

KUNES  
**COUNTRY**  
**AUTO GROUP**

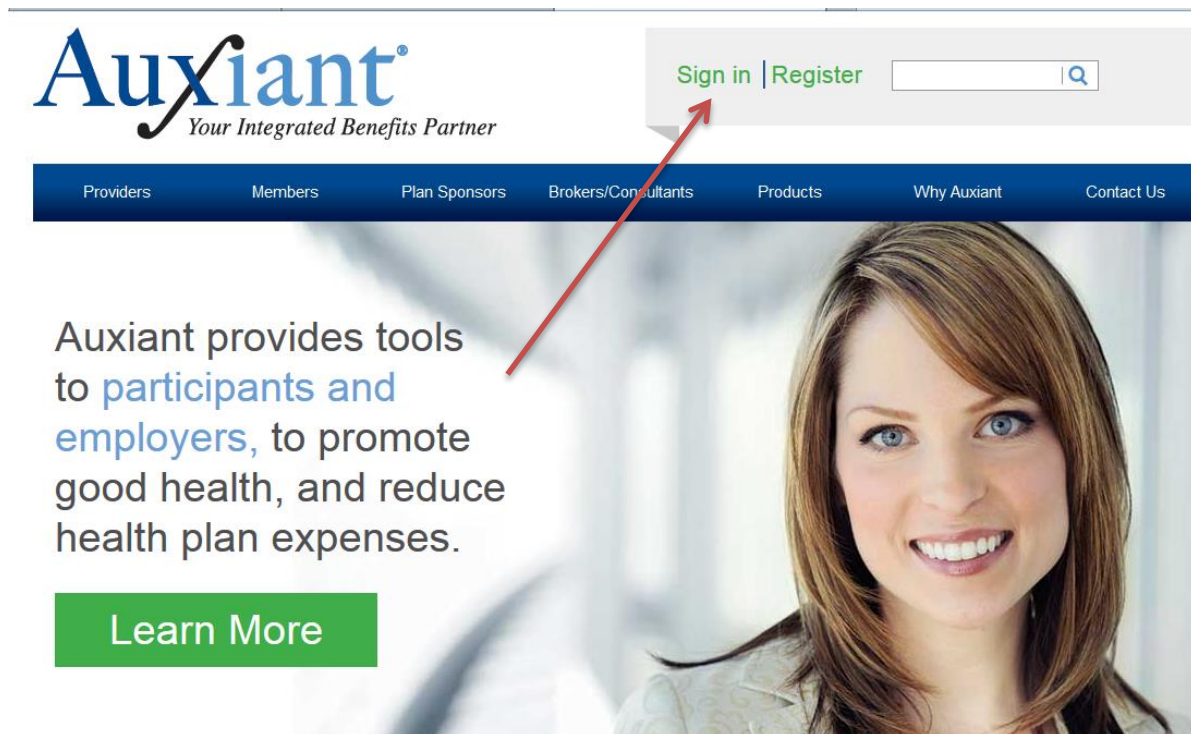
**2019 Annual Open Enrollment**



# Annual Open Enrollment – Auxiant Connect

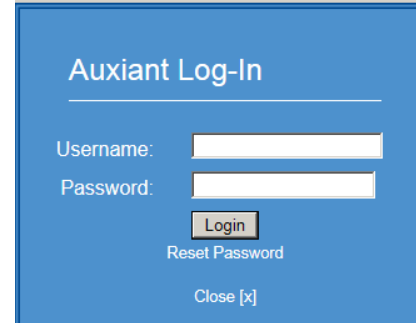
- ALL EMPLOYEES must go online to confirm benefit elections or complete a waiver to decline coverage
- Online Enrollment/Waiver must be completed by June 18<sup>th</sup>

