



Employee Benefits  
Open Enrollment Guide  
for Faculty  
2020

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# Office of Human Resources

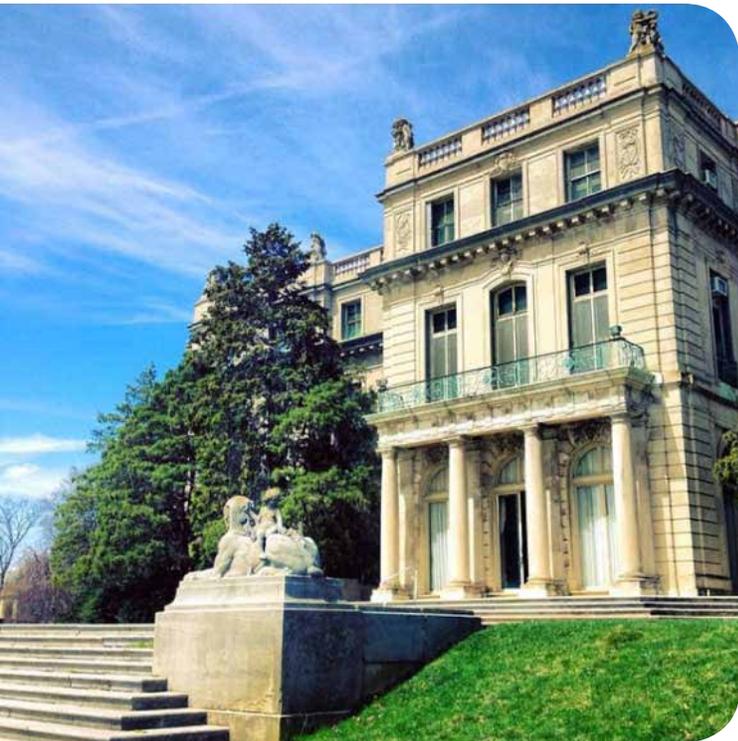
Wilson Hall, Room 312  
Phone (732) 571-3470  
Fax (732) 923-4759  
humanresources@monmouth.edu

This Annual Open Enrollment Guide provides a summary of various plans included in the Monmouth University benefit program effective January 1, 2020. Complete details of the plans are included in the Insurance Certificates, Plan Documents and policies. If there is a difference between this Annual Open Enrollment Guide and the Plan Documents, then the Plan Document will govern in every instance.

## Self Service Open Enrollment Assistance

Open Enrollment will begin on Monday, November 4, 2020 and run through Friday, November 22, 2019. You can access a Quick Guide on the Employee Benefits webpage.

If you do not complete elections in the 2020 open enrollment session you will retain your 2019 level of benefits with the exception of the flexible spending account. If you wish to contribute in 2020 to a healthcare or dependent care FSA you **must** make an annual election in the Flexible Spending Open Enrollment Session.



# Introduction

## Welcome to the Employee Benefits Annual Open Enrollment.

This is the one time each year where benefit-eligible employees are able to review and make changes to their benefit plans which will become effective January 1, 2020.

Use this brochure as a guide to managing your benefit selections. It is important that you take the time to fully understand your benefit options. Please review this brochure in its entirety. You should also review the plan booklets found on the Office of Human Resources web-site at <http://www.monmouth.edu/university/employee-benefits-information.aspx> for full details on your benefit plan coverage.

Should you have any additional questions, feel free to reach out to the Office of Human Resources for assistance at (732) 571-3470.

During the Open Enrollment Period you may enroll in or make changes to:

- Medical/Prescription/Vision (through Horizon Blue Cross/Blue Shield of NJ)
  - ◇ Traditional Direct Access Plan
  - ◇ New Exclusive Provider Organization Plan with Health Reimbursement Account (EPO/HRA; in-network only plan)
- Flexible Spending Account (FSA), (through Discovery Benefits)
  - ◇ Healthcare FSA
  - ◇ Dependent Care FSA
- Dental (through Delta Dental NJ)
  - ◇ Premier PPO Plan
  - ◇ Preferred PPO Plan
  - ◇ Delta Flagship DMO (in-network only plan)
- Life Insurance (through CIGNA Life)
- Hospital Indemnity/Hospital Care



## Online Enrollment

Please make your open enrollment elections through the Ultipro payroll system (<http://ultipro.monmouth.edu>). Please reference the Quick User Guide which can be found on the Human Resources Employee Benefits webpage.

