(s) offered below are selected by your employer and customized by geographic area.

Enrollees

Name	Relationship	Covered

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

**BABINGTONITE**  
Benefit Enrollment

Welcome\_OE

Current Benefits  
Dependents

**HEALTH**

Medical  
Dental  
Vision

**LIFE**

Life Option 1

**Benefit Summary**

Confirmation

Step 8/9 PEYTON MANNING

**Running Total: \$25.00**

**Benefit Summary**

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	xxx-xx-1100	03-31-2011
Marshall W Manning	Child	xxx-xx-0001	03-31-2011

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

< Back Submit

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.

**Benefit Confirmation Statement**

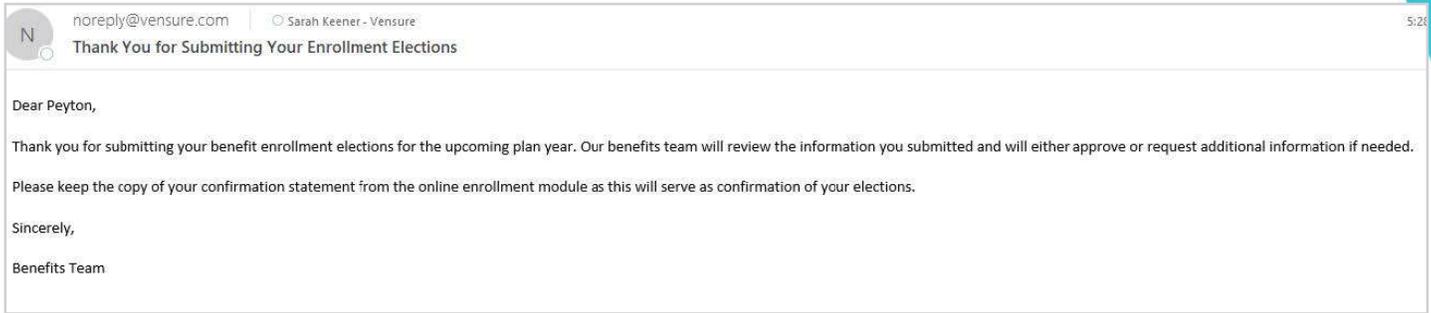
PEYTON MANNING Confirmation Number: 1002  
600 W College Ave Employee ID: C34983  
Tallahassee, FL 32306 Confirmed: 09/11/2019 04:27PM

This is a summary of the benefit elections you have confirmed.

Dependents

Name	Relationship	SSN	Date of birth
Ahley Manning	Spouse	xxxx-1111	12-02-1974
Mosley T Manning	Child	xxxx-1100	03-31-2011
Marshall W Manning	Child	xxx-xx-0001	03-31-2011

You will also receive a confirmation email from [noreply@vensure.com](mailto: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

