



2021 USA Benefits Open Enrollment

AGENDA

- Strategy & Value
- 2021 Key Information
- How to Enroll & Make Changes
- Deep Dive Details

Strategy & Value

2021 US BENEFITS STRATEGY & VALUE

We aim to provide key market leading benefits that help us to attract, engage, and motivate our employees. Simultaneously, we carefully balance our desired employee experience with the cost to both our employees and Genesys.

For 2021, our strategy includes:

- Increased emphasis on well-being
 - Mental health
 - Preventative health coaching
- Simplify
 - Sunset High Deductible Health Plan 3 (HDHP 3)
 - Collapsed salary band approach to medical premiums
- Manage costs
 - Small change to medical premiums
 - On average, Genesys pays over 80% of the medical premium expense
 - No change to dental and vision premiums

2021 BENEFITS OFFERINGS

Shared Cost

- Medical
 - PPO
 - HDHP 1
 - HDHP 2
 - Kaiser HMO (CA only)
- Dental
 - Basic
 - Buy Up
- Vision
 - Basic
 - Buy Up

Company Paid

- Employee Assistance Program (EAP)
- Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Basic Life Insurance
- Basic Accidental Death & Dismemberment (AD&D)
- Open Time Off (OTO)

Tax Friendly

- Health Savings Account (HSA)¹
- Flexible Spending Accounts (FSAs)
 - Full-Use Healthcare
 - Limited Use Healthcare ²
 - Dependent Care
- Commuter Benefits

Employee Paid

- Pet
- Critical Illness
- Hospital Indemnity
- Accident Indemnity
- Voluntary Life
- Voluntary AD&D
- Legal Services
- Home & Auto

1. Only for HDHP members; included both employee pre-tax and employer contributions
2. Limited Use Healthcare FSA is for HDHP members only.

2021 Key Information

KEY INFORMATION

- Open Enrollment: **November 9th - November 25th**
- Opportunity to
 - Add, change, or delete any or all of your benefits for 2021
 - Add or remove eligible dependents
 - Review and update beneficiary information
- Need to know
 - Must choose new medical plan if in HDHP 3
 - Per IRS must re-enroll for HSA and/or FSAs for 2021
 - All other 2020 benefit elections will continue in 2021 (excluding HSA, FSA, & HDHP 3)
 - Make changes at: <https://genesys.benefitsnow.com>
- Other key facts
 - Medical, dental, and vision plans have the same provider networks
 - Small changes to medical plan premiums (the maximum is \$9.50 per pay period)
 - Dental & vision premiums remain flat
 - Employees who choose Voluntary Life and AD&D insurance may see increases if move to new age band/ pay rates in 2021

2021 PREMIUMS

Per Pay Period Employee Premiums

Coverage Tier	Medical				Dental (no change from 2020)		Vision (no change from 2020)	
	PPO	HDHP 1	HDHP 2	HMO	Standard	Enhanced	Core	Buy Up
Employee Only	\$98.00	\$18.00	\$23.00	\$31.00	\$4.00	\$8.00	\$0.00	\$4.30
Employee + Child(ren)	\$190.50	\$75.00	\$85.00	\$90.00	\$11.00	\$18.50	\$0.50	\$6.98
Employee + Spouse/DP	\$226.50	\$93.00	\$108.00	\$100.50	\$11.50	\$19.50	\$0.50	\$6.84
Employee + Family	\$319.50	\$136.50	\$149.50	\$139.00	\$18.50	\$31.00	\$0.50	\$11.25

How to Enroll/Make Changes

HOW TO ENROLL

BenefitsNow is our enrollment site for 2021 Benefits Open Enrollment and future benefit changes.

STEP 1

Log on to
BenefitsNow

- Enrollment at <https://genesys.benefitsnow.com> between November 9th – November 25th

STEP 2

Review your
personal
information

- Please review your pre-loaded personal information to ensure accuracy.
- Some information updates - beneficiaries, personal email address and mobile phone number, can be made right in the system.
- Other information updates require an email to HR@genesys.com.
- When you have verified all of the information, click **Save** and **Continue**.

