



**Open Enrollment begins **October 18, 2019** and ends **November 3, 2019**. Benefit elections will not be accepted after **November 3, 2019**. All elections made during this period will be effective **January 1, 2020**.**

Enrollment Website: [www.hacc.bswift.com](http://www.hacc.bswift.com)

If you experience problems logging in, please contact the StreamLink Login Support Help Desk at (877) 247-0447. For any questions regarding your benefits email [Askhr@hacc.edu](mailto:Askhr@hacc.edu).

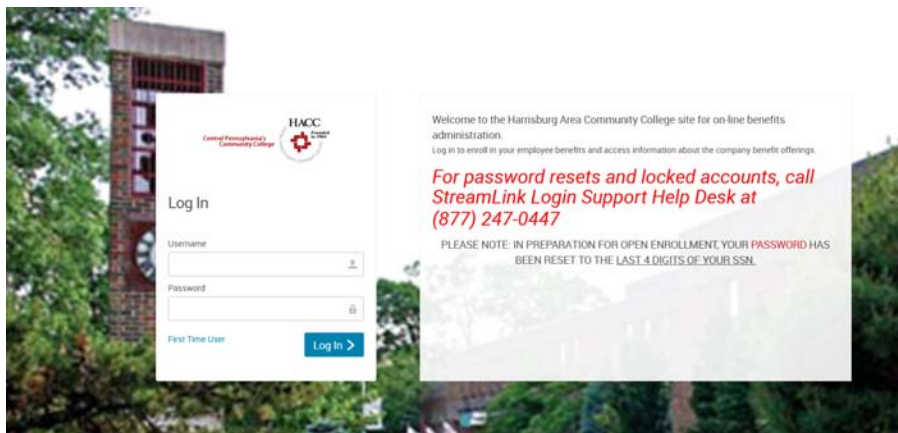
Please allow a minimum of fifteen minutes to complete the enrollment process. Should you not be able to complete your enrollment in one sitting, you can logout and return to the enrollment at another time during the Open Enrollment period.

To enroll, you will need:

- Dependent social security numbers and dates of birth.
- Banking information (This is required only if you elect direct deposit for the flexible spending account. You must provide: bank name, account name, account type, routing number and account number).
- Other medical insurance coverage information, if applicable.
- Questions should be directed to: [Askhr@hacc.edu](mailto:Askhr@hacc.edu)

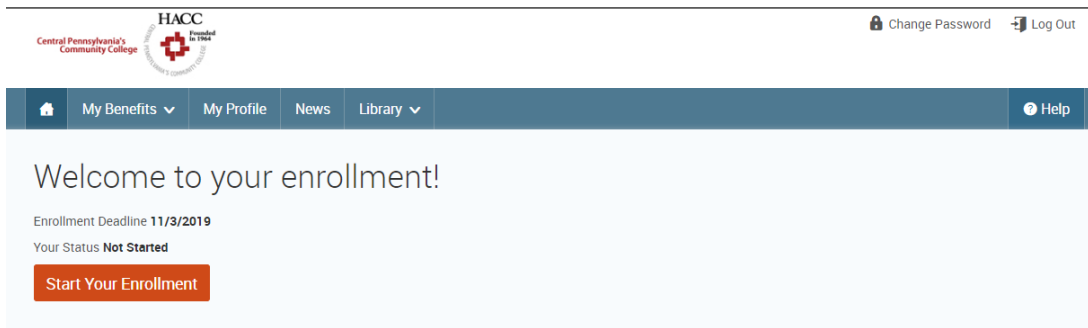
*DO NOT use the back button in your web browser at any time. It will kick you out of your enrollment session.* You can click cancel to go back to the previous screen.

**Step 1:** Enter your Username and Password. Click "**Log In**" to continue.



**FOR OPEN ENROLLMENT:**  
**USER ID = HACC ID**  
**PASSWORD = LAST 4 DIGITS OF SS#**

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**Step 2 – Enter Enrollment:** Click on the  button to begin your enrollment.

**Step 3 – Verify Employee Information:** You will be taken to your employee information screen. Verify that the information shown is correct.

- If you are on Medicare, be sure to provide the date and Medicare number

If any of your personal information is incorrect, proceed with your enrollment and send an email to [Askhr@hacc.edu](mailto:Askhr@hacc.edu) with the changes after your enrollment is complete.

## Direct Deposit

**Step 4 – Direct Deposit Information:** If you wish to have flexible spending account claims reimbursed through Direct Deposit complete the Bank Information at the bottom of your Employee Information screen.

