

How To Use Guide:

eBenMesa

for

Active Employees (Open Enrollment)

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## eBenMesa

eBenMesa is the online digital application used by all Active employees to select their benefits 1) upon hiring to the City or, 2) during annual Open Enrollment and, 3) in the future when an upgrade is completed, any time a qualifying event (birth of a child, marriage, divorce, etc.) or mid-year new eligibility for benefit programs occurs. Retired COM Employees also use eBenMesa during annual Open Enrollment to review or change their retiree benefit elections.

This guide will assist Active Employees in completing **Open Enrollment** in eBenMesa.

### Supported Browser

Google Chrome is the supported browser for eBenMesa. All users, internal or external, should use Google Chrome to log on to and use eBenMesa.

### How to Log On to eBenMesa

How you log on to eBenMesa will depend on where you are logging on from. The following scenarios will walk you through how to log on based on your situation.

#### Log On From a City Workstation Already on the City Network

Active employees who are on site and logged in to the City network can simply use <https://ebenmesa.messaz.gov/openenrollment> in Google Chrome to access Open Enrollment.

#### Log On From an External Location

External users must first log on to the City Network using the Employee Login link at the bottom of the <http://www.mesaaz.gov> page.



You will then be presented with the following login request and security question.

Connecting to  mesa-az  
Sign-in with your City of Mesa account to access Mesa Portal


**Sign In**

**Username**  
Ex. JSmith@mesaaz.gov

**Password**

Remember me

**Sign In**

[Need help signing in?](#)

Connecting to  mesa-az  
Sign-in with your City of Mesa account to access Mesa Portal


**Security Question**

Where were you on New Year's Eve in the year 2000?

Do not challenge me on this device for the next 15 minutes

**Verify**

[Sign Out](#)

Following this will be one more login screen, which requires you to include the domain you wish to log in to before your username. *If you do not know your domain\username, you can find it using the Phonebook in InsideMesa by searching for your name.*

When you have completed logging in, you will be on the “InsideView” page. This will have a link for Open Enrollment prominently displayed in a banner at the top of the page, just under the menu.

## eBenMesa Home Screen

After you have logged on, you will see a home screen.



**Member Information** Contact Us Log Out

Employee Name / ID:	Date of Birth:	Department Name / Code:
Yosemite Sam / 00001	01/01/1960	Innovation and Technology / H155

eBenMesa Home

**Links**

- Open Enrollment
- Upload Benefit Forms and Documents
- Current Enrollment - Click to view or print your Current Enrollment
- Beneficiary Designations - Establish or update Beneficiaries for Basic and/or Supplemental Life/AD&D Insurance
- Community Spirit - Click to establish next year's contributions

a. Header: This will be reviewed in more detail below.

b. Links

1. Open Enrollment: Click this link to begin (or continue) Open Enrollment
2. Upload Benefit Forms and Documents: Click this link to upload any documents needed to verify Dependent information. You can also upload documents from the Check Out tab once you are in the Open Enrollment application. Instructions for uploading documents are included at the end of this document.
3. Current Enrollment: Click to view or print your Current Enrollment
4. Beneficiary Designations: Establish or update Beneficiaries for Basic and/or Supplemental Life/AD&D Insurance
5. Community Spirit: Click to establish next year's contributions

## Begin Open Enrollment

Click on the Open Enrollment link to begin Open Enrollment.

Member Information [Contact Us](#)

Employee Name / ID:	Date of Birth:	Department Name / Code:
Yosemite Sam/ 00001	01/01/1960	Innovation and Technology/ H155

[eBenMesa Home](#)

#### Links

[Open Enrollment](#)

## eBenMesa Screens/Tabs

There are a few data or functional items that appear on each screen of the application. These are:

### Header

The header includes:

- Member (Employee or Retiree) information
- Link to eBenMesa Home page
- Contact Us button – This provides the email, phone number and address for Benefits assistance.

Member Information [Contact Us](#)

Employee Name / ID:	Date of Birth:	Department Name / Code:
Yosemite Sam/ 00001	01/01/1960	Innovation and Technology/ H155

[eBenMesa Home](#)

### Editable Text Area/Banner

Just under the tabs for each enrollment type, there is a text area that is updated annually or on an as needed basis to provide information specific to that enrollment tab. Read the information in these areas carefully, as they contain valuable information and instructions about highlights, eligibility rules and processes, useful for completing that tab of Open Enrollment.

Editable text area for information specific to current tab

## Save & Continue

A Save & Continue button appears in the lower right corner of each tab or screen. When you have completed all the information for the enrollment tab, click this button to save that information and continue to the next screen/tab. [NOTE: The Check Out tab has a “Finalize” button rather than a Save & Continue button, as this is the final tab in the enrollment process.]

[Save & Continue](#)

## Dependents Tab

The Dependents Tab allows you to review current Dependents and make any updates, additions or deletions for the next calendar year enrollments.

The screenshot shows the 'Dependents' tab selected in a navigation menu. Below the menu is an 'Editable text area for information specific to current tab'. The main form contains input fields for 'First Name\*', 'Middle Name', and 'Last Name\*', each with a placeholder (FIRST NAME, MIDDLE NAME, LAST NAME). There are also dropdown menus for 'Relationship\*' (SELECT) and 'Gender\*' (SELECT), and a date picker for 'Date of Birth\*' (MM/DD/YYYY). A 'Social Security Number\*' field (SSN) is present, along with a 'Disabled Indicator' checkbox and a note: 'Check only if the dependent has a documented Social Security Disability finding.' Below these are checkboxes for 'SSN Applied For' and 'SSN Unknown'. At the bottom left, there are 'Save This Dependent' and 'Cancel' buttons. At the bottom right, there is a 'Save & Continue' button. A table on the right lists a dependent: 'YELLOWSTONE SAM' with relationship 'SPOUSE' and actions 'Edit | Remove'.

- a. Dependents tab indicator
- b. Fields for entering or editing Dependent information
- c. List of Saved Dependents – Dependents from the current enrollment year will automatically be displayed here, as well as any Dependents newly entered and saved during this Open Enrollment period.
- d. Save This Dependent button for saving new or edited information or Cancel button for discarding newly entered Dependent or edited information on a saved Dependent.

## Add a New Dependent

To add a new Dependent, enter their information in the fields on the left and click the Save This Dependent button.

Dependents | Medical | Dental | Vision | Flexible Spending | Short-Term Disability | Supplemental Life Ins | Beneficiary Designation

Editable text area for information specific to current tab

<p>First Name* GEYSER</p> <p>Middle Name MIDDLE NAME</p> <p>Last Name* SAM</p> <p>Relationship* CHILD</p> <p>Gender* MALE</p> <p>Date of Birth* 07/04/1985</p> <p>Social Security Number* 123-45-6789</p> <p><input type="checkbox"/> Disabled Indicator <small>Check only if the dependent has a documented Social Security Disability finding.</small></p> <p><input type="checkbox"/> SSN Applied For</p> <p><input type="checkbox"/> SSN Unknown</p> <p>Save This Dependent   Cancel</p>	<table border="1"> <thead> <tr> <th>Dependent Name</th> <th>Relationship</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>YELLOWSTONE SAM</td> <td>SPOUSE</td> <td><a href="#">Edit</a>   <a href="#">Remove</a></td> </tr> </tbody> </table>	Dependent Name	Relationship	Actions	YELLOWSTONE SAM	SPOUSE	<a href="#">Edit</a>   <a href="#">Remove</a>
Dependent Name	Relationship	Actions					
YELLOWSTONE SAM	SPOUSE	<a href="#">Edit</a>   <a href="#">Remove</a>					

Save & Continue

If the Dependent entered was previously entered in the system, you will see the Warning below. The Dependent will still be saved. The message is informational only, indicating that the Dependent may be covered under at least one employee benefit program by another COM employee.

**Warning**

---

PLEASE NOTE: There is already a record in the application for the dependent you are saving. This dependent may be covered by another COM employee. Please be sure not to duplicate coverage in any one plan for this dependent.

[OK](#)

If the Dependent does not yet have a social security number but it has been applied for, check the SSN Applied For checkbox.

Dependents Medical Dental Vision Flexible Spending Short-Term Disability Supplemental Life Ins Beneficiary Designation

Editable text area for information specific to current tab

First Name*	Middle Name	Last Name*
<input type="text" value="GEYSER"/>	<input type="text" value="MIDDLE NAME"/>	<input type="text" value="SAM"/>
Relationship*	Gender*	Date of Birth*
<input type="text" value="CHILD"/>	<input type="text" value="MALE"/>	<input type="text" value="07/04/1985"/>

Dependent Name	Relationship	Actions
YELLOWSTONE SAM	SPOUSE	<a href="#">Edit</a>   <a href="#">Remove</a>

SSN Applied For

Disabled Indicator  
Check only if the dependent has a documented Social Security Disability finding.

