Exchange eBenefits

Choose Get Started.

Exchange eBenefits

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

EXCHANGE
ARMY & AIR FORCE EXCHANGE SERVICE

Taking Care of YOU

Kilkee Walters

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	
Monthly Pay	$1000.00
Insurance	- $100.00
New W-2 Pay	$900.00
Taxes (25%)	- $225.00
Take Home Pay	$675.00

After-Tax Deductions	
Monthly Pay	$1000.00
Taxes (25%)	- $250.00
Insurance	- $100.00
Take Home Pay	$650.00

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

ARMY & AIR FORCE EXCHANGE SERVICE

Home Benefits Tools & Resources

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. 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:
Last Name:
Birth Date:

Address Line 1:
Address Line 2:
City:
State:
ZIP Code:

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:
Work Phone:
Mobile Phone:

Work Email:
Alternative Email:

Update Contact Information →

Communication Preference: No Preference

Update Communication Preference →

Dependents

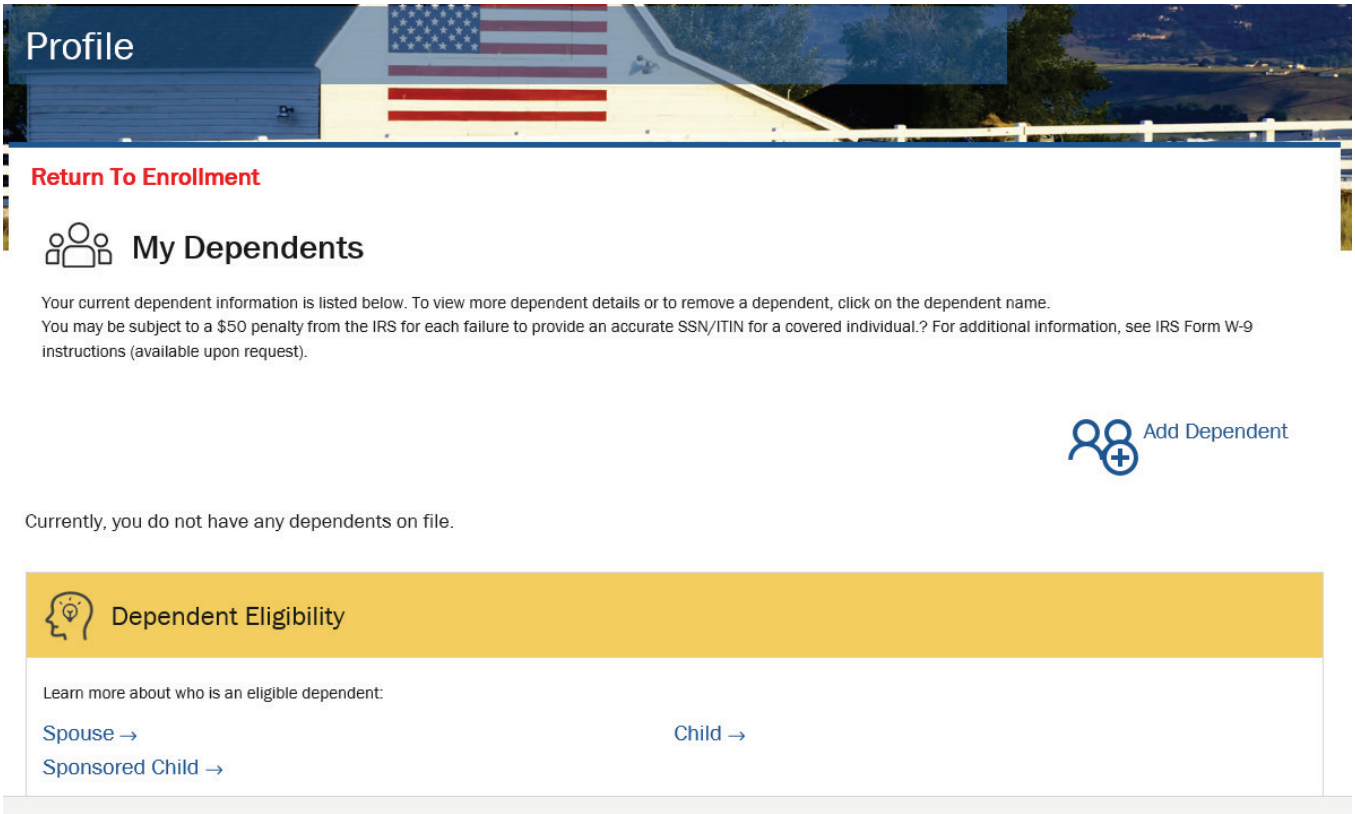
We currently have no dependent information on file for this coverage.

Update Dependents →

NEXT →

Exchange eBenefits

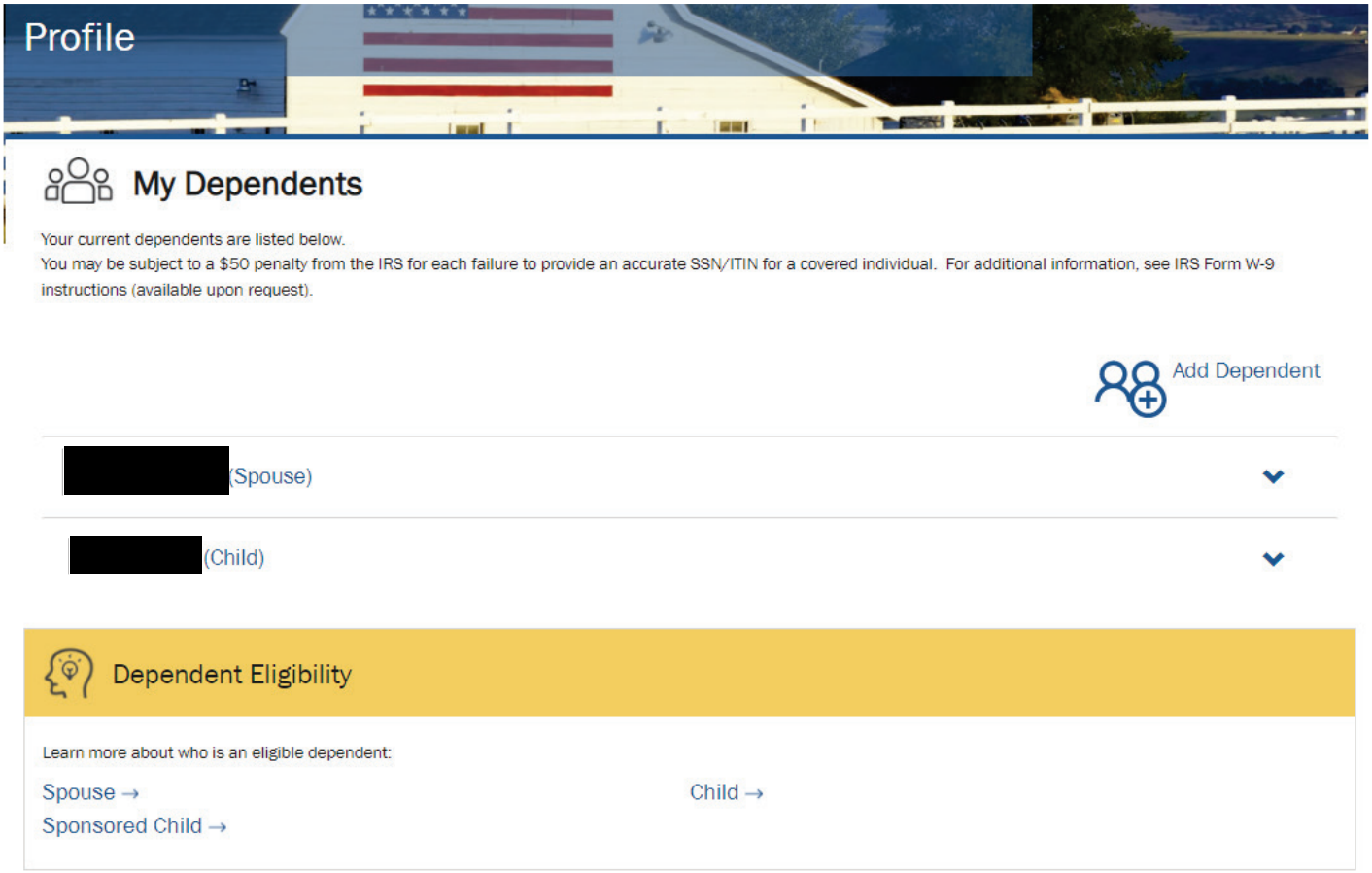
Screen when employee has no dependents in system.



Exchange eBenefits

Screen when employee has dependents

Click on the dependent name you need to edit.



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).

(Spouse)

First Name:

Middle Name:

Last Name:

SSN:

Birth Date:

Sex::

Relationship: Spouse

Drop Down:
*Female
*Male

Use my home address for this dependent

Line 1:

Line 2:

Line 3:

City:

State:

Zip Code:

Country:

CANCEL SAVE

Dependent Eligibility

Learn more about who is an eligible dependent:

Spouse →

Child →

Sponsored Child →

Have a change in your family?

That change might allow you to add or remove a dependent from coverage and make updates to your benefits. It's called a family status change.

