

Please Read this Notice Carefully Prior to Beginning the 2023 Self-Service Enrollment Process

Purpose of Flexible Spending Accounts

1. **HCFSA – Health Care Flexible Spending Account** is used to set aside pre-tax dollars for the employee and eligible dependent's health care expenses (i.e. prescriptions, copayments, qualified dental expenses, and vision expenses)
2. **DCFSA – Dependent Care Flexible Spending Account** is used to set aside pre-tax dollars to pay for eligible dependent care expenses such as preschool, summer day camp, before and after school programs, and child or adult daycare.

Pointers for Navigating the Flexible Spending Accounts Enrollment Process

Below is an example of the Self-Service HCFSA & DCFSA enrollment screen, here are some pointers for navigating the enrollment process.

1. If you **do not** wish to enroll in the HCFSA plan, select either the Waive Health Care FSA, or Opt Out Health Care FSA Option. *Note: The system is prefilled with the Waive Health Care FSA option.*
2. If you **do not** wish to enroll in the DCFSA plan, select either the Waive Dependent Care FSA, or Opt Out Dependent Care FSA Option. *Note: The system is prefilled with the Waive Dependent Care FSA option.*
3. **In order to enroll** in HCFSA, navigate to the Coverage area and enter the annual contribution amount that you wish to contribute for the year in the coverage field (must be in whole dollars, no amounts with anything other than zero cents will be accepted).
4. **In order to enroll** in DCFSA, navigate to the Coverage area and enter the annual contribution amount that you wish to contribute for the year in the coverage field (must be in whole dollars, no amounts with anything other than zero cents will be accepted).

Remember to:

1. Double check all of your enrollments, but most importantly check your FSA enrollments (HCFSA/DCFSA). Make sure that you are enrolled in the correct FSA plan for your family's 2023 benefit needs.
2. Be sure to Submit your enrollment choices for 2023.
3. Be sure to ***save a copy of your Confirmation Statement*** at the end of the enrollment process and keep it for your records. **We do not** have a way to retrieve confirmation statements, and in the case of an enrollment issue, we rely on your records as proof of the enrollment selections for 2023. If you do not have a confirmation statement to prove what you elected, changes **cannot** be made.

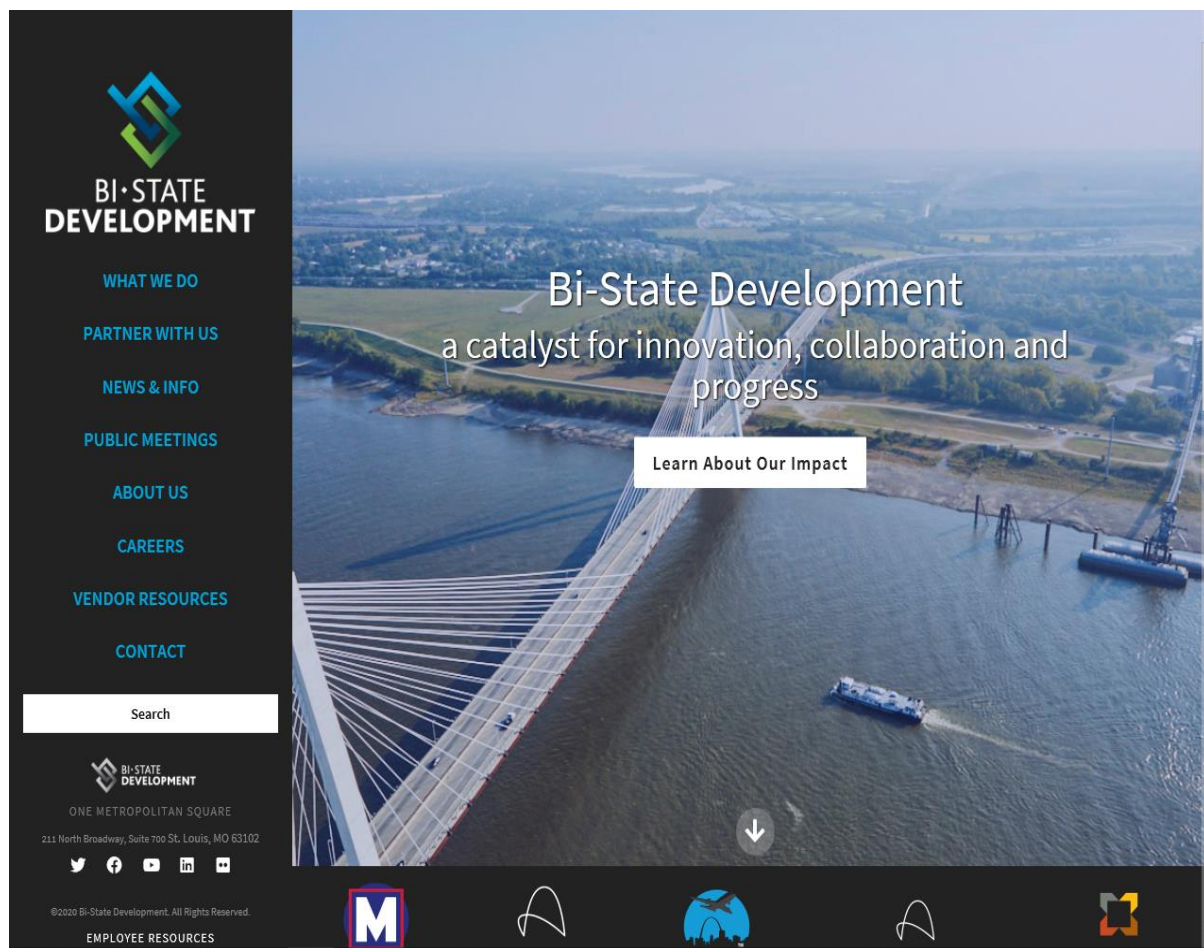
Salaried - Self Service Benefits (SSBEN) Login and Enrollment Guide

This guide is designed to help you navigate through the SSBEN benefits enrollment/change process step-by-step. Simply follow along with the text and pictures.

Before you begin the enrollment process please take note of the following:

- **You will either need to be connected to a printer or be prepared to print your confirmation statement to a file.**

Step 1: To log in, go to www.bistatedev.org. At the bottom left corner of the page, select Employee Resources & go to step 2.



