How to Enroll in Benefits as a Retiree (Initial Enrollment)

Follow the steps in this guide to complete your initial enrollment as a new Retiree in the Benefitplace system. To enroll in benefits, you will complete the following steps:

- ➢ Access Benefitplace for the First Time
- ➢ Review your Profile Information and Communication Preferences
- ➢ Add a New Dependent (if applicable)
- ➢ Add, Update or Remove Medicare Information (if applicable)
- ➢ Enroll in Benefits (Initial Enrollment)
- ➢ Attach Documentation for Verification (if applicable)

Step #	How to Access Benefitplace for the First Time
1	Enter the following URL in a web browser **https://benefitplace.houstontx.gov/**. First, you will need to create a password. On the Log in screen, click the **Can't access your account** link.
2	Select **I can't remember my password**, then click **Next**.

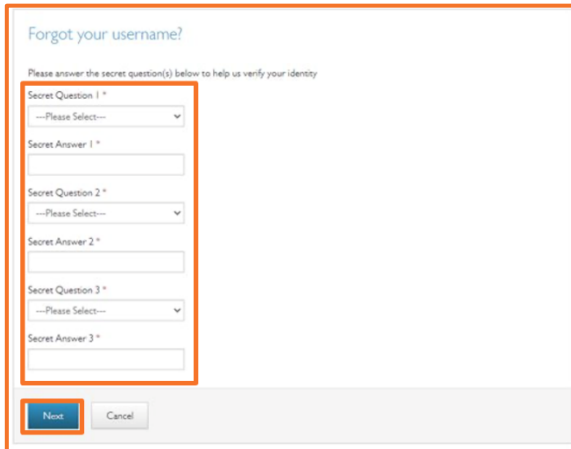| 3	Reset your password Provide your identifying information Username COHBEN00123456 Forgot your username? Security check ☐ I'm not a robot reCAPTCHA Privacy - Terms Next Cancel	• Enter your username (COHBEN + Your 8-Digit Employee ID) into the **Username field**. • Check the box next to **I'm not a robot**. Select **Next** to continue. **Note:** The Employee ID you enter must be 8 digits. **Add enough zeros in front of your Employee ID to make it 8 digits**. E.g. 00123456 or 00012345. If you cannot remember your Employee ID, contact your benefits administrator.
4	As a retiree/survivor, click **Employee or Independent Worker**. Click **Next** to continue. Account access Please start by telling us which type of Benefitplace user you are. ○ Employee or Independent Worker ○ Employer or HR Administrator Forgot your password? Next Cancel	
5	Answer the computer-generated questions that are displayed, then enter your five-digit ZIP code. Complete all the required fields and select **Next** to continue. Reset your Account **Verify Identity** * Choose the birth year of a dependent you currently cover or previously covered on your benefits. ○ 1999 ○ 2001 ○ 1998 ○ None of the above or not applicable * Choose your name or the name of a dependent you currently cover or previously covered on your benefits. ○ natisha ○ test ○ elijah ○ None of the above or not applicable * Choose your hire date. If none of the selections are accurate, select 'None of the above or not applicable.' ○ january 30, 2022 ○ february 9, 2022 ○ january 17, 2022 ○ None of the above or not applicable * Enter your five-digit ZIP code Cancel Next	