Initiate a Family Status Chang

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

Exchange eBenefits

Add a Dependent screen

My Dependents

Your current dependent information is listed below. To view more dependent details or to remove a dependent's coverage, 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 Depende

New Dependent

First Name:

Middle Name:

Last Name:

SSN:

Birth Date:

Sex:

Relationship:

Drop Down:
*Female
*Male

Use my home address for this dependent

Line 1:

City:

State:

Zip Code:

Country:

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

Exchange eBenefits

Benefit Enrollment

2022 Newly Eligible

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

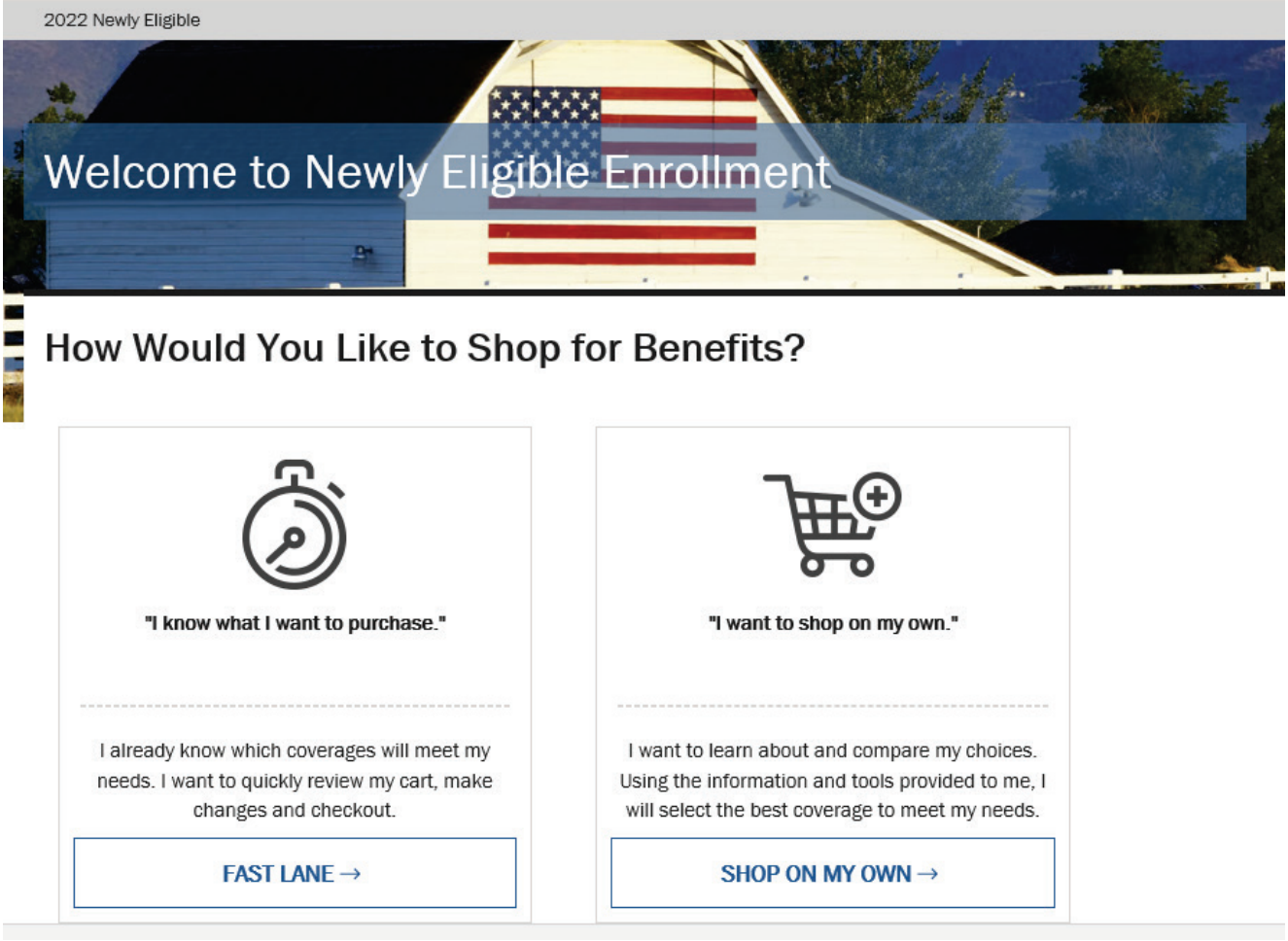
- You can choose coverage to protect yourself and your family from risk or loss.

Ready to start shopping for your benefits?