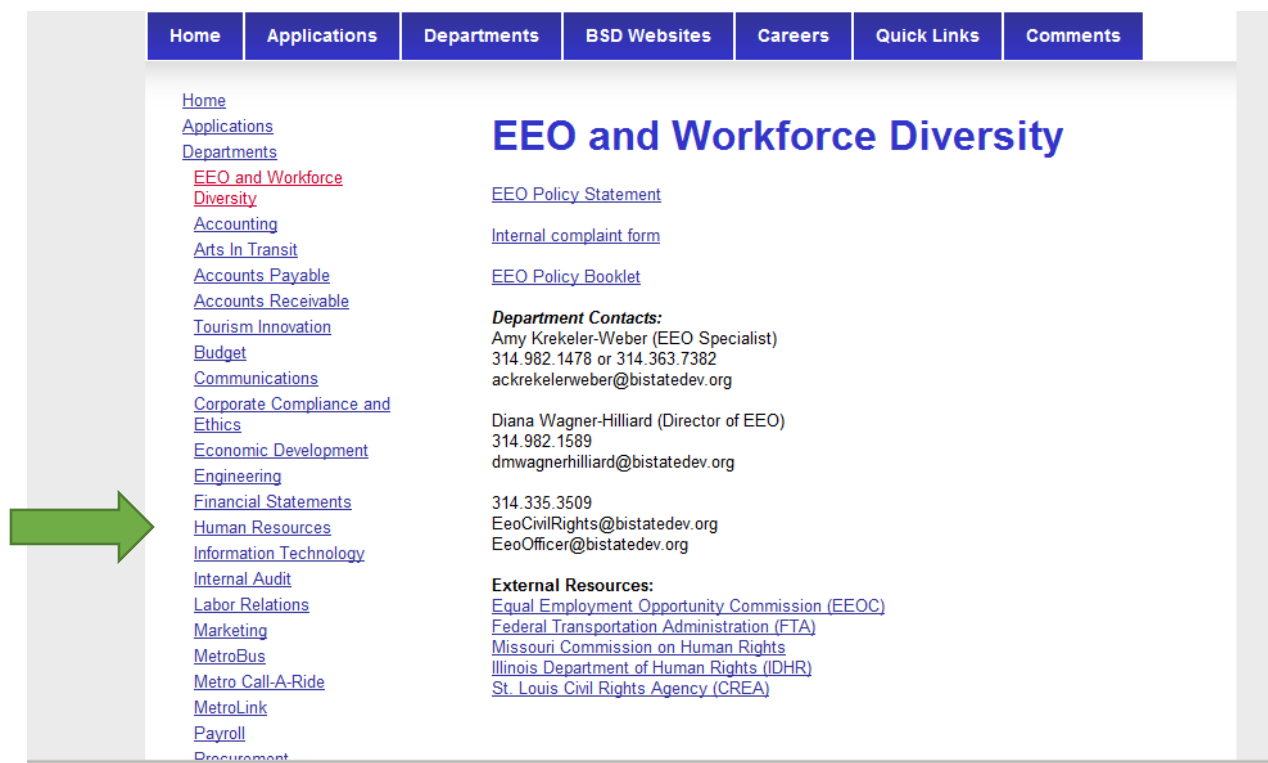
Step 1A. Citrix Users:

If you are logging into the Metro Web via Citrix:

- A. Go to the Metro Web & Select Departments.



- B. Select Human Resources



C. Select Benefits

Home	Applications	Departments	BSD Websites	Careers	Quick Links	Comments
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[Home](#)
[Applications](#)
[Departments](#)
[EEO and Workforce](#)
[Diversity](#)
[Accounting](#)
[Arts In Transit](#)
[Accounts Payable](#)
[Accounts Receivable](#)
[Tourism Innovation](#)
[Budget](#)
[Communications](#)
[Corporate Compliance and Ethics](#)
[Economic Development](#)
[Engineering](#)
[Financial Statements](#)
[Human Resources](#)
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Human Resources

[Benefits](#)

[Compensation - Philosophy Statement](#)

- Fair Labor Standards Act (FLSA) Information Resources:
 - [FLSA Overview](#)
 - [FLSA Q&A](#)
 - [FLSA Safe Harbor Statement](#)
 - Minimum Wage:
 - [Federal Department of Labor](#)
 - [Illinois](#)
 - [Missouri](#)
 - [Overtime Fact Sheet](#)
- Job Evaluation Policies:
 - [New Position Evaluation](#)
 - [Salary Band Re-Assignment](#)
- Pay Policies:
 - [Exempt & Non-Exempt - Salaried](#)
 - [Merit Based - Salaried](#)
 - [Overtime - Salaried](#)

D. In the White Search Bar type “Employee Login” and hit enter



WHAT WE DO
PARTNER WITH US
NEWS & INFO
PUBLIC MEETINGS
ABOUT US
CAREERS
VENDOR RESOURCES
CONTACT

Employee Login

EMPLOYEE BENEFITS RESOURCE CENTER

Benefits Information
Manage Your Benefits
Key Benefits Contacts

The People Behind Progress

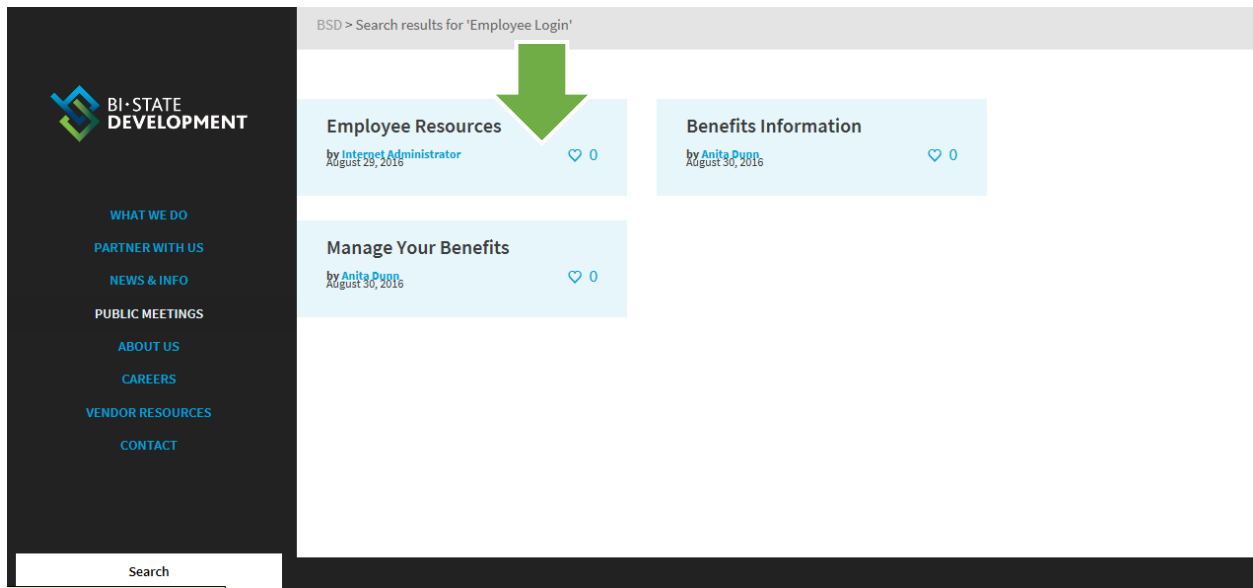
Welcome to the Employee Benefits Resource Center (EBRC). The Benefits Department within Human Resources supports the Pension, Health and Welfare needs of Bi-State Development's employees, retirees, and their eligible dependents.

The Department is committed to providing an affordable high-quality benefits program while managing health care and plan vendor costs effectively. The Department manages a range of benefits including medical, dental, prescription drug, employee assistance plan/behaviorial health, vision, health and dependent care flexible spending accounts, life insurance, accidental death and dismemberment plans and disability plans in addition to the administration of retirement programs related to defined benefit pension plans and a 401K program.

