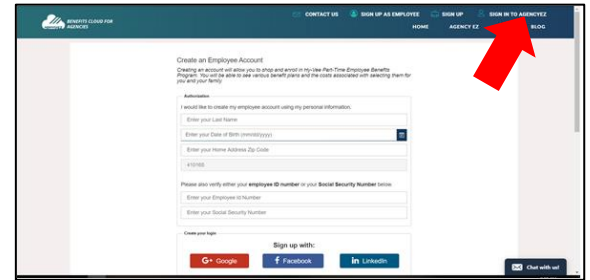


## Hy-veePTenroll.com Part-Time Employee Benefits Shopping Guide

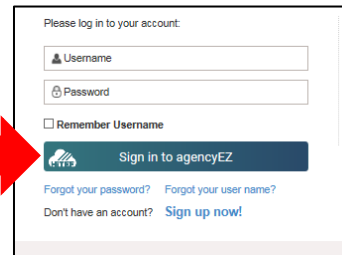
### Step 1: Sign into your account

- Go to: [hy-veePTenroll.com](http://hy-veePTenroll.com)
- **Click:** SIGN IN TO AGENCYEZ in the top right corner



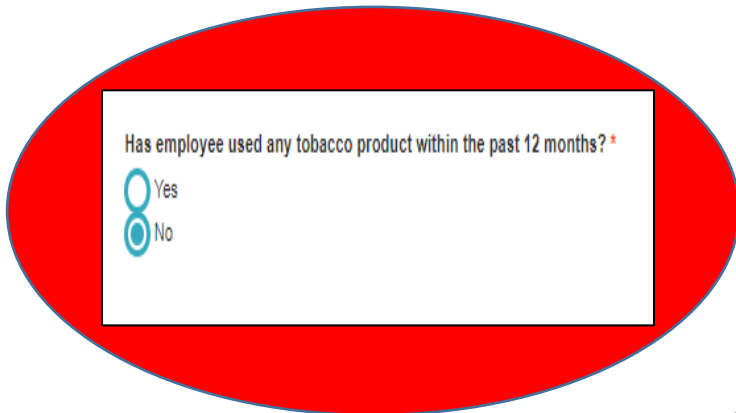
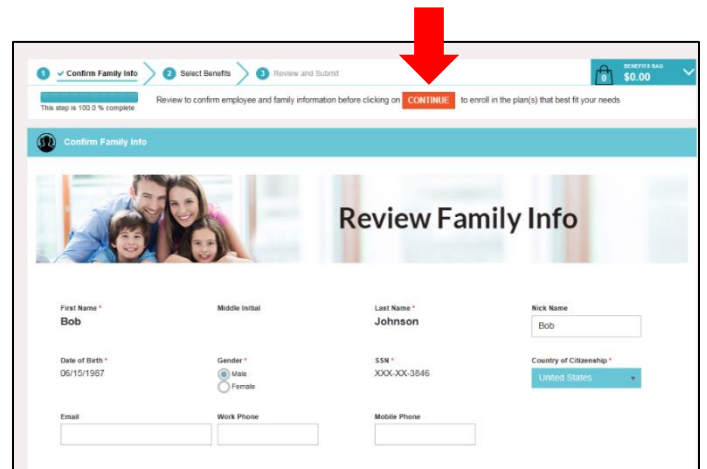
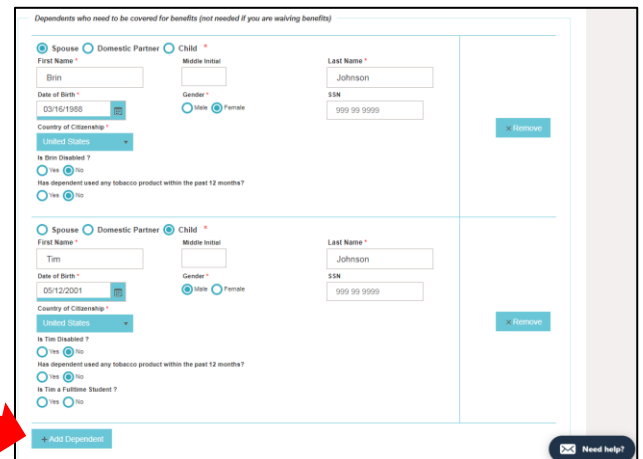
### Step 2: Log in

