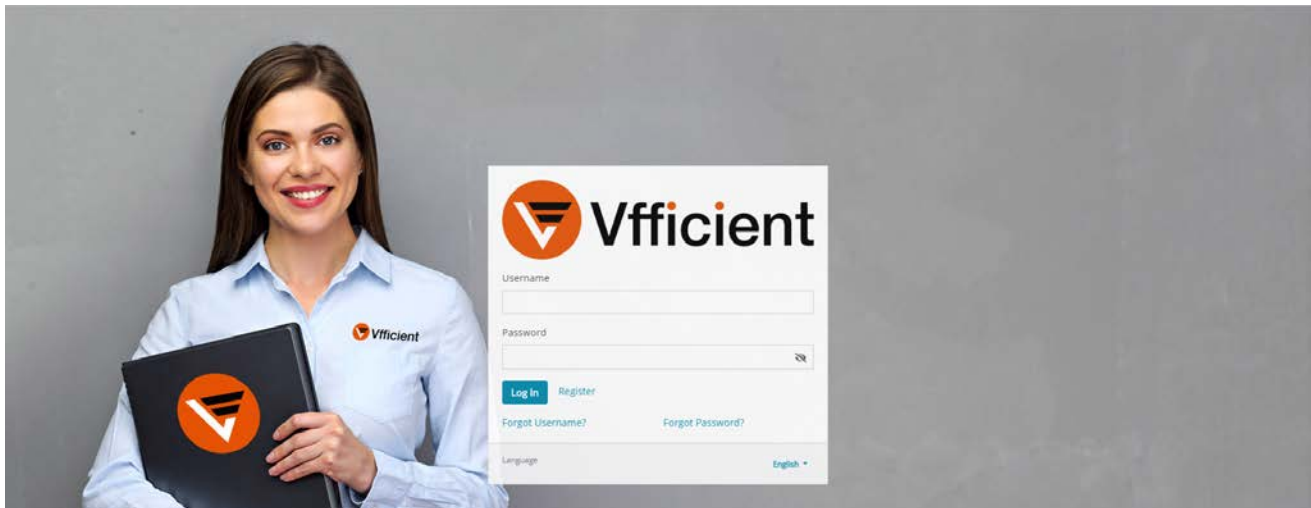


EMPLOYEE:

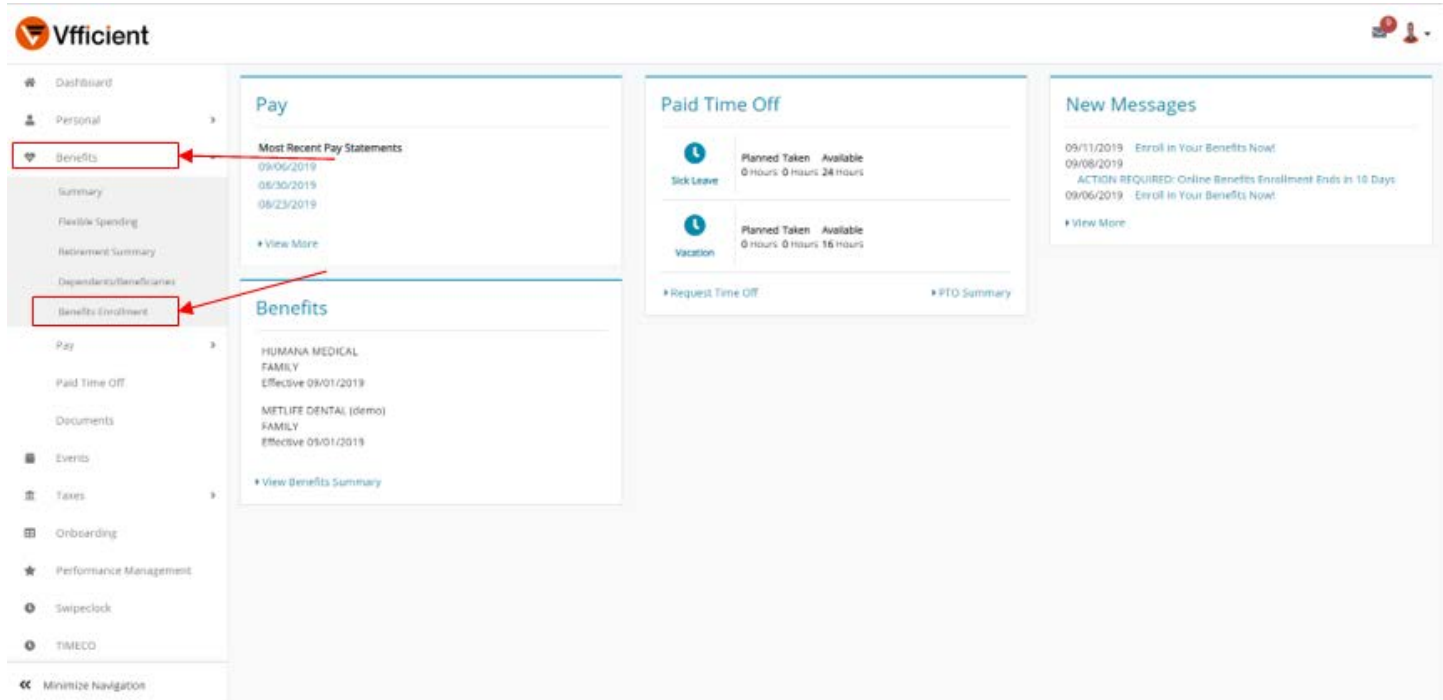
You may login to the Employee Self Service (ESS) Portal at any time during the enrollment period and make your benefit elections.

