

HOW TO COMPLETE 'MY HR' BENEFITS ENROLLMENT

I AM A NEWLY BENEFITS ELIGIBLE EMPLOYEE

- As a newly benefits eligible employee, you must make your benefit election (enroll or decline) in 'My HR' within 30 days of your benefits eligibility date
- Click on the link on the main screen of My HR to enroll in benefits
 - Found under the benefits tile

The screenshot shows the 'My HR' Home page. The top navigation bar is purple with the 'SENIOR LIVING MyHR' logo and 'Home' text. Below the navigation bar, there are several sections: 'Myself' with a search bar, 'Personal' with links to Employee Summary, Name, Address, and Telephone, Status/Key Dates, Contacts, Private Info, and Other Personal Info; 'My Company' with links to Company Info and Electronic Forms; 'Spanish Document Library' with a link to 'Spanish Documents'; 'Insight Communications' with a link to 'January Insight 2023'; 'Benefits' with a link to 'PSL Benefits Page - NEW' and a note to 'Check out this new benefits page that includes PSL Benefits, Retirement and Perks!'; 'Benefits Enrollment' with a link to enroll in benefits as a newly benefits eligible employee or if you have a qualifying life event change; 'CHIP Notice'; 'Residency Certification Form'; 'New Employee Orientation' with a link to 'Employee Handbook'; 'New Hire Resource Page (HHS)'; 'PSL Benefits Video'; and 'My HR' Benefits Enrollment.

- Click on I'm a newly benefits eligible employee

The screenshot shows the 'Life Events' page header. It features a purple navigation bar with a back arrow, the 'SENIOR LIVING MyHR' logo, and the text 'Life Events'.

Life Events

print help

About Life Events

Life Events are changes that happen to you or your family affecting your benefits. Below is a list of events that you are eligible to complete. Begin by selecting an event that most closely describes your circumstances.

Description	Message	Status	
I am a newly benefits eligible employee	This life event is for all new hires, rehires, company transfers and newly benefits eligible employees. Check out the benefits page for additional information.	Not Started	

- Once you click on the link, the main screen of the life event appears.
- The left columns need to be completed in full until you can progress to the next screen
 - Life Event Effective Date: This date is pre-populated by the system and is based off your benefits eligibility date
 - What was the reason? Select dropdown: Life Event Election
 - Select next arrow at the top right of the screen

Life Events
I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

About This Life Event

Life Event Effective Date 06/27/2023
What was the reason? Life Event Election

Whether you are a new hire, recent change of status to benefits eligible, rehire or a company transfer, you are eligible to enroll in benefit plans for yourself and any eligible dependents. If you are enrolling an eligible dependent in a benefit plan, you must provide supporting proof (birth certificate, marriage certificate, etc.) of the dependent to your Community Human Resources Department within 30 days of your enrollment. If you have any additional questions, please contact the PSL Benefits Department at benefits@psl.org or 717-502-1868.

back next submit draft reset cancel print help

- **Verify Dependent Information**

- Dependent’s SSN and DOB will need to be added in this area before they can be enrolled in benefit plans.
- Life insurance and retirement beneficiaries are not stored in this area
- Once all dependent information is complete, select the next arrow at the top right of the screen

Life Events
I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

Verify Dependent Information

Please note that beneficiaries are not stored in "My HR" for life insurance or retirement benefits. If you are a full-time employee, please submit your beneficiaries for the Group Life & ADD benefit on Prudential's website at www.prudential.com/mybenefits. Control Number:53307. If you are interested in enrolling in the 403B retirement plan with PSL, please refer to the Retirement Program section on "My HR" for enrollment and contribution information for both the 403B and Defined Contribution Plans. Go to www.myconradsegel.com to setup an account today!

Find by Status Active

Name	Relationship	Designation
Fits Jr, Ben E.	Child	<input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact

add back next submit draft reset cancel print help

- **Medical**

- You can enroll or decline in the Medical and Prescription plan on this page.
- There are three plans to choose from: EPO, PPO, HDHP
 - The HDHP plan is the only plan that is eligible to enroll in the Health Savings Account (HSA)
- If you add your spouse to the plan the you must submit the spouse attestation
- Tier 1 and Tier 2 are based on salary
 - Tier 1 annual salary of \$55,000 or less per year
 - Tier 2 annual salary of \$55,000 or more per year

- The only difference between tier 1 and tier 2 is the bi-weekly premium amount removed from your paycheck
 - Once you make your selection, click the next button on the top right of the screen

Life Events
I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event
Verify Dependent Information
Medical
Health Savings Account
Dental
Vision
Short Term Disability
Confirm Your Elections Or Changes

Medical

back next submit draft reset cancel print help

Select a Plan
Use the options below to choose or decline a plan.