Save This Dependent Cancel

Save & Continue

If the Dependent has a social security number but you do not know it, check the SSN Unknown checkbox.

Dependents | Medical | Dental | Vision | Flexible Spending | Short-Term Disability | Supplemental Life Ins | Beneficiary Designation

Editable text area for information specific to current tab

First Name\* GEYSER Middle Name MIDDLE NAME Last Name\* SAM

Relationship\* CHILD Gender\* MALE Date of Birth\* 07/04/1985

Dependent Name	Relationship	Actions
YELLOWSTONE SAM	SPOUSE	<a href="#">Edit</a>   <a href="#">Remove</a>

SSN Unknown  Disabled Indicator  
Check only if the dependent has a documented Social Security Disability finding.

[Save This Dependent](#) [Cancel](#)

[Save & Continue](#)

All Dependents other than a Spouse or Committed Partner may only be covered until the age of 26 unless they are disabled. Click the Disabled Indicator if there is a documented Social Security Disability finding (regardless of the age of the Dependent).

Dependents | Medical | Dental | Vision | Flexible Spending | Short-Term Disability | Supplemental Life Ins | Beneficiary Designation

Editable text area for information specific to current tab

First Name\* GEYSER Middle Name MIDDLE NAME Last Name\* SAM

Relationship\* CHILD Gender\* MALE Date of Birth\* 07/04/1985

Social Security Number\* 123-45-6789

SSN Applied For  Disabled Indicator  
Check only if the dependent has a documented Social Security Disability finding.

SSN Unknown

[Save This Dependent](#) [Cancel](#)

[Save & Continue](#)

Attempting to enter a Dependent over the age of 26 without checking the Disabled Indicator will result in the following message displaying above the entered fields:

- Your dependent is not eligible for coverage because they are over the age of 26 and not disabled. ×

First Name\*

Middle Name

Last Name\*

### Edit an Existing/Saved Dependent

You may edit information for an existing Dependent (either brought in from the current year’s enrollment or one newly added and saved) by clicking the Edit link next to their name. This will populate the fields on the left with the Dependent’s information. Make all desired changes and click the Save This Dependent button. You may also click the Cancel button to revert to the original information.

Dependents
Medical
Dental
Vision
Flexible Spending
Short-Term Disability
Supplemental Life Ins
Beneficiary Designation

Editable text area for information specific to current tab

First Name*	Middle Name	Last Name*		
YELLOWSTONE		SAM	<b>Dependent Name</b>	<b>Relationship</b>
Relationship*	Gender*	Date of Birth*	YELLOWSTONE SAM	SPOUSE
SPOUSE	FEMALE	04/13/1961	<b>Actions</b>	
			Edit   Remove	

Social Security Number\*

Disabled Indicator  
Check only if the dependent has a documented Social Security Disability finding.

SSN Applied For

SSN Unknown

Date of Marriage\*

Save This Dependent
Cancel

Save & Continue

### Remove an Existing/Saved Dependent

You may remove an existing Dependent (either brought in from the current year’s enrollment or one newly added and saved) by clicking the Remove link next to their name.

Dependents | Medical | Dental | Vision | Flexible Spending | Short-Term Disability | Supplemental Life Ins | Beneficiary Designation

Editable text area for information specific to current tab

First Name\*  Middle Name  Last Name\*

Relationship\*  Gender\*  Date of Birth\*

Social Security Number\*   Disabled Indicator  
Check only if the dependent has a documented Social Security Disability finding.

SSN Applied For  
 SSN Unknown

Dependent Name	Relationship	Actions
YELLOWSTONE SAM	SPOUSE	<a href="#">Edit</a> <a href="#">Remove</a>

You will be asked to confirm the removal of the Dependent and can confirm the removal by clicking Yes or keep the Dependent by clicking No.

Please Confirm

Are you sure you want to remove dependent **GEYSER SAM**?

When all Dependents have been entered, edited or removed as needed, click the Save & Continue button. You will notice that a green check mark appears on the Dependents tab to indicate that tab has been completed. This will occur on each tab when Save & Continue has been clicked.

Dependents  | Medical | Dental | Vision | Flexible Spending | Short-Term Disability | Supplemental Life Ins | Beneficiary Designation

## Medical Tab

The Medical Tab allows you to review and select the medical plan you want and the eligible Dependents to be included in Medical coverage.

[Dependents](#) ✓ **[Medical](#)** [Dental](#) [Vision](#) [Flexible Spending](#) [Short-Term Disability](#) [Supplemental Life Ins](#) [Beneficiary Designation](#)

DEMO - Editable text area

Dependent Name	Relationship
<input checked="" type="checkbox"/> YELLOWSTONE SAM	SPOUSE
<input type="checkbox"/> GEYSER SAM	CHILD
<input type="checkbox"/> SEQUOIA SAM	CHILD
<input type="checkbox"/> WATERFALL SAM	CHILD

Plan Name	Individual		Family	
	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/> BASIC MEDICAL	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="radio"/> CHOICE MEDICAL	\$130.00	\$65.00	\$287.00	\$143.50
<input type="radio"/> COPAY MEDICAL	\$194.00	\$97.00	\$585.00	\$292.50

I CHOOSE TO OPT OUT OF MEDICAL COVERAGE

Save & Continue

- Medical tab indicator
- Dependents list – All Dependents listed on the Dependents tab will be shown here. Those Dependents currently covered by a Medical plan will be checked.
- Medical plan options – All plans offered by the COM will be listed in the Plan Name column. The Monthly Cost and Estimated Cost Per Paycheck for both Individual and Family coverage will be shown in the associated columns. Note that if no Dependents are checked, the Individual columns are active, and the Family columns are greyed out. As soon as a Dependent is checked, the Family columns become active and the Individual columns are greyed out.
- Opt Out checkbox – The Opt Out checkbox is used if you do not wish to enroll yourself or any Dependents in any Medical coverage.

### Select Medical Coverage

Select Dependents to be covered by the Medical plan by checking the box next to their name. If no Dependents are to be covered, leave all the checkboxes unchecked.

Dependents  Medical  Dental  Vision  Flexible Spending  Short-Term Disability  Supplemental Life Ins  Beneficiary Designation

DEMO - Editable text area

Dependent Name	Relationship	Individual		Family	
		Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="checkbox"/> YELLOWSTONE SAM	SPOUSE				
<input type="checkbox"/> GEYSER SAM	CHILD				
<input type="checkbox"/> SEQUOIA SAM	CHILD				
<input type="checkbox"/> WATERFALL SAM	CHILD				

Plan Name	Individual		Family	
	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/> BASIC MEDICAL	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="radio"/> CHOICE MEDICAL	\$130.00	\$65.00	\$287.00	\$143.50
<input type="radio"/> COPAY MEDICAL	\$194.00	\$97.00	\$585.00	\$292.50

I CHOOSE TO OPT OUT OF MEDICAL COVERAGE

Save & Continue

Select the Medical plan in which you wish to enroll yourself and any checked Dependents.

Dependents  Medical  Dental  Vision  Flexible Spending  Short-Term Disability  Supplemental Life Ins  Beneficiary Designation

DEMO - Editable text area

Dependent Name	Relationship
<input checked="" type="checkbox"/> YELLOWSTONE SAM	SPOUSE
<input type="checkbox"/> GEYSER SAM	CHILD
<input type="checkbox"/> SEQUOIA SAM	CHILD
<input type="checkbox"/> WATERFALL SAM	CHILD

Plan Name	Individual		Family	
	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/> BASIC MEDICAL	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="radio"/> CHOICE MEDICAL	\$130.00	\$65.00	\$287.00	\$143.50
<input type="radio"/> COPAY MEDICAL	\$194.00	\$97.00	\$585.00	\$292.50

I CHOOSE TO OPT OUT OF MEDICAL COVERAGE

Save & Continue

The costs for the selected plan will be highlighted in blue. Note, for the purposes of this “How To Guide” the costs shown are based on 2020 rates and do not necessarily illustrate applicable costs for 2021.

### Opt Out of Medical Coverage

If you do not wish to enroll in a Medical plan, check the checkbox next to “I CHOOSE TO OPT OUT OF MEDICAL COVERAGE”.

Dependents  Medical  Dental  Vision  Flexible Spending  Short-Term Disability  Supplemental Life Ins  Beneficiary Designation

DEMO - Editable text area

Dependent Name	Relationship	Individual		Family		
		Plan Name	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="checkbox"/> YELLOWSTONE SAM	SPOUSE	<input type="radio"/> BASIC MEDICAL	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> GEYSER SAM	CHILD	<input type="radio"/> CHOICE MEDICAL	\$130.00	\$65.00	\$287.00	\$143.50
<input type="checkbox"/> SEQUOIA SAM	CHILD	<input type="radio"/> COPAY MEDICAL	\$194.00	\$97.00	\$585.00	\$292.50
<input type="checkbox"/> WATERFALL SAM	CHILD					

I CHOOSE TO OPT OUT OF MEDICAL COVERAGE

[Save & Continue](#)

Notice that all previously selected Dependents and Medical plan options are automatically de-selected.

