Self Service Guide to Updating Benefit Plans

Guide to Updating Benefit Plans

Objectives

The purpose of this module is to teach employees how to update their own benefit plans once they have been Hired, Rehired, or had a recent Qualifying Life Event (i.e. Marriage, Birth, Divorce).

Before You Begin

You must have the following:

- ✓ PeopleSoft URL
- ✓ Self Service User ID and Password
- ✓ Added Dependent and Beneficiaries in PeopleSoft (if applicable)
- ✓ Your Qualifying Life Event has been documented in PeopleSoft by the HR Office

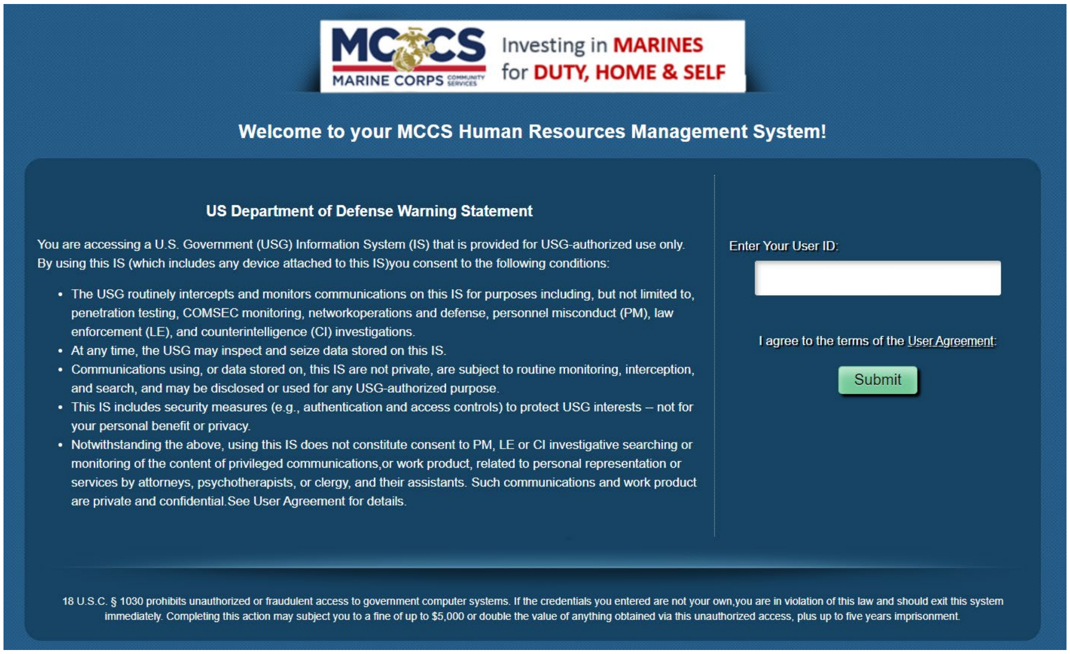
When to Use

- ✓ When reviewing or updating benefit plans:
    - Health plans **SECTION A**
    - Life plans **SECTION B**
    - FSA plans **SECTION C**
    - HSA plan **SECTION D**
    - 401k Savings plan **SECTION E**
    - Short Term Disability plan **SECTION F**
    - Long Term Disability plan **SECTION G**
    - Retirement and Pension plans **SECTION H**

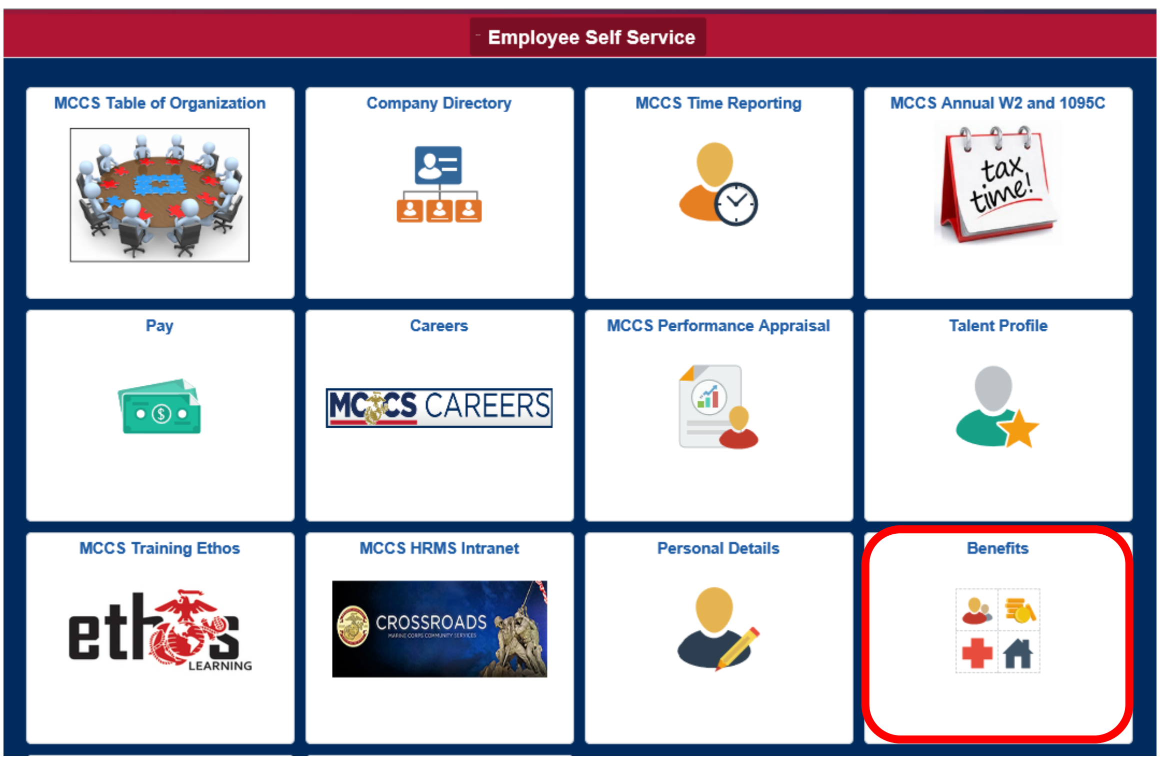
Step 1: Enter the following URL link into the address bar of your internet browser.
https://hrms.usmc-mccs.org

Step 2: Log into Self Service by entering your User ID and Password.

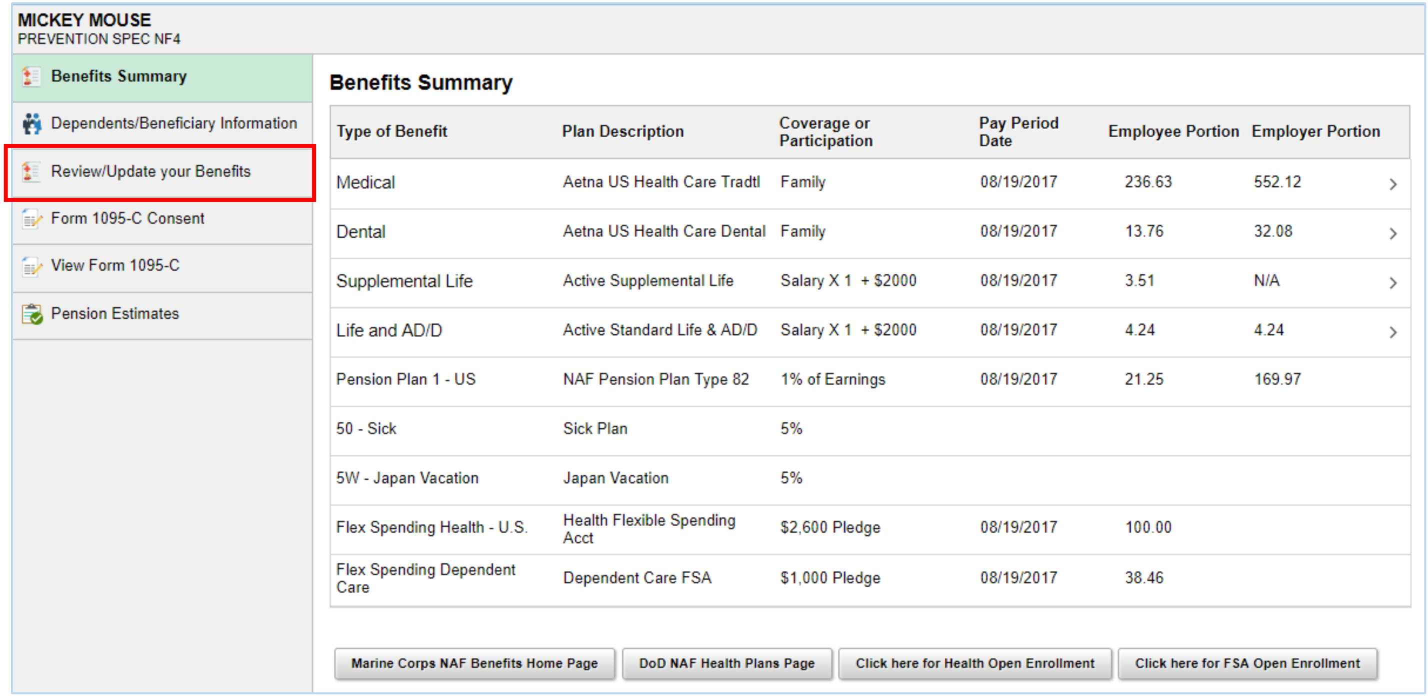
Step 3: Select Submit.



