

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)



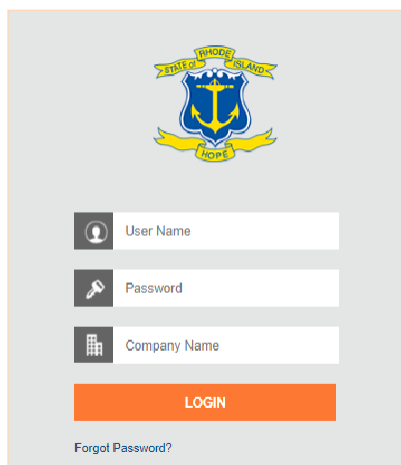
Table of Contents

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



Step 1a: Logging in

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



NEW HIRES: Use the below credentials the first time you log on to Workterra.

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)



OPEN ENROLLMENT & STATUS CHANGES: Your user name and company will be the same as the login credentials listed above, but your password will be whatever you most recently set it to. During open enrollment, you will be required to designate a new password after your initial log-in.

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. 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

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Instructions

- Password must contain at least one letter
- Password must contain at least one lowercase character
- Password must contain at least one uppercase character
- Password must contain at least one number
- Password must contain at least one special character.
- Password must be MINIMUM of 10 Characters.

User ID: atest7741

Security Question 1 *
---Select Security Question---

Answer 1 *

Security Question 2 *
---Select Security Question---

Answer 2 *

New Password *

Confirm Password *

Back Reset Save & Continue

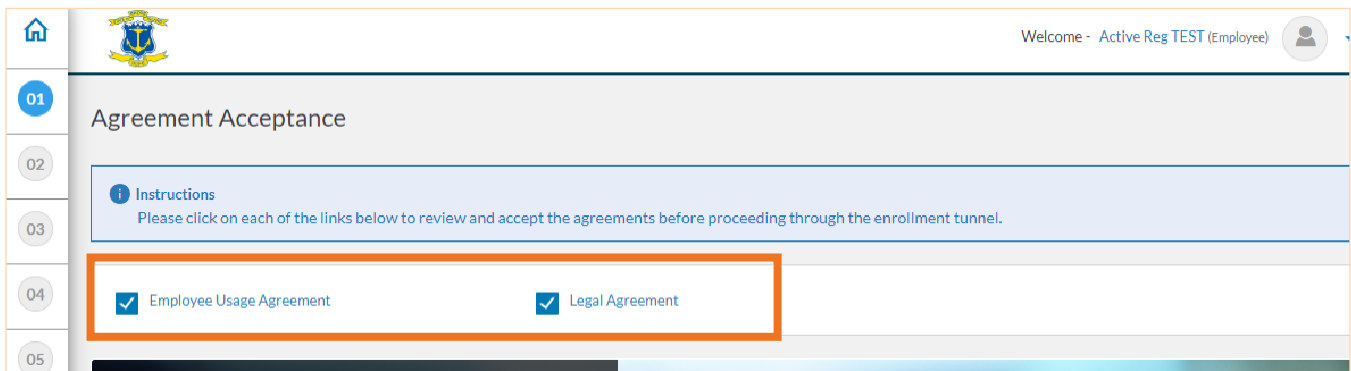
Be sure to write down your new password and keep it in an easily accessible place!



Step 2: Select your appropriate tunnel

If you're 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.



01 Agreement Acceptance

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Welcome - Active Reg TEST (Employee)

Instructions
Please click on each of the links below to review and accept the agreements before proceeding through the enrollment tunnel.

☒ Employee Usage Agreement ☒ Legal Agreement

If you're a new hire during open enrollment, you must click the "Finish" button on your confirmation statement page after you complete your new hire elections in order to proceed to your open enrollment election tunnel and make elections for the next plan year. If you do not proceed to your open enrollment election tunnel, your medical, dental, vision, life and legal elections will carry over to the next year, but FSA/LFSA/DFSA elections will not – you must make FSA/LFSA/DFSA elections for the next plan year in the open enrollment election tunnel.



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.

Workterra user dashboard interface. The top left section contains fields for Work Phone, Manager, and Hire Date (10/16/2010). Below these are buttons for Spouse (1) and Child (2). The top right section has a 'Write to your HR Administrator' button and a 'Favorite Actions' section. The 'Favorite Actions' section includes buttons for Change Password, Demographics, Forms Library, Upload Documents, Confirmation Statement, and Initiate Qualifying Event (highlighted with an orange border). The bottom left section has 'Quick Links' for 'Learn about your Benefits' and 'Change Employee Password'.

