

# maximus

## ARE YOU IN?

### **INFORMATION FOR YOU.**

Use the Maximus Benefits Center to enroll in your 2024 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.

To make Annual Enrollment even easier this year, we're updating the Maximus Benefits Center. The user-friendly changes will enable you to quickly view and enroll in your benefits. Take the time to review this guide so that you're ready to go when Annual Enrollment begins.

Don't miss this chance to choose your benefits. Enroll from October 23 to November 10, 2023.



# Let's get started!

1



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\*

3 ways to get the Alight mobile app:

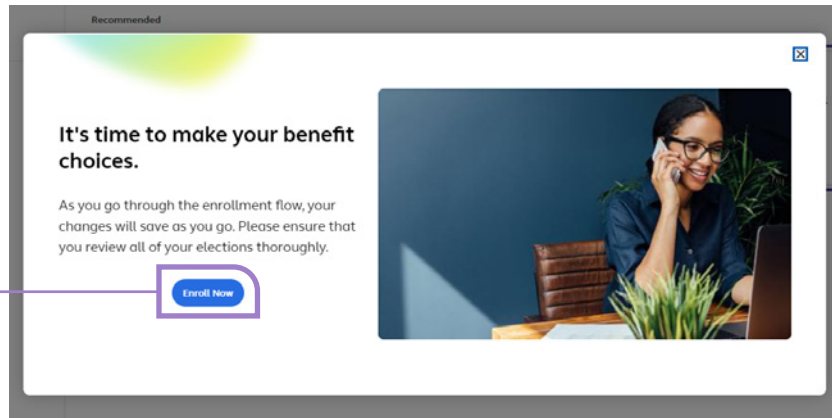
1. Text 'Benefits' to 67426 (U.S. Only)
2. Visit <http://alight.com/app>
3. Scan the QR code with your phone



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

2

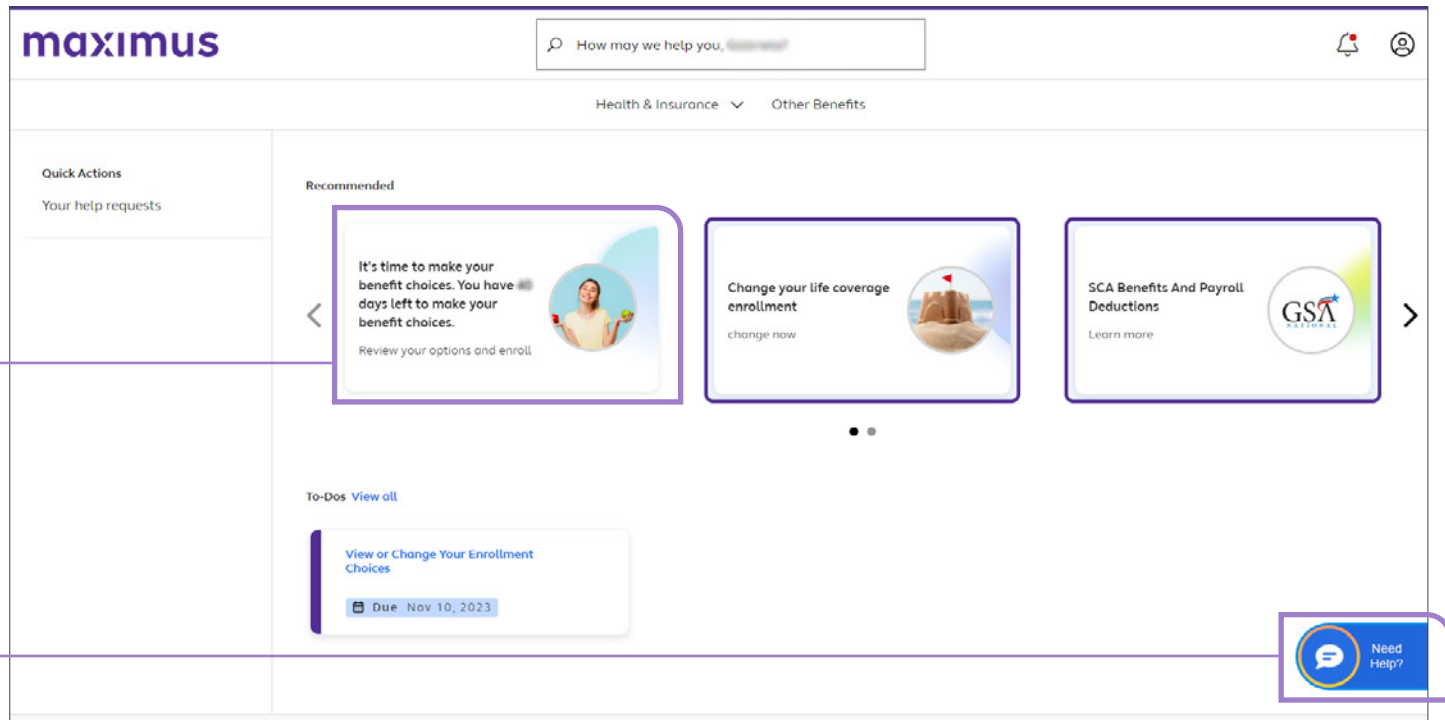
Click **Enroll now** on the pop-up window. (If you don't see this screen, you will be taken directly to the home page.)