STEP 3

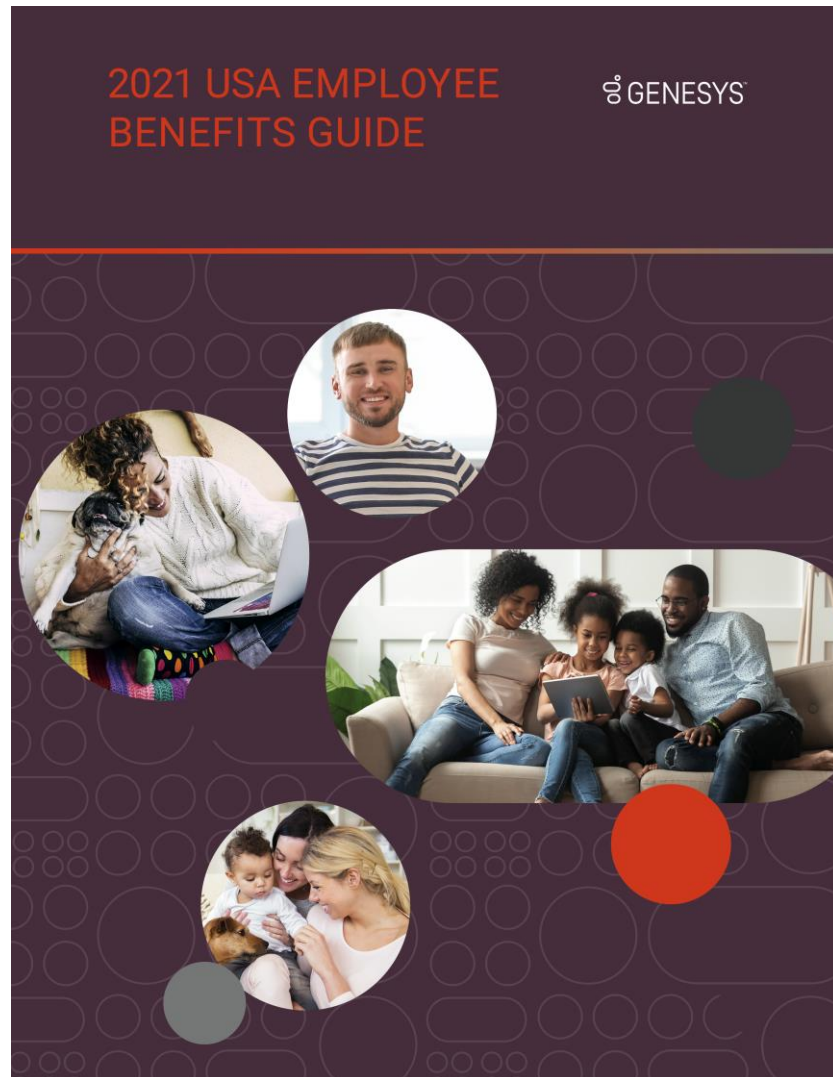
Choose your
benefits for
2021

- Your 2020 choices will roll over into 2021 except for **HSA, FSAs, or HDHP 3**. **For these, you **MUST** make a choice in the Open Enrollment system for 2021. **Reminder: HDHP 3 is no longer an option for 2021.****
- Use the **Take Me Through Each Benefit** button or simply select individual benefits by using the **View/Change** button.
- The default election for all other 2021 benefits is the same benefit plan you have in 2020. When done, click Complete Enrollment.

STEP 4

Print
Confirmation
Statement

- After completing your enrollment, you will be on the Confirmation page. Please print or save as a pdf and retain a copy.
- You can make changes through the end of Open Enrollment (November 25th) by logging back on and completing the enrollment steps again.



Convenient, easy access to the information and resources you need, including:

- Plan Details
- Enrollment Instructions
- Contact Information
- Resources

ENROLLMENT SITE HOME PAGE

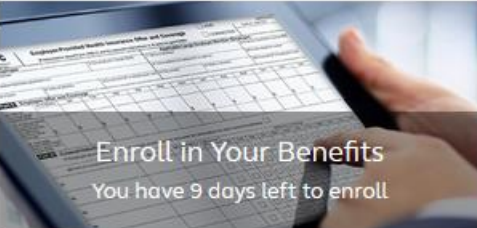


Your Information

Medical

Dental

Highlights For You



Enroll in Your Benefits
You have 9 days left to enroll



Change Your Coverage



Manage Beneficiaries



Manage Personal Information



Your Coverage (Your Benefits Summary)



Plan Information and Documents

Manager Self Service

Your Favorites

To add a link here, select the ★ while on that page.