# Medical Insurance

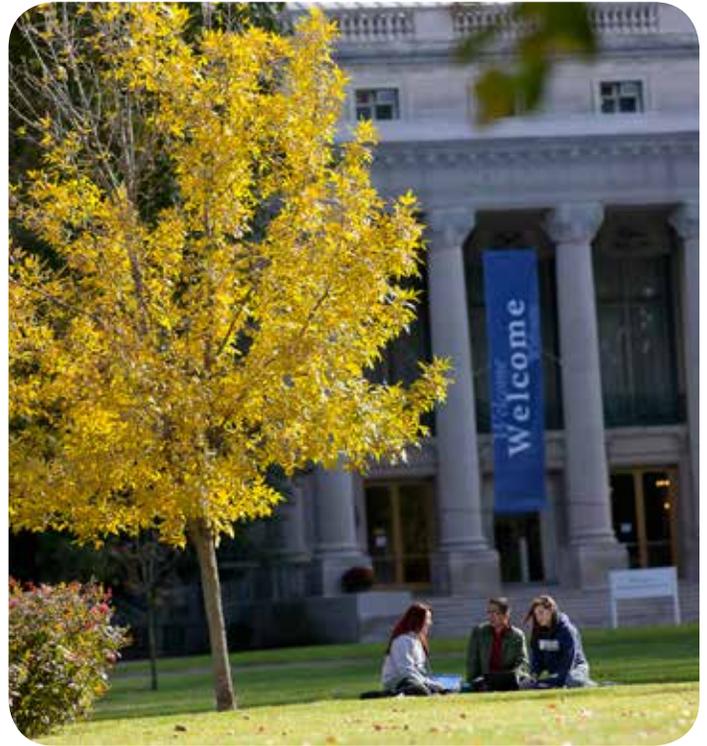
Effective January 1, 2020 all benefit eligible employees hired prior to November 20, 2018 will continue to have access to two (2) healthcare plans offered through Horizon Blue Cross/Blue Shield of NJ (BCBSNJ): the Traditional Direct Access Plan and the Exclusive Provider Organization Plan with a Health Reimbursement Account. Faculty members hired on or after November 20, 2018 are eligible for the EPO/HRA Plan only.

## Traditional Direct Access Plan (DA Plan)

The DA Plan provides you with the flexibility to receive care from both in-network providers and out-of-network providers (you'll pay more for out-of-network providers).

In New Jersey, members have access to all doctors, specialists and hospitals that participate in Horizon's Managed Care Network ("Direct Access"). Outside of New Jersey throughout the United States and worldwide, members have access to doctors and hospitals through the BlueCard® PPO program. Alternatively, members may seek treatment through any licensed provider outside of the Managed Care Network.

In-network preventive care services as defined by the plan are covered at 100%, meaning you do not pay for these types of services. All other in-network services are covered at 100% after the applicable copay for the service and/or facility. For out-of-network services, you are responsible for paying the full cost of care until you reach the out-of-network deductible. You are then responsible for a portion of the cost of care (your coinsurance) until you reach the out-of-pocket maximum. Refer to the chart on p.4 for more details.



## Exclusive Provider Organization Plan (EPO Plan)

The EPO Plan is a consumer driven health plan with a Health Reimbursement Account offering members a different approach to how you pay for today's health care with an opportunity to save for your future health care expenses. It is a lower-premium, high-deductible health insurance plan, which means you pay less out of your paycheck for premiums and more out of pocket at the point of service before the plan pays for services that are not considered preventive. Members who enroll in the EPO plan will be provided with an employer paid Health Reimbursement Account to help pay for some of these out-of-pocket medical expenses including deductibles, copays and other healthcare expenses.

In New Jersey, members have access to all doctors, specialists and hospitals that participate in Horizon's Managed Care Network ("Advantage EPO"). Outside of New Jersey throughout the United States and worldwide, members have access to doctors and hospitals through the BlueCard® PPO program. There is no benefit coverage outside of the Managed Care Network.

In-network preventive care services as defined by the plan are covered at 100%, meaning you do not pay for these types of services.

For all other in-network services, you are responsible for paying the full cost of care until you reach the plan's deductible (\$1,500 individual/\$3,000 family). Once you meet the deductible, services are covered at 100% after the applicable copay for the service and/or facility. Refer to the chart on p.5 for more details.

## Health Reimbursement

### Arrangement (HRA)

The HRA is an employer funded account administered by Discovery Benefits. The HRA will assist members by paying for eligible out-of-pocket health care expenses, such as deductibles, copays and prescription expenses on a tax-free basis. You can use the Discovery Benefits debit card, Pay My Provider or Pay Me options. The Discovery Benefits HRA is only available to members who enroll in the EPO Plan.