When you have made the desired selections for Medical coverage, click Save & Continue.

## Dental Tab

The Dental Tab allows you to review and select the dental plan you want and the eligible Dependents to be included in Dental coverage.

[Dependents](#) ✓ [Medical](#) ✓ [Dental](#) **a.** [Vision](#) [Flexible Spending](#) [Short-Term Disability](#) [Supplemental Life Ins](#) [Beneficiary Designation](#)

Editable text area for information specific to current tab

Dependent Name	Relationship
<input checked="" type="checkbox"/> YELLOWSTONE SAM	SPOUSE
<input type="checkbox"/> GEYSER SAM	CHILD
<input type="checkbox"/> SEQUOIA SAM	CHILD
<input type="checkbox"/> WATERFALL SAM	CHILD

Plan Name	Individual		Family	
	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/> PREVENTIVE CHOICE DENTAL	\$0.00	\$0.00	\$6.00	\$3.00
<input checked="" type="radio"/> DENTAL CHOICE	\$9.50	\$4.75	\$34.00	\$17.00
<input type="radio"/> DENTAL CHOICE PLUS	\$24.50	\$12.25	\$114.00	\$57.00

I CHOOSE TO OPT OUT OF DENTAL COVERAGE **d.**

[Save & Continue](#)

- a. Dental tab indicator
- b. Dependents list – All Dependents listed on the Dependents tab will be shown here. Those Dependents currently covered by a Dental plan will be checked.
- c. Dental plan options – All plans offered by the COM will be listed in the Plan Name column. The Monthly Cost and Estimated Cost Per Paycheck for both Individual and Family coverage will be shown in the associated columns. Note that if no Dependents are checked, the Individual columns are active, and the Family columns are greyed out. As soon as a Dependent is checked, the Family columns become active and the Individual columns are greyed out.
- d. Opt Out checkbox – The Opt Out checkbox is used if you do not wish to enroll yourself or any Dependents in any Dental coverage.

### Select Dental Coverage

Select Dependents to be covered by the Dental plan by checking the box next to their name. If no Dependents are to be covered, leave all the checkboxes unchecked.

Dependents  Medical  Dental  Vision  Flexible Spending  Short-Term Disability  Supplemental Life Ins  Beneficiary Designation

Editable text area for information specific to current tab

	Dependent Name	Relationship	Individual		Family	
			Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input checked="" type="checkbox"/>	YELLOWSTONE SAM	SPOUSE				
<input type="checkbox"/>	GEYSER SAM	CHILD				
<input type="checkbox"/>	SEQUOIA SAM	CHILD				
<input type="checkbox"/>	WATERFALL SAM	CHILD				
	Plan Name		Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/>	PREVENTIVE CHOICE DENTAL		\$0.00	\$0.00	\$6.00	\$3.00
<input checked="" type="radio"/>	DENTAL CHOICE		\$9.50	\$4.75	\$34.00	\$17.00
<input type="radio"/>	DENTAL CHOICE PLUS		\$24.50	\$12.25	\$114.00	\$57.00

I CHOOSE TO OPT OUT OF DENTAL COVERAGE

[Save & Continue](#)

Select the Dental plan in which you wish to enroll yourself and any checked Dependents.

Dependents  Medical  Dental  Vision  Flexible Spending  Short-Term Disability  Supplemental Life Ins  Beneficiary Designation

Editable text area for information specific to current tab

	Dependent Name	Relationship	Individual		Family	
			Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input checked="" type="checkbox"/>	YELLOWSTONE SAM	SPOUSE				
<input type="checkbox"/>	GEYSER SAM	CHILD				
<input type="checkbox"/>	SEQUOIA SAM	CHILD				
<input type="checkbox"/>	WATERFALL SAM	CHILD				
	Plan Name		Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/>	PREVENTIVE CHOICE DENTAL		\$0.00	\$0.00	\$6.00	\$3.00
<input checked="" type="radio"/>	DENTAL CHOICE		\$9.50	\$4.75	\$34.00	\$17.00
<input type="radio"/>	DENTAL CHOICE PLUS		\$24.50	\$12.25	\$114.00	\$57.00

I CHOOSE TO OPT OUT OF DENTAL COVERAGE

[Save & Continue](#)

The costs for the selected plan will be highlighted in blue. Note, for the purposes of this “How To Guide” the costs shown are based on 2020 rates and do not necessarily illustrate applicable costs for 2021.

## Opt Out of Dental Coverage

If you do not wish to enroll in a Dental plan, check the checkbox next to “I CHOOSE TO OPT OUT OF DENTAL COVERAGE”.

[Dependents](#) ✓ [Medical](#) ✓ **Dental** [Vision](#) [Flexible Spending](#) [Short-Term Disability](#) [Supplemental Life Ins](#) [Beneficiary Designation](#)

Editable text area for information specific to current tab

Dependent Name	Relationship	Individual		Family		
		Plan Name	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input checked="" type="checkbox"/> YELLOWSTONE SAM	SPOUSE	<input type="radio"/> PREVENTIVE CHOICE DENTAL	\$0.00	\$0.00	\$6.00	\$3.00
<input type="checkbox"/> GEYSER SAM	CHILD	<input checked="" type="radio"/> DENTAL CHOICE	\$9.50	\$4.75	\$34.00	\$17.00
<input type="checkbox"/> SEQUOIA SAM	CHILD	<input type="radio"/> DENTAL CHOICE PLUS	\$24.50	\$12.25	\$114.00	\$57.00
<input type="checkbox"/> WATERFALL SAM	CHILD					

I CHOOSE TO OPT OUT OF DENTAL COVERAGE

[Save & Continue](#)

Notice that all previously selected Dependents and Dental plan options are automatically de-selected.

When you have made the desired selections for Dental coverage, click Save & Continue.

## Vision Tab

The Vision Tab allows you to review and select the Dependents to be included in Vision coverage and in which vision plan you and they should be enrolled.

Dependents  Medical  Dental  **Vision**  Flexible Spending  Short-Term Disability  Supplemental Life Ins  Beneficiary Designation

a. Editable text area for information specific to current tab

Dependent Name	Relationship	Individual		Family	
		Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input checked="" type="checkbox"/> YELLOWSTONE SAM	SPOUSE				
<input type="checkbox"/> GEYSER SAM	CHILD				
<input type="checkbox"/> SEQUOIA SAM	CHILD				
<input type="checkbox"/> WATERFALL SAM	CHILD				

b. I CHOOSE TO OPT OUT OF VISION COVERAGE d.

- a. Vision tab indicator
- b. Dependents list – All Dependents listed on the Dependents tab will be shown here. Those Dependents covered by a Vision plan in the current year will be checked.
- c. Vision plan options – All plans offered by COM will be listed in the Plan Name column. The Monthly Cost and Estimated Cost Per Paycheck for both Individual and Family coverage will be shown in the associated columns. Note that if no Dependents are checked, the Individual columns are active, and the Family columns are greyed out. As soon as a Dependent is checked, the Family columns become active and the Individual columns are greyed out.
- d. Opt Out checkbox – The Opt Out checkbox is used if you do not wish to enroll yourself or any Dependents in any Vision coverage.

### Select Vision Coverage

Select Dependents to be covered by the Vision plan by checking the box next to their name. If no Dependents are to be covered, leave all the checkboxes unchecked.

[Dependents](#) ✓ 
 [Medical](#) ✓ 
 [Dental](#) ✓ 
 **Vision**
[Flexible Spending](#)
[Short-Term Disability](#)
[Supplemental Life Ins](#)
[Beneficiary Designation](#)

Editable text area for information specific to current tab

Dependent Name	Relationship
<input checked="" type="checkbox"/> YELLOWSTONE SAM	SPOUSE
<input type="checkbox"/> GEYSER SAM	CHILD
<input type="checkbox"/> SEQUOIA SAM	CHILD
<input type="checkbox"/> WATERFALL SAM	CHILD

Plan Name	Individual		Family	
	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input checked="" type="radio"/> BASIC VISION	\$1.10	\$0.55	\$8.54	\$4.27
<input type="radio"/> VISION PLUS	\$5.48	\$2.74	\$20.62	\$10.31
<input type="radio"/> VISION PREMIUM PLUS	\$7.82	\$3.91	\$27.06	\$13.53

I CHOOSE TO OPT OUT OF VISION COVERAGE

Save & Continue

Select the Vision plan in which you wish to enroll yourself and any checked Dependents.