6	The system will then prompt you to select and answer security questions. Click each drop-down to select a question and enter your responses. Click **Next** to continue.
7	Enter and confirm your new password. To continue to the next step, your password must meet the criteria outlined in the blue shaded boxes. Click **Save** to continue.
8	You will be returned to the login screen; enter your username (**COHBEN + Your 8-Digit Employee ID**) and your new password to access Benefitplace.
9	You are now logged in to Benefitplace.
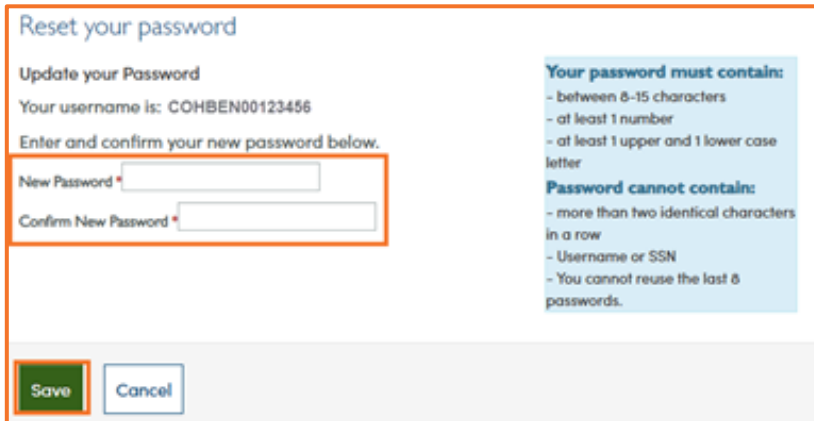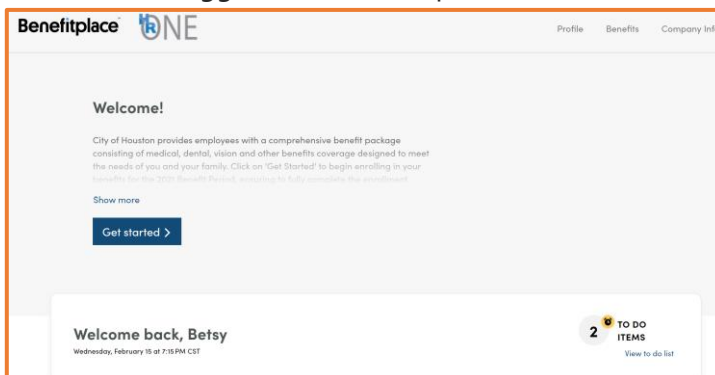
Step #	How to Review your Profile Information and Communication Preferences
1	Click **Get started** to review your profile and begin your enrollment.
2	It is important to make sure your contact information is up to date on your Profile, so you do not miss important notifications regarding coverage, enrollment, and eligibility. Your contact information is managed in a different system but you must review it to ensure accuracy. **To make changes to your personal or contact information, contact your benefits administrator.** Click **Next step: Review communication preference** to continue.

3	To set your communication preferences, click **Edit**. Click the checkbox next to your preferred method of communication. If you are missing contact information, you will be unable to select it as your method of communication. Click **Save preferences** to confirm your selection, then click **Continue to next step**.

Step #	How to Add a New Dependent
1	Click **Add Dependent** to enroll dependents for coverage under your benefit plan(s).

2	Enter all the requested information for your dependent(s). Required fields are indicated with a red asterisk (*****). To include additional dependents, click **Save & Add Another**. After entering all dependent data, click **Save**.

3	Review the information for accuracy, then click **Next**.
Note:	If you need to edit or remove a dependent prior to enrolling them in benefits, click the **Actions** drop-down and select the applicable option (**Edit** or **Remove**). Then click **Next** to continue.

Step #	How to Add, Update or Remove Medicare Information
1	Indicate whether you or your dependents are currently covered in Medicare by selecting **Yes** or **No**. **Note:** If you selected No, click the **Next** button to continue enrolling in benefits. **Covered by Medicare?** Providing Medicare information can help coordinate payment of medical expenses. Are you or any of your dependents covered by Medicare? ○ Yes ○ No What is Medicare? Next Previous Cancel
2	If you selected **Yes**, you will be required to enter additional information. Begin by selecting which of your dependents are covered and whether you have all the required details to continue. **Note:** If you do not have the information at this time, click **Next** to continue. **Who is covered by Medicare?** ☑ TrainFie, Derrick ☐ TrainFie, Rick **Do you have all required details?** ⦿ Yes, I have all the required details. ○ No, I do not have all details at this time. **What is Medicare?**
3	Complete all relevant fields. The required fields are indicated with a red asterisk (*****). Click **Next** to continue. **Derrick TrainFie's Medicare Information** Medicare Number · ⓘ Eligibility Reason · 929290182A ☑ Age ☐ Renal Disease ☐ Disability **Hospital Insurance Part A** ○ No ⦿ Yes Eligibility Date 01/01/2015 Effective Date * End Date 01/01/2015 **Medical Insurance Part B** ○ No ⦿ Yes Eligibility Date 01/01/2015 Effective Date * End Date 01/01/2015 What is Medicare? Next Previous Cancel