KEY DATES/INFORMATION

- **Open enrollment dates:** November 9 – November 25, 2020
- **New medical insurance cards mailed (for the HDHP and PPO plans only, and others who made plan election changes):** late December
- **Benefits effective date:** January 1, 2021
- **2020 FSA reimbursement claim submission deadline:** March 31, 2021

*November and December new hires: need to enroll in benefits for **both** 2020 and 2021; Benefits team will reach out to new hires regarding this process*

Deep Dive Details

2021 CHOICES

Offerings	Choices	In Network Providers/Insurance Carriers
Medical*	<ul style="list-style-type: none"> • PPO • HDHP 1 • HDHP 2 • HMO** 	<ul style="list-style-type: none"> • HDHP or PPO: United Healthcare Choice Plus Network (genesyshealthplan.com) • Kaiser (HMO): https://healthy.kaiserpermanente.org/doctors-locations
Dental	<ul style="list-style-type: none"> • Standard • Enhanced 	Anthem Dental
Vision	<ul style="list-style-type: none"> • Core • Buy Up 	VSP
Health Savings Account (HSA)	<ul style="list-style-type: none"> • HSA 	HealthEquity
Flexible Spending Accounts	<ul style="list-style-type: none"> • Full Use Healthcare • Limited Use Healthcare • Dependent Care 	HealthEquity (formerly WageWorks)

*May opt out of medical plan coverage. Effective 1/1/19 – no federal penalty for not maintaining coverage. Some states (CA, DC, MA, NJ, VT) do require you to have appropriate medical coverage.

** HMO is for California employees only.

2021 MEDICAL PLANS – HDHP AND PPO PLANS

Among the most important differences between the HDHP Plans are the deductible amounts and how the family deductible works – aggregate vs. embedded family deductible. The Genesys HSA funding is the same for both HDHP plans.

2021 Options						
	HDHP 1		HDHP 2		PPO	
	IN-NETWORK	OUT- OF-NETWORK*	IN-NETWORK	OUT- OF-NETWORK*	IN-NETWORK	OUT- OF-NETWORK*
Deductible	\$2,000 individual / \$2,800 family	\$2,000 individual / \$4,000 family	\$2,800 individual / \$4,000 family	\$2,800 individual / \$4,000 family	None	None
Type of Family Deductible	Aggregate		Embedded		N/A	
HSA Funds by Genesys	\$750 individual / \$1,500 family (funded in 4 quarterly installments)		\$750 individual / \$1,500 family (funded in 4 quarterly installments)		N/A	N/A
Out-of-Pocket Maximum	\$4,000 individual \$6,550 family	\$4,000 individual \$8,000 family	\$2,800 individual \$4,000 family	\$4,000 individual \$8,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
Type of Family Out-of-Pocket Maximum	Embedded		Embedded		Embedded	
Preventive Care	\$0 deductible waived	you pay 40% after deductible	\$0 deductible waived	you pay 40% after deductible	you pay 0%	not covered
Most Other Services	you pay 20% after deductible	you pay 40% after deductible	you pay 0% after deductible	you pay 30% after deductible	you pay 30%, unless copay applies	you pay 50%

*The in-network deductible does not apply to the out-of-network deductible.

Aggregate Family Deductible (HDHP 1): The full family deductible must be met before the plan begins to pay a portion of expenses for any covered family members.

Embedded Family Deductible (HDHP 2): If one covered family member has enough expenses during the calendar year to meet the individual deductible, the plan will begin paying a portion of that family member's expenses for the remainder of the year. You do not have to meet the full family deductible before the plan begins to pay.

Embedded Family Out-of-Pocket Maximum (All plans): If one covered family member has enough expenses during the calendar year to meet the individual out-of-pocket maximum, the plan will pay 100% of that family member's expenses for the remainder of the year.

CARE COORDINATION & CONSUMERISM – FOR PPO & HDHP

QUANTUM HEALTH

Personalized, one to one care from expert team of nurses, patient service representatives, and benefits specialists.