- Enter username & password
- **Click:** Sign in to agencyEZ



### Step 3: Begin Enrollment

- **Click:** Click to BEGIN YOUR ENROLLMENT
- Review Family Information
  - **Note:** \*Complete the tobacco question\*
  - Add Dependent: **Click + Add Dependent** at the bottom
- **Click:** Continue in the **orange** box



## Step 4: Limited Medical Plan

- Indicate:
  - I want to **ENROLL** in the Limited Medical Plan, or
  - I want to **WAIVE** the Limited Medical Plan
- If you choose ENROLL, select the plan you're choosing
  - Notice: Drop down arrows
- Dependent Coverage: If you **DON'T** want a dependent covered, **click the "X"** next to their name **OR** if you want to **ADD** a dependent, **click in the box to add their name**

Please indicate if you want to enroll or waive the Limited Medical benefit

I want to ENROLL in the Limited Medical plan

I want to WAIVE the Limited Medical plan

1 Limited Medical Coverage Election

**HealthSelect Indemnity Basic Plan**

Plan Summary ⓘ ^

View/Download Benefit Details

Network First Health Network

Type PPO

Provider Search Site

Key Services Costs ▾

Cost ^

Coverage Tier	Weekly Cost
Employee Only	\$19.71
Employee and Spouse	\$30.08
Employee and Children	\$30.36
Employee and Family	\$45.08

**HealthSelect Indemnity Choice Plan**

Plan Summary ⓘ ^

View/Download Benefit Details

Network First Health Network

Type PPO

Provider Search Site

Key Services Costs ▾

Cost ^

Coverage Tier	Weekly Cost
Employee Only	\$30.02
Employee and Spouse	\$59.25
Employee and Children	\$48.08
Employee and Family	\$90.08

**HealthSelect Indemnity Max Plan**

Plan Summary ⓘ ^

View/Download Benefit Details

Network First Health Network

Type PPO

Provider Search Site

Key Services Costs ▾

Cost ^

Coverage Tier	Weekly Cost
Employee Only	\$45.42
Employee and Spouse	\$95.07
Employee and Children	\$74.25
Employee and Family	\$112.47

Names of all to be covered in the Limited Medical Plan. Click in the box below to add dependents. To remove a dependent, Click X to the right of their name.

Bob Johnson x Spouse - Brin Johnson x Child - Tim Johnson x

- View Additional Information: **Click** on the **light blue text** (E.g. "View/Download Benefit Details, or Provider Search Site")
- Click: NEXT** in the bottom right corner

1 Limited Medical Coverage Election

**HealthSelect Indemnity Basic Plan**

Plan Summary ⓘ ^

View/Download Benefit Details

Network First Health Network

Type PPO

Provider Search Site

Key Services Costs ▾

Cost ^

Coverage Tier	Weekly Cost
Employee Only	\$19.71
Employee and Spouse	\$30.08
Employee and Children	\$30.36
Employee and Family	\$45.08

**HealthSelect Indemnity Choice Plan**

Plan Summary ⓘ ^

View/Download Benefit Details

Network First Health Network

Type PPO

Provider Search Site

Key Services Costs ▾

Cost ^

Coverage Tier	Weekly Cost
Employee Only	\$30.02
Employee and Spouse	\$59.25
Employee and Children	\$48.08
Employee and Family	\$90.08

**HealthSelect Indemnity Max Plan**

Plan Summary ⓘ ^

View/Download Benefit Details

Network First Health Network

Type PPO

Provider Search Site

Key Services Costs ▾

Cost ^

Coverage Tier	Weekly Cost
Employee Only	\$45.42
Employee and Spouse	\$95.07
Employee and Children	\$74.25
Employee and Family	\$112.47

## Step 5: Dental Plan

- Indicate:
  - I want to **ENROLL** in the Dental Plan, or
  - I want to **WAIVE** the Dental Plan
- If you choose ENROLL, select the plan you're choosing