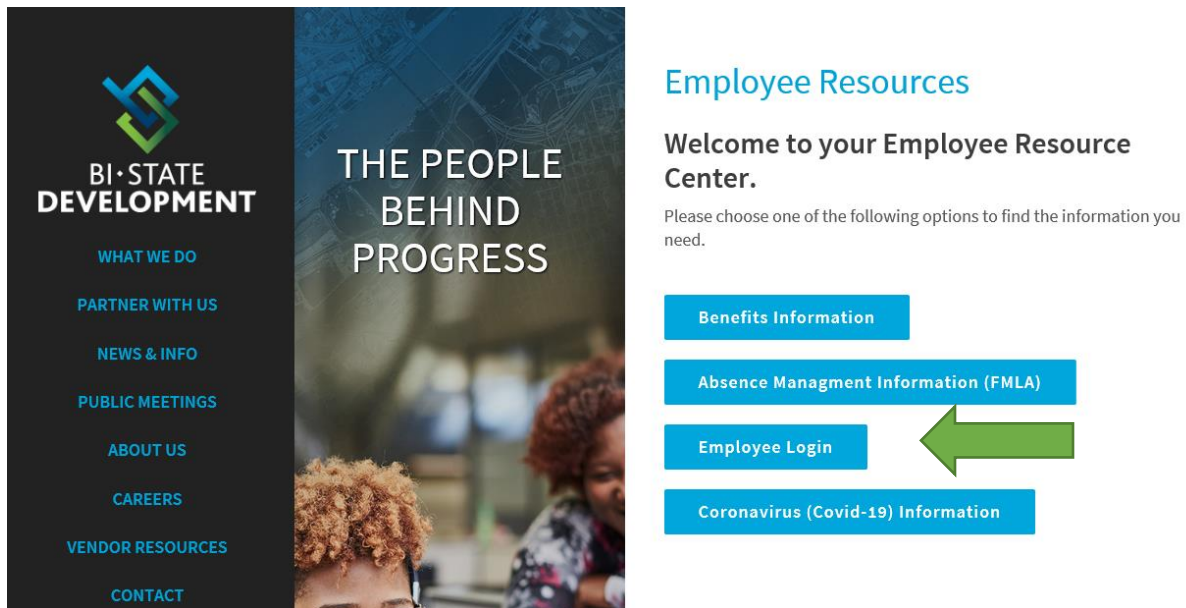
Feel free to contact us at **314/982-1400 ext. 3006** from 8 a.m. to 5 p.m. Monday through Friday or email the department at benefits@bistatedev.org. We are here to help you maximize the value of your benefit plan!

Our Benefits Partners:

E. Select the Blue Employee Resources Box



Step 2: Select the Blue Employee Login button.



Step 3: Enter your Oracle username and password

BI-STATE DEVELOPMENT Metro Oracle Advanced Benefits

*User Name
(example: michael.james.smith)


*Password
(example: 4u99v23)

Login Cancel

[Forgot your user ID or password?](#)

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Step 4: Select Metro Employee Self-Service

 **E-Business Suite**

[Favorites](#) [Logout](#) [Preferences](#) [Help](#)


Enterprise Search Search Results Display Preference


Logged In As **ALPOLK**

Oracle Applications Home Page

Main Menu



Personalize

 [Metro Employee Self-Service](#)

 [Metro Expense](#)

Worklist

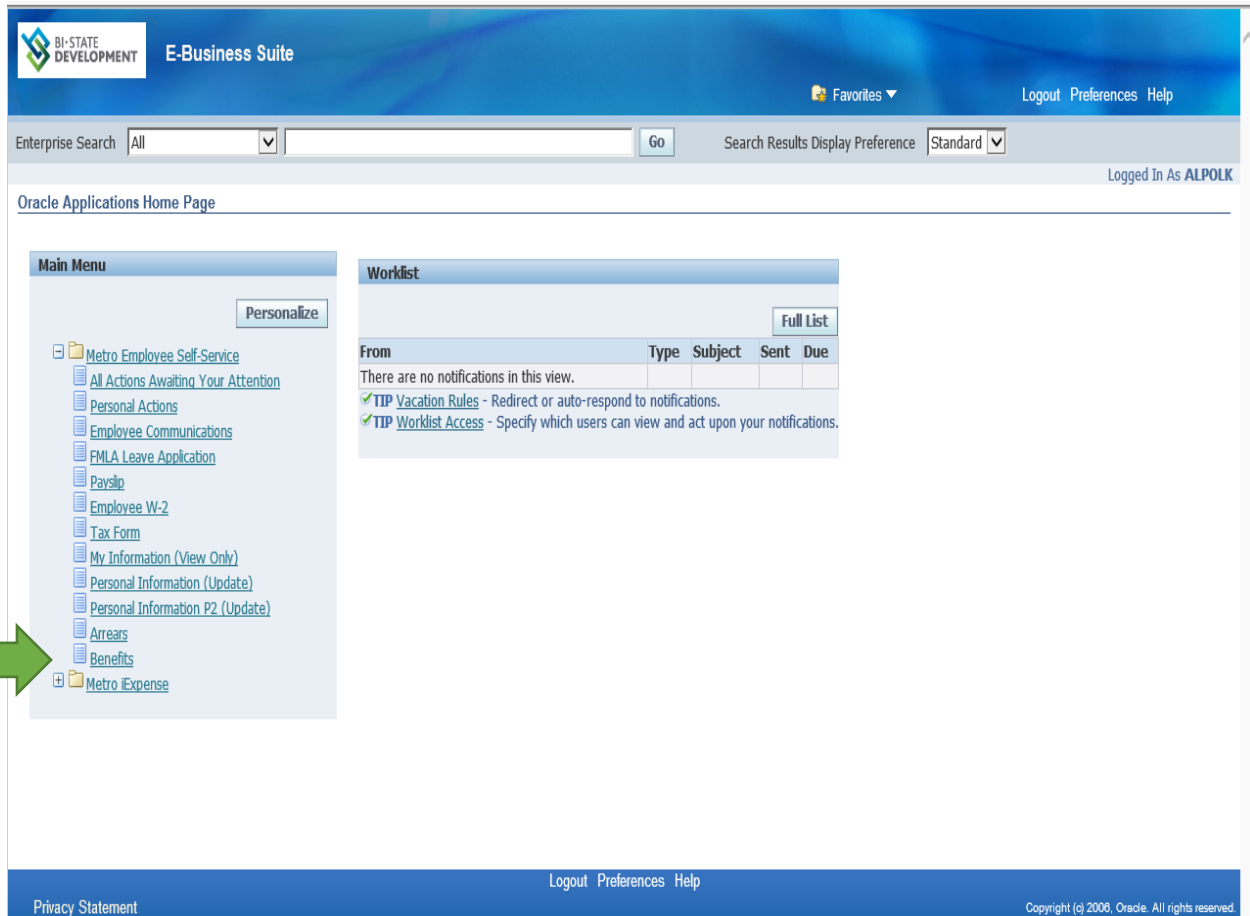
Full List

From	Type	Subject	Sent	Due
There are no notifications in this view.				
 TIP Vacation Rules - Redirect or auto-respond to notifications.				
 TIP Worklist Access - Specify which users can view and act upon your notifications.				

