# 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.

## Let's get started!



### 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**.

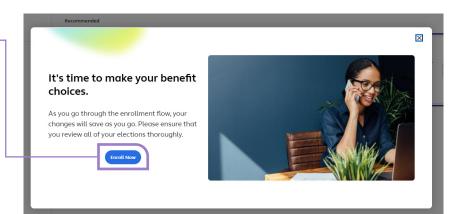
### You can also enroll through the Alight App\*

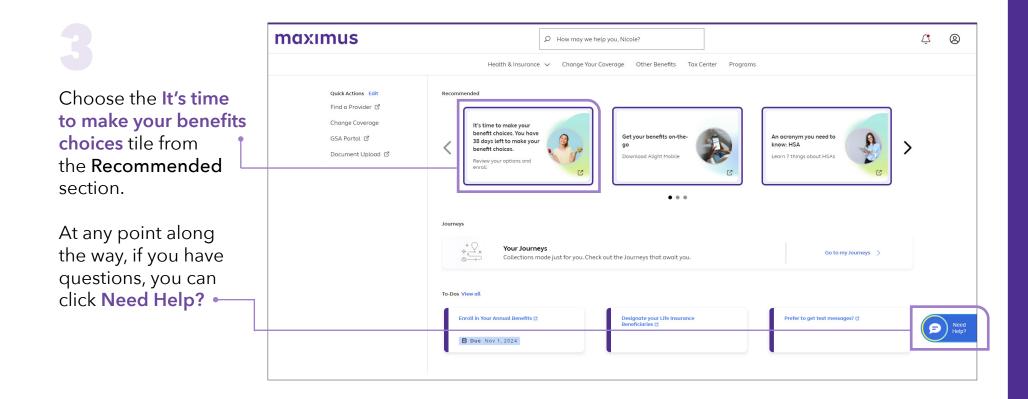
2 ways to get the Alight mobile app:

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





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: <u>All elections will be saved regardless of completion</u>
- 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

days left

I understand that any fraudulent statement, falsification, or material omission of information may subject me to discipline

I Agree

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

it's time to enroll in your benefits.

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

regard • Revi	tions are saved as you continue to the next plan option. Save a dless of completion ew your benefit choices. oful tips to assist you in enrolling.	As You Go meaning: <u>All elections will be saved</u>
Go to Enrol		
	Make sure to have your dependent SSN ready for enrollment.	Gather dependent documentations for dependent verification

>

← Back

### Your Dependent Information

Plan costs are based on whom you choose to cover.

Patrilla	Spouse born on	Edit
Documentation will be required to verify eligibility	Child born on	Edit
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**.

### 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 benefitsrelated 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.

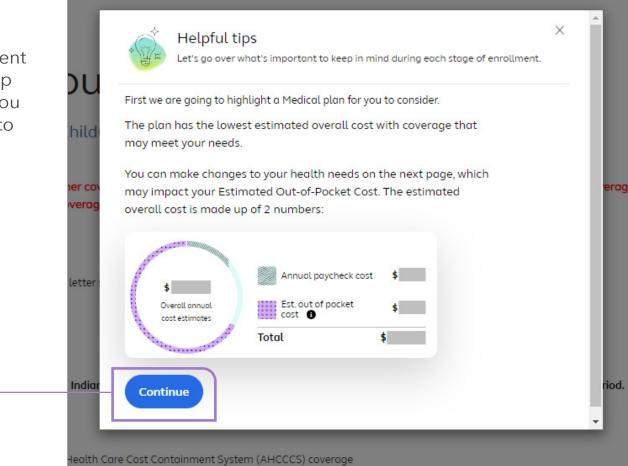
## Personalize Estimates No, thanks.

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.

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.



#### 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 🗸 🗸

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

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 wolve medical	You've personalized your health care expense estimate!	
Compare plans Choose who's covered  Upload Document		
	Medical election shortcuts	

# 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 a	vailable			Pay period Annual
vill	Suggested for	you Learn why 🧿			
an • or	PPO Plan		Deductible 0 \$700/Individual	Primary office visit <b>0</b> \$30 copay	Out-of-pocket maximum <b>0</b> \$3,000 / Individual
your	per pay period	View cost breakdown	⇒700/Individual	₽ J U copay	\$3,000/Individual
or al mily.	Core HSA	Plan All coverage details	Me	ike sure to check if your doctor	s ore in network. Find a doctor 🗷
2	Plan cost	Estimated annual cost 🟮	Deductible 0	Primary office visit	Out-of-pocket maximum 🟮
	per pay period	View cost breakdown	\$1,800 / Individual	100% covered	\$6,000/Individual
	Choose This P	tan Compare	Me	ike sure to check if your doctor	s are in network. Find a doctor 🛛 🖉

# (cont.)

If you want to opt out of medic Maximus and have valid proof coverage, click Upload Docum submit your documentation.