Please indicate if you want to enroll or waive the Dental benefit

I want to ENROLL in the Dental plan

I want to WAIVE the Dental plan

- Click: **NEXT** in the bottom right corner

## Step 6: Vision Plan

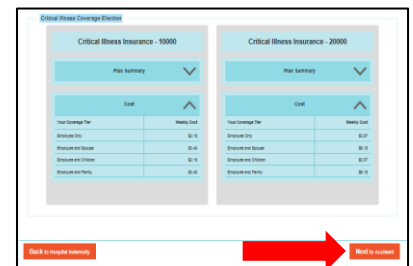
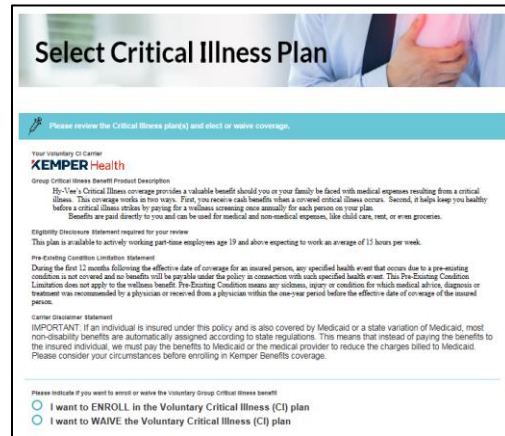
- Indicate:
  - I want to **ENROLL** in the Vision Plan, or
  - I want to **WAIVE** the Vision Plan
- If you choose ENROLL, select the plan
- Click: **NEXT** in the bottom right corner

## Step 7: Hospital Indemnity Plan

- Indicate:
  - I want to **ENROLL** in the Hospital Indemnity Plan, or
  - I want to **WAIVE** the Hospital Indemnity Plan
- If you choose ENROLL, select the plan you're choosing
- Click: **NEXT** in the bottom right corner

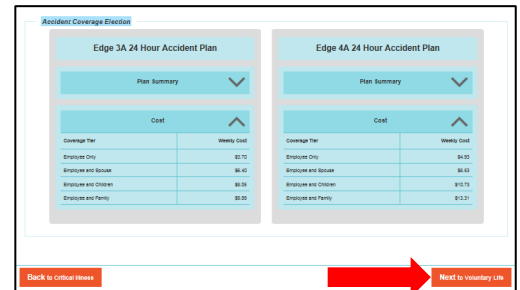
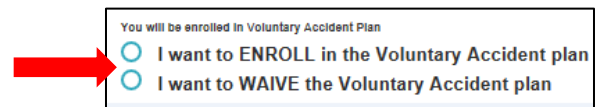
## Step 8: Critical Illness Plan

- Indicate:
  - I want to **ENROLL** in the Voluntary Critical Illness (CI) Plan, or
  - I want to **WAIVE** the Voluntary Critical Illness (CI) Plan
- If you choose ENROLL, select the plan you're choosing
  - **Note:**
    - Actively at Work Question
    - Terms & Conditions Acceptance
- **Click: NEXT** in the bottom right corner



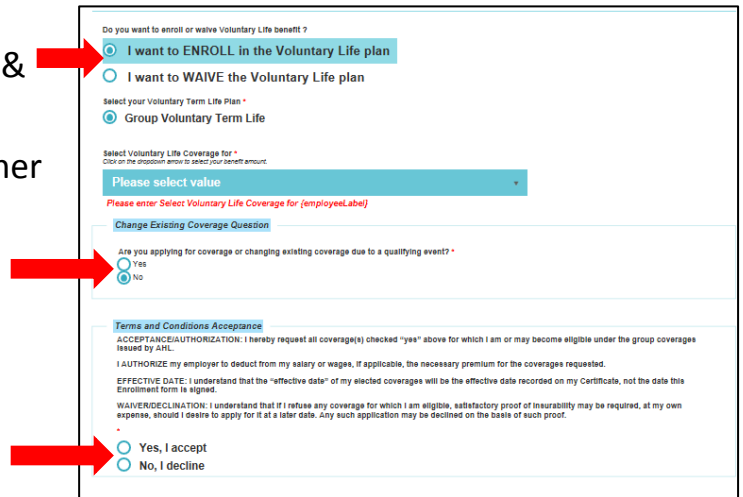
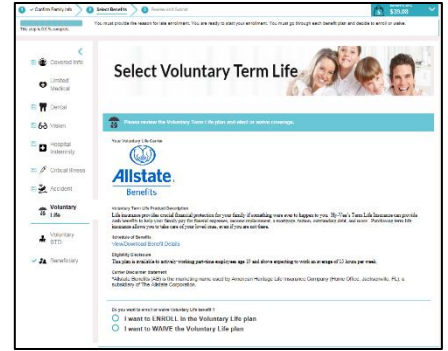
## Step 9: Accident Plan

