

Workterra User Guide

Introduction

Workterra is the State of Rhode Island's online enrollment system. Access Workterra to:

- Review and/or update demographic information for yourself and your dependents
- Add/remove dependents from your record
- Enroll in/waive/make changes to State health benefits – medical/dental/vision and flexible spending accounts (FSAs)
- Waive medical coverage and elect opt-out payment
- Upload life insurance and/or legal coverage enrollment forms
- Upload supporting documentation

OPEN ENROLLMENT: During the open enrollment period, you can access Workterra to add dependents to your Workterra record and make/change benefits elections as many times as you like. The deadline is midnight eastern on the last day of the open enrollment period.

NEW HIRES & STATUS CHANGES: If you are a new hire or experience a qualifying status change, you may enroll in coverage or make changes to your coverage elections **WITHIN 31 DAYS** of your employment start date or qualifying event date. If you fail to make elections in your 31-day period, you will not be able to enroll in coverage or waive medical coverage until your next Open Enrollment period unless you have a qualifying status change.

Note: When using Workterra to process a status change, you may NOT make changes at the PLAN level for a coverage that you had already enrolled in.

- Example: If you had enrolled in Anchor Plus, so long as your qualifying event is consistent with your requested change, you may switch from single coverage to family coverage and vice versa, but you may NOT switch to Anchor or Anchor Choice.



Before you begin

If you plan to add any NEW dependents to Workterra, be sure to gather all necessary information for each person before you begin your enrollment process:

- Date of birth
- Social security number
- Supporting documentation as shown on www.employeebenefits.ri.gov/enrollment/supporting-documentation.php
- 10-digit PCP National Provider Identifier (if you have preferred PCPs)
 - > See www.employeebenefits.ri.gov/documents/pcp-id-instruction.pdf for step-by-step instructions for finding your 10-digit PCP NPI(s)



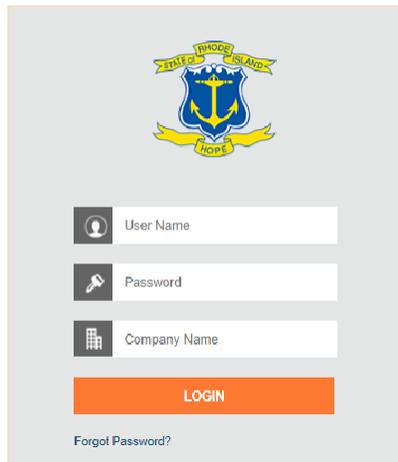
Table of Contents

Step 1a: Logging in	4
Step 1b: Change password	5
Step 2: Select your appropriate tunnel	6
Step 3: Employee demographics	8
Step 4: Dependents	10
Step 5: Select medical coverage	13
Step 6: Select dental & vision coverage	17
Step 7: Select FSA contributions	18
Step 8: Review health coverage elections	20
Step 9: Life insurance/legal coverage	21
Step 10: Upload documents	22
Step 11: Confirmation statement	23
Appendix 1: Review/change your plan elections	25
Appendix 2: Review PCP designation(s)	27
Questions?	29



Step 1a: Logging in

Open an internet browser and go to sori.workterra.net. Turn off any pop-up blockers.



NEW HIRES & OPEN ENROLLMENT: Use the below credentials for your first log-in attempt as a new hire or at the beginning of the open enrollment period (all Workterra passwords are reset at the beginning of open enrollment).

Login Credentials	
User name	First initial of your first name, your full last name (no hyphens, apostrophes, spaces or titles), last four digits of your SSN <i>Example: if your name is John O'Brien-Johnson, Jr. and the last four digits of your SSN are 1234, your user name would be "jobrienjohnson1234"</i>
Password	First five digits of your SSN. (You will change this upon first login. Be sure to write down your new password!)
Company	Rhode Island (not case sensitive, but the space between "Rhode" and "Island" is required)



STATUS CHANGES: Your user name and company will be the same as the login credentials listed above, but your password will be whatever you set it to after your previous initial log-in as a new hire or at the beginning of open enrollment.

Need help logging into Workterra/resetting your password? Call the [BCBSRI State Employee CARE Center](#) at (401) 429-2104 or 1-866-987-3705. CARE Center hours are Mon–Fri, 8am–8pm and Sat, 8am–12pm.



Step 1b: Change initial password

Only applicable if you are accessing Workterra for the first time as a new hire or for the first time during open enrollment after all passwords have been reset. You may also change your password at any time by clicking "Change Password" off your dashboard.

Select your security questions and enter your answers.

Create a new password for future logins. Your password must be:

- A minimum of 10 characters
- Contain at least one numeric digit
- Contain at least one special character
- Contain at least one UPPERCASE letter

01 Change Password

02

03

04

05

06 User ID: atest7741

07 Security Question 1 ▾
---Select Security Question---

08 Security Question 2 ▾
---Select Security Question---

09

10

11

New Password ▾

Confirm Password ▾

Back Reset Save & Continue

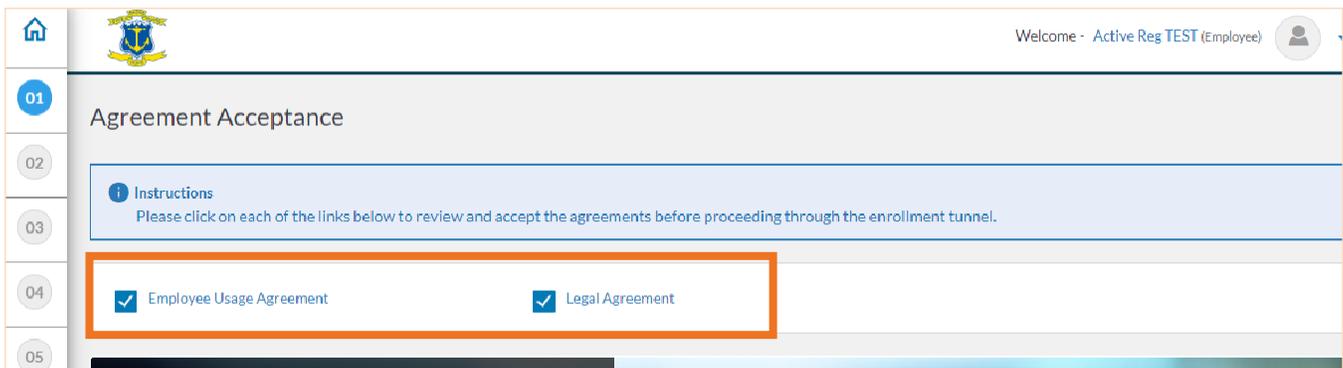
Be sure to write down your new password and keep it in an easily accessible place!