[Dependents](#) ✓ 
 [Medical](#) ✓ 
 [Dental](#) ✓ 
 **Vision**
[Flexible Spending](#)
[Short-Term Disability](#)
[Supplemental Life Ins](#)
[Beneficiary Designation](#)

Editable text area for information specific to current tab

Dependent Name	Relationship
<input checked="" type="checkbox"/> YELLOWSTONE SAM	SPOUSE
<input type="checkbox"/> GEYSER SAM	CHILD
<input type="checkbox"/> SEQUOIA SAM	CHILD
<input type="checkbox"/> WATERFALL SAM	CHILD

Plan Name	Individual		Family	
	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input checked="" type="radio"/> BASIC VISION	\$1.10	\$0.55	\$8.54	\$4.27
<input type="radio"/> VISION PLUS	\$5.48	\$2.74	\$20.62	\$10.31
<input type="radio"/> VISION PREMIUM PLUS	\$7.82	\$3.91	\$27.06	\$13.53

I CHOOSE TO OPT OUT OF VISION COVERAGE

Save & Continue

The costs for the selected plan will be highlighted in blue. Note, for the purposes of this “How To Guide” the costs shown are based on 2020 rates and do not necessarily illustrate applicable costs for 2021.

### Opt Out of Vision Coverage

If you do not wish to enroll in a Vision plan, check the checkbox next to “I CHOOSE TO OPT OUT OF VISION COVERAGE”.

Dependents  
  Medical ✓  
  Dental ✓  
  Vision ✓  
  Flexible Spending ✓  
  Short-Term Disability ✓  
  Supplemental Life Ins ✓  
  Beneficiary Designation ✓

Configurable text area

Dependent Name	Relationship
<input type="checkbox"/> YELLOWSTONE SAM	SPOUSE
<input type="checkbox"/> GEYSER SAM	CHILD
<input type="checkbox"/> SEQUOIA SAM	CHILD
<input type="checkbox"/> WATERFALL SAM	CHILD

Plan Name	Individual		Family	
	Monthly Cost	Est Cost Per Paycheck	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/> BASIC VISION	\$1.10	\$0.55	\$8.54	\$4.27
<input type="radio"/> VISION PLUS	\$5.48	\$2.74	\$20.62	\$10.31
<input type="radio"/> VISION PREMIUM PLUS	\$7.82	\$3.91	\$27.06	\$13.53

I CHOOSE TO OPT OUT OF VISION COVERAGE

Save & Continue

Notice that all previously selected Dependents and Vision plan options are automatically de-selected.

When you have made the desired selections for Vision coverage, click Save & Continue.

## Flexible Spending

The Flexible Spending tab allows you to enter amounts for a Health Flexible Spending Account (FSAH) and/or a Dependent Child or Dependent Elder Care Flexible Spending Account (FSAD).

[Dependents](#) ✓
 [Medical](#) ✓
 [Dental](#) ✓
 [Vision](#) ✓
 **[Flexible Spending](#)**
[Short-Term Disability](#)
[Supplemental Life/AD&D Ins](#)
[Beneficiary Designation](#)

Important reminder:  
 The Health FSA includes a \$500 roll-over feature from one calendar year to the next, however, YOU MUST re-enroll for the next calendar year with a minimum \$100 annual election amount to avoid forfeiture of roll-over funds.

Health Flexible Spending Account (FSAH)		Dependent Child/Elder Care Flexible Spending Account (FSAD)									
<input type="radio"/> I CHOOSE TO OPT OUT OF HEALTH FLEXIBLE SPENDING		<input checked="" type="radio"/> I CHOOSE TO OPT OUT OF DEPENDENT CHILD/ELDER CARE FLEXIBLE SPENDING									
<input checked="" type="radio"/> Yes, I wish to enroll/change in FSAH. I understand the minimum and maximum as described above.		<input type="radio"/> Yes, I wish to enroll/change in FSAD. I understand the minimum and maximum as described above.									
<table border="1"> <thead> <tr> <th>Annual Election Amount</th> <th>Cost Per Paycheck</th> </tr> </thead> <tbody> <tr> <td>2700</td> <td>\$103.85</td> </tr> </tbody> </table>	Annual Election Amount	Cost Per Paycheck	2700	\$103.85	<input type="button" value="Calculate Cost Per Paycheck"/>	<table border="1"> <thead> <tr> <th>Annual Election Amount</th> <th>Cost Per Paycheck</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$0</td> </tr> </tbody> </table>	Annual Election Amount	Cost Per Paycheck		\$0	<input type="button" value="Calculate Cost Per Paycheck"/>
Annual Election Amount	Cost Per Paycheck										
2700	\$103.85										
Annual Election Amount	Cost Per Paycheck										
	\$0										

[Save & Continue](#)

- a. Flexible Spending tab indicator
- b. Opt Out option button for FSAH
- c. Enrollment In option button for FSAH
- d. Annual election amount for FSAH
- e. Opt Out button for FSAD
- f. Enrollment In option button for FSAD
- g. Annual election amount for FSAD
- h. Calculate button

Note: The Per Paycheck amounts shown will automatically calculate when you click or tab out of the ANNUAL election amount fields. However, you may also use the Calculate button to update these amounts.

### Enroll in Flexible Spending

The minimum and maximum amounts for both FSAH and FSAD may change from year to year; these are noted in the blue text area at the top of the tab.

#### Health Flexible Spending Account (FSAH)

Select the “Yes, I wish to enroll...” option for FSAH. Then enter the total annual amount for which you would like to enroll.

Dependents  Medical  Dental  Vision  Flexible Spending  Short-Term Disability  Supplemental Life/AD&D Ins  Beneficiary Designation

Important reminder:  
The Health FSA includes a \$500 roll-over feature from one calendar year to the next, however, YOU MUST re-enroll for the next calendar year with a minimum \$100 annual election amount to avoid forfeiture of roll-over funds.

#### Health Flexible Spending Account (FSAH)

I CHOOSE TO OPT OUT OF HEALTH FLEXIBLE SPENDING

Yes, I wish to enroll/change in FSAH. I understand the minimum and maximum as described above.

Annual Election Amount

2700

Calculate Cost Per Paycheck

Cost Per Paycheck

\$103.85

#### Dependent Child/Elder Care Flexible Spending Account (FSAD)

I CHOOSE TO OPT OUT OF DEPENDENT CHILD/ELDER CARE FLEXIBLE SPENDING

Yes, I wish to enroll/change in FSAD. I understand the minimum and maximum as described above.

Annual Election Amount

Calculate Cost Per Paycheck

Cost Per Paycheck

\$0

Save & Continue

### Dependent Child or Dependent Elder Care Flexible Spending Account (FSAD)

Select the “Yes, I wish to enroll...” option for FSAD. Then enter the total annual amount for which you would like to enroll.

[Dependents](#) ✓ [Medical](#) ✓ [Dental](#) ✓ [Vision](#) ✓ [Flexible Spending](#) [Short-Term Disability](#) [Supplemental Life/AD&D Ins](#) [Beneficiary Designation](#)

Important reminder:  
The Health FSA includes a \$500 roll-over feature from one calendar year to the next, however, YOU MUST re-enroll for the next calendar year with a minimum \$100 annual election amount to avoid forfeiture of roll-over funds.

Health Flexible Spending Account (FSAH)		Dependent Child/Elder Care Flexible Spending Account (FSAD)	
<input type="radio"/> I CHOOSE TO OPT OUT OF HEALTH FLEXIBLE SPENDING		<input type="radio"/> I CHOOSE TO OPT OUT OF DEPENDENT CHILD/ELDER CARE FLEXIBLE SPENDING	
<input checked="" type="radio"/> Yes, I wish to enroll/change in FSAH. I understand the minimum and maximum as described above.		<input checked="" type="radio"/> Yes, I wish to enroll/change in FSAD. I understand the minimum and maximum as described above.	
Annual Election Amount	Cost Per Paycheck	Annual Election Amount	Cost Per Paycheck
2700	\$103.85	5000	\$0
<input type="button" value="Calculate Cost Per Paycheck"/>		<input type="button" value="Calculate Cost Per Paycheck"/>	

### Opt Out of FSA

You may choose to opt out of either FSAH, FSAD or both. In the example below, the employee has enrolled in FSAH but opted out of FSAD.

[Dependents](#) ✓ [Medical](#) ✓ [Dental](#) ✓ [Vision](#) ✓ [Flexible Spending](#) [Short-Term Disability](#) [Supplemental Life/AD&D Ins](#) [Beneficiary Designation](#)

Important reminder:  
The Health FSA includes a \$500 roll-over feature from one calendar year to the next, however, YOU MUST re-enroll for the next calendar year with a minimum \$100 annual election amount to avoid forfeiture of roll-over funds.