How they help:

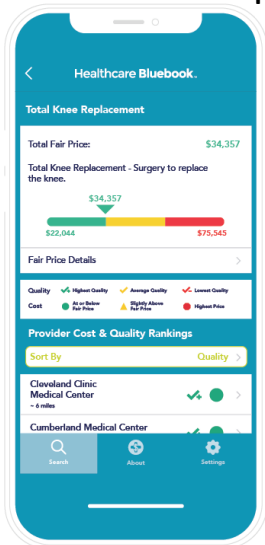
- Verify coverage
- Order replacement cards
- Provide health-education resources
- Advocate for your care
- Help manage chronic conditions
- Find in-network providers
- Contact providers to discuss treatment
- Answer claims, billing, and benefits questions
- Create health-improvement plans
- Help reduce unnecessary, out-of-pocket costs

How to Contact Care Coordinators:

Phone: 877-498-3041

Web: www.genesyshealthplan.com

App: MyQHealth - Care Coordinators



Healthcare Bluebook

Pricing transparency (web and mobile applications) for PPO and HDHP members for health care that is:

- Offer the best value on medical services and procedures
- Provide the cost ranges in your area of service
- Help you save money by providing you a selection of providers (both in and out of the UMR network)
- Can even reward you for certain procedures

Kaiser members: Please contact Kaiser directly for similar services

2021 MEDICAL PLANS – KAISER HMO PLAN

Provider access available through the Kaiser Permanente Network. Available only to employees in California.

2021 Options, continued		
	KAISER HMO	
	IN-NETWORK	OUT- OF-NETWORK***
Deductible	None	N/A
Out-of-Pocket Maximum	\$1,500 individual \$3,000 family	N/A
Copays	\$15 per visit/procedure \$100** ER per visit	N/A
Preventive Care	you pay 0%	N/A
Most Other Services	\$15 copay	N/A

**Out-of-pocket maximum includes copays except for prescription drug copays.
 **\$100 copay waived if admitted to hospital as an inpatient for covered services.
 ***In-Network coverage only.



2021 ANTHEM DENTAL PLANS

Two plans available under our Anthem dental benefit:

	Standard Plan	Enhanced Plan
Annual Deductible	\$50 individual \$100 family	None
Annual Benefit Maximum	\$1,500 per person	\$2,250 per person
Preventive & Diagnostic Services*	100%	100%
Basic Services* Example: Fillings	80%	80%
Basic or Major* Example: Crowns	50%	80%
Orthodontia*	50% \$1,500 per person lifetime maximum	50% \$1,750 per person lifetime maximum

*Reasonable and customary limits will be applied for out-of-network coverage.

Visit www.mygenesysbenefits.com for plan details.

Both plans provide benefits for out-of-network services.

However, you may save by using Anthem dental network providers who have agreed to negotiated rates.

2021 VSP VISION PLANS

Two plans available under our VSP vision benefit:

	VSP Core Plan	VSP Buy-Up Plan	Frequency
Eye Exam	\$10 copay	\$10 copay	Every calendar year
Prescription Glasses	\$25 copay	\$10 copay	Every calendar year
Frames	\$150 allowance per person (\$170 for featured frames) + 20% discount over allowance or \$80 allowance at Costco	\$200 allowance per person (\$220 for featured frames) + 20% discount over allowance or \$110 allowance at Costco	
Lenses	Included in Prescription Glasses Single vision, lined bifocal, and line trifocal lenses Polycarbonate lenses for dependent children		
Lens Options	\$0 - \$160 copay, depending on lens type (standard progressive, premium progressive, custom progressive)		
Contact Lenses (in lieu of glasses)	Up to \$60 copay (exam and fitting) \$130 allowance for contact lenses	Up to \$60 copay (exam and fitting) \$200 allowance for contact lenses	Every calendar year

Visit www.mygenesysbenefits.com for plan details, including out-of-network benefits.

HEALTH SAVINGS ACCOUNT (HSA)

A **Health Savings Account (HSA)** is a tax-free account for employees enrolled in a High Deductible Health Plan (HDHP). Deposit tax-free money into your account via payroll deductions and use it to pay eligible medical, dental and vision expenses. It is **not** a use-it-or-lose it account. If you change health plans or leave Genesys, the account and money goes with you.