BEGIN SHOPPING →

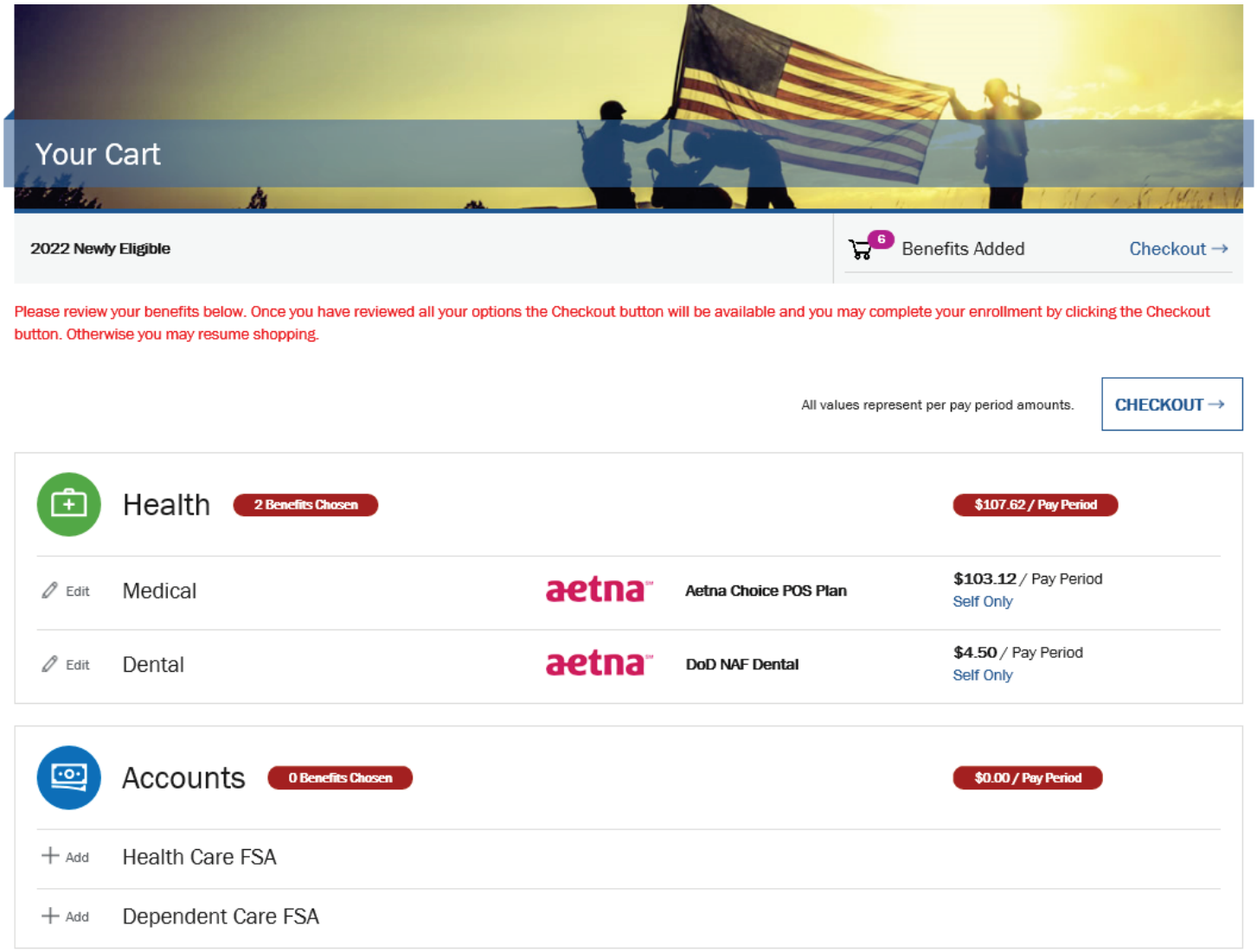
Exchange eBenefits

Begin Benefit Shopping Page: The Fast Lane



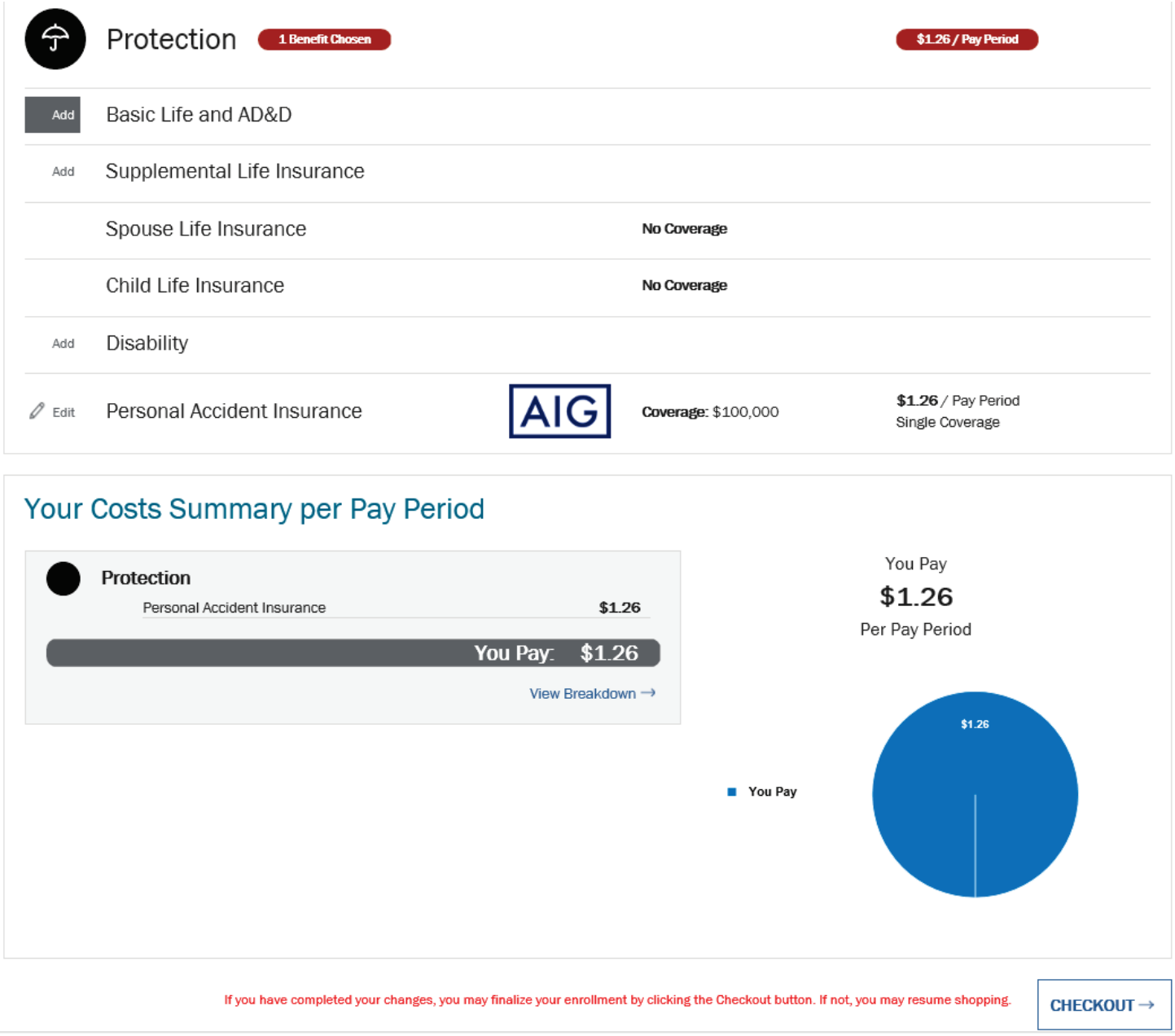
Exchange eBenefits

Benefit Options – Fast Lane



Exchange eBenefits

Bottom of Benefit Option Page



Exchange eBenefits

Benefit Enrollment - Medical

2022 Newly Eligible

100% Enrollment Complete

Benefits Added 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

Decline Coverage

☐ I want to decline medical coverage

aetna Aetna Choice POS Plan — $103.12/Pay Period

Deductible $500

Out-of-Pocket Maximum $4,000

$2,681 annual cost

Plan Details ADD TO CART

aetna HDHP POS Network — $79.33/Pay Period

Deductible $1,500

Out-of-Pocket Maximum $6,000

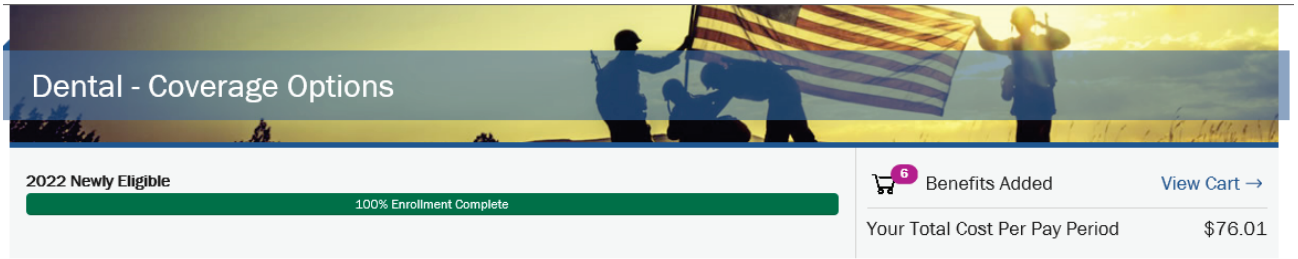
$2,063 annual cost

Plan Details ADD TO CART

Changed your mind about how you would like to shop? START AGAIN

Exchange eBenefits

Benefit Enrollment - Dental



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

☐ I want to decline dental coverage

aetna Stand Alone Dental — $15.54/Pay Period

Deductible	Annual Max Benefit	Basic Services	Major Services	Orthodontia
$100 per person	$2,000 per person	80% after deductible	Plan pays 50% after...	Adult & Children

$404 annual cost

Plan Details | ADD TO CART

aetna DoD NAF Dental — $4.50/Pay Period

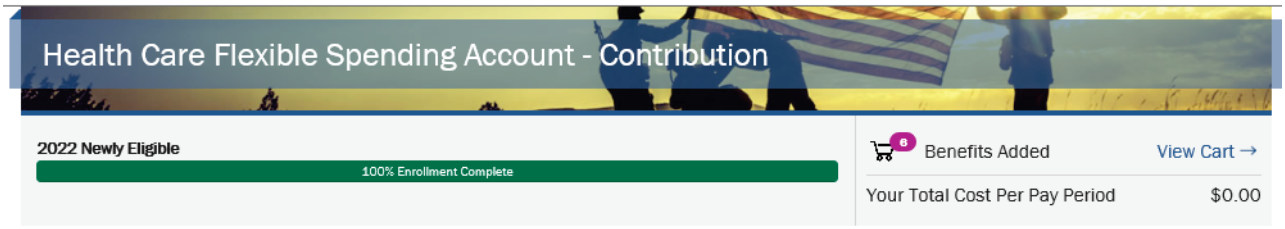
Deductible	Annual Max Benefit	Basic Services	Major Services	Orthodontia
$100 per person	$2,500 per person	80% after deductible	Plan pays 50% after...	Adult & Children

$117 annual cost

Plan Details | ADD TO CART

Exchange eBenefits

Benefit Enrollment - HCFSA



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	$	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 - DCFSA

2022 Newly Eligible

100% 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 31st deadline, or not requested for reimbursement by the February 15th 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

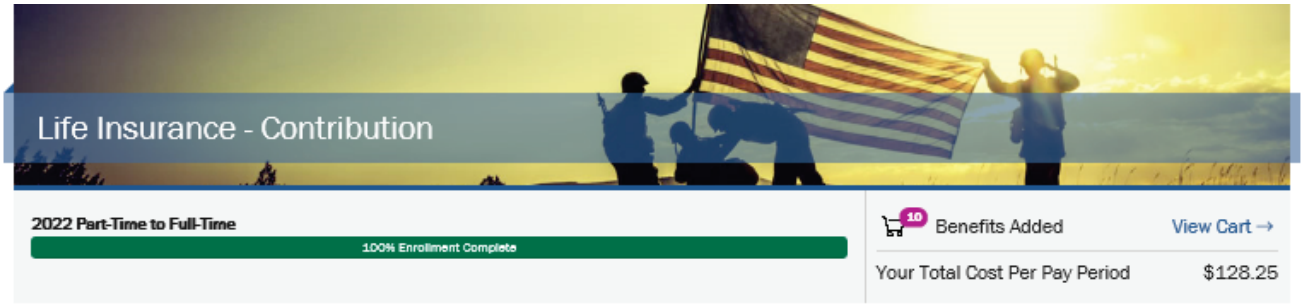
Elect an Amount

Contribution Amount	$	0
Year-to-date Amount (estimated)	-	$0.00
Remaining Amount		$0.00
Remaining Pay Periods	÷	18
Cost Per Pay Period		**$0.00**

ADD TO CART

Exchange eBenefits

Benefit Enrollment – Basic Life



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	
◉ No Coverage	You Pay **$0.00/Pay Period**
○ 2x Salary/ 2x Salary	You Pay **$4.72/Pay Period**

Benefit Enrollment - Supplemental Life

Supplemental Life Insurance

Your 2022 Plan	
◉ No Coverage	You Pay **$0.00/Pay Period**
○ 1x Salary - $47,000	You Pay **$3.19/Pay Period**
○ 2x Salary - $93,000	You Pay **$6.31/Pay Period**
○ 3x Salary - $139,000	You Pay **$9.43/Pay Period**
○ 4x Salary - $185,000	You Pay **$12.55/Pay Period**
○ 5x Salary - $231,000	You Pay **$15.67/Pay Period**

Exchange eBenefits

Benefit Enrollment - Spouse Life

Spouse Life Insurance

Your 2022 Plan	
No Coverage	You Pay **$0.00/Pay Period**
$5,000	You Pay **$0.20/Pay Period**
$10,000	You Pay **$0.41/Pay Period**
$20,000	You Pay **$0.82/Pay Period**
$30,000	You Pay **$1.23/Pay Period**
$40,000	You Pay **$1.64/Pay Period**
$50,000	You Pay **$2.05/Pay Period**

Benefit Enrollment - Child Life

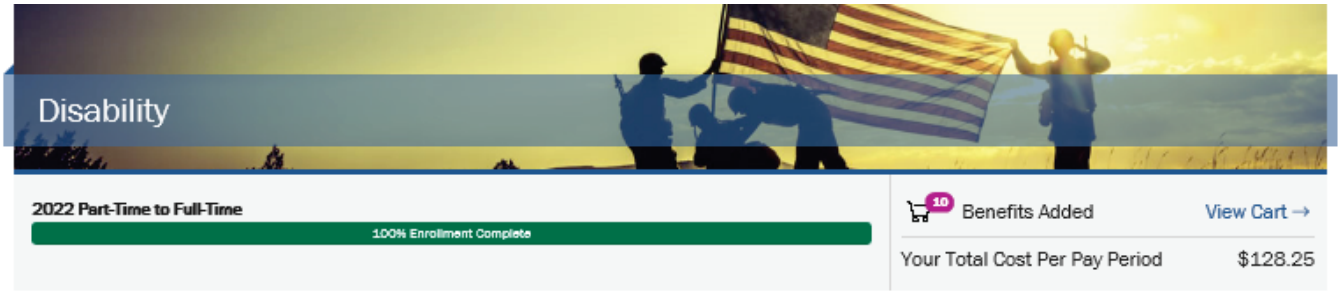
Child Life Insurance

Your 2022 Plan	
No Coverage	You Pay **$0.00/Pay Period**
$5,000	You Pay **$0.26/Pay Period**
$10,000	You Pay **$0.51/Pay Period**
$15,000	You Pay **$0.77/Pay Period**
$20,000	You Pay **$1.02/Pay Period**

ADD ALL TO CART

Exchange EBenefits

Benefit Enrollment - Disability



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.