The web address for the ESS is: <https://vns-ep.prismhr.com>.

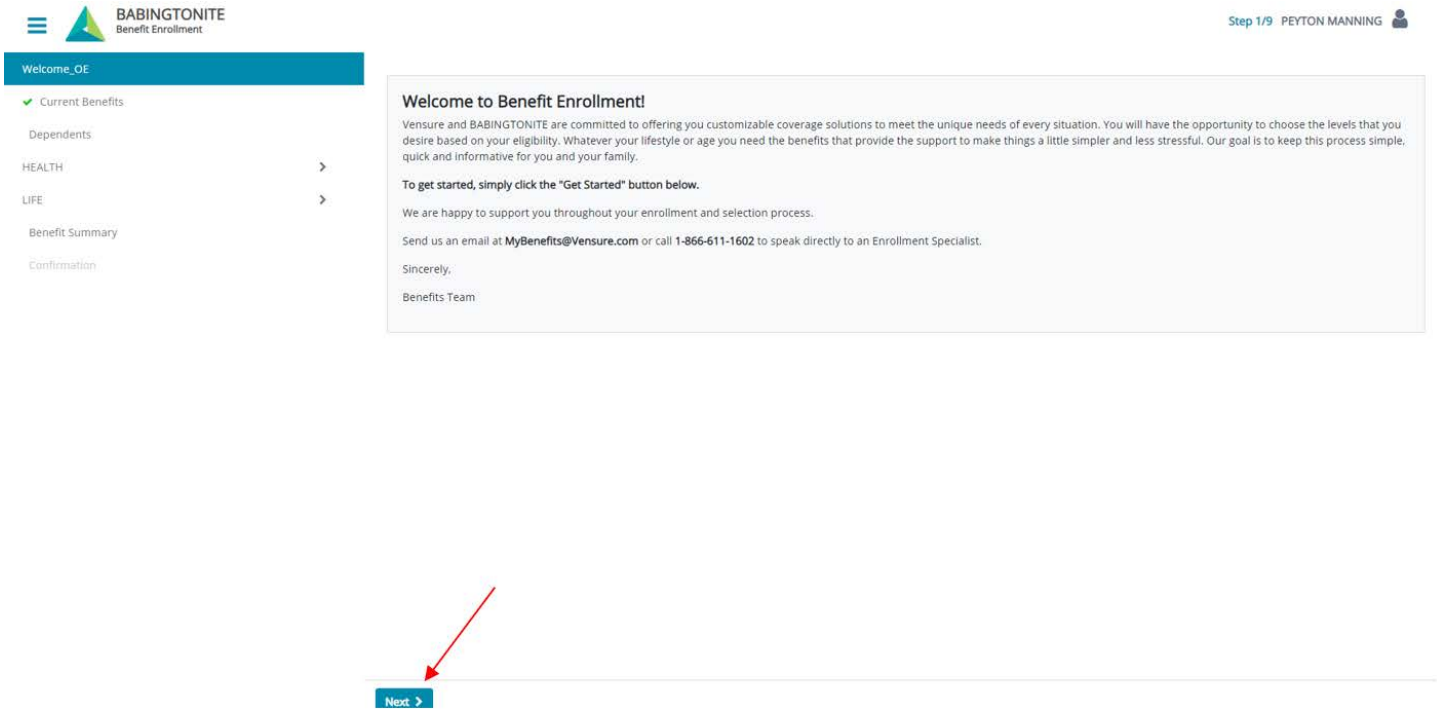
If you have not previously logged in, you will need to register first, then sign in with the newly created user name and password.



Once logged in, click the “Benefits” tab in the Navigation Panel located on the left-hand side of the screen. Then click “Benefits Enrollment”.



The Benefit Enrollment Welcome screen will appear. To get started, click the “Next” button in the lower left corner of the screen.



