

How To Use Guide:  
eBenMesa  
for  
Retirees (Open Enrollment)

## Contents

Supported Browser .....	1
How to Log On to eBenMesa .....	1
eBenMesa Home Screen .....	1
Begin Open Enrollment.....	2
Header.....	3
Editable Text Area/Banner.....	3
Save & Continue.....	3
Dependents Tab .....	4
Add a New Dependent.....	5
Edit an Existing/Saved Dependent .....	8
Remove an Existing/Saved Dependent.....	9
Medical Tab.....	10
Select Medical Coverage.....	11
Opt Out of Medical Coverage .....	12
Dental Tab .....	13
Select Dental Coverage .....	14
Opt Out of Dental Coverage.....	15
Vision Tab.....	16
Select Vision Coverage.....	17
Opt Out of Vision Coverage .....	18
Check Out.....	19
Plan Year, Upload Files, Print .....	19
Dependent Information .....	20
Benefits Summary .....	20
Electronic Signature and Final Submission .....	20
Making Changes After Final Submission .....	21
Upload Documents .....	22

## eBenMesa

eBenMesa is the online digital application used by all Retirees to select their benefits during annual Open Enrollment and, 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.

This guide will assist Retirees in completing **Open Enrollment** in eBenMesa.

### Supported Browser

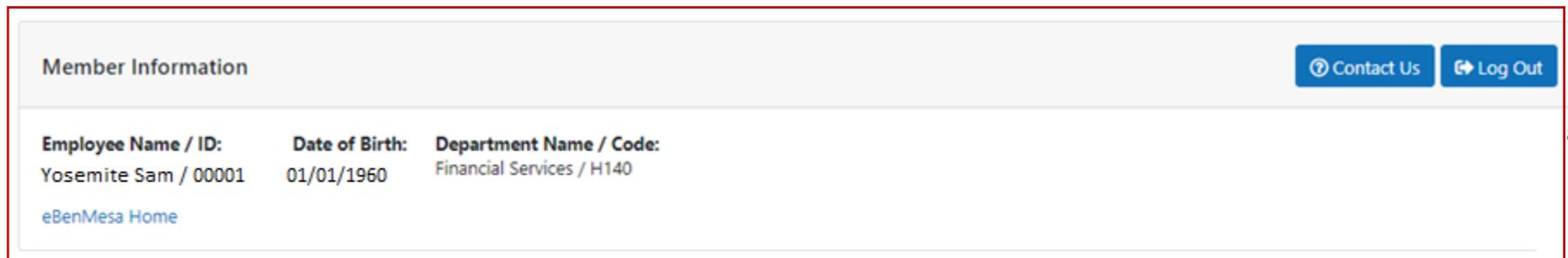
Google Chrome is the supported browser for eBenMesa. All users should use Google Chrome to log on to and use eBenMesa.

### How to Log On to eBenMesa

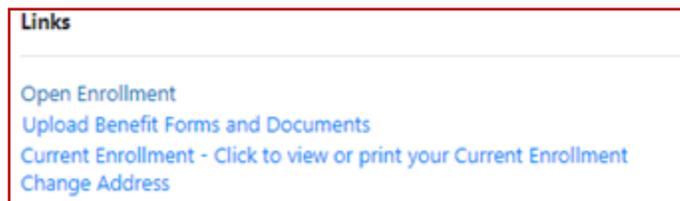
Retirees use <https://retirees.mesaaz.gov> to access Open Enrollment. Please refer to the Retiree Newsletter mailing for details on logging in.

### eBenMesa Home Screen

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



Member Information			<a href="#">Contact Us</a>	<a href="#">Log Out</a>
<b>Employee Name / ID:</b>	<b>Date of Birth:</b>	<b>Department Name / Code:</b>		
Yosemite Sam / 00001	01/01/1960	Financial Services / H140		
<a href="#">eBenMesa Home</a>				



Links
<a href="#">Open Enrollment</a>
<a href="#">Upload Benefit Forms and Documents</a>
<a href="#">Current Enrollment - Click to view or print your Current Enrollment</a>
<a href="#">Change Address</a>

- 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. Change Address: Available all year for address changes

## Begin Open Enrollment

Click on the Open Enrollment link to begin Open Enrollment.