The HRA funding is \$750 for individual coverage, \$1,500 for family coverage. Refer to p.6 for benefits and features of the HRA.

## Prescription Coverage

The DA Plan and the EPO Plan share the same prescription plan coverage which is provided through a formulary, in-network benefit program. The retail pharmacy copay for a 30 day supply is \$10 for preferred generic drugs, \$25 for preferred brand drugs, and \$50 for non-preferred drugs. Mail order is available through Prime Mail where a 90 day supply is covered at the cost of 2 retail copays. There is no deductible for prescription drug coverage. The prescription copays do, however, count toward your out-of-pocket maximums.

## Davis Vision

Both the DA Plan and the EPO Plan come with vision benefits provided through Davis Vision. The costs associated with vision coverage do not apply to your medical plan deductible or out-of-pocket maximums.

In-network coverage includes eye exams every 12 months (\$10 copay), lenses (\$25 copay) or contacts (allowance up to \$100) every 12 months, frames every 24 months with an allowance and copay. An out-of-network reimbursement schedule is also available.

## Traditional Direct Access Plan - Summary of Plan Features

Plan Feature	In-Network	Out-of-Network	
Benefit Period	Calendar Year	Calendar Year	
Deductible	None	\$500 Individual \$1,000 Family	
Coinsurance (Horizon pays)	100%	70%	
Out-of-Pocket Maximum (includes deductible, coinsurance, copays and prescription drug costs, both in-network and out-of-network)	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	
Preventive Care	Covered at 100%	Covered at 70% (no deductible)	
Primary Care Office Visit	\$20 copay, then covered at 100%	Deductible, then covered at 70%	
Short Term Therapy (physical, speech, occupational, respiratory)	\$20 copay, then covered at 100% 30 day visit maximum per therapy per benefit year	Deductible, then covered at 70% 30 day visit maximum per therapy per benefit year	
Specialist Office Visit	\$40 copay, then covered at 100%	Deductible, then covered at 70%	
Emergency Room	\$100 copay, then covered at 100%	Deductible, then covered at 70%	
Inpatient Hospital Admission	\$100 copay, then covered at 100%	Deductible, then covered at 70% and \$100 copay	
Outpatient Surgery—Hospital	\$300 copay, then covered at 100%	Deductible, then covered at 70%	
Outpatient Surgery—Ambulatory	\$300 copay, then covered at 100%	Deductible, then covered at 70%	
Laboratory	Covered at 100% at Labcorp Covered at 100% at Outpatient facility	Deductible, then covered at 70%	
All other covered non-preventive care such as: durable medical equipment, diabetic supplies, inpatient surgery, x-ray	Covered at 100%	Deductible, then covered at 70%	
<p>Vision benefits provided through Davis Vision as a stand-alone plan. The costs associated with vision coverage do not apply to your medical plan deductible or out-of-pocket maximums. In-network coverage includes eye exams every 12 months (\$10 co-pay), lenses (\$25 copay) or contacts (allowance up to \$100) every 12 months, frames every 24 months with an allowance and copay. An out-of-network reimbursement schedule is also available.</p>			
Prescription Drugs	Preferred Generic Drug	Preferred Brand Drugs	Non-Preferred Drugs
Retail	\$10	\$25	\$50
Mail Order—Prime Mail	\$20	\$50	\$100
Deductible	No deductible applies to prescription Prescription copays do count towards the out-of-pocket maximum		

## Exclusive Provider Organization Plan - Summary of Plan Features

Plan Feature	In-Network Only Coverage		
Benefit Period	Calendar Year		
Health Reimbursement Arrangement (Administered by Discovery Benefits)	\$750 individual/\$1,500 family Funds available to pay costs towards your deductible, copays, prescriptions and other eligible out-of-pocket healthcare costs		
Deductible	\$1,500 individual; \$3,000 family		
Coinsurance (Horizon pays)	100% after the deductible (excludes preventive care)		
Out-of-Pocket Maximum (includes deductible, coinsurance, copays)	\$4,000 individual \$8,000 family		
Preventive Care	Covered at 100% (no deductible)		
Primary Care Office Visit	Deductible, then covered at 100% and \$20 copay		
Short Term Therapy (physical, speech, occupational, respiratory)	Deductible, then covered at 100% and \$20 copay 30 day visit maximum per therapy per benefit year		
Specialist Office Visit	Deductible, then covered at 100% and \$40 copay		
Emergency Room	Deductible, then covered at 100% and \$100 copay		
Inpatient Hospital Admission	Deductible, then covered at 100% and \$250 copay per day (maximum of 5 copays per		
Outpatient Surgery—Hospital	Deductible, then covered at 100% and \$200 copay		
Outpatient Surgery—Ambulatory Surgi-Center	Deductible, then covered at 100% and \$100 copay		
Laboratory	Deductible, then covered at 100%		
All other covered non-preventive care such as: durable medical equipment, diabetic supplies, inpatient surgery, x-ray	Deductible, then covered at 100%		
<p>Vision benefits provided through Davis Vision as a stand-alone plan. The costs associated with vision coverage do not apply to your medical plan deductible or out-of-pocket maximums. In-network coverage includes eye exams every 12 months (\$10 copay), lenses (\$25 copay) or contacts (allowance up to \$100) every 12 months, frames every 24 months with an allowance and copay. An out-of-network reimbursement schedule is also available.</p>			
Prescription Drugs	Preferred Generic Drug	Preferred Brand Name Drugs	Non-Preferred Drugs
Retail (1 copay per 30 day supply)	\$10	\$25	\$50
Mail Order—Prime Mail (1 copay per 90 day supply)	\$20	\$50	\$100
Deductible	No deductible applies to prescription Prescription copays do count towards the out-of-pocket maximum		