Health Flexible Spending Account (FSAH)		Dependent Child/Elder Care Flexible Spending Account (FSAD)	
<input type="radio"/> I CHOOSE TO OPT OUT OF HEALTH FLEXIBLE SPENDING		<input checked="" type="radio"/> I CHOOSE TO OPT OUT OF DEPENDENT CHILD/ELDER CARE FLEXIBLE SPENDING	
<input checked="" type="radio"/> Yes, I wish to enroll/change in FSAH. I understand the minimum and maximum as described above.		<input type="radio"/> Yes, I wish to enroll/change in FSAD. I understand the minimum and maximum as described above.	
Annual Election Amount	Cost Per Paycheck	Annual Election Amount	Cost Per Paycheck
2700	\$103.85		\$0
<input type="button" value="Calculate Cost Per Paycheck"/>		<input type="button" value="Calculate Cost Per Paycheck"/>	

Opt out of either Flexible Spending plan by selecting the associated Opt Out option button.

- Dependents ✓
- Medical ✓
- Dental ✓
- Vision ✓
- Flexible Spending
- Short-Term Disability
- Supplemental Life/AD&D Ins
- Beneficiary Designation

Important reminder:  
The Health FSA includes a \$500 roll-over feature from one calendar year to the next, however, YOU MUST re-enroll for the next calendar year with a minimum \$100 annual election amount to avoid forfeiture of roll-over funds.

Health Flexible Spending Account (FSAH)		Dependent Child/Elder Care Flexible Spending Account (FSAD)	
<input checked="" type="radio"/> <b>I CHOOSE TO OPT OUT OF HEALTH FLEXIBLE SPENDING</b>		<input checked="" type="radio"/> <b>I CHOOSE TO OPT OUT OF DEPENDENT CHILD/ELDER CARE FLEXIBLE SPENDING</b>	
<input type="radio"/> Yes, I wish to enroll/change in FSAH. I understand the minimum and maximum as described above.		<input type="radio"/> Yes, I wish to enroll/change in FSAD. I understand the minimum and maximum as described above.	
<b>Annual Election Amount</b>	<b>Cost Per Paycheck</b>	<b>Annual Election Amount</b>	<b>Cost Per Paycheck</b>
<input type="text"/>	<input type="button" value="Calculate Cost Per Paycheck"/>	<input type="text"/>	<input type="button" value="Calculate Cost Per Paycheck"/>
	\$0		\$0

When you have made the desired selections for Flexible Spending coverage, click Save & Continue. If you do not take any actions on this FSA tab, you will automatically have no FSA account(s) next year even if you did not specifically elect the Opt-out buttons.

## Short-Term Disability Insurance

The Short-Term Disability Tab allows you to review and select the plan in which you wish to be enrolled or use the Opt Out checkbox to indicate you do not wish to enroll in Short-Term Disability.

[Dependents](#) ✓ 
 [Medical](#) ✓ 
 [Dental](#) ✓ 
 [Vision](#) ✓ 
 [Flexible Spending](#) ✓ 
 **Short-Term Disability** <sup>a.</sup>
[Supplemental Life Ins](#)
[Beneficiary Designation](#)

Editable text area for information specific to current tab

		Individual	
Plan		Monthly Cost	Est Cost Per Paycheck
<input type="radio"/>	Short Term Disability 07 Day Waiting Period	\$26.36	\$13.18
<input type="radio"/>	Short Term Disability 29 Day Waiting Period	\$12.82	\$6.41
<input checked="" type="radio"/>	Short Term Disability 44 Day Waiting Period	\$10.72	\$5.36

I CHOOSE TO OPT OUT OF SHORT-TERM DISABILITY

Save & Continue

- a. Short-Term Disability tab indicator
- b. Short-Term Disability plan options – All plans offered by COM will be listed in the Plan Name column. The Monthly Cost and Estimated Cost Per Paycheck will be shown in the Individual columns. Only full-time or part-time benefits eligible employees may be covered by Short-Term Disability Insurance; no Dependent coverage is available.
- c. Opt Out checkbox – The Opt Out checkbox is used if you do not wish to enroll in Short-Term Disability coverage.

### Select Short-Term Disability Coverage

Select the Short-Term Disability plan in which you wish to enroll.

[Dependents](#) ✓ 
 [Medical](#) ✓ 
 [Dental](#) ✓ 
 [Vision](#) ✓ 
 [Flexible Spending](#) ✓ 
 **Short-Term Disability**
[Supplemental Life Ins](#)
[Beneficiary Designation](#)

Editable text area for information specific to current tab

Plan	Individual	
	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/> Short Term Disability 07 Day Waiting Period	\$26.36	\$13.18
<input type="radio"/> Short Term Disability 29 Day Waiting Period	\$12.82	\$6.41
<input checked="" type="radio"/> Short Term Disability 44 Day Waiting Period	\$10.72	\$5.36

I CHOOSE TO OPT OUT OF SHORT-TERM DISABILITY

Save & Continue

The costs for the selected plan will be highlighted in blue. Note, for the purposes of this “How To Guide” the costs shown are based on 2020 rates and do not necessarily illustrate applicable costs for 2021.

### Opt Out of Short-Term Disability Coverage

If you do not wish to enroll in a Short-Term Disability plan, check the checkbox next to “I CHOOSE TO OPT OUT OF SHORT-TERM DISABILITY”.

[Dependents](#) ✓ 
 [Medical](#) ✓ 
 [Dental](#) ✓ 
 [Vision](#) ✓ 
 [Flexible Spending](#) ✓ 
 [Short-Term Disability](#)
**Supplemental Life Ins**
[Beneficiary Designation](#)

Editable text area for information specific to current tab

Plan	Individual	
	Monthly Cost	Est Cost Per Paycheck
<input type="radio"/> Short Term Disability 07 Day Waiting Period	\$26.36	\$13.18
<input type="radio"/> Short Term Disability 29 Day Waiting Period	\$12.82	\$6.41
<input type="radio"/> Short Term Disability 44 Day Waiting Period	\$10.72	\$5.36

I CHOOSE TO OPT OUT OF SHORT-TERM DISABILITY

Save & Continue

Note that any previously selected Short-Term Disability plan options are automatically de-selected.

When you have made the desired selections for Short-Term Disability, click Save & Continue.

## Supplemental Life Insurance and Accidental Death & Dismemberment Insurance

The City provides **Basic** Life/AD&D Insurance for full-time employees at no cost. **Supplemental** Life/AD&D Insurance may be purchased by/for the employee, their spouse or committed partner and any dependent children. (The tab picture below needs to say Supplemental Life/AD&D Ins)

[Dependents](#) ✓  
 [Medical](#) ✓  
 [Dental](#) ✓  
 [Vision](#) ✓  
 [Flexible Spending](#) ✓  
 [Short-Term Disability](#) ✓  
 **Supplemental Life/AD&D Ins**  
 [Beneficiary Designation](#)

\*Members electing Employee/Spouse/Committed Partner Supplemental Life-PLEASE NOTE-Coverage amounts elected in excess of the guaranteed issue amounts are subject to medical review and therefore may be enrolled at a lesser amount, pending approval of the amount requested. After Open Enrollment, our Life vendor will reach out to you via your City email to provide instruction on how to complete the process for amounts above the guaranteed issue increase(s).

- Coverage for a Spouse/Committed Partner cannot exceed employee's Basic and Supplemental GTL coverage amounts combined. [eBenMesa will prevent entry of Supplemental Life Spouse amounts that exceed this limit.](#)
- Supplemental GTL coverage for Spouse/Committed Partner may not be elected without Spouse/Committed Partner being listed on the Dependent Tab.
- Dependent Supplemental Life is only for eligible dependents (under age 26). NO REFUNDS will be issued if you fail to dis-enroll from Dependent Supplemental Life when NO eligible dependents remain.
- Married Mesa employees may **NOT** elect dual Supplemental GTL and AD&D coverage.
- Married Mesa employees may **NOT** both elect coverage for any eligible dependent child(ren).

	2020		2021		
	Coverage	Cost Per Paycheck	Coverage	Per Paycheck	Per Month
Employee		\$0.00	OPT-OUT	\$0.00	\$0.00
Spouse/Committed Partner		\$0.00	\$60,000	\$22.80	\$45.60
Dependent Child(ren)		\$0.00	OPT-OUT	\$0.00	\$0.00
<b>Estimated Total</b>		<b>\$0.00</b>		<b>\$22.80</b>	<b>\$45.60</b>

Save & Continue

- Supplemental Life/AD&D Insurance tab indicator
- Supplemental Life/AD&D Insurance plan options
- Current enrollments - \$0 indicates no enrollment in the Supplemental Life/AD&D Insurance plan in the current year for that category of coverage.
- Enrollment options for next year's Supplemental Life/AD&D Insurance plans

Proof of insurability process with the insurance carrier may be required after Open Enrollment is completed and before all requested coverage can be activated in the City's payroll system, based on who is being enrolled (employee, spouse/committed partner, late entrant etc.) and the amount of

coverage selected. Depending on the change, one of the following pop-up messages below will inform you if this is necessary. Contact Benefits if you have questions.