Member Information			<a href="#">Contact Us</a>
<b>Employee Name / ID:</b>	<b>Date of Birth:</b>	<b>Department Name / Code:</b>	
Yosemite Sam/ 00001	01/01/1960	Innovation and Technology/ H155	
<a href="#">eBenMesa Home</a>			

### Links

[Open Enrollment](#)

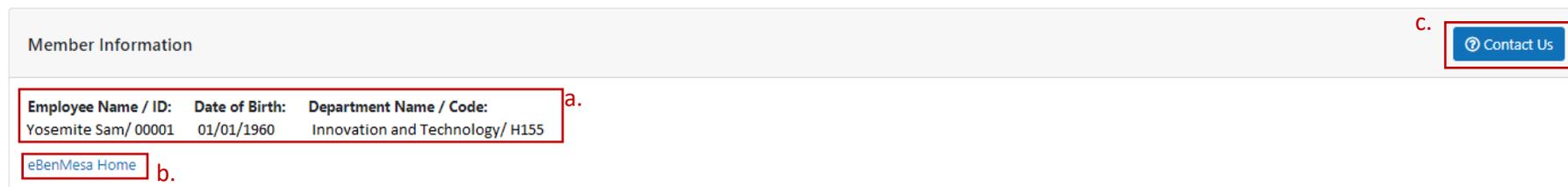
## eBenMesa Screens/Tabs

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

### Header

The header includes:

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



The screenshot shows a header section titled "Member Information". In the top right corner, there is a blue button with a white question mark icon and the text "Contact Us", labeled with a red "c.". Below the title, there is a table with three columns: "Employee Name / ID:", "Date of Birth:", and "Department Name / Code:". The table contains the following data: "Yosemite Sam/ 00001", "01/01/1960", and "Innovation and Technology/ H155". This table is labeled with a red "a.". Below the table, there is a blue button with the text "eBenMesa Home", labeled with a red "b.".

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

[eBenMesa Home](#)

[Contact Us](#)

### 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.

Dependents
a. Medical
Dental
Vision

Editable text area for information specific to current tab

First Name\*

Middle Name

Last Name\*

Relationship\*

Gender\*

Date of Birth\*

Social Security Number\*

SSN Applied For

SSN Unknown

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

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

Save This Dependent
Cancel

- 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.

Save & Continue

### 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

Editable text area for information specific to current tab

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

Editable text area for information specific to current tab

First Name\*  Middle Name  Last Name\*

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

Relationship\*  Gender\*  Date of Birth\*

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

Editable text area for information specific to current tab

First Name\*  Middle Name  Last Name\*

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

Relationship\*  Gender\*  Date of Birth\*

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

Editable text area for information specific to current tab

First Name*	Middle Name	Last Name*	Dependent Name	Relationship	Actions
GEYSER	MIDDLE NAME	SAM	YELLOWSTONE SAM	SPOUSE	Edit   Remove

Relationship\*  
CHILD

Gender\*  
MALE

Date of Birth\*  
07/04/1985

Social Security Number\*  
123-45-6789

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

SSN Applied For  
 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. X

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

Editable text area for information specific to current tab

First Name*	Middle Name	Last Name*	Dependent Name	Relationship	Actions
YELLOWSTONE	MIDDLE NAME	SAM	YELLOWSTONE SAM	SPOUSE	<a href="#">Edit</a> <a href="#">Remove</a>