3

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?** to be connected with a representative.



4

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**.

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How may we help you, [redacted]

Health & Insurance ▾ Other Benefits

### Welcome to Maximus Benefits!

Print

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 10, 2023, 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 coverage
- I understand that any fraudulent statement, falsification, or material omission of information may subject me to discipline

I Agree

Need Help?

5

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

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How may we help you, [redacted]

Health & Insurance ▾ Other Benefits

### It's time to enroll in your benefits.

Print

days left

Enrollment is open until 11:59 p.m. CT on November 10, 2023

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.

Guide me

Need Help?

Enrollment To-Dos (2)

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

# 6

← Back

## Your Dependent Information

Plan costs are based on whom you choose to cover.

Family	Spouse born on 03/18/1970	<a href="#">Edit</a>
Child	Child born on 03/07/2017	<a href="#">Edit</a>

**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**.

# 7

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.**

# 8

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

# 9

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*

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How may we help you, [redacted]

Health & Insurance | Other Benefits

Print

## Choose Your Medical Plan

Covering: Employee + Child(ren) (You, [redacted])  
Beginning January 1, 2024

**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

Total Benefits Cost  
[redacted] per pay period



# 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.

The screenshot displays a health plan selection interface. At the top, a message states: "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." Below this is an "Update your estimate" button.

A "Medical election shortcuts" section includes links for "Compare Plans", "Choose Who's Covered", and "Upload Document".

The main section is titled "2 Plans available" and features a toggle for "Pay Period" (selected) and "Annual". A "Suggested for you" header is present.

The first plan is the "Core HSA Plan", which is HSA available. It includes the following details:

- Plan cost: \$1,152.00 per pay period
- Estimated annual cost: \$4,262.00 (with a "View cost breakdown" link)
- Deductible: \$3,600 / You + Children<sup>1</sup>
- Primary office visit: 80% covered after deductible
- Out-of-pocket maximum: \$6,000 / Individual, \$12,000 / You + Children<sup>2</sup>

Buttons for "Choose This Plan" and "Find a doctor" are visible.

The second plan is the "PPO Plan", which is marked as the "Your current plan". It includes the following details:

- Plan cost: \$255.00 per pay period
- Estimated annual cost: \$1,062.00 (with a "View cost breakdown" link)
- Deductible: \$700 / Individual, \$1,400 / You + Children<sup>2</sup>
- Primary office visit: \$30 copay
- Out-of-pocket maximum: \$3,000 / Individual, \$6,000 / You + Children<sup>4</sup>

Buttons for "Keep This Plan" and "Find a doctor" are visible.

