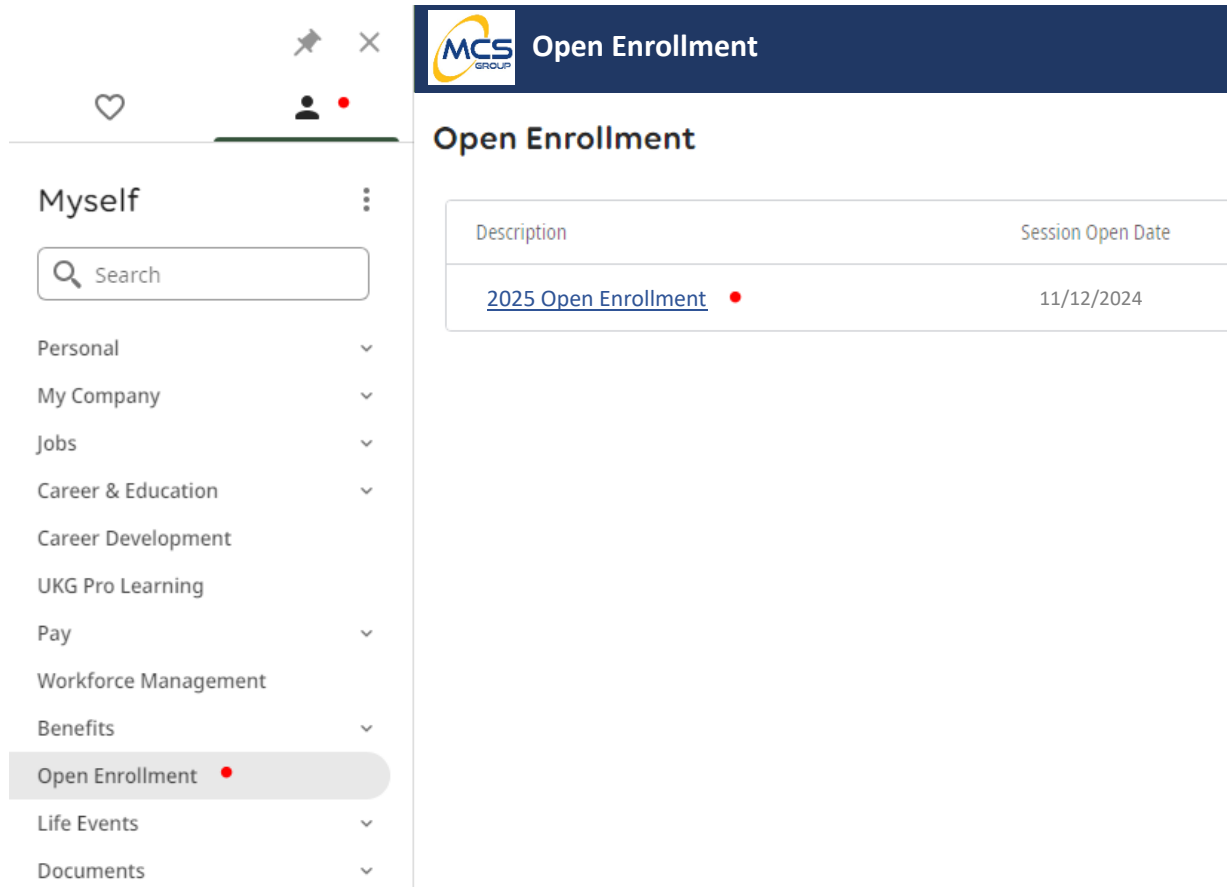


Instructions for Open Enrollment

Step 1: Go to the left toolbar. Choose the person icon. Choose open enrollment. Click the blue link for 2025 Open Enrollment.



The screenshot shows the MCS Group Open Enrollment interface. On the left is a navigation sidebar with a 'Myself' section containing a search bar and a list of menu items: Personal, My Company, Jobs, Career & Education, Career Development, UKG Pro Learning, Pay, Workforce Management, Benefits, Open Enrollment (highlighted with a red dot), Life Events, and Documents. The main content area has a dark blue header with the MCS Group logo and 'Open Enrollment'. Below this, the title 'Open Enrollment' is displayed. A table follows with two columns: 'Description' and 'Session Open Date'. The table contains one row with the description '[2025 Open Enrollment](#)' (marked with a red dot) and the date '11/12/2024'.