Relationship\*  
SPOUSE

Gender\*  
FEMALE

Date of Birth\*  
01/01/1961

Social Security Number\*  
444-44-4444

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

SSN Applied For

SSN Unknown

Date of Marriage\*  
02/02/1981

[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

Editable text area for information specific to current tab

First Name*	Middle Name	Last Name*	Dependent Name	Relationship	Actions
<input type="text" value="FIRST NAME"/>	<input type="text" value="MIDDLE NAME"/>	<input type="text" value="LAST NAME"/>	YELLOWSTONE SAM	SPOUSE	<a href="#">Edit</a> <a href="#">Remove</a>

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

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

[Save & Continue](#)

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** <sup>a.</sup>Dental Vision

Configurable text area

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

Plan Name	Individual	Family
	Monthly Cost	Monthly Cost
<input type="radio"/> BASIC MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input checked="" type="radio"/> CHOICE MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="radio"/> COPAY MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing

I CHOOSE TO OPT OUT OF MEDICAL COVERAGE <sup>d.</sup>

Save & Continue

- a. Medical tab indicator
- b. Dependents list – All Dependents listed on the Dependents tab will be shown here. Those Dependents currently covered by a Medical plan will be checked.
- c. Medical plan options – All plans offered by the COM will be listed in the Plan Name column. The Monthly Cost will be mailed to Retirees separately, as these are individually calculated. 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 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

Configurable text area

Dependent Name	Relationship	Plan Name	Individual Monthly Cost	Family Monthly Cost
<input type="checkbox"/> YELLOWSTONE SAM	SPOUSE	<input type="radio"/> BASIC MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> GEYSER SAM	CHILD	<input checked="" type="radio"/> CHOICE MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> SEQUOIA SAM	CHILD	<input type="radio"/> COPAY MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> WATERFALL SAM	CHILD			

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

Configurable text area

Dependent Name	Relationship	Plan Name	Individual Monthly Cost	Family Monthly Cost
<input type="checkbox"/> YELLOWSTONE SAM	SPOUSE	<input type="radio"/> BASIC MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> GEYSER SAM	CHILD	<input checked="" type="radio"/> CHOICE MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> SEQUOIA SAM	CHILD	<input type="radio"/> COPAY MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> WATERFALL SAM	CHILD			

I CHOOSE TO OPT OUT OF MEDICAL COVERAGE

Save & Continue

The selected plan will be highlighted in blue.

### 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

Configurable text area

Dependent Name	Relationship	Plan Name	Individual Monthly Cost	Family Monthly Cost
<input type="checkbox"/> YELLOWSTONE SAM	SPOUSE	<input type="radio"/> BASIC MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> GEYSER SAM	CHILD	<input type="radio"/> CHOICE MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<input type="checkbox"/> SEQUOIA SAM	CHILD	<input type="radio"/> COPAY MEDICAL RETIREE	Please note rates are indicated in individual mailing	Please note rates are indicated in individual mailing
<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. NOTE: If you choose to opt out of Medical coverage, you will no longer be eligible for this benefit. A warning message, shown below, will warn you of this and you will be allowed to select coverage, if desired, up until you click Save & Continue.

**Warning**

**Retiree coverage is irrevocable. Once you opt out, you are no longer eligible for retiree coverage.**

[OK](#)

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**  Vision  **a.**

Configurable 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

**b.**

Plan Name	Individual	Family
	Monthly Cost	Monthly Cost
<input type="radio"/> PREVENTIVE CHOICE DENTAL RETIREE	\$0.00	\$6.00
<input checked="" type="radio"/> DENTAL CHOICE RETIREE	\$9.50	\$34.00
<input type="radio"/> DENTAL CHOICE PLUS RETIREE	\$24.50	\$114.00

**c.**

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 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

Configurable 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 Monthly Cost	Family Monthly Cost
<input type="radio"/> PREVENTIVE CHOICE DENTAL RETIREE	\$0.00	\$6.00
<input checked="" type="radio"/> DENTAL CHOICE RETIREE	\$9.50	\$34.00
<input type="radio"/> DENTAL CHOICE PLUS RETIREE	\$24.50	\$114.00