Step 2: Select your appropriate tunnel

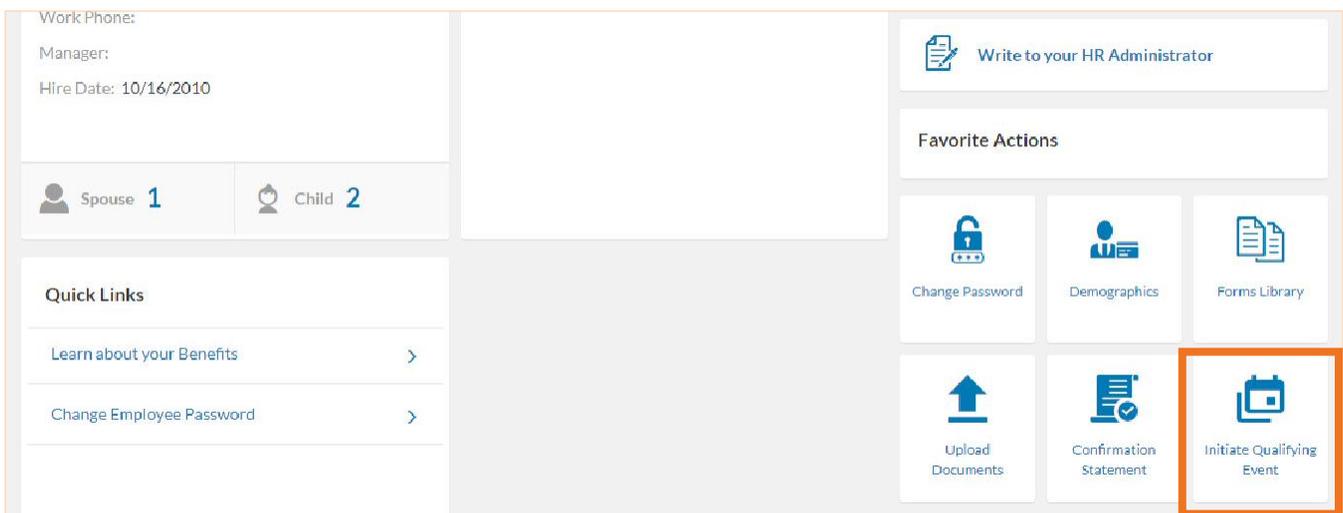
If you are a new hire

When you log into Workterra for the first time, you will see the Welcome Page. Check "Employee Usage Agreement" and "Legal Agreement" at the top of the Welcome Page and click "Continue" at the bottom of the page to proceed.



If you've experienced a qualifying status change outside of open enrollment

On your Workterra user dashboard, click the "Initiate Qualifying Event" button. Choose the appropriate event and enter the event date. Check "Employee Usage Agreement" and "Legal Agreement" at the top of the Qualifying Event Welcome Page and click "Continue" to proceed.



Initiate Qualifying Events

10

Event Name	
<input type="checkbox"/>	Death in Family
<input type="checkbox"/>	Demographic Information Change
<input type="checkbox"/>	Divorce
<input type="checkbox"/>	Employee or Dependent Gains Coverage Elsewhere
<input type="checkbox"/>	Employee or Dependent Loses Other Coverage
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Newborn or Adoption

Home  Welcome • Active One TEST (Employee) 

01 Agreement Acceptance

02

03

04 Employee Usage Agreement Legal Agreement

05

06

07

08

09

10

Qualifying Event Welcome Page

Welcome **Active One TEST**

Welcome to the State of Rhode Island Workterra site.

This website is your portal for managing your dependent information and your medical/prescription, dental, vision, FSA, group term life insurance and legal coverage benefits plan elections. You can now request modifications to these elections in the site. During the year you may log in and view your benefit statement and benefit-related materials at any time.

Please visit the Office of Employee Benefits website for benefits information and videos, as well as to talk to ALEX, a web-based decision support program provided by the State.

Be sure to make your benefits elections within 31 days of your qualifying event date. If you miss this window of opportunity, you will

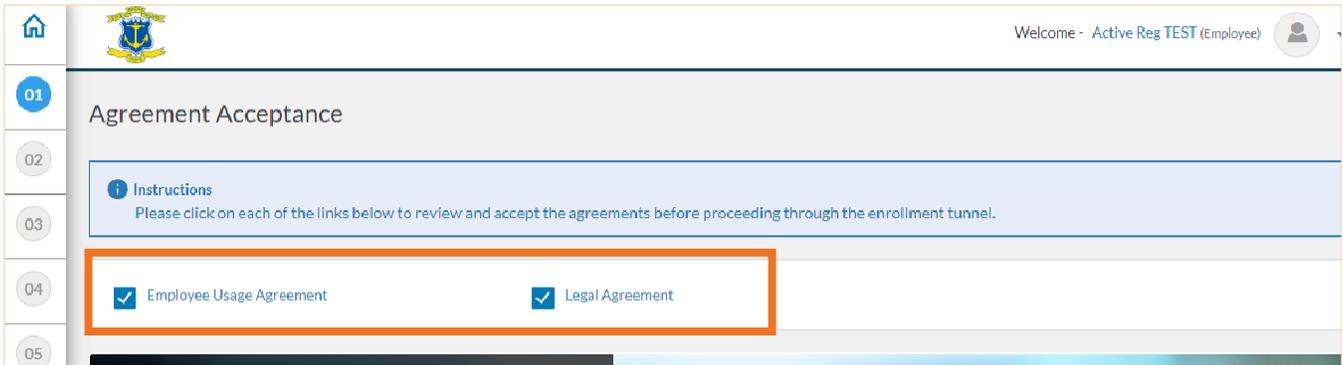
[Forms Library](#)

