



# OPEN ENROLLMENT 2026 INSTRUCTION GUIDE

Here is a step by step guide to the open enrollment process in Sage

## **IMPORTANT NOTE**

Please have your user name and password for this site on hand.  
You will need to re-enter it again at the end, along with your social security number.  
**PLEASE REMEMBER TO ENTER THE DASHES!**



# OPEN ENROLLMENT

Visit HR connections ~ [Hrtimesheet.etinv.com](http://Hrtimesheet.etinv.com)  
Proceed with the login process as you normally do.



ET Investments HR Connections

Username

Password

☐ Show Password

Sign In

[Username and Password Help](#)

[First-Time User Register Here](#)

[Legal Information](#)



Sage | Employee Self Service

Personal	Benefits
Benefits	Current Benefits
Employment	Open Enrollment
Career	Benefit Letters
Company	Dependents and Beneficiaries

Once logged in, on the left menu, under the Benefits category, click on Open Enrollment



# OPEN ENROLLMENT

### Open Enrollment

Effective: 01/01/2026  
Total Employee Cost: \$0.00  
Enrollment Status - Incomplete

Please remember the employee cost reflected here is per paycheck, not per month

Enrollment Period: ACC

1

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WelcomeInstructionsBenefitsSummaryExit

[Go to Benefit Summary](#)

Good Morning!! Welcome to the 2026 Open Enrollment. Please complete as soon as possible.

**Important dates**

Open Enrollment Start

**For additional information**

Contact

Open Enrollment End

Phone

New Benefit Effective

Email

Exit

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### Open Enrollment

Effective: 01/01/2026  
Total Employee Cost: \$0.00  
During Open Enrollment you are eligible to enroll in or change your current benefit elections.  
Enrollment Status - Incomplete

This next page shows you a basic overview of the plans available to you during Open Enrollment. This does NOT show your selections, it is only an example.

Enrollment Period: ACC

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WelcomeInstructionsBenefitsSummaryExit

[Go to Benefit Summary](#)

**Enrollment**  
You may enroll or change your current enrollment in the following plans

Plan Group	Benefit Plan	Current Employee Election	Current Dependent Election
Dental Plan	Dental Insurance	Employee +Child	
Dependent Care	Not enrolled		
Flex Spending FSA	Health Flex	\$100.00	
HSA Medical Plan	Not enrolled		
HSA Savings Contribution F	Not enrolled		
PPO Medical Plans	Standard Medical	Employee	
Short Term Disability	Short Term Disability		
Vision Plans	Vision Base Plan	Employee +Child	

**Exit**  
At any time you may exit this enrollment and return later. The elections you have made will be saved. You will be able to continue your enrollment and make the necessary changes.

**Status**  
If your enrollment status is "Approved", choose Go to Benefit Summary to review and print it.

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ET INVESTMENTS - OPEN ENROLLMENT INSTRUCTIONS



# OPEN ENROLLMENT

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$0.00  
Enrollment Status - Incomplete

**Enrollment Period: ACC**

✓

Welcome

✓

Instructions

✓

Benefits

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Summary

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Exit

[Go to Welcome Page](#)

Benefit	Election	Employee Cost	Employer Contr...	
Dental Plan	Not enrolled	0.00	0.00	
Dependent Care	Not enrolled	0.00	0.00	
Flex Spending FSA	Not enrolled	0.00	0.00	
HSA Medical Plan	Not enrolled	0.00	0.00	
HSA Savings Contribution F	Not enrolled	0.00	0.00	
PPO Medical Plans	Not enrolled	0.00	0.00	
Short Term Disability	Not enrolled	0.00	0.00	
Vision Plans	Not enrolled	0.00	0.00	
<b>Total Cost</b>		<b>0.00</b>	<b>0.00</b>	

Preview

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Should you choose to view the Benefits Summary it will display the options you have selected so far in the process, and the cost to you per paycheck.

Simply click Next to return to where you were in the process.