Step 4: Select the Benefits tile on the Employee Self Service Home Page.



Step 5: The Benefits Summary page is displayed. Select the Review/Update your Benefits tab.



MICKEY MOUSE
PREVENTION SPEC NF4

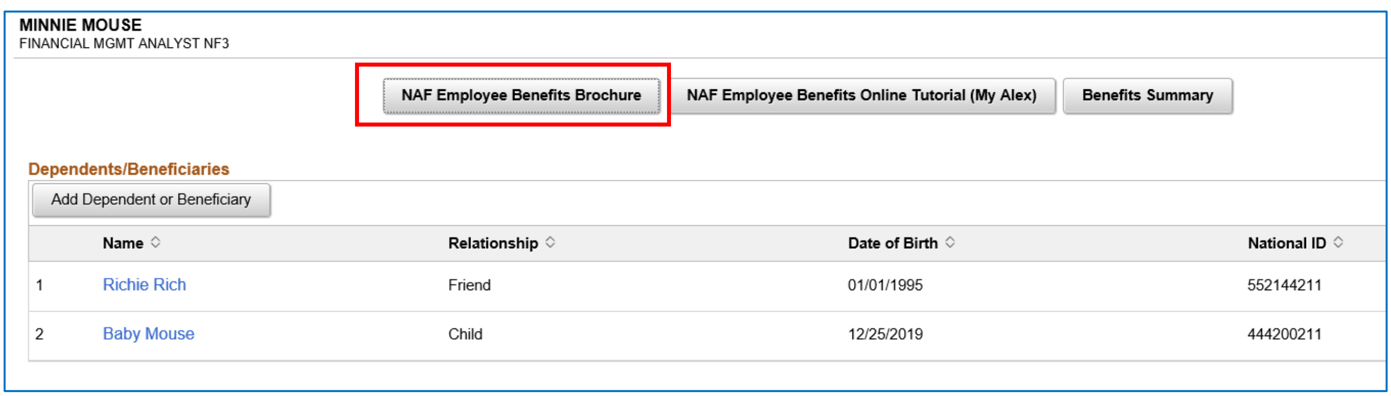
- Benefits Summary
- Dependents/Beneficiary Information
- Review/Update your Benefits
- Form 1095-C Consent
- View Form 1095-C
- Pension Estimates

Benefits Summary

Type of Benefit	Plan Description	Coverage or Participation	Pay Period Date	Employee Portion	Employer Portion
Medical	Aetna US Health Care Tradtl	Family	08/19/2017	236.63	552.12
Dental	Aetna US Health Care Dental	Family	08/19/2017	13.76	32.08
Supplemental Life	Active Supplemental Life	Salary X 1 + $2000	08/19/2017	3.51	N/A
Life and AD/D	Active Standard Life & AD/D	Salary X 1 + $2000	08/19/2017	4.24	4.24
Pension Plan 1 - US	NAF Pension Plan Type 82	1% of Earnings	08/19/2017	21.25	169.97
50 - Sick	Sick Plan	5%			
5W - Japan Vacation	Japan Vacation	5%			
Flex Spending Health - U.S.	Health Flexible Spending Acct	$2,600 Pledge	08/19/2017	100.00	
Flex Spending Dependent Care	Dependent Care FSA	$1,000 Pledge	08/19/2017	38.46	

Marine Corps NAF Benefits Home Page | DoD NAF Health Plans Page | Click here for Health Open Enrollment | Click here for FSA Open Enrollment

Step 6: To learn more about our employee benefits prior to enrolling, terminating, or making updates, select the NAF Employee Benefits Brochure button.



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NAF Employee Benefits Brochure | NAF Employee Benefits Online Tutorial (My Alex) | Benefits Summary

Dependents/Beneficiaries

Add Dependent or Beneficiary

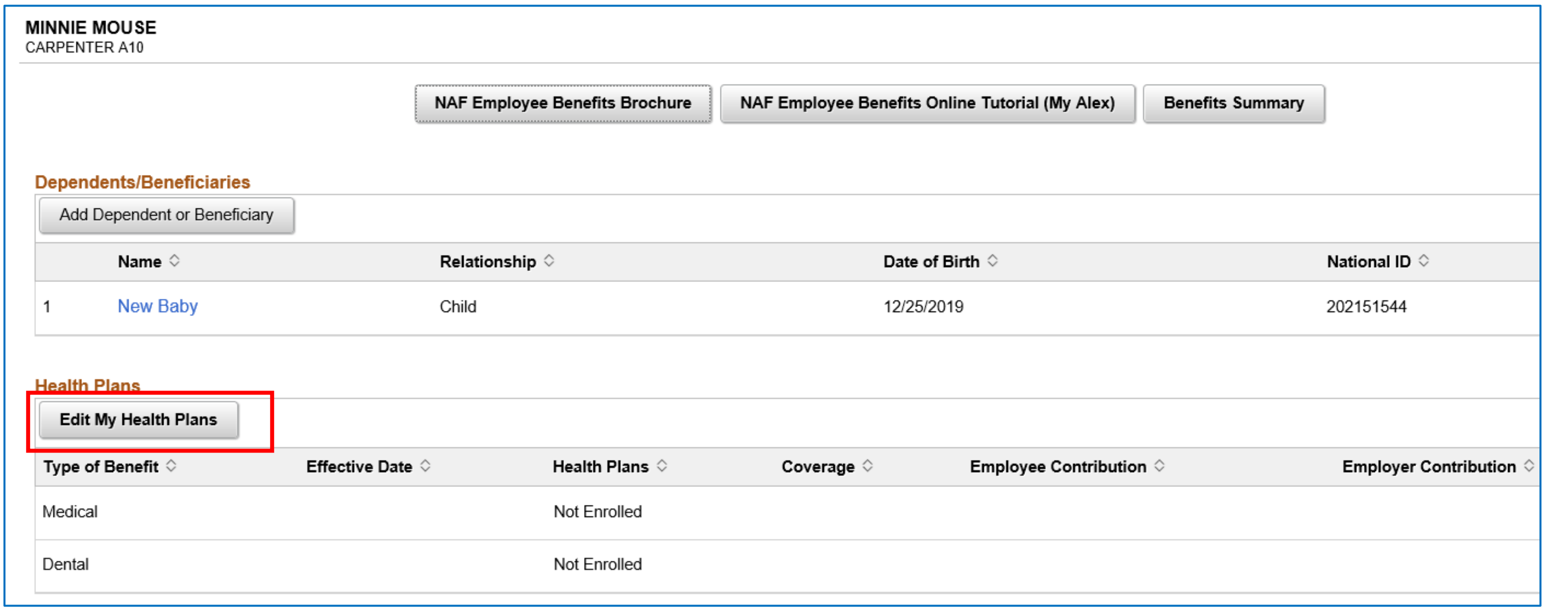
	Name	Relationship	Date of Birth	National ID
1	Richie Rich	Friend	01/01/1995	552144211
2	Baby Mouse	Child	12/25/2019	444200211

SECTION A – Updating your Medical & Dental Health Benefits

NOTE: Enrollments, Terminations, and updates to Health Plans can only occur during one of the following circumstances: (*anytime outside of these circumstances, the Edit My Health Plans button will be greyed out and unavailable*)

- ✓ **Within 31 days of being Hired or Rehired**
- ✓ **Within 31 days of a Qualifying Life Event (Marriage, Divorce, Birth)**
- ✓ **During Annual Open Enrollment Season in November**

Step 1: To update the Medical and Dental Health plans within 31 days of being hired, rehired, or a recent qualifying life event, select the Edit My Health Plans button.



Step 2: If you are enrolling in the plans, select one of the Medical Plan Providers and the relevant Dependent(s) by clicking on the respective box. (See Step 13 to terminate a plan.)

NOTE: The plans are "smart coded" meaning when you make a selection under the Medical Plan Provider, the options under the Dental plans will update accordingly. The same occurs under Medical if you make a selection under the Dental Plan Provider.

Step 3: Select the matching Dental Plan Provider and the Dependent(s) by clicking on the open box.

Step 4: Once finished with making your selections, select Submit.

NOTE: It is not a requirement to be enrolled into both plans; employees can choose only Medical, only Dental, or both.