Description	Session Open Date
2025 Open Enrollment •	11/12/2024

Step 2: About open enrollment. Read the instructions on the page carefully. Click Next.

About Open Enrollment •

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You currently have 12 days remaining to submit your elections for this open enrollment session.

WELCOME TO OPEN ENROLLMENT!

The MCS Group, Inc. offers a comprehensive benefit package to match your lifestyle and family needs.

Nothing is more important than your well-being. That is why, The MCS Group, Inc offers you the opportunity to select coverage that best suits your individual circumstances. Selecting benefits that match your lifestyle, family needs, and financial obligations is a very important task. It takes careful planning, where making the right choices will create the perfect benefit package for you and your family.

On the following pages, you will update your current dependent and beneficiary information, and choose your benefits for the upcoming plan year. Thank you!

ENROLLING ON-LINE IS EASY!

This session is set-up to automatically take you through each step of the open enrollment process for each benefit plan that you are eligible for. All of the steps that you have to complete are listed in the window on the left.

All steps must be completed before you can Submit your elections.

Begin the process by selecting the Next arrow in the upper right corner of the screen. This will bring you to the Verify Beneficiary and Dependent Screen. Please verify and/or correct all dependent and beneficiary information for each qualified dependent that you will be enrolling and each beneficiary that you will designate. To add new, click the Add button. You must click on the box beside Dependent to qualify them as a dependent for coverage before the system will allow you to enroll them in a specific benefit plan. You must click on the box beside Beneficiary to designate the individual as a beneficiary to your life plans. When you are completed with this step, click the Next arrow to move you to the next selection, which will be Medical.

Prior to finalizing your elections, review your selections carefully to ensure that everything is correct and accurate, including the plans, your dependents covered, and your life insurance beneficiaries. When you are ready to finalize your elections, click the Submit button. This will bring you to the Confirm Your Changes page. Here you will be directed to click on the second Submit button to authorize your elections.

Step 3: Verify Beneficiary and Dependent Information. Every dependent and beneficiary must be added. If you forget to add someone here, you will not be able to elect benefits in the subsequent screens.

Dependent = a person you plan to enroll in medical, dental or vision coverage

Beneficiary = a person you are required to list after you elect supplemental life insurance coverages

****Date of birth and social security number is required for the individuals added**

Note: If you elect coverage for your spouse, a spouse must be added on this screen. If you elect coverage for your child(ren), your child(ren) must be added on this screen.

Click Next once complete.

Verify Beneficiary and Dependent Information

add

←

→

✓

submit

back

next

This page allows you to make changes to your dependents, beneficiaries, and emergency contacts. Click the **Blue plus (+) button** to add a dependent, 1
Please be sure and **include full legal names, social security numbers, genders, relationships, and dates of birth for dependents that will be covered**

**** You must add all dependents (children/spouses) on this page, if you want them covered by your elected benefits.****

To verify, or change dependents and/or Emergency Contacts:

1. Select the name link for the individual
2. Edit the necessary information, as needed benefit
3. Select save

To add a dependent not already listed:

1. Select add (**blue plus (+) sign button**)
2. Enter the contact information, as needed, including social security, date of birth and gender
3. Check the "Dependent" and/or "Beneficiary" check box as applicable.
4. Select Save

Find by

Status ▼

Active ▼

Name ↑	Relationship	Designation
Spouse, Testy •	Spouse	☒ Beneficiary ☒ Dependent ☐ Emergency contact
Test, Frank •	Child	☒ Beneficiary ☒ Dependent ☐ Emergency contact

Step 4: Medical. **To decline the benefit**, click “I decline medical plans” then hit next. **To elect a benefit**, choose the dot next to the benefit name (I.e. Meritain HDHP Plan – Non-Tobacco User) then choose the dot to elect the appropriate benefit option (i.e. employee only, employee + children, etc.).

Note: If you select a Non-Tobacco User plan, you will save \$10. Please read the certification next to the benefit to confirm you qualify as a Non-Tobacco User.