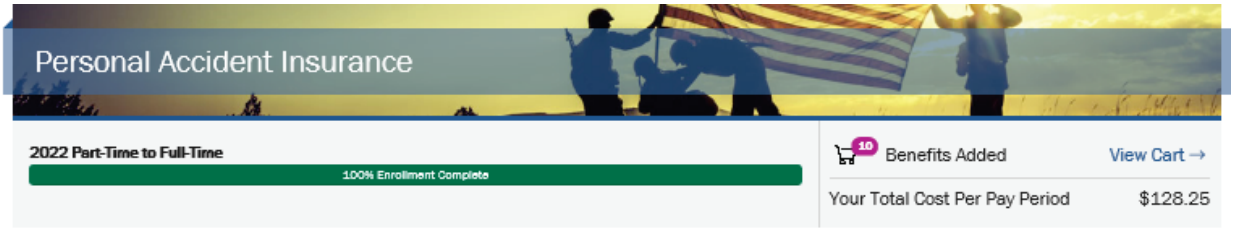
Disability

Your 2022 Plan	
◉ No Coverage	$0.00
○ Enrolled	$7.24

ADD TO CART

Exchange eBenefits

Benefit Enrollment - Personal Accident Insurance



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 AIG

Coverage	Single Coverage	Family Coverage
No Coverage	○ $0.00	○ $0.00
Your 2022 Plan		
$50,000	◉ $0.63	○ $0.95
$75,000	○ $0.95	○ $1.43
$100,000	○ $1.26	○ $1.90
$125,000	○ $1.57	○ $2.38
$150,000	○ $1.89	○ $2.85
$175,000	○ $2.21	○ $3.32
$200,000	○ $2.52	○ $3.80
$225,000	○ $2.83	○ $4.27
$250,000	○ $3.15	○ $4.75
$300,000	○ $3.78	○ $5.70
$350,000	○ $4.41	○ $6.65
$400,000	○ $5.04	○ $7.60
$450,000	○ $5.67	○ $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

Personal Accident Insurance — NO BENEFICIARIES ASSIGNED

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

Unpaid Compensation — NO BENEFICIARIES ASSIGNED

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

401(k) — NO BENEFICIARIES ASSIGNED

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

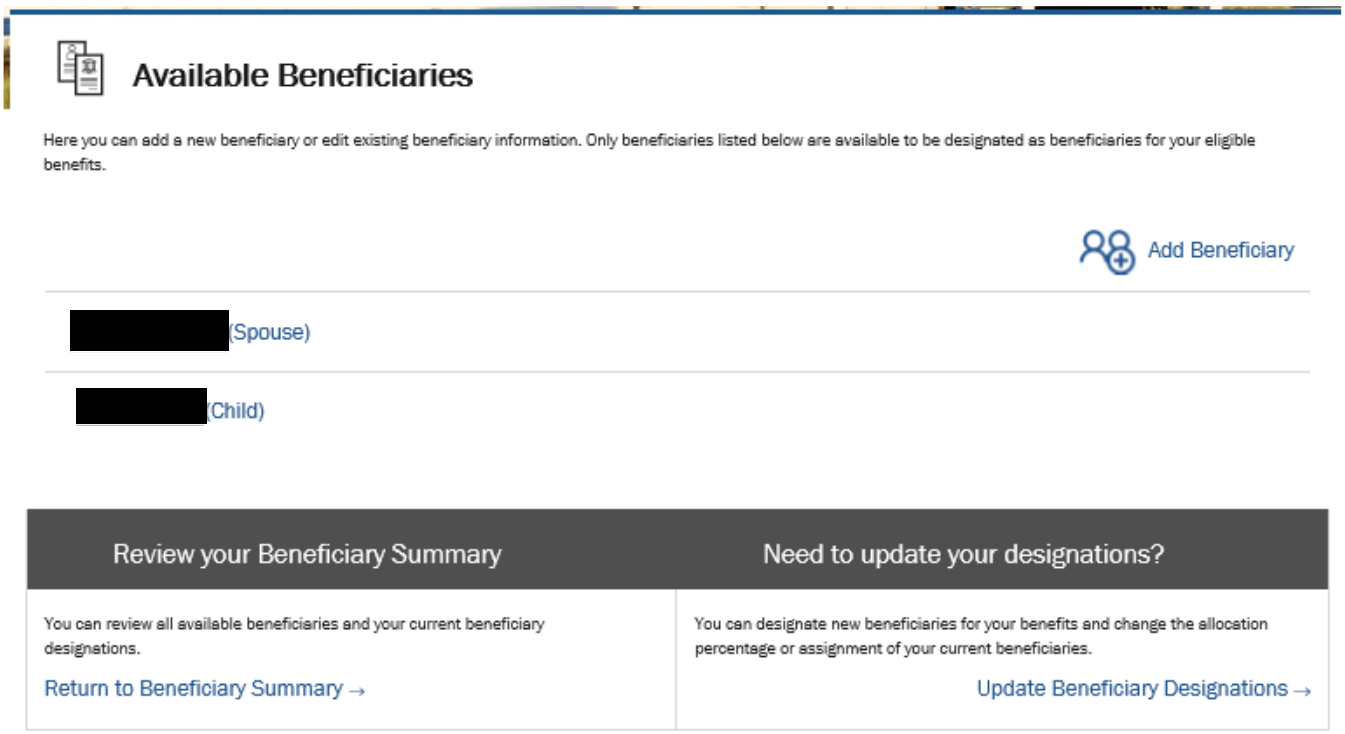
Retirement — NO BENEFICIARIES ASSIGNED

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

Need to add a beneficiary?	Need to update your designations?
You can add a new beneficiary and make them available for designation. Add a Beneficiary →	You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries. Update Beneficiary Designations →

Exchange eBenefits

Shows when employee has no beneficiary elected.



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:

Last Name:

SSN:

Birth Date:

Relationship:

Phone

Country:

☐ Use my home address for this beneficiary

Line 1:

City:

State:

Zip Code:

[redacted] (Spouse)

[redacted] 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:

[redacted] (Spouse)

[redacted] (Child)

Review your Beneficiary Summary	Need to update your designations?
You can review all available beneficiaries and your current beneficiary designations.	You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries.
Return to Beneficiary Summary →	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	Need to update your designations?
You can review all available beneficiaries and your current beneficiary 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.

Beneficiary Designations

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

Primary	Contingent
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		
[redacted] Spouse	0%	Remove	[redacted] Child	0%	Remove
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

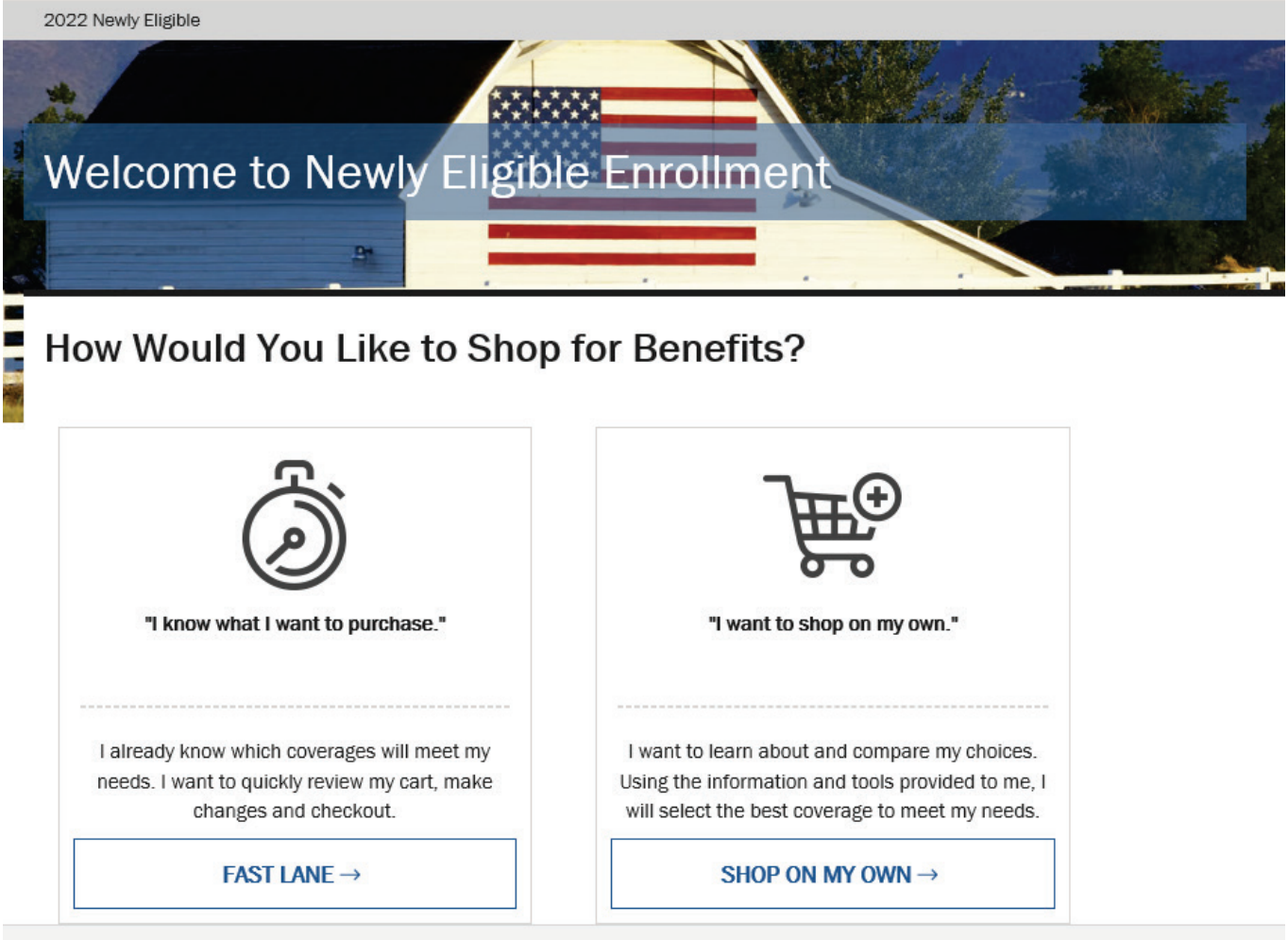
Exchange eBenefits

Benefit Confirmation Page

Benefit Elections				
Benefit	**Option**	**Coverage**	**Your Cost**	**Exchange Cost**
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
Total			**$258.64**	**$588.21**

Exchange eBenefits

Begin Benefit Shopping Page: Shop On My Own



Exchange eBenefits

Medical - Overview

Medical - Overview

2022 Newly Eligible

0%

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.

