

# 2023 Benefits Open Enrollment

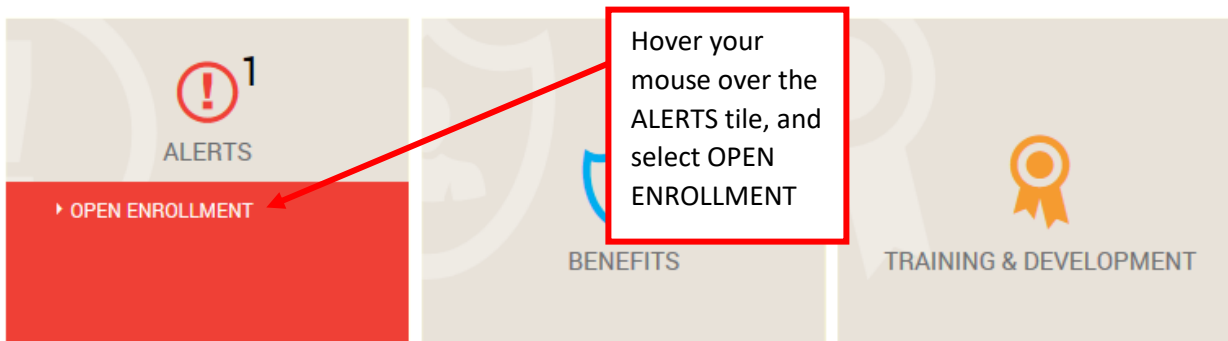
Open Enrollment: October 31, 2022 through November 11, 2022

## [Your 2022 benefits will NOT roll over to 2023!](#)

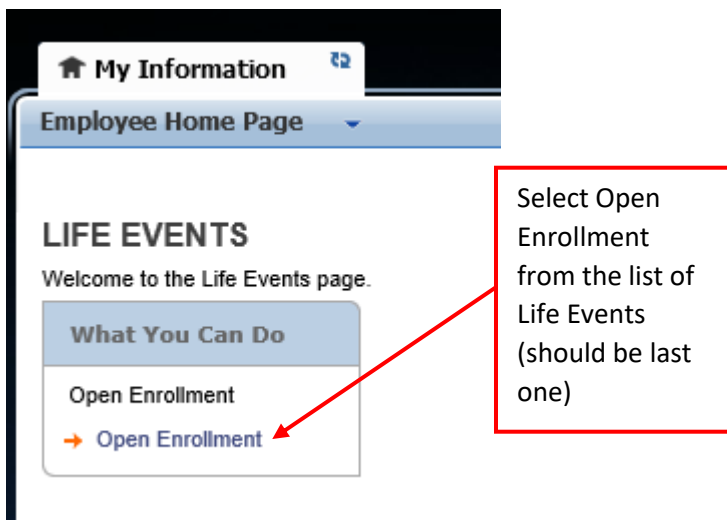
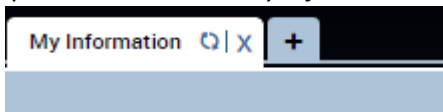
You must enroll or waive (do not want) each benefit option through Kronos [by November 11, 2022 at 11:59 pm!](#)

- All benefit eligible employees MUST complete open enrollment even if you plan to waive all 2023 benefits. This will help you make sure your emergency contacts and beneficiary(ies) are correct.
- PRN employees do not need to complete open enrollment.
- You can make as many changes necessary after submitting until the deadline on Nov 11, 2022 at 11:59 pm.

## Completing your enrollment in Kronos



NOTE: If you do not see the tiles shown above, navigate to the *My Information* tab by clicking the plus sign on the top tabs and find the *My Information* tab.



- Life Events Home
- Welcome to 2022 Open Enrollment
- Your Address & Phone
- Emergency Contacts
- Selecting Your Benefits

**WELCOME TO 2022 OPEN ENROLLMENT**

Enrollment Deadline: 11/5/2021



# Welcome to Your 2022 Open Enrollment

**OPEN ENROLLMENT DEADLINE: 11/5/2021**

Cheyenne Regional Medical Center's enrollment process provides you with the information about the 2022 benefit plan year. If you have any questions not answered here, please contact the Human Resources Benefits Team by email at [Benefits@crmcwy.org](mailto:Benefits@crmcwy.org) or by phone at 307-633-7700 or 307-633-6852.