WELCOME TO BENEFIT ENROLLMENT

Vensure and BABINGTONITE are committed to offering you customizable coverage solutions to meet the unique needs of every situation. You will have the opportunity to choose the levels that you desire based on your eligibility. Whatever your lifestyle or age you need the benefits that provide the support to make things a little simpler and less stressful. Our goal is to keep this process simple, quick and informative for you and your family.

To get started, simply click the “Get Started” button below.

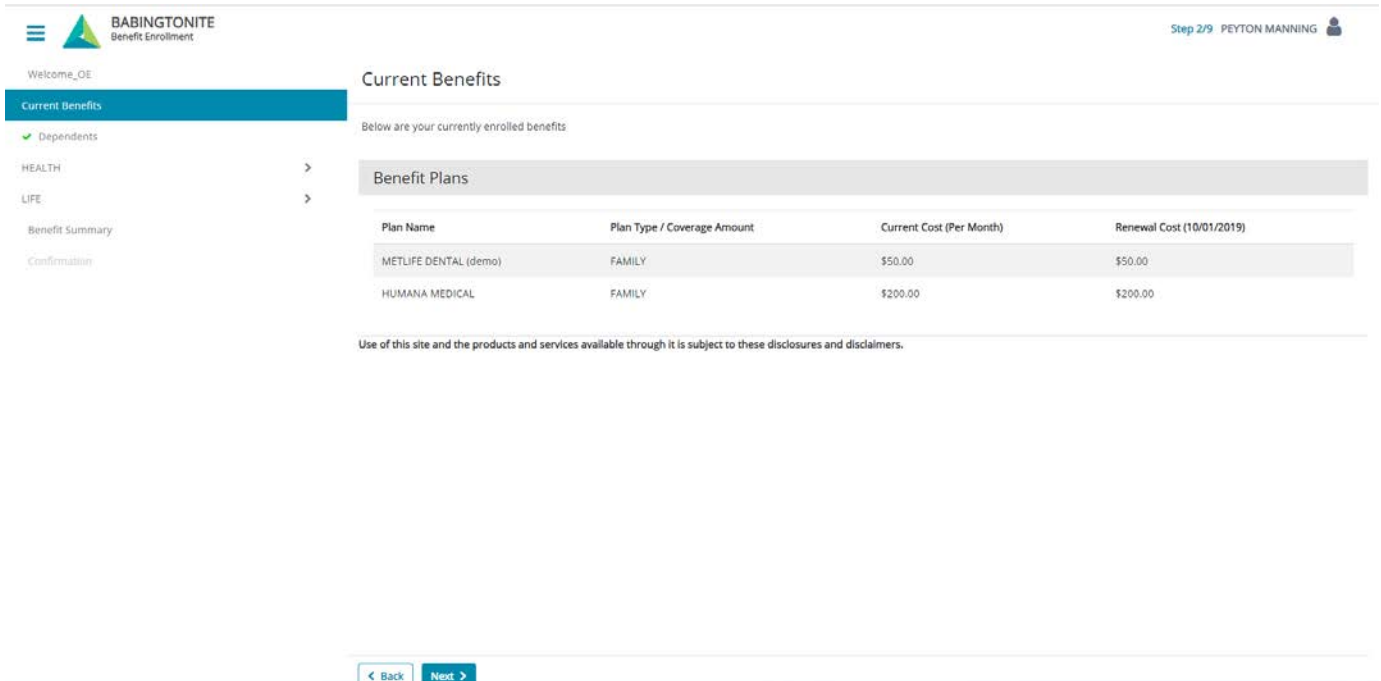
We are happy to support you throughout your enrollment and selection process.

Send us an email at MyBenefits@Vensure.com or call 1-866-611-1602 to speak directly to an Enrollment Specialist.

Sincerely,
Benefits Team

Next >

Next is the Current Benefits tab. If currently enrolled in benefits, your current benefits will display here. Otherwise, this screen will be blank. Click “Next” in the lower left corner, to navigate to the next tab.



Current Benefits

Below are your currently enrolled benefits

Plan Name	Plan Type / Coverage Amount	Current Cost (Per Month)	Renewal Cost (10/01/2019)
METLIFE DENTAL (demo)	FAMILY	\$50.00	\$50.00
HUMANA MEDICAL	FAMILY	\$200.00	\$200.00

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< Back Next >

The Dependents tab lists all dependents currently in the system. Dependents include spouses, partners, children or disabled relatives who may be eligible for coverage in a benefit plan. You can add to or modify dependent records as needed.

To add a dependent, click “Add Dependent”. The following screen will appear. Insert all necessary information and click “Save”. The dependent will now show in the Dependent List. Click “Next” to navigate to the next tab.

