

# Exchange eBenefits

Choose Get Started.



Home Benefits Tools & Resources

 **Newly Eligible: Make your 2022 elections**  
Review and update your benefits now.

[GET STARTED](#)



**My Beneficiaries**  
Make updates or changes to your beneficiaries

[View Beneficiaries](#)



**My Dependents**  
Make updates or changes to your dependents

[View Dependents](#)



**2022 Benefits**  
Learn about your current benefit options.

[Check It Out](#)



**401(k) Retirement Savings Plan**  
You are eligible to enroll or make changes to your 401(k) plan anytime during the year.

[401\(k\) Retirement Savings](#)







**Long Term**  
You are eligi  
Term Care th  
any time.

[Long T](#)


# Exchange eBenefits

Employee chooses if they wish to take advantage of Section 125 tax break.

  Kilkee Walters ▾

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Home Benefits Tools & Resources



## Section 125 Selection

Deductions for elections you have made (other than No Coverage) for Medical, Dental and Basic Life Insurance may be taken as pre-tax or after-tax deductions.

The provisions of Section 125 of the Internal Revenue Code (IRC) permit you to have your premiums, and those for tax dependents, deducted from your paycheck on a pre-tax basis.

**What to consider when selecting your deduction type:**

**Pre-Tax (Participating in Section 125 provisions)**

**When premiums are paid with pre-tax dollars under Section 125, IRC, you may not cancel coverage except: During an Open Enrollment period or within 31 Days of a Family Status Change. A cancellation during Open Enrollment is effective on 1 January of the following plan year. Family Status Change elections are effective either the date of the event or date of the election. See your Summary Plan Description for details located on the home page.**

Unless you qualify for a state or federal program (see the after-tax section below), you will likely want to participate in the Section 125 provisions that permit pre-tax deductions. By paying for your premiums with pre-tax dollars, you effectively pay less for your coverage. Here is an example:

Pre-Tax Deductions		After-Tax Deductions	
Monthly Pay	\$1000.00	Monthly Pay	\$1000.00
Insurance	- \$100.00	Taxes (25%)	- \$250.00
New W-2 Pay	\$900.00	Insurance	- \$100.00
Taxes (25%)	- \$225.00	Take Home Pay	\$650.00
Take Home Pay	\$675.00		

**After-Tax**

If you have been informed that you are eligible to receive reimbursement of your insurance premiums under a state or Federal program, you will need to have your premiums deducted on an after-tax basis before you can receive your reimbursement.

I will participate in the Section 125 provisions and have my deductions taken pre-tax  
 I will have my deductions taken after-tax

**CONTINUE →**

# Exchange eBenefits



OMB NO. 0702-0139  
OMB approval expires  
OCT 31, 2022

#### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0139, is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

#### PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to your HR Support Center or to the Treasury Benefit department at the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

#### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 U.S.C. 7013, "Secretary of the Army"; Title 10 U.S.C. 9013, "Secretary of the Air Force"; Title 42 U.S.C. 659, "Consent by United States to income withholding, garnishment, and similar proceeding for enforcement of child support and alimony obligations"; 31 CFR 285.11, "Administrative Wage Garnishment"; DoD Directive 7000.14-R, Volume 13 and 16, "DoD Financial Management Regulation"; Department of Defense Instruction (DoDI) 1400.25, Volume 1408, "DoD Civilian Personnel Management System: Insurance and Annuities for Nonappropriated Fund (NAF) Employees"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** Information collected is to provide the basis for computing civilian/retiree/survivor pay deductions and for processing of insurance benefits chosen by active Exchange associates.

**ROUTINE USE(S):** Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Information may be disclosed to former spouses and/or survivors, to federal, state, or local child support agencies for purposes of assisting the agencies in the discharge of their responsibilities under federal and state law.

**DISCLOSURE:** Voluntary, however, failure to provide all the requested information may result in the denial of your application for benefits.

**SYSTEM OF RECORD NOTICE:** AAFES 0703.07 "Employee Pay System Records"; <http://dpcld.defense.gov/Privacy/SORNsIndex?Page=9> A copy of the Privacy Impact Assessment (PIA) for the collection of information may be located at <https://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm>.

This site provides eligible Exchange associates the capability to manage their benefit enrollments. The information contained herein falls under the purview of the Privacy Act of 1974 and will be safeguarded in accordance with the applicable system of records notices listed above.

[CONTINUE →](#)

# Exchange eBenefits

Personal Information is pulled from Exchange systems – Employee verifies all information is correct before continuing.



## Review and Confirm Your Information

Please take a minute to review and confirm the information we have for you.

### Your Basic Information

First Name: [Redacted]  
Last Name: [Redacted]  
Birth Date: [Redacted]  
Address Line 1: [Redacted]  
Address Line 2: [Redacted]  
City: [Redacted]  
State: [Redacted]  
ZIP Code: [Redacted]

Your personal information is listed above. If this information is not correct, please contact the Human Resources Support Center (HRSC) at 214-312-6190.

Your home zip code impacts the medical plans you can enroll in. If the zip code is not correct, you should log out of eBenefits and update your address immediately. You may return to eBenefits to make elections once your address is updated (usually within 24 hours after entering it into Employee Self-Service).

### Contact Information

Home Phone: [Redacted]  
Work Phone: [Redacted]  
Mobile Phone: [Redacted]  
Work Email: [Redacted]  
Alternative Email: [Redacted]

[Update Contact Information →](#)

Communication Preference: No Preference

[Update Communication Preference →](#)

### Dependents

We currently have no dependent information on file for this coverage.

[Update Dependents →](#)

[NEXT →](#)

# Exchange eBenefits

Screen when employee has no dependents in system.




## Profile

[Return To Enrollment](#)

### My Dependents

Your current dependent information is listed below. To view more dependent details or to remove a dependent, click on the dependent name. You may be subject to a \$50 penalty from the IRS for each failure to provide an accurate SSN/ITIN for a covered individual. For additional information, see IRS Form W-9 instructions (available upon request).

 [Add Dependent](#)

Currently, you do not have any dependents on file.

### Dependent Eligibility

Learn more about who is an eligible dependent:

[Spouse →](#)

[Sponsored Child →](#)

[Child →](#)



## Exchange eBenefits

### Dependent edit screen



### My Dependents

Your current dependents are listed below.

You may be subject to a \$50 penalty from the IRS for each failure to provide an accurate SSN/ITIN for a covered individual. For additional information, see IRS Form W-9 instructions (available upon request).



Add Dependent

[Redacted] (Spouse) ^

First Name: [Redacted]

Birth Date: [Redacted]

Middle Name: [Redacted]

Gender: MALE

Last Name: [Redacted]

Relationship: Spouse

SSN: [Redacted]

Use my home address for this dependent

Line 1: [Redacted]

City: [Redacted]

Line 2: [Redacted]

State: [Redacted]

Zip Code: [Redacted]

Country: United States

Relationships include stepson and stepdaughter (these are defined as children), spouse, child, sponsored child.