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CARPENTER A10

3 rows

Medical Plan Provider	Employee Only	Employee + Child(ren)	Family	Employee + Spouse
Aetna Choice POS II	☐ $86.15	☐ $166.27	☐ $263.62	☐ $199.01
Aetna US Health Care Tradtl	☐ $86.15	☐ $166.27	☐ $263.62	☐ $199.01
High Ded Health Plan Aetna POS	☐ $68.92	☐ $133.02	☐ $210.89	☐ $159.21

MCCS Keep Medical ☐ MCCS Term Medical ☐

2 rows

Dental Plan Provider	Employee Only	Employee + Child(ren)	Family	Employee + Spouse
Aetna US Health Care Dental	☐ $4.50	☐ $8.68	☐ $13.76	☐ $10.38
Stand Alone Dental	☐ $15.54	☐ $34.97	☐ $50.51	☐ $31.08

MCCS Keep Dental ☐ MCCS Term Dental ☐ ..

Submit

Step 5: If you have selected a plan option other than Employee Only, you must designate your Dependent/Beneficiaries by checking the appropriate boxes. Review your enrollment selection and select the dependents you want covered.

Step 6: Click OK to save your selection or click Cancel to return to the Health Enrollment page.

< Health Enrollment | **Submit Confirmation**

Submit Confirmation

On this page, you will be able to select which dependents you want covered.

For your Medical coverage, you have selected Employee + Child(ren) coverage, Aetna Choice POS II at a biweekly rate of $166.27.

For your Dental coverage, you have selected Employee + Child(ren) coverage, Aetna US Health Care Dental at a biweekly rate of $8.68.

1 row

	Select	Name	Relationship	Coverage Type	Marital Status	Disabled	Adult Dependent	Date of Birth
1	☑	Baby Mouse	Child	Both	Single	No	No	12/25/2019

Ok Cancel

Click OK to Save your request or Click Cancel to Return to the Health Enrollment page.

Step 7: Verify your save was successful. To receive a Benefit Election Summary by email, enter a valid email address and select the Send Email button.

Step 8: To print your Benefit Election Summary select the Print Your Benefit Elections button.

Step 9: To return to the summary page, select the Return to Benefits Information Summary Page button.

MCCS Health Enrollment Summary

✔ The Save was successful.

Receive an email at [ ] **Send Email** | **Print Your Benefit Elections**

Your Benefit Elections — 2 rows

Employee Name	Type of Benefit	Effective Date	Status	Plan Description	Coverage	Employee Contribution
Minnie Mouse	Medical	01/28/2020	Elect	Aetna Choice POS II	Employee + Child(ren)	$166.27
Minnie Mouse	Dental	01/28/2020	Elect	Aetna US Health Care Dental	Employee + Child(ren)	$8.68

Your Enrolled Dependents — 1 row

Name	Relationship	Coverage Type	Marital Status	Disabled	Adult Dependent	Date of Birth
Baby Mouse	Child	Both	Single	No	No	12/25/2019

Return to Benefits Information Summary Page

Step 10: If you have a Qualifying Life Event and you are terminating your enrollment into the Medical and/or Dental plans rather than enrolling in them, select the MCCS Term option. To maintain your current enrollment in a plan, select MCCS Keep option.

Step 11: Select Submit to enter your selections.

MINNIE MOUSE
CARPENTER A10

3 rows

Medical Plan Provider	Employee Only	Employee + Child(ren)	Family	Employee + Spouse
Aetna Choice POS II	☐ $86.15	☐ $166.27	☐ $263.62	☐ $199.01
Aetna US Health Care Tradtl	☐ $86.15	☐ $166.27	☐ $263.62	☐ $199.01
High Ded Health Plan Aetna POS	☐ $68.92	☐ $133.02	☐ $210.89	☐ $159.21

MCCS Keep Medical ☐ MCCS Term Medical ☐

2 rows

Dental Plan Provider	Employee Only	Employee + Child(ren)	Family	Employee + Spouse
Aetna US Health Care Dental	☐ $4.50	☐ $8.68	☐ $13.76	☐ $10.38
Stand Alone Dental	☐ $15.54	☐ $34.97	☐ $50.51	☐ $31.08

MCCS Keep Dental ☐ MCCS Term Dental ☐

Submit

SECTION B – Updating your Life Plans

NOTE: Enrollments, Terminations, and updates to Life Plans can only occur during one of the following circumstances: (*anytime outside of these circumstances, the Edit My Life Plans button will be greyed out and unavailable*)

- ✓ **Within 31 days of being Hired or Rehired**
- ✓ **Within 31 days of a Qualifying Life Event (Marriage, Divorce, Birth)**
- ✓ **During Annual Open Enrollment Season in November**

Step 1: To update your Life Plans, select the Edit My Life Plans button.

Life Plans

Edit My Life Plans

Type of Benefit	Effective Date	Life Plans	Coverage	Employee Contribution	Employer Contribution
Standard		Not Enrolled			
Supplemental 1		Not Enrolled			
Supplemental 2		Not Enrolled			
Dependent 1		Not Enrolled			
Dependent 2		Not Enrolled			
Dependent 3		Not Enrolled			
Dependent 4		Not Enrolled			

Step 2: To enroll in the Supplemental or Dependent Life Plans, you must first enroll into the Active Standard Life & AD/D plan. Select the checkbox.

Welcome to your Life Enrollment page. On this page you will be able to newly elect, update or terminate your life coverage.

In order to make your new elections, please follow these simple steps:

1. Select one checkbox from the Standard section to newly elect, update or terminate existing coverage.
2. Select one checkbox from the Supplemental section to newly elect, update or terminate existing coverage.
3. Select one checkbox from the Dependent section to newly elect, update or terminate existing coverage.
4. After making your elections, click on the Submit button at the bottom of the page.

Standard Life — 1 row

Enroll	Standard Life Plan	Coverage	Employee Contribution	Employer Contribution
☐	Camp Lejeune Life AD/D	$40,000	$2.51	$3.77

Supplemental Life — 2 rows

Enroll	Supplemental Life Plans	Coverage	Employee Contribution	Employer Contribution
☐	Active Supplemental Life	$40,000	$1.68	
☐	Active Supplemental Life Opt2	$80,000	$3.36	

Dependent Life — 4 rows

Enroll	Dependent Life Plans	Coverage	Employee Contribution	Employer Contribution
☐	Active Dependent Life	Sum of Dependent Coverage	$1.29	
☐	Active Dependent Life 2	Sum of Dependent Coverage	$2.58	
☐	Active Dependent Life 3	Sum of Dependent Coverage	$3.86	

NOTE: Supplemental and Dependent Life Plans are not required to enroll in the Active Standard Life & AD/D Plan. They are additional layers that are optional.

Step 3: Select one of the options under the Supplemental Life Plans as applicable based on the layer of coverage you have chosen.

Step 4: Select one of the options under the Dependent Life Plans as applicable based on the layer of coverage you have chosen.

Step 5: Select Submit.

Standard Life

Enroll	Standard Life Plan	Coverage	Employee Contribution	Employer Contribution
☑	Camp Lejeune Life AD/D	$40,000	$2.51	$3.77

Supplemental Life

Enroll	Supplemental Life Plans	Coverage	Employee Contribution	Employer Contribution
☐	Active Supplemental Life	$40,000	$1.68	
☐	Active Supplemental Life Opt2	$80,000	$3.36	

Dependent Life

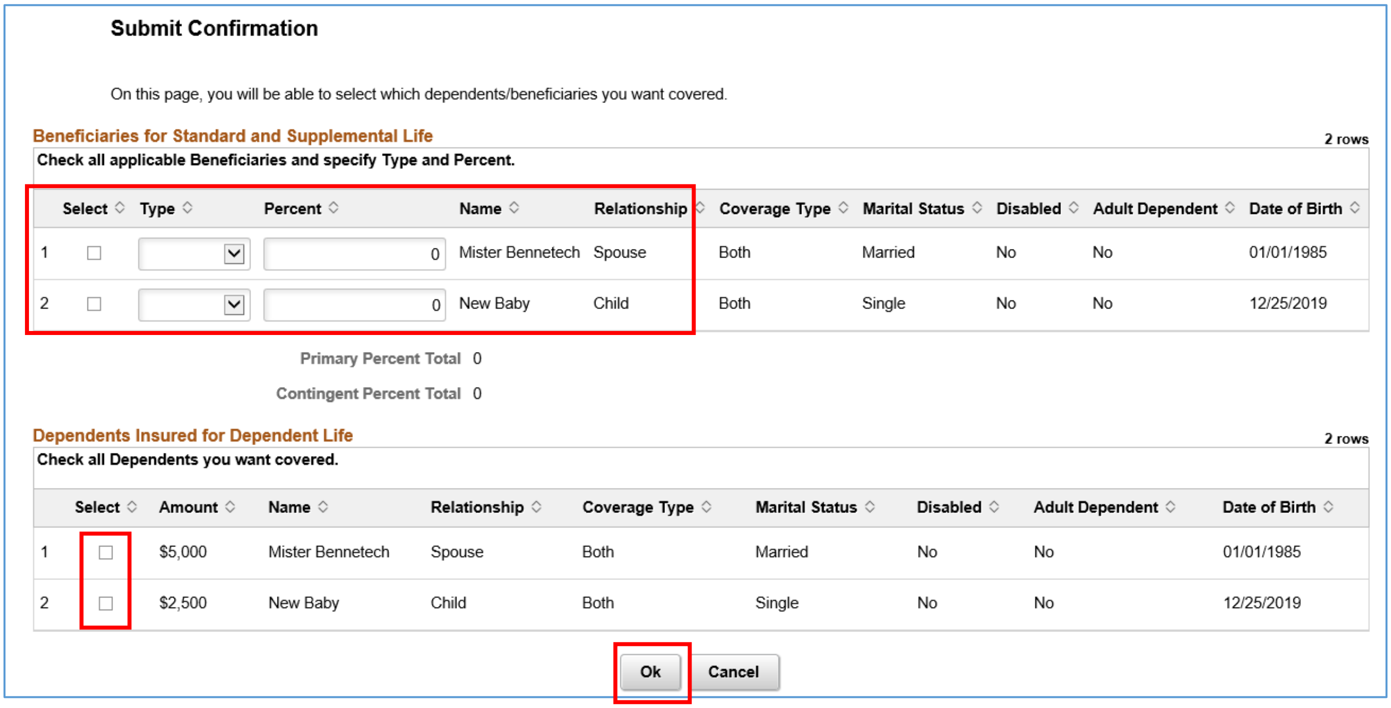
Enroll	Dependent Life Plans	Coverage	Employee Contribution	Employer Contribution
☐	Active Dependent Life	Sum of Dependent Coverage	$1.29	
☐	Active Dependent Life 2	Sum of Dependent Coverage	$2.58	
☐	Active Dependent Life 3	Sum of Dependent Coverage	$3.86	
☐	Active Dependent Life 4	Sum of Dependent Coverage	$5.15	