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

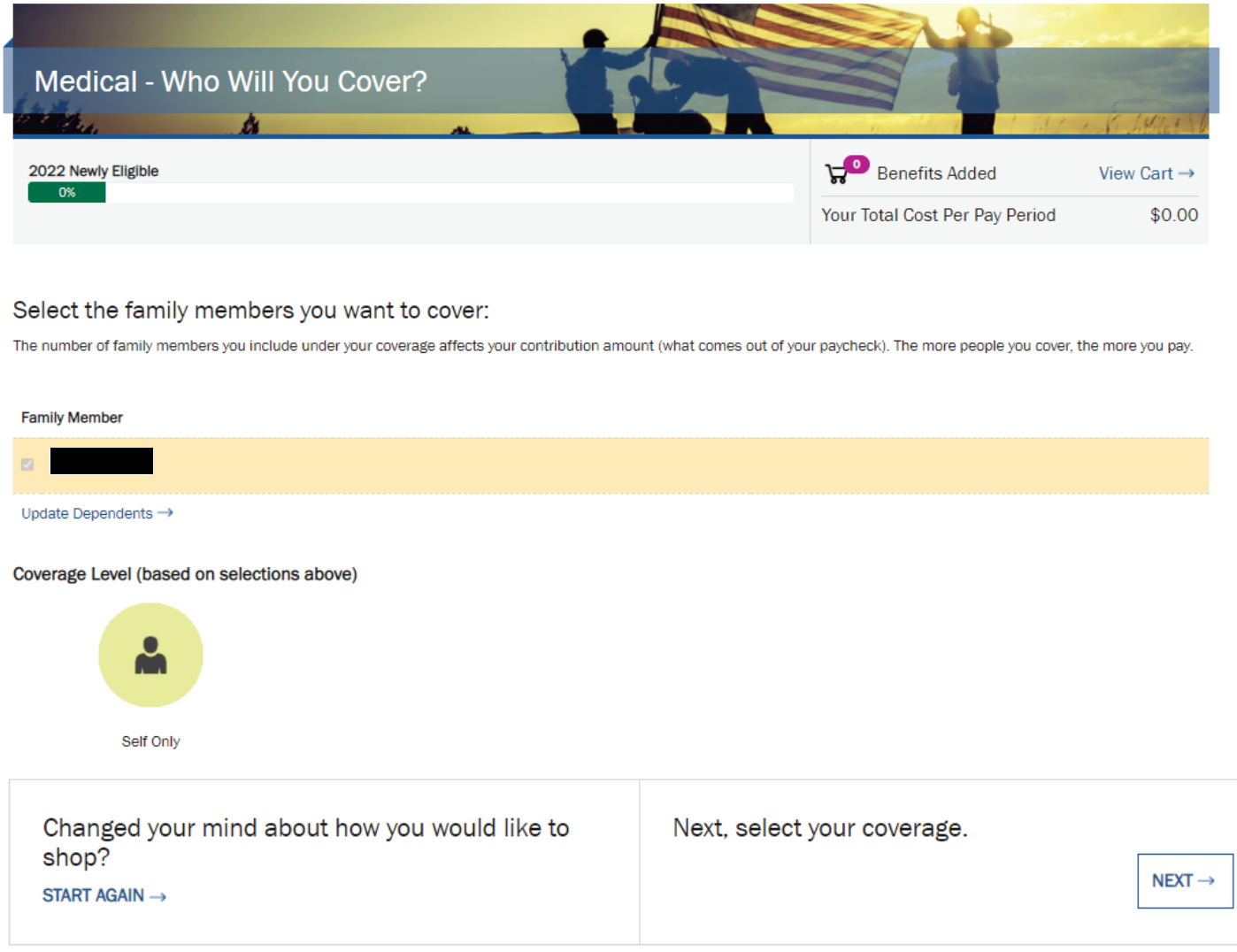
☐ I want to decline medical coverage

Ready to select your medical coverage?

