### Need help?

If you experience any technical difficulties, please contact the Service Desk at (816) 234-3454 or ext. 53454.

If you have benefit enrollment questions, please email the Benefits team at Benefits@cmh.edu .

## Add all dependents first:

- To enroll new dependents in medical, dental, vision or spouse/child life insurance coverage, you must add them in Infor Global HR **before** you complete your online Annual Enrollment.
  - Go to the Scope.
  - Click on My Links.
  - Click on Infor Global HR.
- Click <u>here</u> using a CM-issued device for step-by-step instructions.

#### After your dependents have been added to Infor Global HR:

- Using Google Chrome or Microsoft Edge as your browser, open Infor Global HR.
- On the Employee homepage, click the *Employee role,* then on the right-hand side of the page, click the *Annual Enrollment* link below the scrolling banner on the right-hand side of the screen.
- Log in again using your network username and password.

Infor Global HR				Q start Typing
Θ	Employee∨	$\equiv~$ Quick Links		Q
ē \$ ₽	0 v	Edit Profile Edit my profile	Kronos Timekeeper Review and approve my timecard, and view time of fibalances	Annual Enrollment Submit your 2023-24 Annual Enrollment by Tuesday, May 23
Q Search			11110 011 00101000	
Home		My Performance View my goals, complete check in or request feedback	Paychecks View my paystubs	Keport my marriage, dependent changes, and other life events
+ Benefits				
My Profile		JD Xpert View my job description	Direct Deposit Make changes to my direct deposit	Enroll for benefits as a new employee

• On the Benefits Enrollment Welcome Screen, click Continue.

	Benefits Enrollment	- ×		
	Welcome to Benefits Enrollment			
Í	Welcome to Annual Enrollment where you will choose the benefits that will be in place from July 1, 2023, through June 30, 2024.			
,	Annual Enrollment begins Monday, May 1 and must be confirmed by you in this tool no later than 11:59 p.m., Tuesday, May 23.			
1	By enrolling in these plans, I authorize Children's Mercy to withhold premiums on a pre-tax basis, as applicable.			
	For information about how we collect and use your personal information, see our HIPAA notice on the Scope - <a href="https://scope.cmh.edu/siteassets/uploadedfiles/pay-and-benefits/resources/benefit-notices/hpap-privacy-notice.pdf">https://scope.cmh.edu/siteassets/uploadedfiles/pay-and-benefits/resources/benefit-notices/hpap-privacy-notice.pdf</a>			
1	Before you begin:			
	Be prepared to complete all the screens in the tool. The tool will not allow you to save and return later. You may need the into the naive changes by our endinisement councy in 1:50 pm. Tuskeys, May 23. Use the "next" and "prevous" buttoms to move through the context. Do not use the "task" arrow in your boxetsr.			
	5	ntinue		

• The Enrollment Order screen will open and display the sequence for benefits enrollment. (Note that some benefits will not be listed, as they are not benefits you need to elect or waive during Annual Enrollment.) Click *Continue*.

Benefits Enrollment	~ X
Enrollment Order	
You will enroll in benefits in the following order.	
Plan Type	
MEDICAL	
HEALTH SAVINGS ACCT	
DENTAL	
VISION	
HEALTH SPEND ACCT	
DEP CARE SPEND ACCT	
EMP SUPP LIFE	
SPOUSE LIFE	
CHILD LIFE	
LONG TERM DISABILITY	
LEGAL	
IDENTITY THEFT	
Continue Previous	Exit

• Review your current benefits and costs on the Current Benefits screen and click Continue.

Benefits Enrollment					- ×
Current Benefits					
Your benefits as of 06/30/2023. Costs are per Month.					
Plan	Start Date	Coverage	You	ir Cost	Company Cost
Blue	07/01/2022	Employee Only	100.00	Pretax	712.00
Health Savings Acct - Waive	07/01/2022				
Dental - Mid PPO	07/01/2022	Employee Only	15.00	Pretax	19.00
Vision Basic	07/01/2022	Employee Only	1.69	Pretax	
Health Care FSA - Blue	07/01/2022	1,250.00 per year	104.17	Pretax	
Flex Spend - Dependent Waive	07/01/2022				
**Supplemental Life	09/25/2022	219,000.00	57.38	Aftertax	
Spouse Life - Waive	07/01/2022				
Child Life - Waive	07/01/2022				
Long Term Dis - Pay Tax Now	07/01/2022				
Vol - Legal Asst Waive	07/01/2022				
Vol - ID Theft Waive	07/01/2022				
	Monthly Summary				Cost
	Total pretax contributions				220.86
	Total aftertax contributions				57.38
	Total company contributions				731.00
				Your deductions	may differ slightly due to rounding.
₿.				Co	intinue Previous Exit

- The Enrollment Elections screen shows your current benefits and costs, and your costs if you keep the same coverage.
  - Select one of the available enrollment options. (For example, if you are currently enrolled in the Blue Plan and wish to change to the Gold Plan or waive coverage, choose Select a different plan. If you wish to change coverage from Employee + Spouse to Family coverage, select Change the coverage.) Then click Continue.