PSL offers several Medical and Prescription plan options. The plans differ in deductible, co-insurance amounts and employee cost. Please refer to the benefit enrollment guide on the PSL benefits website to review the plan options and to make the best choice for you! Premiums shown below are based on the current plan year rates and are subject to change with the annual open enrollment period. Tier 1 and Tier 2 are based on current annual salary. To view your current annual salary in 'My HR' click [here](#). Please see the tier structure below:

Tier Structure
Tier 1: <\$55,000 annual salary
Tier 2: >\$55,000 annual salary

[Read more](#)

I decline Medical plans.

HDHP Tier 1

Options

Current Plan
as of 07/10/2023
No current plans for this type.

- **Health Savings Account (HSA)**

- The HSA is only available for those who enroll in the HDHP plan
 - **If you enroll in the HSA plan, you must select one plan from the options below. Please note that you do not have to contribute to the HSA plan and can check 'I decline Health Savings Account plans'. The employer contribution will continue regardless of enrollment or declination of the HSA.**
 - HSA Individual- Employee only coverage under the age of 55
 - HSA Individual-Catch Up (Age 55 & above) – Employee only coverage age 55 eligible for the additional \$1,000 catchup
 - HSA Family- Employee plus one under the age of 55
 - HSA Family Catch-up (Age 55 & above) – Employee plus one above the age of 55 eligible for the additional \$1,000 catchup
 - The HSA is also viewable if you enroll in the EPO plan, PPO plan or decline medical and prescription. You must check **'I decline Health Savings Account plans'**.

Life Events
I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

Health Savings Account

back next submit draft reset cancel print help

Select a Plan

Use the options below to choose or decline a plan.

Please note: regardless if you selected the EPO or PPO plan, you must check 'I decline the Health Savings Account plans' on this page. If you selected the HDHP plan with HSA, please review the information listed below.

The Health Savings Account (HSA) is only available to elect if you enrolled in the HDHP Medical and Prescription Plan. If you enroll in the HDHP you may be eligible to set up and contribute to an HSA up to annual limits set by the IRS. To contribute to an HSA, you cannot be covered by any other medical plan that is not an HSA-compatible health plan, including a spouse's medical plan. The annual contribution limits for 2023 are \$3,850 if you enroll for employee-only coverage and \$7,750 if covering any family members. If you will be age 55 or older during the year, you may make additional catch-up contributions of up to \$1,000. **In addition to any HSA contributions you elect, PSL will be**

[Read more](#)

I decline Health Savings Account plans.

HSA Individual

Amount Per Pay Period

Current Plan
as of 07/10/2023
No current plans for this type.

- **Dental**
 - There are two dental plans to choose from: Dental Standard Plan or Dental Buyup Plan
 - Enroll or decline in the plan and click on the next button

Life Events
I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

back next submit draft reset cancel print help

Dental

Select a Plan

Use the options below to choose or decline a plan.

Presbyterian Senior Living offers a choice of two dental plan options through Delta Dental. Both plans offer the same network, the same preventive services and the same maximum benefit. Premiums shown below are based on the current plan year rates and are subject to change with the annual open enrollment period. The difference between the plans is in the coverage of certain procedures. There is a difference in employee premium cost.

The rates shown below will be the pre-tax premium contribution. If you wish your premiums to be withheld from your paycheck at post tax-please see your HR Department.

I decline Dental plans.

Current Plan
as of 07/10/2023
No current plans for this type.

- **Vision**
 - There is one vision plan to select. All levels of coverage are at the same bi-weekly premium
 - Enroll or decline in the vision plan and click on the next button

Life Events

I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

Vision

← → | submit | draft reset cancel | print help

Select a Plan

Use the options below to choose or decline a plan.

Presbyterian Senior Living offers vision coverage through Davis Vision. The employee must pay a portion of the premium, but the cost regardless of the contract level is the same. Premiums shown below are based on the current plan year rates and are subject to change with the annual open enrollment period.