# Exchange eBenefits

## Add a Dependent screen

[Return To Enrollment](#)



### New Dependent

First Name:	<input type="text"/>	Birth Date:	<input type="text"/>
Middle Name:	<input type="text"/>	Gender:	<input type="text"/>
Last Name:	<input type="text"/>	Relationship:	<input type="text"/>
SSN:	<input type="text"/>		

Use my home address for this dependent

Line 1:	<input type="text"/>	City:	<input type="text"/>
		State:	<input type="text"/>
		Zip Code:	<input type="text"/>
		Country:	<input type="text"/>

Currently, you do not have any dependents on file.

Relationships include stepson and stepdaughter (these are defined as children), spouse, child, sponsored child.



# Exchange eBenefits

## Benefit Enrollment

2022 Newly Eligible



Learn About 2022 Benefits

Take some time to learn about your choices before you start shopping.

Benefits are an important purchase. You have several coverage options to choose from. Use the resources here to learn more about what's available.



### Health

You're Eligible For: Medical Dental

#### Your 2022 Highlights

- More medical plan options
- Updates to annual out-of-pocket maximum amounts for certain plans in 2022



### Accounts

You're Eligible For: Flexible Spending Accounts (FSAs) Health Reimbursement Account (HRA)

#### Your 2022 Highlights

- The account available to you will depend on which medical plan you choose.
- Depending on the medical plan you choose, you may have a health care FSA available to you. The dependent care FSA is also available, no matter which medical plan you choose.



### Protection

You're Eligible For: Personal Accident Insurance Basic Life and AD&D

#### Your 2022 Highlights

- You can choose coverage to protect yourself and your family from risk or loss.

Ready to start shopping for your benefits?

[BEGIN SHOPPING →](#)

## Exchange eBenefits

### Begin Benefit Shopping Page: The Fast Lane



### How Would You Like to Shop for Benefits?



"I know what I want to purchase."

I already know which coverages will meet my needs. I want to quickly review my cart, make changes and checkout.

[FAST LANE →](#)



"I want to shop on my own."

I want to learn about and compare my choices. Using the information and tools provided to me, I will select the best coverage to meet my needs.

[SHOP ON MY OWN →](#)

# Exchange eBenefits

## Benefit Options – Fast Lane





### Your Cart

2022 Newly Eligible 6 Benefits Added [Checkout →](#)

Please review your benefits below. Once you have reviewed all your options the Checkout button will be available and you may complete your enrollment by clicking the Checkout button. Otherwise you may resume shopping.

All values represent per pay period amounts.

[CHECKOUT →](#)


Health <span>2 Benefits Chosen</span> <span style="float: right;">\$107.62 / Pay Period</span>	
<a href="#">Edit</a> Medical	 <b>Aetna Choice POS Plan</b> <span style="float: right;">\$103.12 / Pay Period Self Only</span>
<a href="#">Edit</a> Dental	 <b>DoD NAF Dental</b> <span style="float: right;">\$4.50 / Pay Period Self Only</span>

Accounts <span>0 Benefits Chosen</span> <span style="float: right;">\$0.00 / Pay Period</span>	
<a href="#">+ Add</a> Health Care FSA	
<a href="#">+ Add</a> Dependent Care FSA	

# Exchange eBenefits

## Bottom of Benefit Option Page

 **Protection** 1 Benefit Chosen \$1.26 / Pay Period

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Add Basic Life and AD&D

---

Add Supplemental Life Insurance

---

Spouse Life Insurance No Coverage


---

Child Life Insurance No Coverage


---

Add Disability

---

Edit Personal Accident Insurance  Coverage: \$100,000 \$1.26 / Pay Period Single Coverage

### Your Costs Summary per Pay Period

 **Protection**

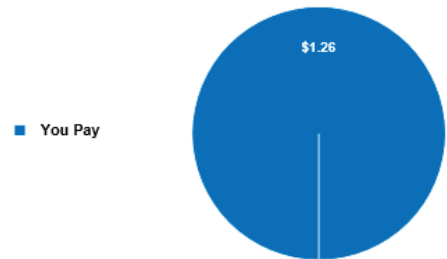
Personal Accident Insurance \$1.26

---

**You Pay: \$1.26**

[View Breakdown →](#)

You Pay  
**\$1.26**  
Per Pay Period




If you have completed your changes, you may finalize your enrollment by clicking the Checkout button. If not, you may resume shopping.

[CHECKOUT →](#)

# Exchange eBenefits

## Benefit Enrollment - Medical



**Medical - Coverage Options**

2022 Newly Eligible Benefits Added [View Cart →](#)

100% Enrollment Complete Your Total Cost Per Pay Period **\$0.00**

Your medical plan options are listed below. Vision benefits are included in the medical plan.

If more than one medical plan is offered in your area and you would like help determining which medical plan might provide the best coverage for your needs, compare your choices using the [Medical Plan Comparison Chart](#).

If you participate in the DoD NAF Health Benefit, Medical Program for 15 years, you are enrolled in the Plan the day before you retire, and you retire with an immediate annuity, you are eligible for continued Medical Plan coverage after retirement.

You're choosing **Medical** coverage for [REDACTED]

[UPDATE WHO'S COVERED](#)


2 Plans Available


[Click on the annual cost estimate for more details.](#)

Sort By Cost High to Low View Grid List

Decline Coverage

I want to decline medical coverage

 <b>Aetna Choice POS Plan</b>		<b>\$103.12/Pay Period</b>
<b>Deductible</b> \$500	<b>Out-of-Pocket Maximum</b> \$4,000	
<a href="#">Plan Details</a>		<a href="#">ADD TO CART</a>

 <b>HDHP POS Network</b>		<b>\$79.33/Pay Period</b>
<b>Deductible</b> \$1,500	<b>Out-of-Pocket Maximum</b> \$6,000	
<a href="#">Plan Details</a>		<a href="#">ADD TO CART</a>

Changed your mind about how you would like to shop? [START AGAIN](#)

# Exchange eBenefits

## Benefit Enrollment - Dental

2022 Newly Eligible

100% Enrollment Complete

Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$76.01

Your dental plan options are listed below. The Stand Alone Dental plan is not an available option if you are enrolled in a medical plan. The Stand Alone Dental plan is for those who do not wish to have medical coverage with the Exchange. Stand Alone Dental is not available to retirees. **Your medical coverage will be cancelled if you elect the Stand Alone Dental plan.**

**As a reminder, if you want to cover your dependent(s) in the DoD NAF Dental plan, you must elect to cover the same dependent(s) in medical coverage. If you choose not to cover dependents in dental coverage, you will also be removing them from your medical coverage.**

If more than one dental plan is offered in your area and you would like help determining which dental plan might provide the best coverage for your needs [compare your choices](#) using the Dental Plan Comparison Chart. If you participate in the DoD NAF Health Benefit, Medical or Dental, Program for 15 years, you are enrolled in the Plan the day before you retire, and you retire with an immediate annuity, you are eligible for continued Medical and Dental Plan coverage after retirement.