[Privacy Statement](#) [Logout](#) [Preferences](#) [Help](#)

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Step 5: From the drop down menu select **Benefits**



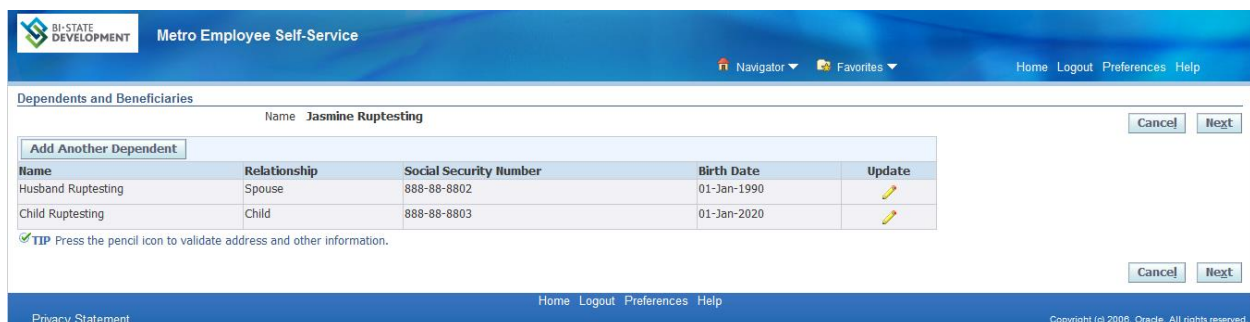
The screenshot shows the Oracle Applications Home Page. The top navigation bar includes the BI+STATE DEVELOPMENT logo, E-Business Suite title, Favorites dropdown, and Logout, Preferences, Help links. Below this is an Enterprise Search bar with a dropdown set to 'All' and a 'Go' button. A 'Search Results Display Preference' dropdown is set to 'Standard'. The user is logged in as 'ALPOLK'.

The main content area is titled 'Oracle Applications Home Page'. It features a 'Main Menu' on the left with a 'Personalize' button. The menu items include: Metro Employee Self-Service, All Actions Awaiting Your Attention, Personal Actions, Employee Communications, FMLA Leave Application, Payslip, Employee W-2, Tax Form, My Information (View Only), Personal Information (Update), Personal Information P2 (Update), Arrears, **Benefits** (highlighted by a green arrow), and Metro iExpense. To the right is a 'Worklist' section with a 'Full List' button. It shows a table with columns: From, Type, Subject, Sent, Due. Below the table, it states 'There are no notifications in this view.' and lists two tips: 'TIP Vacation Rules - Redirect or auto-respond to notifications.' and 'TIP Worklist Access - Specify which users can view and act upon your notifications.'

The footer contains 'Privacy Statement', 'Logout Preferences Help', and 'Copyright (c) 2006, Oracle. All rights reserved.'

**Note that the first screen in the Benefits enrollment/change process is the Dependents and Beneficiaries Screen. If you do not need to add a new dependent, select the next button to be directed to the Select Program Screen (and skip to step 8). If you do not currently insure dependents, this screen may not show as an option (the first screen may be the Select Program Screen)*

Step 6: To add a new dependent(s) select the **Add Another Dependent** button. If you do not need to add a new dependent, select the next button and skip to Step 8.



The screenshot shows the 'Metro Employee Self-Service' page for 'Dependents and Beneficiaries'. The user's name is 'Jasmine Ruptesting'. There is an 'Add Another Dependent' button (highlighted by a green arrow) and 'Cancel' and 'Next' buttons. Below the button is a table with columns: Name, Relationship, Social Security Number, Birth Date, and Update.

Name	Relationship	Social Security Number	Birth Date	Update
Husband Ruptesting	Spouse	888-88-8802	01-Jan-1990	
Child Ruptesting	Child	888-88-8803	01-Jan-2020	

Below the table is a tip: 'TIP Press the pencil icon to validate address and other information.' At the bottom right, there are 'Cancel' and 'Next' buttons. The footer contains 'Privacy Statement', 'Home Logout Preferences Help', and 'Copyright (c) 2006, Oracle. All rights reserved.'

If you need to add a dependent(s), follow the instructions listed below in Steps 7 Part 1 & 2: Please note that these instructions are broken into two parts, but the actual **Add Dependents and Beneficiaries** screen is one screen. Once you have been directed to the **Add Dependents and Beneficiaries** screen each field listed in the instructions **must** be completed in order to successfully add a dependent.

Step 7 - Part 1: **All** of the fields listed below **must** be completed to successfully add a new dependent (*All information should be entered in standard upper & lower case format*)

- A) Relationship – select either spouse, child(ren), or legal dependent
- B) Relationship Start Date – use the current date must be formatted with dashes (*Format: dd-mmm-yyyy*) (dd=day, mmm=3 letter month, yr=4 digit year, i.e. October 15, 2021 =15-oct-2021)
- C) First Name
- D) Last Name
- E) Address Line 1 - if the dependent has the same address as the employee, select the Shared Residence Box the system will autofill in the address. If the dependent's address is different, complete the required fields
- F) City
- G) Zip Code

If **any** of the required fields are left blank you will be unable to successfully add your dependent and error messages may appear (See Step 7 – part 3 for an explanation of the possible errors and the action required to correct the error(s)). If any of these errors do appear, go back and review your entries and make the necessary correction(s).

The screenshot shows the 'Add Dependents and Beneficiaries' form in the Metro Employee Self-Service system. The form is for a dependent named 'Jasmine Ruptesting'. It includes sections for 'Name and Relationship' and 'Address Information'. A green arrow points to the 'Shared Residence' checkbox in the 'Address Information' section, which is accompanied by a green callout box stating 'Check this box if dependent has the same address'.

Name and Relationship

- * Relationship: [Dropdown]
- Relationship Start Date: [Text] (example: 25-Aug-2020)
- Title: [Dropdown]
- * First Name: [Text]
- Middle Name: [Text]
- * Last Name: [Text]
- Suffix: [Text] (example: Jr.)

Address Information

- ☐ Shared Residence
If you check the box above you don't need to fill in the address below
- Address Type: [Dropdown]
- Address Style: [Dropdown] (United States)
- * Address Line 1: [Text]
- Address Line 2: [Text]
- Address Line 3: [Text]
- * City: [Text]
- State: [Text]
- * Zip Code: [Text]
- County: [Text]
- * Country: [Dropdown] (United States)
- Telephone: [Text]
- Telephone2: [Text]

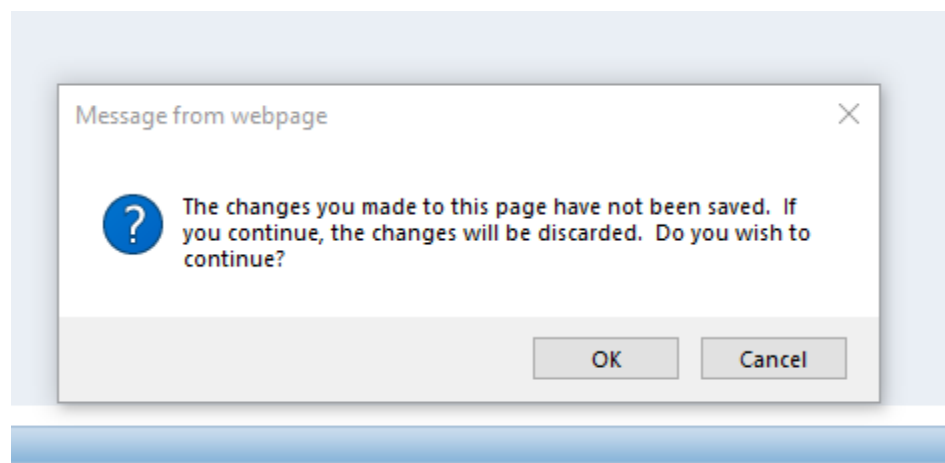
Step 7 - Part 2: All of the required fields listed below **must** be completed to successfully add a new dependent

- A) Date of Birth – Dependent’s date of birth must be formatted with dashes (Format: dd-mmm-yyyy) (dd=day, mmm=3 letter month, yr=4 digit year, i.e. October 15, 2021 =15-oct-2021)
- B) Gender
- C) Social Security Number – **must** include dashes

The **Student Status**, **Marital Status**, **Is This Person Disabled**, and the **Secondary Medical Coverage** fields should all be skipped. Once you have completed this page in its entirety, select the Apply button.

