

maximus

Today. Tomorrow. Together. We help you prepare.

Use the Maximus Benefits Center to enroll in your 2025 benefits.

At Maximus, we provide the support you need for all the moments that matter. This includes giving you the tools to understand your benefits and select the options that work best for you and your family.

This guide will walk you through the user-friendly enrollment process on the Maximus Benefits Center.

Don't miss this chance to choose your benefits.
Enroll from October 21 to November 1, 2024

SCA



Let's get started!

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Visit the [Maximus Benefits Center](#).

If this is your first time using the Alight Benefits Portal, click **New User?** under the **Log On** button to set up your user profile. Once that's done, click **Continue**.

You can also enroll through the Alight App*

2 ways to get the Alight mobile app:

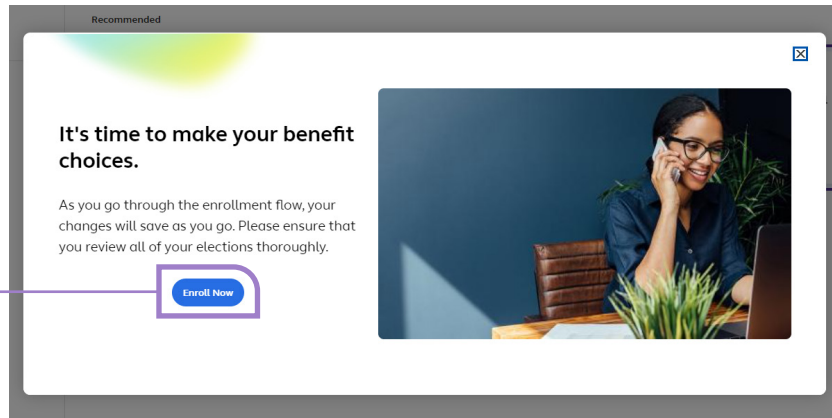
1. Visit <http://alight.com/app>
2. Scan the QR code with your phone



*You must have your profile set up on the website before enrolling through the Alight app.

2

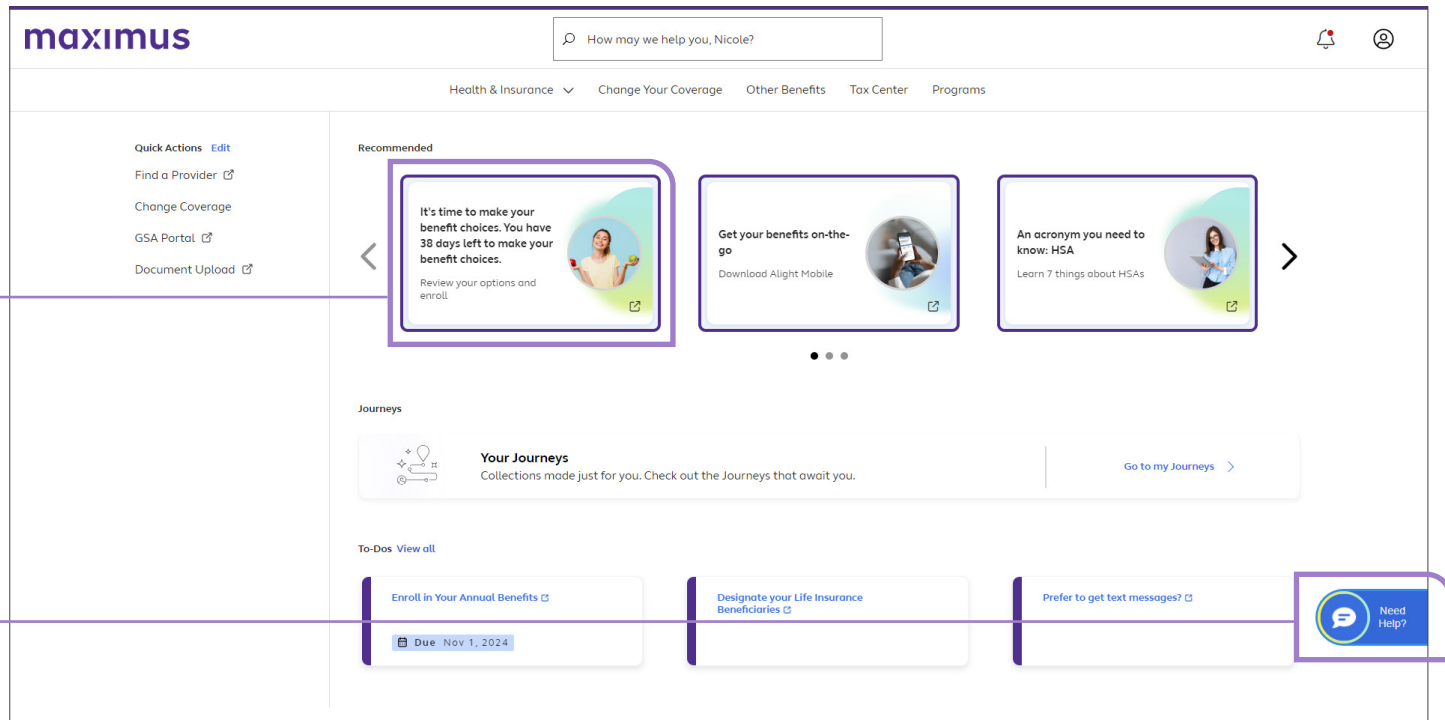
Click **Enroll now** on the pop-up window. (If you don't see this screen, you will be taken directly to the home page.)