Before getting started, you'll want to have your personal information and the information for your dependent(s)/beneficiary(ies) ready.

The enrollment process includes:

- Verifying your personal & dependent's demographic information
- Electing your benefits & completing any related forms
- Submitting your electronically signed enrollment

Your enrollment is not complete until you click "[Submit Changes](#)" at the end of this process and your request is approved by Benefits.

Need to make changes? Already submitted your enrollments? Come back here and make any changes as many times as you want, just remember to submit by November 5.

Before you finalize (submit) your elections, please PRINT your Benefit Summary. Confirmation Statements WILL NOT be mailed after Open Enrollment.

Begin your enrollment by pressing "Next" at the bottom of the page.

**Next**

Read and navigate through each page by selecting the button at the bottom of the each screen

**YOUR ADDRESS & PHONE**

## Your Address & Phone

**OPEN ENROLLMENT DEADLINE: 11/5/2021**

Please review your Address and Phone Number(s) that are listed below and make corrections as necessary.

Click "Save & Continue" at the bottom of the page.

Confirm your address and phone number or make appropriate edits. Select Save & Continue

Your records show the following address and phone information:

Add Address						
Primary	Address					Change
✓	1505 Adams Ave, Cheyenne, Wyoming 82001					Change

Add Phone						
Primary	Phone	Type	SMS			
☑	13163036022	Cell Phone	✓	Delete	Change	

**Save & Continue**

EMERGENCY CONTACTS

# Emergency Contacts

**OPEN ENROLLMENT DEADLINE: 11/5/2021**

Please review your Emergency Contact(s) that are listed below and add/correct as necessary.

Click "Save & Continue" at the bottom of the page.

Your records show the following emergency contacts:

Call Order

PLEASE make sure all  
Emergency Contact  
Information is CORRECT!

Enter or make  
appropriate edits  
to your  
emergency  
contacts. Select  
Save & Continue

SELECTING YOUR BENEFITS

Enrollment Deadline: 11/5/2021

# Selecting Your Benefits

**OPEN ENROLLMENT DEADLINE: 11/5/2021**

Below are the Benefits in which you are eligible to enroll. Please click on the box  in the upper left corner (left of the word Benefits in the table below) to select all benefits. You MUST go through every page to enroll or waive (do not enroll) that benefit.

Click "Next" at the bottom of the page.

Current Elections						Future Elections			
<input type="checkbox"/>	Benefit	Plan	Election	Coverage	Pay Period Deduction	Plan	Election	Coverage	Pay Period Deduction
<input type="checkbox"/>	Medical	Medical High Deductible Wellness	Employee + Child(ren)		\$18.10	Medical High Deductible Wellness	Employee + Child(ren)		\$19.00
<input type="checkbox"/>	HSA	HSA Family	\$150.00		\$162.50	HSA Family	Waived		
<input type="checkbox"/>	FSAHealth	FSA Health	None			FSA Health	Waived		
<input type="checkbox"/>	VolAccidentIns	Voluntary Accident Insurance	Employee Only		\$4.14	Voluntary Accident Insurance	Employee Only		\$4.14
<input type="checkbox"/>	VolCriticalIll	Voluntary Critical Illness 15K	Employee Only		\$6.77	Voluntary Critical Illness 15K	Employee Only		\$9.10
<input type="checkbox"/>	VolHospitalInd	Voluntary Hospital Indemnity Insurance	Employee Only		\$7.56	Voluntary Hospital Indemnity	Employee Only		\$7.56
<input type="checkbox"/>	Dental	DentalPlus	Employee + Child(ren)		\$29.40	Dental			\$29.40
<input type="checkbox"/>	Vision	VSP	Employee + Child(ren)		\$9.11	VSP			\$9.11
<input type="checkbox"/>	Medical DP	Medical Basic-DP Non Wellness	Waived			Med			
<input type="checkbox"/>	Dental DP	DentalBasicDP	Waived			Dent			
<input type="checkbox"/>	Vision DP	VSPDP	Waived			VSP			
<input type="checkbox"/>	FSADep	FSA Dependent	None			FSA			
<input type="checkbox"/>	VolLincEELife	Voluntary Lincoln Employee Life ADD	\$250,000	\$250,000.00	\$15.00	Volun ADD			\$21.25
<input type="checkbox"/>	VolLincSpLife	Not Enrolled				Volun ADD			
<input type="checkbox"/>	VolLincChldLife	Not Enrolled				Volun ADD			
<input type="checkbox"/>	LTD	Lincoln Financial LTD	None	\$15,000.00		Lincol			*
<input type="checkbox"/>	STD	Lincoln Financial Short Term Disability	None			Lincoln Financial Short Term Disability	None		*
<input type="checkbox"/>	EAP	EAP	None			EAP	None		*

