



UPoint[®] Open Enrollment Online Guide

Washington Education Association

August 2016

Table of Contents

How to Enroll in Your WEA Benefits	3
Step 1: Log In to the Site	3
Step 1(a): Enter Your Personal Identification	4
Step 1(b): Provide Additional Information	4
Step 1(c): Create Your Password and Hint	5
Step 1(d): Increased Site Security	5
Step 1(e): Choose Your Security Questions	6
Step 1(f): Choose to Register the Computer or Device You're Using	6
Step 1(g): Completed Successfully	7
Step 2: Messages Box: Action Needed	8
Step 3: Before You Enroll in Your Benefits	9
Step 3(a): Your Benefits Summary	10
Step 3(b): Choose Who's Covered	12
Step 3(c): Add Dependent Information	13
Step 3(d): Certify the Eligibility of Your Dependents	14
Step 3(e): Assign Your Dependents to Coverage	15
Step 4: Choose Your Options	16
Step 5: Review Your Elected Options and Dependents	17
Step 6: Confirm Choices	18
Step 7: Your Enrollment Is Confirmed	19

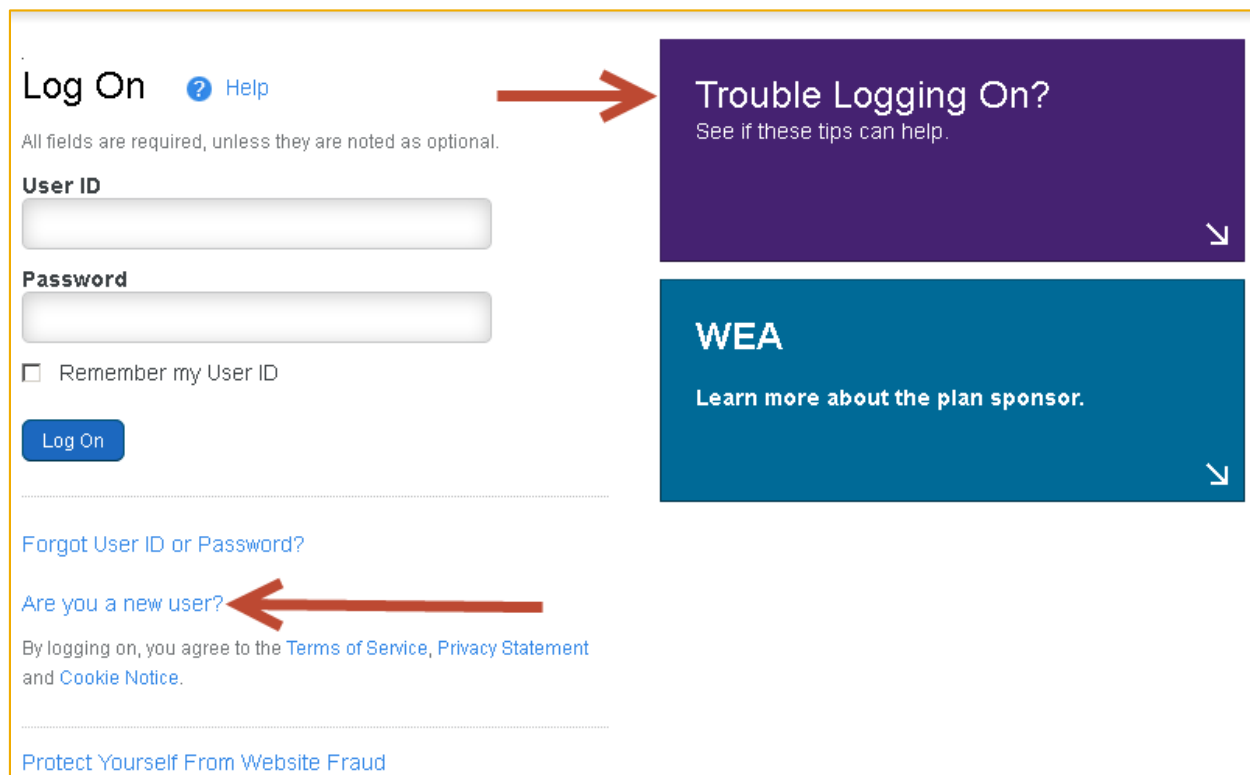
How to Enroll in Your WEA Benefits

Step 1: Log In to the Site

- The website address is www.resources.hewitt.com/wea.



- If you've been to the site before, you can enter your user ID and password, then skip to Step 2.
- If you have **not** been to the site before, you'll need to click the **Are you a new user?** link.
- If you need help, click on the **Trouble Logging On** tile for additional tips.