Bank Information

BANK ACCOUNT 1

Bank Name

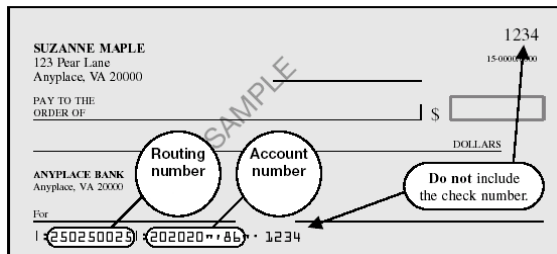
Account Name

Account Type

Routing Number

Account Number

- If you choose direct deposit, please complete your [Bank Name](#), [Account Name](#), [Account Type](#), [Routing Number](#) and your [Account Number](#) for Bank Account 1. This information can be found on your personal check.

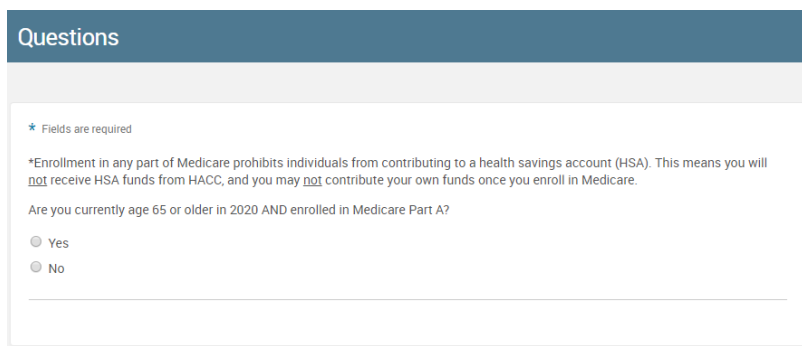


Check the "I agree" box and click "Continue."

**Step 5 – Verify Family Information:** After you click on "Continue" you will automatically go to the "Family Information" screen to review your dependent information. If you do not have any family members to add, Check the "I agree" box and click the "Continue" button.

- Enter ALL of your dependents even if they will not be covered under ANY of the plans.
- To add a dependent, click on "Add Dependents" and complete all of the required fields (\*). To review information for a family member listed, click on the edit link beneath their name. **If a social security number is missing for a dependent, please include it at this time.**
- Click on "Save & Continue" or "Save & Add Another" at the bottom of the page.
- Once you have added all of your dependents, check the "I agree" box and click the "Continue" button.

## Before beginning your enrollment, please answer the following question:



Questions

\* Fields are required

\*Enrollment in any part of Medicare prohibits individuals from contributing to a health savings account (HSA). This means you will not receive HSA funds from HACC, and you may not contribute your own funds once you enroll in Medicare.

Are you currently age 65 or older in 2020 AND enrolled in Medicare Part A?

Yes

No

## Begin Plan Enrollment

**Step 6 - Medical:** Your enrollment will begin with Medical. To review the plan options available, select the **"View Plan Options"** button. Select any dependents you wish to cover under the plan and click **"Continue."**



Medical

NO PLAN SELECTED

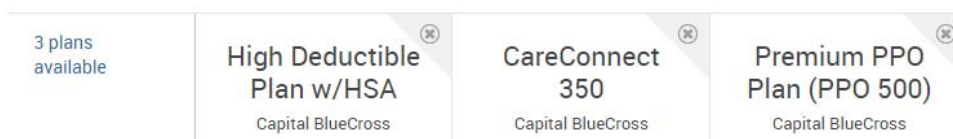
\* Selection Required

View Plan Options

- Your dependents will be listed if you added them in the Family Info section. If your dependents are not listed, click **"Add Dependent."**

**Compare Plans** - To compare the different benefit plans available, select the **"View All Plans Side-by-Side"** button.

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3 plans available	High Deductible Plan w/HSA Capital BlueCross	CareConnect 350 Capital BlueCross	Premium PPO Plan (PPO 500) Capital BlueCross
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- To make your election, click **"Select."**
- You will be charged a \$496 per month surcharge for covering a spouse or domestic partner who may be eligible for coverage under his or her employer. To lift this surcharge you will need to complete a "Certification and Election Form for Medical Coverage" Form and email it to [Askhr@hacc.edu](mailto:Askhr@hacc.edu) by November 8, 2019.
- You can also upload this form to your online Employee File under the **'My Profile'** tab.
  - Click on the **'My Profile'** tab on your home page and then click on the **'Employee File'** link on the left hand side of the screen.
  - Click on **'Add Medical Cash Opt-out'** or **'Add Spousal Surcharge Form'** under the Uploaded Documents Section.
  - Then click the **'Choose File'** button to find the file that you would like to upload. Once completed click **'Save'**.
  - If you see the green message box that states **'Employee File information was saved successfully,'** then you are all set.