Benefits Enrollment				- ×		
Enrollment Elections - MEDICAL						
You are	currently enrolled in Blue. C	osts are per Month.				
	As Of	Coverage Type	Your	Cost	Company Cost	
	06/30/2023	Employee Only		Pretax		
	07/01/2023	Employee Only		Pretax		
Select	Option					
0	Keep the same coverage					
0	Change the coverage					
0	Select a different plan					
						Continue Exit

• Confirm your selection on the next screen and click *Continue*.

Benefits Enrol	llment		* X
Benefit Election	s - MEDICAL		
You have chosen to	o keep Blue, Costs are per Month, Changes will be effective 07/01/2023	8. Review and confirm your election c	hoices for this benefit.
Plan	Coverage	Cost	Company Cost
Blue	Employee Only	Pretax	
			Continue Previous Elections

- If you selected to change or select a different plan:
  - Select your plan and/or coveragelevel.
  - Click Continue.

Benefits Enrollment						
Benefit Elections - MEDICAL						
You have s	elected Blue, Your contribution will be pretax. Costs are per Month. Select one cov	verage option.				
Select	Coverage	Cost	Company Cost			
0	Employee Only	103.00	741.00			
0	Employee + Child(ren)	329.00	1,151.00			
0	Employee + Spouse	439.00	1,228.00			
0	Family	514.00	1,790.00			
			Continue Previous	Exit		

- Confirm your selections and click Continue.
- Repeat the above steps for all benefits.

## Tips about specific benefit plans

- Health Care Flexible SpendingAccount
  - Enter a *monthly* or *annual* contribution amount to be used to pay eligible health care expenses only.

Description Francisco and	
	* X
Benefit Elections - HEALTH SPEND ACCT	
You have selected Health Care FSA - Blue. Your contribution will be pretax.	
Monthly Minimum	Monthly Maximum
10.00	237.50
Annual Minimum	Annual Maximum
120.00	2,850.00
Enter the amount you want to contribute.	Confine Previous Exit

- Dependent Day Care Flexible Spending Account
  - Enter a *monthly* or *annual* contribution amount to be used to pay eligible adult or child care expenses only.

#### • Employee Supplemental Life and Spouse Life Insurance

 If you elect to increase or add coverage, you'll receive an email from The Hartford after Annual Enrollment.

- Be sure to read the email carefully and submit your Personal Health Application by the requested deadline.
- o If you do not respond to the email, you will not be eligible for the coverage.
- Child Life Insurance
  - Add eligible covered children to the plan.
  - If your dependents are not in the system, see page 1 for instructions to add dependents before you begin Annual Enrollment.

#### Submit your enrollment

• Once you have selected or waived coverage, a summary screen will show the choices you have made. Review your enrollment elections carefully and click *Continue* or *Make Changes*.

Benefits Enrollment			- ×
Benefit Elections As Of 07/01/2023			
Plan	Coverage	Your Cost	Company Cost
Blue	Employee Only	Pretax	
Health Savings Acct - Waive			
Dental - Mid PPO	Employee Only	Pretax	
Vision Basic	Employee Only	Pretax	
Health Care FSA - Blue	per year	Pretax	
Flex Spend - Dependent Walve			
**Supplemental Life		Aftertax	
Spouse Life - Waive			
Child Life - Waive			
Long Term Dis - Pay Tax Now			
Vol - Legal Asst Waive			
Vol - ID Theft Walve			
	Monthly Summary		Cost
Tr	otal pretax contributions		
Tot	tal aftertax contributions		
Total	company contributions		
		Your deductions	may differ slightly due to rounding.
		Continue	Make Changes Exit

• To make changes to a specific benefit, check the appropriate box and click Continue.

Ben	efits Enrollment	- ×	
Enro	nrollment Change		
Select	the plan type(s) you would like to change. You will re-enroll for benefits within the type(s) selected.		
Select	I Plan Type		
	MEDICAL		
	HEALTH SAVINGS ACCT		
	DENTAL		
	VISION		
	HEALTH SPEND ACCT		
	DEP CARE SPEND ACCT		
	EMP SUPP LIFE		
	SPOUSE LIFE		
	CHILD LIFE		
	LONG TERM DISABILITY		
	LEGAL		
	IDENTITY THEFT		
	Continue Pr	evious	

• Click Continue.



• The Congratulations screen confirms that your enrollment has been successfully submitted. If you do not see this screen, your enrollment was unsuccessful, and you must resubmit your elections.

Benefits Enrollment	- ×
Enrollment Elections	
Congratulations [Employee Name]. Your enrollment is co	omplete.

- Log out completely by clicking:
  - The X in the upper-right hand corner of your enrollment screen;
  - The arrow at the top right-hand side of the Infor Global HR homepage; then
  - Sign out at the bottom of the right-hand navigation on the Infor Global HR homepage.