The screenshot shows the 'Miscellaneous Information' form. It includes fields for Gender, Student Status, Social Security, Date of Birth, Marital Status, and Is this Person Disabled. Below these is the 'Second Medical Coverage' section with a checkbox for 'Covered by Other Medical Plan' and a 'Name of Plan' field. Green callout boxes with brackets indicate that the following fields should be skipped: 'Student Status', 'Marital Status', 'Is this Person Disabled', and 'Second Medical Coverage'. At the bottom right of the form are 'Cancel' and 'Apply' buttons. A large green arrow points to the 'Apply' button.

If you select the Cancel button, you will see the message below:



If you wish to cancel the dependent election, select **Cancel** to be taken back to the Dependents and Beneficiary Screen.

Before you continue to Step 7 – Part 3:, please read this carefully. Dependents added to Self-Service Benefits are provisionally added, to complete the enrollment process, it is **your** responsibility to provide required dependent documentation to the benefits department by the Open Enrollment deadline. *Examples of dependent documentation are: marriage license, birth certificate, adoption certificate, legal guardianship documents.*

Step 7 - Part 3: Possible Error Messages from the Add Dependents and Beneficiaries Screen:

- a. **Error** - A Value must be entered for relationship/**Solution** - relationship chosen must be a spouse, child, or legal dependent
- b. **Error** - A Value must be entered for first name/ **Solution** - the dependents first name must be added
- c. **Error** - A Value must be entered for last name/ **Solution** - the dependents last name must be added
- d. **Error**- A Value must be entered for Address Line 1/ **Solution** - the dependents Address must be entered (if the dependent's address is same as employee, check the Shared Residence box, if the dependent's address is different manually complete the address fields items using the instructions from items e-g below:
- e. **Error** - A Value must be entered for city/ **Solution** - dependent's city must be entered
- f. **Error** - A Value must be entered for Zip Code/ **Solution** - dependent's zip code must be entered
- g. **Error** - A Value must be entered for Date of Birth/ **Solution** - the dependents date of birth must be entered
- h. **Error** - Form validation failures: A Value must be entered for date of birth/ **Solution** – a date of birth must be entered in the “dd-MMM-yyyy” format
- i. **Error** - Relationship start date is not a date formatted as “dd-MMM-yyyy”/ **Solution** – the date of birth is formatted incorrectly, must be entered in the “dd-MMM-yyyy” format

Once you are back on the Dependents and Beneficiaries Screen, Select **Next**

Dependents and Beneficiaries

Name: **Jasmine Ruptesting**

[Add Another Dependent](#)

Name	Relationship	Social Security Number	Birth Date	Update
Husband Ruptesting	Spouse	888-88-8802	01-Jan-1990	
Child Ruptesting	Child	888-88-8803	01-Jan-2020	

TIP Press the pencil icon to validate address and other information.

[Cancel](#) [Next](#)

[Home](#) [Logout](#) [Preferences](#) [Help](#)

[Privacy Statement](#)

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Step 8: By Selecting Next, you are taken to the Select Program Screen. There will be two selection buttons – **Metro Active Employee Program** and **Metro Optional Life**. *(Please note that the Metro Optional Life Screen will be blank if chosen – this does not mean that you are not enrolled in Optional Life. Changes to Optional life insurance are not part of the open enrollment process).*

By Selecting the **Metro Active Employee Program** Radio Button, and selecting next, you will be taken to the Benefits Enrollment/Current Benefits Screen – There are two tabs on this screen – Benefits Enrollment and Current Benefits.

Select Program

Name: **Jasmine Ruptesting**

[Cancel](#) [Back](#) [Next](#)

Please select a Program to update.

Select Program Name

☒ Metro Active Employee Program

☐ Metro Optional Life

[Cancel](#) [Back](#) [Next](#)

The **Current Benefits** tab will show your benefit elections for the current plan year (not the open enrollment plan year).

Current Benefits

Name: **Jasmine Ruptesting**

Event Name: **Open**

Program: **Metro Active Employee Program**

Enrollment Period: **12-AUG-2020 - 31-DEC-2020**

[Change Program](#) [Update Benefits](#)

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Pre-Tax	After-Tax
Medical - Waive Medical		01-Jan-2021		0.00
Dental - Waive Dental		01-Jan-2021		0.00
Vision - Waive Vision		01-Jan-2021		0.00
HCFA - Waive Health Care FSA		01-Jan-2021		0.00
DCFA - Waive Dependent Care FSA		03-Aug-2020		0.00
STD - STD		01-Jan-2021		0.00
Basic Life - Basic Life Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
AD&D - AD&D Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
EAP - Employee Assistance Program		03-Aug-2020		0.00
Metro 401K - Metro 401K ER 4%		03-Aug-2020		0.00
Total			0.00	0.00

[Change Program](#) [Update Benefits](#)

Metro Employee Self-Service

Benefits Enrollment | **Current Benefits** | Home | Logout | Preferences | Help

Name: **Jasmine Ruptesting** Program: **Metro Active Employee Program**

Please show me the benefits as of: **03-Aug-2020 to 31-Dec-2020** [Go]

Benefit Selections and Rate Details

Details Plan	Option	Coverage Start Date	Coverage Pre-Tax	After-Tax
[Show] Medical - Medical Premium	Employee + Spouse + Child(ren)	03-Aug-2020	0.00	0.00
[Show] Dental - Dental High Option	Employee + Spouse + Child(ren)	03-Aug-2020	0.00	0.00
[Show] Vision - Vision	Employee + Spouse + Child(ren)	03-Aug-2020	0.00	0.00
[Show] HCFA - Health Care FSA		03-Aug-2020	260.00	0.00
[Show] DCFSA - Waive Dependent Care FSA		03-Aug-2020	0.00	0.00
[Show] Basic Life - Basic Life Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
[Show] AD&D - AD&D Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
[Show] EAP - Employee Assistance Program		03-Aug-2020	0.00	0.00
[Show] Metro 401K - Metro 401K ER 4%		03-Aug-2020	0.00	0.00
Total			0.00	0.00

Covered Dependents

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Premium	Employee + Spouse + Child(ren)	03-Aug-2020	Husband Ruptesting	Spouse	888-88-8802
		03-Aug-2020	Child Ruptesting	Child	888-88-8803
Dental - Dental High Option	Employee + Spouse + Child(ren)	03-Aug-2020	Husband Ruptesting	Spouse	888-88-8802
		03-Aug-2020	Child Ruptesting	Child	888-88-8803
Vision - Vision	Employee + Spouse + Child(ren)	03-Aug-2020	Husband Ruptesting	Spouse	888-88-8802
		03-Aug-2020	Child Ruptesting	Child	888-88-8803

Beneficiaries

If you wish to make changes for the upcoming plan year, select the **Benefits Enrollment** tab and follow the instructions in Step 9. If you do not want to make any changes, from the **Benefits Enrollment** tab select Logout at the top of the screen to exit Self Service Benefits (SSBEN).