# Dental Benefits

**NO LIST – GO TO ANY DENTIST**

## BENEFIT DESCRIPTION

## BENEFIT

(SUBJECT TO USUAL AND CUSTOMARY CHARGES)

### CALENDAR YEAR DEDUCTIBLE

SINGLE

\$50

FAMILY

\$150

### MAXIMUMS

(Class A, B & C expenses combined per person)

CALENDAR YEAR BENEFIT

\$1,250 per Covered Person

ORTHODONTIC BENEFIT

\$1,250 per Covered Person

### BENEFITS

CLASS A PREVENTATIVE & DIAGNOSTIC SERVICES

100% after Deductible

CLASS B EXPENSES - BASIC SERVICES

80% after Deductible

CLASS C EXPENSES - MAJOR SERVICES

50% after Deductible

ORTHODONTIC SERVICES

50% after Deductible

(DEPENDENT CHILDREN YOUNGER THAN AGE 18 ONLY)

### FOR DENTAL CARE OVER \$300

Whenever you need dental care that is estimated to cost over \$300, ask your dentist to submit a proposed treatment plan before you receive the care. Dental and plan experts will review the plan to be sure it's the best and safest for you, and you know your out-of-pocket cost estimate ahead of time to help you budget.



### CONTRIBUTIONS

COVERAGE	MONTHLY DEDUCTION
SINGLE	\$20.00
EE + SPOUSE	\$62.00
EE + CHILD(REN)	\$72.00
FAMILY	\$104.00



# DENTAL PLAN

At every option, you **MUST** either select the benefit or waive it.

To select, check the bubble next to the option, and then use the pull-down to choose the Employee Coverage Type (who is covered). To waive this benefit, simply click the check box.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$0.00  
Your current enrollment for Dental Plan is Dental Insurance - Employee + Child  
Enrollment Status - Incomplete

Enrollment Period: ACC

Progress: 1 Welcome 2 Instructions 3 Benefits 4 Summary 5 Exit  
Go to Benefit Summary

**Dental Plan**  
Dental Benefits

☐ Dental Insurance  
Dental Benefits  
Employee Coverage Type  
Employee

☐ Waive Dental Plan

**Dependents**  
New

Select the dependents to be covered by the plan

Name	SSN	Birth Date	Relationship	Type
<input type="checkbox"/> Jane Doe	999-99-9999	01/01/2000	Child	Dep

Update Cost

Exit Previous Next Save as Draft

OR

Remember to use the drop down box to select: employee, employee + spouse, employee + child/ren, or family

Please remember to check the box of which dependents you want covered

To proceed, click Next

If you need to leave the process at any point, you can select to Save as Draft, and continue the process later.

# Dependent Care & Flex Spending FSA

## ENROLLMENT UNDER OUR HMED, SMED OR PMED PLAN

# Flexible Spending Accounts

You have the opportunity to set aside pre-tax dollars in a Flexible Spending Account and/or Dependent Care Spending Account through UMR.

You are able to use the funds for expenses incurred during the year, and have 90 days after the end of the year (or 90 days after termination of employment) to submit for reimbursement. If you do not use all your funds by the end of the plan year, you may be able to carryover up to \$500 into the new plan year. The carryover is applied after the run out period is complete.

With the Flexible Spending Account you have the opportunity to allocate up to **\$3,400** of pre-tax dollars to be used for qualified expenses incurred during the plan year.

Some examples of qualified expenses include:

- Deductibles, Co-payments, or Coinsurance
- Qualified Expenses Beyond Plan Limits
- Vision care
- Dental care
- Hearing aids
- Some eligible Over-the-Counter drugs when prescribed by physician

Some Medical expenses may require additional substantiation.



Non-Qualified Expenses which cannot be reimbursed using a Flexible Spending Account include drugs obtained in an illegal manner, vitamins or dietary supplements available without a prescription (even if prescribed), insurance premiums, elective cosmetic surgery, funeral and burial expenses, health club dues, maternity clothing, diapers or diaper services, weight loss drugs or programs, massage therapy (unless prescribed by physician for specific injury or trauma), special schooling for children, household and domestic help, uniforms, transportation not essential to medical care, and more.

### Dependent Care Spending Account

With the Dependent Care Spending Account you are able to set aside up to \$7,500 per Taxable Year to be used for Dependent Care, such as nursery schools, licensed day care centers for children or adults, or before- or after-school programs.

If you are married but you and your spouse file separate tax returns, you are eligible to contribute up to \$2,500. Other limitations to annual contributions may also apply.

# Dependent Care & Flex Spending FSA

## THE HEALTH CARE REIMBURSEMENT FSA

The health care reimbursement FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, co-payments or other out-of-pocket medical expenses can instead be placed in the health care reimbursement FSA pre-tax. The annual maximum contribution to the health care reimbursement FSA is \$3,400.

Health FSAs employ a “use-it-or-lose-it” model. If you do not use the funds that you contribute to your FSA within the end of the year, you will have to forfeit those funds. However, employers also have the option of allowing employees to carry over up to \$500 of unused funds from one year to the next. In addition, any amount that is carried over does not count toward the maximum contribution limit.