Step 1(a): Enter Your Personal Identification

Enter Your Personal Identification [? Help](#)

Before you can access your account, you need to confirm your identity.

All fields are required, unless they are noted as optional.

Last 4 Digits of SSN

Birth Date

June 1 2016

Step 1(b): Provide Additional Information

Note: If your current ZIP code is not working, try your previous ZIP code.

Log On

Provide Additional Identification

To help verify your identity, please enter the information requested below. You'll then be prompted to create a new user ID and password.

Zip Code
Enter the first 5 characters

Step 1(c): Create Your Password and Hint

Log On

Create Your Password and Hint

New Password

Password tips
(Enter 8 to 20 letters and/or numbers. Passwords aren't case sensitive. Spaces and special characters aren't allowed.)

Reenter New Password

Hint (optional)

(Enter up to 60 letters and/or numbers. Hints aren't case sensitive.)

Continue

Step 1(d): Increased Site Security

Increased Site Security

To further protect your personal information, we've improved our site security. This will require you to do the following:

- Choose and answer a series of security questions.
- Register your computer or device that you use to access the site.


The information you provide is for security purposes only and won't be shared.

Continue

For more information about our privacy practices, view the [Privacy Statement](#) below.

Step 1(e): Choose Your Security Questions

Choose and Answer Security Questions

 Your action to create new security questions is required due to newly enhanced security measures.

We request that you choose and answer 5 security questions before you access the site. This is intended to protect your personal information from being compromised. The new information will help verify your identity and assist you if you have forgotten your password. [Learn More](#)

Choose and Answer Questions

 (Answer limits include 60 characters maximum.)

- Answer
- Answer
- Answer
- Answer
- Answer

Step 1(f): Choose to Register the Computer or Device You're Using

Register This Computer or Device?

Your answer below will determine whether we need to verify your identity again. [Learn More](#)

Yes. I plan on using this computer or device to access my account in the future.

No. This is a public computer or device or one I don't plan on using often to access my account.

Step 1(g): Completed Successfully

Completed Successfully

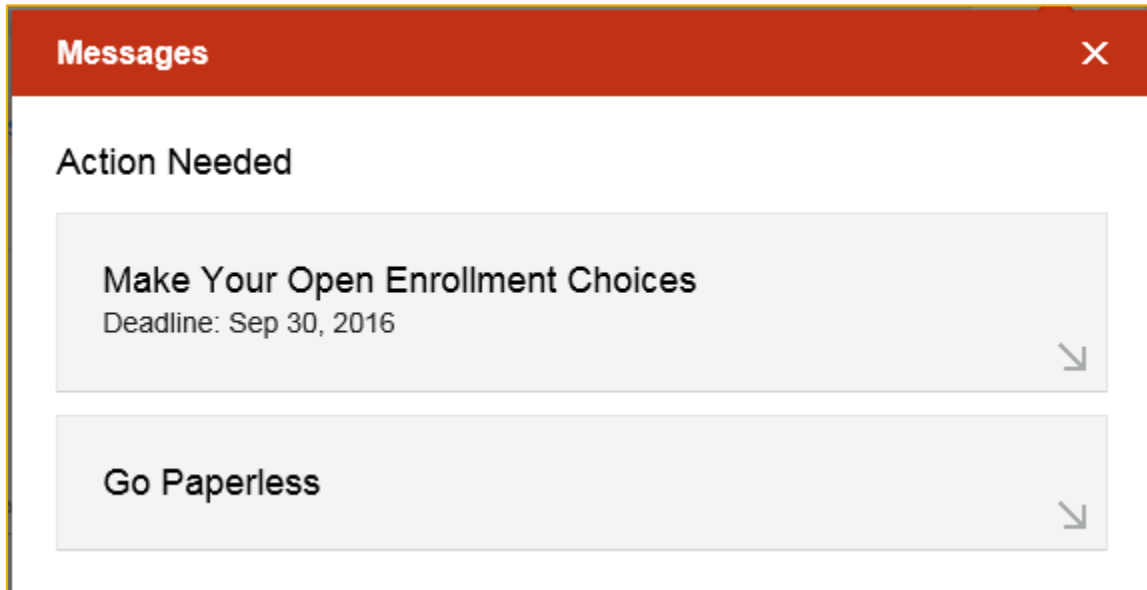
Your **Log On** Information has been updated successfully.

[Continue](#)

[About This Site](#) | [Legal Information](#) | [Privacy Statement](#) | [About Aon Hewitt](#)

Step 2: Messages Box: Action Needed

Click on the **Make Your Open Enrollment Choices** tile. The deadline to enroll is listed. Enroll prior to this deadline.