Metro Employee Self-Service

Benefits Enrollment | Current Benefits | Home | Logout | Preferences | Help

Name: **Jasmine Ruptesting** Program: **Metro Active Employee Program**

Event Name: **Open** Enrollment Period: **12-AUG-2020 - 31-DEC-2020** [Change Program] [Update Benefits]

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Pre-Tax	After-Tax
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021	27.45	0.00
Dental - Dental High Option	Employee + Spouse	01-Jan-2021	7.77	0.00
Vision - Vision	Employee + Child(ren)	01-Jan-2021	3.62	0.00
HCFA - Waive Health Care FSA		01-Jan-2021	0.00	0.00
DCFSA - Waive Dependent Care FSA		03-Aug-2020	0.00	0.00
STD - STD		01-Jan-2021	0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
AD&D - AD&D Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
EAP - Employee Assistance Program		03-Aug-2020	0.00	0.00
Metro 401K - Metro 401K ER 4%		03-Aug-2020	0.00	0.00
Total			38.84	0.00

Covered Dependents

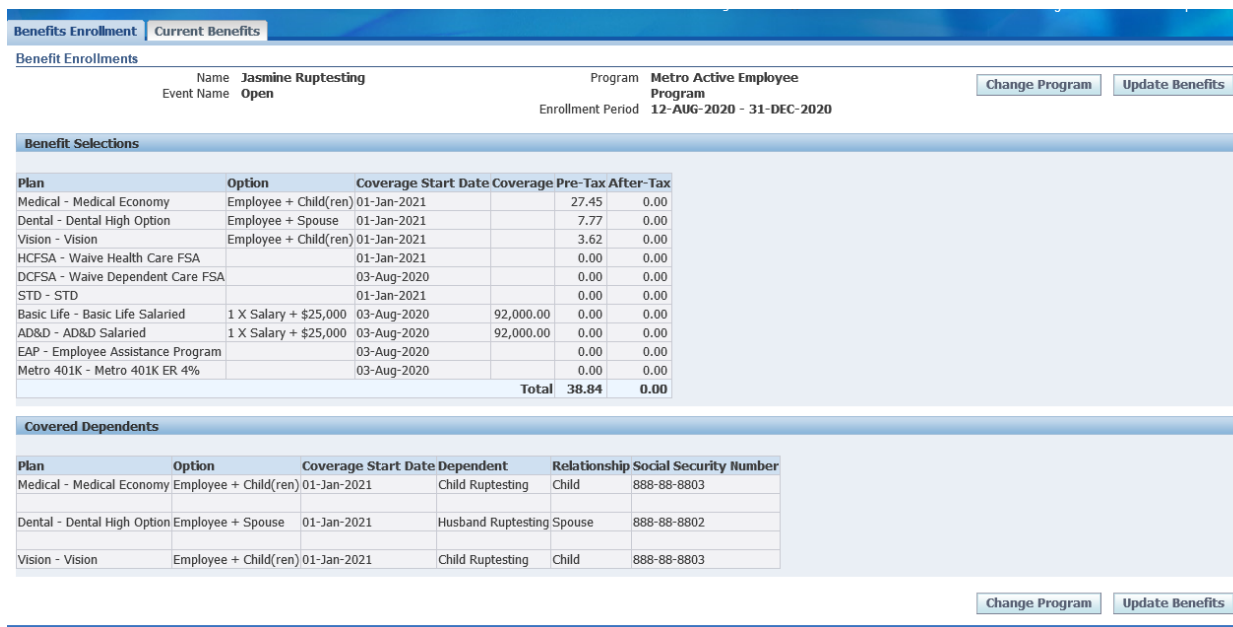
Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803
Dental - Dental High Option	Employee + Spouse	01-Jan-2021	Husband Ruptesting	Spouse	888-88-8802
Vision - Vision	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803

[Change Program] [Update Benefits]

*Please note that for Flexible Spending Accounts – Health Care (HCFA) or Dependent Care (DCFSA), a new election **must** be entered for the new plan year, the current year FSA election(s) **WILL NOT** rollover.

Step 9: Select Update Benefits

To make changes for the upcoming plan year, select the **Benefits Enrollment** tab, and select Update Benefits you will be directed to the Update Enrollments Screen.



Benefits Enrollment | **Current Benefits**

Benefit Enrollments

Name: **Jasmine Ruptesting** | Program: **Metro Active Employee Program**
 Event Name: **Open** | Enrollment Period: **12-AUG-2020 - 31-DEC-2020**

[Change Program](#) [Update Benefits](#)

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Pre-Tax	After-Tax
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021	27.45	0.00
Dental - Dental High Option	Employee + Spouse	01-Jan-2021	7.77	0.00
Vision - Vision	Employee + Child(ren)	01-Jan-2021	3.62	0.00
HCFA - Waive Health Care FSA		01-Jan-2021	0.00	0.00
DCFSA - Waive Dependent Care FSA		03-Aug-2020	0.00	0.00
STD - STD		01-Jan-2021	0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
AD&D - AD&D Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00
EAP - Employee Assistance Program		03-Aug-2020	0.00	0.00
Metro 401K - Metro 401K ER 4%		03-Aug-2020	0.00	0.00
Total			38.84	0.00

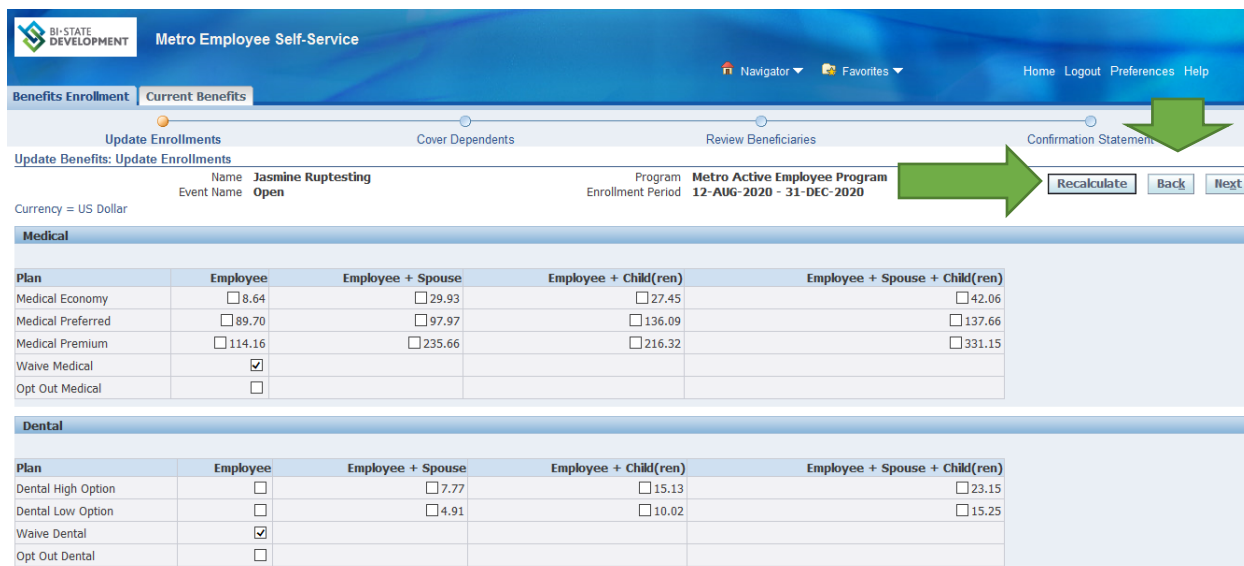
Covered Dependents

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803
Dental - Dental High Option	Employee + Spouse	01-Jan-2021	Husband Ruptesting	Spouse	888-88-8802
Vision - Vision	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803

