

2025 Online Open Enrollment Instructions

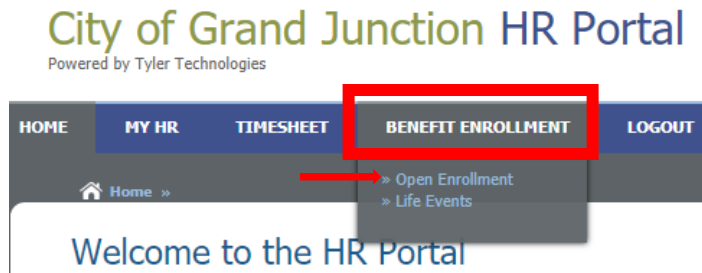
For Online Enrollment from a City Worksite Computer

These instructions are for employees who are completing Open Enrollment from a City worksite computer (i.e., your work computer in your office, a co-worker's computer at a City facility, a City kiosk near your worksite or a computer in the HR Training Room).

1. Log in to the **HR Portal** at <https://erp-web.gjcity.org/Websites.HR.Portal/Default.aspx>

Note: This is where you log in to view your bi-weekly paychecks. If you cannot recall your Username, please *click* the **Retrieve Username** link. If you have forgotten your password, please *click* the **Reset Password** link and check your work email. You can call HR at 970-244-1512 if you have any questions about resetting your password.

2. Once you have logged in to the City of Grand Junction HR Portal, you will be able to view Open Enrollment information at the top of your screen. If you are ready to begin your online Open Enrollment for your 2025 City of Grand Junction benefits, *click* the **BENEFIT ENROLLMENT** tab toward the top of the screen and *select* Open Enrollment.



3. You will be able to enroll, disenroll or change your enrollment in the following benefits:

- Medical
- Dental
- Vision
- Medical FSA (Flexible Spending Account)
- Dependent Care FSA (Flexible Spending Account)
- Health Savings Account (HSA) – if enrolled in the Cigna HDHP (High Deductible Health Plan)

- Voluntary Benefits: VOYA Life/AD&D Insurance, Aflac, LifeLock, Trustmark, PetPartners & MissionSquare 457/IRA elections or changes should be done using the links on the Welcome Page or HR Portal. They are not elected using this online platform. If you do not want any changes to your elections, you do not need to do anything.

Helpful Hints:

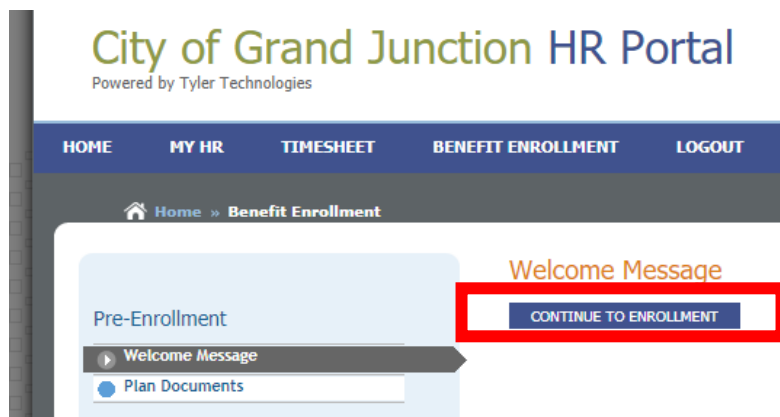
- If you need to go back to a previous screen, simply *select* the desired benefit from the left-hand side of your screen.

The screenshot shows a 'Pre-Enrollment' screen with three main sections: 'Pre-Enrollment', 'Enrollment', and 'Finish'. The 'Pre-Enrollment' section has two links: 'Welcome Message' and 'Plan Documents'. The 'Enrollment' section contains a table with columns 'COVERAGE' and 'YOUR COST'. The table lists several benefits with checkmarks in the 'COVERAGE' column and their respective costs. The 'Finish' section has two links: 'Submit & Complete Enrollment' (highlighted with a dark arrow) and 'Print Confirmation Statement'.

COVERAGE	YOUR COST
✓ Health	\$17.04
✓ Dental	\$8.59
✓ Vision	\$1.97
✓ Medical Flexible Spending	\$0.00
✓ Dependent Care Flexible Spending	\$0.00
✓ Health Savings Account	\$0.00
TOTAL COST (PER MONTH)	\$49.60

PLEASE CAREFULLY READ THROUGH THE INSTRUCTIONS & INFORMATION ON EACH PAGE!

4. After you have read through the information on the screen, *click* 'CONTINUE TO ENROLLMENT'.



At the top of the screen, you will see your **current** (2024) selection for each benefit. In the screenshot below, the sample employee is currently on the High Deductible Pre-Tax Health Plan with Employee + 2 Dependents coverage.