Initiate Qualifying Events page. The page title is 'Initiate Qualifying Events'. A dropdown menu shows '10'. Below is a table with columns 'Event Name' and a checkbox column.

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	



Welcome • Active One TEST (Employee)

Agreement Acceptance

Instructions
Please click on each of the links below to review and accept the agreements before proceeding through the enrollment tunnel.

☒ Employee Usage Agreement ☒ Legal Agreement

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.

Welcome • Active Reg TEST (Employee)

Agreement Acceptance

Instructions
Please click on each of the links below to review and accept the agreements before proceeding through the enrollment tunnel.

☒ Employee Usage Agreement ☒ Legal Agreement



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.

The screenshot shows the 'Agreement Acceptance' step of the open enrollment process. On the left is a vertical sidebar with steps 01 through 10. Step 01, 'Agreement Acceptance', is highlighted. Below the sidebar, there are two checked checkboxes: 'Employee Usage Agreement' and 'Legal Agreement'. The main content area displays the 'Open Enrollment Welcome Page' for 'Active Reg TEST'. The page includes a welcome message and a deadline of 11/22/2019. At the bottom left of the main content area, the link 'Initiate QE during OE workflow' is circled in orange, with a large orange arrow pointing to it from the right. Other links visible are 'Forms Library' and a green 'Continue' button.



Step 3: Employee demographics

Review your demographic information for accuracy. You must enter a phone number and an email address. Make sure the email address you enter is one you use regularly.

Updating your phone number

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

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Demographics

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.

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.

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.

First Name MIKAYLIN	Middle Name/Initial C	Last Name Test	Title --- Select Title ---
Social Security No. 000006781	Employee ID 000044475	Gender Female	Date of Birth 04/06/1992
Street Address 1 113 BELLEVILLE RD APT 1		Street Address 2	
City NEW BEDFORD	State MA	Postal Code 02745	Country USA
Home Phone * 7749925988	Work Phone	Extension	
Email Address * test@doc.ri.gov			
Date of Hire or Retirement			

Updating your name/address

You must update your name/address following the process established by your employing agency's human resources office. This will update your information in your State personnel record and Workterra.



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 ▼

Remade

Edit

First Name • SpouseF

Middle Name/Initial

Title • --- Select Title ---

Relationship • --- Select Relationship ---

Spouse

Ex-Spouse

Domestic Partner

Common Law Spouse

Social Security No. • 333445555

Street Address 1 • 123 Main St

City • Providence

Country • USA

Postal Code •

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. That plan will be outlined in green with an "Enrolled" indicator in a green bubble to the right of the plan name. 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 coverage enrollment interface. It features a sidebar with numbered steps (01-11) and a main content area. The top section shows the 'BCBSRI Anchor Plus Plan' with an effective date of 01/01/2020. Below this, there is a table of 'Eligible Members' with checkboxes for 'Active Reg TEST', 'SpouseF SpouseL', and 'ChildF ChildL'. The 'Enroll Now' button is highlighted with an orange box. The 'Total Cost' section shows the Employer Cost as \$704.58/Per pay period and the Employee Cost as \$124.34/Per pay period. The bottom section shows the 'BCBSRI Anchor Choice HSA Plan' with an effective date of 01/01/2020, also with a table of 'Eligible Members' and an 'Enroll Now' button. The 'Total Cost' section shows the Employer Cost as \$653.77/Per pay period and the Employee Cost as \$115.37/Per pay period.

Eligible Members	
<input checked="" type="checkbox"/> Active Reg TEST	Employee
<input checked="" type="checkbox"/> SpouseF SpouseL	Spouse
<input checked="" type="checkbox"/> ChildF ChildL	Natural child

Total Cost

Employer Cost	\$704.58/Per pay period
Employee Cost	\$124.34/Per pay period

[Enroll Now](#)

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.employeebenefits.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.

If you are using Workterra during open enrollment or because of a status change, your PCP's ID number should already be listed. Simply save and proceed with the workflow. If you would like to change your assigned PCP, don't do it here - please contact BCBSRI's CARE Center instead.



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

Back

\$704.58 / Per pay period

\$24.34 / Per pay period

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.