2 Plans Available

[Click on the annual cost estimate for more details.](#)

Sort By Cost High to Low View

Decline Coverage					
<input type="checkbox"/> I want to decline dental coverage					
<b>aetna</b> Stand Alone Dental					\$15.54/Pay Period
<b>Deductible</b> \$100 per person	<b>Annual Max Benefit</b> \$2,000 per person	<b>Basic Services</b> 80% after deductible	<b>Major Services</b> <a href="#">Plan pays 50% after...</a>	<b>Orthodontia</b> <a href="#">Adult &amp; Children</a>	<div style="border: 2px solid #00a0e3; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="color: white; font-weight: bold;">\$404</span>  <span style="color: white; font-size: 8px;">annual cost</span> </div>
<a href="#">Plan Details</a>					<b>ADD TO CART</b>
<b>aetna</b> DoD NAF Dental					\$4.50/Pay Period
<b>Deductible</b> \$100 per person	<b>Annual Max Benefit</b> \$2,500 per person	<b>Basic Services</b> 80% after deductible	<b>Major Services</b> <a href="#">Plan pays 50% after...</a>	<b>Orthodontia</b> <a href="#">Adult &amp; Children</a>	<div style="border: 2px solid #00a0e3; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="color: white; font-weight: bold;">\$117</span>  <span style="color: white; font-size: 8px;">annual cost</span> </div>
<a href="#">Plan Details</a>					<b>ADD TO CART</b>

## Exchange eBenefits

### Benefit Enrollment - HCFSA

## Health Care Flexible Spending Account - Contribution

**2022 Newly Eligible**

100% Enrollment Complete

Benefits Added
[View Cart →](#)

Your Total Cost Per Pay Period \$0.00

A Health Care FSA allows you to reimburse yourself with pre-tax dollars for out of pocket health care expense for you and your eligible dependents and reduces your taxable income for the year which saves you money on your taxes! You may elect to contribute a minimum amount of 200.00 up to a maximum amount of 2850.00 to your HCFSA. This money must be used for qualifying out-of-pocket health care, dental and/or vision expenses for you or your eligible dependents. A full explanation of eligible and ineligible expenses for a health care spending account is in [IRS Publication 502](#).

It is important to carefully [Estimate Your Expenses](#) so you don't lose your funds. Qualifying medical, dental, or vision expenses incurred in 2021 must be claimed by February 15th of the following year. Remember that up to \$1,000 of your unused FSA funds can be rolled over to the following plan year. Any unused amount above the \$1,000 will be forfeited.

During any unpaid leave of absence: your FSA participation and contributions will stop and you may not request reimbursement for eligible expenses incurred during the absence.

If you return to work in the same calendar year: your participation will be reinstated back to the date you went on unpaid leave and at that time you may request reimbursement for eligible expenses incurred during your period of unpaid leave. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.

I do not want to participate in a Health Care Flexible Spending Account

#### Elect an Amount

Contribution Amount		\$	<input style="width: 80%;" type="text" value="0"/>
Year-to-date Amount (estimated)	-		\$0.00
Remaining Amount			\$0.00
Remaining Pay Periods	÷		18
<b>Cost Per Pay Period</b>			<b>\$0.00</b>

ADD TO CART

## Exchange eBenefits

### Benefit Enrollment - DCFSA

## Dependent Care Flexible Spending Account - Contribution

2022 Newly Eligible100% Enrollment Complete

🛒
Benefits Added
View Cart →

Your Total Cost Per Pay Period
\$0.00

**This plan reimburses for qualifying DAY CARE expenses for eligible children and adults.**

**DAY CARE EXPENSE** - You may elect to contribute a minimum of 200.00 and up to a maximum amount of 5000.00 to your DAY CARE FLEXIBLE SPENDING ACCOUNT. This money must be used for qualifying out-of-pocket DAY CARE expenses for your eligible child or adult. [IRS Publication 502](#) provides a full explanation of qualifying DAY CARE expenses and defines eligible children and adults.

If you are married and your spouse has a DAY CARE FLEXIBLE SPENDING ACCOUNT through their employer, you are limited to a combined contribution of \$5,000 in a calendar year. If you file a separate income tax return, the most you can contribute is \$2,500.

Use it or Lose it: [Estimate Your DAY CARE Expenses](#) carefully to get the greatest benefit from this plan. The contributions deducted from your pay are reserved for you, but can only be reimbursed when you send in a request to PayFlex with proof that you had qualifying DAY CARE expenses. You will lose any funds that are not spent on qualifying DAY CARE expenses by the December 31<sup>st</sup> deadline, or not requested for reimbursement by the February 15<sup>th</sup> deadline. Estimate your expenses to avoid this loss.

During any unpaid leave of absence: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation and contributions will stop and you may not request reimbursement for qualifying DAY CARE expenses incurred during the absence.

If you return to work in the same calendar year: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation will be reinstated effective the date you returned to work. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.

I do not want to participate in a Dependent Care Flexible Spending Account

#### Elect an Amount


Contribution Amount	\$	0
Year-to-date Amount (estimated)	-	\$0.00
Remaining Amount		\$0.00
Remaining Pay Periods	÷	18
<b>Cost Per Pay Period</b>		<b>\$0.00</b>

ADD TO CART



## Exchange eBenefits

### Benefit Enrollment – Basic Life



### Life Insurance - Contribution

**2022 Part-Time to Full-Time**  
100% Enrollment Complete

Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period **\$128.25**

If you or your dependent lose life insurance coverage because they are no longer eligible or your employment ends, you may have the option to convert and/or port your life insurance to an individual policy. The Hartford will send information about your options when coverage is lost. This administration enrollment solution does not interpret, evaluate or determine convert and/or port eligibility for you or your dependents. For additional information please contact the Human Resource Office at 214-312-6190. [Click the link to learn more about Life Insurance →](#)

**ADD ALL TO CART**

### Basic Life Insurance



#### Your 2022 Plan

<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> 2x Salary/ 2x Salary	You Pay <b>\$4.72/Pay Period</b>

### Benefit Enrollment - Supplemental Life

### Supplemental Life Insurance



#### Your 2022 Plan

<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> 1x Salary - \$47,000	You Pay <b>\$3.19/Pay Period</b>
<input type="radio"/> 2x Salary - \$93,000	You Pay <b>\$6.31/Pay Period</b>
<input type="radio"/> 3x Salary - \$139,000	You Pay <b>\$9.43/Pay Period</b>
<input type="radio"/> 4x Salary - \$185,000	You Pay <b>\$12.55/Pay Period</b>
<input type="radio"/> 5x Salary - \$231,000	You Pay <b>\$15.67/Pay Period</b>

## Exchange eBenefits

### Benefit Enrollment - Spouse Life

#### Spouse Life Insurance



Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> \$5,000	You Pay <b>\$0.20/Pay Period</b>
<input type="radio"/> \$10,000	You Pay <b>\$0.41/Pay Period</b>
<input type="radio"/> \$20,000	You Pay <b>\$0.82/Pay Period</b>
<input type="radio"/> \$30,000	You Pay <b>\$1.23/Pay Period</b>
<input type="radio"/> \$40,000	You Pay <b>\$1.64/Pay Period</b>
<input type="radio"/> \$50,000	You Pay <b>\$2.05/Pay Period</b>

### Benefit Enrollment - Child Life

#### Child Life Insurance




Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> \$5,000	You Pay <b>\$0.26/Pay Period</b>
<input type="radio"/> \$10,000	You Pay <b>\$0.51/Pay Period</b>
<input type="radio"/> \$15,000	You Pay <b>\$0.77/Pay Period</b>
<input type="radio"/> \$20,000	You Pay <b>\$1.02/Pay Period</b>

[ADD ALL TO CART](#)

# Exchange EBenefits

## Benefit Enrollment - Disability



### Disability

2022 Part-Time to Full-Time

100% Enrollment Complete

Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$128.25

Welcome to your disability benefits!