Callouts from the text on the left point to the "All coverage details" link for the Core HSA Plan, the "Choose This Plan" button, and the "Keep This Plan" button.

# 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, 2024.

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](#)

2 Plans

[Pay Period](#) Annual

Out-of-pocket maximum

\$6,000 / Individual

\$12,000 / You + Children

Out-of-pocket maximum

\$3,000 / Individual

\$6,000 / You + Children

### 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.)*  
[Choose File](#) 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*  
[Upload](#)

#### Files Uploaded

File Name	Date	File Size
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# 10

Once you complete your medical plan enrollment, you'll be guided through the rest of your benefit options including dental, vision, and life insurance. **Helpful tips** will pop up along the way.

After you walk through 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 Benefits**  
Starting 01/01/2024

Medical	<b>Core HSA Plan</b> Employee + Child(ren) (Enroll)	<a href="#">View/Change</a>
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**Total Cost**

Health & Insurance Costs **\$284.25**  
Per Pay Period<sup>1</sup>

	Before Tax	After Tax
Your Costs	\$284.25	\$284.25

[Complete Enrollment](#)

maximus | How may we help you, [Name]?

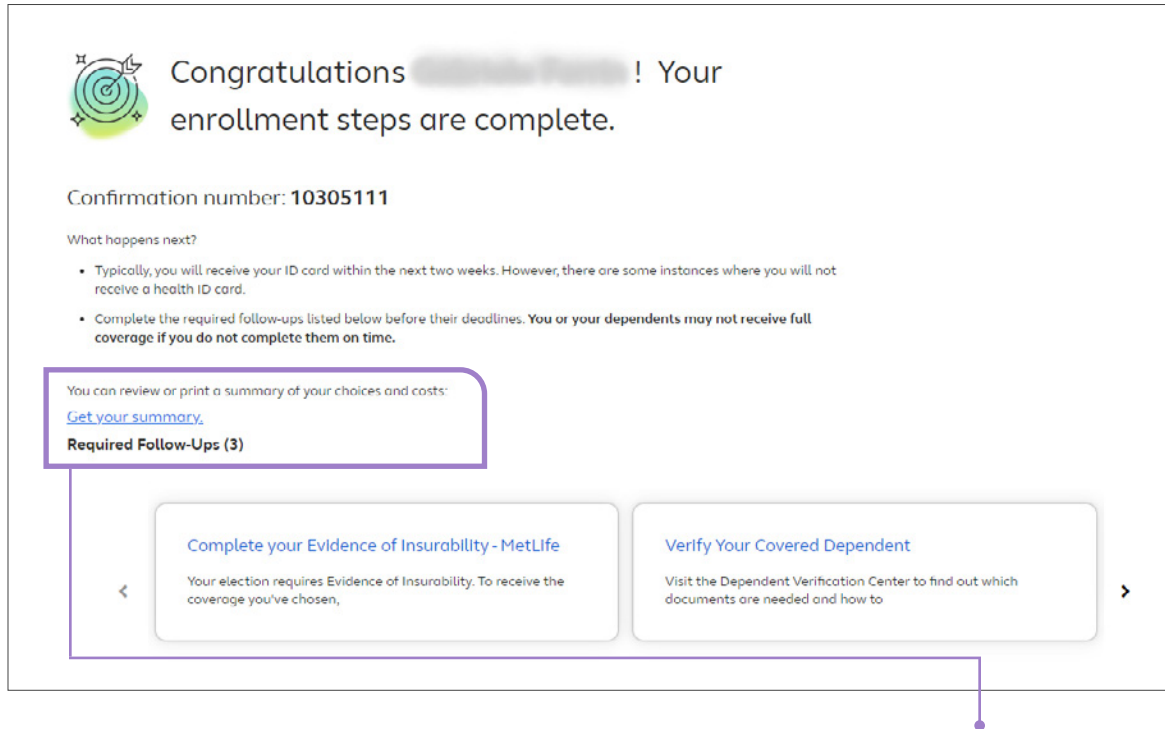
Health & Insurance | Other Benefits


**40 days left**  
Enrollment ends at 11:59 p.m. CT on November 16, 2023

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

[View/Change](#) | [View/Change](#)