## ELIGIBLE EXPENSES

Eligible health care expenses for the health care reimbursement FSA include more than just your deductible and co-payments. You can also reimburse items such as prescription drugs, dental expenses, eye glasses and contacts, certain medical equipment and many more items. For more information about eligible medical expenses, please refer to IRS Publication 502, Medical and Dental Expenses, available at [www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html).

Over-the-counter drugs used to be eligible expenses, but a law effective Jan. 1, 2011, only allows claims for over-the-counter medication or drug expenses (other than insulin) to be reimbursed if the patient has a prescription. This new rule does not apply to items for medical care that are not considered medication or drugs. Equipment such as crutches, supplies such as bandages and diagnostic devices such as blood sugar test kits still qualify for reimbursement without a prescription.

## THE DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The annual maximum amount you may contribute is \$7,500 (or \$3,750 if married and filing separately) per calendar year.

If you elect to contribute to the dependent care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

## ELIGIBLE EXPENSES

In order for dependent care services to be eligible, they must be for the care of a tax-dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours (instances such as Saturday night babysitting does not qualify) and cannot be provided by another of your dependents.

## IS THE FSA PROGRAM RIGHT FOR ME?

The flexible spending accounts offered by are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing or dependent care expenses beyond what his or her insurance plan covers. It's easy to determine if an FSA will save you money. At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts can help you stretch your dollars





# DEPENDENT CARE & FLEX SPENDING FSA

## REMEMBER

In order to enroll in Flex spending you must elect a PPO (SMED, PMED or HMED)  
YOU **MUST** SELECT OR WAIVE EACH OPTION.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$177.66  
You are not currently enrolled in Dependent Care  
Enrollment Status - Incomplete

Enrollment Period: ACC

Welcome Instructions Benefits Summary Edit

**Dependent Care**  
Dependent Care Maximum Annual Amount is \$7,500

☒ **Dependent Care Flex**  
This is for CHILD DAYCARE ONLY!  
Maximum 7,500 per household (3,750 for individuals filing separately)  
You will not get a Debit Card. You will  
EE Per Paycheck Amount  
312.50

☐ Waive Dependent Care

Update Cost

Exit Previous Next Save as Draft

Amounts are semi-monthly with a maximum amount of \$312.50 per pay period per household or \$156.25 for individuals filing separately (\$7,500 or \$3,750 divided by 24)

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$36.00  
Your current enrollment for Flex Spending FSA is Health Flex - \$100.00  
Enrollment Status - Incomplete

Enrollment Period: ACC

Welcome Instructions Benefits Summary Edit

**Flex Spending FSA**  
Flex Spending For Health Maximum Amount \$3,400

☒ **Health Flex**  
You can elect this ONLY if you choose a PPO medical plan. Maximum annual contribution is \$3,400 for 2026.  
EE Per Paycheck Amount  
141.66

☐ Waive Flex Spending FSA

Update Cost

Exit Previous Next Save as Draft

Amounts are semi-monthly with a maximum amount of \$141.66 per pay period (\$3,400 divided by 24 pay periods)

**\*\*Take the amount you want to withhold for the year (maximum \$3,400) and divide by 24 pay periods.**



# HSA MEDICAL PLAN

**REMEMBER**  
YOU MUST SELECT OR WAIVE EACH OPTION.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$177.66  
You are not currently enrolled in HSA Medical Plan  
Enrollment Status - Incomplete

Enrollment Period: ACC

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Go to Benefit Summary

**HSA Medical Plan**

☐ HSA Medical  
If you are going to elect one of the PPO Health Plans in another screen, do not elect the HSA Medical Plan. You can only Elect One or the Other.

Employee Coverage Type  
Employee

☐ Waive HSA Medical Plan

**Dependents**  
New

Select the dependents to be covered by the plan

Name	SSN	Birth Date	Relationship	Type
<input type="checkbox"/> Jane Doe	999-99-9999	01/01/2000	Child	Dep

Update Cost

Exit Previous Next Save as Draft

OR

Remember to use the drop down box to select: employee, employee + spouse, employee + child/ren, or family

Please remember to check the box of which dependents you want covered

# HSA - HEALTH SAVINGS ACCOUNT

## MUST BE ENROLLED IN OUR HSA PPO PLAN

A pre-tax savings account that can be used to pay for qualified medical, dental and vision expenses.