Eligible Members

<input checked="" type="checkbox"/> Active Reg TEST	Employee
<input checked="" type="checkbox"/> SpouseF SpouseL	Spouse
<input checked="" type="checkbox"/> ChildUF ChildJL	Natural child

Total Cost

Employer Cost	\$704.58/Per pay period
Employee Cost	\$124.34 /Per pay period

Enroll Now

BlueCross BlueShield of Rhode Island

Waive BCBSRI Medical
Effective Date: 01/01/2020

Eligible Members

<input checked="" type="checkbox"/> Active Reg TEST	Employee
---	----------

Total Cost

Employer Cost	\$0.00/Per pay period
Employee Cost	\$0.00 /Per pay period

Enroll Now

Waiver of Medical and Pharmacy Coverage

If you waive medical coverage, you may elect to receive an opt-out payment if you are eligible to do so. You are ineligible to receive the opt-out payment if:

1. Your alternative coverage is state-subsidized under a Medicaid program (Rite Care, MassHealth, etc.);
2. Your alternative coverage was purchased through a health insurance marketplace under the Affordable Care Act (e.g., HealthSource RI); or
3. Both you and your spouse were hired by the State on or after June 29, 2014 and you are both covered under a State family plan (higher-earning spouse must pay the co-shares and the lower-earning spouse is ineligible to receive the medical waiver opt-out payment).

Medical opt-out payment credit accrues credit at the rate of \$38.50 per biweekly pay period. Payments are made once each year, in late November/early December, up to a maximum payment of \$1,001. The opt-out payment is taxed like normal wages. This opt-out payment shall not be taken into account in calculating other state benefits that are pay-related.

I acknowledge that I have other medical/pharmacy coverage and I understand that I am making a binding election to waive State-sponsored medical/pharmacy coverage for myself and my dependents. I understand that I may decline receipt of the opt-out payment (either by choice or ineligibility) by selecting the "decline" option below.

This waiver will continue to be effective until such time in the future when/if I choose to elect medical/pharmacy coverage under the State employee health plan. I understand that the only time I am able to elect State employee health plan coverage is during the annual open enrollment period or if I experience a qualifying status change.

If your other coverage is from another State employee and you don't have the "Plan or Group ID Number from ID Card" please enter their name again in that field.

REQUIRED INFORMATION
Identification of my other health coverage:

Name of other employer: *	Name of other insurance company: *
Name of Alternate Policy Holder: *	Plan or Group ID Number from ID Card *

Please note that if you and your spouse are both state employees hired into state employment after July 1, 2014, the lower-earning spouse is ineligible to receive the waiver opt-out payment and the higher-earning spouse must pay the co-share if both spouses are to be covered under a single family plan. You are also not eligible for the waiver opt-out payment if your alternative coverage is government-subsidized, including Medicaid (e.g., Rite Share, Rite Care, and MassHealth) and most coverage purchased through HealthSource RI.



Step 6: Select dental & vision coverage

To enroll in dental/vision coverage

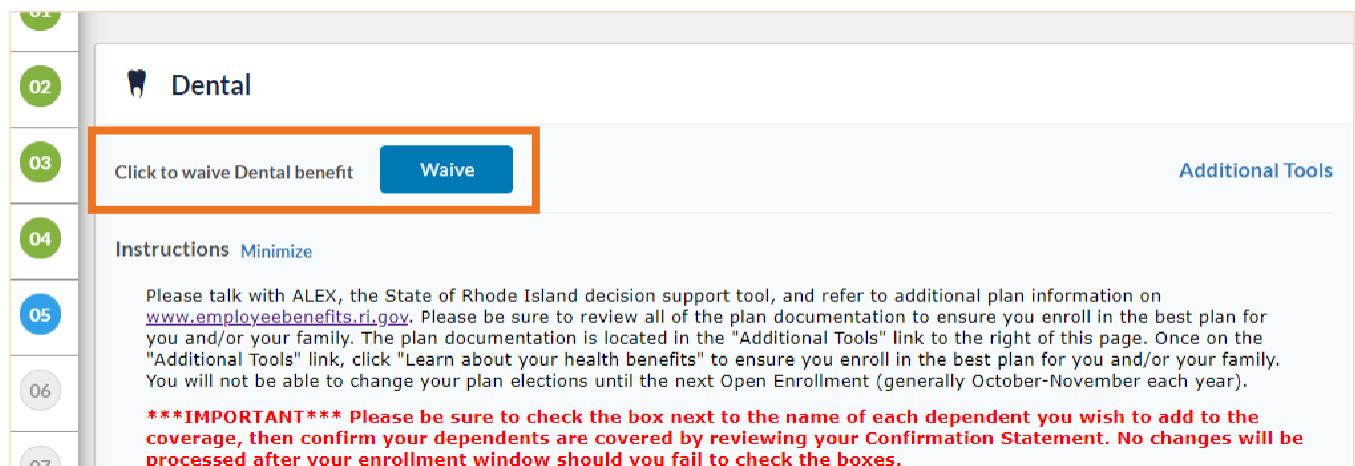
In the Dental/Vision sections, scroll down to the plan(s) that you want, **make sure to CHECK THE BOX next to EACH person that you want to enroll**, and then click "Enroll Now" or "Keep Plan."