The rates shown below will be the pre-tax premium contribution. If you wish your premiums to be withheld from your paycheck at post-tax please see your HR Department.

I decline Vision plans.

Vision

Current Plan
as of 07/10/2023

No current plans for this type.

- **Short Term Disability (STD) (you will only see this election if you are an hourly employee)**

- Available to hourly full-time employees. You can enroll or decline in the Voluntary STD plan at time of benefits eligibility.
- If you would like to enroll in the benefit, review the Voluntary STD rates in the red chart below. Enter the election cost by age bracket into the amount per pay period line in 'My HR' this is the amount that will be removed per pay.
- Once complete click the next button on the top right of the screen

Life Events

I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

Short Term Disability

← → | submit | draft reset cancel | print help

Select a Plan

Use the options below to choose or decline a plan.

All non-exempt full time employees are eligible during their initial benefits eligibility period. During the annual Open Enrollment, those participants that have the active Voluntary Short Term Disability (VSTD) are eligible to make changes to the VSTD benefit. Those participants that have elected to waive the coverage during their initial benefits eligibility period must print and complete an Evidence of Insurability (EOI) form [Prudential+EOI+Form.pdf](#). The EOI form is submitted directly to the carrier, Prudential, for determination of enrollment. This benefit is fully funded by the employee through voluntary payroll deductions on a post tax basis. Please view the attached [VSTD+Rates.pdf](#) for reference. To view your current annual salary in 'My HR' click [here](#).

I decline Short Term Disability plans.

Vol Short Term Disability Post

Amount Per Pay Period

Current Plan
as of 07/10/2023

No current plans for this type.

MINIMUM ANNUAL SALARY	WEEKLY BENEFIT	ELECTION COST BY AGE BRACKET			
		<39	40-49	50-59	60+
\$8,667	\$100	\$3.97	\$3.88	\$5.17	\$7.29
\$17,333	\$200	\$7.94	\$7.75	\$10.34	\$14.58
\$26,000	\$300	\$11.91	\$11.63	\$15.51	\$21.88
\$34,667	\$400	\$15.88	\$15.51	\$20.68	\$29.17
\$43,333	\$500	\$19.85	\$19.38	\$25.85	\$36.46
\$52,000	\$600	\$23.82	\$23.26	\$31.02	\$43.75
\$60,667	\$700	\$27.78	\$27.14	\$36.18	\$51.05
\$69,333	\$800	\$31.75	\$31.02	\$41.35	\$58.34
\$78,000	\$900	\$35.72	\$34.89	\$46.52	\$65.63
\$86,667	\$1,000	\$39.69	\$38.77	\$51.69	\$72.92
\$95,333	\$1,100	\$43.66	\$42.65	\$56.86	\$80.22
\$104,000	\$1,200	\$47.63	\$46.52	\$62.03	\$87.51

- **Confirm Your Elections or Changes**

- Review all of your elections thoroughly, if everything looks correct press submit at the top right of the screen (blue check mark). A pop up (second screen-print) will show a confirmation page to submit your elections.

Life Events
I am a newly benefits eligible employee
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

Confirm Your Elections or Changes

← → | ✔ | 📄 ↻ ✖ | 🖨 🔗
back next submit draft reset cancel print help

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

My change is due to Life Event Election Date of event 06/27/2023

Personal Information

Name	Primary phone (Home or Cell) Private
Address	Work phone
	Work extension
	E-mail

▼ **Current Benefits** Estimated Total Cost: \$0.00 ⓘ

Plan Type	Plan Details	Your bi-weekly cost
Group Term Life Insurance	Life & AD&D <i>Covered Family Members</i>	

▼ **New Benefits** Estimated Total Cost: \$82.29 ⓘ

Plan Type	Plan Details	Your bi-weekly cost
Medical	HDHP Tier 1 Coverage: 1 EE Employee <i>Covered Family Members</i>	\$77.74

Life Events

I am a newly benefits eligible employee
Ben E Fits - 034701

nz11.ultipro.com says

You are about to finish and submit your elections. You will not be able to make any more changes. Continue?