Submit

Step 6: Select your Beneficiaries, Primary and Contingent as applicable.

Step 7: Select your Dependents.

Step 8: Select OK.



Submit Confirmation

On this page, you will be able to select which dependents/beneficiaries you want covered.

Beneficiaries for Standard and Supplemental Life — 2 rows

Check all applicable Beneficiaries and specify Type and Percent.

	Select	Type	Percent	Name	Relationship	Coverage Type	Marital Status	Disabled	Adult Dependent	Date of Birth
1	☐		0	Mister Bennetech	Spouse	Both	Married	No	No	01/01/1985
2	☐		0	New Baby	Child	Both	Single	No	No	12/25/2019

Primary Percent Total 0

Contingent Percent Total 0

Dependents Insured for Dependent Life — 2 rows

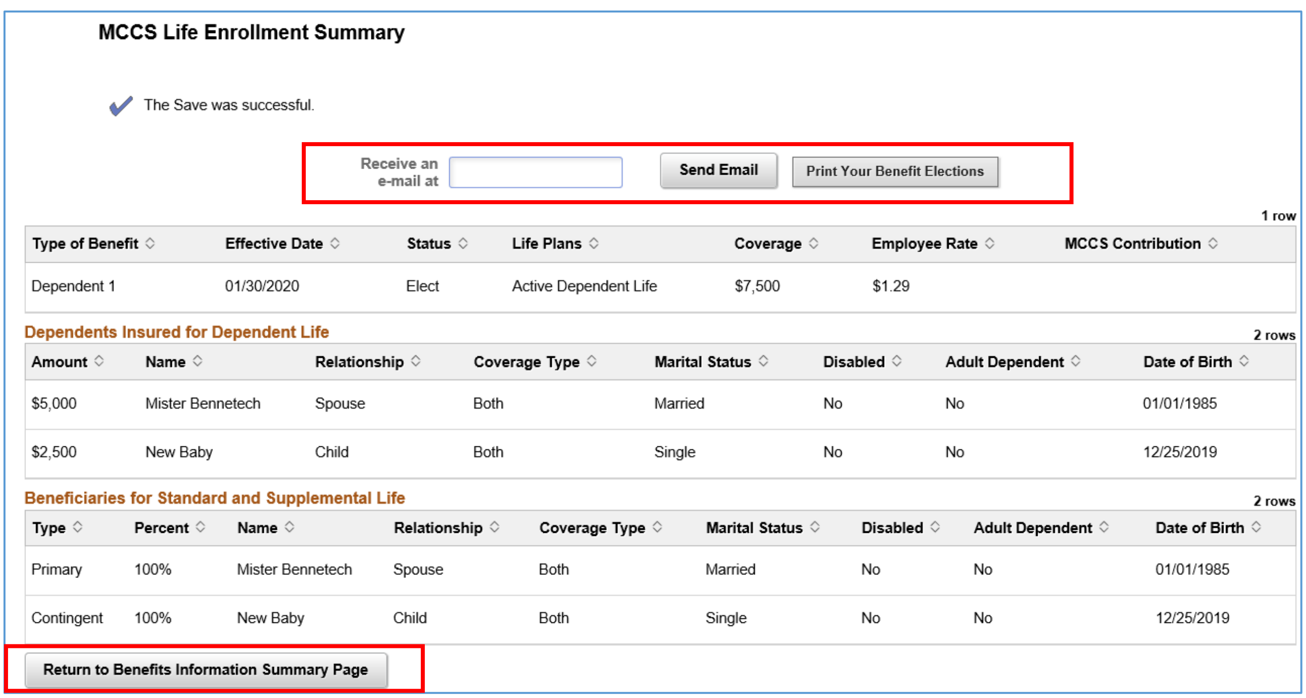
Check all Dependents you want covered.

	Select	Amount	Name	Relationship	Coverage Type	Marital Status	Disabled	Adult Dependent	Date of Birth
1	☐	$5,000	Mister Bennetech	Spouse	Both	Married	No	No	01/01/1985
2	☐	$2,500	New Baby	Child	Both	Single	No	No	12/25/2019

Ok Cancel

Step 9: To print your Benefit Election Summary select the Print Your Benefit Elections button. To receive a Benefit Election Summary by email, enter a valid email address and select the Send Email button.

Step 10: To return to the Benefit Summary page, select the Return to Benefits Information Summary Page button.



MCCS Life Enrollment Summary

The Save was successful.

Receive an e-mail at Send Email Print Your Benefit Elections

1 row

Type of Benefit	Effective Date	Status	Life Plans	Coverage	Employee Rate	MCCS Contribution
Dependent 1	01/30/2020	Elect	Active Dependent Life	$7,500	$1.29	

Dependents Insured for Dependent Life — 2 rows

Amount	Name	Relationship	Coverage Type	Marital Status	Disabled	Adult Dependent	Date of Birth
$5,000	Mister Bennetech	Spouse	Both	Married	No	No	01/01/1985
$2,500	New Baby	Child	Both	Single	No	No	12/25/2019

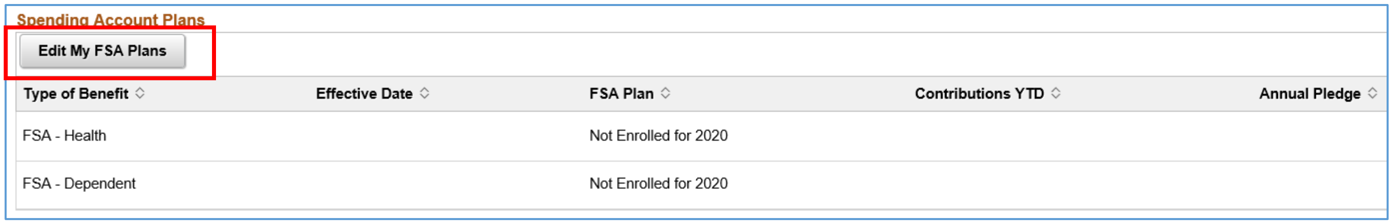
Beneficiaries for Standard and Supplemental Life — 2 rows

Type	Percent	Name	Relationship	Coverage Type	Marital Status	Disabled	Adult Dependent	Date of Birth
Primary	100%	Mister Bennetech	Spouse	Both	Married	No	No	01/01/1985
Contingent	100%	New Baby	Child	Both	Single	No	No	12/25/2019

Return to Benefits Information Summary Page

SECTION C – Updating your FSA Plans

Step 1: Select the Edit My FSA Plans button to make updates to your Flexible Spending Account plans.