"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.



Dental

Click to waive Dental benefit **Waive** 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.

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.

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

[Minimize](#)

06

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

Yearly Coverage:
2000.00

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.

02 **03** **04** **05** **06** **07** **08** **09** **10** **11**

Dependent Care Spending Account

Click to waive Dependent Care Spending Account benefit **Waive** [Additional Tools](#)

Instructions [Minimize](#)

A Dependent Care FSA is a great way to pay for child care expenses while reducing your taxable income. You can elect to set aside up to \$5,000 to be deducted in equal amounts from each paycheck on a pre-tax basis.

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

NAVIA DFSA 2020
Effective Date: 01/01/2020

Yearly Coverage:

Total Cost

Employee Cost **\$0.00** /Per pay period

Enroll Now

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.

Welcome - Active Reg TEST (Employee)

Select Your Benefit Plans

From Your Pocket

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	 THE HARTFORD 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. For details on the State's group life insurance coverage program, please visit the life insurance page on the Office of Employee Benefits website. Employee Group Life Enrollment Form.pdf
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03	Hyatt Legal Plans A MetLife Company 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. For details on the State's group legal services coverage program, please visit the legal services page on the Office of Employee Benefits website. Employee Group Legal Insurance Form.pdf
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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

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04 No record Found

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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

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



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

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.

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.

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.

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.

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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 displays the Workterra user dashboard for BenAdmin. The top navigation bar includes the Workterra logo, "Employee Settings", and a welcome message for "Active One TEST (Employee)". The main content area is divided into several sections:

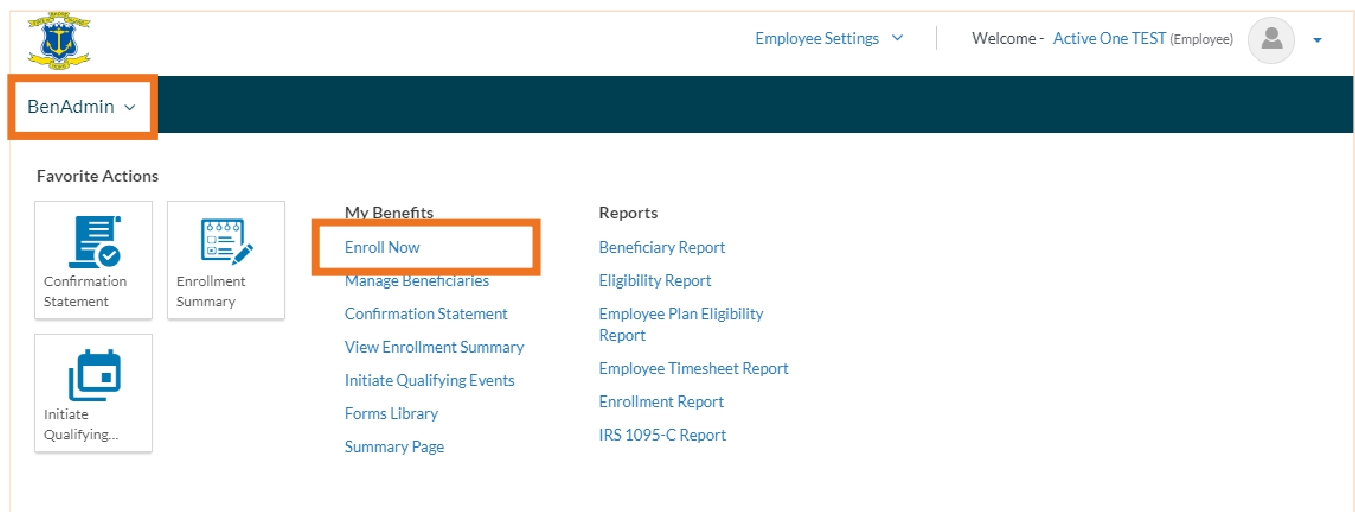
- Employee Profile:** Displays the name "Active One TEST", work email "tttt10@tttt.com", work phone, manager, and hire date "10/16/2010". It also shows "Spouse 1" and "Child 2".
- Current Benefits:** Shows "Out of Pocket" coverage with a cost of "\$0.00 / Per pay period".
- Quick Links:** Includes links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