[Continue](#)



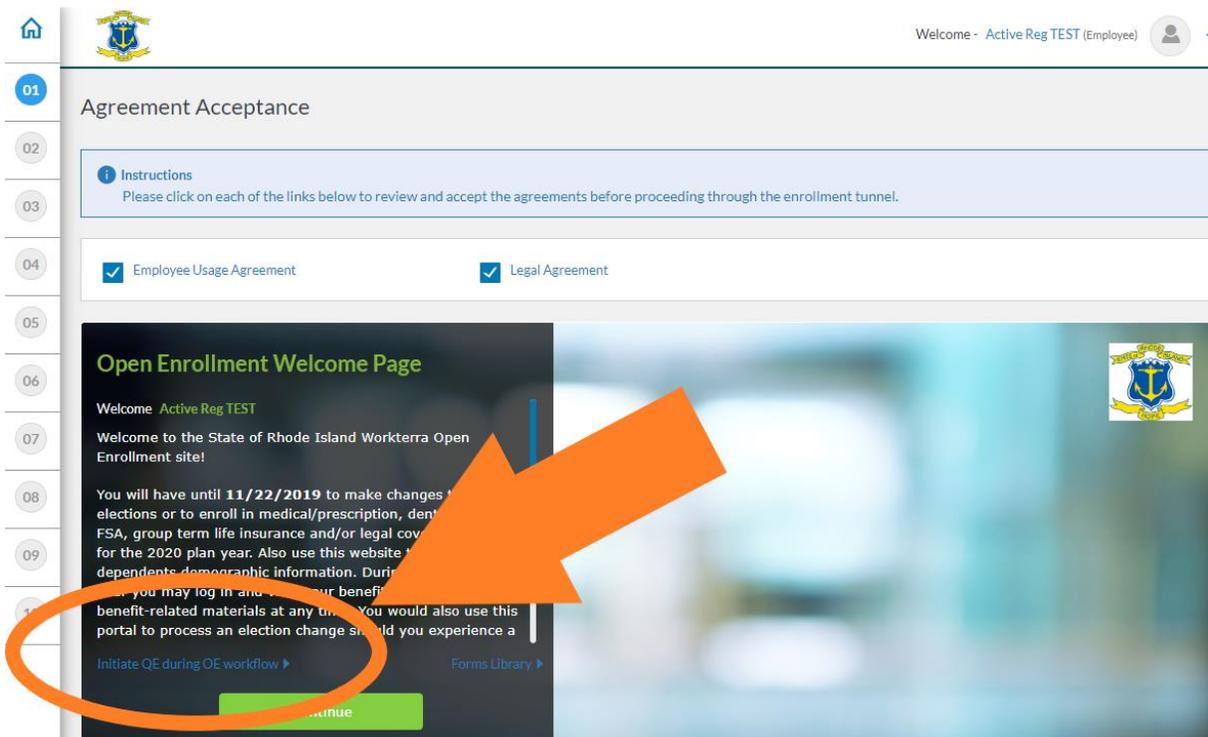
If you're in open enrollment

When you log into Workterra for the first time during open enrollment, you will see the Open Enrollment Welcome Page. Check "Employee Usage Agreement" and "Legal Agreement" at the top of the page and click "Continue" at the bottom of the page to proceed.



If you've experienced a qualifying status change during open enrollment

Click the "Initiate QE during OE workflow" link in the bottom left corner of the Open Enrollment Welcome Page to process a status change enrollment/election change during open enrollment.



Step 3: Employee demographics

Review and update your demographic information as needed:

Updating your phone number

When entering your phone number, please enter NUMBERS ONLY – no spaces or punctuations such as dashes or parentheses.

01 Demographics

02 Please review your information for accuracy and update if needed. You will also need to enter an email address. Please enter an email address you use regularly.

03 To change your name or address, YOU MUST PROVIDE THE UPDATED INFORMATION TO YOUR EMPLOYING AGENCY HR OFFICE. This will update your personnel record which will in turn update your Workterra record.

04 If you are a retired employee or a retired teacher, please complete the Retiree Change of Information Form available in the Forms Library and submit it to ERSRI.

05

06

First Name MIKAYLIN	Middle Name/Initial C	Last Name Test	Title -- Select Title --
------------------------	--------------------------	-------------------	-----------------------------

07

Social Security No. 000006781	Employee ID 000044475	Gender Female	Date of Birth 04/06/1992
----------------------------------	--------------------------	------------------	-----------------------------

08

Street Address 1 113 BELLEVILLE RD APT 1	Street Address 2
---	------------------

09

City NEW BEDFORD	State MA	Postal Code 02745	Country USA
---------------------	-------------	----------------------	----------------

10

Home Phone * 7749925988	Work Phone	Extension
Email Address * test@doc.ri.gov		
Date of Hire or Retirement		

Updating your name/address

If you need to update your name and/or address but the respective fields are greyed out on the Demographics page, **please wait until AFTER you have finished the enrollment process**. Once the system brings you back to your user dashboard, download and fill out the Change of Address Form from the Forms Library and submit via Upload Documents. You must also update your name/address within your State personnel record by following the process established by your employing agency's human resources office.