NEXT →

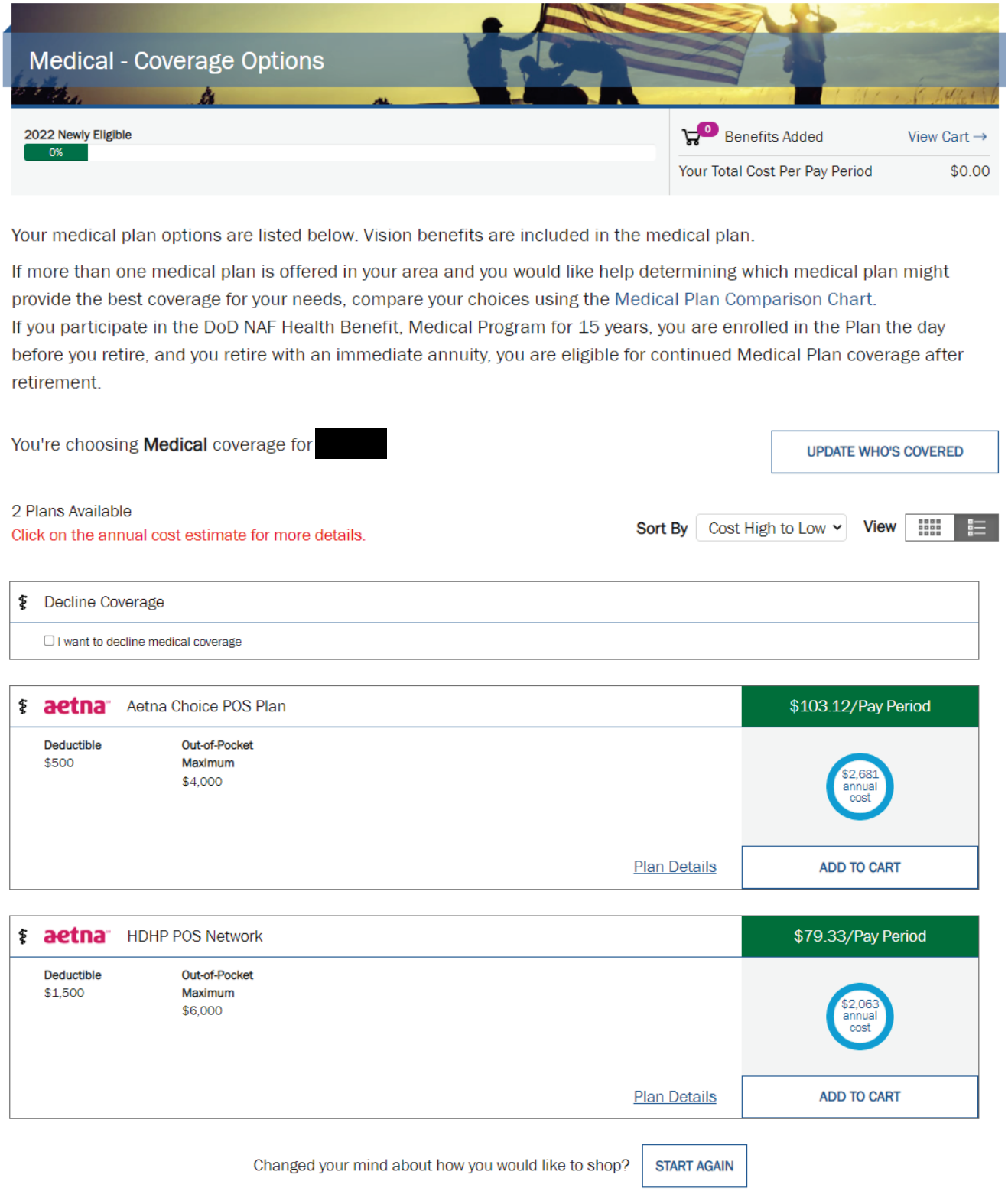
Exchange eBenefits

Medical - Who Will You Cover



Exchange eBenefits

Benefit Enrollment - Medical



Medical - Coverage Options

2022 Newly Eligible
0%

0 Benefits Added 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

Decline Coverage

☐ I want to decline medical coverage

aetna Aetna Choice POS Plan — $103.12/Pay Period

Deductible $500
Out-of-Pocket Maximum $4,000

$2,681 annual cost

Plan Details ADD TO CART

aetna HDHP POS Network — $79.33/Pay Period

Deductible $1,500
Out-of-Pocket Maximum $6,000

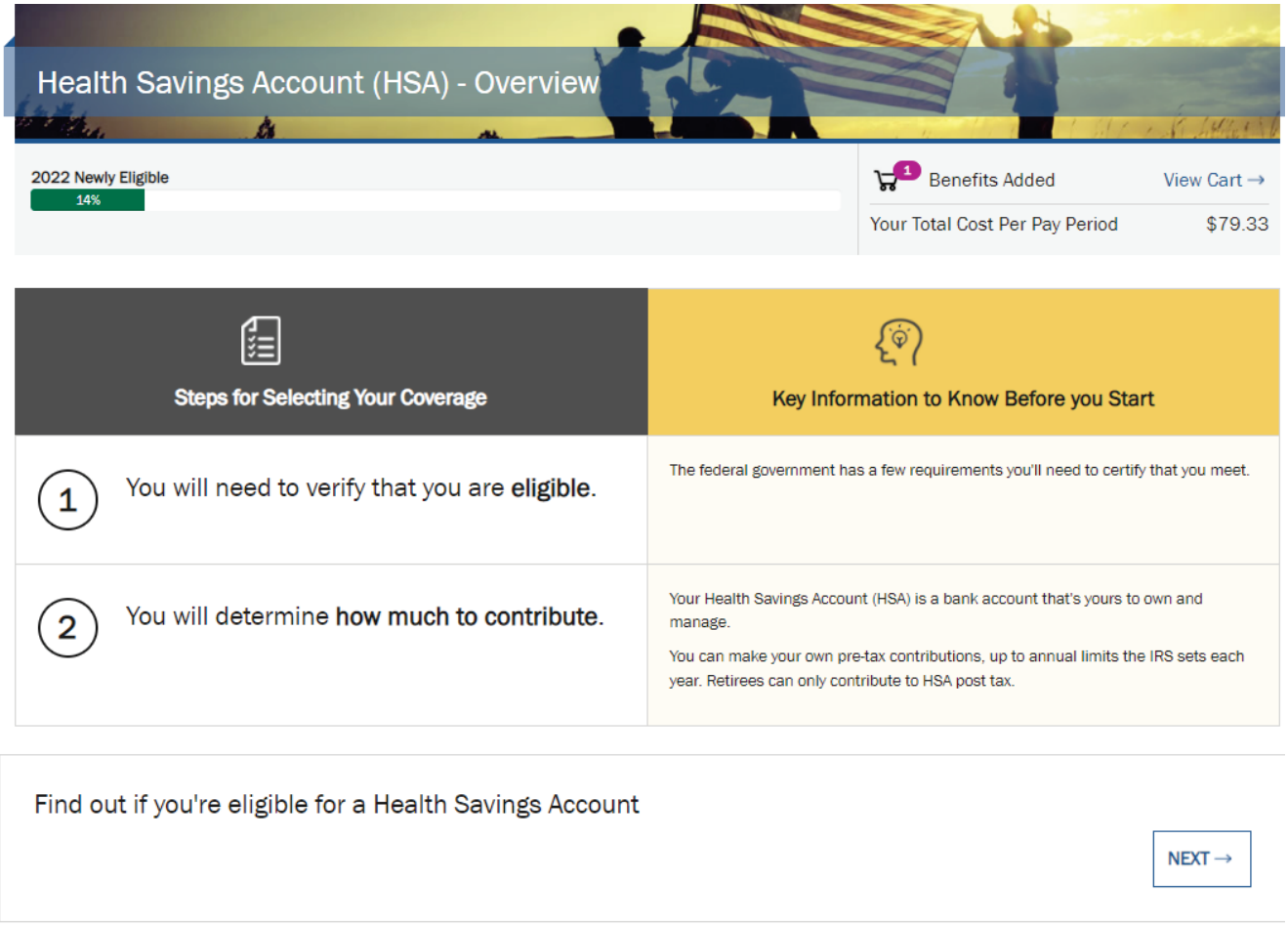
$2,063 annual cost

Plan Details ADD TO CART

Changed your mind about how you would like to shop? START AGAIN

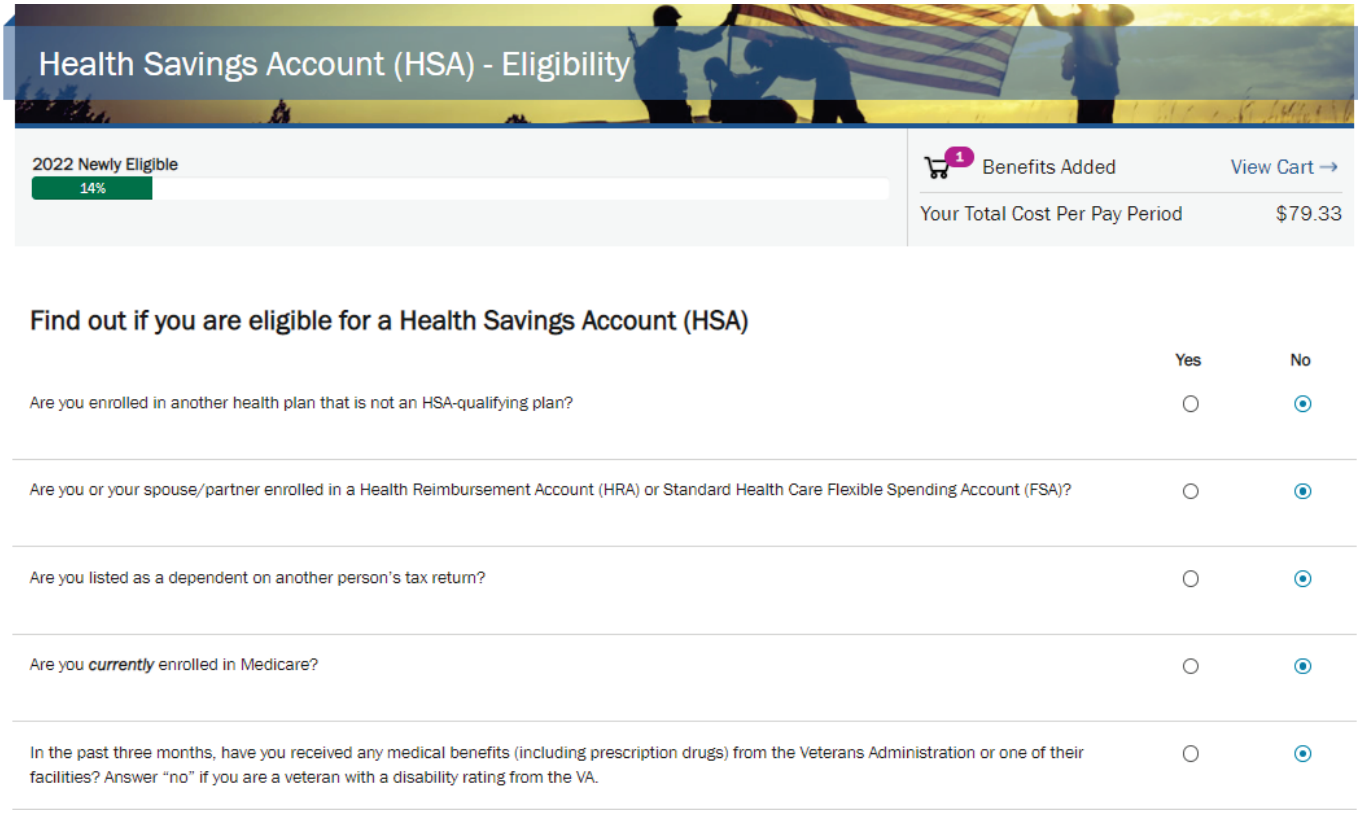
Exchange eBenefits

Benefit Enrollment – Health Savings Account (HSA)



Exchange eBenefits

Benefit Enrollment – HSA Eligibility



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%

2 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

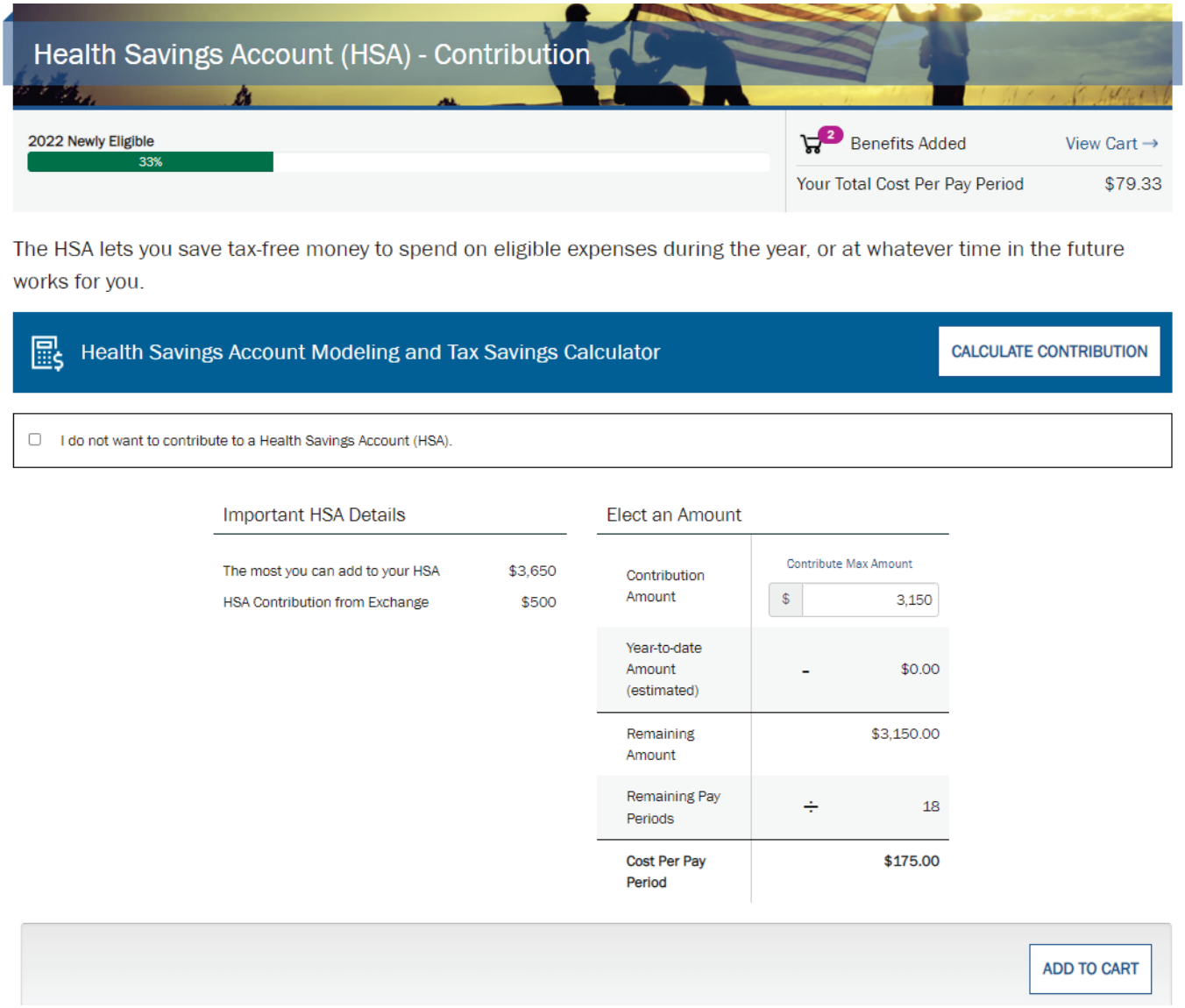
Use this tool to help you see how your balance grows over time.