Health Enrollment

Your current Medical election is listed below along with your current pay period deduction. Please ensure your pre- or post-tax election is as intended.

Additional information on the medical plans can be found on pages 4-5 in the 2024 Benefits Guide.

Current Election

High Deductible Pre-Tax - Employee+2 or More Deps
Dependents Covered

Per Payment Deduction
\$130.71

5. Per the instructions on the screen, please select the radio button next to the desired plan with your desired coverage level (i.e., **Employee Only**, **Employee + 1 Dependent** or **Employee + 2 or More Dependents**.)

Note: Please pay attention to the “Pre-Tax” and “After-Tax” options.

City of Grand Junction HR Portal
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HOME MY HR TIMESHEET BENEFIT ENROLLMENT LOGOUT

Home » Benefit Enrollment

Health Enrollment

Current Election

OAP1 Tiered Hospital Pre-Tax - Employee Only **Per Payment Deduction**
Dependents Covered: Self \$69.00

Enrollment in Plan

Please choose the plan you'd like to enroll in below:

Copay After-Tax	Employer Cost (Per Payment)	Your Cost (Per Payment)
<input type="radio"/> Employee Only	\$277.77	\$78.35
<input type="radio"/> Employee+1 Dep	\$554.77	\$156.47
<input type="radio"/> Employee+2 or More Deps	\$734.81	\$207.25

Copay Pre-Tax	Employer Cost (Per Payment)	Your Cost (Per Payment)
<input type="radio"/> Employee Only	\$277.77	\$78.35
<input type="radio"/> Employee+1 Dep	\$554.77	\$156.47
<input type="radio"/> Employee+2 or More Deps	\$734.81	\$207.25

Pre-Enrollment

- Welcome Message
- Plan Documents

Enrollment

CATEGORY	YOUR COST
Health	\$0.00
Dental	\$0.00
Vision	\$0.00
Medical Flexible Spending	\$0.00
Dependent Care Flexible Spending	\$0.00
Health Savings Account Employee	\$0.00
TOTAL COST (PER PAYMENT)	\$0.00

Finish

- Submit & Complete Enrollment
- Print Confirmation Statement

If you wish to decline coverage for the current election, simply select the radio button next to the, “I would like to decline coverage” option toward the bottom of the screen. Note: You must either select coverage or decline coverage – you may not leave the selection blank.

If you do not wish to enroll in a plan at this time, please click below:

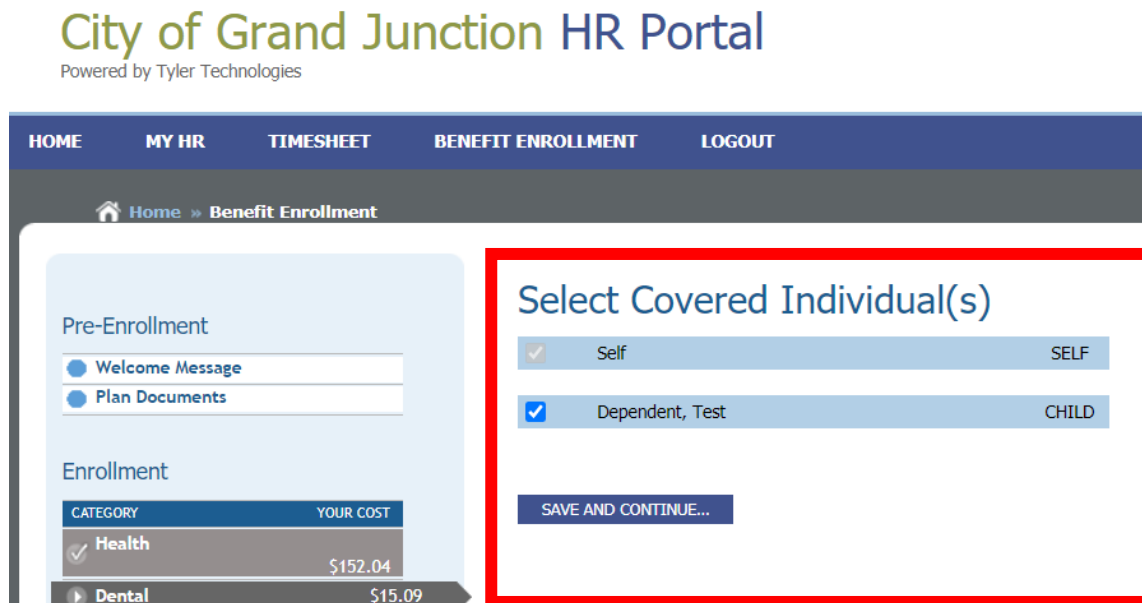
I would like to decline coverage

SAVE AND CONTINUE...