- If you elect an HDHP (1 or 2) medical plan, Genesys will contribute to your HSA
 - Genesys contributes 1/4 of the max amount at the beginning of each quarter
 - ▲ For example, \$750/4 = quarterly contribution of \$187.50
 - ▲ You must be enrolled on the first day of quarter to receive that quarter's contribution
 - **Reminder: there will not be an HDHP 3 plan offered in 2021**
- You need to register for your HSA to receive Genesys and your own contributions
 - Visit www.MyHealthEquity.com
- HSA contribution limits:


Who You Cover	Genesys contributes	Employee contributes up to:	2021 Max Combined Contribution *	If 55 + **
Employee Only	\$750*	\$2,850	\$3,600	\$1,000
Employee +	\$1,500*	\$5,700	\$7,200	

* IRS defines the maximum contributions each year

** If 55+, you may defer an additional \$1,000 in 2021 in addition to the maximum contribution

2021 FLEXIBLE SPENDING ACCOUNTS (FSAs)

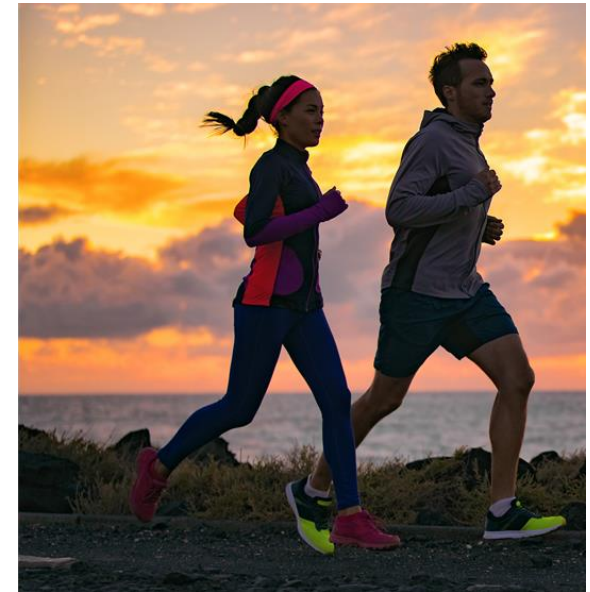
	Full Use Healthcare FSA	Limited Use Healthcare FSA	Dependent Care FSA
Which medical plan can I have with this account?	PPO, Kaiser HMO (CA only), or medical coverage through another employer	HDHP Plan 1 or 2	Any
How much can I contribute in 2021?	\$50 - \$2,750 pretax (you may carry over up to \$550 from 2020; any remaining funds over \$550 are forfeited in accordance with IRS rules)	\$50 - \$2,750 pretax (you may carry over up to \$550 from 2020; any remaining funds over \$550 are forfeited in accordance with IRS rules)	\$50 - \$5,000 pretax if single or married filing jointly \$50 - \$2,500 if married filing separately
What expenses can I pay with money from my account?	Qualifying medical, dental, vision and prescription expenses not paid by your medical plan (including deductibles coinsurance and copays)	Qualifying dental and vision expenses only <i>(you can use your HSA for other qualifying medical expenses)</i>	Eligible dependent care expenses you incur so you and your spouse (if applicable) can work, including qualified babysitters, nursery school, pre-school, elder care and more. Eligible dependents include children up to age 13 and elderly parents who live in your home, depend on you for 50% of their support and are incapable of self-care.

- 
- **Must re-enroll each year if you want to contribute to your FSA**
 - You may only change annual contributions if you have a Qualifying Life Event, such as marriage, divorce, addition or loss of a dependent, or change in employment (must enroll within 31 days of Qualifying Life Event)
 - Qualifying Life Event documentation must be submitted to the Benefits team

2021 GENESYS PAID BENEFITS

You are automatically enrolled in these benefits at no cost to you:

- **Basic Life and Accidental Death & Dismemberment (AD&D) Insurance**
 - Basic life at 2x your annual salary
 - AD&D at 2x your annual salary
 - **Please review your beneficiary information & update as needed**
- **Optum Employee Assistance Program (EAP)**
 - Confidential information, support and referrals to you and your family members
 - 8 face-to-face counseling sessions available per issue, per year
 - Issues include but are not limited to legal advice, financial advice, wellness, career
- **Disability Benefits**
 - STD: 100% for the first 8 weeks of an illness or injury, then 70% for the next 18 weeks
 - LTD: after 26 weeks, 66 2/3% of your annual salary to a \$15,000/monthly maximum benefit



2021 VOLUNTARY BENEFITS

- **Critical Illness – through Aflac**
 - Lump-sum cash payment in case of serious illness
 - Pays for expenses not covered by your medical plan
 - Not available if you are age 70 or older
- **Hospital Indemnity (enhanced) – through Aflac**
 - Lump-sum cash payment in case of admittance to hospital or required surgery
- **Accident Indemnity (new) – through Aflac**
 - Lump-sum cash payment in the event of death or injury due to an accident
- **Voluntary Life – through Cigna**
 - Additional coverage beyond what is provided by Genesys
- **Voluntary AD&D – through Cigna**
 - Additional coverage beyond what is provided by Genesys