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Choose the **It's time to make your benefits choices** tile from the **Recommended** section.

At any point along the way, if you have questions, you can click **Need Help?**



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Read the **Save As You Go** page for important information. Your elections are saved even if you don't finish the enrollment process. Click **I Agree**.

Welcome to Maximus Benefits!

Get Ready for a Better Benefits Experience

Maximus is dedicated to the health and financial wellbeing of our employees. We know that our benefits program is an important part of the total compensation package that helps us attract and retain a talented group of team members.

Our benefits program:

- Gives you choice, flexibility, and comprehensive coverage
- Is competitive and generous with many benefits covered at 100% by Maximus
- Provides you with high-quality provider networks so you and your family have access to the best available care

Your enrollment elections will **Save As You Go**. By starting the enrollment, you certify:

My elections are Save As You Go and I consent to all the items below (please note that you have until Nov 01, 2024, to make changes)


- Save As You Go meaning: **All elections will be saved regardless of completion**
- I have reviewed the costs of the plans
- I will provide proof of my dependent eligibility, if requested
- I will immediately notify the Benefits Center if my dependent becomes ineligible for coverage
- I understand I am responsible for payroll deductions related to my of coverage
- I understand that any fraudulent statement, falsification, or material omission of information may subject me to discipline

I Agree

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On the **It's time to enroll in your benefits** page, click **Go to Enrollment** to be walked through the enrollment process.

Hi [Name], it's time to enroll in your benefits.

 **days left**
Enrollment is open until 11:59 p.m. CT on November 1, 2024

Let's get prepared before you Enroll!

- Elections are saved as you continue to the next plan option. Save As You Go meaning: **All elections will be saved regardless of completion**
- Review your benefit choices.
- Helpful tips to assist you in enrolling.

Go to Enrollment

Enrollment To-Dos (2)

- Make sure to have your dependent SSN ready for enrollment.
- Gather dependent documentations for dependent verification

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Your Dependent Information

Plan costs are based on whom you choose to cover.

Family	Spouse born on 05/16/1970	Edit
Kids	Child born on 03/07/2017	Edit

i Documentation will be required to verify eligibility

[Add Dependent](#)

[Continue](#)

First, review **Your Dependent Information**. It's important that this is up to date because your costs are based on whom you cover. If changes are necessary, click **Edit** next to an existing dependent or **Add Dependent**. When you're done, click **Continue**.

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You have two choices for your enrollment experience—**Personalize Estimates** or **No, thanks**.

Click **No, thanks** to go directly to the **Choose Your Medical Plan** page.

Estimate Your Benefits Needs

We'll make enrollment suggestions for you based on estimates of your current and future benefits-related needs.

We will use averages for people like you to estimate your health-related expenses and benefits you should consider. Or, you can give us a little more information about yourself for a more personalized estimate.

Personalize Estimates

No, thanks.

Note: Your answers will be kept confidential. Answers to each question will be saved when you select Continue on each page. For your convenience, the answers will be shown the next time you work on your estimate.

For benefit suggestions based on your needs, choose **Personalize Estimates** and follow the prompts to answer questions about your benefits usage, including health care visits, medical expenses, prescription information, and medical procedures.