- Indicate:
  - I want to **ENROLL** in the Voluntary Accident Plan, or
  - I want to **WAIVE** the Voluntary Accident Plan
- If you choose ENROLL, select the plan you're choosing
- **Click: NEXT** in the bottom right corner



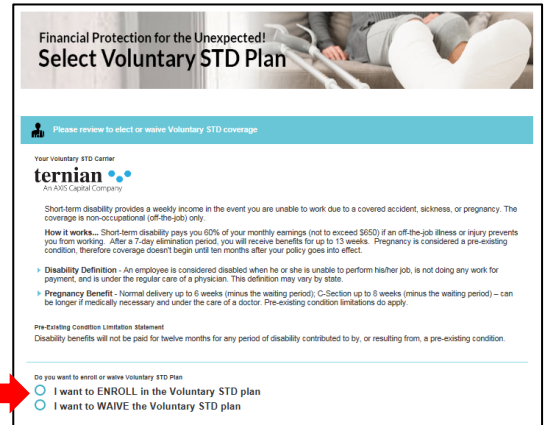
## Step 10: Voluntary Term Life

- Indicate:
  - I want to **ENROLL** in the Voluntary Life Plan, or
  - I want to **WAIVE** the Voluntary Life Plan
- If you choose ENROLL, select the plan you're choosing
  - Select Value**
  - Click: Yes** or **No**
  - Accept** or **Decline** the Terms & Conditions Acceptance
- Click: NEXT** in the bottom right corner



## Step 11: Voluntary STD Plan

- Indicate:
  - I want to **ENROLL** in the Voluntary STD Plan, or
  - I want to **WAIVE** the Voluntary STD Plan
- If you choose ENROLL, select the plan you're choosing
  - Select Value
- Click: NEXT** in the bottom right corner



## Step 12: ID Theft Protection Benefit

- Indicate:
  - I want to **ENROLL** in the ID Theft Protection Plan, or
  - I want to **WAIVE** the ID Theft Protection Plan
- If you choose ENROLL, select the plan you're choosing
  - Notice: Drop down arrows
- Dependent Coverage: If you **DON'T** want a dependent covered, **click the "X"** next to their name **OR** if you want to **ADD** a dependent, **click in the box to add their name**
- Click: **NEXT** in the bottom right corner

Your ID Theft Protection Carrier  
InfoArmor  
an Allstate company

Enroll or waive ID Theft Protection \*

ENROLL ID Theft Protection

WAIVE ID Theft Protection

Who all are covered? Click the box to add from available dependents. Click X to remove a dependent. \*

What is the ID Theft Protection plan Jana wants to enroll?

Select an ID Theft Protection Plan	Plan Info	Employee Cost										
<input type="radio"/> PrivacyArmor *	Schedule of Benefits View/Download Benefit Details Plan Flyer View/Download Plan Flyer	<table border="1"> <thead> <tr> <th>Coverage Tier</th> <th>Weekly Cost</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$1.60</td> </tr> <tr> <td>Employee and Spouse</td> <td>\$2.99</td> </tr> <tr> <td>Employee and Children</td> <td>\$2.99</td> </tr> <tr> <td>Employee and Family</td> <td>\$2.99</td> </tr> </tbody> </table>	Coverage Tier	Weekly Cost	Employee Only	\$1.60	Employee and Spouse	\$2.99	Employee and Children	\$2.99	Employee and Family	\$2.99
Coverage Tier	Weekly Cost											
Employee Only	\$1.60											
Employee and Spouse	\$2.99											
Employee and Children	\$2.99											
Employee and Family	\$2.99											
<input checked="" type="radio"/> PrivacyArmor Plus *	Schedule of Benefits View/Download Benefit Details Plan Flyer View/Download Plan Flyer	<table border="1"> <thead> <tr> <th>Coverage Tier</th> <th>Weekly Cost</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$2.30</td> </tr> <tr> <td>Employee and Spouse</td> <td>\$4.14</td> </tr> <tr> <td>Employee and Children</td> <td>\$4.14</td> </tr> <tr> <td>Employee and Family</td> <td>\$4.14</td> </tr> </tbody> </table>	Coverage Tier	Weekly Cost	Employee Only	\$2.30	Employee and Spouse	\$4.14	Employee and Children	\$4.14	Employee and Family	\$4.14
Coverage Tier	Weekly Cost											
Employee Only	\$2.30											
Employee and Spouse	\$4.14											
Employee and Children	\$4.14											
Employee and Family	\$4.14											