BenAdmin ▾

Active One TEST >

Work Email: tttt10@tttt.com
 Work Phone:
 Manager:
 Hire Date: 10/16/2010

Spouse **1** Child **2**

Quick Links

- Learn about your Benefits >
- Change Employee Password >

Current Benefits >

Out of Pocket **\$0.00** / Per pay period

🔔 11 Day(s) remaining to enroll for your next year benefits. ✕

[Change Open Enrollment Elections](#)

[Write to your HR Administrator](#)

Favorite Actions


 Change Password


 Demographics


 Forms Library


 Upload Documents


 Confirmation Statement


 Initiate Qualifying Event

BenAdmin ▾

Employee Home > Forms Library

Forms Library

🔍

Filter by: --- Select Form Category --- 10 ▾

Form Name	Form Category
2019 SORI FSA Enrollment Form.pdf	2019 FSA Enrollment Form
Active Employee Change of Address-Name Form.pdf	Active Employee Change of Address/Name Form
Employee Group Legal Insurance Form.pdf	Group Legal Care Payroll Deduction Authorization Form
Employee Group Life Enrollment Form.pdf	Group Term Life Enrollment Form
HSA Payroll Deduction Authorization.pdf	BCBSRI Health Savings Account Enrollment and Contribution Authorization Form
State of Rhode Island 2020 Benefits Guide.pdf	State of RI Benefits Guide



Step 4: Dependents

Reviewing/updating dependents' demographic information

If you want to review or update any dependents' demographic information, click "Edit" below each dependent's name on the Spouse and/or Child page.

If you are not adding any NEW dependent, and all dependent information is accurate, click Continue to proceed.

Adding dependents

To add a spouse or a child, click "Add Another Dependent" on the Spouse or Child page and enter their demographic information.

- When adding a child, please select only "Natural Child" or, if your child is over 26 and handicapped, "Disabled Child". If selecting "Disabled Child" for a handicapped dependent over age 26, please also select "Yes" in the Disabled Child field.
- Foster children, grandchildren, and children of domestic partners are NOT eligible for coverage unless the employee has adopted them or the coverage is court-ordered.
- **If you are adding a domestic partner or a disabled child, please note that your request will be pended for review by the Office of Employee Benefits.** While your request is pending, you can proceed through the rest of the election process, but you would NOT be able to add your dependent to the desired coverage. Once the OEB has approved your request, you will receive a notification and further instructions for logging back onto Workterra to add your dependent to the desired coverage.

If you add any NEW dependents, you must also submit supporting documentation for them. See "Step 10: Upload documents" on page 22 for details.



Child

ChildF ChildL

Age 11 Years

Relationship Natural child

Date of Birth 10/01/2008

SSN No. 111111110

Covered in Benefits ▾

Remarks

Edit

Add Another Dependent

Back Continue

Ex-spouse eligibility & dropping a spouse due to divorce

NEW HIRES: Ex-spouses are not eligible for coverage.

STATUS CHANGES: To drop a spouse due to divorce, click "Edit" on the Spouse page, then change the Relationship status to "Ex-spouse" on the Spouse Demographics page. This change will be pending for administrator review and you will need to supply a copy of your final divorce decree (see "Step 10: Upload documents" on page 22). If the change is approved, any current coverage will be immediately terminated, and COBRA will be offered to your ex-spouse so long as the final divorce decree was issued in the previous 31 days. If the final divorce decree was issued more than 31 days prior, COBRA will not be offered.

OPEN ENROLLMENT: If you uncheck the boxes next to your ex-spouse's name during open enrollment, they will be removed from your coverage as of January 1 of the following year, and COBRA will not be offered because it is a voluntary drop of coverage during open enrollment.



Spouse

SpouseF SpouseL

Age 40 Years

Relationship Spouse

Date of Birth 12/05/1978

SSN No. 333445555

Covered in Benefits ▾

Reminds

Edit

First Name ▾ SpouseF Middle Name/Initial

Title ▾ --- Select Title ---

Relationship ▾ --- Select Relationship ---

Social Security No. ▾ 333445555

Street Address 1 ▾ 123 Main St

City ▾ Providence Country ▾ USA

Postal Code ▾

Spouse

Ex-Spouse

Domestic Partner

Common Law Spouse

If your divorce was finalized after January 1, 2014, you may not cover an ex-spouse under your State employee health plan. However, if your divorce was finalized before that date and you accidentally dropped your ex-spouse from coverage by changing their relationship code from "Spouse" to "Ex-Spouse", please return to the Spouse page, change the Relationship status to "Spouse", and contact the Office of Employee Benefits (see page 29) for further assistance.



Step 5: Select medical coverage

To enroll in medical coverage

When you reach the Medical section, scroll to the plan that you want, **make sure to CHECK THE BOX next to EACH person that you want to enroll**, and then click "Enroll Now" or "Keep Plan."

"Keep Plan" will only be available if it is the plan you are currently enrolled in. For new hires and employees enrolling into coverage due to a qualified status change, only "Enroll Now" will be available.

The screenshot displays the BCBSRI medical plan selection interface. It features a sidebar with numbered steps (01-11) and a main content area with two plan options. The first plan, 'BCBSRI Anchor Plus Plan', has an effective date of 01/01/2020. It lists three eligible members: Active Reg TEST (Employee), SpouseF SpouseL (Spouse), and ChildF ChildL (Natural child). All three have their checkboxes checked. The total cost for this plan is \$704.58/Per pay period for the Employer and \$124.34/Per pay period for the Employee. The 'Enroll Now' button is highlighted with an orange box. The second plan, 'BCBSRI Anchor Choice HSA Plan', also has an effective date of 01/01/2020 and lists the same three eligible members, all with checked checkboxes. Its total cost is \$653.77/Per pay period for the Employer and \$115.37/Per pay period for the Employee. An 'Enroll Now' button is also present for this plan.

You MUST CHECK THE BOX next to EACH person that you want to enroll under the desired plan! Anyone whose name is not checked will NOT be enrolled under that particular plan.