# Auxiant Website – [www.Auxiant.com](http://www.Auxiant.com)

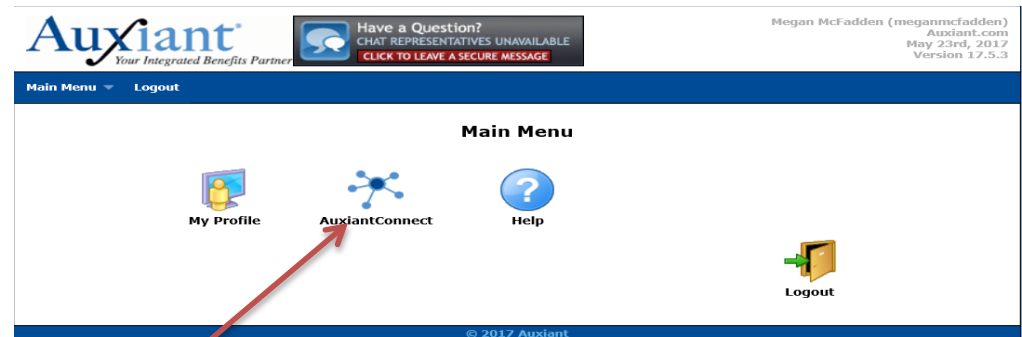


# Member Sign -In

- Enter user name and password
- Utilize “Reset Password” function if you do not remember your password

A blue rectangular login form titled "Auxiant Log-In". It contains two input fields: "Username:" and "Password:". Below the password field are three buttons: "Login", "Reset Password", and "Close [x]".

- Click the AuxiantConnect icon



# Enrollment Process

Click “Start Online Enrollment”

Enrollment flow has 5 steps:

1. Employee Demographics
2. Dependent Demographics
3. Benefit Elections
4. Forms
5. Confirmation

The screenshot shows the AuxiantConnect web portal. At the top, there is a navigation bar with 'Main Menu' and 'Unshadow'. Below this is a secondary navigation bar with links: 'Home', 'My Information', 'Available Benefits', and 'Start a Change'. A green banner at the top of the main content area reads: 'You Have Products in Open Enrollment - Click to Continue'. The main content area features a 'Welcome,' message followed by the 'KUNES COUNTRY AUTO GROUP' logo. Below the logo, it says 'Welcome Kunes Country Auto Employee'. A paragraph of text reads: 'Welcome to AuxiantConnect, our online platform for benefit information and enrollment. Visit this portal regularly to view and manage your benefits enrollment.' Below this, there are two sections: 'Open Enrollment' and 'Spousal Carve-Out'. The 'Open Enrollment' section states: 'During open enrollment periods, you will see a banner appear at the top of this screen to "Start Open Enrollment". Please click that banner to review all of your information for accuracy and make any changes to your coverages available during open enrollment.' The 'Spousal Carve-Out' section states: 'The Kunes Country Auto Group medical plan has a spousal carve-out that only allows spouses to enroll if he/she does NOT have other employer based coverage available. If you have a spouse enrolled in the plan or are enrolling them for the first time, please click here to download the annual spousal carveout form. This form is required to be completed and submitted to HR on paper in order for spousal coverage to be available.' At the bottom, there is a 'Benefit Information' section that says: 'click "Available Benefits" above anytime for detailed information about all of the benefits offered to you as an employee of Kunes Country Auto Group.'

# Enrollment Process

- Your current information will be pre-populated
- Confirm your data!
- If anything is incorrect, please update your information here

**Benefits Enrollment - Personal Information**

**Enrollment Navigation**

Employee   Dependents   Benefits   Forms   Confirmation

[Cancel - Back to K1001-1 Kunes Country Delavan Ford](#)

Basic Information	
Company:	K1001-1 Kunes Country Delavan Ford
Employee Class:	<input type="text"/>
Full Time Start Date (mm/dd/yyyy) *:	<input type="text"/>
Salary (Annual):	\$ <input type="text"/>
User Name *:	<input type="text"/>
First Name *:	<input type="text"/>
Last Name *:	<input type="text"/>
Middle Name/Initial:	<input type="text"/>