Your answers are completely confidential, not be shared with Maximus, and not retained after you finish your enrollment.

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As you go through the enrollment process, **Helpful tips** will pop up with recommendations. After you have reviewed, click **Continue** to go to the next screen.

Helpful tips ×

Let's go over what's important to keep in mind during each stage of enrollment.

First we are going to highlight a Medical plan for you to consider.

The plan has the lowest estimated overall cost with coverage that may meet your needs.

You can make changes to your health needs on the next page, which may impact your Estimated Out-of-Pocket Cost. The estimated overall cost is made up of 2 numbers:

Overall annual cost estimates

Annual paycheck cost	\$
Est. out of pocket cost ⓘ	\$
Total	\$

Continue

Health Care Cost Containment System (AHCCCS) coverage

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On the **Choose Your Medical Plan** page, you will see the system-recommended plan and your current plan.

Click **Update your estimate** to use the **Personalize Estimates** tool again.

Use election shortcuts to **Compare plans**, **Choose who's covered**, or see **How to waive medical** if you do not want to be covered under a Maximus plan next year.

Continued on the next page

Choose Your Medical Plan

Total Benefits Cost
per pay period

Covering: Employee Only (You)
Beginning January 1, 2025

If you wish to opt out, proof of other coverage must be submitted within 14 days. Proof must also be provided at open enrollment. Coverage will not be removed until other coverage is verified.

Acceptable proof:

- Current premium bill or current letter stating that your coverage is in effect
- TRICARE coverage
- CHAMPVA/VA Insurance
- Letter from spouse's employer
- Indian Health insurance card

Note: If you have coverage through Indian Health Service, you are only required to provide proof of coverage during your initial enrollment period.

Unacceptable proof:

- Medicare, Medicaid, or Arizona Health Care Cost Containment System (AHCCCS) coverage
- Insurance ID cards: (Additional proof required)
- Discount (non-insurance) cards
- Short-term (gap coverage) insurance
- Insurance applications or temporary ID cards

You've personalized your health care expense estimate!

The out-of-pocket costs below are based on the information you provided. You can always update your answers in the estimator tool to see if your plan suggestions change.

Update your estimate

Medical election shortcuts

Compare plans Choose who's covered ⓘ Upload Document

How to waive medical ⓘ

9 (cont.)

In the **Plans available** section, you will see a comparison of the plans. You can click **All coverage details** for plan information, **Pay period** or **Annual** for costs, and **Find a doctor** to check if your doctors are in-network.

To continue, click **Choose This Plan** or **Keep This Plan** to select the medical plan that's best for you and your family.