Designate PCP(s)

You will be asked to designate a primary care provider (PCP) for each person you enroll in a medical plan:

- You may designate preferred PCP(s) yourself...
 - > Find their **10-digit** PCP ID number(s) by following the Step-by-Step Instructions on www.employeeforbenefits.ri.gov/documents/pcp-id-instruction.pdf
 - > Enter the ID number(s) for EACH person that will be covered under your medical plan in the "Medical Primary Care Physician Code" field.
 - Spaces, letters or special characters are NOT allowed in the ID field.
 - Be sure to check the "Existing Patient" box, if you are an existing patient of the PCP.
- ...OR, you may have PCP(s) automatically designated based on where you live
 - > Leave the ID field blank and check "Auto Allocate".
 - > **Please note:** If you choose this option, your initial BCBSRI medical ID card will say "PCP Required" on it, and the auto-allocation will not actually occur until 30 days after the plan effective date.
 - You will have 30 days from the plan effective date to choose a PCP for yourself and others on your plan.
 - If you take no action within this 30-day window, BCBSRI will then assign a PCP to you and each covered member of your family.
 - You can change your PCP at any time during the plan year by calling the State of Rhode Island Employee CARE Center (see page 29) or by accessing your online account at mybcbsri.com.



PCP Information(BCBSRI Anchor Plus Plan)

Employee

Medical Primary Care Physician Code ▾
0910000000

Auto Allocate Existing Patient

SpouseF SpouseL
Spouse

Medical Primary Care Physician Code ▾

Auto Allocate Existing Patient

\$704.58 / Per pay period

\$24.34 / Per pay period

Back

If you have multiple family members, be sure to SCROLL DOWN in the PCP pop-up box to enter PCP designations for every person.

To review PCP designation(s)

See "Appendix 2: Review PCP designation(s)" on page 27 for instructions on how to review your PCP designation(s) after you have finished the enrollment process.



To waive medical coverage

In the Medical section, scroll down until you reach the “Waive Medical” section. Click “Enroll Now” and fill out the Waiver of Medical and Pharmacy Coverage on the next page.



Step 6: Select dental & vision coverage

To enroll in dental/vision coverage

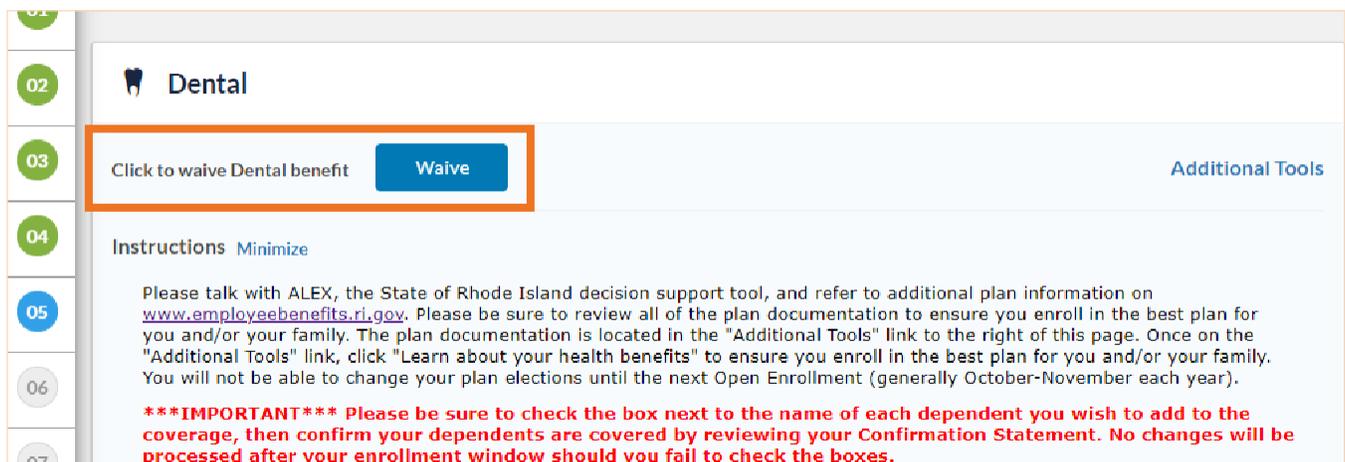
In the Dental/Vision sections, scroll down to the plan(s) that you want, **make sure to CHECK THE BOX next to EACH person that you want to enroll**, and then click "Enroll Now" or "Keep Plan."

"Keep Plan" will only be available if it is the plan you are currently enrolled in. For new hires and employees enrolling into coverage due to a qualified status change, only "Enroll Now" will be available.

You MUST CHECK THE BOX next to EACH person that you want to enroll under the desired plan! Anyone whose name is not checked will NOT be enrolled under that particular plan.

To waive dental and/or vision coverage

Click the "Waive" button that is at the TOP of the dental/vision sections.



01

02

03

04

05

06

07

Dental

Click to waive Dental benefit [Additional Tools](#)

Instructions [Minimize](#)

Please talk with ALEX, the State of Rhode Island decision support tool, and refer to additional plan information on www.employeebenefits.ri.gov. Please be sure to review all of the plan documentation to ensure you enroll in the best plan for you and/or your family. The plan documentation is located in the "Additional Tools" link to the right of this page. Once on the "Additional Tools" link, click "Learn about your health benefits" to ensure you enroll in the best plan for you and/or your family. You will not be able to change your plan elections until the next Open Enrollment (generally October-November each year).

*****IMPORTANT*** Please be sure to check the box next to the name of each dependent you wish to add to the coverage, then confirm your dependents are covered by reviewing your Confirmation Statement. No changes will be processed after your enrollment window should you fail to check the boxes.**



Step 7: Select FSA contributions

Please note the following eligibility criteria for the three types of FSAs:

- General health FSA (“NAVIA FSA”): If you are covered under the Anchor or Anchor Plus medical plans (or other non-HSA-qualified high deductible health plan coverage)
- Limited health FSA (“NAVIA LFSA”): If you are enrolled in the Anchor Choice Plan with HSA (or another HSA-qualified health plan)
- Dependent FSA (“NAVIA DFSA”): For all employees with eligible dependent care expenses

To enroll in or waive a health FSA

After you are done with the vision section, you will be brought to the Flexible Spending Account section. If you would like to open a health FSA for the following/remainder of the plan year, enter your desired **annual** contribution amount in the “Yearly Coverage” box, then click “Enroll Now”. Your per-pay-period contribution will be automatically calculated for you.