Employee Details	
Gender *:	<input type="text"/>
Birth Date (mm/dd/yyyy) *:	<input type="text"/>
Social Security Number *:	<input type="text"/>
Address 1 *:	<input type="text"/>
Address 2:	<input type="text"/>
City *:	<input type="text"/>
State *:	<input type="text"/>
Zip Code *:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address :	<input type="text"/>

\* Required Fields

# Enrollment Process

- Confirm your dependent(s) data
- If anything is incorrect, please update or add any missing dependent(s) here

## Dependent Enrollment

**Note: There is no need to delete dependents if you are not electing benefits for them.**

**Employee**   **Dependents**   **Benefits**   **Forms**   **Confirmation**

[Add Another Dependent](#)

[Save and Continue](#)

### Current Dependents

First Name	Middle Name	Last Name	Type	Gender	Birth Date	SSN	
Jane	P	Smith	Spouse	F	01/01/1980	111-11-1111	<a href="#">Edit</a>
Johnny	I	Smith	Dependent	M	01/01/2019	000-00-0000	<a href="#">Edit</a>

Do you need to add another dependent?

[Go Back One Screen](#)

[Save & Quit](#)

[Save & Continue](#)

# Enrollment Process

- Review your current benefit elections
- Make any applicable coverage change(s) or elections
- You MUST Re-elect Medical coverage for applicable NEW network
- You MUST Re-elect FSA election

[Home](#) [My Information](#) [Available Benefits](#) [Start a Change](#)

**Benefits Enrollment - Available Benefits**

[Employee](#) [Dependents](#) [Benefits](#) [Forms](#) [Confirmation](#)

Please check the boxes for each line representing benefits you would like to elect for self coverage and for any coverage you would like for your dependent(s).

Medical	Self	Dependents	Monthly	Pay Period \$
Medical - Auxiant - Alliance	<input type="checkbox"/>	<input type="checkbox"/> ( 0 out of 1)		
Medical - Auxiant - HPS Solutions/HEOS+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ( 1 out of 1)	\$671.41	\$154.94
Dental	Self	Dependents	Monthly	Pay Period \$
Delta Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ( 1 out of 1)	\$30.48	\$7.03
Flexible Spending	Self	Dependents	Monthly	Pay Period \$
Flexible Spending - Auxiant	<input checked="" type="checkbox"/>		\$100.01	\$23.08
		<b>Total</b>	<b>\$701.89</b>	<b>\$161.97</b>
<b>Flex Contribution:</b>			<b>\$100.01</b>	<b>\$23.08</b>
<b>Total With Flex</b>			<b>\$801.90</b>	<b>\$185.05</b>

*\*Hover over the cost of any flex or voluntary life product to view your current election amounts.*

[Go Back One Screen](#) [Cancel & Quit](#) [Save & Quit](#) [Save & Continue](#)



# Enrollment Process

- Click on the information button for additional plan and network details
- Save & Continue



Medical - Auxiant - HPS Solutions/HEOS+

Carrier	Auxiant	
Benefit	Medical	
Product Type	Group	

Health Plan Basics	In-Network Benefit	Out-of-Network Benefit
Benefit Period Deductible	\$ 2,000 Single \$ 4,000 Family	\$ 7,500 Single \$ 15,000 Family
Coinsurance	80 % Coinsurance	50 % Coinsurance
Office Services Primary Care Physician Visits	\$ 30 Copayment	Deductible/Coinsurance
Office Visits Specialists	\$ 30 Copayment	Deductible/Coinsurance
Urgent Care Visits	\$ 75 Copayment	Deductible/Coinsurance
Emergency Room Visit	\$ 250 Copayment	Paid at In-Network Level
Out of Pocket Maximum	\$ 4,000 Single \$ 8,000 Family	\$ 12,500 Single \$ 25,000 Family

Drug Tiers	
Tier 1	RX Generic drugs: \$20 Co-Payment/retail prescription; \$40 Co-Payment/mail order prescription
Tier 2	RX Brand name drugs: \$40 Co-Payment/retail prescription; \$80 Co-Payment/mail order prescription
Tier 3	RX Non-Formulary brand name drugs: \$60 Co-Payment/retail prescription; \$150 Co-Payment/mail order prescription
Tier 4	RX Specialty drugs: 25% of cost up to \$250 maximum

Extra Documentation

[2019 Medical Summary of Benefits and Coverage-Kunes Auto Country](#)

[Annual Spousal Carve-Out Form](#)

[HPS Guide](#)


[HPS Payment Plan Guidelines](#)

This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.