Click Next once complete.

Medical

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Select a Plan

Use the options below to choose or decline a plan.

Current Plan
as of 12/31/2023
No current plans for this type.

☐ I decline Medical plans.

☒ Meritain HDHP Plan - NonTobacco User •

\$91.92 Biweekly*

Options

☒ Employee Only	\$94.70
☐ Employee + Child(ren)	\$435.00
☐ Employee + Spouse	\$501.50
☐ Employee + Family	\$766.00

Meritain HDHP Plan - NonTobacco User Plan Information

By choosing this plan, you certify the following:

I am a non-smoker / non-tobacco user and have not smoked a cigarette, cigar, pipe, e-cigarette or used tobacco products of any kind in any form as of three months (90 days) prior to date

***Please be sure to read the entire NonTobacco User Plan Information below.

Plan Information print

By choosing this plan, you certify the following:

I am a non-smoker / non-tobacco user and have not smoked a cigarette, cigar, pipe, e-cigarette or used tobacco products of any kind in any form as of three months (90 days) prior to date of affidavit. I understand that it is my responsibility to notify Human Resources if I begin to smoke / use tobacco at any future date. I understand that The MCS Group, Inc. may require me to re-certify my non-smoker / non-tobacco user status in the future but not more than once a year. I understand that if I smoke/use tobacco, I will lose my \$10.00 per pay discount and that my payroll contribution will immediately increase. I understand that any dishonest or false representation of my non-smoking / non-tobacco use status will result in immediate loss of my \$10.00 per pay discount. This may result in The MCS Group, Inc. requiring me to reimburse them for any amounts reduced from my contributions for the period in which I claimed I was eligible for the discount. The MCS Group, Inc. may deduct such amount from my paycheck. I understand that any dishonest or false representation of my non-smoking / non-tobacco use status may result in discipline, including loss of employment.

Step 5: Health Savings Account. If you elected the Meritain HDHP Plan in the previous screen, you may proceed with choosing the dot next to HSA individual and choosing the dot next to contribution per check. Please note the amount you enter is per check.

If you elected the Meritain Base Plan or the Meritain High Plan in the previous screen, you must click “I decline Health Savings Account plans” and click next.

You would not qualify for the Health Savings Account.

Health Savings Account

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Select a Plan
Use the options below to choose or decline a plan.

Current Plan
as of 12/31/2023
No current plans for this type.

☐ I decline Health Savings Account plans.

☒ HSA Individual
\$50.00 Biweekly*

Enter amount for:

☒ Contribution per pay check ☐ Annual contribution \$1,200.00

HSA Individual Plan Information
IF YOU DID NOT SELECT THE MERITAIN HDHP PLAN PLEASE DECLINE THIS BENEFIT
You may ONLY select this option if you selected:
"Meritain HDHP Plan - Employee Only"

Step 6. Dental. **To decline the benefit,** click “I decline dental plans” then click next. **To elect the benefit,** choose the dot next to dental then choose the dot next to appropriate options (i.e. employee only, employee + children, etc.)

Click Next once complete.

Dental

Select a Plan
Use the options below to choose or decline a plan.

☐ I decline Dental plans.

☒ Dental
\$13.24 Biweekly*

Options

☒ Employee Only	\$13.24
☐ Employee + Spouse	\$26.18
☐ Employee + Child(ren)	\$28.81
☐ Employee + Family	\$46.20

Step 7. Vision. To decline the benefit, click “I decline vision plans” then click next. To elect the benefit, choose the dot next to VBA Vision Plan then choose the dot next to appropriate options (i.e. employee only, employee + children, etc.)

Click Next once complete.

Vision

Select a Plan

Use the options below to choose or decline a plan.

☐ I decline Vision plans.

☒ VBA Vision Plan

\$3.36 Biweekly*

Options

☒ Employee Only	\$3.36
☐ Employee + Spouse	\$6.38
☐ Employee + Child(ren)	\$6.54
☐ Employee + Family	\$8.73

Step 8. Short Term Disability. To decline the benefit, click “I decline Short Term Disability plans”. To elect the benefit, choose Voluntary STD bullet 1 if you are not working in NY or NJ. If you are working in NY or NJ, choose option 2. CA Employees will not elect STD (it is a benefit provided by the state).