[ADD TO CART](#)

This program provides both Short Term and Long Term Disability income benefits. Long Term Disability income benefits end when you reach 61.5 years old. If you enroll in Disability Insurance and are older than 61.5 years of age, you will only be enrolled in and charged for Short Term Disability.

After missing work for 5 calendar days, contact Managed Disability to initiate a claim. After thirty days (or exhaustion of your sick leave, whichever is later), Short Term Disability will pay a weekly benefit of 66 2/3% of your annual pay. After 26 weeks, Long Term Disability will pay a monthly benefit of 66 2/3% of your annual pay. See the Summary Plan Description for more details.

### Disability

Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> Enrolled	\$7.24

[ADD TO CART](#)

## Exchange eBenefits

### Benefit Enrollment - Personal Accident Insurance

## Personal Accident Insurance

**2022 Part-Time to Full-Time**

100% Enrollment Complete

Benefits Added
[View Cart →](#)

Your Total Cost Per Pay Period
\$128.25

You may elect your Personal Accident Insurance (PAI) coverage below. Personal Accident Insurance covers you, your spouse and children in the case of loss of life or limb as a result of an accident. Other accidental benefits are provided too as explained in the PAI brochure located on the home page.

To be eligible for family coverage, you must first add your dependent(s). If you and your spouse are both eligible to enroll for coverage, one but not both, may purchase family coverage. The other spouse may elect single coverage only.

## Personal Accident Insurance

Coverage	Single Coverage	Family Coverage
No Coverage	<input type="radio"/> \$0.00	<input type="radio"/> \$0.00
<b>Your 2022 Plan</b>		
\$50,000	<input checked="" type="radio"/> \$0.63	<input type="radio"/> \$0.95
\$75,000	<input type="radio"/> \$0.95	<input type="radio"/> \$1.43
\$100,000	<input type="radio"/> \$1.26	<input type="radio"/> \$1.90
\$125,000	<input type="radio"/> \$1.57	<input type="radio"/> \$2.38
\$150,000	<input type="radio"/> \$1.89	<input type="radio"/> \$2.85
\$175,000	<input type="radio"/> \$2.21	<input type="radio"/> \$3.32
\$200,000	<input type="radio"/> \$2.52	<input type="radio"/> \$3.80
\$225,000	<input type="radio"/> \$2.83	<input type="radio"/> \$4.27
\$250,000	<input type="radio"/> \$3.15	<input type="radio"/> \$4.75
\$300,000	<input type="radio"/> \$3.78	<input type="radio"/> \$5.70
\$350,000	<input type="radio"/> \$4.41	<input type="radio"/> \$6.65
\$400,000	<input type="radio"/> \$5.04	<input type="radio"/> \$7.60
\$450,000	<input type="radio"/> \$5.67	<input type="radio"/> \$8.55

[ADD TO CART](#)

# Exchange eBenefits

## Beneficiary Summary showing no beneficiaries assigned



### Beneficiary Summary

Your current beneficiary designations are listed below. Please review these designations to ensure they are up to date. You can add or change beneficiaries at any time.



You have a benefit without a designated beneficiary

#### AVAILABLE BENEFICIARIES

[Edit Available Beneficiaries →](#)

	Relationship	SSN / Tax ID	Birth Date
[REDACTED]	Spouse	[REDACTED]	[REDACTED]
	Child		

#### BENEFICIARY DESIGNATIONS

[Edit Beneficiary Designations →](#)

#### Basic Life Insurance ! NO BENEFICIARIES ASSIGNED

Primary	% Allocated	Contingent	% Allocated
No primary beneficiaries assigned		No contingent beneficiaries assigned	

#### Supplemental Life Insurance ! NO BENEFICIARIES ASSIGNED

Primary	% Allocated	Contingent	% Allocated
No primary beneficiaries assigned		No contingent beneficiaries assigned	

# Exchange eBenefits

## Bottom portion of Beneficiary Summary screen

<b>Personal Accident Insurance</b>				! NO BENEFICIARIES ASSIGNED	
<b>Primary</b>		<b>% Allocated</b>	<b>Contingent</b>		<b>% Allocated</b>
No primary beneficiaries assigned			No contingent beneficiaries assigned		
<b>Unpaid Compensation</b>				! NO BENEFICIARIES ASSIGNED	
<b>Primary</b>		<b>% Allocated</b>	<b>Contingent</b>		<b>% Allocated</b>
No primary beneficiaries assigned			No contingent beneficiaries assigned		
<b>401(k)</b>				! NO BENEFICIARIES ASSIGNED	
<b>Primary</b>		<b>% Allocated</b>	<b>Contingent</b>		<b>% Allocated</b>
No primary beneficiaries assigned			No contingent beneficiaries assigned		
<b>Retirement</b>				! NO BENEFICIARIES ASSIGNED	
<b>Primary</b>		<b>% Allocated</b>	<b>Contingent</b>		<b>% Allocated</b>
No primary beneficiaries assigned			No contingent beneficiaries assigned		
<b>Need to add a beneficiary?</b>			<b>Need to update your designations?</b>		
You can add a new beneficiary and make them available for designation. <a href="#">Add a Beneficiary →</a>			You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries. <a href="#">Update Beneficiary Designations →</a>		

## Exchange eBenefits

Shows when employee has no beneficiary elected.



### Available Beneficiaries

Here you can add a new beneficiary or edit existing beneficiary information. Only beneficiaries listed below are available to be designated as beneficiaries for your eligible benefits.

 [Add Beneficiary](#)

 (Spouse)

 (Child)

#### Review your Beneficiary Summary

You can review all available beneficiaries and your current beneficiary designations.

[Return to Beneficiary Summary →](#)

#### Need to update your designations?

You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries.

[Update Beneficiary Designations →](#)


# Exchange eBenefits

## Add Individual Beneficiary



### Available Beneficiaries

Here you can add a new beneficiary or edit existing beneficiary information. Only beneficiaries listed below are available to be designated as beneficiaries for your eligible benefits.

 [Add Beneficiary](#)

#### New Beneficiary

Select Beneficiary Type:  Individual  
 Estate  
 Trust / Charity

Add your beneficiary's information in the form below.