# Enrollment Process

- IF DECLINING COVERAGE:
  - Confirm the plans you are waiving coverage
- Click Confirm

Waiver Confirmation

 You didn't elect coverage for all available products. Please read the waiver language and click the "Confirm" box to document that you understand that the product was offered and you are waiving coverage by that product. If you would like to change your elections, click "Cancel" to go back.

	Confirm?
Medical-Auxiant	<input type="checkbox"/>

I hereby certify that I have been offered the opportunity to become covered under the plan sponsored by my employer and after careful consideration I have decided NOT to enroll. I understand that by not electing coverage I will be subject to the plan's restrictions and requirements on late enrollment.

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	Confirm?
Delta Dental	<input type="checkbox"/>

I hereby certify that I have been offered the opportunity to become covered under the plan sponsored by my employer and after careful consideration I have decided NOT to enroll. I understand that by not electing coverage I will be subject to the plan's restrictions and requirements on late enrollment.

---

Confirm

Cancel

# Enrollment Process

- You are required to complete a Coordination of Benefits questionnaire
  - If you or any dependents have other health insurance in place
  - Select NO if no other insurance coverage
- You are required to complete Spousal Coverage form if you have a spouse on the plan

Employee	Dependents	Benefits	Forms	Confirmation
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Kunes Country Auto Medical

**Section: Coordination of Benefits**

Please answer the following questions for each covered member:

Does this individual have any other Health Coverage? \*Required\*

If yes, please answer the Following: Name of the Policy Holder:

Policy Holder relationship to this individual:

Policy Holder Birthday:

Other Insurance Coverage Type:

Other Insurance Effective Date:

Other Insurance End Date (if applicable):

If Medicare coverage, please select the reason for eligibility:

If Medicare Coverage, is Part B elected and in place?

If Part B was elected, please provide the effective date:

**Section: Spousal Coverage**

The plan has limitations to coverage for spouses have other employer coverage available. If you are electing coverage for your spouse, please answer the question below AND complete the annual spousal carveout form on the main menu of this site and submit it to the HR department. If the spousal carveout form is not submitted, your spouse will not be enrolled.

Brandon Weiler

If you are adding coverage for your spouse, is your spouse eligible for any other employer based coverage? \*Required\*

Cancel Save and Continue

# Enrollment Process

- Review the elections you just made
- If you need to make any changes, you can go back to any previous section before finalizing
- If everything is correct, click **Confirm**
- Your enrollment/waiver is now complete

Home Clients Carriers Benefits Products Output Connections Reports

### Confirmation Page

Enrollment Navigation

Employee Dependents Benefits Forms **Confirmation**

[View Printable](#)

**You MUST Click Confirm to Finalize Your Elections!**

Demographic Data (Edit)					
First Name	Brandon	Middle Name		Last Name	Weiler
Birth Date	09/02/1977	SSN		Gender	M
Address 1	PLEASE PROVIDE				
Address 2					
City	PLEASE PROVIDE	State	IL	Zip code	99999
Phone	(111) 111-1111				

Company Data (Edit)					
Class	PHCS w/PHCS Wrap - 3/4 KC Ford of Antioch IL	Full-Time Start Date	2017-03-17	Salary (Annual)	\$

Current Benefit Election Costs (Edit Benefits)									
Product	Benefit Type	Carrier	Effective From	Effective To	Coverage Tier	Cost (Monthly)	Cost (Pay Period)	Extra 1	Extra 2

**You MUST Click Confirm to Finalize Your Elections!**