If you selected coverage with at least one Dependent, you will be given the opportunity to *select* the Dependent(s) who should be covered on the next screen. Please Note: If you have a new dependent who is not listed, you will need to stop and contact Human Resources (970-244-1512) to have the Dependent added to your account/record. You will then be able to come back to your online Open Enrollment to continue the process.

Click the **SAVE AND CONTINUE** button to move to the next benefit election screen.

Selecting your Covered Dependent(s) – Below is a screenshot of what you will see when you *select* a Dependent. The below example is of an employee selecting a Dependent for Dental. Simply *select* the desired Dependent(s) for the plan you just chose and then *click* the **SAVE AND CONTINUE...** button. You will make selections for each type of coverage, then click **save and continue** to move from health to dental to vision.



6. You will now see that your 2025 health, dental and vision elections are shaded gray and are saved on the left-hand side of the screen and your Total Cost (per pay period) is shown as well. Please Note: If you have any Voluntary Benefits (Aflac, LifeLock, PetPartners, Trustmark, Voluntary Life for Spouse and/or Child), those amounts will NOT be shown on this screen.

7. Medical Flexible Spending/Dependent Care Flexible Spending

A Medical Flexible Spending account is an account where you can contribute **pre-tax** money to pay qualified medical expenses such as copays, prescriptions, glasses & more. **Employees are eligible for a Medical Flexible Spending account if they are NOT on the High Deductible Health Plan (HDHP)**. If you are on the High Deductible Health Plan and you wish to put aside additional pre-tax money (in addition to your Health Savings Account funds) for Dental and Vision expenses, you may enroll in a Limited Purpose Medical FSA.

Reminder! Flexible Spending Accounts are USE IT OR LOSE IT accounts. Make sure you plan accordingly and don't put away more money than you will use. If you do not use all the money in the account, you will forfeit those funds.

You may not make changes to Flexible Spending Account amounts during the year unless you have a qualifying event.

In the example below, the employee has elected a Medical Flexible Spending Account. To do so, simply *select* the Flexible Spending Account radio button and then enter the desired yearly amount. The system will automatically break the amount down by pay period. For example, if the employee *selected* \$400 annually, it would equal \$15.39/pay period. If you do not wish to enroll, simply *click* the radio box next 'I would like to decline coverage' option near the bottom of the screen.

City of Grand Junction HR Portal

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HOME MY HR BENEFIT ENROLLMENT LOGOUT

Home » Benefit Enrollment

Welcome, Beth A McGrath!

Medical Flexible Spending Enrollment

Current Election
No current election information is available.

Enrollment in Plan
Please choose the plan you'd like to enroll in below:

CATEGORY	YOUR COST
<input checked="" type="checkbox"/> Health	\$0.00
<input checked="" type="checkbox"/> Dental	\$8.59
<input checked="" type="checkbox"/> Vision	\$3.97
<input checked="" type="checkbox"/> Medical Flexible Spending	\$0.00
<input type="checkbox"/> Dependent Care Flexible Spending	\$0.00
<input type="checkbox"/> Health Savings Account Employee	\$0.00

TOTAL COST (PER PAYMENT) \$12.56

Finish

Flexible Spending Account

Flexible Spending Account

to allocate for Annual Allowance

Minimum Allowed \$120.00 Maximum Allowed \$2,750.00

Your Cost (Per Payment)

If you do not wish to enroll in a plan at this time, please click below:

I would like to decline coverage

SAVE AND CONTINUE...

A Dependent Care Flexible Spending account allows you to set aside money from your paycheck on a pre-tax basis for qualified day care/childcare expenses. You will sign up for this account the same way you signed up for the Medical Flexible Spending Account.

Home » Benefit Enrollment Welcome, [REDACTED]

Dependent Care Flexible Spending Enrollment

Current Election
No current election information is available.