OK

Cancel

back next submit draft reset cancel print help

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

Confirm Your Elections

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

[My change is due to](#) Life Event Election

[Date of event](#) 06/27/2023

Personal Information

Name Ben E Fits

Primary phone
(Home or Cell)

Address

Work phone

Work extension

E-mail

Current Benefits

Estimated Total Cost: \$0.00 ⓘ

Plan Type	Plan Details	Your bi-weekly cost
Group Term Life Insurance	Life & AD&D <i>Covered Family Members</i>	

New Benefits

Estimated Total Cost: \$82.29 ⓘ

Plan Type	Plan Details	Your bi-weekly cost
Medical	HDHP Tier 1 Coverage: 1 EE Employee <i>Covered Family Members</i>	\$77.74

- **Additional HSA Information**

- The system is set up with plan contingences. That means if there is an error with your HSA enrollment, you may receive an error message below. You will need to go back into the HSA section and update your election.
- **Enrolling in EPO or PPO plans but trying to select the HSA:**

Confirm Your Elections or Changes

edit labels back next submit draft reset ca

Information

- For Plan: **HSA Individual Catch-up.**
 - This plan selection cannot be submitted. You must also be enrolled in at least one of the following plan options:
 - HDHP Part-Time (1 EE Employee)
 - HDHP Tier 1 (1 EE Employee)
 - HDHP Tier 2 (1 EE Employee)

○ **Enrolling in Employee Only HDHP coverage but selecting Family HSA:**

Confirm Your Elections or Changes

edit labels | back | next | submit | draft | reset | cancel | print | help

Information

- For Plan: **HSA Family Catch-up.**
 - This plan selection cannot be submitted. You must also be enrolled in at least one of the following plan options:
 - HDHP Part-Time (2 EE Employee/Child)
 - HDHP Part-Time (3 EE Employee/Children)
 - HDHP Part-Time (4 EE Employee/Spouse)
 - HDHP Part-Time (4 EE/Spouse - Surcharge)
 - HDHP Part-Time (5 Family)
 - HDHP Part-Time (5 Family - Spouse Surchar)
 - HDHP Tier 1 (2 EE Employee/Child)
 - HDHP Tier 1 (3 EE Employee/Children)
 - HDHP Tier 1 (4 EE Employee/Spouse)
 - HDHP Tier 1 (4 EE/Spouse - Surcharge)
 - HDHP Tier 1 (5 Family)
 - HDHP Tier 1 (5 Family - Spouse Surchar)
 - HDHP Tier 2 (2 EE Employee/Child)
 - HDHP Tier 2 (3 EE Employee/Children)
 - HDHP Tier 2 (4 EE Employee/Spouse)
 - HDHP Tier 2 (4 EE/Spouse - Surcharge)
 - HDHP Tier 2 (5 Family)
 - HDHP Tier 2 (5 Family - Spouse Surchar)

○ **Enrolling in EE/Spouse, EE/Child, EE/Children or EE/Family HDHP coverage but selecting individual HSA**

Information

- For Plan: **HSA Individual Catch-up.**
 - This plan selection cannot be submitted. You must also be enrolled in at least one of the following plan options:
 - HDHP Part-Time (1 EE Employee)
 - HDHP Tier 1 (1 EE Employee)
 - HDHP Tier 2 (1 EE Employee)

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

I HAVE A QUALIFYING LIFE EVENT CHANGE (MID YEAR CHANGES)

- You have 30 days from the date of the event to make changes to your benefits. You must provide supporting documentation of the life change event to your Community Human Resources department.
- Click on the link on the main screen of My HR to update your benefits
 - Found under the benefits tile
 - Click on I have a Qualifying Life Events Change

Life Events print help

About Life Events

Life Events are changes that happen to you or your family affecting your benefits. Below is a list of events that you are eligible to complete. Begin by selecting an event that most closely describes your circumstances.

I have a Qualifying Life Event Change	This life event is for any employee with a life event change that qualifies as a life event and/or is approved through the benefits appeal process. Please make your changes and assure that your Community HR Department has all of the necessary required documentation for the life event outside the Open Enrollment period. The enrollment request must be submitted within 30 days of the life event (i.e., birth of child, change in marital status, loss of coverage, etc.). Check out the benefits page for additional information.	Not Started
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------

- Life Event Effective Date: Enter the date the life event occurred. Please note the system does not allow you to future date the life event. If it is a future date, please use the current date. Your 'My HR' record will reflect the correct life event date once approved
- What was the reason? Select dropdown: Death of Dependent, Divorce legal sep/COB, Life Event Election
- Select next arrow at the top right of the screen

Life Events
I have a Qualifying Life Event Change
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

About This Life Event

When did this happen?