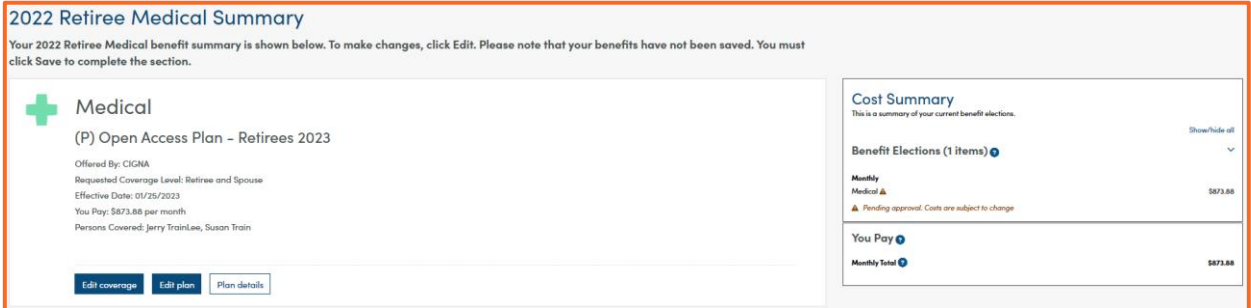|	
4	Review and confirm your Medicare information. Click **Save** to continue. **Review & Save Medicare** Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save. John TrainDennis's Medicare Information Medicare Number Part A Effective Date Part B Effective Date Actions 929290182A 01/01/2015 01/01/2015 Actions ▾ Save Cancel
5	To edit the Medicare information, click the **Actions** drop-down menu, and select **Edit**. **Review & Save Medicare** Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save. John TrainDennis's Medicare Information Medicare Number Part A Effective Date Part B Effective Date Actions 929290182A 01/01/2015 01/01/2015 Actions ▾ Edit Remove Save Cancel
6	Make the necessary changes and click **Next** to continue.
7	Click **Save** to continue. **Review & Save Medicare** Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save. John TrainDennis's Medicare Information Medicare Number Part A Effective Date Part B Effective Date Actions 929290182A 01/01/2015 01/01/2015 Actions ▾ Save Cancel
8	To remove Medicare information prior to enrolling in benefits, click the **Actions** drop-down to the right of the dependent's name and select **Remove**, then click **Save.** **Review & Save Medicare** Edit, remove or add Medicare information for yourself or your dependent(s). If updates are not needed select save. John TrainDennis's Medicare Information Medicare Number Part A Effective Date Part B Effective Date Actions 929290182A 01/01/2015 01/01/2015 Actions ▾ Edit Remove Save Cancel

Step #	How to Enroll in Benefits
1	You are now ready to enroll in benefits. Click **Begin enrollment**. **Note:** You also have the option to **Decline** each benefit. **2. Choose your Medical coverage** Begin enrollment Decline coverage 3. Choose your Dental coverage 4. Choose your Vision coverage 5. Choose your Life coverage
2	Select the dependents you want to cover under your medical coverage. **Choose your Medical plan.** Please review your options and choose the plan that best meets your needs. Who do you want to cover on this plan? ✓ Judy TrainMoss ✓ Susan Train
3	Click the **Select plan** button next to your preferred medical plan. To view more information about a plan, click **Plan details**. HDHP (P) Consumer Driven Health Plan – Retiree 2023 $263.45 Monthly Cost Family Deductible $3,500 Inpatient Hospital Visit 20% after deductible is met Emergency Room Visit 20% after deductible is met Doctor's Office Visit 20% after deductible is met Select plan Plan details HMO (P) Limited Plan (Retirees) 2023 $466.02 Monthly Cost Plan Coinsurance NA Family Out of Pocket Max $17,100 Individual Out of Pocket Max $8,550 Inpatient Hospital Visit $600 per day Select plan Plan details