- If you currently have \$0 for supplemental life employee coverage and sign up for any amount, you will need to provide evidence of insurability. ✕
- If you select supplemental life employee coverage amount over \$150,000, you will need to provide evidence of insurability. ✕
- If you choose to add more than \$20,000 to your current supplemental life employee coverage, you will need to provide evidence of insurability. ✕
- If you increase your supplemental life spouse coverage to any amount, you will need to provide evidence of insurability regardless if starting from \$0 or previously elected amount. ✕

### Enroll in/Opt-Out of Supplemental Life Insurance

#### Employee

Click the arrow in the dropdown field for next year Coverage in the Employee row. A table will appear displaying the OPT-OUT option as well as the allowable increments for coverage and the associated Estimated Cost Per Paycheck and Estimated Monthly Cost. Select either OPT-OUT for no coverage or the amount of coverage desired for the Employee.

		2020				
		Coverage	Cost Per Paycheck	Future Coverage	Est Cost Per Paycheck	Est Monthly Cost
Employee	\$0	\$0.00	OPT-OUT	\$0.00	\$0.00	
			\$10,000	\$2.70	\$5.40	
			\$20,000	\$5.40	\$10.80	
			\$30,000	\$8.10	\$16.20	
			\$40,000	\$10.80	\$21.60	
			\$50,000	\$13.50	\$27.00	
			\$60,000	\$16.20	\$32.40	
			31 options available			
			OPT-OUT	\$0.00	\$0.00	

### Spouse/Committed Partner

Click the arrow in the dropdown field for next year Coverage in the Spouse/Committed Partner row. A table will appear displaying the OPT-OUT option as well as the allowable increments for coverage and the associated Estimated Cost Per Paycheck and Estimated Monthly Cost. Select either OPT-OUT for no coverage or the amount of coverage desired for the Spouse/Committed Partner.

		2020		Future Coverage		
		Coverage	Cost Per Paycheck	Future Coverage	Est Cost Per Paycheck	Est Monthly Cost
Employee		\$0	\$0.00	OPT-OUT	\$0.00	\$0.00
Spouse/Committed Partner		\$0	\$0.00	OPT-OUT	\$0.00	\$0.00

Future Coverage	Est Cost Per Paycheck	Est Monthly Cost
OPT-OUT	\$0.00	\$0.00
\$10,000	\$3.80	\$7.60
\$20,000	\$7.60	\$15.20
\$30,000	\$11.40	\$22.80
\$40,000	\$15.20	\$30.40
\$50,000	\$19.00	\$38.00
\$60,000	\$22.80	\$45.60
31 options available		

### Dependent Child(ren)

Click the arrow in the dropdown field for next year Coverage in the Dependent Child(ren) row. A table will appear displaying the OPT-OUT option as well as the allowable increments for coverage and the associated Estimated Cost Per Paycheck and Estimated Monthly Cost. Select either OPT-OUT for no coverage or the amount of coverage desired for the Dependent Child(ren).

		2020		Future Coverage		
		Coverage	Cost Per Paycheck	Future Coverage	Est Cost Per Paycheck	Est Monthly Cost
Employee		\$0	\$0.00	OPT-OUT	\$0.00	\$0.00
Spouse/Committed Partner		\$0	\$0.00	OPT-OUT	\$0.00	\$0.00
Dependent Child(ren)		\$0	\$0.00	OPT-OUT	\$0.00	\$0.00

Future Coverage	Est Cost Per Paycheck	Est Monthly Cost
OPT-OUT	\$0.00	\$0.00
\$2,500	\$0.15	\$0.30
\$5,000	\$0.30	\$0.60
\$7,500	\$0.45	\$0.90
\$10,000	\$0.60	\$1.20
5 options available		

### Estimated Totals

When you have selected all the coverage in which you wish to enroll, the system will provide the Estimated Total both Per Paycheck and Per Month.



Dependents ✓ Medical ✓ Dental ✓ Vision ✓ Flexible Spending ✓ Short-Term Disability ✓ Supplemental Life Ins Beneficiary Designation

Editable text area for information specific to current tab

	2020		2021		
	Coverage	Cost Per Paycheck	Coverage	Est Costs Per Paycheck	Est Costs Per Month
Employee	\$0	\$0.00	\$30,000 ▼	\$8.10	\$16.20
Spouse/Committed Partner	\$0	\$0.00	\$10,000 ▼	\$3.80	\$7.60
Dependent Child(ren)	\$0	\$0.00	\$2,500 ▼	\$0.15	\$0.30
<b>Estimated Total</b>		<b>\$0.00</b>		<b>\$12.05</b>	<b>\$24.10</b>

Save & Continue

When you have made the desired selections for Supplemental Life/AD&D Insurance, click Save & Continue. If you click Save & Continue without making any entries in the 2021 Coverage section, 2020 Coverage amounts will automatically carry forward to 2021.

## Beneficiary Designation

The Beneficiary Designation tab allows you to enter Beneficiaries for both Basic and Supplemental Life/AD&D . Note that Beneficiaries can only be designated for the Employee; if the Spouse/Committed Partner or any Children are enrolled in Supplemental Life/AD&D, the Employee is automatically designated as the Beneficiary. If you have not enrolled in Supplemental Life/AD&D Insurance you will only see the option for Basic Group Term Life/AD&D Insurance at the top of the tab, if you are a full-time employee covered by Basic Life/AD&D insurance. If you are a part-time employee and have not enrolled in Supplemental Life/AD&D Insurance or are not eligible for benefit programs, you will not see a Beneficiary Designations tab.

When accessing this tab, you will first be presented with this pop up:

**Please Confirm**

By clicking the "I agree" button below:

- I attest that I am the City of Mesa employee authorized to access and use this electronic system for Life and Accident Insurance Beneficiary Designations to review and/or designate insurance beneficiaries under applicable City of Mesa insurance policies for which I am eligible and covered.
- I affirm that such designations made electronically are deemed to be "in writing" and "signed" by me.

You must click the I agree button in order to continue.

Dependents ✓ Medical ✓ Dental ✓ Vision ✓ Flexible Spending ✓ Short-Term Disability ✓ Supplemental Life Ins ✓ Beneficiary Designation

Editable text area for information specific to current tab

If you are eligible and have enrolled in both Basic and Supplemental Life, you will see options for both at the top of the tab.

Dependents Medical ✓ Dental ✓ Vision ✓ Flexible Spending ✓ Short-Term Disability ✓ Supplemental Life Ins ✓ Beneficiary Designation ✓

Editable text area for information specific to current tab

## Beneficiary Types

There are both Basic and Supplemental Life Beneficiaries as each section has both Primary and Contingent Beneficiaries. The following instructions apply to all four scenarios:

- Basic Life Primary Beneficiary
- Basic Life Contingent Beneficiary
- Supplemental Life Primary Beneficiary
- Supplemental Life Contingent Beneficiary

Basic Group Term Life and AD&D Insurance
Supplemental Life and AD&D Insurance

### Primary Beneficiary

Relationship\*  
SELECT

First Name\* Middle: Last Name\* Suffix:

Gender: Date of Birth:  
 SELECT MM/DD/YYYY

Not In U.S.

Address: Apt / Suite:

City: State: Zip Code:  
 SELECT

Phone Number: E-mail:

[Save This Beneficiary](#) [Cancel](#)

Beneficiary Name	Relationship	Distribution Amount	Actions
Yellowstone Sam	SPOUSE	100...	<a href="#">Edit</a>   <a href="#">Remove</a>

[Update Distribution Amounts](#)

### Contingent Beneficiary

Relationship\*  
SELECT

First Name\* Middle: Last Name\* Suffix:

Gender: Date of Birth:  
 SELECT MM/DD/YYYY

Not In U.S.

Address: Apt / Suite:

City: State: Zip Code:  
 SELECT

Phone Number: E-mail:

[Save This Beneficiary](#) [Cancel](#)

Beneficiary Name	Relationship	Distribution Amount	Actions
Waterfall Sam	DAUGHTER	100...	<a href="#">Edit</a>   <a href="#">Remove</a>

[Update Distribution Amounts](#)

[Save & Continue](#)

## Add a Beneficiary

To add a Beneficiary, enter their information in the fields on the left and click the Save This Beneficiary button.

Relationship:\*

First Name:\*  Middle:  Last Name:\*  Suffix:

Gender:  Date of Birth:

Not In U.S.

Address:  Apt / Suite:

City:  State:  Zip Code:

Phone Number:  E-mail:

[Save This Beneficiary](#) [Cancel](#)

Beneficiary Name	Relationship	Distribution Amount	Actions
------------------	--------------	---------------------	---------

[Update Distribution Amounts](#)

You may add as many Beneficiaries as you like. The system will automatically distribute the percentage each receives equally.