Enrollment in Plan
Please choose the plan you'd like to enroll in below:

Dependent Care Flexible Spending

Flexible Spending Account

Enter the amount you would like to allocate for Annual Allowance Your Cost (Per Payment)

Minimum Allowed \$120.00 Maximum Allowed \$5,000.00

If you do not wish to enroll in a plan at this time, please click below:

I would like to decline coverage

[SAVE AND CONTINUE...](#)

CATEGORY	YOUR COST
<input checked="" type="checkbox"/> Health	\$0.00
<input checked="" type="checkbox"/> Dental	\$8.59
<input checked="" type="checkbox"/> Vision	\$3.97
<input checked="" type="checkbox"/> Medical Flexible Spending	\$0.00
<input checked="" type="checkbox"/> Dependent Care Flexible S...	\$0.00
<input type="checkbox"/> Health Savings Account Employee	\$0.00
TOTAL COST (PER PAYMENT)	\$12.56

Finish

Submit & Complete Enrollment

Print Confirmation Statement

8. Health Savings Account (HSA)

A Health Savings Account (HSA) goes hand-in-hand with the High Deductible Health Plan. **If you enrolled in the High Deductible Health Plan, you must also enroll in the HSA, and you must contribute at least \$750 for the year. \$750/year is the equivalent of \$28.85/pay period.** If you do not enroll in the High Deductible Health Plan, you **may not** enroll in an HSA.

The City also contributes to the HSA on your behalf. If you have Employee-Only coverage, the City will contribute \$750 to your account in January of 2025. If you have Employee + 1 (or more) dependent(s), the City will contribute \$1500 on your behalf - \$750 in January of 2025, and another \$750 in July of 2025.

If you are enrolled on the High Deductible Health Plan, you must *select* the **Health Savings Account** radio button and *enter* the amount you wish to contribute for the year. Note: This is the amount that YOU wish to contribute – this does not include any City contributions. **You must also enter four zeros, "0000" in the ACCOUNT NUMBER box.**

If you are a **NEW** enrollee on the High Deductible Health Plan, you must also complete a Home Loan HSA application and provide a copy of your Driver's License. Please click the link toward the top of the Health Savings Account Enrollment screen to be taken to the Home Loan application.

Health Savings Account Enrollment

Current Election

No current election information is available.

Specify Savings Amount

Please enter plan information below:

Health Savings Account

Health Savings Account

Minimum Allowed 750.00 Maximum Allowed 2,800.00

Enter the amount you would like to allocate for Annual Savings

BANK

ACCOUNT TYPE

ACCOUNT NUMBER

If you do not wish to enroll in a plan at this time, please click below:

I would like to decline coverage

SAVE AND CONTINUE...

If you are NOT on the High Deductible Health Plan, you must *select* the radio button toward the bottom of the screen – **I would like to decline coverage**.

9. Once you have made all your benefit elections, you will be taken to a **Confirm & Submit** screen. Please *verify* all the elections that you made and make sure all your correct dependents (if any) are listed. You will see a Total Cost for the benefits you just elected. Please Note: This total does not include any Voluntary benefits such as Aflac, Voluntary Life, LifeLock, etc.

Once you have confirmed that your 2024 benefit elections are accurate on this screen, *click* the **SUBMIT** button at the bottom of the screen. A small pop-up screen that reads, "Submit current enrollment options?" will appear toward the top of your screen. *Click* the **OK** button. Your online Open Enrollment is now complete!

terp-tst2.gjcity.org says
Submit current enrollment options?
OK Cancel

- Pre-Enrollment
- Welcome Message
 - Plan Documents

Enrollment

CATEGORY	YOUR COST
Health	\$37.04
Dental	\$8.59
Vision	\$3.97
Medical Flexible Spending	\$0.00
Dependent Care Flexible Spending	\$0.00
Health Savings Account	\$0.00
TOTAL COST (PER PAYMENT)	\$49.60

- Finish
- Submit & Complete Enrollment
 - Print Confirmation Statement

Confirm & Submit

Summary Of Elections

Category	Plan - Election	Employer Cost (Per Payment)	Your Cost (Per Payment)
Health	High Deductible Pre-Tax - Employee Only	\$217.52	\$37.04
Covered Individuals	Self		
Dental	Dental Pre-Tax - Employee Only	\$12.88	\$8.59
Covered Individuals	Self		
Vision	Vision Pre-tax - Employee Only	\$0.00	\$3.97
Covered Individuals	Self		
Medical Flexible Spending	Medical Flexible Spending - Flexible Spending Account	\$0.00	\$0.00
Dependent Care Flexible Spending	Declined	\$0.00	\$0.00
Health Savings Account	Declined	\$0.00	\$0.00

Your Total Cost: \$49.60

Submit To HR

Clicking the submit button below will submit all of your current elections to your HR department. Once you submit your elections you may not make additional changes online.

SUBMIT

The final screen gives you the option of printing a Confirmation Statement of your benefit elections. Simply *click* the **PRINT CONFIRMATION STATEMENT** button to *print* a copy of your benefit elections. You may keep that statement for your records.

Congratulations!

Your benefit elections have been successfully submitted to your HR department. You may browse your elections but you may not make changes at this time.

PRINT CONFIRMATION STATEMENT