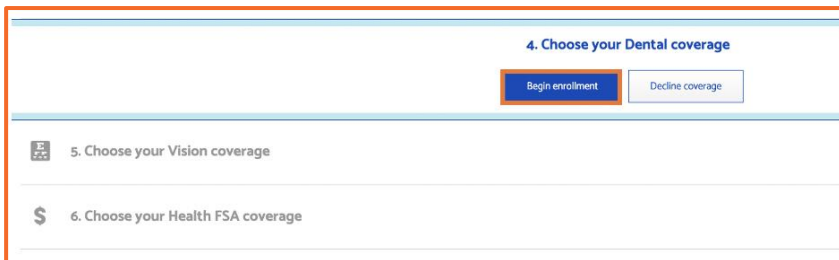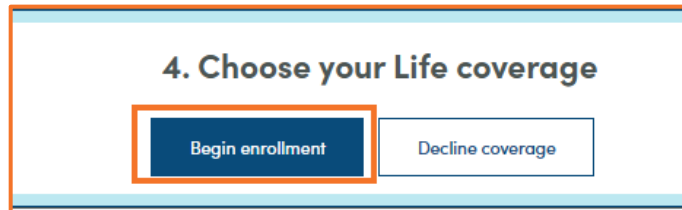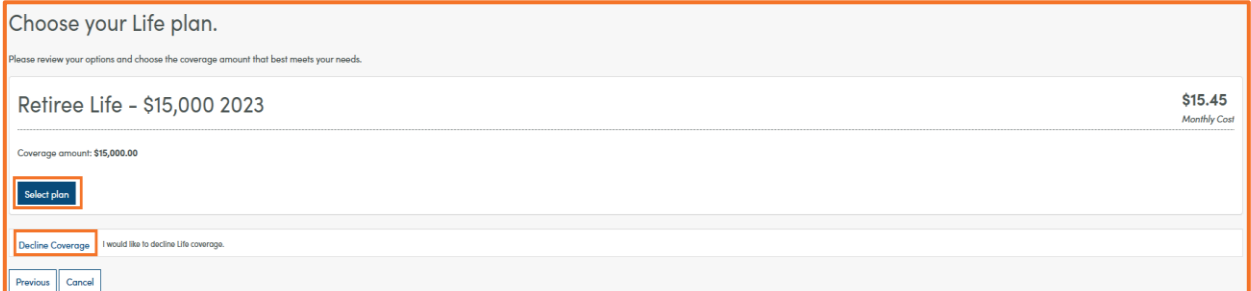|	
4	Review and confirm your medical plan elections on the **Summary** page. To make corrections to your elections, click **Edit Coverage** or the **Edit Plan** button to make changes. Click **Save** to confirm your choice.
	2022 Retiree Medical Summary Your 2022 Retiree Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section. ➕ Medical (P) Open Access Plan – Retirees 2023 Offered By: CIGNA Requested Coverage Level: Retiree and Spouse Effective Date: 01/25/2023 You Pay: $873.88 per month Persons Covered: Jerry TrainLee, Susan Train Edit coverage Edit plan Plan details **Cost Summary** This is a summary of your current benefit elections. Show/hide all Benefit Elections (1 items) Monthly Medical ⚠ $873.88 ⚠ Pending approval. Costs are subject to change You Pay Monthly Total $873.88
5	Click **Begin enrollment** to select your Dental then your Vision coverage. Select from the plans listed, then click **Save** to confirm your selections.
	4. Choose your Dental coverage Begin enrollment Decline coverage 🖩 5. Choose your Vision coverage $ 6. Choose your Health FSA coverage
6	To select your life coverage, click **Begin enrollment**.
	4. Choose your Life coverage Begin enrollment Decline coverage
7	Review your life plan options and click **Select plan**. To decline coverage, click the **Decline Coverage** link.
	Choose your Life plan. Please review your options and choose the coverage amount that best meets your needs. Retiree Life – $15,000 2023 $15.45 Monthly Cost Coverage amount: $15,000.00 Select plan Decline Coverage I would like to decline Life coverage. Previous Cancel

8	Select a **Beneficiary Type,** then click **Next** to continue.	

Life: Beneficiary information

Beneficiary type?