Select ALL benefits in the list by checking the uppermost checkbox to select all plans (you will not be able to submit if you do not go through ALL pages) and click Next

Complete each benefit enrollment page

- Medical, HSA and FSA Health
- Lincoln / Voya Voluntary Benefits
- Dental
- Vision
- Medical/Dental/Vision for Domestic Partners

- FSA Dependent Care

**CURRENT ELECTIONS**

Your current elections are listed at the top for your reference

Benefit	Plan
Medical	MedicalBasic Employee + Spouse

Medical Plus Wellness
  Employee Only
  Employee + Spouse
  Employee + DP
  Employee + Child(ren)
  Employee + Family
  Employee + Family DP

\$574.88  
\$359.04

Select the benefit plan and election you want for 2023

Waive Medical There is a "Waive" (do not want) checkbox under each benefit if you are waiving coverage

Waive Medical

**Add Dependent**

Dependent	Relationship	Birth Date	SS#	Enroll
None				

Add/Change Dependents as needed

Be sure the above list of dependents is accurate and the **Save & Continue** at the bottom of every page

**HOW TO ADD DEPENDENT(S)**

Waive Medical

**Add Dependent**

Dependent	Relationship	Birth Date	SS#	Enroll
None				

Add Dependent - Internet Explorer

https://crmwy-dev.kronos.net/wfc\_selfservice/Scripts/AddDependent.aspx?Page

**ADD A DEPENDENT**

\* Indicates a required field.

First Name\*  Birth Date (mm/dd/yyyy) \*   
 Middle Name  Social Security #   
 Last Name \*  Full-time Student   
 Suffix  Smoker   
 Nickname  Disabled   
 Gender   
 Relationship   
 Use my primary address/phone  
 Use a different address/phone

**Save & Continue**

**How to add a dependent**

Click Add Dependent button

Complete at least the following in the pop up window:

- First Name
- Last Name
- Gender
- Relationship
- Birth Date
- Social Security #

Save & Continue

If a new window does not "pop-up" as stated above, this means your Pop Up Block is enabled – please disable the Pop Up Blocker – Need help, please call IT at x7171.

# MEDICAL, HSA AND FSA HEALTH

**!** You must unenroll from Wellness plan before you enroll or make changes to Medical Plus.

What you can do?  
 Change your enrollment  
 Add or update your dependents

**If you receive an error message that mentions “Wellness”, you have selected a Medical plan that does not match your wellness complete status. Please choose a Medical plan that coincides with your Wellness/non-wellness status.**

Complete each benefit enrollment page for CRMC provided benefits

- Employer Paid Disability
- Employer Paid Life / AD&D

## CURRENT ELECTIONS

Benefit	Plan	Election
Life	BasicLifeFTHrly	None

Plan	Election	Deduction
BasicLifeFTHrly	** Company P	\$0.00

**Add/Change Beneficiaries as needed**

Beneficiary	Relationship	SS#	Enroll	Percent
None				

**Click Save & Continue at the bottom of every page**

**Save & Continue**

## HOW TO ADD BENEFICIARY(IES)

**Add Beneficiary**

Beneficiary	Relationship	SS#	Enroll	Percent
None				

*How to add a Beneficiary*

Click Add Beneficiary button  
 Complete the pop up window  
 Save & Continue

\* indicates a required field.

**Name \***  **Address 1**

**Social Security #**  **Address 2**

**Relationship \***  **City**

**State**

**Zip**

**Phone**

**Save & Continue**

If a new window does not “pop-up” as stated above, this means your Pop Up Block is enabled – please disable the Pop Up Blocker – Need help, please call IT at x7171

# Review your Benefit Summary

Don't forget to print

If you need to change something, click on Edit next to the benefit you need to change

My Information Employee Home Page

**BENEFIT SUMMARY**

Enrollment Date: 1/1/2020  
 This is a list of the benefits you have selected. Please review the enrollment changes, click **Submit Changes** below.