If you do not want to open a health FSA, click the “Waive” button that is at the TOP of the Flexible Spending Account section.

02 Flexible Spending Account

03 Click to waive Flexible Spending Account benefit [Waive](#) [Additional Tools](#)

04 Instructions [Minimize](#)

05 A flexible spending account is a great way to pay for medical, dental, prescription, and vision expenses while reducing your taxable income. You can elect to set aside up to \$2,750 to be deducted in equal amounts from each paycheck on a pre-tax basis.

06 Please note the following if both the general FSA (FSA) and limited purpose FSA (LFSA) are available for election below. An LFSA should be elected only if you are covered under an HSA-qualified high deductible health plan, as an LFSA is compatible with an HSA and can only be used for qualified dental and vision expenses. A general FSA is not compatible with an HSA and should be elected if your medical coverage is not an HSA-qualified high deductible health plan. A general FSA can be used for qualified medical, prescription, dental and vision expenses.

07 If you are a new hire, your biweekly deduction amount may be adjusted due to the timing of payroll processing.

08 [Minimize](#)

09 **NAVIA FSA 2020** Pending
Effective Date: 01/05/2020

10 **Yearly Coverage:** **Total Cost**

Employee Cost **\$76.92** /Per pay period

[Enroll Now](#)



To enroll in or waive a dependent FSA

After you are done with the Flexible Spending Account section, you will be brought to the Dependent Care Spending Account section. If you would like to open a dependent FSA for the following/remainder of the plan year, enter your desired **annual** contribution amount in the "Yearly Coverage" box, then click "Enroll Now". Your per-pay-period contribution will be automatically calculated for you.

If you do not want to open a dependent FSA, click the "Waive" button that is at the TOP of the Dependent Care Spending Account section.

The screenshot shows the 'Dependent Care Spending Account' section. At the top, there is a 'Waive' button. Below it, there are instructions and a 'Minimize' button. The main content area features the 'navia benefit solutions' logo and 'NAVIA DFSA 2020 Effective Date: 01/01/2020'. There is a 'Yearly Coverage:' input field, a 'Total Cost' field showing '\$0.00 /Per pay period', and an 'Enroll Now' button at the bottom right.

STATUS CHANGES: For both health and dependent FSAs, when processing a status change in Workterra to decrease/eliminate your bi-weekly contribution amount moving forward, the amount you enter in the "Yearly Coverage" box should include what you have already contributed to your FSA up to that point in time. If you are increasing your bi-weekly contribution amount moving forward, the resulting per-pay-period contribution amount displayed in Workterra should take into account your prior contributions up to that point in time. Please contact the Office of Employee Benefits (see page 29) for assistance processing an FSA status change.



Step 8: Review health coverage elections

After you are done with the FSA sections, you will have an opportunity to review your medical, dental, vision, and FSA elections. If you want to make any changes to a particular coverage at this point, click the arrow at the top right corner of the respective section to return to that section.

Select Your Benefit Plans | From Your Pocket

Welcome - Active Reg TEST (Employee)

- Medical**
 - BCBSRI Anchor Plus Plan**
 - Effective Date: 01/01/2020
 - Covered Member(s): Active Reg TEST [Employee] | SpouseF SpouseL [Spouse] | ChildF ChildL [Natural child]
 - Employer Contribution: \$704.58 / Per pay period
 - Employee Contribution: **\$124.34** / Per pay period
- Dental**
 - Anchor Dental Plus**
 - Effective Date: 01/01/2020
 - Covered Member(s): Active Reg TEST [Employee] | SpouseF SpouseL [Spouse] | ChildF ChildL [Natural child]
 - Employer Contribution: \$34.68 / Per pay period
 - Employee Contribution: **\$11.09** / Per pay period
- Vision**
 - Anchor Vision Plus**
 - Effective Date: 01/01/2020
 - Covered Member(s): Active Reg TEST [Employee] | SpouseF SpouseL [Spouse] | ChildF ChildL [Natural child]
 - Employer Contribution: \$5.45 / Per pay period
 - Employee Contribution: **\$3.72** / Per pay period
- Flexible Spending Account**
 - NAVIA FSA 2020**
 - Effective Date: 01/01/2020
 - Coverage: \$2,000.00
 - Employee Contribution: **\$76.92** / Per pay period
- Dependent Care Spending Account** (Waived)

Back | Continue



Step 9: Life insurance/legal coverage

After reviewing your health coverage elections, you will have an opportunity to download and fill out the enrollment forms for life insurance and legal coverage. Save any completed forms to your computer for upload via the next step, "Upload Documents". *This step is optional – if you do not want to make any changes to your life/legal coverage, just click "Continue" to proceed.*

NEW HIRES: Please note that you are automatically enrolled in Basic life insurance. At this time you have the option of waiving Basic coverage or also enrolling in Supplemental coverage.

If you want to add Supplemental coverage at a later date, or if you initially waived all coverage and want to elect some level of coverage at a later date, you are considered a late applicant and will need to submit the life insurance enrollment form *and provide evidence of insurability (EOI)* to the plan administrator (The Hartford) when prompted. The EOI process is handled entirely by The Hartford.

02		
03		
04		
05		
06		If you would like to enroll in life insurance coverage or change an existing life insurance election, please complete the form below and submit it to the Office of Employee Benefits by uploading it on the "Upload Documents" screen (that you will reach after you make your benefits elections) or by fax to (401) 574-9281.
07		For details on the State's group life insurance coverage program, please visit the life insurance page on the Office of Employee Benefits website.
08		Employee Group Life Enrollment Form.pdf

03	Hyatt Legal Plans A MetLife Company	
04	If you would like to enroll in legal services coverage or change an existing legal coverage election, please complete the form below and submit it to the Office of Employee Benefits by uploading it on the "Upload Documents" screen (that you will reach after you make your benefits elections) or by fax to (401) 574-9281.	
05		
06		For details on the State's group legal services coverage program, please visit the legal services page on the Office of Employee Benefits website.
07		Employee Group Legal Insurance Form.pdf
08		



Step 10: Upload documents

After clicking through the Life and Legal pages, you will come to the Upload Documents page. Please attach any supporting documentation evidencing a NEW dependent's relationship to you as well as any enrollment forms for life/legal coverage for expedited processing.