Continued on the next page

2 Plans available

Pay period: Annual

Suggested for you Learn why

Your current plan

PPO Plan All coverage details

Plan cost: [blurred] per pay period

Estimated annual cost: [blurred] View cost breakdown

Deductible: \$700 / Individual

Primary office visit: \$30 copay

Out-of-pocket maximum: \$3,000 / Individual

Make sure to check if your doctors are in network. Find a doctor

Keep This Plan Compare

Core HSA Plan All coverage details

HSA available

Plan cost: [blurred] per pay period

Estimated annual cost: [blurred] View cost breakdown

Deductible: \$1,800 / Individual

Primary office visit: 100% covered

Out-of-pocket maximum: \$6,000 / Individual

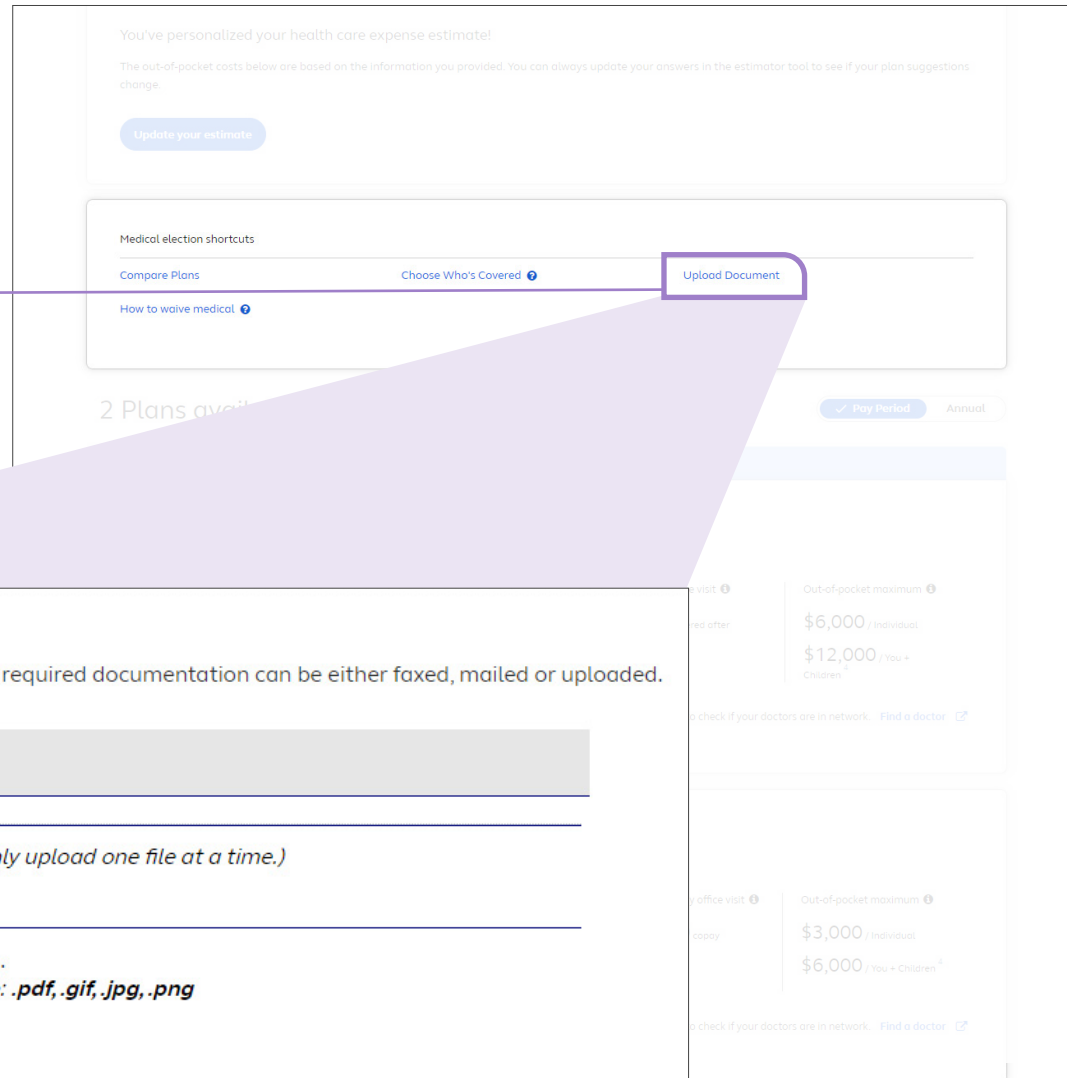
Make sure to check if your doctors are in network. Find a doctor

Choose This Plan Compare

9 (cont.)

If you want to opt out of medical through Maximus and have valid proof of other coverage, click **Upload Document** to submit your documentation.

Note: You will still need to elect medical. Once your documentation is approved, GSA National will waive your medical for January 1, 2025.



Submitting Your Documentation

For your convenience, scanned copies of required documentation can be either faxed, mailed or uploaded.

Via Upload

1. Choose a file to upload. (You may only upload one file at a time.)

No file chosen

2. Click Upload to send your document.

The following file types are acceptable: **.pdf, .gif, .jpg, .png**

Maximum Allowed File Size: 3MB

Files Uploaded

File Name	Date	File Size
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Once you complete your medical plan enrollment, you'll be guided through the rest of your benefit options, including dental, vision, insurance, and other options.

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Choose Who You Want to Cover for Dental

This enrollment period is for coverage beginning January 1, 2025.

You (Covered)

Add Dependent

[Decline This Coverage](#) [Continue](#)

[← Back](#)

Basic Life and AD&D

Total Benefits Cost per pay period

This enrollment period is for coverage beginning January 1, 2025.

Maximus provides you with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance, at no cost to you, at a flat amount of \$20,000.

Please ensure you to review and update your beneficiary.

Your company provides you with Flat Amount \$20,000.00 at a cost of \$0.00.

Your Beneficiaries

[Edit](#)

Current Beneficiary	Benefit Percent
Primary	
(Other born on 01/01/1900)	100%
Contingent¹	

¹A contingent beneficiary receives your insurance benefit if your primary beneficiary is not alive at the time the benefit is paid.