[Change Program](#) [Update Benefits](#)

Before you begin the process of making changes to your benefits elections here are a few helpful tips:

- If you select the Back button, you will be returned to the Current Benefits screen and your enrollment selections will not be saved.
- Select the Recalculate button to determine the FSA Health Care (HCFA) or Dependent Care (DCFSA) per paycheck deduction amount.
- Select the Next button to move to the next Screen



Metro Employee Self-Service

Benefits Enrollment | **Current Benefits**

Update Enrollments | **Cover Dependents** | **Review Beneficiaries** | **Confirmation Statement**

Name: **Jasmine Ruptesting** | Program: **Metro Active Employee Program**
 Event Name: **Open** | Enrollment Period: **12-AUG-2020 - 31-DEC-2020**

[Recalculate](#) [Back](#) [Next](#)

Currency = US Dollar

Medical

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Medical Economy	<input type="checkbox"/> 8.64	<input type="checkbox"/> 29.93	<input type="checkbox"/> 27.45	<input type="checkbox"/> 42.06
Medical Preferred	<input type="checkbox"/> 89.70	<input type="checkbox"/> 97.97	<input type="checkbox"/> 136.09	<input type="checkbox"/> 137.66
Medical Premium	<input type="checkbox"/> 114.16	<input type="checkbox"/> 235.66	<input type="checkbox"/> 216.32	<input type="checkbox"/> 331.15
Waive Medical	<input checked="" type="checkbox"/>			
Opt Out Medical	<input type="checkbox"/>			

Dental

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Dental High Option	<input type="checkbox"/>	<input type="checkbox"/> 7.77	<input type="checkbox"/> 15.13	<input type="checkbox"/> 23.15
Dental Low Option	<input type="checkbox"/>	<input type="checkbox"/> 4.91	<input type="checkbox"/> 10.02	<input type="checkbox"/> 15.25
Waive Dental	<input checked="" type="checkbox"/>			
Opt Out Dental	<input type="checkbox"/>			

Step 10. Part 1. Medical, Dental, Vision

To make changes to your Medical, Dental, or Vision plans elections:

- Determine the plan and plan option that best suits you and your family's health needs.
- Click the box where your selected plan and plan option intersect. The dollar amount next to the box reflects the per paycheck deduction for that selection.

Name: **Jasmine Kuptesting** Program: **Metro Active Employee Program**
 Event Name: **Open** Enrollment Period: **12-AUG-2020 - 31-DEC-2020** Recalculate Back Next

Currency = US Dollar

Medical Plan Options

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Medical Economy	<input type="checkbox"/> 8.64	<input type="checkbox"/> 29.93	<input type="checkbox"/> 27.45	<input type="checkbox"/> 42.06
Medical Preferred	<input type="checkbox"/> 89.70	<input type="checkbox"/> 97.97	<input type="checkbox"/> 136.09	<input type="checkbox"/> 137.66
Medical Premium	<input type="checkbox"/> 114.16	<input type="checkbox"/> 235.66	<input type="checkbox"/> 216.32	<input type="checkbox"/> 331.15
Waive Medical	<input checked="" type="checkbox"/>			
Opt Out Medical	<input type="checkbox"/>			

Dental Plan Options

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Dental High Option	<input type="checkbox"/>	<input type="checkbox"/> 7.77	<input type="checkbox"/> 15.13	<input type="checkbox"/> 23.15
Dental Low Option	<input type="checkbox"/>	<input type="checkbox"/> 4.91	<input type="checkbox"/> 10.02	<input type="checkbox"/> 15.25
Waive Dental	<input checked="" type="checkbox"/>			
Opt Out Dental	<input type="checkbox"/>			

Vision Plan Options

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
Vision	<input type="checkbox"/> 1.81	<input type="checkbox"/> 3.44	<input type="checkbox"/> 3.62	<input type="checkbox"/> 5.33
Waive Vision	<input checked="" type="checkbox"/>			
Opt Out Vision	<input type="checkbox"/>			

Step 10. Part 2. Health Care FSA (HCFS) and Dependent Care FSA (DCFS)

To enroll in a Health Care FSA (HCFS) or Dependent Care FSA (DCFS) please read the following:

- If you wish to enroll for the coming plan year, click the select box next to Health Care or Dependent Care FSA.
- Enter the annual contribution amount that you wish to contribute for the year in the coverage field (must be in whole dollars, no amounts with anything other than zero cents will be accepted).
- To find out the per period deduction amount, select the Recalculate button – shown in above photo

HCFS Annual Contribution

Plan	Select	Coverage	Annual Cost	Cost
Health Care FSA	<input type="checkbox"/>	<input type="text" value="260.00"/>	260.00	10.00
Waive Health Care FSA	<input checked="" type="checkbox"/>			
Opt Out Health Care FSA	<input type="checkbox"/>			

DCFS Annual Contribution

Plan	Select	Coverage	Annual Cost	Cost
Dependent Care FSA	<input type="checkbox"/>	<input type="text" value="520.00"/>	520.00	20.00
Waive Dependent Care FSA	<input checked="" type="checkbox"/>			
Opt Out Dependent Care FSA	<input type="checkbox"/>			

Step 10. Part 3: Company Paid Benefits – no changes allowable

- Salaried employees are eligible for Basic Life, AD&D, and EAP as of the hire date, no changes are allowed for company paid benefits
- Salaried employees are eligible for STD on the first of the month following 90 days of full time employment, and eligible for LTD after one year of full time employment. Only those benefits for which you have satisfied the eligibility requirement will be reflected on the screen.
- Metro 401k, Salaried Pension, Frozen Salaried Pension – dependent upon your date of hire, you may see a combination of plans listed under the Metro 401k (this is the Company funded 401k, not the elective 401k), no changes are allowed for company paid benefits.

Once you have completed your selections, select the **Next** button.

STD	
Plan	Select
STD	<input checked="" type="checkbox"/>

Basic Life	
Plan	1 X Salary + \$25,000
Basic Life Salaried	<input checked="" type="checkbox"/>

AD&D	
Plan	1 X Salary + \$25,000
AD&D Salaried	<input checked="" type="checkbox"/>

EAP	
Plan	Select
Employee Assistance Program	<input checked="" type="checkbox"/>

Metro 401K	
Plan	Select
Metro 401K ER 4%	<input checked="" type="checkbox"/>

Step 11: Once Next is selected, you will be taken to the Update Benefits Cover Dependents Screen (note: if an employee does not have dependents, there will be a message that indicates that the selections made do not require the designation of benefits). Check the Cover box for any dependents that you wish to cover and Select Next.