- **Legal Services – through LifePlan**
 - Legal advice and services from a large network of attorneys
- **Home and Auto Insurance – through MetLife**
 - Discounted rates
- **Commuter Benefits – through HealthEquity**
 - Defer pre-tax dollars & use to pay for the cost of commuting (mass transit or parking)
 - Sign up at [in OE portal](#)
 - 2021 IRS limits apply
- **Pet Insurance – through Nationwide**
 - To enroll, you may call 877-738-7874, or visit <https://benefits.petinsurance.com/genesys>
 - You will pay directly to Nationwide; payroll deduction not available

CONTACT INFORMATION

Open Enrollment

Benefits Questions

Genesys HR Benefits Team
Benefits.team@genesys.com

Online System Enrollment Questions & Plan Information

Your BenefitsNow Resource Center
(844) 868-6230

2021 US Benefits Enrollment Guide

<https://mygenesysbenefits.com/resources.html>

Quantum Genesys Care Coordinators

genesyshealthplan.com
1-877-498-3041


Vendor	Website	Contact Information
Medical (HDHP or PPO plans) Quantum Care Coordinators (UnitedHealthcare Choice Plus® network)	genesyshealthplan.com	1-877-498-3041
Prescription Drug OptumRx	genesyshealthplan.com	1-877-498-3041
Medical (Kaiser Network) Kaiser Permanente	kp.org	1-800-464-4000
Dental Anthem	www.anthem.com/ca	1-877-567-1804
Vision VSP	www.vsp.com	1-800-877-7195
Health Savings Accounts (HSA) Flexible Spending Accounts (FSA) HealthEquity	Healthequity.com/WageWorks	1-877-924-3967
Employee Assistance Program Optum	www.liveandworkwell.com (access code: genesyste)	1-866-248-4094
Life, AD&D Cigna	www.genesys.cignatrustedadvisor.com HR@genesys.com	1-800-828-3485
STD, LTD Cigna	www.genesys.cignatrustedadvisor.com HR@genesys.com	1-800-36-CIGNA
Critical Illness Hospital Indemnity Accident Aflac	https://mygenesysbenefits.com/	1-800-433-3036
Legal Plan LifePlan	https://lifeplan.legalzoom.com/lifeplan/#/login	1-888-556-0888
Home & Auto Program MetLife	www.metlife.com/mybenefits	1-800-438-6388
401(k) Fidelity Investments	www.401k.com	1-800-835-5097
Pet Insurance Nationwide	https://benefits.petinsurance.com/genesys	1-877-738-7874



What questions do you have?

Appendix

BENEFITSNOW – EXAMPLE MEDICAL ENROLLMENT ADDING DEPENDENT(S)



Home Health & Insurance Make Benefit Changes Tools & Resources Additional Benefits

Medical

This enrollment period is for coverage beginning January 1, 2019.

1 Choose Who You Want to Cover

- You
- Ollie (Child born on 07/19/2008)

[Add Dependent](#) [Decline Coverage](#) [Please Wait](#)

2 Select an Option

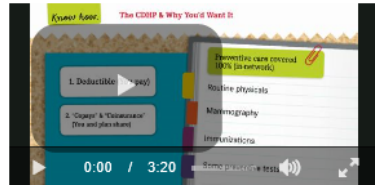
your **BenefitsNow!**

TOTAL BENEFITS COST
\$271.02 PER PAY PERIOD

[Return to Benefits Summary](#)

Your Current Benefits

HDHP Plan 2	\$82.50
You are covering yourself and Ollie	Per Pay Period
Your Selected Option is \$5.00 more than your Current Benefits.	



0:00 / 3:20

To do a side by side comparison of the plan details, follow the instructions below:

- Select up to 4 plans to compare by checking the checkbox next to 'Compare'
- Click 'Compare' to view plan details

You may also view individual plan details by clicking on the 'Benefit Details' link for each plan.

How to search for UHC providers?

To search for providers in UHC's network, visit www.choiceplus.welcometouhc.com and follow the instructions below.

BENEFITSNOW – EXAMPLE ADDING A DEPENDENT TO MEDICAL COVERAGE

1 Choose Who You Want to Cover

You

Ollie (Child born on 07/19/2008)

Add Dependent

To add a person, enter data into the open fields below and click **Save**.