To see the list of supporting documentation, visit www.employeebenefits.ri.gov/enrollment/supporting-documentation.php

To upload a document, click "Browse" to find the document on your computer, then click "Upload". Once you are finished uploading all the necessary documents, click "Save & Continue".

The supported formats are: txt, pdf, rtf, ppt, pptx, xls, xlsx, doc, docx.
The maximum file size is 4096 KB.

01 Upload Documents

02

03

04 No record Found

05

06 This is to notify you that your changes will be pending for administrator approval. Please upload the necessary documents to expedite approval. Please review www.employeebenefits.ri.gov/enrollment/status-change.php for the supporting documentation required to approve your enrollments or changes.

07

08 If you are unable to upload your documents to this portal, you can send the documents to us by faxing it to (401) 574-9281. Please note your last name, last four and department number on the fax coversheet. If these are not noted on the fax coversheet it will delay the coverage approval process.

09

10 Qualifying Event Documentation

Browse Upload

Supported Formats: txt, pdf, rtf, ppt, pptx, xls, xlsx, doc, docx Upload limit 4096 KB per file

Back Save & Continue



Step 11: Confirmation statement

After completing all your plan elections, you will come to the Confirmation Statement.

Be sure to review the following for accuracy:

- Demographic information for you and any dependents
- Plan elections and who's covered under each plan (in the **ENROLLMENT SUMMARY** section, NOT the Demographics section)

If anyone's name does not appear next to a medical/dental/vision plan in the **ENROLLMENT SUMMARY section, it means that they are **NOT covered under that plan!!****

Return to Steps 5-6 to check the box next to anyone missing coverage.

The ENROLLMENT SUMMARY section may display differently for you based on your status as a new hire or an ongoing employee processing a status change or in open enrollment. For instance, if you're currently enrolled in coverage and are making some sort of change during open enrollment (adding/subtracting a dependent or changing plans during open enrollment), you will want to review the FUTURE ENROLLMENT SUMMARY section.

Keep a copy of the confirmation statement by clicking on the PDF button and/or the Print button at the top of the page.

- Forgot to save a copy? You can always log back into Workterra to review your elections (see page 25).

ONCE YOU HAVE COMPLETED REVIEWING YOUR ELECTIONS, CLICK "FINISH" AT THE BOTTOM OF THE PAGE. You should see a pop-up message confirming that you have completed the enrollment process.



01 Confirmation Statement

02 Please review all the information below to ensure accuracy. If any changes are needed to your personal information, dependents or benefit elections during an enrollment period please use the navigation panel on the left of the screen to jump back to the page that needs to be updated.

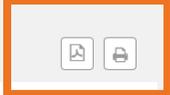
03 Please ensure that any dependent you want to cover is listed next to the desired plans in the ENROLLMENT SUMMARY section(s). If any dependent is missing, please navigate back to the plan selection page and submit your election with the box(es) next to the missing dependent(s) name(s) checked.

05 If you uploaded an HSA Payroll Deduction Authorization Form, Group Life Insurance Form and/or Legal Coverage Enrollment Form, you will not see them listed below but they will be processed by the Office of Employee Benefits.

06 Please remember to click **"Finish"** at the bottom of the Confirmation Statement to complete your enrollment. If you are visiting this Confirmation Statement from the Employee Home Screen or haven't made any changes to your elections, the **"Finish"** button will not be visible.

07

08



Home | Logo | Welcome - Active One TEST (Employee) | User Profile

01 Demographics

02 Dependent Information

03 Future Enrollment Summary

04 Waived Benefits

05

06

07

08

09

10

FUTURE ENROLLMENT SUMMARY

PLAN NAME	COVERAGE	EMR PER YEAR	DMR PER YEAR
 BCBSR Anchor Plan (Pre-tax) Effective 01/01/2020	Active One TEST (Employee) GLADYS OVER TEST (Spouse) CHET TEST (Natural child) MAX TEST (Natural child)	\$116.21	\$658.52
 Anchor Dental (Pre-tax) Effective 01/01/2020	Active One TEST (Employee) GLADYS OVER TEST (Spouse) CHET TEST (Natural child) MAX TEST (Natural child)	\$6.12	\$34.66
 Anchor Vision (Pre-tax) Effective 01/01/2020	Active One TEST (Employee) GLADYS OVER TEST (Spouse) CHET TEST (Natural child) MAX TEST (Natural child)	\$0.96	\$5.45
 NAVIA HSA 2020 (Pre-tax) Effective 01/01/2020	Employee Coverage - \$2,000.00	\$76.82	-

Total Benefit Employee Cost: \$200.21 Total Employee Cost: \$200.21
 Total Employer Cost: \$698.65

Out of Pocket
 Total Employee Per pay period Deduction: **\$200.21**

WAIVED BENEFITS

BENEFIT PLAN TYPE	REASON	WAIVER DATE
Dependent Care Spending Account	---	1/1/2020

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

526

527

528

529

530

531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677

678

679

680

681

682

683

684

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

810

811

812

813

814

815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

Appendix 1: Review/change your plan elections

Review your confirmation statement

You can log back into Workterra at any time to review your confirmation statement. On your User Dashboard, click "Confirmation Statement". Ignore any pop-up message about clicking the "Finish" at the bottom of your confirmation statement.