> **Please Note:**
> A beneficiary is a person, organization, trust, or estate designated by the certificate holder to receive proceeds from a policy when the certificate holder becomes deceased. You will be able to name multiple persons, organizations and/or trusts as primary and/or secondary beneficiaries and designate allocation percentages for each.

○ Person
○ Organization
○ Trust

○ Estate

[Next] [Previous] [Cancel]

9	You have the option to designate your dependent (s) as a beneficiary or click the **Enter New Beneficiary** option to enter information for another individual.	

Life: Beneficiary information

Please choose an existing dependent if applicable, otherwise click next to enter a new beneficiary.

○ Enter New beneficiary

Dependents Eligible To Be Used As Beneficiaries

Use	Name	Relationship	Date of Birth
○	Susan Train	Spouse	05/26/1972

[Next] [Previous] [Cancel]

10	For a new beneficiary, enter the relevant information. The required fields are indicated with a red asterisk (*****). Click **Next** to continue.	

Life: Beneficiary information

Enter the beneficiary information.

First Name *	Middle Name	Last Name *	Suffix
			----Please Select----

Relationship *	Social Security Number	Date of Birth *	

Address 1 *	Address 2	City *	State / Province *
			----Please Select----

ZIP / Postal code *	Country *	Phone Number *	
	----Please Select----		

[Next] [Previous] [Cancel]

11	To add another beneficiary, click **Add Beneficiary**. Then, complete the required fields. • Use the **Beneficiary Type field** to indicate the **Primary** and **Secondary** beneficiaries. • Enter an **Allocation %** for each beneficiary. • Click **Next** to continue. **Note:** If you have multiple Primary beneficiaries the allocation percentage must total 100%.
12	To edit a beneficiary, click **Edit** and update their information as needed. To remove a beneficiary, deselect the **Use** checkbox next to the beneficiary's name. Click **Next** to continue.
13	Review and confirm your life plan elections on the **Summary** page. To make corrections to your elections, click **Edit Coverage**. To make changes to your beneficiaries, click **Edit** and update the information as needed. Click **Save** to confirm your choices.

14	The final page shows all the selections you made. Review the information and click the **Edit coverage** button if needed to make changes to the plans displayed. To see more information about your plans, click the **Show Plan Details** link. To finalize your selections, click the **Complete Enrollment** button.
15	The confirmation page displays your selections. - To print or download a copy of your report, click **Benefit Summary Report**. - To edit your benefits, click **View and edit all benefits**. - Click **Continue to Next Page** to return to the home page.

Step #	How to Attach Documents for Verification
1	On the homepage, click the **Profile** tab and select **Document Center**.
2	Any request for documentation will populate in this section. To add documentation, click **Add document**.
3	Click the **Upload** button and browse your computer for the document. Note: Below are the types of documents that can be uploaded.