# Harrisburg Area Community College 2020 Open Enrollment Instructions

## Uploaded Documents

Search for Uploaded Documents

Title  [Add Medical Cash Opt-out](#)

Description  [Add Spousal Surcharge Form](#)

Document Type  ▼

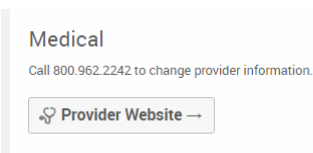
[Reset Fields](#)

**Medical Cash Opt-Out:** If you elect to waive medical coverage and participate in the cash opt-out program, you will need to complete the **Medical Plan Cash Opt-Out Waiver Agreement** at the end of the medical enrollment. Complete the form and email it to [Askhr@hacc.edu](mailto:Askhr@hacc.edu) by November 8, 2019, or upload this form to your online Employee File under the "My Profile" tab.

**Step 7:** If you enrolled in the High Deductible Plan w/HSA, you have the option to also enroll in the Health Savings Account (HSA). If you wish to have funds deducted from your paycheck, on a pre-tax basis, to be deposited into your Health Savings Account, click on **Health Savings Account 2020**, enter an annual amount and then click continue. **If you do not wish to contribute your own money, select this plan and enter \$0.00.**

**Step 8** – Once you have completed your medical enrollment continue through the remaining available benefits. The icon to the left of each plan will turn green once a selection is made. Once you have made a selection for each benefit click "**Continue.**"

**Step 9** – If you elect to enroll in the CareConnect 350 Plan, you are required to select a participating Primary Care Physician (PCP) from the CareConnect network. You will be prompted to choose a provider during the enrollment process. Click on the "**Provider Website**" button to search for a participating PCP.



Be sure to select CareConnect from the Plan dropdown.

Complete this section and click "**Continue.**"

**Step 10 - Beneficiary Information** – Please add or verify your beneficiary information. To add a beneficiary, click on the "**Add New Beneficiary**" link. Complete this section and click "**Continue.**"

# Harrisburg Area Community College 2020 Open Enrollment Instructions

The screenshot shows a web form titled "Open Enrollment" with a sub-section "Beneficiary Information". It contains a disclaimer about designating beneficiaries and a section for "Basic Employee Life" where users are asked to choose their beneficiaries. A table lists "My Estate (Employee)" and "Dependent Three (Domestic Partner)" with percentage input fields.

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Dependent Three (Domestic Partner)	100.0 %

**Primary Beneficiary:** A primary beneficiary is the person or person(s) you designate to receive death benefits on your behalf.

**Secondary/Contingent Beneficiary:** A secondary/contingent beneficiary is a person or person(s) you designate to receive death benefits on your behalf in the event that the primary beneficiary is deceased.

**Step 11 - Other Coverages** – Complete this information if you or a dependent have OTHER medical insurance (including Medicare) AND you are electing HACC medical insurance. Click **"Save."** If you do not have other coverage, do not complete this section. Click **"Continue"** on the right of the screen.

**At this point, if there were any errors during your enrollment, a message will display on the screen. Clicking "OK" will redirect your screen to the benefit where the error occurred.**

**Step 12 - Review Elections and Agree:** **CAREFULLY review the elections you have made for the 2020 plan year and your cost.** After you have read the agreement language, click the **"I agree"** box and then **"Complete Enrollment."**

**Your benefit elections will not be saved until you complete this step!**

- You may edit any plan by clicking the Edit Selection button. After making changes always click **"Continue."**
- You will have the option to download various forms from this page, such as the Evidence of Insurability form. All forms should be submitted via email to [Askhr@hacc.edu](mailto:Askhr@hacc.edu), or uploaded to your online Employee File under the "My Profile" tab.

**Step 13 - Enrollment Complete:** You will be taken to your confirmation statement displaying the elections you have made for the 2020 plan year. It is recommended that you print or e-mail the confirmation of your benefit elections by clicking on one of the icons as pictured below. (If you do not see the EMAIL icon, it means you do not have an e-mail address listed under the address information section.)

**Congratulations! You have completed your 2020 HACC Benefits Enrollment!**



## Your enrollment is complete!



You may make changes to your elections until: **November 3, 2019**

Your open enrollment is complete. If you elected voluntary life insurance above the guaranteed issue amount, please complete the Evidence of Insurability Form that appeared during your enrollment and email it to AskHr@hacc.edu by November 9th.

### Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 VIEW

 EMAIL

 PRINT

**If you have enrolled in the high deductible plan, you will be required to**

## **TAKE ACTION**

**to open your health savings account (HSA)!**

- Once you submit your election, you will receive a Welcome Kit in the mail or a link to open your account electronically. Both methods collect personal information, required by federal banking regulations under the USA Patriot Act, needed to open a banking account.
- You must open your HSA before funds can be deposited (including any employer contributions) or withdrawn to pay for qualified medical expenses.
- The form titled, "Master Signature Card", found in your Welcome Kit or online, gives you the ability to designate a beneficiary for your account. Even if you electronically provide your signature to open your account, you must mail in this card to name a beneficiary for your account.