First Name:

Country:

Last Name:

Use my home address for this beneficiary

SSN:

Line 1:

Birth Date:

City:

Relationship:

State:

Phone

Zip Code:

(Spouse)

(Child)



## Exchange eBenefits

### Add Estate Beneficiary



#### Available Beneficiaries

Here you can add a new beneficiary or edit existing beneficiary information. Only beneficiaries listed below are available to be designated as beneficiaries for your eligible benefits.

 [Add Beneficiary](#)

#### New Beneficiary

Select Beneficiary Type:  Individual  
 Estate  
 Trust / Charity

Add your estate information in the form below.

Entity Information:

 (Spouse)

 (Child)

#### Review your Beneficiary Summary

You can review all available beneficiaries and your current beneficiary designations.

[Return to Beneficiary Summary →](#)

#### Need to update your designations?

You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries.

[Update Beneficiary Designations →](#)

## Exchange eBenefits

### Add Trust/Charity Beneficiary



#### Available Beneficiaries

Here you can add a new beneficiary or edit existing beneficiary information. Only beneficiaries listed below are available to be designated as beneficiaries for your eligible benefits.



Add Beneficiary

#### New Beneficiary

- Select Beneficiary Type:
- Individual
  - Estate
  - Trust / Charity

Add your trust/charity information in the form below.

When entering a trust, please enter the exact name of the trust, date of the trust agreement, the name of the trustee, and the Tax ID Number of the trust (optional).

Entity Information:

Tax Id:

[Redacted] (Spouse)

[Redacted] (Child)

#### Review your Beneficiary Summary

You can review all available beneficiaries and your current beneficiary designations.

#### Need to update your designations?

You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries.

# Exchange eBenefits

Shows when no beneficiary is designated.



You can assign or update beneficiaries for all benefits that are eligible for beneficiary designations. As you are making updates, please consider the following:

- If you do not see a beneficiary available to be added, you must first add the beneficiary here: [Add a Beneficiary](#)
- Each beneficiary may only be designated once per benefit

If you have questions regarding the setup of your beneficiaries, please contact the Human Resources Support Center at 214-312-6190.

You have a benefit without a designated beneficiary

## BENEFITS

Basic Life Insurance		! NO BENEFICIARIES ASSIGNED
<b>Primary</b>	<b>Contingent</b>	
No primary beneficiaries assigned	No contingent beneficiaries assigned	
Select a beneficiary ...	Select a beneficiary ...	
Supplemental Life Insurance		! NO BENEFICIARIES ASSIGNED
Personal Accident Insurance		! NO BENEFICIARIES ASSIGNED
Unpaid Compensation		! NO BENEFICIARIES ASSIGNED
401(k)		! NO BENEFICIARIES ASSIGNED
Retirement		! NO BENEFICIARIES ASSIGNED



[Review your Beneficiary Summary](#)      [Need to add a beneficiary?](#)

## Exchange eBenefits

Select Allocations for beneficiaries by clicking on each product tab

### BENEFITS

#### Basic Life Insurance

Primary		Contingent			
 Spouse	<input type="text" value="0%"/>	<a href="#">Remove</a>	 Child	<input type="text" value="0%"/>	<a href="#">Remove</a>
Primary Total: 0%			Contingent Total: 0%		

Apply these beneficiary designations to all my benefits

[CANCEL](#)

[SAVE](#)

Supplemental Life Insurance

 NO BENEFICIARIES ASSIGNED

Personal Accident Insurance

 NO BENEFICIARIES ASSIGNED

Unpaid Compensation

 NO BENEFICIARIES ASSIGNED

401(k)

 NO BENEFICIARIES ASSIGNED

Retirement

 NO BENEFICIARIES ASSIGNED

## Exchange eBenefits

### Benefit Confirmation Page

<b>Benefit Elections</b>				
<b>Benefit</b>	<b>Option</b>	<b>Coverage</b>	<b>Your Cost</b>	<b>Exchange Cost</b>
Medical	Aetna Choice POS Plan	Self + Spouse	\$238.22	\$555.86
Dental	DoD NAF Dental	Self + Spouse	\$10.38	\$24.22
Health Care FSA	Not Enrolled	\$0.00	\$0.00	\$0.00
Dependent Care FSA	Not Enrolled	\$0.00	\$0.00	\$0.00
Basic Life and AD&D	2x Salary/ 2x Salary		\$5.28	\$5.28
Supplemental Life Insurance	No Coverage		\$0.00	\$0.00
Spouse Life Insurance	No Coverage		\$0.00	\$0.00
Child Life Insurance	No Coverage		\$0.00	\$0.00
Accidental Death & Dismemberment	2x Salary/ 2x Salary		\$0.00	\$0.00
Short Term Disability	Enrolled		\$2.86	\$2.85
Personal Accident Insurance	\$100,000	Family Coverage	\$1.90	\$0.00
<b>Total</b>			<b>\$258.64</b>	<b>\$588.21</b>

## Exchange eBenefits

### Begin Benefit Shopping Page: Shop On My Own

2022 Newly Eligible



Welcome to Newly Eligible Enrollment

### How Would You Like to Shop for Benefits?



"I know what I want to purchase."

I already know which coverages will meet my needs. I want to quickly review my cart, make changes and checkout.

[FAST LANE →](#)



"I want to shop on my own."

I want to learn about and compare my choices. Using the information and tools provided to me, I will select the best coverage to meet my needs.

[SHOP ON MY OWN →](#)

# Exchange eBenefits

## Medical - Overview

### Medical - Overview

2022 Newly Eligible 0%

Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$0.00

### Steps for Selecting Your Coverage

**1** You tell us **who you want to include** under your medical coverage.

**2** You choose a **plan** for 2022.

I want to decline medical coverage

### Key Information to Know Before you Start Shopping

As you start your enrollment, you'll be asked to confirm your dependents based on the information we have on file for you. If you need to make changes, you can do that too by clicking on the Update Dependents link. **Coverage levels include:**

- Self Only
- Self + Spouse
- Self + Child(ren)
- Self + Spouse + Child(ren)
- Retiree Only

You have the following medical plan option(s). Each has its own network of doctors and hospitals. The plan you select affects your coverage costs, so shop around and compare plans before you choose. **Your 2022 medical plan options:**

**aetna**

Ready to select your medical coverage?


[NEXT →](#)

# Exchange eBenefits

## Medical - Who Will You Cover

### Medical - Who Will You Cover?

2022 Newly Eligible 0%

 Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$0.00

### Select the family members you want to cover:

The number of family members you include under your coverage affects your contribution amount (what comes out of your paycheck). The more people you cover, the more you pay.

#### Family Member



[Redacted Name]

[Update Dependents →](#)

#### Coverage Level (based on selections above)



Self Only

Changed your mind about how you would like to shop?

[START AGAIN →](#)

Next, select your coverage.