Spending Account Plans

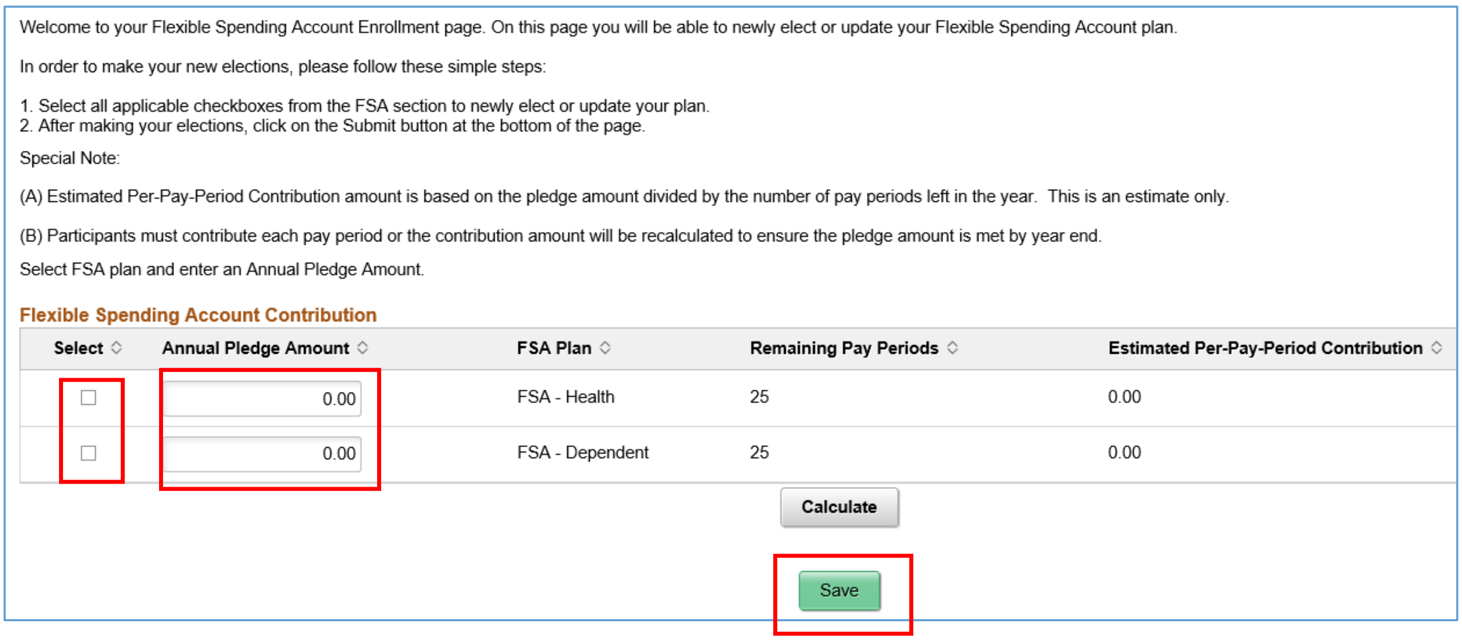
Edit My FSA Plans

Type of Benefit	Effective Date	FSA Plan	Contributions YTD	Annual Pledge
FSA - Health		Not Enrolled for 2020		
FSA - Dependent		Not Enrolled for 2020		

Step 2: Select the FSA plan checkbox for Health, Dependent or both.

Step 3: Enter an Annual Pledge Amount.

NOTE: The minimum annual pledge amount for each FSA plan is $200.



Welcome to your Flexible Spending Account Enrollment page. On this page you will be able to newly elect or update your Flexible Spending Account plan.

In order to make your new elections, please follow these simple steps:

1. Select all applicable checkboxes from the FSA section to newly elect or update your plan.
2. After making your elections, click on the Submit button at the bottom of the page.

Special Note:

(A) Estimated Per-Pay-Period Contribution amount is based on the pledge amount divided by the number of pay periods left in the year. This is an estimate only.

(B) Participants must contribute each pay period or the contribution amount will be recalculated to ensure the pledge amount is met by year end.

Select FSA plan and enter an Annual Pledge Amount.

Flexible Spending Account Contribution

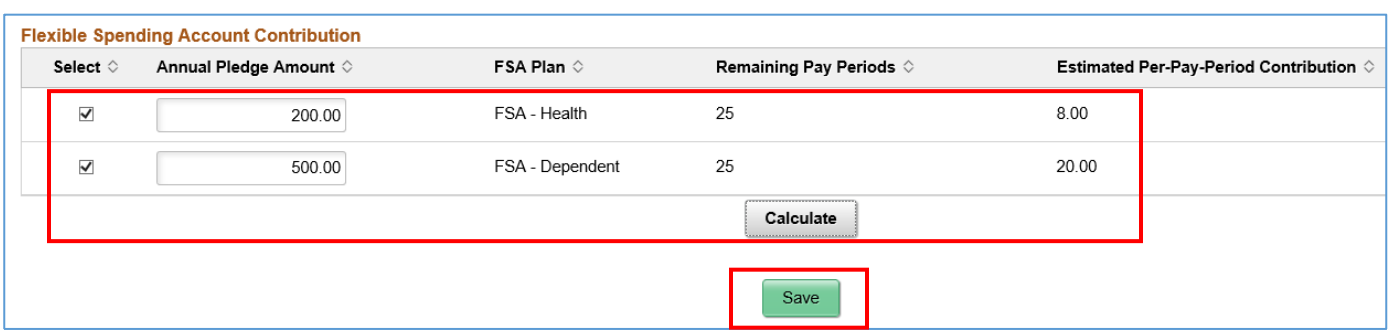
Select	Annual Pledge Amount	FSA Plan	Remaining Pay Periods	Estimated Per-Pay-Period Contribution
☐	0.00	FSA - Health	25	0.00
☐	0.00	FSA - Dependent	25	0.00

Calculate

Save

Step 4: After selecting a plan(s) and entering your pledge amount(s), select Calculate. The system will calculate an estimated contribution amount to be deducted from your paycheck each pay period.

Step 5: Select Save.



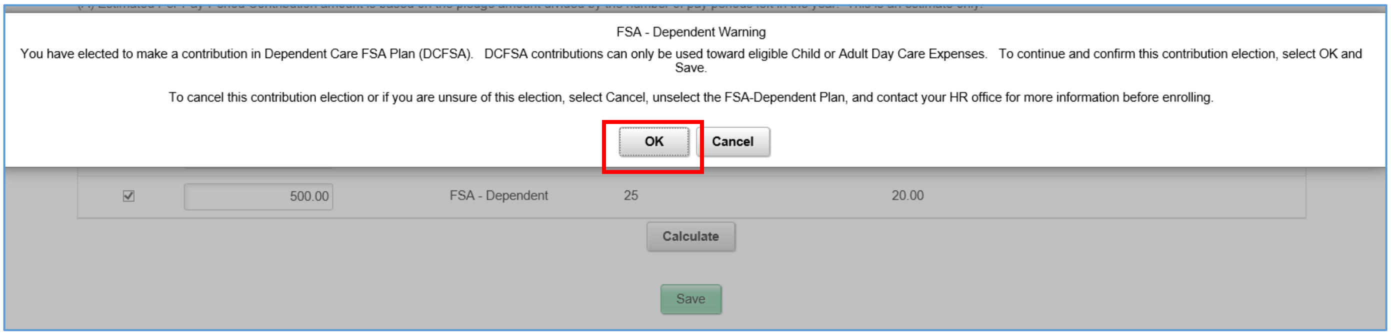
Flexible Spending Account Contribution

Select	Annual Pledge Amount	FSA Plan	Remaining Pay Periods	Estimated Per-Pay-Period Contribution
☑	200.00	FSA - Health	25	8.00
☑	500.00	FSA - Dependent	25	20.00

Calculate

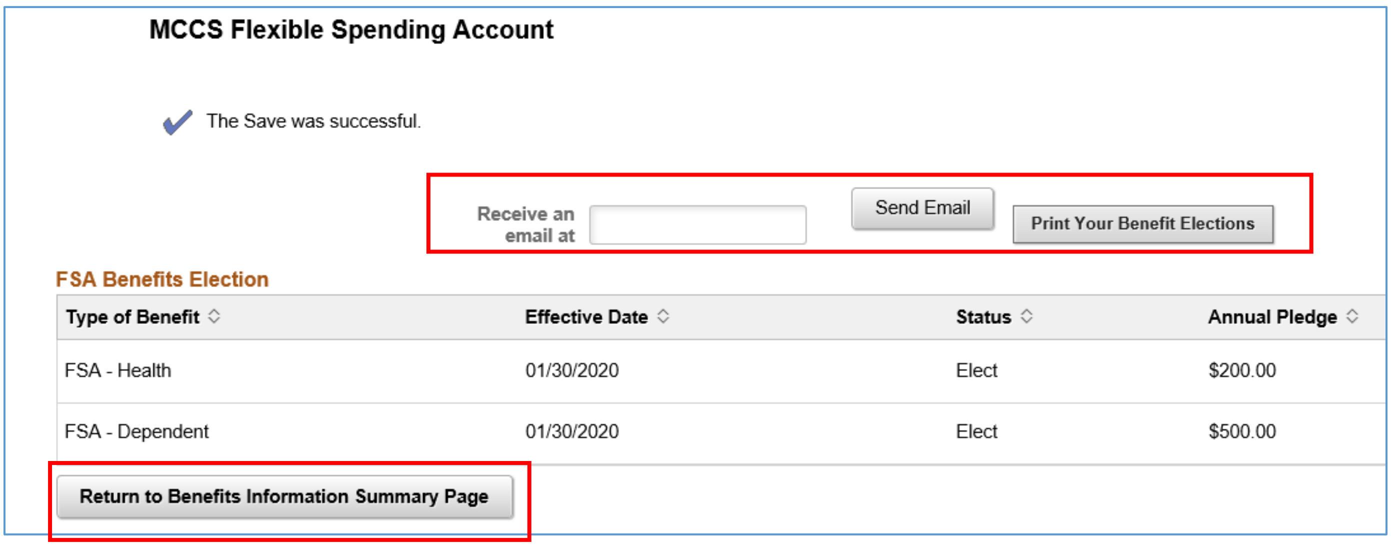
Save

Step 6: If you elected to contribute to a Dependent FSA plan, upon clicking save you will receive the following message. Click OK to continue, click Cancel to go back and make any necessary updates.