Benefits Enrollment | Current Benefits | Update Enrollments | Cover Dependents | Review Beneficiaries | Confirmation Statement

Update Benefits: Cover Dependents

Name: Jasmine Ruptesting
Event Name: Open

Program: Metro Active Employee Program
Enrollment Period: 12-AUG-2020 - 31-DEC-2020

Back Next

Dependent Selection

✓ TIP Dependents not shown do not meet the definition of an eligible dependent (Spouse, Child or Legal Dependent)

Medical : Medical Economy Employee + Child(ren)

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Child Ruptesting	Child	888-88-8803	Yes		<input type="checkbox"/>

Dental : Dental High Option Employee + Spouse

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Husband Ruptesting	Spouse	888-88-8802	Yes		<input type="checkbox"/>

Vision : Vision Employee + Child(ren)

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Child Ruptesting	Child	888-88-8803	Yes		<input type="checkbox"/>

Back Next

Step 12: You have been directed to the **Confirmation Page**. Carefully review your benefit elections. Once you are satisfied with your elections, select the Confirmation Statement button.

Benefits Enrollment | Current Benefits | Update Enrollments | Cover Dependents | Review Beneficiaries | Confirmation Statement

Confirmation

Your changes have been saved. To make additional changes/corrections, return to the Update Benefits: Update Enrollments page and repeat the process.

Confirmation Statement

Name: Jasmine Ruptesting
Event Name: Open

Program: Metro Active Employee Program
Enrollment Period: 12-AUG-2020 - 31-DEC-2020

Back Printable Page Confirmation Statement Finish

✓ TIP Select Confirmation Statement to receive a document which confirms your benefit selections. Select Finish to complete the enrollment process.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Cost	Cost 1	Cost 2	Cost 3
Medical - Waive Medical		01-Jan-2021		0.00	0.00	0.00
Dental - Waive Dental		01-Jan-2021		0.00	0.00	0.00
Vision - Waive Vision		01-Jan-2021		0.00	0.00	0.00
HCFA - Waive Health Care FSA		01-Jan-2021		0.00	0.00	0.00
DCFA - Waive Dependent Care FSA		03-Aug-2020		0.00	0.00	0.00
STD - STD		01-Jan-2021		0.00	0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00	0.00	0.00
AD&D - AD&D Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00	0.00	0.00
EAP - Employee Assistance Program		03-Aug-2020		0.00	0.00	0.00
Metro 401K - Metro 401K ER 4%		03-Aug-2020		0.00	0.00	0.00
Total				0.00	0.00	0.00

Back Printable Page Confirmation Statement Finish

Step 13: To Print the Confirmation Statement, select the Open option at the bottom of the page. When the statement opens, print it and ***keep the statement for your records***. To complete this enrollment, select finish, then select Logout at the top of the page. This statement will serve as your proof of enrollment or proof of changes made for the upcoming plan year. ***Please note that a copy of your confirmation statement is required for corrections to be made.***

Benefits Enrollment | **Current Benefits**

Update Enrollments | Cover Dependents | Review Beneficiaries | **Confirmation Statement**

Confirmation
Your changes have been saved. To make additional changes/corrections, return to the Update Benefits: Update Enrollments page and repeat the process.

Confirmation Statement

Name **Jasmine Ruptesting** Program **Metro Active Employee Program** [Back](#) [Printable Page](#) [Confirmation Statement](#) [Finish](#)
 Event Name **Open** Enrollment Period **12-AUG-2020 - 31-DEC-2020**

TIP Select Confirmation Statement to receive a document which confirms your benefit selections. Select Finish to complete the enrollment process.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Cost 1	Cost 2	Cost 3
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021		27.45	0.00	0.00
Dental - Dental High Option	Employee + Spouse	01-Jan-2021		7.77	0.00	0.00
Vision - Vision	Employee + Child(ren)	01-Jan-2021		3.62	0.00	0.00
HCFA - Waive Health Care FSA		01-Jan-2021		0.00	0.00	0.00
DCFA - Waive Dependent Care FSA		03-Aug-2020		0.00	0.00	0.00
STD - STD		01-Jan-2021		0.00	0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00	0.00	0.00
AD&D - AD&D Salaried	1 X Salary + \$25,000	03-Aug-2020	92,000.00	0.00	0.00	0.00
EAP - Employee Assistance Program		03-Aug-2020		0.00	0.00	0.00
Metro 401K - Metro 401K ER 4%		03-Aug-2020		0.00	0.00	0.00
Total				38.84	0.00	0.00

Covered Dependents

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Economy	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803
Dental - Dental High Option	Employee + Spouse	01-Jan-2021	Husband Ruptesting	Spouse	888-88-8802
Vision - Vision	Employee + Child(ren)	01-Jan-2021	Child Ruptesting	Child	888-88-8803

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[Privacy Statement](#)

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Bi-State Development Agency
3300 Spruce Street
Saint Louis, MO, 63103

Ruptesting, Jasmine
1 Main St.
High Ridge, MO, 63049

Benefits Confirmation & Summary

Badge Number
888801

Dear Jasmine Ruptesting,

As a result of your Open enrollment on 01-Jan-2021, you have elected the following benefits. By electing these benefits, you are authorizing Payroll to deduct from your pay check compensation any and all required employee contributions for the elected benefits. You acknowledge that by electing Metro Active Employee Program benefits, you are authorizing deductions with respect to those benefits that will remain in effect until you make changes to or drop coverage during open enrollment or as a result of a qualifying event. You acknowledge that this election of benefits as stated below may carry over to subsequent plan years along with any changes in employee contributions.

Benefit Selections

The selections below were either specifically chosen by you or are provided by Bi-State Development at no cost to you.

Note: Rates are per pay period.

Plan	Option	Coverage	Coverage Start Date	Employee Cost	Bi-State Development Employer Cost
Medical - Medical Economy	Employee + Child(ren)		01-Jan-2021	27.45	0.00
Dental - Dental High Option	Employee + Spouse		01-Jan-2021	7.77	0.00
Vision - Vision	Employee + Child(ren)		01-Jan-2021	3.62	0.00
HCFSA - Waive Health Care FSA			01-Jan-2021	0.00	0.00
DCFSA - Waive Dependent Care FSA			03-Aug-2020	0.00	0.00
STD - STD			01-Jan-2021	0.00	0.00
Basic Life - Basic Life Salaried	1 X Salary + \$25,000	92,000.00	03-Aug-2020	0.00	0.00
AD&D - AD&D Salaried	1 X Salary + \$25,000	92,000.00	03-Aug-2020	0.00	0.00
EAP - Employee Assistance Program			03-Aug-2020	0.00	0.00
Metro 401K - Metro 401K ER 4%			03-Aug-2020	0.00	0.00
Totals				38.84	0.00

* STD = Short Term Disability
** LTD = Long Term Disability
*** ER = Employer

Covered Dependents

These are the dependents you have elected to enroll in benefits.

Plan	Option	Full Name	Relationship	Start Date
Medical - Medical Economy	Employee + Child(ren)	Ruptesting, Child	Child	01-Jan-2021



Dental - Dental High Option	Employee + Spouse	Ruptesting, Husband	Spouse	01-Jan-2021
Vision - Vision	Employee + Child(ren)	Ruptesting, Child	Child	01-Jan-2021

The confirmation statement is not a guarantee of coverage or coverage level. All coverage is subject to verification of eligibility by the Bi-State Development Benefits Department and may be modified to exclude those who are ineligible or include those who are required by law to be covered. If you have any questions regarding your benefits, please contact the Bi-State Development Benefits Department 314-982-1400 ext 3006 or benefits@bistatedev.org.

Regards,

Bi-State Development Benefits Department

*note – employee used in the guide is a fictitious employee