Add Dependent
×

Relationship: *

First Name: *

Middle Initial:

Last Name: *

Gender: * Male Female

Birth Date: *

Soc-Sec-Num: *

Address:

Address:

Zip:

ENROLLING IN BENEFITS

In the middle of the screen, your plan options will appear. The cost per pay period that is displayed is your (employee) cost per pay period. This will automatically adjust depending on which type of coverage is selected.

Click “View” to view plan information such as deductible, copay, etc. Click the SBC icon to download a PDF of the Summary of Benefits and Coverage.

You may compare up to three plans at a time. To do so, select the plans and then click “Compare”.

Description	HUMANA MEDICAL	BCBS MEDICAL
Deductible - Network (Single/Family)	\$1,000/\$2,000	\$3,000/\$6,000
Out-of-Pocket Maximum - Network (Single/Family)	\$3,500/\$7,000	\$6,250/\$12,500
Preventative Care/Screening/Immunizations (Network/Non-Network)	\$0	\$0
Office Visit - Primary Care (Network/Non-Network)	\$20	\$20
Office Visit - Specialist (Network/Non-Network)	\$35	\$35
Inpatient Hospital Services (Network/Non-Network)	80%/60%	80%/60%
Outpatient Surgery Services (Network/Non-Network)	80%/60%	80%/60%
Emergency Room Services	\$150	\$150
Urgent Care (Network/Non-Network)	\$45	\$75
Diagnostic Tests (x-ray, blood work) (Network/Non-Network)	\$0	\$0
Imaging (CT/PET scans, MRIs) (Network/Non-Network)	80%/60%	80%/60%
Behavioral Health - Outpatient Therapy (Network/Non-Network)	\$20	\$20

Select the plan you would like to enroll in or select “Waive Benefits” to waive coverage.

\$6.25
Per Period

✓

BLUE CROSS BLUE SHIELD
BCBS MEDICAL

Plan Effective Date: 10/01/2019

SBC

View
Compare

\$12.50
Per Period

Select

HUMANA
HUMANA MEDICAL

Plan Effective Date: 10/01/2019

SBC

View
Compare

Compare 0/2

Waive Benefits

I agree to waive Medical benefits

To select a benefit plan, click Select. To unselect a plan, click the green area on the benefit plan. Selecting "I choose to waive benefits" in the plans. Click the SBC icon to view summary information on a benefit plan. To view a benefit plan's effective date, place the cursor over the require PCP information. Which benefit plans display may change depending on enrollees selected. A running total of employee costs per p

If a medical plan requires a Primary Care Physician (PCP), the following screen will appear. Enter your PCP's name and PCP ID# and click save.

Name	PCP Name	PCP ID#
PEYTON MANNING	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Ahley Manning	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

PCP Lists

Cancel
Save

As you navigate through each benefit tab and make your benefit elections, the running total (your cost per pay period) will automatically update in the upper right-hand corner.

The Benefit Summary tab outlines all your benefit elections. Please review your selected benefits and click “submit”.

Name	Relationship	SSN	Date of birth
Ahley Manning	Spouse	xxx-xx-1111	12-02-1974
Mosley T Manning	Child	xxx-xx-1100	03-31-2011
Marshall W Manning	Child	xxx-xx-0001	03-31-2011

Policy	Covered	Primary Care Physician	Effective date	Cost
BCBS MEDICAL	Peyton Manning (EE) Ahley Manning (spouse)		10/01/2019	\$12.50

Policy	Covered	Primary Care Physician	Effective date	Cost
METLIFE DENTAL (demo)	Peyton Manning (EE) Ahley Manning (spouse) Marshall W Manning (child) Mosley T Manning (child)		10/01/2019	\$12.50

Complete the acknowledgement and click “Complete Enrollment”. Once complete, the Benefit Confirmation Statement will appear. Please print or save a copy for your records.




Benefit Confirmation Statement

PEYTON MANNING Confirmation Number: 1002
 600 W College Ave Employee ID: C34983
 Tallahassee, FL 32306 Confirmed: 09/11/2019 04:27PM

This is a summary of the benefit elections you have confirmed.

Name	Relationship	SSN	Date of birth
Ahley Manning	Spouse	xxx-xx-1111	12-02-1974
Mosley T Manning	Child	xxx-xx-1100	03-31-2011
Marshall W Manning	Child	xxx-xx-0001	03-31-2011

You will also receive a confirmation email from noreply@vensure.com upon submission.

 noreply@vensure.com | Sarah Keener - Vensure
Thank You for Submitting Your Enrollment Elections

5:28

Dear Peyton,

Thank you for submitting your benefit enrollment elections for the upcoming plan year. Our benefits team will review the information you submitted and will either approve or request additional information if needed.

Please keep the copy of your confirmation statement from the online enrollment module as this will serve as confirmation of your elections.

Sincerely,

Benefits Team

The Benefits Team will review the information submitted and will either approve or request additional information if needed.