Step 7: To print your Benefit Election Summary select the Print Your Benefit Elections button. To receive a Benefit Election Summary by email, enter a valid email address and select the Send Email button.

Step 8: Select the Return to Benefits Information Summary Page button.



SAMPLE EMAIL

Dear Mickey,

Congratulations on completing your Flexible Spending Account Enrollment elections.

Your Flexible Spending Account Enrollment elections consist of the following information:

Type of Benefit: Flexible Spending Account

Effective Date: 01/30/2020
Status: Elect
Plan: FSA - Health
Annual Pledge: $200.00

Effective Date: 01/30/2020
Status: Elect
Plan: FSA - Dependent
Annual Pledge: $500.00

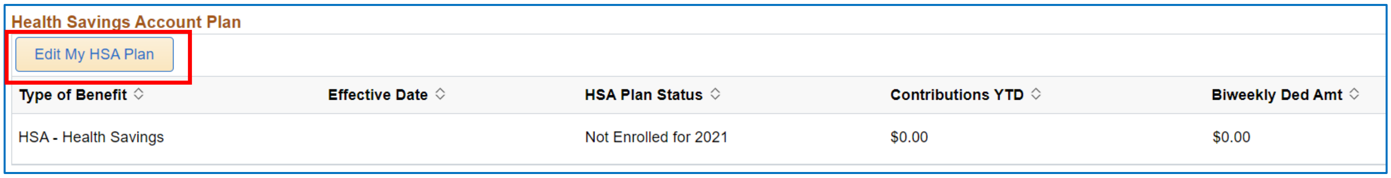
Please DO NOT reply to this email. This is an auto generated notification. If you have any questions, please contact your local HR Department.

Your MCCS Benefits Team

SECTION D – Updating your HSA Plans

Step 1: Select the Edit My HSA Plan button to make updates to your Health Saving Account plan.

NOTE: You must be enrolled in the HDHP medical plan before you can enroll in HSA plan.



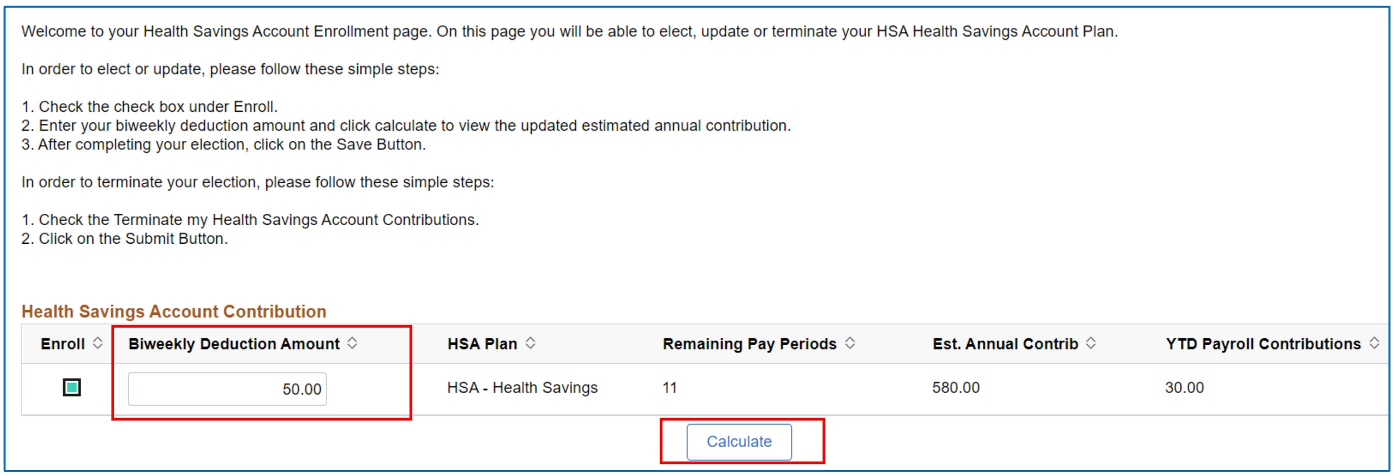
Health Savings Account Plan

Edit My HSA Plan

Type of Benefit	Effective Date	HSA Plan Status	Contributions YTD	Biweekly Ded Amt
HSA - Health Savings		Not Enrolled for 2021	$0.00	$0.00

Step 2: Enter a Bi-Weekly Deduction Amount.

Step 3: After entering your Bi-Weekly Deduction Amount, select Calculate. The system will calculate an estimated annual contribution amount.



Welcome to your Health Savings Account Enrollment page. On this page you will be able to elect, update or terminate your HSA Health Savings Account Plan.

In order to elect or update, please follow these simple steps:

1. Check the check box under Enroll.
2. Enter your biweekly deduction amount and click calculate to view the updated estimated annual contribution.
3. After completing your election, click on the Save Button.

In order to terminate your election, please follow these simple steps:

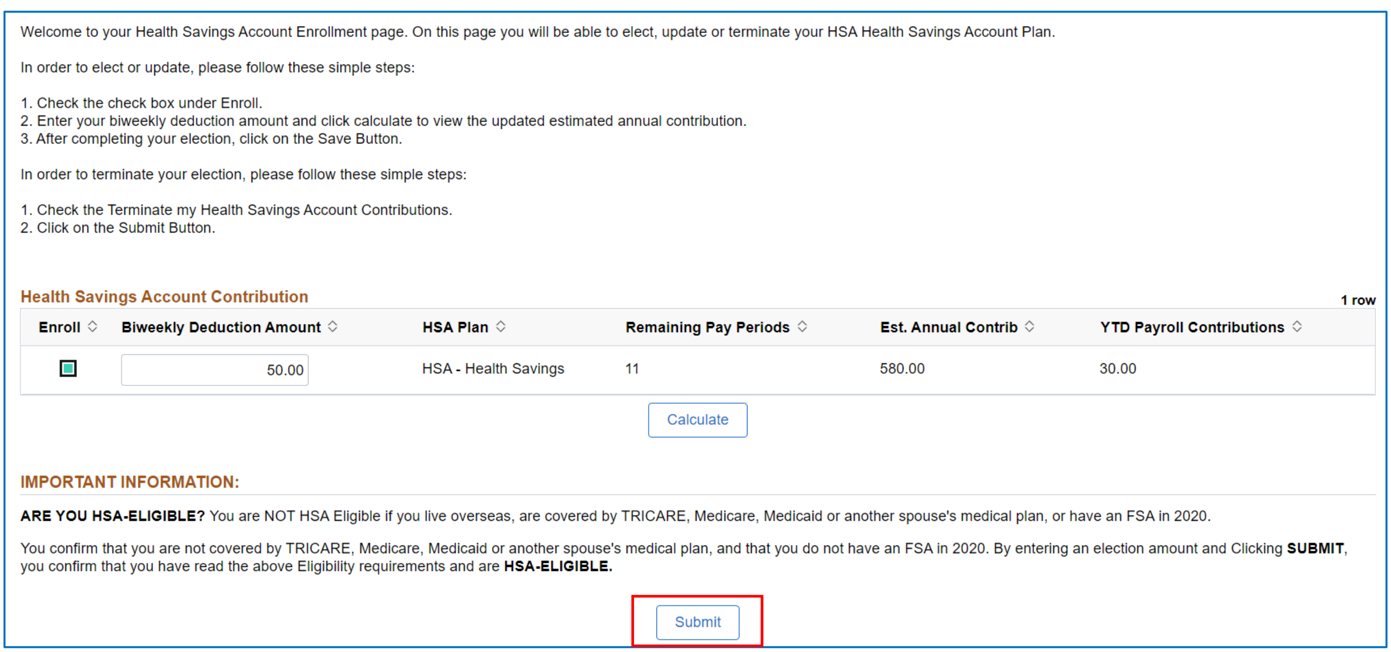
1. Check the Terminate my Health Savings Account Contributions.
2. Click on the Submit Button.

Health Savings Account Contribution

Enroll	Biweekly Deduction Amount	HSA Plan	Remaining Pay Periods	Est. Annual Contrib	YTD Payroll Contributions
☑	50.00	HSA - Health Savings	11	580.00	30.00

Calculate

Step 4: Select Submit.



Welcome to your Health Savings Account Enrollment page. On this page you will be able to elect, update or terminate your HSA Health Savings Account Plan.

In order to elect or update, please follow these simple steps:

1. Check the check box under Enroll.
2. Enter your biweekly deduction amount and click calculate to view the updated estimated annual contribution.
3. After completing your election, click on the Save Button.