### Note: You will still need to elec

Once your documentation is a GSA National will waive your m for January 1, 2025.

ut of medical through valid proof of other <b>oad Document</b> to entation.	The out-of-pocket costs belichange. Update your estimate Medical election shortcuts Compare Plans How to waive medical	our health care expense estimate! aw are based on the information you provided. You can always update your Choose Who's Covered	unswers in the estimator	tool to see if your plan suggestions
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Once you complete your m plan enrollment, you'll be g through the rest of your ber options, including dental, vi insurance, and other option

ur medical be guided r benefit al, vision, ptions.	e guided benefit al, vision, You (Covered) Choose Who You Want to Cover for Dental This enrollment period is for coverage beginning January 1, 2025.			
← Bock			Decline This Coverage Continue	
Basic Life and AD&D	)	Total Benefits Cost very period		
This enrollment period is for coverage begin	Inning January 1, 2025.			
Maximus provides you with Basic Life and Acci Please ensure you to review and update your b	idental Death and Dismemberment (AD&D) insurance, at no cost to you, at a fla beneficiary.	at amount of \$20,000.		
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 01/01/1	1900)	100%		
Contingent <sup>1</sup>				
A contingent beneficiary receives your insurance ben	efft if your primary beneficiary is not all ve at the time the benefit is paid.	Save and Continue		

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).



Total Cost		Total Cost
	Health & Insurance Costs Per Pay Period <sup>1</sup>	Health & Insurance Costs Per Pay Period
	Before Tax After Tax	Before Tax After Tax
	Your Costs	Your Costs
		Complete Enrollment

ummary of Your Benefit Elector	tions actions. You may select individual benefits by	/ using the		
ew/Change buttons.			Pay perio	Annual I
Your Current Benefit	s		Your Benefits Storting 01/01/2025	Annual
recicol	PPO Plan Employ <del>ee</del> Only		PPO Plan Employee Only	View/Chonge
Dental	Cigno Dentol PPO Employee Only		Delta Dental Plan Employee Cniy	
/sion	VSP Base Plan Employee Only		VSP Enhanced Plan Employee Only	View/Chonge
Joluntory Life	Voluntary Life Insurance		Voluntary Life Insurance	View/Change
	1X Annual Solary \$39,000 UPDATE		Flat Amount \$30,000 You did not elect beneficiaries for this plan.	View/Chonge
lospitol Indemnity	No Coverage UPDATE		Hospital Indemnity Insurance - Low Plan Employee Ony Your coverage begins on 01/01/2025.	View/Change
Indicol Illiness	No Coverage UPDATE		Critical Illness \$15,000	View/Chonce
iroup Accident	No Coverage		Employee Only Your coverage begins on 01/01/2025. Accident Insurance - Low	The second se
	UPDATE		Plan Employee Only Your coverage begins on 01/01/2025.	View/Chonge
/acation Buy	Personal Purchased Time		Personal Purchased Time	
	40		40 40	View/Chonge
No Coverage			No Coverage Storting 01/01/2025	
15A	No Coverage		No Coverage Not eligible for update based on Medical enrollment	
чсета	Health Care Flexible Spending Account \$700.00 Annually		No Coverage	View/Chonge
Dependent Core Reimbursement Account	No Coverage		No Coverage	View/Change
ipouse Life	No Coverage UPDATE		No Coverage	View/Change
child Life	No Coverage		No Coverage	View/Change
/oluntory AD&D	Not Available		No Coverage	View/Chonge
Group Legat	No Coverage		No Coverage	View/Change
Suggested for You More	Not Available		No Coverage	
	Not Avarable		No Coverage	View/Change
Employer Provided I	3enefits		Employer Provided Bene Storting 01/01/2005	fits
sosic Life and ADSD	Basic Term Life Insurance Flat Amount \$20,000		Employer Provided Dasic Life & AD&D Flat Amount \$20,000	View/Change
Besic STD	Employer Provided Short Term Disability 70% of Solary (up to \$1,000) up to 30 weeks		Employer Provided Short Term Disability 70% of Satary (up to \$1,000) up to 26 weeks	
Bosic LTD	Employer Provided Long Term Disability Softs of Solary up to \$2,500 per month		Employer Provided Long Term Disability 50% of Solary up to \$2,500 per month	
(AP	EAP Employee Assistance Program		EAP Employee Assistance Program	
	Employee Assistance Program		simplayee Assistance wrogram	
Total Cost			Total Cost	
	Health & Insurance Costs	Per Pay Period	Health & Insurance Costs	Per Poy Period
	Before Tax	After Tax	Before Tax	After Tax

Congratulations 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: <u>Get your summary</u> 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