## Step 13: Beneficiary

- Fill in the Beneficiary Information**
  - REQUIRED INFORMATION**
    - \* Full Name
    - \* Date of Birth
    - \* Beneficiary State
    - \* Beneficiary Relation
    - \* Beneficiary Percentage
- Click: **SAVE** all changes in the bottom right corner

Covered info

- Limited Medical
- Dental
- Vision
- Hospital indemnity
- Critical illness
- Accident
- Voluntary Life
- Voluntary STD
- Beneficiary**

Based on your eligibility date (1/31/2019), your enrollment is treated as a Late Enrollment. So you are required to provide the reason for late enrollment. Please click CHANGE and submit your reason.

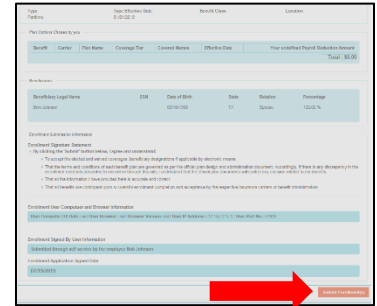
**Provide at least one beneficiary if enrolled in Life, CL, or Accident plans.**

Please provide the legal names of one or more beneficiaries. Note that the name given must match a Social Security or Tax Identifier record. If your beneficiary lives outside the United States, you may select Foreign Sites for the beneficiary. Note: Please note that the total beneficiary percentage must equal 100%.

Beneficiary Legal full name *	Beneficiary SSN	Beneficiary Date of birth
Beneficiary State *	Beneficiary Relation *	Beneficiary Percent *
Beneficiary Legal full name *	Beneficiary SSN	Beneficiary Date of birth
Beneficiary State *	Beneficiary Relation *	Beneficiary Percent *
Beneficiary Legal full name *	Beneficiary SSN	Beneficiary Date of birth
Beneficiary State *	Beneficiary Relation *	Beneficiary Percent *

## Step 14: Review & Submit

- Review the information
- **Click: Submit Enrollment(s)** in the bottom right corner



The screenshot shows a web form with the following sections:

- Plan Details:** Includes fields for Plan Name, Coverage Type, and a table for Plan Details.
- Plan Details Table:**

Benefit	Carrier	Plan Name	Coverage Type	Contract Name	Effective Date	Year Modified	Annual Deductible Amount	Total
Health	Blue Cross	Blue Cross	Health	Blue Cross	01/01/2015	2015	\$0.00	\$0.00
- Enrollment Information:** Includes fields for Enrollment Date, Enrollment Status, and Enrollment Reason.
- Enrollment Summary:** A table showing enrollment details for each plan.
- Enrollment Summary Table:**

Benefit Plan Legal Name	DOB	Date of Birth	Sex	Religion	Percentage
Blue Cross	01/01/2015	01/01/2015	M	Protestant	100.00%
- Enrollment Summary:** A table showing enrollment details for each plan.
- Enrollment Summary Table:**

Enrollment Date	Enrollment Status	Enrollment Reason
01/01/2015	Active	Initial Enrollment
- Enrollment Summary:** A table showing enrollment details for each plan.
- Enrollment Summary Table:**

Enrollment Date	Enrollment Status	Enrollment Reason
01/01/2015	Active	Initial Enrollment
- Enrollment Summary:** A table showing enrollment details for each plan.
- Enrollment Summary Table:**

Enrollment Date	Enrollment Status	Enrollment Reason
01/01/2015	Active	Initial Enrollment

If you have any questions, please contact Midwest Heritage Insurance Services at 1-800-622-0057 or [csr@mhbankins.com](mailto:csr@mhbankins.com).