# Hospital Indemnity/Hospital Care Coverage

## Voluntary Benefit/Employee Paid

Hospital Care coverage provides a scheduled benefit when a covered person incurs a hospital stay resulting from a covered injury or illness. The hospitalization benefit includes a hospital admission, a hospital stay, a hospital admission in connection with a chronic condition as well as a hospital intensive care unit stay and hospital observation stay. These hospitalizations have no elimination period but do have some limitations and benefits periods. Please refer to the benefit chart listed on this page.

Hospital Care Insurance is not a substitute for comprehensive or major medical insurance but rather an added benefit to provide peace of mind and additional financial protection you may want or need. There is also a once per year Wellness Benefit of \$50 when you schedule and receive a preventive or well care service.

Like most other healthcare insurance plans, the covered person files a claim by telephone, mail, email or fax and the benefit is paid directly to the covered person, not the facility or provider. You can use the money received to defray from the cost of your deductible, copay, coinsurance or unexpected costs common with a hospital stay.

This coverage is portable and can be taken with you should you leave the University and benefits and rates do not change if you port your coverage.

## Employee Per Pay Premiums

Employee	\$17.25
Employee + Spouse	\$34.73
Employee +Child(ren)	\$28.67
Employee + Family	\$46.17

## Hospitalization Benefits

<b>Hospital Admission</b> * No elimination period; limited to one (1) benefit every 90 days	\$1,000 per day
<b>Hospital Chronic Condition Admission</b> *No elimination period; limited to one (1) benefit every 90 days	\$ 100 per day
<b>Hospital Stay</b> * No elimination period; limited to one (1) benefit every 90 days	\$ 200 per day
<b>ICU Stay</b> * No elimination period; limited to one (1) benefit every 90 days	\$ 200 per day
<b>Hospital Observation Stay</b> * 24 hour elimination period. Limited to 72 hours	\$ 200 per day

# Features of the Health Reimbursement Arrangement (HRA)

## Discovery Benefits HRA

The Discovery Benefits HRA is an employer funded account available to you when you enroll in the EPO Plan. The HRA reimburses you for eligible out-of-pocket health care expenses, such as deductibles, copays and prescription expenses on a tax-free basis.

The HRA funding is \$750 for individual coverage, and \$1,500 for two person or family coverage. The HRA is funded January 1st each year for employees enrolled in the EPO Plan (prorated for members who enroll later in the year, such as new hires or members who experience a life event that allows such late enrollment).

- Use It Today: Pay for your regular, eligible, out-of-pocket healthcare expenses you incur during the year.
- Save It For Tomorrow: The HRA Plan has a rollover feature where any unused portions of your HRA will rollover each year while you are active with no caps on rollover amounts, and your new funding will be added on January 1st. Employees who resign or retire from the University with 5 years of eligible service will be vested in the HRA and may continue to draw on available funds for eligible expenses for up to 10 years.
- Use It For Eligible Healthcare Expenses: Not only can you use your HRA for eligible out-of-pocket medical expenses such as your deductible, copay and prescriptions, but you can also use your funds for other eligible out-of-pocket healthcare expenses such as vision and dental.

- Access To Your Funds: You can access the funds in your HRA several ways:
  - ◇ You can use your Discovery Benefits Debit Card to pay for eligible expenses with providers that accept a major credit card.
  - ◇ You can arrange to have your healthcare provider be paid directly from your HRA (Pay My Provider Option).
  - ◇ You can also be reimbursed for eligible expenses you pay out of pocket (Pay Me Option).
- Save Your Receipts: In most cases, Discovery Benefits Debit Card transactions for eligible expenses may automatically be approved. Please remember to always save your detailed receipts and Explanation of Benefits with your IRS returns in case you are ever audited.