Benefit Category	Benefit Name	Amount	Action
Medical	<b>Core HSA Plan</b> Employee + Child(ren) (Enroll)	\$0.00	<a href="#">View/Change</a>
Dental	<b>Core Dental PPO</b> Employee + Family (Enroll)	\$0.00	<a href="#">View/Change</a>
Vision	<b>VSP Enhanced Plan</b> Employee + Family (Enroll)	\$0.00	<a href="#">View/Change</a>
Dependent Care Reimbursement Account	<b>Dependent Care Reimbursement Account</b> 50% of FHS Balance	\$0.00	<a href="#">View/Change</a>
Voluntary Life	<b>Voluntary Life Insurance</b> 2X Annual Salary \$0	\$0.00	<a href="#">View/Change</a>
Spouse Life	<b>Spouse Life Insurance</b> Flat Amount \$0 (Enroll)	\$0.00	<a href="#">View/Change</a>
Child Life	<b>Child Life Insurance</b> Flat Amount \$10,000 (Enroll)	\$0.00	<a href="#">View/Change</a>
Hospital Indemnity	<b>Hospital Indemnity Insurance - High Plan</b> Employee + Spouse (Enroll) Your coverage begins on 01/01/2024.	\$0.00	<a href="#">View/Change</a>
Critical Illness	<b>Critical Illness \$15,000</b> Employee Only Your coverage begins on 01/01/2024.	\$0.00	<a href="#">View/Change</a>
Accident Sickness	<b>Accident Insurance - High Plan</b> Employee + Family (Enroll) Your coverage begins on 01/01/2024.	\$0.00	<a href="#">View/Change</a>
Critical Illness	<b>Legal Plan</b> Coverage Your coverage begins on 01/01/2024.	\$0.00	<a href="#">View/Change</a>
Vacation Buy	<b>Personal Purchased Time Off</b> 8	\$0.00	<a href="#">View/Change</a>
	<b>8 Authorization</b>	\$0.00	<a href="#">View/Change</a>
<b>No Coverage</b> None (Enroll)			
PISA	<b>No Coverage</b>	\$0.00	<a href="#">View/Change</a>
HCPLA	<b>No Coverage</b> Not eligible for update based on medical enrollment.	\$0.00	<a href="#">View/Change</a>
<b>Employer Provided Benefits</b> Starting 01/01/2024			
Basic Life	<b>Basic Term Life Insurance</b> Flat Amount \$20,000	\$0.00	<a href="#">View/Change</a>
Short TD	<b>Employer Provided Short Term Disability</b> 70% of Salary up to \$1,000 up to 26 weeks	\$0.00	<a href="#">View/Change</a>
Long TD	<b>Employer Provided Long Term Disability</b> 50% of Salary up to \$3,500 per month	\$0.00	<a href="#">View/Change</a>
EAP	<b>EAP</b> Employee Assistance Program	\$0.00	<a href="#">View/Change</a>
<b>Total Cost</b>			
Health & Insurance Costs		<b>\$284.25</b>	
		Per Pay Period <sup>1</sup>	
	Before Tax		
Your Costs	\$284.25	\$284.25	
<a href="#">Complete Enrollment</a>			



 Congratulations **[REDACTED]**! Your enrollment steps are complete.

Confirmation number: **10305111**

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 (3)**

[Complete your Evidence of Insurability - MetLife](#)

Your election requires Evidence of Insurability. To receive the coverage you've chosen,

[Verify Your Covered Dependent](#)

Visit the Dependent Verification Center to find out which documents are needed and how to

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:** 800-250-274, Monday - Friday, 8:30 a.m. to 7:00 p.m. EST

**By email:** [CustomerSupport@gsanational.com](mailto:CustomerSupport@gsanational.com)

**Or visit:** [gsanational.com](http://gsanational.com)