If you accidentally close the Messages box, you can still access your enrollment by clicking on the **Enroll in Your Benefits** tile from the home page.



Step 3: Before You Enroll in Your Benefits

Take advantage of the information and tools found on the Newly Eligible home page.

- Enrollment deadline and countdown
- Learn about WEA Select
- Learn about What's Changing for the new plan year (if you are eligible for WEA Medical)
- A video message from the WEA President
- WEA Open Enrollment Checklist—important reminders before and after enrollment, **including making sure your personal information is up to date and adding personal email addresses and phone numbers in case you forget your password in the future!**

Tip: Open and print this document to ensure that you complete all of the items!

When you're ready to continue to research your specific plans available and process your enrollment, click **Research and Enroll**.

The screenshot shows the 'Welcome to Enrollment' page. At the top, it displays '39 days left' for enrollment, which is open until 09:59 p.m. PT on September 30, 2016. A yellow star icon is next to the deadline. A 'Research and Enroll' button is visible in the top right. Below the header, a message says 'John, it's time to enroll in your benefits.' There is a 'TO DO...' sticky note icon and a 'Learn About WEA Select' link with a 'Learn More' button. On the right side, there are three featured content boxes: 'What's Changing for the New Plan Year', 'WEA Open Enrollment Checklist', and 'A Message from WEA President'. Each box has a green checkmark icon and a 'Research and Enroll' button. The 'Research and Enroll' button is circled in red in the screenshot.

Step 3(a): Your Benefits Summary

The top of the page reminds you of your deadline to enroll and gives some important information:

- Your coverage begin date. Once you enroll, your benefits will be effective on this date. If you do not enroll by the deadline, you'll be assigned the coverage shown in the right-hand column of the page.
- Reminder: The costs on this site may not be your actual per-paycheck price tags. Contact your School District for your out-of-pocket costs.
- Reminder: This site and enrollment are for the WEA Select Plans only. If you have other options in your School District, follow their separate enrollment process.

Your Benefits Summary **39** days left | Enrollment is open until 09:59 p.m. PT on September 30, 2016

View, Compare, or Change Your Benefits
Your enrollment is not complete unless you select the large, green 'Complete Enrollment' at the bottom of this page.

This is the coverage you'll receive **beginning November 1, 2016**, if you don't make any changes. You can make changes, including declining coverage, by selecting **View/Change** below.

Note: The cost provided on this website does not include any amounts made available through the State Fringe Benefit Allocation, district pooling, or any other offsets provided to you.

This enrollment is for the WEA Select Plans only. This may include Premera Blue Cross Medical, Delta Dental of Washington, Willamette Dental of Washington, and/or Premera Blue Cross/VSP Vision Care Inc, all of which will depend on what plans are offered by your district. Please contact your district benefits department to find out about your eligibility and the enrollment process for other insurance plans.

- The remainder of the page lists the coverage in which you are enrolled for the current plan year (if any) on the left – AND the coverage that you'll be assigned if you don't enroll by the deadline.
- Notice any changes in assigned coverage – the changes may be based on changes your district has made in its WEA plan offerings for the new plan year – you may need to take action

- To add dependents, make changes to the options, or learn more about available options, click the **View/Change** button next to each plan. (Depending on your School District's plan offerings, you may not have all plans/options available that are shown in this guide.)

Current Benefits <small>As of Today</small>			Next Year's Benefits <small>Beginning Nov 1, 2016</small>		
Medical	Premera Plan 3 <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$794.35	Premera Plan 3 <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$895.85	View/Change
Dental	DDWA Plan A, Ortho C <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$111.25	DDWA Plan A, Ortho C <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$109.60	View/Change
Vision	VSP Plan B <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$28.90	VSP Plan B <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$29.45	View/Change
Total Cost			Next Year's Benefits		
			Full Monthly Premium Check with your district for actual monthly payment \$1,034.90		
<p>You may want to print this page for your records. If you're unable to print this page, you may request a paper confirmation by calling the WEA Select Benefits Center.</p>			<p>Make Changes Anytime Before September 30, 2016</p>		
			<p>Confirm Choices Quit</p>		

- After reviewing this screen, if the Next Year's Benefits are what you want to keep (including covered dependents), you may click the "Confirm Choices" Button and skip to step 6 in this guide; otherwise, please continue through this guide.

Step 3(b): Choose Who's Covered

In order to cover your dependents (e.g., spouse, domestic partner, children), you'll need to add them to coverage.