If you decide to also enroll in the Healthcare Flexible Spending Account (FSA), which also reimburses you for eligible out-of-pocket health care expenses, your Healthcare FSA dollars will be loaded onto the same debit card. Healthcare FSA dollars will be used first, before your HRA funds are accessed. Refer to p.9 for benefits and features of the Healthcare FSA.

# Life Insurance



You are eligible for life insurance through the University's carrier Cigna. Update your life insurance beneficiary information via the online enrollment system, or request to add or cancel your current coverage (note adding life insurance at this time will require Evidence of Insurability).

## Basic Life Insurance

You are eligible to enroll in the Basic Life Insurance Plan which provides you with one and one half (1.5) times your annual base salary rounded to the next lower \$1,000, up to a maximum of \$350,000. You pay 1/4 of the rate for this coverage, or  $\$0.0377 \times \text{coverage amount} \div 1000$ . This amount is deducted from your paycheck once per month in the 2nd paycheck of the month.

## Supplemental Life Insurance

You can increase your life insurance by one and one half (1.5) times your annual base salary rounded to the next lower \$1,000, up to a maximum of \$500,000 (\$850,000 combined basic + supplemental). You pay 1/2 of the full rate (or monthly rate below  $\times 1/2 \times \text{coverage amount} \div 1000$ ) for this coverage. This amount is deducted from your paycheck once per month in the 1st paycheck of the month.

Employee Age	Under 30	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
Monthly Cost Per \$1000	\$0.05	\$0.07	\$0.075	\$0.08	\$0.125	\$0.19	\$0.355	\$0.54	\$1.125	\$1.45	\$1.95	\$1.95

# Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow employees to set aside dollars on a pre-tax basis to pay for certain out-of-pocket expenses.

All benefit eligible employees have access to two (2) types of FSA accounts: Healthcare FSA and Dependent Care FSA. By establishing an FSA account, you can save valuable tax dollars on eligible expenses. If you are currently participating in the Healthcare FSA or the Dependent Care FSA and wish to participate again for the 2020 calendar year, you must re-enroll during Open Enrollment. You are not automatically renewed from one year to the next.

## Healthcare FSA

A Healthcare FSA is a pre-tax benefit account that you can use to pay for certain healthcare expenses not covered by any medical, dental or vision care plan you or your dependents may incur. Some of the healthcare expenses eligible for reimbursement include: medical, prescription drug, dental or vision deductibles and copays, eyeglasses, contact lenses, acupuncture and orthodontia. Premiums deducted from your paycheck are not an eligible expense. Over the counter drugs are not reimbursable from a health care reimbursement account without a prescription from your physician.

The maximum amount you may contribute to the Healthcare FSA for 2020 is \$2,700. During Open Enrollment you elect the annual amount you wish to fund into the Healthcare FSA up to the maximum. This amount will be deducted from your pay in equal installments over 26 pay periods on a pre-tax basis.



Once enrolled in a Healthcare FSA, you don't have to wait for cash to accumulate to use your account. Your full annual election will be available beginning January 1st. You may pay for eligible expenses you incur during the calendar year. If you have unused portions at the end of the year, you will have a 2-1/2 month grace period in which to spend down your funds. At the end of the grace period, any unused funds in your Healthcare FSA will be forfeited.

**Access To Your Funds:** You can access the funds in your FSA several ways:

- You can use your Discovery Benefits Debit Card to pay for eligible expenses with providers that accept a major credit card.
- You can arrange to have your healthcare provider be paid directly from your HRA and FSA.
- You can also be reimbursed for eligible expenses you pay out of pocket.
- **Save Your Receipts:** In most cases, Discovery Benefits Debit Card transactions for eligible expenses may automatically be approved. But please remember to always save your detailed receipts and Explanation of Benefits with your IRS returns in case you are ever audited.

## Dependent Care FSA

A Dependent Care FSA is a pre-tax benefit account used to pay for eligible dependent care services while you are at work. Some of the dependent care expenses eligible for reimbursement include: preschool, summer day camp, and child and elder daycare. Expenses for overnight stays or overnight camps, and tuition expenses for kindergarten or above are not eligible.