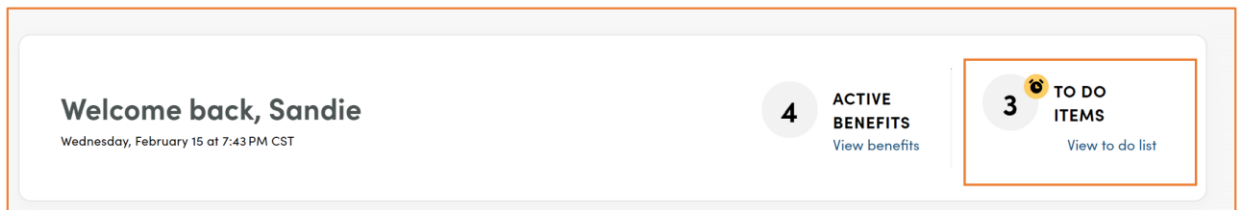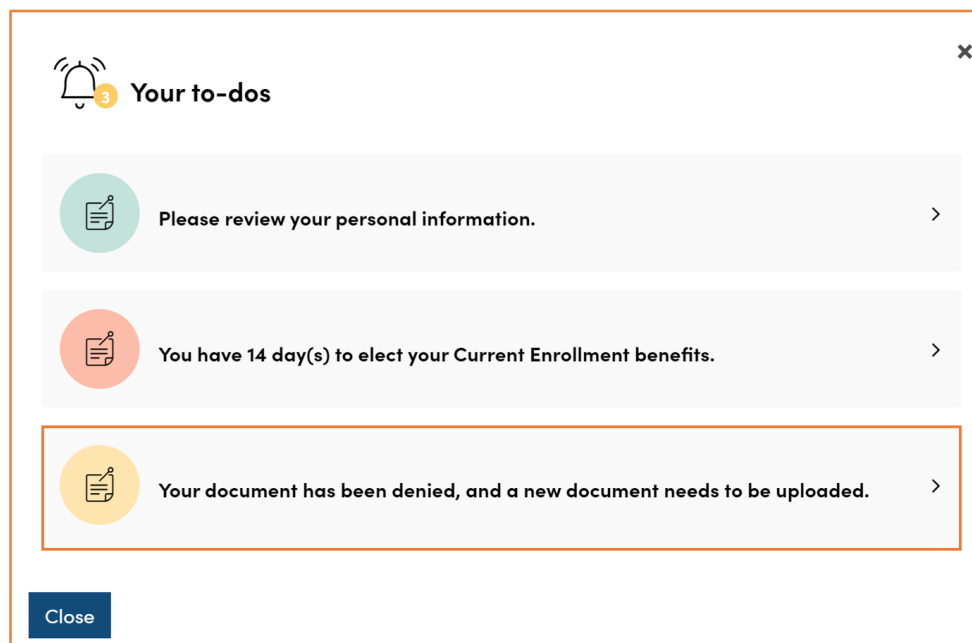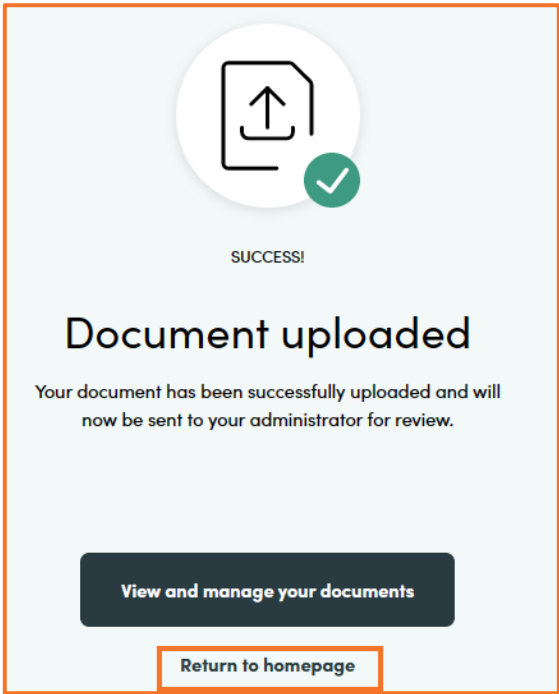| 4	After uploading the document, enter the **Document Name** and select the **Type of Document**.
5	Click the **Save document** button to continue.
6	After you have applied for benefits, any request for additional information will be visible in your **To Do Items** section. From the homepage, you may click on **View To Do List** to view requests for documentation.
7	Select the **To Do item** you wish to address.

8	The **Document Center** page will appear. Upload or replace the document requested, the click **Save Document**.
9	Click **Return to homepage** to exit the **Document Center**.