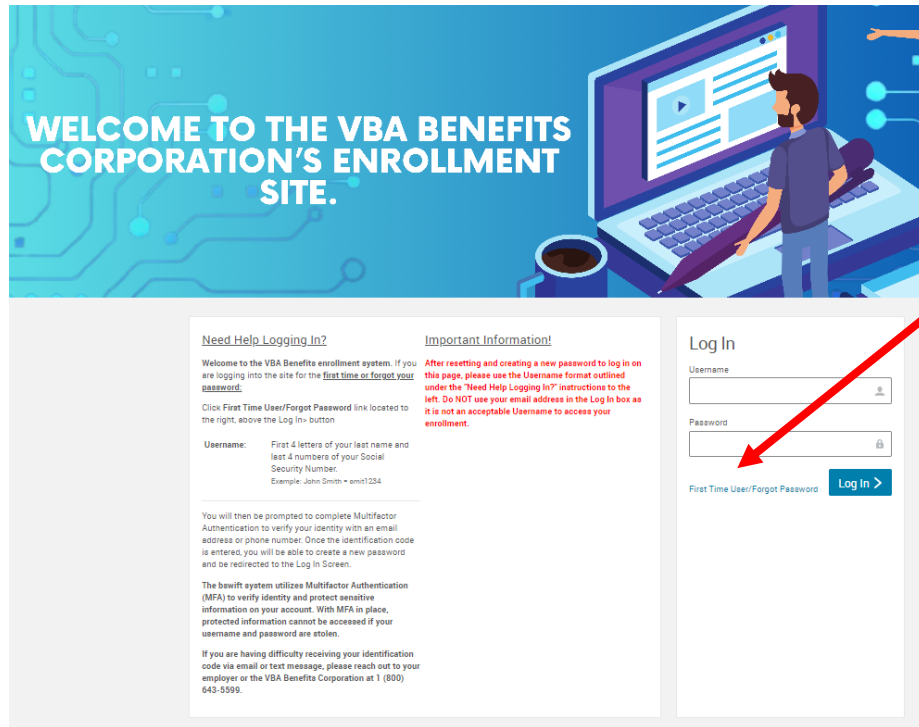


2025 Employee Open Enrollment Instructions

1. Go to the website link provided by your HR administrator.
2. Enter your login information.

If you are a first-time user, or do not know your password, click on the *First Time User/Forgot Password* link.

NOTE: You will be required to complete multi-factor authentication to access system



WELCOME TO THE VBA BENEFITS CORPORATION'S ENROLLMENT SITE.

Need Help Logging In?
Welcome to the VBA Benefits enrollment system. If you are logging into the site for the **first time or forgot your password**, click **First Time User/Forgot Password** link located to the right, above the Log In- button.

Username: First 4 letters of your last name and last 4 numbers of your Social Security Number.
Example: John Smith = smit1234

You will then be prompted to complete Multifactor Authentication to verify your identity with an email address or phone number. Once the identification code is entered, you will be able to create a new password and be redirected to the Log In Screen.

The benefit system utilizes a Multifactor Authentication (MFA) to verify identity and protect sensitive information on your account. With MFA in place, protected information cannot be accessed if your username and password are stolen.

If you are having difficulty receiving your identification code via email or text message, please reach out to your employer or the VBA Benefits Corporation at 1 (800) 642-5599.

Important Information!
After resetting and creating a new password to log in on this page, please use the Username format outlined under the "Need Help Logging In?" instructions to the left. Do NOT use your email address in the Log In box as it is not an acceptable Username to access your enrollment.

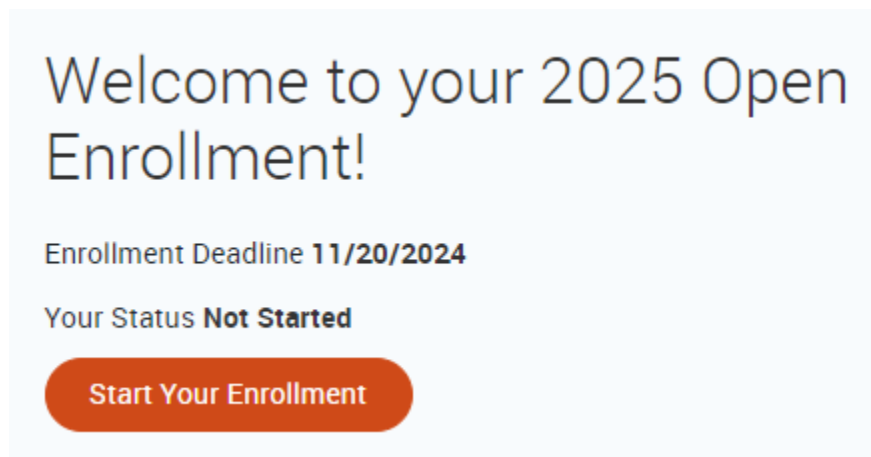
Log In

Username

Password

[First Time User/Forgot Password](#)

3. After logging into your account, it will bring you to the welcome page. To begin open enrollment, click on the "Start Your Enrollment" button in the welcome box.