Generally, an expense must meet all of the following conditions for it to be an eligible work related dependent care expense:

- The qualifying expense is for a “Qualifying Individual” as follows:
  - ◇ An individual age 12 or under who is a “qualifying child” as defined in Code Section 152(a)(1) (generally a child who shares the same principal residence as you for more than half the year and does not provide over half of his/her support; or
  - ◇ A spouse or other tax dependent (as defined by Code Section 152) who is physically or mentally incapable of caring for himself or herself and who has the same principal residence as you for more than half of the year.
- The expense is incurred for the care of the Qualifying Individual and is incurred to enable you (and your spouse if applicable) to be gainfully employed.

Refer to the full plan document for full details regarding this type of account. You are also encouraged to consult your personal tax advisor or Publication 17 for further guidance.

The maximum amount you may contribute to the Dependent Care FSA for 2020 is *\$5,000* if you are married and file a joint return or are single. If you are married and file separately, you may contribute *\$2,500*.

Unlike the Healthcare FSA, you must accumulate funds in your Dependent Care FSA before you can be reimbursed for eligible expenses. The Discovery Benefits Debit Card is available for Dependent Care FSA accounts.

# Dental Insurance

All benefit eligible employees have access to three (3) dental plans offered through Delta Dental of New Jersey, the Premier PPO, the Preferred PPO, and the Flagship Dental Managed Care Plan (in-network only).

## Premier and Preferred PPO Plan

The Delta Dental Premier and Preferred Plans provide you with the flexibility to receive care from both in-network providers and out-of-network providers. Participating dentists and participating specialists agree to pre-file their usual fee for each procedure commonly performed and accept the filed fee (Delta Dental's established usual and customary fee) as payment in full. Claims for non-network providers' services are paid based on the lesser of the dentist's actual charge or the prevailing fee as determined by Delta Dental, and you are responsible for the balance of the dentist's bill (you'll pay more for out-of-network dentists).

The maximum benefit per calendar year is \$1,500 per employee and each dependent enrolled in the benefit. A \$25 per person and \$75 per family deductible applies to all services not considered preventive or diagnostic. Preventive and diagnostic services such as examination, cleaning and x-rays are covered at 100% and allow for these preventive services twice per calendar year. There is no applicable deductible for preventive services. Orthodontic benefits are only covered in the Preferred PPO and are limited to \$1,000 lifetime maximum.



## Flagship Dental Managed Care Plan (DMO)

The Delta Dental Flagship Plan requires enrollees to choose a dentist for themselves and their enrolled family members. All members of the family must use the same named dentist. Only New Jersey based dentists are included in the Flagship DMO network. Specialty and orthodontic services are only approved in advance when a referral by a Flagship Plan Dentist is submitted.

While there is no annual maximum payout per subscriber, services are subject to those deemed a dental necessity as submitted by the Plan Dentist and the most cost-effective professionally acceptable treatment. The Flagship Plan does allow \$1,500 lifetime toward orthodontic procedures.

Refer to the chart on the next page for a comparison of these plans.

Dental Insurance - Summary of Plan Features			
	Premier	Preferred PPO	Delta Care Flag
Preventive & Diagnostic	100%	100%	\$0
Basic (fillings, extractions, root canal, periodontics, sealants)	85%	100%	\$0-\$20
Major Restorative (crowns, bridgework, dentures, inlays, onlays)	50%	50%	\$290-\$340
Orthodontia (based on \$5,000)	No benefit	\$1,000	\$1,500
Your estimated out of pocket cost for Orthodontia	\$5,000	\$4,000	\$1,500
Deductible (not applicable to preventive and diagnostic)	\$25 Individual \$75 Family	\$25 Individual \$75 Family	N/A
Out-of-Pocket Maximum (per person)	\$1,500	\$1,500	N/A

Dental Insurance Employee Bi-Weekly Premiums (Jan 1, 2020—Dec 31, 2020)			
	Premier	Preferred PPO	Delta Care Flag
Single	\$16.51	\$11.44	\$9.04
Two Person	\$41.78	\$31.53	\$21.87
Family	\$72.06	\$56.82	\$40.07

# Paying for Your Benefits (Full Time Faculty)

Each benefit plan has its own rate structure. Benefit plans with bi-weekly premiums will have payroll deductions taken in equal installments from the first two paychecks each month. Benefit plans with monthly premiums will have payroll deductions taken once per month. Please be sure to review your paycheck carefully and notify the Office of Human Resources immediately if you notice any discrepancies or have questions regarding your benefit plan deductions.