- You must be enrolled in a qualified HDHP to contribute to an HSA.

CONTRIBUTION LIMITS		2026
Single		\$4,400
Family*		\$8,750
Age 55+ (additional contribution)		\$1,000

**\* Includes Employee Child  
and Employee Spouse tiers.**

### HSA Advantages:

- Funds go with you if you leave.
- Account balance rolls over year after year.
- You can use the funds in your account for eligible medical expenses for ANY tax dependent.
- Interest earned is tax free.



# HSA CONTRIBUTION

## REMEMBER

YOU MUST SELECT OR WAIVE EACH OPTION.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$177.66  
You are not currently enrolled in HSA Savings Contribution F  
Enrollment Status - Incomplete

Enrollment Period: ACC

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**HSA Savings Contribution F**  
HSA Contribution for 2026 maximum is up to \$8,750 for family coverage, with an additional \$1,000 catch-up contribution for those age 55 or older

☐ HSA Contribution Family  
HSA Contribution Family Annual Max is \$8,750. If you are 55+, you can contribute an extra \$1,000 per year.  
EE Paycheck Amount:

☐ HSA Contribution Single  
HSA Contribution Single Annual Max is \$4,400. If you are 55+, you can contribute an extra \$1,000 per year.  
EE Per Paycheck Amount:

☐ Waive HSA Savings Contribution F

**Update Cost**

Exit Previous Next Save as Draft

Amounts are semi-monthly with a maximum amount of **\$364.58 per pay period** (\$8,750 divided by 24 pay periods)  
\*\$406.25 if you are 55+

Amounts are semi-monthly with a maximum amount of **\$183.33 per pay period** (\$4,400 divided by 24 pay periods)  
\*\$225 if you are 55+

# 2026 Medical PreTax Contributions (Monthly)

## STANDARD

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$236.00	\$268.00	\$348.00
EE + Spouse	\$598.00	\$634.00	\$718.00
EE + Child	\$574.00	\$612.00	\$694.00
EE + Children	\$574.00	\$612.00	\$694.00
Family	\$840.00	\$880.00	\$964.00

## PREMIUM

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$390.00	\$424.00	\$528.00
EE + Spouse	\$790.00	\$830.00	\$932.00
EE + Child	\$756.00	\$794.00	\$898.00
EE + Children	\$756.00	\$794.00	\$898.00
Family	\$1,078.00	\$1,120.00	\$1,224.00

## HDHP (HMED)

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$154.00	\$186.00	\$266.00
EE + Spouse	\$492.00	\$528.00	\$612.00
EE + Child	\$468.00	\$504.00	\$588.00
EE + Children	\$468.00	\$504.00	\$588.00
Family	\$680.00	\$718.00	\$800.00

## HSA

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$76.00	\$110.00	\$190.00
EE + Spouse	\$332.00	\$368.00	\$452.00
EE + Child	\$310.00	\$344.00	\$424.00
EE + Children	\$310.00	\$344.00	\$424.00
Family	\$498.00	\$534.00	\$616.00

## NOTE

Note: New employees without a baseline Wellness score will be charged the middle tier of rates until they get a baseline score. Employees hired in the first half of the year will be given an opportunity to get tested and get a baseline score. Those hired in the second half of the year will wait until the next regular testing.



# MEDICAL PLANS

## REMEMBER

YOU MUST SELECT OR WAIVE EACH OPTION.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$177.66  
Your current enrollment for PPO Medical Plans is Standard Medical - Employee  
Enrollment Status - Incomplete

**Enrollment Period: ACC**

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Go to Benefit Summary

**PPO Medical Plans**

☐ High Deductible Medical  
HMED - High Deductible Plan  
If you elected the HSA Plan in a previous screen, you cannot elect any of the PPO's.  
Employee Coverage Type  
Employee

☒ Standard Medical  
SMED - Standard Medical Plan  
If you elected the HSA Plan in a previous screen, you cannot elect any of the PPO's.  
Employee Coverage Type  
Employee

☐ Premium Medical  
PMED - Premium Medical Plan  
If you elected the HSA Plan in a previous screen, you cannot elect any of the PPO's.  
Employee Coverage Type  
Employee

☐ Waive PPO Medical Plans

**Dependents**

New

Select the dependents to be covered by the plan

Name	SSN	Birth Date	Relationship	Type
<input type="checkbox"/> Jane Doe	999-99-9999	01/01/2000	Child	Dep

Update Cost

Exit Previous Next Save as Draft

**OR**

**OR**

**OR**

**Remember to use the drop down box to select: employee, employee + spouse, employee + child/ren, or family**

**Please remember to check the box of which dependents you want covered**

# Short Term Disability

## We've Got You Covered!

As an active employee of ET Investments, LLC, you have access to a disability income insurance policy from United of Omaha Life Insurance Company. A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.

BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"><li>- On the 15th day of your disabling injury</li><li>- On the 15th day of your disabling illness</li></ul>
Weekly Benefit	Your benefit is equivalent to 66 2/3" of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 11 weeks
Maximum Weekly Benefit	\$2,000
Minimum Weekly Benefit	\$25

**Definition of Disability:** Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.

**Definition of Weekly Earnings:** Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for commissioned employees is the gross annual salary plus annual commissions for the year immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.

## HOW TO CALCULATE PREMIUM:

MONTHLY PREMIUM CALCULATION		EXAMPLE
List your Annual Salary	\$	\$75,000
Divide by 52	\$	\$1,442.31
Multiple by Benefit % - 66.67% (\$2,000 is the maximum)	\$	\$961.59
Multiple by rate - \$0.022	\$	\$21.15



# SHORT TERM DISABILITY

## REMEMBER

YOU MUST SELECT OR WAIVE EACH OPTION.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$476.66  
Your current enrollment for Short Term Disability is Short Term Disability - \*  
Enrollment Status - Incomplete

Enrollment Period: ACC

Progress: 1 Welcome 2 Instructions 3 Benefits 4 Summary 5 Exit

**Short Term Disability**  
Voluntary Short Term Disability 2026

☒ Short Term Disability  
Amount Based on 2024 W2 Wages. This will show up as a \$0.00 amount in the benefit summary. We will enter in wages at the 1st of the year.

☐ Waive Short Term Disability

[Go to Benefit Summary](#)

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Please refer to the STD calculations on STD flyer above to help you calculate your monthly rate. Your STD rate will be based on your 2025 W2 earnings. We will input those amounts at the end of the year. This will not appear in the summary of total cost at the end as this is a new benefit.

**IF YOU DO NOT WAIVE THIS BENEFIT YOU WILL BE AUTOMATICALLY ENROLLED**





# Vision Benefits

## VSP CHOICE PROVIDERS\*

BENEFIT	BASE	BUY UP	FREQUENCY
EYE EXAM	\$10	\$10	One per calendar year
PRESCRIPTION GLASSES	\$25	\$25	One per calendar year
Frames	\$150 Allowance	\$200 Allowance	One per calendar year
Lenses - Single, bifocal, and line trifocal	Included	Included	One per calendar year
LENS ENHANCEMENTS			
Standard Progressive	\$0	\$0	
Premium Progressive	\$95 - \$105	\$95 - \$105	
Custom Progressive	\$150 - \$175	\$150 - \$175	
Contacts – in lieu of glasses Contact lens exam	\$150 Allowance up to \$60	\$200 Allowance up to \$60	One per calendar year
Light Care - \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	N/A	\$25	One per calendar year

\*Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out of network plan details.

**NOTE: VSP Members do not receive cards. Simply have your provider call VSP to confirm benefits**

### EXTRA SAVINGS!

- Extra \$20 to spend on featured frame brands. Go to [vsp.com/special-offers](http://vsp.com/special-offers) for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last vision exam.
- No more than a \$39 copay on routine retinal screening as an enhancement to the Eye Exam.
- Average 15% off the regular price or 5% off the promotional price for Laser Vision Correction. Discounts only available from contracted facilities.



### CONTRIBUTIONS

COVERAGE	MONTHLY DEDUCTION	
	BASE	BUY UP
SINGLE	\$13.76	\$14.88
EE + 1	\$22.00	\$23.80
EE + CHILDREN	\$22.46	\$24.30
FAMILY	\$36.22	\$39.20



# VISION PLAN

## REMEMBER

YOU MUST SELECT OR WAIVE EACH OPTION.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$476.66  
Your current enrollment for Vision Plans is Vision Base Plan - Employee + Child  
Enrollment Status - Incomplete

Enrollment Period: ACC

Progress: 1 Welcome 2 Instructions 3 Benefits 4 Summary 5 Exit  
[Go to Benefit Summary](#)

**Vision Plans**

☐ Vision Buy Up  
VSP - Vision Buy Up Plan  
Employee Coverage Type:

☐ Vision Base Plan  
VSP - Vision Base Plan  
Employee Coverage Type:

☐ Waive Vision Plans

**Dependents**  
[New](#)

Select the dependents to be covered by the plan

Name	SSN	Birth Date	Relationship	Type
<input type="checkbox"/> Jane Doe	999-99-9999	01/01/2000	Child	Dep

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**OR**

**OR**

**Remember to use the drop down box to select: employee, employee + spouse, employee + child/ren, or family**

**Please remember to check the box of which dependents you want covered**



# REVIEW YOUR OPEN ENROLLMENT

**Open Enrollment**

Effective: 01/01/2026

Total Employee Cost: \$487.66

Enrollment Status - Incomplete

Please remember the employee cost reflected here is per paycheck, not per month

Enrollment Period: ACC

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[Go to Welcome Page](#)

Benefit	Election	Employee Cost	Employer Contribution	
Dental Plan	Dental Insurance - Employee +Child	36.00		
Dependent Care	Dependent Care Flex (Waive Coverage)	0.00		
Flex Spending FSA	Health Flex - \$141.66	141.66	0.00	
HSA Medical Plan	HSA Medical (Waive Coverage)	0.00	0.00	
HSA Savings Contribution F	HSA Contribution Family (Waive Coverage)	0.00		
HSA Savings Contribution F	HSA Contribution Single (Waive Coverage)	0.00		
PPO Medical Plans	Standard Medical - Employee +Child	299.00		
Short Term Disability	Short Term Disability	0.00	0.00	
Vision Plans	Vision Base Plan - Employee +Child	11.00		
<b>Total Cost</b>		<b>487.66</b>	<b>0.00</b>	

Dependent Information	SSN	Birth Date	Plans Enrolled in
Jane Doe	999-99-9999	01/01/2000	Dental Plan, PPO Medical Plans, Vision Plans

Beneficiary	Name	SSN	Birth Date	Primary	Contingent
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Make sure that all policies listed are correct including Employee Coverage Type (Are all your dependents covered?)

Summary Page: Please note STD rates will not calculate until we enter them.

PLEASE TAKE A SCREEN SHOT FOR YOUR RECORDS.



# SUBMIT YOUR OPEN ENROLLMENT

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$487.66  
Enrollment Status - Incomplete

Enrollment Period: ACC

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Go to Benefits Summary

Thank you for your prompt completion of the 2026 Open Enrollment Elections.

☒ I'm not finished. I'll return later to complete the enrollment.  
Your personal information records will be updated and your benefit information will be saved. However, you must return to complete the enrollment by 12/24/2025.

☐ I'm finished. Send my information to the Benefits Administrator for approval.  
Your personal and benefit information will be sent to the Benefits Administrator. Pending approval, your changes will become effective 01/01/2026. However, you can return and make changes as often as necessary up to 12/24/2025.

If you are submitting your enrollment for approval, you will need to provide written authorization. By entering your Username, Password and Social Security Number, you are certifying the truth and accuracy of the information you have provided.

Username:  Password:

Social Security Number:

XXXX-XX-XXXX

Previous Next Save as Draft Finish

If you are not ready to submit your final enrollment simply choose “I’m not finished”. It will save the selections you have made. Please remember that you will need to finish before the enrollment window expires.

**Open Enrollment**

Effective: 01/01/2026  
Total Employee Cost: \$487.66  
Enrollment Status - Incomplete

Enrollment Period: ACC

✓ Welcome    ✓ Instructions    ✓ Benefits    ✓ Summary    5 Exit

Go to Benefits Summary

Thank you for your prompt completion of the 2026 Open Enrollment Elections.

☐ I'm not finished. I'll return later to complete the enrollment.  
Your personal information records will be updated and your benefit information will be saved. However, you must return to complete the enrollment by 12/24/2025.

☒ I'm finished. Send my information to the Benefits Administrator for approval.  
Your personal and benefit information will be sent to the Benefits Administrator. Pending approval, your changes will become effective 01/01/2026. However, you can return and make changes as often as necessary up to 12/24/2025.

If you are submitting your enrollment for approval, you will need to provide written authorization. By entering your Username, Password and Social Security Number, you are certifying the truth and accuracy of the information you have provided.

Username:  Password:

Social Security Number:

888-88-8888

Previous Next Save as Draft Finish

If you select “I’m finished” then several fields will become visible - enter your username, password, and Social Security number. (including dashes). Once these fields are filled out, the Finish button will be available. Once you are finished please look for a confirmation email. If you do not receive one, there was an error with your enrollment.

Remember to use dashes in your SS #