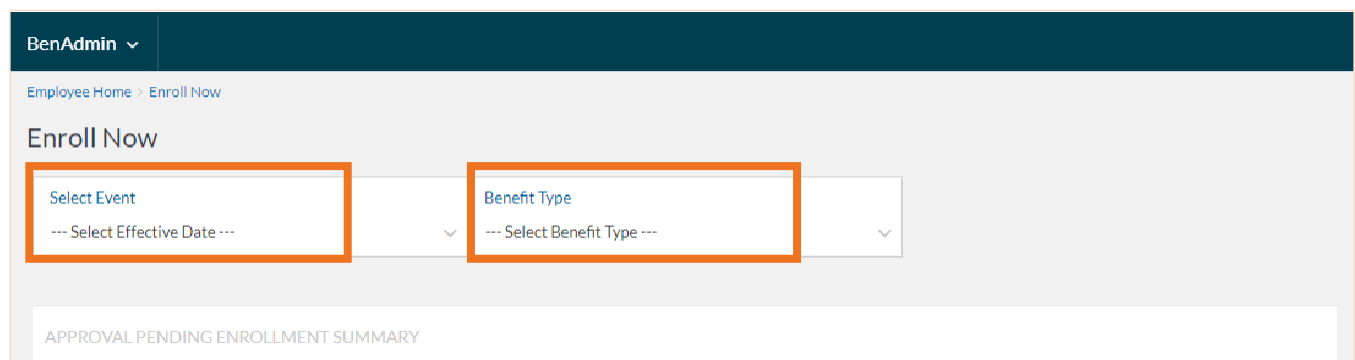
Change plan elections

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.



This screenshot shows the top navigation bar of the system. On the left is the organization's logo. On the right, there are links for "Employee Settings" and a user profile for "Active One TEST (Employee)". Below the navigation bar is a dark blue header with the "BenAdmin" dropdown menu highlighted by an orange box. The dropdown menu is divided into three columns: "Favorite Actions" with icons for "Confirmation Statement", "Enrollment Summary", and "Initiate Qualifying..."; "My Benefits" with a list of options including "Enroll Now" (highlighted with an orange box), "Manage Beneficiaries", "Confirmation Statement", "View Enrollment Summary", "Initiate Qualifying Events", "Forms Library", and "Summary Page"; and "Reports" with a list of reports including "Beneficiary Report", "Eligibility Report", "Employee Plan Eligibility Report", "Employee Timesheet Report", "Enrollment Report", and "IRS 1095-C Report".



This screenshot shows the "Enroll Now" page. At the top is the "BenAdmin" dropdown menu. Below it is a breadcrumb trail: "Employee Home > Enroll Now". The main heading is "Enroll Now". Below the heading are two dropdown menus, both highlighted with orange boxes. The first dropdown is labeled "Select Event" and has the text "--- Select Effective Date ---" below it. The second dropdown is labeled "Benefit Type" and has the text "--- Select Benefit Type ---" below it. Below these dropdowns is a light gray box with the text "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.

Employee Settings | Welcome - Active One TEST (Employee)

BenAdmin

Favorite Actions

- Confirmation Statement
- Enrollment Summary
- Initiate Qualifying...

My Benefits

- Enroll Now**
- 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
- IRS 1095-C Report

Learn about your Benefits >


Change Employee Password >

Upload Documents

Confirmation Statement

Initiate Qualifying Event




Employee Settings | Welcome - Active One TEST (Employee)

BenAdmin

Employee Home > Enroll Now

Enroll Now

Select Event

Marriage or Domestic Partnership (novent...

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

Eligible Members


<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

Total Cost

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