[Save and Continue](#)

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After you finish the enrollment process, you'll see the **Summary of Your Benefit Elections** page. To make changes, click **View/Change** next to those options.

Be sure to click **Complete Enrollment** when you're done (as a reminder, your elections are saved as you go throughout the process).

Your Current Benefits		Your Benefits Starting 01/01/2025
Medical	PPO Plan Employee Only	PPO Plan Employee Only View/Change

Total Cost		Total Cost
Health & Insurance Costs		Health & Insurance Costs
Per Pay Period ¹		Per Pay Period ¹
Before Tax	After Tax	Before Tax
Your Costs		Your Costs

[Complete Enrollment](#)


38 days left
 Enrollment is open until 11:59 p.m. CT on November 1, 2024.

Summary of Your Benefit Elections
 Below is a summary of your benefit elections. You may select individual benefits by using the View/Change button.

Your Current Benefits		Your Benefits Starting 01/01/2025
Medical	PPO Plan Employee Only	PPO Plan Employee Only View/Change
Dental	Cigna Dental PPO Employee Only	Delta Dental Plan Employee Only View/Change
Vision	VSP Basic Plan Employee Only	VSP Enhanced Plan Employee Only View/Change
Voluntary Life	Voluntary Life Insurance 1x Annual Salary (\$19,000) UPDATE	Voluntary Life Insurance Flat Amount \$10,000 You did not select beneficiaries for this plan. View/Change
Hospital Indemnity	No Coverage UPDATE	Hospital Indemnity Insurance - Low Plan Employee Only Your coverage begins on 01/01/2025. View/Change
Critical Illness	No Coverage UPDATE	Critical Illness \$15,000 Employee Only Your coverage begins on 01/01/2025. View/Change
Accident/Death	No Coverage UPDATE	Accident Insurance - Low Plan Employee Only Your coverage begins on 01/01/2025. View/Change
Vacation Buy	Personal Purchased Time LTF 40	Personal Purchased Time LTF 40 View/Change
No Coverage		No Coverage
USA	No Coverage	No Coverage Not eligible for coverage based on Medical enrollment.
HCFSA	Health Care Flexible Spending Account \$700.00 Annually	No Coverage View/Change
Dependent Care Reimbursement Account	No Coverage	No Coverage View/Change
Spouse Life	No Coverage UPDATE	No Coverage View/Change
Child Life	No Coverage UPDATE	No Coverage View/Change
Voluntary ADD	Not Available	No Coverage View/Change
Group Legal	No Coverage Suggested for this... View	No Coverage View/Change
Commuter Plan	Not Available	No Coverage View/Change
Employer Provided Benefits		Employer Provided Benefits
Basic Life and AD&D	Basic Term Life Insurance Flat Amount \$10,000	Employer Provided Basic Life & AD&D Flat Amount \$20,000 View/Change
Short LTD	Employer Provided Short Term Disability 10% of Salary up to \$1,000 up to 26 weeks	Employer Provided Short Term Disability 20% of Salary up to \$1,000 up to 26 weeks
Long LTD	Employer Provided Long Term Disability 50% of Salary up to \$7,500 per month	Employer Provided Long Term Disability 50% of Salary up to \$7,500 per month
EAP	EAP Employee Assistance Program	EAP Employee Assistance Program
Total Cost		Total Cost
Health & Insurance Costs		Health & Insurance Costs
Per Pay Period ¹		Per Pay Period ¹
Before Tax	After Tax	Before Tax
Your Costs		Your Costs

[Complete Enrollment](#)

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 Congratulations XXXXXXXXXX Your enrollment steps are complete.

Confirmation number: **11081393**

What happens next?

- Typically, you will receive your ID card within the next two weeks. However, there are some instances where you will not receive a health ID card.
- Complete the required follow-ups listed below before their deadlines. You or your dependents may not receive full coverage if you do not complete them on time.

You can review or print a summary of your choices and costs:
[Get your summary](#)

Required Follow-Ups (1)

< Missing Beneficiary Designations >

Below your **Confirmation number**, you can click **Get your summary** to print a list of your benefits. You may see some **Required Follow-Ups** and will need to complete those to ensure coverage.



Questions? Contact GSA National.

By phone: 800.250.2741, Monday - Friday, 8:30 a.m. to 7 p.m. ET

By email: customersupport@gsanational.com

Or visit: gsanational.com