Medical Plan Bi-Weekly Premiums Effective January 1, 2020		
Faculty	Direct Access	EPO w/HRA
Single	\$173.50	\$ 50.00
Two Person	\$237.50	\$83.50
Family	\$309.50	\$139.50

## Waiving Medical Coverage: Voluntary Financial Incentive Payment

The Voluntary Financial Incentive Program is available to all employees who are eligible for the University's Group Medical Insurance Program and opt to either waive their coverage completely or waive coverage for their eligible dependents and enroll in a lower coverage tier. You must complete a form available in the Office of Human Resources, identifying the coverage that you have in place of the University's plan. Annual verification is required during each Open Enrollment. Payments are made on a quarterly basis and are subject to taxes.

Coverage Levels	Annual Amount
Eligible for Family, waives all coverage	\$2,750
Eligible for Family, waives all eligible dependents, retains Single coverage Eligible for EE + SP or EE + Child, waives all coverage	\$1,850
Eligible for Family, waives all eligible children, retains EE + Sp coverage Eligible for Family, waives spouse, retains EE + Child coverage Eligible for EE + SP or EE + Child, retains Single coverage Eligible for Single, waives all coverage	\$1,400

# Ultipro Login Instructions

Go to: <http://ultipro.monmouth.edu> using Internet Explorer

You will be prompted to enter your Monmouth user name and password.  
(The same credentials to access computers on campus).

If this is your first time logging into Ultipro (MU HR/Payroll System) you will need to verify your credentials before getting access. This is to ensure the person requesting the access is the person of record.

You will be prompted to answer 3 security questions which will be verified against your HR record.

## New User Activation

Welcome to the Monmouth University activation page.

Date of Birth:  Example: 1/13/1961

Enter your last name:  Example: Smith

### Please note:

- Date of Birth includes the four digit year – please follow format in example.

## New User Activation

 **Account verified**  
- Your activation is almost complete. Please check your email for next steps.

A confirmation will be sent to your Monmouth email account; you MUST go to this email and click to complete your activation.

**From:** <noreply@ultipro.com>  
**Date:** September 5, 2013, 11:11:14 AM EDT  
**To:** <[redacted]@monmouth.edu>  
**Subject:** Finish activating your account (Do not reply)

 Please select the link below to complete your account activation.  
[Click here](#) to complete your account activation

You have been verified and activated – please proceed to login. Re-enter your MU account login credentials.



Type your user name and password.

User name:  Example: Domain\username

Password:

# Monmouth University Open Enrollment 2020 Quick Guide

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Our official Open Enrollment period is **November 4, 2019 through November 22, 2019**. Benefits become effective **January 1, 2020**. All changes will first appear in your **January 2, 2020** paycheck.

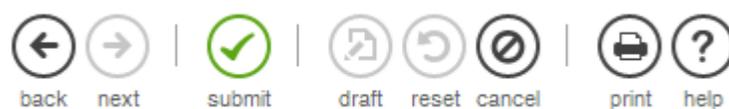
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Our new UltiPro® Open Enrollment solution will be used to complete your 2020 Open Enrollment elections. With this convenient online feature, you can enjoy *anytime, anywhere* access to the UltiPro Open Enrollment system.

## Getting started:

- Log in to [Ultipro](#) using your Monmouth credentials
- If this is your 1<sup>st</sup> time accessing the Ultipro system, you will need to verify your credentials before gaining access. You will be prompted to answer a security question which will be verified against your HR record. Please note that when asked for date of birth please use the four digit year format. A confirmation email will be sent to your Monmouth email account; you **MUST** go to this email and click to complete the activation. Once you have been verified and activated you may proceed to the login and re-enter your Monmouth login credentials. You will be unable to log in to Ultipro from off campus without first authenticating your credentials from your on campus computer. See page 18 for instructions.
- **Step 1:** Navigate to **Myself > Open Enrollment** and select the Open Enrollment session available to you.

You will need to continue through each step of the enrollment process using the navigation buttons on the top right of each page:



## Step 2: Verify beneficiaries and dependents

- **Please Note:** A dependent can only be enrolled in any benefit plan in which you enroll
- Review/update current dependent(s) by selecting the name link
- To enroll a dependent in a benefit you will need his/her **full name, gender, birth date** and **social security number**
- To add a dependent use the "Add" button

## Step 3: Enrolling in Medical

- You have the option to enroll in or decline Medical insurances plans
- By clicking on the arrow in the grey box to the right you can see your current level of benefits
- If you want to enroll, select either the pre-tax or post-tax option for the desired premium deduction
- You will then select one of the following options in the plan of your choice (**EPO/HRA or Traditional Direct Access**). If you enroll in the EPO/HRA option select the appropriate level for your HRA (ie: if enrolled in single medical choose single HRA).The per pay premium cost associated with each benefit choice is visible for your reference
  - Single (Employee only)
  - Employee + spouse
  - Employee + child
  - Employee + children
  - Family
- Add the appropriate eligible dependent by checking the box for each dependent that you elect to cover. When adding a dependent to a benefit plan you will be required to include additional information such as birth date and social security number if not already existing.