What was the reason?

Welcome to the Qualifying Life Events Enrollment. You have 30 days from the date of the event to make changes to your benefits. You may make the changes and elect benefits through this benefit enrollment process on 'My HR'. You must provide supporting documentation of the life event change to your Community Human Resources Department. If you have any additional questions, please contact the PSL Benefit Department at benefits@psl.org or 717-502-1868. Qualifying life events such as: The birth, adoption or loss of a dependent; your marriage or divorce; a change in you or your spouse's employment status, or that of an eligible dependent, that affects eligibility for coverage.

back next submit draft reset cancel print help

- **Verify Dependent Information**

- Dependent's SSN and DOB will need to be added in this area before they can be enrolled in benefit plans.
- Life insurance and retirement beneficiaries are not stored in this area
- Once all dependent information is complete, select the next arrow at the top right of the screen

Life Events
I have a Qualifying Life Event Change
Ben E Fits - 034701

About This Life Event

Verify Dependent Information

Medical

Health Savings Account

Dental

Vision

Short Term Disability

Confirm Your Elections Or Changes

Verify Dependent Information

PSL does not use the beneficiaries listed in your "My HR" record. Please make sure you have updated your retirement and life insurance beneficiaries on the designated website. Please see the Retirement Program section on the "My HR" home page to access your account at www.myconradsiegel.com. Please go to Prudential's website to update your Life Insurance beneficiaries at www.prudential.com/mybenefits. Employee control number: 53307

Find by

Name ↑	Relationship	Designation
Fits Jr., Ben E.	Child	<input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact

add back next submit draft reset cancel print help

- **The Qualifying Life Event Change allows you to only select the plan you would like to change**

- Example: if you only want to change medical and prescription, make the change under the Medical section and then you can click on confirm your elections or changes in the final column.
- If you would like to make changes to all plans, you will need to go through each column on the left side of the screen. To move onto the next page, click the next button at the top right of the screen.

- **Health Savings Account (HSA) Section**

- The HSA is only available for those who enroll in the HDHP plan

- If you do not want to enroll in HSA, you can completely bypass this section under I have a Qualifying Life Event Change or you can select 'I decline Health Savings Account plans.'
- If you enroll in the HSA plan, you must select one plan and can then continue to the dental column

Medical

back next submit draft reset cancel print help

Select a Plan

Use the options below to choose or decline a plan.

PSL offers several Medical and Prescription plan options. The plans differ in deductible, co-insurance amounts and employee cost. Please refer to the benefit enrollment guide on the PSL benefits website to review the plan options and to make the best choice for you! Premiums shown below are based on the current plan year rates and are subject to change with the annual open enrollment period. Tier 1 and Tier 2 are based on current annual salary. To view your current annual salary in 'My HR' click [here](#). Please see the tier structure below:

Tier Structure

Tier 1: <\$55,000 annual salary

Tier 2: >\$55,000 annual salary

[Read more](#)

I decline Medical plans.

Current Plan
as of 07/10/2023
No current plans for this type.

- **Confirm Your Elections or Changes**

- Review all of your elections thoroughly, if everything looks correct press submit at the top right of the screen (blue check mark). A pop up (second screen-print) will show a confirmation page to submit your elections.

Life Events

I have a Qualifying Life Event Change
Ben E Fits - 034701

nz11.ultipro.com says
You are about to finish and submit your elections. You will not be able to make any more changes. Continue?

OK Cancel

back next submit draft reset cancel print help

Confirm Your Elections

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

[My change is due to](#) Life Event Election [Date of event](#) 07/11/2023

Personal Information

Name Ben E Fits Primary phone (Home or Cell) Private
Address . Work phone .
Work extension .
E-mail .

Current Benefits			New Benefits		
Estimated Total Cost: \$0.00			Estimated Total Cost: \$77.74		
Plan Type	Plan Details	Your bi-weekly cost	Plan Type	Plan Details	Your bi-weekly cost
Group Term Life	Life & AD&D		Medical	HDHP Tier 1 Coverage: 1 EE Employee	\$77.74