Click Next once complete.

Short Term Disability

Use the options below to choose or decline a plan.

☐ I decline Short Term Disability plans.

☐ Voluntary STD

Benefit Amount
Benefit amount \$675.00 Per week

Voluntary STD Plan Information
Choose this benefit only if you are a full-time employee **and do not** work in New York, New Jersey, California, Rhode Island, or Hawaii.

☐ Voluntary STD

Benefit Amount
Benefit amount \$675.00 Per week

Voluntary STD Plan Information
Select this benefit if you **ARE** a Full-Time
Choose this benefit only if you are a full-time employee **and** work in New York, New Jersey, California, Rhode Island, or Hawaii.

Step 9: Employee Supplemental Life. **To decline this benefit,** click “I decline the Supplemental Life – Employee plan”. **To elect the benefit,** choose the dot next to Supplemental Life – Employee. Change the desired benefit amount. You may select coverage from 10,000 to 250,000 in increments on 10,000 only (i.e. 10,000, 20,000, 30,000, 40,000, etc.). You must select a beneficiary to enroll.

Check the box next to the person’s name then choose the primary or secondary dot. Please note the total must equal “100” to proceed. The “100” represents 100% of your benefit.

If you do not see a dependent or beneficiary listed, go back to Step #3 above “verify beneficiary and dependent information” and add the person you need to enroll.

Click Next once complete.

Employee Supplementl Life

Select a Plan

Use the options below to choose or decline a plan.

If you plan to elect this benefit, you must have a beneficiary on file.

To add a beneficiary, click on “verify beneficiary and dependent information” on the left hand side of your screen.

☐ I decline the Supplemental Life - Employee plan.

☒ Supplemental Life - Employee

\$0.50 Biweekly*

Benefit Amount

Desired benefit amount

\$10,000.00

The maximum benefit amount value is \$250,000.00

Coverage start date*: 01/01/2025

*Estimated values

 Enroll Beneficiaries

Name	Primary	Secondary
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Step 10: Spouse Supplemental Life. **To decline this benefit,** click “I decline the Supplemental Life – Spouse plan”. **To elect the benefit,** choose the dot next to Supplemental Life – Spouse. Change the desired benefit amount. You may select coverage from 5,000 to 250,000 in increments on 5,000 only (i.e. 5,000, 10,000, 15,000, 20,000, etc.). You must select a spouse to enroll. Check the box next to the person’s name.

If you do not see a spouse listed as a dependent/beneficiary, go back to Step #3 above “verify beneficiary and dependent information” and add the person you need to enroll.

Click Next once complete.

Spousal Supplemental Life

Select a Plan

Use the options below to choose or decline a plan.

☐ I decline the Supplemental Life - Spouse plan.

☐ Supplemental Life - Spouse

Benefit Amount

Desired benefit amount

\$5,000.00

The maximum benefit amount value is \$50,000.00

Step 11: Child Supplemental Life. **To decline this benefit**, click “I decline Child Supplemental Life plans”. **To elect the benefit**, choose the dot next to Supplemental Life Child Life. There are four options – 2,500, 5,000, 7,500 and 10,000. Please select only one option then choose the checkbox next to the child(ren) you want to enroll.

If you do not see a child listed as a dependent/beneficiary, go back to Step #3 above “verify beneficiary and dependent information” and add the person you need to enroll.

Click Next once complete.

Child Supplemental Life

Select a Plan

Use the options below to choose or decline a plan.

☐ I decline Child Supplemental Life plans.

☒ Supplemental Child Life \$2,500
\$0.18 Biweekly*
Benefit Amount

Benefit amount	\$2,500.00
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Coverage start date*: 01/01/2025
**Estimated values*

Step 12. Confirm Your Elections. Review all elections and total costs. If it looks good, click the **Submit** button at the top right corner of your screen.

Note: If you receive an error message when you submit, you will need to go back to the benefit with the error and correct the issue.

Confirm Your Elections or Changes

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

Personal Information

edit labels

back

next



You did it! Thank you for your participation! Wishing you a happy and healthy year!