The screenshot shows the Workterra user dashboard for 'Active One TEST'. The top navigation bar includes the Workterra logo, 'Employee Settings', and a welcome message 'Welcome - Active One TEST (Employee)'. The user's name 'BenAdmin' is visible in the top left. The main dashboard area is divided into several sections:

- User Profile:** Displays the user's name 'Active One TEST', work email 'tttt10@tttt.com', work phone, manager, and hire date '10/16/2010'. It also shows family members: 'Spouse 1' and 'Child 2'.
- Current Benefits:** Shows 'Out of Pocket' as '\$0.00 / Per pay period'.
- Alerts:** A yellow banner indicates '11 Day(s) remaining to enroll for your next year benefits'.
- Quick Links:** Includes 'Learn about your Benefits' and 'Change Employee Password'.
- Favorite Actions:** A grid of icons for 'Change Password', 'Demographics', 'Forms Library', 'Upload Documents', 'Confirmation Statement' (highlighted with an orange border), and 'Initiate Qualifying Event'.
- Other Actions:** Includes 'Change Open Enrollment Elections' and 'Write to your HR Administrator'.



Change plan elections

If you want to make any changes within your enrollment period, the easiest way to do so is through the "BenAdmin" menu:

- Click "BenAdmin" on the top left corner to open the dropdown menu.
- Click "Enroll Now" under "My Benefits".
- Under "Select Event", choose the appropriate event.
- Under "Benefit Type", click on the benefit that you would like to change. You will then be brought to the respective section to make your changes.

The screenshot shows the top navigation bar with the BenAdmin dropdown menu open. The menu is divided into three columns: Favorite Actions, My Benefits, and Reports. The 'Enroll Now' option under 'My Benefits' is highlighted with an orange box. Other options include Confirmation Statement, Enrollment Summary, and various reports like Beneficiary Report and Eligibility Report.

The screenshot shows the 'Enroll Now' page. At the top, there is a breadcrumb trail: Employee Home > Enroll Now. Below this, the title 'Enroll Now' is displayed. Two dropdown menus are visible: 'Select Event' with the text '--- Select Effective Date ---' and 'Benefit Type' with the text '--- Select Benefit Type ---'. Both dropdown menus are highlighted with orange boxes. Below the dropdowns, there is a section titled 'APPROVAL PENDING ENROLLMENT SUMMARY'.



Appendix 2: Review PCP designation(s)

If you have finished the enrollment process but want to review your PCP designation(s) at a later time, the easiest way to do so is through the "BenAdmin" menu:

- Click "BenAdmin" on the top left corner to open the dropdown menu.
- Click "Enroll Now" under "My Benefits".
- Under "Select Event", choose the appropriate event. Under "Benefit Type", choose "Medical". You will then be brought to the Medical section.
- Scroll down to the plan that you had enrolled in. Click "PCP Information".
- Review your PCP designation(s) and make sure any applicable boxes are checked.
- If you have any questions or need assistance changing your PCP(s), please call the [BCBSRI State of Rhode Island Employee CARE Center](#) at (401) 429-2104 or 1-866-987-3705. CARE Center hours are Monday–Friday, 8am–8pm and Saturday, 8am–12pm.

The screenshot shows the BenAdmin web application interface. At the top right, there is a navigation bar with "Employee Settings" and "Welcome - Active One TEST (Employee)". The "BenAdmin" dropdown menu is open, showing a list of options. The "Enroll Now" option under the "My Benefits" section is highlighted with an orange box. Other options include "Confirmation Statement", "Enrollment Summary", "Initiate Qualifying...", "Manage Beneficiaries", "Confirmation Statement", "View Enrollment Summary", "Initiate Qualifying Events", "Forms Library", "Summary Page", "Reports", "Beneficiary Report", "Eligibility Report", "Employee Plan Eligibility Report", "Employee Timesheet Report", "Enrollment Report", and "IRS 1095-C Report". At the bottom, there is a navigation bar with "Learn about your Benefits", "Change Employee Password", "Upload Documents", "Confirmation Statement", and "Initiate Qualifying Event".



Employee Settings | Welcome - Active One TEST (Employee)

BenAdmin

Employee Home > Enroll Now

Enroll Now

Select Event
 Marriage or Domestic Partnership (Novem...
 Benefit Type
 --- Select Benefit Type ---
 Medical
 Dental
 Vision

APPROVAL PENDING ENROLLMENT SUMM...

PLAN NAME	COVERAGE	EMPLOYEE COST	EMPLOYER COST
-----------	----------	---------------	---------------

Employee Settings | Welcome - Active One TEST (Employee)

BenAdmin

Employee Home > Enroll Now

From Your Pocket

BCBSRI Anchor Plan Enrolled
 Effective Date: 01/01/2020

<p>Eligible Members</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Active One TEST Employee <input checked="" type="checkbox"/> GLADITSOVER TEST Spouse <input checked="" type="checkbox"/> CHET TEST Natural child <input checked="" type="checkbox"/> MAX TEST Natural child 	<p>Total Cost</p> <table border="1" style="width: 100%;"> <tr> <td>Employer Cost</td> <td style="text-align: right;">\$658.52/ Per pay period</td> </tr> <tr> <td>Employee Cost</td> <td style="text-align: right;">\$116.21/ Per pay period</td> </tr> </table>	Employer Cost	\$658.52/ Per pay period	Employee Cost	\$116.21/ Per pay period
Employer Cost	\$658.52/ Per pay period				
Employee Cost	\$116.21/ Per pay period				

[PCP Information](#) Keep Plan

BCBSRI Anchor Plus Plan



Questions?

- If you need help with logging into Workterra / resetting your password, navigating Workterra, finding your PCP and their 10-digit NPI, or medical plan selection, call the [BCBSRI State of Rhode Island Employee CARE Center](#) at (401) 429-2104 or 1-866-987-3705. CARE Center hours are Monday–Friday, 8am–8pm and Saturday, 8am–12pm.
- If you have questions about plan coverage specifically, please contact the respective plan administrators. You can find a list of contacts at www.employeebenefits.ri.gov/contact.
- If you have other enrollment-related questions, contact the Office of Employee Benefits:
 - > Email doa.enrollmenthelp@hr.ri.gov
 - > Call (401) 574-8530