## Step 4: Enrolling in Dental

- You have the option to enroll in or decline Dental insurances plans
- By clicking on the arrow in the grey box to the right you can see your current level of benefits
- If you want to enroll, select either the pre-tax or post-tax option for premium deduction
- You will then select one of the following options in the plan of your choice (**Premier, Preferred or Flagship**). The per pay premium cost associated with each benefit choice is visible.

- Single (Employee only)
  - Single +1
  - Family
- Add the appropriate eligible dependent by checking the box for each dependent. When adding a dependent to a benefit plan you will be required to include additional information such as birth date and social security number

### **Step 5: Enrolling in Group Term Life Insurance**

- If you are currently enrolled in the group term life benefit please confirm your election to continue in this benefit plan
- All eligible employees will be able to enroll in the group term life benefit without Evidence of Insurability for Open enrollment 2020 only.
- Select primary and/or secondary beneficiary and indicate the percentage next to their name. Please note that the primary percentage needs to equal 100% as does the secondary.
- If you do not see the beneficiary name in your options you will need to return to the **Verify Beneficiary and Dependent Information** and add the beneficiary information there before continuing

### **Step 6: Enrolling in Supplemental Life Insurance Option**

- If you are currently enrolled in the supplemental life benefit please confirm your election to continue in this benefit plan and follow the steps above.
- All eligible employees will be able to enroll in the group term life benefit without Evidence of Insurability for Open enrollment 2020 only.

### **Step 7: Enrolling in Hospital Indemnity/Hospital Care**

- You may enroll in coverage for yourself and/or spouse and eligible dependents without evidence of insurability during this Open Enrollment
- This benefit is available regardless of your enrollment in the medical plan

### **ENROLLING IN FLEXIBLE SPENDING**

- You have the option to enroll in either the Healthcare or Dependent Care flexible spending option by selecting the Flexible Spending Open Enrollment Session available to you.
- Select Annual Contribution
- Input your annual goal amount and the Ultipro system will calculate your per pay contribution

## Multi Factor Authentication to Access UltiPro from Off-Campus

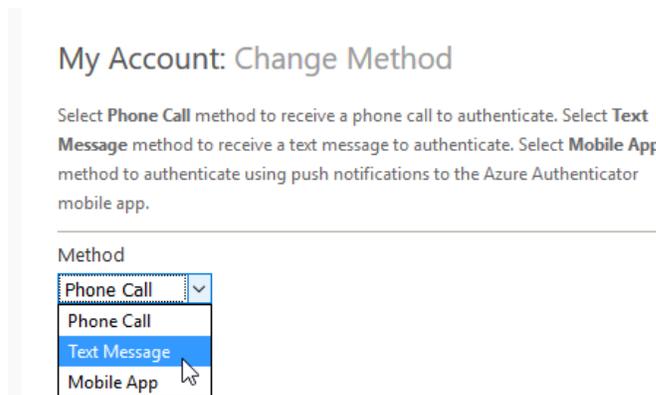
For security reasons, Ultipro needs the user to verify their credentials with a second method when off-campus. This security measure requires **preliminary setup** of Multi Factor Authentication (MFA). In order to do so, you must be logged into myMU when you are on-campus.

### Part 1: Set-up MFA

1. Log into **myMU** portal with your Monmouth credentials.
2. Under the **Systems** drop down menu, select **More...**
3. Under **Employee Systems**, select the **Multifactor Authentication Login** link.



4. Enter your Monmouth credentials and click Log In.
5. Select **Text Message** from the drop-down menu and **Save**. A screen will pop up for you to enter your cell phone number.



6. In the future, when you log into Ultipro from off-campus, a verification code will be sent to your cell phone. This code should be input on the following screen to complete the log in process:

Welcome MONMOUTH0\jwinkley

For security reasons, we require additional information to verify your account

We've sent a text message with a verification code.  
xxxxxx8697

Verification code

At any time you can use the navigation on the left to return to a specific benefit option to review or make changes while in the session.

When you are satisfied with your Open Enrollment elections click the Submit button on the toolbar and print the Confirmation Statement for your records. You will notice your 2019 benefits at the top of this Confirmation Statement and your newly elected benefits to begin on January 1, 2020 at the bottom.

### **Congratulations! You have completed Open Enrollment!**