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

Configurable 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 Monthly Cost	Family Monthly Cost
<input type="radio"/> PREVENTIVE CHOICE DENTAL RETIREE	\$0.00	\$6.00
<input checked="" type="radio"/> DENTAL CHOICE RETIREE	\$9.50	\$34.00
<input type="radio"/> DENTAL CHOICE PLUS RETIREE	\$24.50	\$114.00

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](#)

Configurable text area

Dependent Name	Relationship	Plan Name	Individual Monthly Cost	Family Monthly Cost
<input type="checkbox"/> YELLOWSTONE SAM	SPOUSE	<input type="radio"/> PREVENTIVE CHOICE DENTAL RETIREE	\$0.00	\$6.00
<input type="checkbox"/> GEYSER SAM	CHILD	<input type="radio"/> DENTAL CHOICE RETIREE	\$9.50	\$34.00
<input type="checkbox"/> SEQUOIA SAM	CHILD	<input type="radio"/> DENTAL CHOICE PLUS RETIREE	\$24.50	\$114.00
<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. NOTE: If you choose to opt out of Dental coverage, you will no longer be eligible for this benefit. A warning message, shown below, will warn you of this and you will be allowed to select coverage, if desired, up until you click Save & Continue.

**Warning**

Retiree coverage is irrevocable. Once you opt out, you are no longer eligible for retiree coverage.

[OK](#)

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** a.

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	Monthly Cost
<input type="radio"/> BASIC VISION RETIREE	\$1.09	\$8.53
<input type="radio"/> VISION PLUS RETIREE	\$5.48	\$20.61
<input checked="" type="radio"/> VISION PREMIUM PLUS RETIREE	\$7.82	\$27.05

I CHOOSE TO OPT OUT OF VISION COVERAGE d.

Save & Continue

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

Dependents  Medical  Dental  Vision

Configurable 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 Monthly Cost	Family Monthly Cost
<input type="checkbox"/>	BASIC VISION RETIREE	\$1.09	\$8.53
<input type="checkbox"/>	VISION PLUS RETIREE	\$5.48	\$20.61
<input checked="" type="checkbox"/>	VISION PREMIUM PLUS RETIREE	\$7.82	\$27.05

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

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 Monthly Cost	Family Monthly Cost
<input type="radio"/> BASIC VISION RETIREE	\$1.09	\$8.53
<input type="radio"/> VISION PLUS RETIREE	\$5.48	\$20.61
<input type="radio"/> VISION PREMIUM PLUS RETIREE	\$7.82	\$27.05

I CHOOSE TO OPT OUT OF VISION COVERAGE

Save & Continue

Notice that all previously selected Dependents and Vision plan options are automatically de-selected. NOTE: If you choose to opt out of Vision coverage, you will no longer be eligible for this benefit. A warning message, shown below, will warn you of this and you will be allowed to select coverage, if desired, up until you click Save & Continue.

**Warning**

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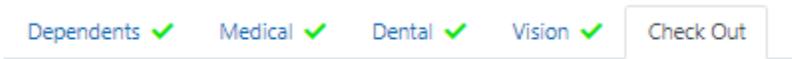
**Retiree coverage is irrevocable. Once you opt out, you are no longer eligible for retiree coverage.**

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

## 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.



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 ✓ 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	01/01/1961	F	NO	<input checked="" type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION
GEYSER SAM	CHILD	07/04/2015	M	NO	<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION
SEQUOIA SAM	CHILD	07/04/2015	F	NO	<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION
WATERFALL SAM	CHILD	12/25/2017	F	NO	<input type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> VISION

Benefits Summary

Benefit	My Election	Benefit Tier	Est Cost Per Paycheck	Employee Est Annual Cost
MEDICAL	BASIC MEDICAL RETIREE	EMPLOYEE & FAMILY	\$0.00	\$0.00
DENTAL	PREVENTIVE CHOICE DENTAL RETIREE	EMPLOYEE & FAMILY	\$6.00	\$156.00
VISION	OPT OUT		\$0.00	\$0.00
<b>ESTIMATED TOTAL COST</b>			<b>\$6.00</b>	<b>\$156.00</b>

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. Upload Files Print c.