[NEXT →](#)



# Exchange eBenefits

## Benefit Enrollment - Medical

### Medical - Coverage Options

2022 Newly Eligible 0%

Benefits Added 0 [View Cart →](#)

Your Total Cost Per Pay Period \$0.00

Your medical plan options are listed below. Vision benefits are included in the medical plan.

If more than one medical plan is offered in your area and you would like help determining which medical plan might provide the best coverage for your needs, compare your choices using the [Medical Plan Comparison Chart](#).

If you participate in the DoD NAF Health Benefit, Medical Program for 15 years, you are enrolled in the Plan the day before you retire, and you retire with an immediate annuity, you are eligible for continued Medical Plan coverage after retirement.

You're choosing **Medical** coverage for [REDACTED]

[UPDATE WHO'S COVERED](#)

2 Plans Available

[Click on the annual cost estimate for more details.](#)

Sort By Cost High to Low View Grid List

Decline Coverage

I want to decline medical coverage

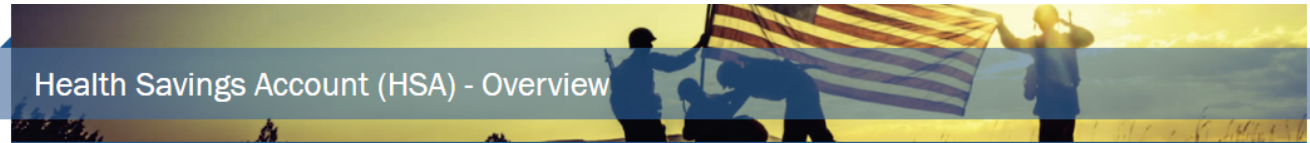
<b>\$ aetna</b> Aetna Choice POS Plan		<b>\$103.12/Pay Period</b>
Deductible \$500	Out-of-Pocket Maximum \$4,000	<b>\$2,681</b> annual cost
<a href="#">Plan Details</a>		
		<b>ADD TO CART</b>

<b>\$ aetna</b> HDHP POS Network		<b>\$79.33/Pay Period</b>
Deductible \$1,500	Out-of-Pocket Maximum \$6,000	<b>\$2,063</b> annual cost
<a href="#">Plan Details</a>		
		<b>ADD TO CART</b>


Changed your mind about how you would like to shop? [START AGAIN](#)



# Exchange eBenefits

## Benefit Enrollment – Health Savings Account (HSA)



### Health Savings Account (HSA) - Overview

2022 Newly Eligible 14%	 Benefits Added <a href="#">View Cart →</a>
	Your Total Cost Per Pay Period <b>\$79.33</b>

 Steps for Selecting Your Coverage	 Key Information to Know Before you Start
<p>1 You will need to verify that you are <b>eligible</b>.</p>	<p>The federal government has a few requirements you'll need to certify that you meet.</p>
<p>2 You will determine <b>how much to contribute</b>.</p>	<p>Your Health Savings Account (HSA) is a bank account that's yours to own and manage.</p> <p>You can make your own pre-tax contributions, up to annual limits the IRS sets each year. Retirees can only contribute to HSA post tax.</p>

Find out if you're eligible for a Health Savings Account


[NEXT →](#)

## Exchange eBenefits

### Benefit Enrollment – HSA Eligibility

### Health Savings Account (HSA) - Eligibility

2022 Newly Eligible 14%

 Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$79.33

### Find out if you are eligible for a Health Savings Account (HSA)

	Yes	No
Are you enrolled in another health plan that is not an HSA-qualifying plan?	<input type="radio"/>	<input checked="" type="radio"/>
Are you or your spouse/partner enrolled in a Health Reimbursement Account (HRA) or Standard Health Care Flexible Spending Account (FSA)?	<input type="radio"/>	<input checked="" type="radio"/>
Are you listed as a dependent on another person's tax return?	<input type="radio"/>	<input checked="" type="radio"/>
Are you <b>currently</b> enrolled in Medicare?	<input type="radio"/>	<input checked="" type="radio"/>
In the past three months, have you received any medical benefits (including prescription drugs) from the Veterans Administration or one of their facilities? Answer "no" if you are a veteran with a disability rating from the VA.	<input type="radio"/>	<input checked="" type="radio"/>

## Exchange eBenefits

### Benefit Enrollment– HSA Eligibility

You are eligible for an HSA.

#### Open a Health Savings Account (HSA)

##### Health Savings Account (HSA) Eligibility Attestation

Before electing an HSA you must indicate below if you satisfy all of these IRS requirements:

- I am enrolled in the High Deductible Health Plan
- You or your spouse are not enrolled in a Health Reimbursement Account (HRA) or Standard Health Care Flexible Spending Account (FSA) for the same plan year, including the allowed FSA roll over amount from one year to the next
- I am not eligible to be a dependent on another person's tax return
- I am not enrolled for Tricare or any other health plan
- I am not enrolled in Medicare (including Part A)

**Important:** Please read the [HSA Custodial Agreement](#) and [HSA Account fee schedule](#) for the bank used by Payflex for your HSA.

Read the HSA Custodial Agreement and HSA Account Fee Schedule for the Aetna Payflex HSA. To continue, check the box indicating you have read the documents.

I certify that I meet the above IRS requirements for electing an HSA and I have read and accept the Authorized Agent Agreement for enrolling in the Health Savings Plan and for opening an HSA with PayFlex Bank.

- I verify that I am eligible to have a Health Savings Account
- I do not wish to open a Health Savings Account.

#### Decide how much, if any, you would like to contribute to your HSA.

Already know how much you want to save?

[SET UP YOUR HSA CONTRIBUTION](#)

Find out how much you should contribute.

[CALCULATE CONTRIBUTION](#)

# Exchange eBenefits

## Benefit Enrollment - HSA Calculation

### Health Savings Account (HSA) - Contribution Calculator

2022 Newly Eligible

33%



Benefits Added

[View Cart →](#)

Your Total Cost Per Pay Period

\$79.33

#### Things To Consider

Here are the choices you've made about your medical coverage. They affect how much you can contribute to the HSA.

**Health Plan Information**  
HDHP POS Network

**Coverage Level**  
Self Only

#### Calculate Contribution

Here, you can decide how much pre-tax money you want to put into your HSA. This is in addition to money your employer adds.

Maximum Annual HSA Contribution		\$3,650
Employer Contribution	-	\$500
Your Annual HSA Contribution	\$	3,150
Remaining Pay Periods	÷	18
Your Cost Per Pay Period		\$ 175.00

#### Calculate Tax Savings

Use this tool to help you estimate how much your HSA can save in taxes.

Total Yearly Contribution	\$	3,650
Tax Bracket		10% ▼
Estimated Yearly Tax Savings		\$ 365

#### Calculate Future Balance

Use this tool to help you see how your balance grows over time.

Current HSA Balance	\$	0
Total Yearly Contribution	\$	3,650
Estimated Yearly Out of Pocket Expenses	\$	0
Projected Years of Savings		10
Rate of Return		0 %
Estimated HSA Balance		\$ 36,500


[SET UP HEALTH SAVINGS ACCOUNT](#)

## Exchange eBenefits

### Benefit Enrollment - HSA Calculation

### Health Savings Account (HSA) - Contribution

2022 Newly Eligible 33%

 Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$79.33

The HSA lets you save tax-free money to spend on eligible expenses during the year, or at whatever time in the future works for you.