Relationship:\*

First Name:\*  Middle:  Last Name:\*  Suffix:

Gender:  Date of Birth:

Not In U.S.

Address:  Apt / Suite:

City:  State:  Zip Code:

Phone Number:  E-mail:

[Save This Beneficiary](#) [Cancel](#)

Beneficiary Name	Relationship	Distribution Amount	Actions
GEYSER SAM	SON	<input type="text" value="25%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
SEQUOIA SAM	DAUGHTER	<input type="text" value="25%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
WATERFALL SAM	DAUGHTER	<input type="text" value="25%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
YELLOWSTONE SAM	SPOUSE	<input type="text" value="25%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>

[Update Distribution Amounts](#)

### Set Distribution Amounts

The Distribution Amounts can be set manually by entering the updated amounts and clicking the Update Distribution Amounts button.

Beneficiary Name	Relationship	Distribution Amount	Actions
GEYSER SAM	SON	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
SEQUOIA SAM	DAUGHTER	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
WATERFALL SAM	DAUGHTER	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
YELLOWSTONE SAM	SPOUSE	<input type="text" value="70%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>

The system will check that the amounts add up to 100% and will display a warning message if the total is over or under 100%.

- The distribution amount for all beneficiaries does not equal 100%. Please make sure the distribution rates for all beneficiaries equals 100%. ✕

Beneficiary Name	Relationship	Distribution Amount	Actions
GEYSER SAM	SON	<input type="text" value="20%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
SEQUOIA SAM	DAUGHTER	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
WATERFALL SAM	DAUGHTER	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
YELLOWSTONE SAM	SPOUSE	<input type="text" value="70%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>

### Edit an Existing/Saved Beneficiary

You may edit information for an existing Beneficiary (either brought in from the current year’s enrollment or one newly added and saved) by clicking the Edit link next to their name. This will populate the fields on the left with the Beneficiary’s information. Make all desired changes and click the Save This Beneficiary button. You may also click the Cancel button to revert to the original information.

Relationship:\*

First Name:\*  Middle:  Last Name:\*  Suffix:

Gender:  Date of Birth:

Not In U.S.

Address:  Apt / Suite:

City:  State:  Zip Code:

Phone Number:  E-mail:

[Save This Beneficiary](#) [Cancel](#)

Beneficiary Name	Relationship	Distribution Amount	Actions
GEYSER SAM	SON	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
SEQUOIA SAM	DAUGHTER	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
WATERFALL SAM	DAUGHTER	<input type="text" value="70%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>
YELLOWSTONE SAM	SPOUSE	<input type="text" value="10%"/>	<a href="#">Edit</a>   <a href="#">Remove</a>

[Update Distribution Amounts](#)

### Remove an Existing/Saved Beneficiary

You may remove an existing Beneficiary (either brought in from the current year’s enrollment or one newly added and saved) by clicking the Remove link next to their name.

Relationship:\*  
SON

First Name:\* GEYSER Middle: Last Name:\* SAM Suffix: SELECT

Gender: SELECT Date of Birth: MM/DD/YYYY

Not In U.S.

Address: Apt / Suite:

City: State: SELECT Zip Code:

Phone Number: E-mail:

[Save This Beneficiary](#) [Cancel](#)

Beneficiary Name	Relationship	Distribution Amount	Actions
GEYSER SAM	SON	10%	<a href="#">Edit</a> <a href="#">Remove</a>
SEQUOIA SAM	DAUGHTER	10%	<a href="#">Edit</a>   <a href="#">Remove</a>
WATERFALL SAM	DAUGHTER	70%	<a href="#">Edit</a>   <a href="#">Remove</a>
YELLOWSTONE SAM	SPOUSE	10%	<a href="#">Edit</a>   <a href="#">Remove</a>

[Update Distribution Amounts](#)

You will be asked to confirm the removal of the Beneficiary and can confirm the removal by clicking Yes or keep the Beneficiary by clicking No.

**Please Confirm**

Are you sure you want to remove **GEYSER SAM**?  
This action will cause distribution percentages to be allocated evenly among remaining beneficiaries.

[Yes](#) [No](#)

## Check Out

Once you have completed all tabs, the Check Out tab will be displayed when you click Save & Continue on the Beneficiary Designation tab. All other tabs will have the green checkmark showing they have been completed.

[Dependents](#) ✓ 
 [Medical](#) ✓ 
 [Dental](#) ✓ 
 [Vision](#) ✓ 
 [Flexible Spending](#) ✓ 
 [Short-Term Disability](#) ✓ 
 [Supplemental Life Ins](#) ✓ 
 [Beneficiary Designation](#) ✓ 
 **Check Out**

The Check Out tab shows all benefits you have selected or opted out of. The following pages will explain each section. Note, for the purposes of this “How To Guide” the costs shown are based on 2020 rates and do not necessarily illustrate applicable costs for 2021.

[Dependents](#) ✓ 
 [Medical](#) ✓ 
 [Dental](#) ✓ 
 [Vision](#) ✓ 
 [Flexible Spending](#) ✓ 
 [Short-Term Disability](#) ✓ 
 [Supplemental Life Ins](#) ✓ 
 [Beneficiary Designation](#) ✓ 
 **Check Out**

Editable text area for information specific to current tab

Plan Year: January 1, 2021 through December 31, 2021

[Upload Files](#)
[Print](#)

### Dependent Information

Dependents	Relationship	DOB	Gender	Disabled	Coverage Type
YELLOWSTONE SAM	SPOUSE	12/18/1957	M	NO	<input type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION
GEYSER SAM	CHILD	04/13/2015	M	YES	<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION
SEQUOIA SAM	CHILD	04/13/2015	F	NO	<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION
WATERFALL SAM	CHILD	07/04/2017	F	NO	<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION

### Benefits Summary

Benefit	My Election	Benefit Tier	Est Cost Per Paycheck	Employee Est Annual Cost
MEDICAL	CHOICE MEDICAL	EMPLOYEE & FAMILY	\$143.50	\$3,731.00
DENTAL	DENTAL CHOICE	EMPLOYEE & FAMILY	\$17.00	\$442.00
VISION	BASIC VISION	EMPLOYEE & FAMILY	\$4.27	\$111.02
FSA HEALTHCARE	\$2,500.00		\$96.00	\$2,496.00
FSA DEPENDENT CARE	\$5,000.00		\$192.00	\$4,992.00
SHORT TERM DISABILITY	SHORT TERM DISABILITY 07 DAY WAITING PERIOD		\$13.18	\$342.68
SUPP LIFE/AD&D EMPLOYEE	\$40,000.00		\$10.80	\$280.80
SUPP LIFE/AD&D SPOUSE	\$30,000.00		\$11.40	\$296.40
SUPP LIFE/AD&D DEPENDENT(S)	\$5,000.00		\$0.30	\$7.80
<b>ESTIMATED TOTAL COST</b>			<b>\$488.45</b>	<b>\$12,699.70</b>

### Beneficiary Designations - Basic Life AD&D

#### Primary Beneficiaries

Percent	Full Name	Relationship
100%	YELLOWSTONE SAM	SPOUSE

#### Contingent Beneficiaries

Percent	Full Name	Relationship
100%	WATERFALL SAM	DAUGHTER

### Beneficiary Designations - Supplemental Life AD&D

#### Primary Beneficiaries

Percent	Full Name	Relationship
10%	GEYSER SAM	SON
10%	SEQUOIA SAM	DAUGHTER
70%	WATERFALL SAM	DAUGHTER
10%	YELLOWSTONE SAM	SPOUSE

#### Contingent Beneficiaries

Percent	Full Name	Relationship
100%	WILE COYOTE	FRIEND

Review your selections and sign electronically below:

YOSEMITE SAM

**Electronic Signature:**

[Final Submission](#)

Plan Year, Upload Files, Print

Plan Year: January 1, 2021 through December 31, 2021 **a.** **b.**   **c.**

- a. Plan Year: The plan period (year) for which you are enrolling
- b. Upload Files button: Click to upload documents
- c. Print button: Click to print the Check Out page. A “DRAFT” watermark will appear on the document if you have not yet finalized your Open Enrollment.

Dependent Information

Dependent Information					
Dependents	Relationship	DOB	Gender	Disabled	Coverage Type
YELLOWSTONE SAM	SPOUSE	12/18/1957	M	NO	<input type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION
GEYSER SAM	CHILD	04/13/2015	M	YES	<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION
SEQUOIA SAM	CHILD	04/13/2015	F	NO	<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION
WATERFALL SAM	CHILD	07/04/2017	F	NO	<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input checked="" type="checkbox"/> VISION

- a. Dependent Information: The Name, Relationship, DOB, Gender and Disabled indicator are shown for each Dependent.
- b. The Medical, Dental and Vision checkmarks are checked for each Dependent enrolled in the indicated plan.