In order to terminate your election, please follow these simple steps:

1. Check the Terminate my Health Savings Account Contributions.
2. Click on the Submit Button.

Health Savings Account Contribution

1 row

Enroll	Biweekly Deduction Amount	HSA Plan	Remaining Pay Periods	Est. Annual Contrib	YTD Payroll Contributions
☑	50.00	HSA - Health Savings	11	580.00	30.00

Calculate

IMPORTANT INFORMATION:

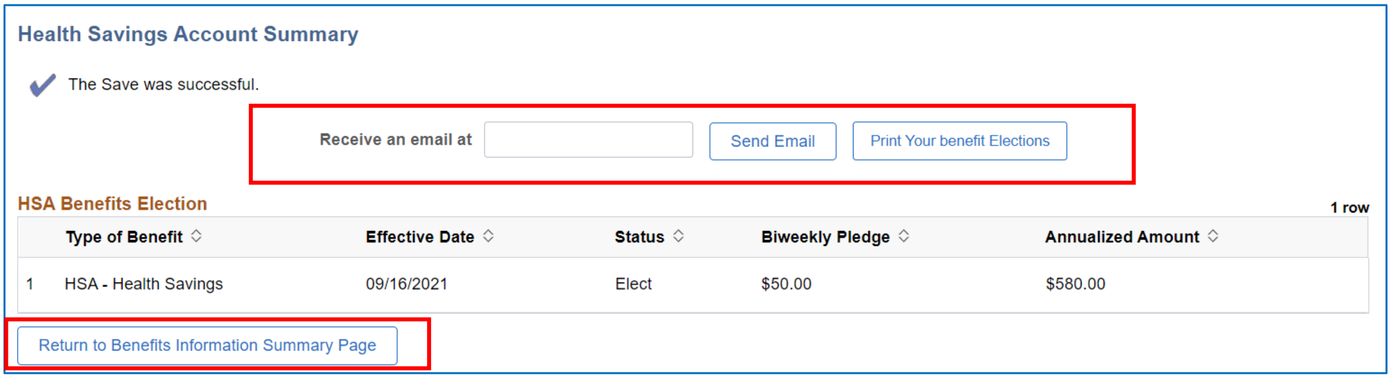
ARE YOU HSA-ELIGIBLE? You are NOT HSA Eligible if you live overseas, are covered by TRICARE, Medicare, Medicaid or another spouse's medical plan, or have an FSA in 2020.

You confirm that you are not covered by TRICARE, Medicare, Medicaid or another spouse's medical plan, and that you do not have an FSA in 2020. By entering an election amount and Clicking **SUBMIT**, you confirm that you have read the above Eligibility requirements and are **HSA-ELIGIBLE.**

Submit

Step 5: To print your Benefit Election Summary select the Print Your Benefit Elections button. To receive a Benefit Election Summary by email, enter a valid email address and select the Send Email button.

Step 6: Select the Return to Benefits Information Summary Page button.



SAMPLE EMAIL

Dear Mickey,

Congratulations on completing your Health Savings Account Enrollment elections.

Your Health Savings Account Enrollment elections consist of the following information:

Type of Benefit: Health Savings Account

Effective Date: September 16, 2021
Status: Elect
Plan: HSA - Health Savings Account
Biweekly Pledge: $50.00
Annualized Amount: $580.00

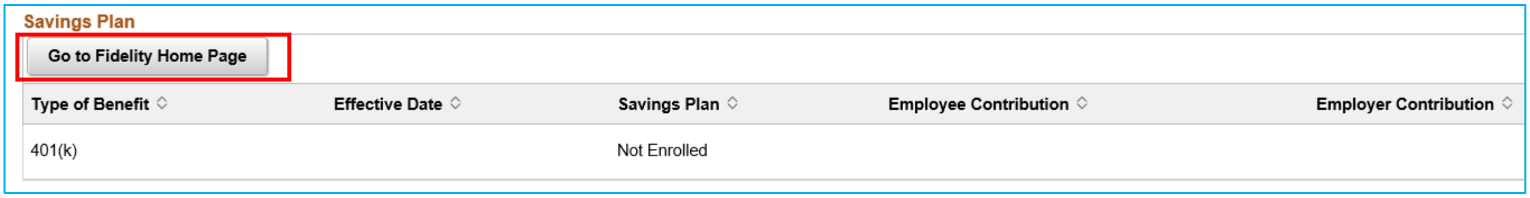
Please DO NOT reply to this email. This is an auto generated notification. If you have any questions, please contact your local HR Department.

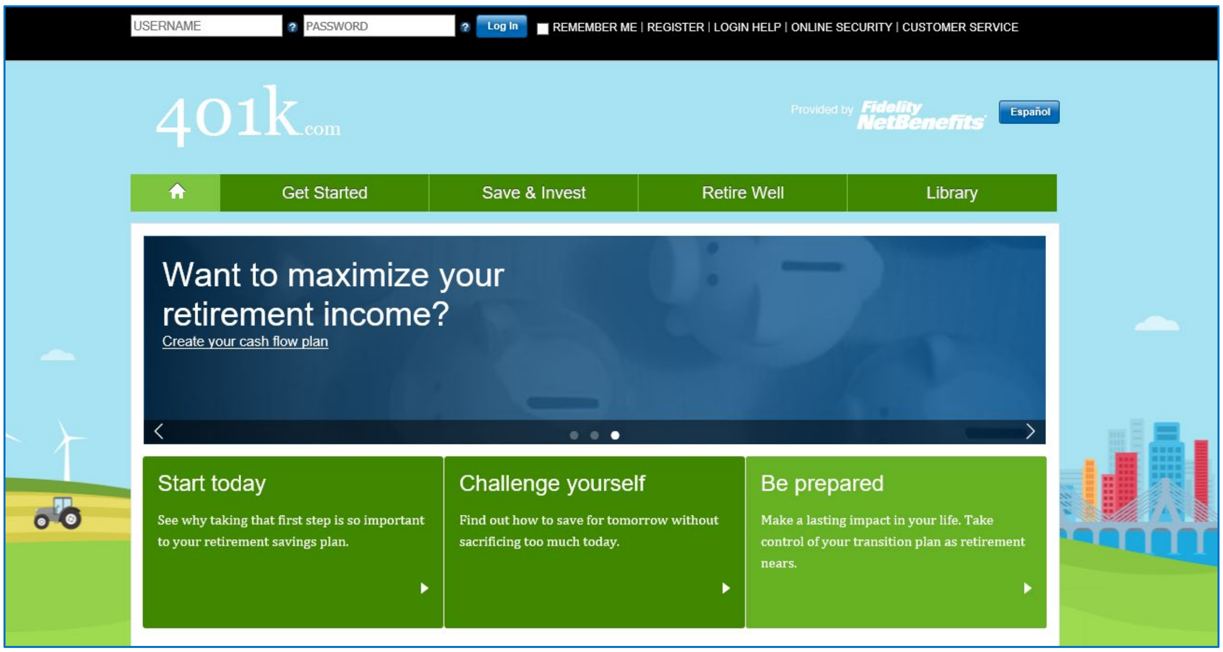
Your MCCS Benefits Team

SECTION E – 401k Savings Plan

Step 1: To register and set up your 401k contributions, select the Go to Fidelity Home Page button. You will be taken to the Fidelity Homepage. Continue with the registration process on their website.

NOTE: Your Benefits Department needs to be notified of your enrollment so they can enter your election into PeopleSoft.





SECTION F – Short Term Disability Plan

Step 1: To register and set up a Short Term Disability Plan, select the Go to AFLAC Login Page button. You will be taken to the AFLAC Homepage. Continue with the registration process on their website.

NOTE: Your Benefits Department needs to be notified of your enrollment so they can enter your election into PeopleSoft.

Disability Short Term

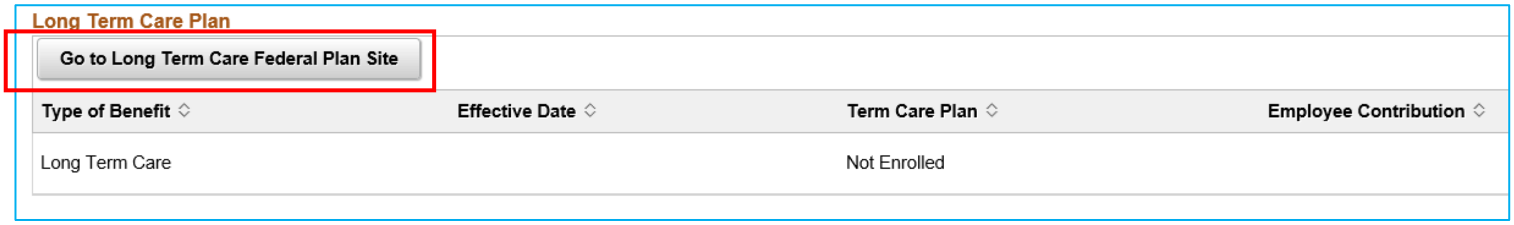
Go to AFLAC Login Page (Case ID = A816, User ID = SSN, Password = MCCSNAF)