Relationship

Child

First Name

Middle

(optional)

Last Name

Suffix

(optional)

SSN

A valid SSN is required to enroll any dependent over 3 months of age in coverage. If your dependent does not have an SSN, please call the Benefit Center at 1-844-868-6230.

Gender

Choose One

Date of Birth (mm/dd/yyyy)

Does this person work for Genesys ?

Yes

No

BENEFITSNOW – EXAMPLE ADDING A DEPENDENT TO MEDICAL COVERAGE (CON'T)

Address same as your address

Yes

No

Country

United States

Address One

1850 Bassett Street #1019

Address Two

County

City

Denver

State

CO

Postal Code

80202

By checking this box, you acknowledge understanding the eligibility rules of the plan as described in the summary plan description. If you add a dependent to coverage, you represent that he or she is eligible for coverage and you may provide documentation to substantiate eligibility for all covered dependents. In addition, you also agree to immediately report when your dependent becomes ineligible under the plan guidelines. A failure to provide this information will result in coverage being canceled back to the initial date the dependent was ineligible under the plan.

I acknowledge the above statement

Cancel

Save

BENEFITSNOW – EXAMPLE MEDICAL ENROLLMENT OPTIONS

UnitedHealthcare **HDHP Plan 2** Your Pay Period Cost **\$82.50**

Compare

Coverage Prescriptions

Annual Deductible	Out-of-Pocket Maximum	Primary Office Visit
\$2,700 Individual	\$2,700 Individual	100% covered after deductible
\$4,000 You + Children ²	\$4,000 You + Children ⁴	

[Benefit Details](#)

Selected Option >

UnitedHealthcare **HDHP Plan 3** Your Pay Period Cost **\$97.50**

Compare

Coverage Prescriptions

Annual Deductible	Out-of-Pocket Maximum	Primary Office Visit
\$2,700 You + Children ¹	\$3,000 Individual	90% covered after deductible
	\$6,000 You + Children ⁴	

[Benefit Details](#)

Choose This Option >

UnitedHealthcare **PPO Plan** Your Pay Period Cost **\$185.00**

Compare

Coverage Prescriptions

Annual Deductible	Out-of-Pocket Maximum	Primary Office Visit
N/A	\$5,000 Individual	\$20 copay
	\$10,000 You + Children ⁴	

[Benefit Details](#)

Choose This Option >

Decline Coverage **Save and Continue >**

BENEFITSNOW – EXAMPLE HEALTH SAVINGS ACCOUNT ELECTION

Health Savings Account

TOTAL BENEFITS COST
\$332.50 PER PAY PERIOD

This enrollment period is for coverage beginning **October 28, 2018**.

[Return to Benefits Summary](#)

Since you chose **HDHP Plan 2**, you are eligible for a Health Savings Account.

Why Contribute to a Health Savings Account?

- You don't pay taxes on the money you contribute.
- You can use the money in your account now or save for health costs in retirement.
- This account always belongs to you, even if you change employers.

Learn More About Health Savings Accounts

- [Key Points About Health Savings Accounts](#)
- [What's the Difference Between a Health Savings Account and a Health Care Spending Account?](#)

Genesys will make an annual contribution of \$750 for employee only coverage and \$1,500 for all other tiers. The amount is funded on a quarterly basis (January, April, July and October) to your Health Savings Account. You must be enrolled in the plan by the 15th day of the quarter in which the funding occurs in order to receive employer contribution for that quarter.

NOTE: If you are age 55 or older, the contribution limit listed is inclusive of the \$1,000 catch-up contribution.

In addition to contributing to an HSA, you are also eligible to contribute to a Limited-Use Flexible Spending Account.

Your Current Benefit

Manage Future Contributions

Additional Goal Amount

This amount will be divided across and deducted from your paychecks for the plan year.



\$250.00 Per Pay Period

Minimum \$0.00 / Maximum \$8,900.00

HSA Terms and Conditions

I agree to the Terms and Conditions as outlined.

[Save and Continue >](#)

BENEFITSNOW EXAMPLE DEPENDENT CARE FSA ELECTION



your BenefitsNow!

[Home](#) [Health & Insurance](#) [Make Benefit Changes](#) [Tools & Resources](#) [Additional Benefits](#)

Dependent Care Flexible Spending Account

TOTAL BENEFITS COST
\$271.02 PER PAY PERIOD

This enrollment period is for coverage beginning **January 1, 2019**.