- Click the **Add a Dependent** link.
- Continue this process until you've added and certified all of your dependents. You'll need to add, certify, and assign the dependent to coverage for each dependent you're adding.
- When you're done **or** if you don't have any dependents to add, click **Continue to Step 2**.

Step 1 of 2 - Choose Who's Covered

Your plan cost is based on whom you choose to cover.

✓ **You** (Covered)

No eligible dependents on file.

Add a Dependent

Continue to Step 2

Step 3(c): Add Dependent Information

Complete the information for each dependent:

- Social Security numbers are important for insurance and IRS reporting purposes. If you need to gather this information and resume enrollment at a later time before the deadline, click **Cancel** and log out. You can continue the process without entering a Social Security number, but it's not recommended.
- Complete the remainder of the required fields and click **Save**.

Add Dependent Information

Complete the fields below to add a dependent to your plan.

All fields are required, unless they are noted as optional.

Social Security Number	SSN (xxx-xx-xxxx) <input type="text"/>
	Re-enter SSN (xxx-xx-xxxx) <input type="text"/>
Name	First Name <input type="text"/>
	Middle Initial (Optional) <input type="text"/>
	Last Name <input type="text" value="Testing"/>
	Suffix (Sr., Jr., etc.) (Optional) <input type="text"/>
Other Information	Birth Date June 2 2016
	Gender <input type="radio"/> Female <input checked="" type="radio"/> Male
	Relationship — Choose One —
Address	<input checked="" type="checkbox"/> Is address same as yours?

Step 3(d): Certify the Eligibility of Your Dependents

- Read the certification and ensure that your dependent meets the criteria.
- You must certify that your dependent meets the eligibility criteria for the WEA plans by clicking the checkbox next to “I Agree” and clicking **Continue**.
- You’ll be sent a request via U.S. mail shortly after enrollment to provide documentation. Begin gathering items like certified, state-issued birth certificates, marriage licenses, and tax returns so you’re ready to respond. ***If you do not respond to this U.S. mail request, the coverage for your dependents will be canceled.***

Certify the Eligibility of Your Dependent

By choosing **I Agree** below, you certify that the information about your dependent's eligibility is true and correct. You understand that any fraudulent statement or withholding of information about your dependent's eligibility may subject you to discipline up to and including termination of employment.

Your dependent is eligible for coverage as a child if she or he is:

- Your son, daughter, stepson, stepdaughter or foster child.
- Under the age of 26.

You will be sent a request via postal mail to verify your dependent's eligibility shortly after you enroll. ***If you do not respond to this request, the coverage for your dependents will be canceled.***

I Agree

Continue

Cancel

Step 3(e): Assign Your Dependents to Coverage


Here's where you tell us which coverages to add your dependent to. The site automatically assumes you'd like to add them to all plans and checks the boxes for you.

- If this is what you intend, simply click **Continue**.
- Otherwise, uncheck the boxes next to the plans you don't want the dependent covered under and click **Continue**.


Remember: WEA Select dental and vision plans have one monthly cost, no matter how many dependents you add to coverage, so be sure to add all of your eligible dependents to dental and vision. They will **not** be covered if you don't add them to coverage.

Coverage for JANE

Add JANE to your Dental plan effective June 1, 2016.

Dental plan 

For your convenience, JANE has also been added to other plans you're enrolled in below. Uncheck the box if you don't want this dependent in an additional plan.

Vision plan 

Note: JANE may be eligible for other coverage you'll see later in your enrollment.

[Continue](#)

Step 4: Choose Your Options

You'll see the options available to you as offered by the School District. (You may not have all the options shown here available to you. You may have only one option.)

- Use the tools circled below to help compare the plans and see if your dentist is in the network.
- Click **Keep** to keep the plan assigned to you **or** click **Choose** to select another plan option.
- You may **not** decline coverage in the dental and vision plans. You **must** select an option.

Step 2 of 2 - Choose Your Dental Plan

tip **Out-of-pocket cost...**
Check with your district for your out-of-pocket cost

[Find Dentists](#)

3 Plan(s) Available Beginning Jun 1, 2016

Plan prices cover You + Child(ren)

Compare

Compare up to 3 plans

Plan Name	Full Monthly Premium	Action
DDWA Plan A, No Ortho Coverage Providers Review coverage details to understand how much you will pay when you use your coverage. All Coverage Details	Check with your district for actual monthly payment \$105.35	Keep
<input type="checkbox"/> Compare up to 3 plans DDWA Managed Plan, No Ortho Coverage Providers Review coverage details to understand how much you will pay when you use your coverage. All Coverage Details	Check with your district for actual monthly payment \$56.30	Choose
<input type="checkbox"/> Compare up to 3 plans WEA Willamette 1, No Ortho Coverage Providers Review coverage details to understand how much you will pay when you use your coverage. All Coverage Details	Check with your district for actual monthly payment \$78.40	Choose

Compare

Decline Coverage

Step 5: Review Your Elected Options and Dependents

- Verify the options selected and continue to click **View/Change** until this screen lists all of the options you desire and all dependents' names shown in each plan.
- If a dependent who requires coverage is not shown in each plan section, be sure to click **View/Change** to add that dependent to all coverages. Dependents **do not** receive coverage automatically.