Health Savings Account Modeling and Tax Savings Calculator

[CALCULATE CONTRIBUTION](#)

I do not want to contribute to a Health Savings Account (HSA).

#### Important HSA Details

The most you can add to your HSA	\$3,650
HSA Contribution from Exchange	\$500

#### Elect an Amount

	Contribute Max Amount
Contribution Amount	\$ <input type="text" value="3,150"/>
Year-to-date Amount (estimated)	- \$0.00
Remaining Amount	\$3,150.00
Remaining Pay Periods	÷ 18
Cost Per Pay Period	\$175.00

[ADD TO CART](#)

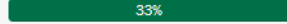
# Exchange eBenefits

## Benefit Enrollment – Dental



### Dental - Overview

2022 Newly Eligible



Benefits Added

[View Cart →](#)

Your Total Cost Per Pay Period

\$254.33



#### Steps for Selecting Your Coverage

1

You tell us **who you want to include** under your dental coverage.



#### Key Information to Know Before you Start Shopping

As you start your enrollment, you'll be asked to confirm your dependents based on the information we have on file for you. If you need to make changes, you can do that too by clicking on the Update Dependents link. **Coverage levels include:**

- Self Only
- Self + Spouse
- Self + Child(ren)
- Self + Spouse + Child(ren)

2

You choose a dental **plan** for 2022.

You have the following dental plan option(s) with their own network of dentists. The plan you select affects your coverage costs. **Your 2022 dental plan options:**

**aetna**

I want to decline dental coverage

Ready to select your dental coverage?

[NEXT →](#)

## Exchange eBenefits

### Benefit Enrollment – Dental

### Dental - Who Will You Cover?

2022 Newly Eligible  
33%

Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$254.33

#### Select the family members you want to cover:

The number of family members you include under your coverage affects your contribution amount (what comes out of your paycheck). The more people you cover, the more you pay.

##### Family Member



[Redacted Name]

[Update Dependents →](#)

#### Coverage Level (based on selections above)



Self Only

Changed your mind about how you would like to shop?

[START AGAIN →](#)

Next, select your coverage.


[NEXT →](#)




## Exchange eBenefits

### Benefit Enrollment– Dental

### Dental - Coverage Options



2022 Newly Eligible 33%

 Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$254.33

Your dental plan options are listed below. The Stand Alone Dental plan is not an available option if you are enrolled in a medical plan. The Stand Alone Dental plan is for those who do not wish to have medical coverage with the Exchange. Stand Alone Dental is not available to retirees. **Your medical coverage will be cancelled if you elect the Stand Alone Dental plan.**

**As a reminder, if you want to cover your dependent(s) in the DoD NAF Dental plan, you must elect to cover the same dependent(s) in medical coverage. If you choose not to cover dependents in dental coverage, you will also be removing them from your medical coverage.**

If more than one dental plan is offered in your area and you would like help determining which dental plan might provide the best coverage for your needs [compare your choices](#) using the Dental Plan Comparison Chart. If you participate in the DoD NAF Health Benefit, Medical or Dental, Program for 15 years, you are enrolled in the Plan the day before you retire, and you retire with an immediate annuity, you are eligible for continued Medical and Dental Plan coverage after retirement.

You're choosing **Dental** coverage for [REDACTED]

[UPDATE WHO'S COVERED](#)

# Exchange eBenefits


## Benefit Enrollment - Dental

2 Plans Available



Click on the annual cost estimate for more details.



Sort By Cost High to Low ▾

View  

 Decline Coverage

I want to decline dental coverage

 <b>aetna</b> Stand Alone Dental					<b>\$15.54/Pay Period</b>
<b>Deductible</b> \$100 per person	<b>Annual Max Benefit</b> \$2,000 per person	<b>Basic Services</b> 80% after deductible	<b>Major Services</b> <a href="#">Plan pays 50% after ...</a>	<b>Orthodontia</b> <a href="#">Adult &amp; Children</a>	 \$404 annual cost
<a href="#">Plan Details</a>					

 <b>aetna</b> DoD NAF Dental					<b>\$4.50/Pay Period</b>
<b>Deductible</b> \$100 per person	<b>Annual Max Benefit</b> \$2,500 per person	<b>Basic Services</b> 80% after deductible	<b>Major Services</b> <a href="#">Plan pays 50% after ...</a>	<b>Orthodontia</b> <a href="#">Adult &amp; Children</a>	 \$117 annual cost
<a href="#">Plan Details</a>					

Changed your mind about how you would like to shop?

[START AGAIN](#)

# Exchange eBenefits

## Benefit Enrollment – DCFSA

### Dependent Care Flexible Spending Account (FSA) - Overview

2022 Newly Eligible

50%



Benefits Added

[View Cart →](#)

Your Total Cost Per Pay Period

\$258.83



#### Steps for Selecting Your Coverage

1

You will determine **how much to contribute**.



#### Key Information to Know Before you Start

Your Dependent Care Flexible Spending Account (FSA) is a bank account that's yours to own and manage.

You can make your own pre-tax contributions, up to annual limits the IRS sets each year.

I do not want to open a Dependent Care Flexible Spending Account (FSA).

Set up your FSA contribution.

[NEXT →](#)

## Exchange eBenefits

### Benefit Enrollment – DCFSA

Dependent Care Flexible Spending Account - Contribution

2022 Newly Eligible  
50%

3 Benefits Added View Cart →

Your Total Cost Per Pay Period \$258.83

This plan reimburses for qualifying **DAY CARE** expenses for eligible children and adults.

**DAY CARE EXPENSE** - You may elect to contribute a minimum of 200.00 and up to a maximum amount of 5000.00 to your DAY CARE FLEXIBLE SPENDING ACCOUNT. This money must be used for qualifying out-of-pocket DAY CARE expenses for your eligible child or adult. [IRS Publication 502](#) provides a full explanation of qualifying DAY CARE expenses and defines eligible children and adults.

If you are married and your spouse has a DAY CARE FLEXIBLE SPENDING ACCOUNT through their employer, you are limited to a combined contribution of \$5,000 in a calendar year. If you file a separate income tax return, the most you can contribute is \$2,500.

Use it or Lose it: [Estimate Your DAY CARE Expenses](#) carefully to get the greatest benefit from this plan. The contributions deducted from your pay are reserved for you, but can only be reimbursed when you send in a request to PayFlex with proof that you had qualifying DAY CARE expenses. You will lose any funds that are not spent on qualifying DAY CARE expenses by the December 31<sup>st</sup> deadline, or not requested for reimbursement by the February 15<sup>th</sup> deadline. Estimate your expenses to avoid this loss.

During any unpaid leave of absence: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation and contributions will stop and you may not request reimbursement for qualifying DAY CARE expenses incurred during the absence.