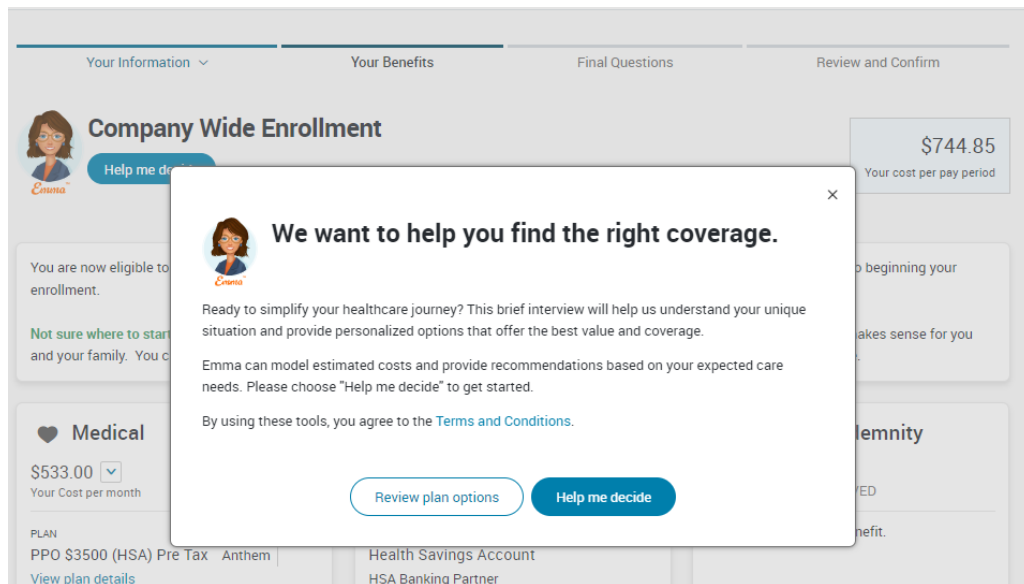
Welcome to your 2025 Open Enrollment!

Enrollment Deadline **11/20/2024**

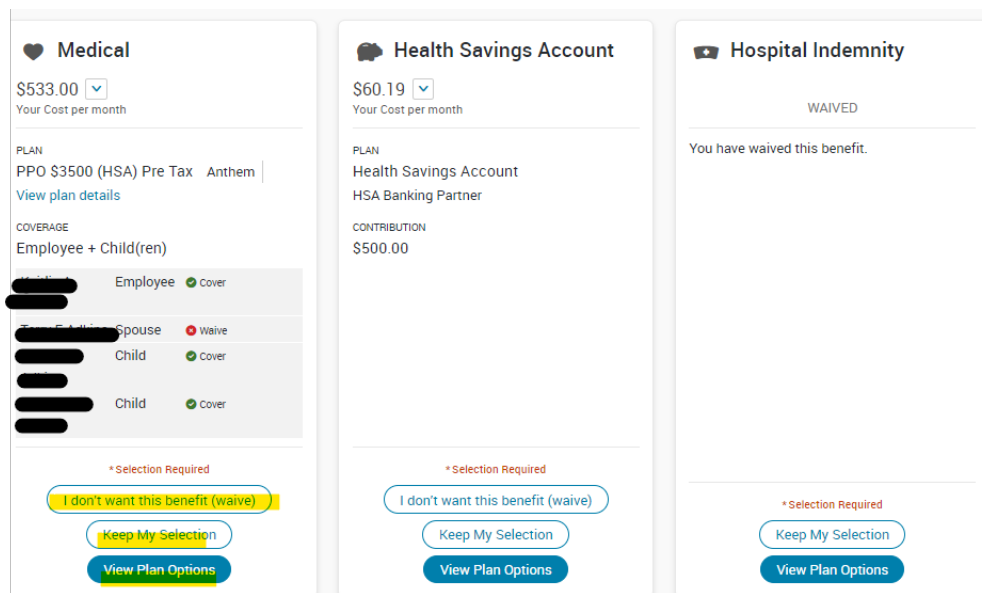
Your Status **Not Started**

4. **Your Information:** Make sure your personal information is correct. Fields marked with an asterisk (*) are required. Once complete, scroll to the bottom of this page, select the "I agree" checkbox and continue.
5. **Family Information:** Ensure ALL eligible dependents are listed. NOTE: Because of ACA reporting requirements, you must include even those you do not intend to cover. Once complete, select the "I agree" checkbox and continue.

6. **Company Wide Enrollment:** Meet Emma! You will see a Pop-Up that can help make recommendations of plan selections based on your unique situation. If you want some guidance, click on “Help me decide”. If you know what you want, click on “Review Plan Options”.