Current Benefits <small>As of Today</small>			Next Year's Benefits <small>Beginning Nov 1, 2016</small>	
Medical	Premera Plan 3 <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$794.35	Premera Plan 3 <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$895.85 View/Change
Dental	DDWA Plan A, Ortho C <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$111.25	DDWA Plan A, Ortho C <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$109.60 View/Change
Vision	VSP Plan B <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$28.90	VSP Plan B <small>You Only</small>	Full Monthly Premium Check with your district for actual monthly payment \$29.45 View/Change
Total Cost			Next Year's Benefits	Full Monthly Premium Check with your district for actual monthly payment \$1,034.90
<p>You may want to print this page for your records. If you're unable to print this page, you may request a paper confirmation by calling the WEA Select Benefits Center.</p>			<p>Make Changes Anytime Before September 30, 2016</p>	
			<p>Confirm Choices Quit</p>	

Step 6: Confirm Choices

When you've reviewed all of the details and dependents and are ready to complete enrollment, click the blue **Confirm Choices** button at the bottom of the page. **Your choices will not be saved unless you complete this step.**

You may want to print this page for your records. If you're unable to print this page, you may request a paper confirmation by calling the WEA Select Benefits Center.

Make Changes Anytime Before September 30, 2016

[Confirm Choices](#)  [Quit](#)

Important: A message box will pop up reminding you that you can continue to come back to the site to make changes up until the enrollment deadline.

Your Choices Will Be Saved

You may return and change your choices anytime before enrollment ends.

[Continue](#) [Cancel](#)

Step 7: Your Enrollment Is Confirmed

Once you complete enrollment, you'll see this page.

- Make a note of your confirmation number.
- Review the “Required Follow-Ups.”
- Review the “What Happens Next” sidebar, including the information about printing this page for your records.
- You will receive an email confirmation if you have an email address on file in our records.

Your Enrollment is Confirmed

Your enrollment has been completed successfully. You can change these choices anytime until **September 30, 2016**, when enrollment ends.

Your confirmation number is **369700023**.

Required Follow-Ups

Complete Life Insurance Form

If you are enrolling in the WEA Select Medical plan for the first time, complete your life insurance form and return the form to your benefits/payroll representative. When you click on the link to the next page, Request Materials, you can either print the UNUM Life Insurance Form PDF directly from this site, or you can request the form to be mailed to you.

[Click here to access the Request Materials page](#)

Coverage Effective Beginning Nov 1, 2016

Medical	Premera Plan 3 You Only	<small>Full Monthly Premium</small> Check with your district for actual monthly payment \$895.85
Dental	DDWA Plan A, Ortho C You Only	<small>Full Monthly Premium</small> Check with your district for actual monthly payment \$109.60
Vision	VSP Plan B You Only	<small>Full Monthly Premium</small> Check with your district for actual monthly payment \$29.45
Total Cost	Next Year's Benefits	<small>Full Monthly Premium</small> Check with your district for actual monthly payment \$1,034.90

What Happens Next

Print this page for your records. If you're unable to print this page, you may request a paper confirmation by calling the WEA Select Benefits Center at 1-855-668-5039.

A confirmation of your request will be sent to your Preferred Email Address, usually within 30 minutes.

You won't receive a statement in the mail.

Typically, you'll receive a plan ID card by November 1, 2016. There are some situations when you won't receive a [Health Plan ID Card](#).

About Aon Hewitt

Aon Hewitt empowers organizations and individuals to secure a better future through innovative talent, retirement and health solutions. We advise, design and execute a wide range of solutions that enable clients to cultivate talent to drive organizational and personal performance and growth, navigate retirement risk while providing new levels of financial security, and redefine health solutions for greater choice, affordability and wellness. Aon Hewitt is the global leader in human resource solutions, with over 35,000 professionals in 90 countries serving more than 20,000 clients worldwide across 100+ solutions. For more information on Aon Hewitt, please visit aonhewitt.com.

©2016 Aon plc