## Exchange eBenefits

### Benefit Enrollment - DCFSA

If you return to work in the same calendar year: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation will be reinstated effective the date you returned to work. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.

I do not want to participate in a Dependent Care Flexible Spending Account

#### Elect an Amount

Contribution Amount	\$	<input type="text" value="0"/>
Year-to-date Amount (estimated)	-	\$0.00
Remaining Amount		\$0.00
Remaining Pay Periods	÷	18
Cost Per Pay Period		\$0.00


ADD TO CART

# Exchange eBenefits



## Benefit Enrollment – Protection

### Protection Benefits - Overview

2022 Newly Eligible 66%

 Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$269.94

 Steps for Selecting Your Coverage	 Key Information to Know Before you Start
<p>1 You will select the Life Insurance coverage types and amounts you want.</p>	<p>Review Life Insurance options and the cost of coverage.</p>
<p>2 You will select the Protection Voluntary Benefits you want.</p>	<p>Review protection voluntary benefits options and cost of coverage</p> <ul style="list-style-type: none"><li>• Personal Accident Insurance</li></ul>

Ready to shop for your Protection Benefits?

[NEXT →](#)

# Exchange eBenefits

## Benefit Enrollment – Life Insurance

### Life Insurance - Contribution

2022 Newly Eligible 66%

Benefits Added View Cart →

Your Total Cost Per Pay Period \$269.94

If you or your dependent lose life insurance coverage because they are no longer eligible or your employment ends, you may have the option to convert and/or port your life insurance to an individual policy. The Hartford will send information about your options when coverage is lost. This administration enrollment solution does not interpret, evaluate or determine convert and/or port eligibility for you or your dependents. For additional information please contact the Human Resource Office at 214-312-6190. [Click the link to learn more about Life Insurance →](#)

**ADD ALL TO CART**

### Basic Life Insurance



Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> 2x Salary/ 2x Salary	You Pay <b>\$4.21/Pay Period</b>

### Supplemental Life Insurance



Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> 1x Salary - \$42,000	You Pay <b>\$0.72/Pay Period</b>
<input type="radio"/> 2x Salary - \$83,000	You Pay <b>\$1.42/Pay Period</b>
<input type="radio"/> 3x Salary - \$124,000	You Pay <b>\$2.12/Pay Period</b>
<input type="radio"/> 4x Salary - \$166,000	You Pay <b>\$2.83/Pay Period</b>
<input type="radio"/> 5x Salary - \$207,000	You Pay <b>\$3.54/Pay Period</b>

## Exchange eBenefits

### Benefit – Spouse Life

#### Spouse Life Insurance



Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> \$5,000	You Pay <b>\$0.20/Pay Period</b>
<input type="radio"/> \$10,000	You Pay <b>\$0.41/Pay Period</b>
<input type="radio"/> \$20,000	You Pay <b>\$0.82/Pay Period</b>
<input type="radio"/> \$30,000	You Pay <b>\$1.23/Pay Period</b>
<input type="radio"/> \$40,000	You Pay <b>\$1.64/Pay Period</b>
<input type="radio"/> \$50,000	You Pay <b>\$2.05/Pay Period</b>

### Benefit – Child Life

#### Child Life Insurance



Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	You Pay <b>\$0.00/Pay Period</b>
<input type="radio"/> \$5,000	You Pay <b>\$0.26/Pay Period</b>
<input type="radio"/> \$10,000	You Pay <b>\$0.51/Pay Period</b>
<input type="radio"/> \$15,000	You Pay <b>\$0.77/Pay Period</b>
<input type="radio"/> \$20,000	You Pay <b>\$1.02/Pay Period</b>

[ADD ALL TO CART](#)



## Exchange eBenefits

### Benefit Enrollment – Disability Income Program

## Disability

2022 Part-Time to Full-Time

100% Enrollment Complete

10 Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$0.00

Welcome to your disability benefits!

[ADD TO CART](#)

This program provides both Short Term and Long Term Disability income benefits. Long Term Disability income benefits end when you reach 61.5 years old. If you enroll in Disability Insurance and are older than 61.5 years of age, you will only be enrolled in and charged for Short Term Disability.

After missing work for 5 calendar days, contact Managed Disability to initiate a claim. After thirty days (or exhaustion of your sick leave, whichever is later), Short Term Disability will pay a weekly benefit of 66 2/3% of your annual pay. After 26 weeks, Long Term Disability will pay a monthly benefit of 66 2/3% of your annual pay. See the Summary Plan Description for more details.

## Disability



Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> Enrolled	\$6.49

[ADD TO CART](#)

## Exchange eBenefits

### Benefit Enrollment – Personal Accident Insurance

## Personal Accident Insurance

2022 Newly Eligible 83%

Benefits Added [View Cart →](#)

Your Total Cost Per Pay Period \$269.94

You may elect your Personal Accident Insurance (PAI) coverage below. Personal Accident Insurance covers you, your spouse and children in the case of loss of life or limb as a result of an accident. Other accidental benefits are provided too as explained in the PAI brochure located on the home page.

To be eligible for family coverage, you must first add your dependent(s). If you and your spouse are both eligible to enroll for coverage, one but not both, may purchase family coverage. The other spouse may elect single coverage only.

## Personal Accident Insurance

Your 2022 Plan	
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> \$50,000	\$0.63
<input type="radio"/> \$75,000	\$0.95
<input type="radio"/> \$100,000	\$1.26
<input type="radio"/> \$125,000	\$1.57
<input type="radio"/> \$150,000	\$1.89
<input type="radio"/> \$175,000	\$2.21
<input type="radio"/> \$200,000	\$2.52
<input type="radio"/> \$225,000	\$2.83
<input type="radio"/> \$250,000	\$3.15
<input type="radio"/> \$300,000	\$3.78
<input type="radio"/> \$350,000	\$4.41

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## Exchange eBenefits

### Benefit Confirmation Page

<b>Benefit Elections</b>				
<b>Benefit</b>	<b>Option</b>	<b>Coverage</b>	<b>Your Cost</b>	<b>Exchange Cost</b>
Medical	Aetna Choice POS Plan	Self + Spouse	\$238.22	\$555.86
Dental	DoD NAF Dental	Self + Spouse	\$10.38	\$24.22
Health Care FSA	Not Enrolled	\$0.00	\$0.00	\$0.00
Dependent Care FSA	Not Enrolled	\$0.00	\$0.00	\$0.00
Basic Life and AD&D	2x Salary/ 2x Salary		\$5.28	\$5.28
Supplemental Life Insurance	No Coverage		\$0.00	\$0.00
Spouse Life Insurance	No Coverage		\$0.00	\$0.00
Child Life Insurance	No Coverage		\$0.00	\$0.00
Accidental Death & Dismemberment	2x Salary/ 2x Salary		\$0.00	\$0.00
Short Term Disability	Enrolled		\$2.86	\$2.85
Personal Accident Insurance	\$100,000	Family Coverage	\$1.90	\$0.00
<b>Total</b>			<b>\$258.64</b>	<b>\$588.21</b>