- Plan Year: The plan period (year) for which you are enrolling
- Upload Files button: Click to upload documents
- 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	BASIC MEDICAL RETIREE	EMPLOYEE & FAMILY	\$0.00	\$0.00
DENTAL	PREVENTIVE CHOICE DENTAL RETIREE	EMPLOYEE & FAMILY	\$6.00	\$156.00
VISION	OPT OUT		\$0.00	\$0.00
<b>ESTIMATED TOTAL COST</b>			<b>\$6.00</b>	<b>\$156.00</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.
- e. 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.

## Electronic Signature and Final Submission

Review your selections and sign electronically below:

YOSEMITE SAM

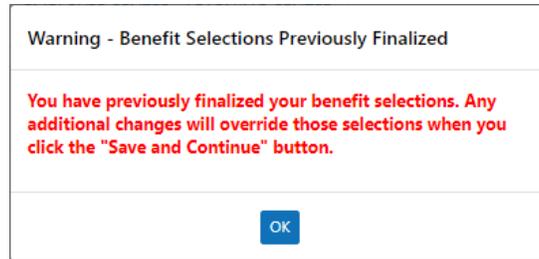
Electronic Signature:  Final Submission

- 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.

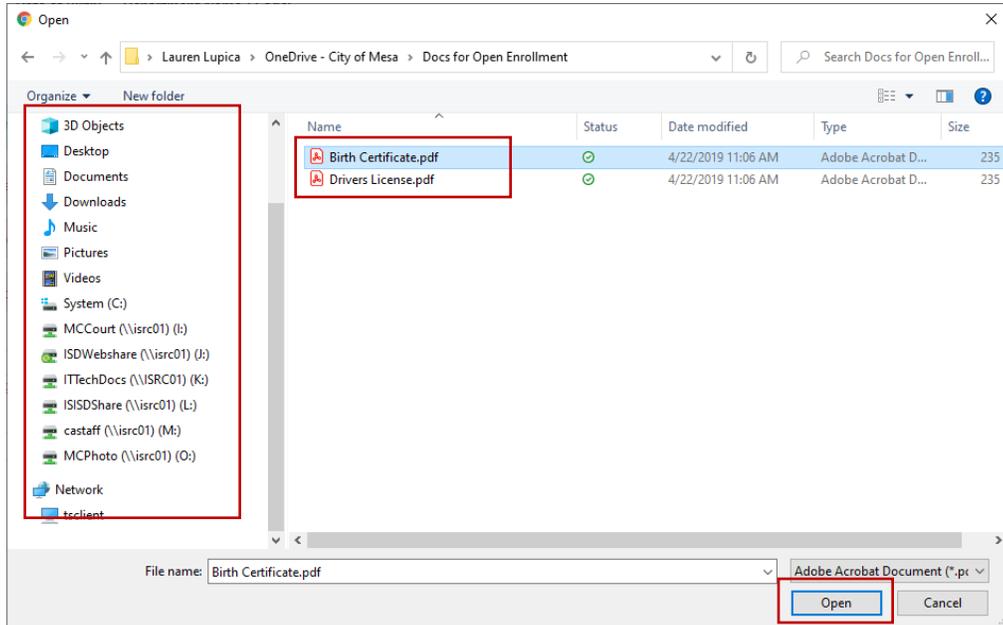
Document Category\*

- 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.

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

Document uploaded successfully.

Document Category\*  
SELECT

Document Type\*  
SELECT

Document To Be Uploaded\*  
SELECT