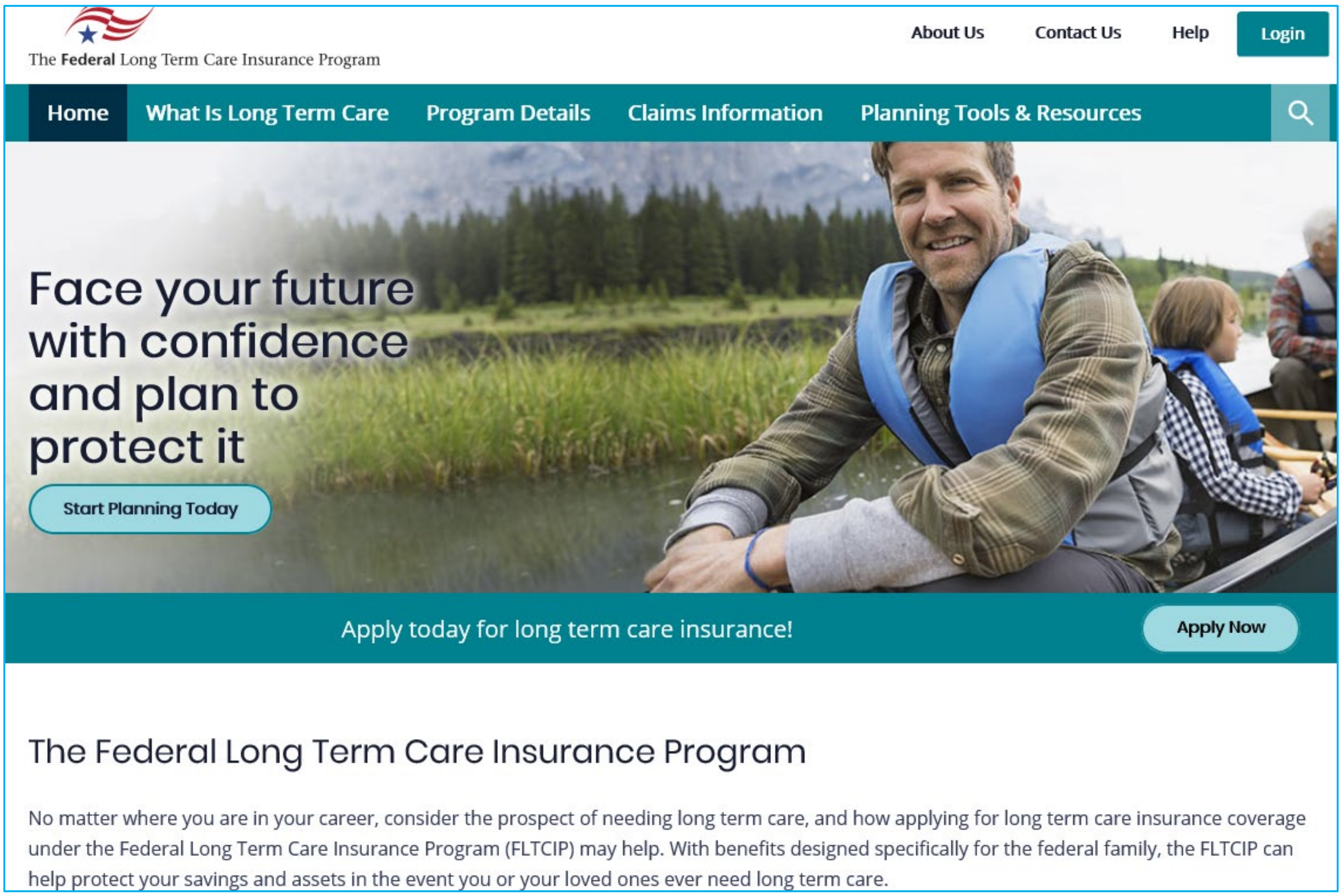
Type of Benefit	Effective Date	Disability Plan	Employee Contribution
Disability Short Term		Visit Aflac Site to enroll	

SECTION G – Long Term Care Plan

Step 1: To register and set up a Long Term Care Plan, select the Go to Long Term Care Federal Plan Site button. You will be taken to the Federal Long Term Care Homepage. Continue with the registration process on their website.

NOTE: Your Benefits Department needs to be notified of your enrollment so they can enter your election into PeopleSoft.





SECTION H – Retirement Plans

Step 1: Select the Edit My Retirement Plan button to update your election.

Retirement Plans

Edit My Retirement Plan

Type of Benefit	Effective Date	Retirement Plan	Employee Contribution	Employer Contribution
Retirement	01/13/2020	NAF- Retirement	1%	7%

Step 2: To terminate your Retirement plan select the checkbox for Terminate my current NAF-Retirement plan.

NOTE: These updates are for NAF Retirement plans only.

Step 3: To make changes to your existing beneficiaries, select the checkbox under Update Beneficiary(s).

Step 4: Select Submit.

Retirement

Update Beneficiary(s)	Retirement Plan	Employee Contribution	Employer Contribution
☐	NAF- Retirement	1%	7%

TERMINATE my current NAF- Retirement plan. ☐

Submit

Step 5: Select the applicable Type and enter the Percent of the benefit for each beneficiary.

Step 6: Select the checkboxes and click OK.

Step 7: If you don't want to make any changes, select Cancel.

Submit Confirmation

On this page, you will be able to select which beneficiaries you want covered.

2 rows

Select	Type	Percent	Name	Relationship	Coverage Type	Marital Status	Disabled	Student	Date of Birth
☐		0	Mister Bennetech	Spouse	Both	Married	No	No	01/01/1985
☐		0	New Baby	Child	Both	Single	No	No	12/25/2019

Primary Percent Total 0

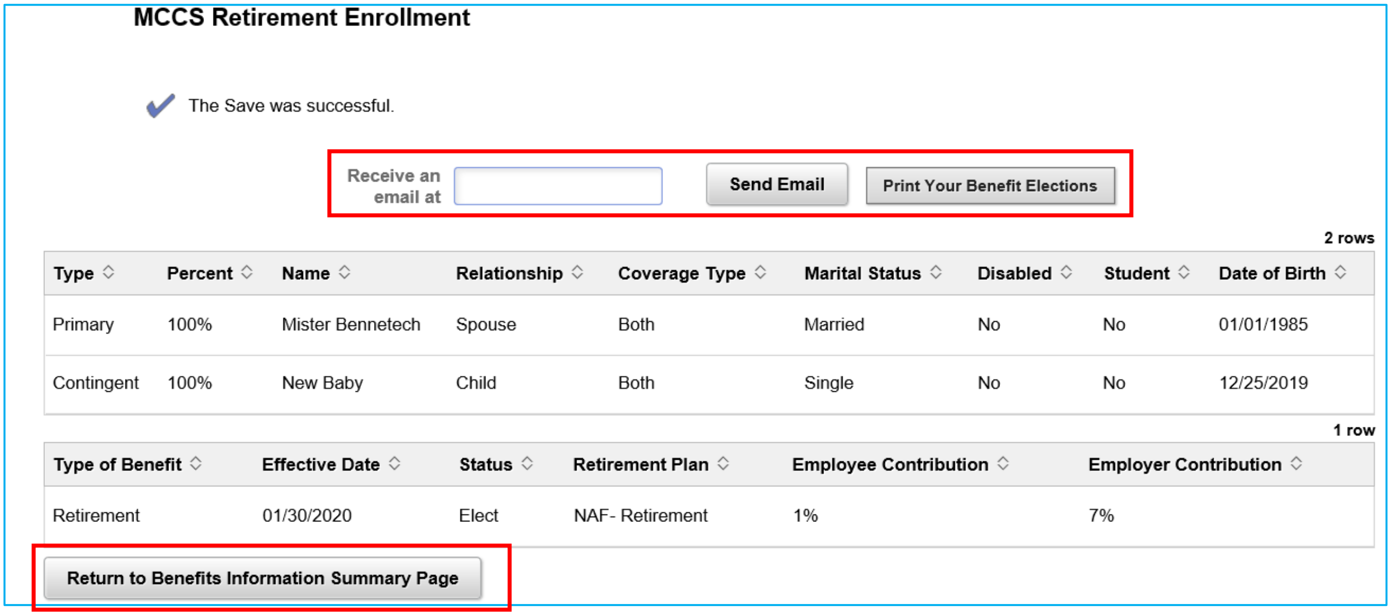
Contingent Percent Total 0

Ok Cancel

Click OK to Save your request or Click Cancel to Return to the Retirement Enrollment page.

Step 8: To print your Benefit Election Summary select the Print Your Benefit Elections button. To receive a Benefit Election Summary by email, enter a valid email address and select the Send Email button.

Step 9: Select the Return to Benefits Information Summary Page button.


MCCS Retirement Enrollment

The Save was successful.

Receive an email at | Send Email | Print Your Benefit Elections

2 rows

Type	Percent	Name	Relationship	Coverage Type	Marital Status	Disabled	Student	Date of Birth
Primary	100%	Mister Bennetech	Spouse	Both	Married	No	No	01/01/1985
Contingent	100%	New Baby	Child	Both	Single	No	No	12/25/2019

1 row

Type of Benefit	Effective Date	Status	Retirement Plan	Employee Contribution	Employer Contribution
Retirement	01/30/2020	Elect	NAF- Retirement	1%	7%

Return to Benefits Information Summary Page

This process is complete.