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

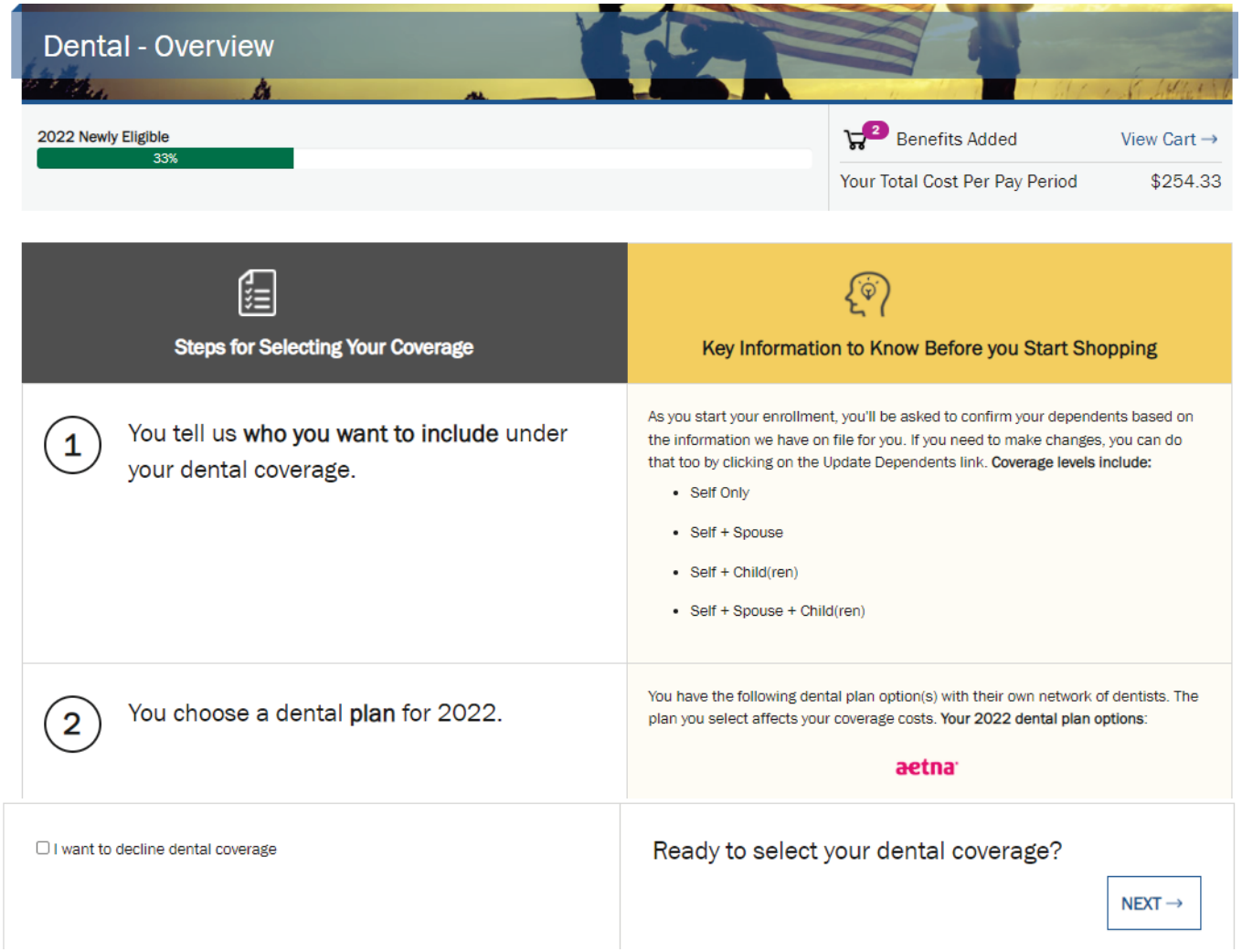
Exchange eBenefits

Benefit Enrollment - HSA Calculation



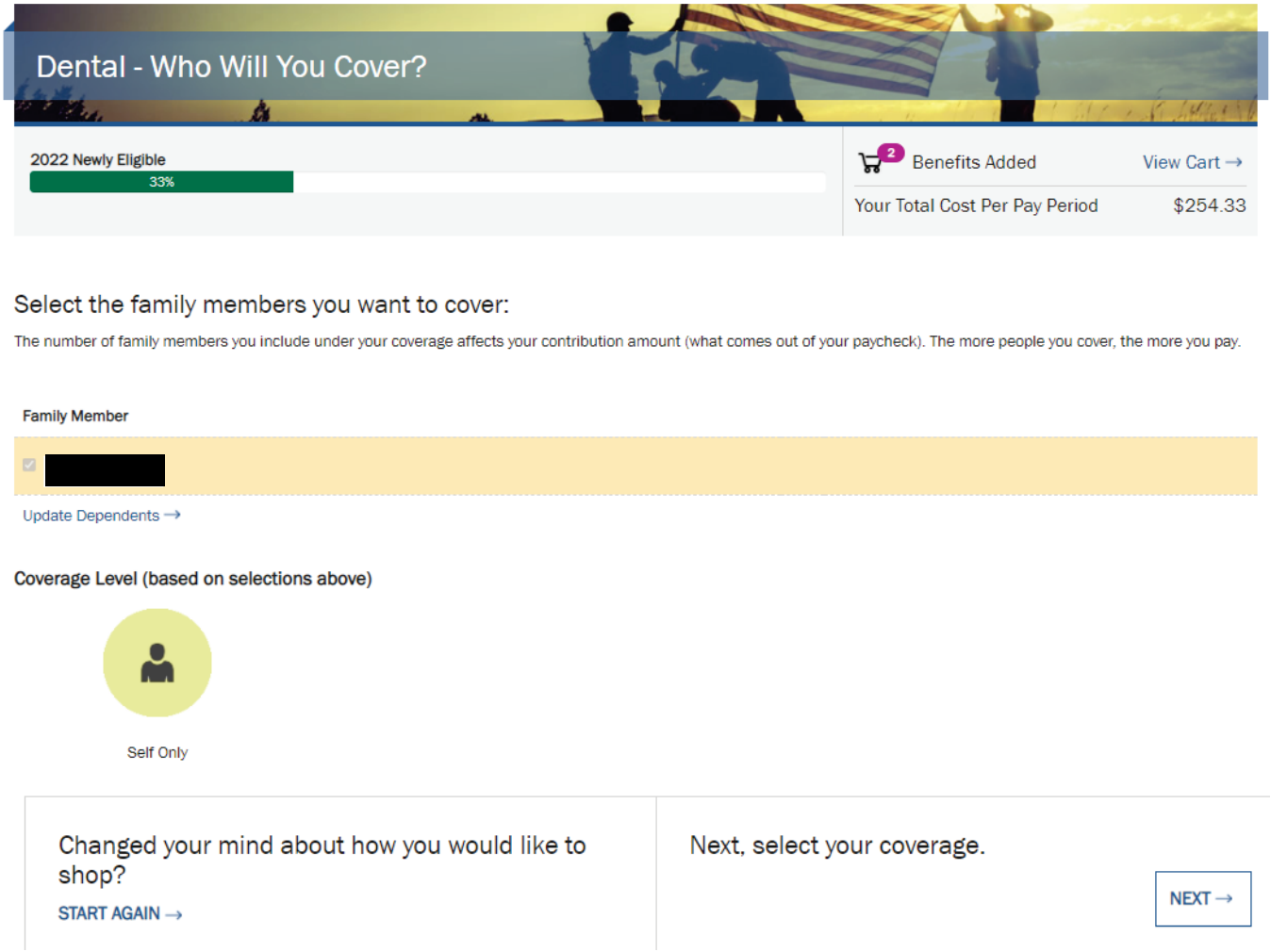
Exchange eBenefits

Benefit Enrollment – Dental



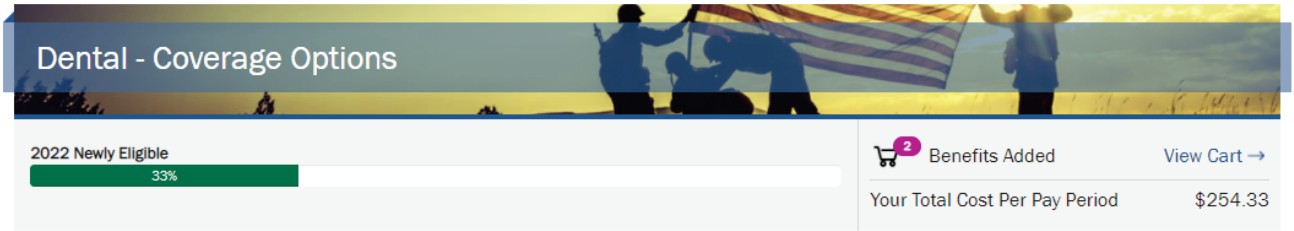
Exchange eBenefits

Benefit Enrollment – Dental



Exchange eBenefits

Benefit Enrollment– Dental



2022 Newly Eligible

33%

2 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

aetna Stand Alone Dental — $15.54/Pay Period

Deductible	Annual Max Benefit	Basic Services	Major Services	Orthodontia
$100 per person	$2,000 per person	80% after deductible	Plan pays 50% after ...	Adult & Children

$404 annual cost

Plan Details

ADD TO CART

aetna DoD NAF Dental — $4.50/Pay Period

Deductible	Annual Max Benefit	Basic Services	Major Services	Orthodontia
$100 per person	$2,500 per person	80% after deductible	Plan pays 50% after ...	Adult & Children

$117 annual cost

Plan Details

ADD TO CART

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%

3 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.