7. **Review Plan Options:** Now you will be able to select benefits. All plans that you are eligible to elect will be presented. Click on the desired selection. If you want add/remove dependents and/or want to see what other plans are available, Click on “View Plan Options”.



8. **View Plan Options: Who will be covered by this plan?** Any Dependents listed under your Family Information will be listed. Check/Uncheck or add dependents as desired and click Continue.

The screenshot shows a navigation bar with four tabs: 'Your Information', 'Your Benefits', 'Final Questions', and 'Review and Confirm'. Below the navigation bar is a 'Back to Benefits' link. The main heading is 'Medical'. Underneath, a section titled 'Who will be covered by this plan?' contains four checkboxes with corresponding icons and labels: 'Employee' (checked), 'Spouse' (unchecked), 'Child' (checked), and 'Child' (checked). An 'Add Dependents' button is located to the right of the checkboxes.

9. Click on "Select" or "Keep Selection" as desired for each benefit type.

The screenshot shows the 'Medical' plan selection screen. At the top, there is a heading 'Medical' and a sub-heading 'Who will be covered by this plan?'. Below this, there are four checkboxes with corresponding icons and labels: 'Employee' (checked), 'Spouse' (unchecked), 'Child' (checked), and 'Child' (checked). An 'Add Dependents' button is located to the right of the checkboxes. Below the checkboxes, there is a 'View All Plans Side-by-Side' button. The main content area is divided into two columns. The left column is titled 'Medical Opt Out' and 'Opt Out'. It shows 'Your cost per month' as '\$0.00' and a 'Select' button. Below this is a paragraph of text: 'By opting out of medical coverage, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage. I understand that I may be able to enroll myself and my eligible dependents in this plan if eligibility changes for myself or dependents or if an employer changes contributions to the health plan with criteria for a qualifying event satisfied.' The right column is titled 'Current Plan' and 'PPO \$3500 (HSA) Pre Tax' | Anthem. It shows 'Your cost per month' as '\$533.00' and a 'Keep Selection' button. Red arrows point to the 'Select' and 'Keep Selection' buttons.

10. Once an election is made, it will show “completed” and the benefit icon will turn green showing that you have selected a plan for that benefit type. Repeat steps 7, 8 & 9 for each plan type. When all benefit icons are green, Click Continue.

Medical

\$533.00
Your Cost per month

PLAN
PPO \$3500 (HSA) Pre Tax Anthem |
[View plan details](#)

COVERAGE
Employee + Child(ren)

[Redacted]	Employee	<input checked="" type="checkbox"/> Cover
[Redacted]	Spouse	<input type="checkbox"/> Waive
[Redacted]	Child	<input checked="" type="checkbox"/> Cover
[Redacted]	Child	<input checked="" type="checkbox"/> Cover

Completed

[I don't want this benefit \(waive\)](#)

[View Plan Options](#)

11. **Basic Employee Life** (for participating employers): After clicking on Continue, you will be presented with your beneficiary information. Update beneficiary information as desired. Please note: a Primary Beneficiary is required.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries **(required)**

Name	Percentage	Note	Remove
[Redacted] (Spouse)	<input type="text" value="100.0"/> %	<input type="text"/>	<input type="button" value="x"/>

Total: 100.0000%

[Add Beneficiary](#) ←

Secondary Beneficiaries (optional)
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

[Add Beneficiary](#) ←

12. **Review and Confirm**—After clicking on Continue, make sure all your selections are correct. If not, you can click on *Edit Selection* at the bottom of desired plan description to make changes.

After making sure all your selections are correct, read the participation statement at the bottom of the page and select the “I agree” and then “Complete Enrollment” button to the right of the page.

Your Information | Your Benefits | Final Questions | Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the “Complete Enrollment” button on the right side of the page.

Your Total Cost **\$726.33** Per Month
Your total cost (pending approval) **\$726.33** Per Month

Medical
Your cost per month: **\$533.00**
PPO \$3500 (HSA) Pre Tax Anthem
Coverage: **Employee + Child(ren)**
Who will be covered on this plan:
Name | Relationship | Coverage
[Redacted] | Employee | Cover
[Redacted] | Spouse | Waive
[Redacted] | Child | Cover
[Redacted] | Child | Cover

Health Savings Account
Your cost per month: **\$41.67**
Health Savings Account HSA Banking Partner
Contribution: **\$500.00**
Cost Details:
Total Premium: \$41.67
Employer Contribution: \$0.00
Employee Credit: \$0.00
Your Cost (pre-tax): \$41.67
Your Cost (post-tax): \$41.67

Hospital Indemnity
Waived

Buttons: Save and Finish Later, Complete Enrollment

13. Now your enrollment is complete! You may view your confirmation statement, email it to your preferred email address on file or print it for your records.

Your enrollment is complete!

You may make changes to your elections until: **November 20, 2024**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready

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

Buttons: VIEW, EMAIL, PRINT

14. Enjoy your Benefits!