[Return to Benefits Summary](#)

Consider contributing to a Dependent Care Spending Account to pay for child or adult care.

Why Use a Dependent Care Spending Account?

- Save more on taxes.
- You're never taxed on your contributions.

Your Current Benefits

Your Annual Contribution	\$0.00
Your Per Pay Period Contribution	\$0.00

Your Selected Option is \$125.00 more per pay period than your current contribution.

Enter an Amount

Your Annual Contribution

If you do not want to contribute, enter 0.

\$125.00 Per Pay Period

Minimum \$0.00 / Maximum \$5,000.00

[Save and Continue >](#)

BENEFITSNOW PLANS THAT REQUIRE A BENEFICIARY

Basic Life Insurance	You are automatically enrolled in Basic Life 2X Annual Salary \$200,000	Your Pay Period Costs \$0.00	You are automatically enrolled in Basic Life at no cost 2X Annual Salary \$200,000	Your Pay Period Costs \$0.00	View / Change >
Basic Accidental Death and Dismemberment	You are automatically enrolled in Basic AD&D 2X Annual Salary \$200,000	Your Pay Period Costs \$0.00	You are automatically enrolled in Basic AD&D at no cost 2X Annual Salary \$200,000	Your Pay Period Costs \$0.00	View / Change >
Business Travel Accident	Business Travel Accident You are automatically enrolled in Business Travel Accident Insurance.	Your Pay Period Costs \$0.00	Business Travel Accident You are automatically enrolled in Business Travel Accident Insurance.	Your Pay Period Costs \$0.00	View / Change >

BENEFITSNOW ADD BENEFICIARY - BASIC LIFE INSURANCE



your BenefitsNow!

[Home](#) [Health & Insurance](#) [Make Benefit Changes](#) [Tools & Resources](#) [Additional Benefits](#)

Basic Life Insurance

TOTAL BENEFITS COST
\$271.02 PER PAY PERIOD

This enrollment period is for coverage beginning **January 1, 2019**.

Please remember to designate beneficiaries for this benefit.

Your company provides you with **2X Annual Salary (\$200,000)** at a cost of **\$0.00**.

Your Beneficiaries

Edit

Current Beneficiary	Benefit Percent
Primary	
Ollie Lawrence (Child born on 07/19/2008)	100%
Contingent¹	

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

[Return to Benefits Summary](#)

Your Current Benefits

You are automatically enrolled in Basic Life **\$0.00** Per Pay Period

Save and Continue >

Add Beneficiary

To add a person, enter data into the open fields below and click **Save**.

Relationship

Cancel

- Choose One
- Spouse
- Domestic Partner
- Child
- Child of Domestic Partner
- Estate
- Trust
- Charity
- Other

Save and Continue >

BENEFITSNOW ADD BENEFICIARY - BASIC LIFE INSURANCE (CONTINUED)

Add Beneficiary

To add a person, enter data into the open fields below and click **Save**.

Relationship

First Name

Middle (optional)

Last Name

Suffix (optional)

SSN

A valid SSN is required to enroll any dependent over 3 months of age in coverage. If your dependent does not have an SSN, please call the Benefit Center at 1-844-868-6230.

Gender

Date of Birth (mm/dd/yyyy)

Does this person work for Genesys?

Address same as your address

Country

Address One

Address Two

County

City

By checking this box, you acknowledge understanding the eligibility rules of the plan as described in the summary plan description. If you add a dependent to coverage, you represent that he or she is eligible for coverage and you may provide documentation to substantiate eligibility for all covered dependents. In addition, you also agree to immediately report when your dependent becomes ineligible under the plan guidelines. A failure to provide this information will result in coverage being canceled back to the initial date the dependent was ineligible under the plan.

I acknowledge the above statement

Cancel

Save

Save and Continue >

KEY DATES/INFORMATION

- **Open enrollment dates:** November 9 – November 25, 2020
- **New medical insurance cards mailed (for the HDHP and PPO plans only, and others who made plan election changes):** late December
- **Benefits effective date:** January 1, 2021
- **2020 FSA reimbursement claim submission deadline:** March 31, 2021

*November and December new hires: need to enroll in benefits for **both** 2020 and 2021; Benefits team will reach out to new hires regarding this process*



What questions do you have?