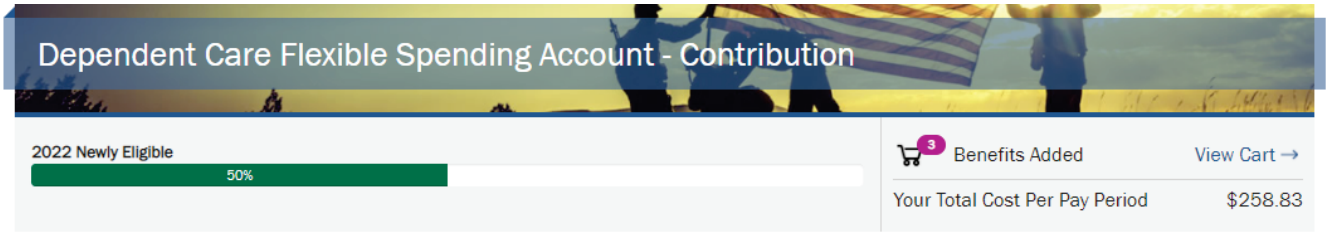
☐ I do not want to open a Dependent Care Flexible Spending Account (FSA).

Set up your FSA contribution.

NEXT →

Exchange eBenefits

Benefit Enrollment – DCFSA



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 31st deadline, or not requested for reimbursement by the February 15th 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

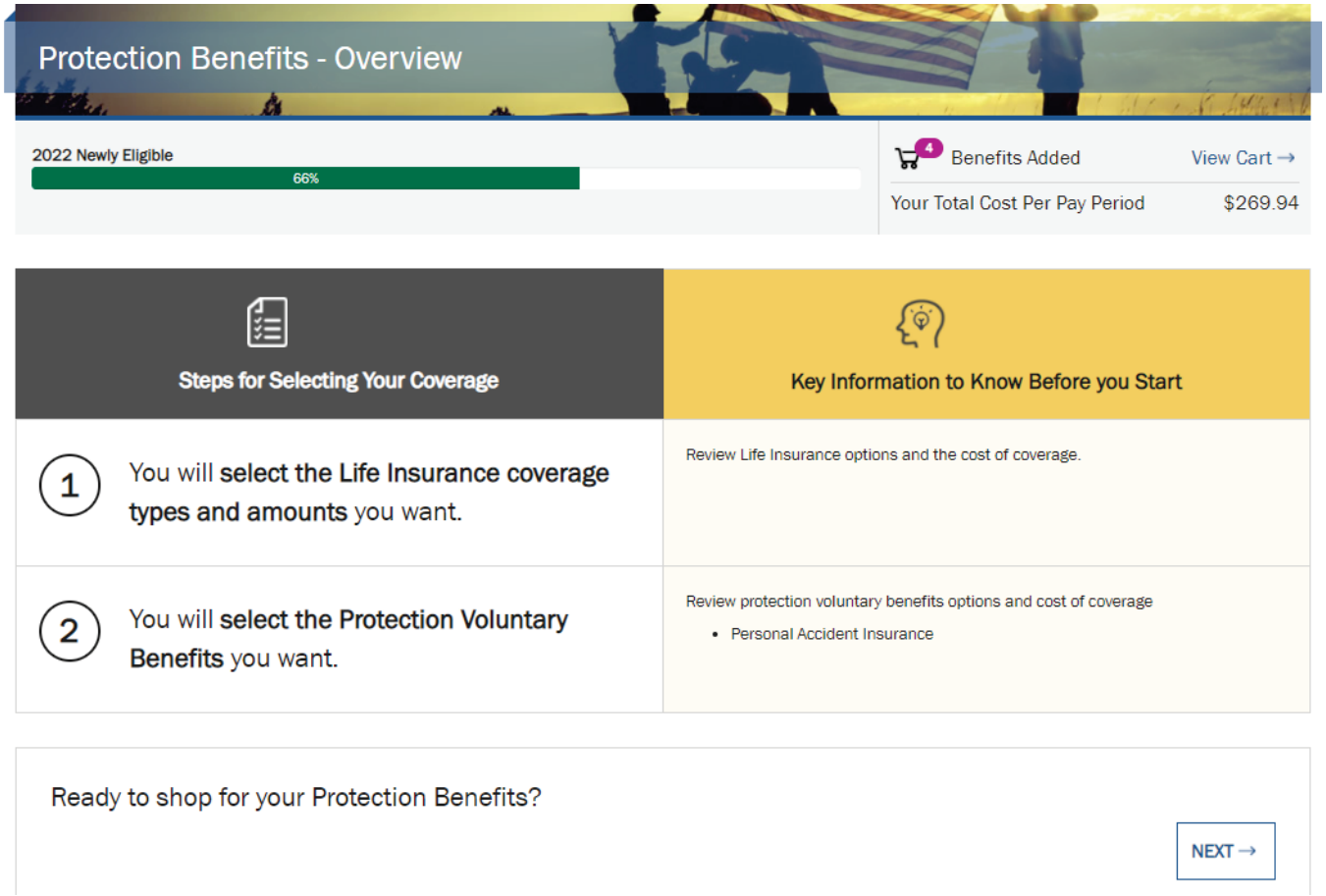
Elect an Amount

Contribution Amount	$	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



Exchange eBenefits

Benefit Enrollment – Life Insurance

Life Insurance - Contribution

2022 Newly Eligible

66%

4 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	
◉ No Coverage	You Pay **$0.00/Pay Period**
○ 2x Salary/ 2x Salary	You Pay **$4.21/Pay Period**

Supplemental Life Insurance

Your 2022 Plan	
◉ No Coverage	You Pay **$0.00/Pay Period**
○ 1x Salary - $42,000	You Pay **$0.72/Pay Period**
○ 2x Salary - $83,000	You Pay **$1.42/Pay Period**
○ 3x Salary - $124,000	You Pay **$2.12/Pay Period**
○ 4x Salary - $166,000	You Pay **$2.83/Pay Period**
○ 5x Salary - $207,000	You Pay **$3.54/Pay Period**

Exchange eBenefits

Benefit – Spouse Life

Spouse Life Insurance

Your 2022 Plan	
◉ No Coverage	You Pay **$0.00/Pay Period**
○ $5,000	You Pay **$0.20/Pay Period**
○ $10,000	You Pay **$0.41/Pay Period**
○ $20,000	You Pay **$0.82/Pay Period**
○ $30,000	You Pay **$1.23/Pay Period**
○ $40,000	You Pay **$1.64/Pay Period**
○ $50,000	You Pay **$2.05/Pay Period**

Benefit – Child Life

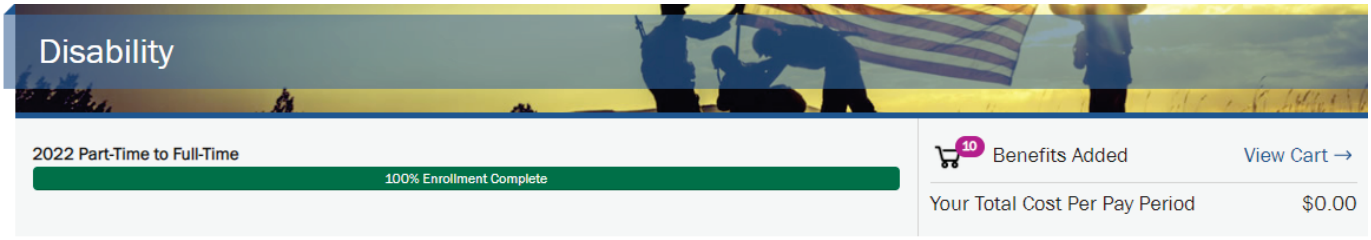
Child Life Insurance

Your 2022 Plan	
◉ No Coverage	You Pay **$0.00/Pay Period**
○ $5,000	You Pay **$0.26/Pay Period**
○ $10,000	You Pay **$0.51/Pay Period**
○ $15,000	You Pay **$0.77/Pay Period**
○ $20,000	You Pay **$1.02/Pay Period**

ADD ALL TO CART

Exchange eBenefits

Benefit Enrollment – Disability Income Program



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.

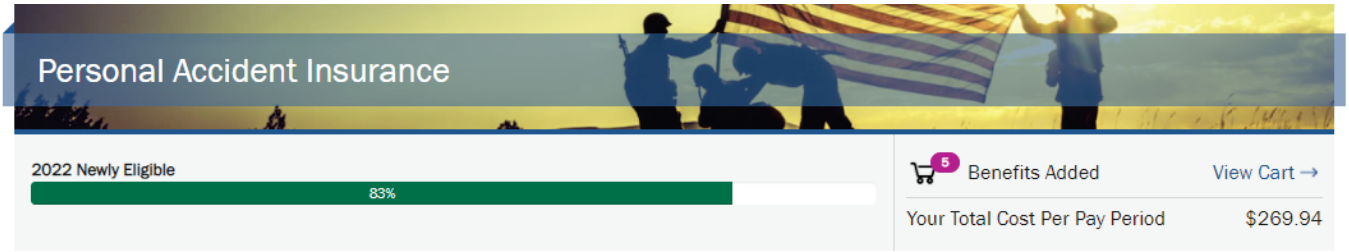
Disability

Your 2022 Plan	
◉ No Coverage	$0.00
○ Enrolled	$6.49

ADD TO CART

Exchange eBenefits

Benefit Enrollment – Personal Accident Insurance



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 AIG

Your 2022 Plan	
◉ No Coverage	$0.00
○ $50,000	$0.63
○ $75,000	$0.95
○ $100,000	$1.26
○ $125,000	$1.57
○ $150,000	$1.89
○ $175,000	$2.21
○ $200,000	$2.52
○ $225,000	$2.83
○ $250,000	$3.15
○ $300,000	$3.78
○ $350,000	$4.41

ADD TO CART

Exchange eBenefits

Benefit Confirmation Page

Benefit Elections				
Benefit	**Option**	**Coverage**	**Your Cost**	**Exchange Cost**
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
Total			**$258.64**	**$588.21**