Benefits Summary

Benefits Summary					
Benefit	My Election	Benefit Tier	Est Cost Per Paycheck	Employee Est Annual Cost	
MEDICAL	CHOICE MEDICAL	EMPLOYEE & FAMILY	\$143.50	\$3,731.00	
DENTAL	DENTAL CHOICE	EMPLOYEE & FAMILY	\$17.00	\$442.00	
VISION	BASIC VISION	EMPLOYEE & FAMILY	\$4.27	\$111.02	
FSA HEALTHCARE	\$2,500.00		\$96.00	\$2,496.00	
FSA DEPENDENT CARE	\$5,000.00		\$192.00	\$4,992.00	
SHORT TERM DISABILITY	SHORT TERM DISABILITY 07 DAY WAITING PERIOD		\$13.18	\$342.68	
SUPP LIFE/AD&D EMPLOYEE	\$40,000.00		\$10.80	\$280.80	
SUPP LIFE/AD&D SPOUSE	\$30,000.00		\$11.40	\$296.40	
SUPP LIFE/AD&D DEPENDENT(S)	\$5,000.00		\$0.30	\$7.80	
<b>ESTIMATED TOTAL COST</b>			<b>\$488.45</b>	<b>\$12,699.70</b>	

- a. Benefits list: All benefits in which you have enrolled will be displayed here.
- b. Your election for that particular benefit will be displayed here. This will be the name of the plan or the amount for which you have enrolled.
- c. Benefit Tier: This will show as either “EMPLOYEE & FAMILY” or “EMPLOYEE ONLY”.
- d. Estimated Costs: The last two columns show the Estimated Cost Per Paycheck and the Employee Estimated Annual Cost for each benefit.

**ESTIMATED TOTAL COST:** This shows the total Estimated Cost Per Paycheck and Employee Estimated Annual Cost for all benefits. Note, for the purposes of this “How To” Guide the costs shown are based on 2020 rates and do not necessarily illustrate applicable costs for 2021.

### Beneficiary Designations – Basic Life/AD&D

Beneficiary Designations - Basic Life AD&D

Primary Beneficiaries			Contingent Beneficiaries		
Percent	Full Name	Relationship	Percent	Full Name	Relationship
100%	YELLOWSTONE SAM	SPOUSE	100%	WATERFALL SAM	DAUGHTER

- a. Primary Beneficiaries: This displays all Primary Beneficiaries entered under Basic Life/AD&D, with their relationship to the Employee and the percentage of the insurance they will receive.
- b. Contingent Beneficiaries: This displays all Contingent Beneficiaries entered under Basic Life/AD&D, with their relationship to the Employee and the percentage of the insurance they will receive.

### Beneficiary Designations – Supplemental Life/AD&D

Beneficiary Designations - Supplemental Life AD&D

Primary Beneficiaries			Contingent Beneficiaries		
Percent	Full Name	Relationship	Percent	Full Name	Relationship
10%	GEYSER SAM	SON	100%	WILE COYOTE	FRIEND
10%	SEQUOIA SAM	DAUGHTER			
70%	WATERFALL SAM	DAUGHTER			
10%	YELLOWSTONE SAM	SPOUSE			

- a. Primary Beneficiaries: This displays all Primary Beneficiaries entered under Supplemental Life AD&D, with their relationship to the Employee and the percentage of the insurance they will receive.
- b. Contingent Beneficiaries: This displays all Contingent Beneficiaries entered under Supplemental Life AD&D, with their relationship to the Employee and the percentage of the insurance they will receive.

### Electronic Signature and Final Submission

Review your selections and sign electronically below:

YOSEMITE SAM

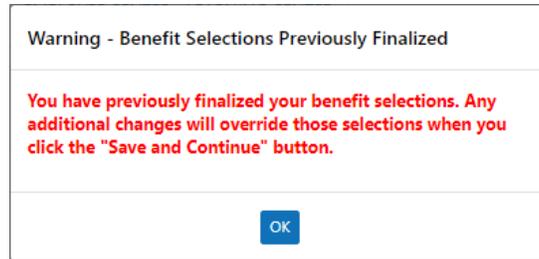
Electronic Signature:  Final Submission

- a. Electronic Signature: You must type your name exactly as it appears above the Electronic Signature field. Do not type “Yosemite Sam” unless that is indeed your name!
- b. Final Submission: Clicking this button submits all enrollment choices you have made. Note: It is still possible to make changes until Open Enrollment ends; this will be covered in the next section.

## Making Changes After Final Submission

It is possible to make changes even after you have clicked the Final Submission button on the Check Out tab, as long as Open Enrollment has not ended.

When you click the Open Enrollment link to re-enter the application, the following message will be displayed.



Click OK and you will be returned to the application and have access to all tabs. The same message will be displayed each time you click on a different tab.

Any changes made will only be saved when you click Save & Continue on that tab.

The "Final Submission" button will not be available after these subsequent Save and Continue occasions and is not needed to save these changes.

## Upload Documents

There is a link to upload documents on the eBenMesa Home page and a button for uploading documents on the Check Out tab. Both lead to the same screen, shown below.

Upload your benefit documents here. Your documents must be in PDF format and no larger than 10Mb in size.

Document Category\* a. Document Type\* b.

Document To Be Uploaded\* c.

Upload Document Cancel d.

a. Select the appropriate Document Category from the drop-down list.

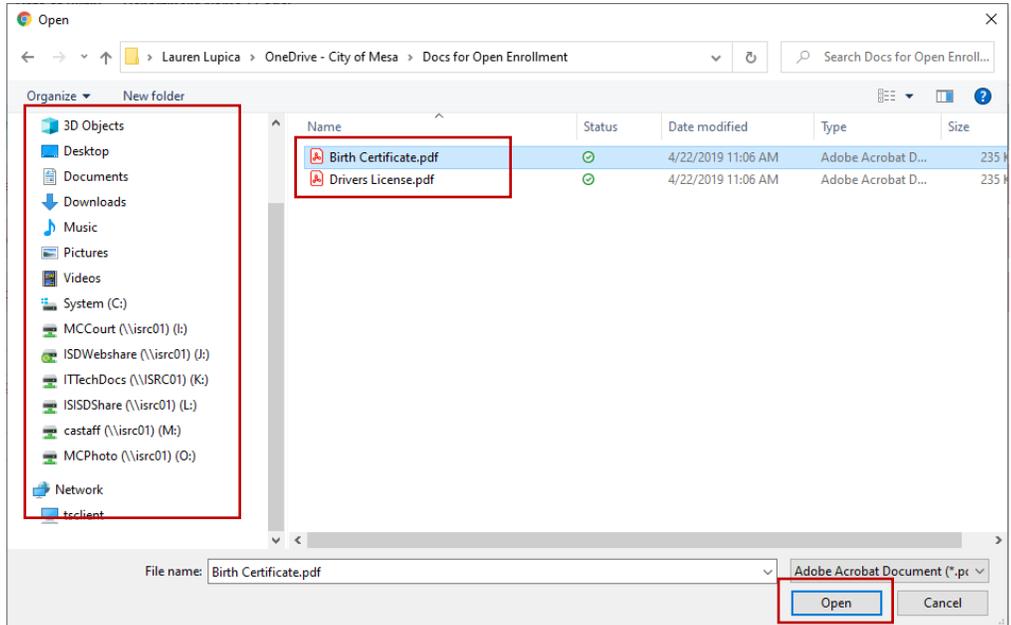
Document Category\*

- SELECT
- Certificates
- Committed Partner Documentation
- Enrollment Forms
- Identification Card Copies
- Legal/Court
- MISC
- STD LTD

b. Select the appropriate Document Type from the drop-down list. The options in the Document Type field will change based on the selection in the Document Category field.

Document Category* Certificates	Document Type* SELECT Birth Cert or Proof of Birth Death Cert Marriage Cert	Document Category* Committed Partner Documentation	Document Type* SELECT CP Bank Stmt-Void Check CP Bene For Life Ins CP Declaration CP Deed-Lease CP Qual Tax Status CP Util Bill CP Will
Document Category* Enrollment Forms	Document Type* SELECT Benefits Enrollment	Document Category* Legal/Court	Document Type* SELECT Adoption or Placement Divorce Decree Foster Care License Foster Care Placement Legal Guardianship Paternity QMCSO SSDI
Document Category* Identification Card Copies	Document Type* SELECT Medicare Card Social Security Card		
Document Category* MISC	Document Type* SELECT Member Communications Misc		
Document Category* STD LTD	Document Type* SELECT STD-LTD		

- c. Use the Browse button to select the document file to be uploaded. This will open the standard Windows file explorer, allowing you to navigate to the appropriate folder on the left side of the screen and select the desired file on the right. Click the Open button when you have selected the desired file.



- d. Click the Upload Document button to upload the document or the Cancel button to clear the fields and begin again. You will receive confirmation that your document was uploaded successfully.