Confirmation Statements WILL NOT be mailed. Confidential information on this page so you will need to print your summary (see "Print" link in upper right corner) before Submitting Changes. Be aware, there is a secure file location.

Once you have printed your summary, click **Submit Changes**.

Benefit	Plan	Election	Coverage	Deduction	Employer Contribution	
Medical	Medical Plus Wellness	Employee + Spouse		\$254.75	\$507.17	Edit
HSA2020	HSA Family 2020	\$1.00		\$1.00		
FSAHealth2020	FSA Health 2020	\$87.42		\$87.42		
Dental	DentalPlus	Employee + Spouse		\$35.95	\$10.74	Edit
Vision	VSP	Employee + Spouse		\$8.52		Edit
Medical DP	Medical Basic-DP	Waived				Edit
Dental DP	Dental Basic-DP	Waived				
Vision DP	VSPDP	Waived				
FSADep2020	FSA Dependents 2020	Waived				Edit
Life	Basic Life-PT	None	\$10,000.00	*	\$0.35	Edit
ADD	Basic AD&D-PT	None	\$10,000.00	*	\$0.08	Edit
STD	Lincoln Financial Short Term Disability	None		*	\$0.97	Edit
LTD	Lincoln Financial LTD	None		*	\$3.76	Edit

\* Company provided benefit

**DEPENDENTS**

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
Randal Watson	Spouse	3/15/1961	506-74-7567	Dental, Medical, Vision

**BENEFICIARIES**

Beneficiary Name	Relationship	SS#
Watson, Randal	Spouse	506-74-7567

If you are ready to submit your 2020 elections click **SUBMIT CHANGES**. You may **Save for Later** and come back to complete your elections. However, be sure to return to this page until you click **Submit Changes**.

If you have questions or need assistance, please contact the Human Resources Benefits Team by phone at 507-855-7700 or email at [benefits@cmicwy.org](mailto:benefits@cmicwy.org)

[Save for Later](#) [Submit Changes](#)

If at any time you want to start back at the beginning, click Updating Your Benefits to be taken back through the steps again.

**BENEFIT SUMMARY**

Wendy J. Watson

Print

Enrollment Date: 1/1/2020

This is a list of the benefits you have selected. Please review carefully for accuracy. When you have completed the enrollment changes, click Submit Changes below.

Confirmation Statements WILL NOT be mailed after Open Enrollment. Print your Benefit Summary (see "Print" link in upper right corner) before Submitting Changes. Be aware, there is confidential information on this page so you will want to print to a secure printer or save to a secure file location.

Once you have printed your summary, click Submit Changes below.

Is everything correct?

- Elections
- Dependents
- Beneficiaries

If yes, click Submit Changes

You are done!

Benefit	Plan	Election	Cov	
Medical	Medical Plus Wellness	Employee + Spouse		Edit
HSA2020	HSA Family 2020	\$1.00		
FSAHealth2020	FSA Health 2020	\$87.42		
Dental	DentalPlus	Employee + Spouse		Edit
Vision	VSP	Employee + Spouse		Edit
Medical DP	Medical Basic-DP	Waived		Edit
Dental DP	DentalBasicDP	Waived		
Vision DP	VSPDP	Waived		
FSAdep2020	FSA Dependent 2020	Waived		Edit
Life	Basic Life-PT	None	\$	Edit
ADD	Basic AD&D-PT	None	\$	Edit
STD	Lincoln Financial Short Term Disability	None		Edit
LTD	Lincoln Financial LTD	None		Edit
* Company provided benefit			\$3.76	Edit

**DEPENDENTS**

Dependent Name	Relationship	Birth Date	SS#	Enrolled In
Randal Watson	Spouse	3/15/1961	506-74-7567	Dental, Medical, Vision

**BENEFICIARIES**

Beneficiary Name	Relationship	SS#	Enrolled In		
Watson, Randal	Spouse	506-74-7567	ADD	100 %	Primary
			Life	100 %	Primary

If you are ready to submit your 2020 elections click **SUBMIT CHANGES**. You may Save for Later and come back to complete your elections. However, be sure to return to this page and submit your elections by 11/8/19. Your elections are not finalized until you click Submit Changes.

If you have questions or need assistance, please contact the Human Resources Benefits Team by phone at 307-633-7700 or email at [benefits@crmcwy.org](mailto:benefits@crmcwy.org)

To submit your 2023 elections click **SUBMIT CHANGES**. **Do NOT use SAVE FOR LATER**