



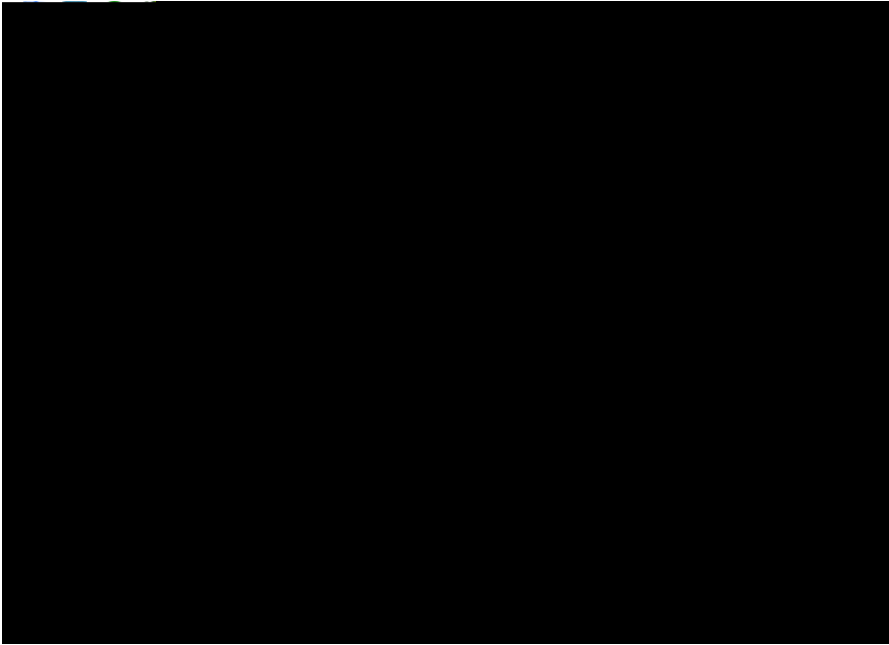








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Enr	Name	Rel
<input checked="" type="checkbox"/>	Lucy Doe	Child

New Primary Allocation		New Contingent Allocation		Name	Relationship	Current Primary Percent	Current Contingent Percent
<input type="text" value="100"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lucy Doe	Child	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>	John Doe	Spouse	<input type="text"/>	<input type="text"/>
100				Total		100	







### Choose a Primary Care Provider ID

You and your covered dependents are required to select a Primary Care Provider for this plan. If you have already established a relationship with this provider, you will be able to select it when you initially enroll. Remember to indicate whether or not you have a relationship with this provider, since some providers are not accepting new patients.

**Important** After your initial enrollment, all changes to your Primary Care Provider must be made through the My Health Account. You will be able to update your Primary Care Provider through the My Health Account. You will be able to update your Primary Care Provider through the My Health Account.

Search for a Primary Care Provider

Primary Care Provider

### Benefits Enrollment

Medica  
Jane Doe

Enroll in a plan for you and your dependents. Select a plan for you and your dependents.

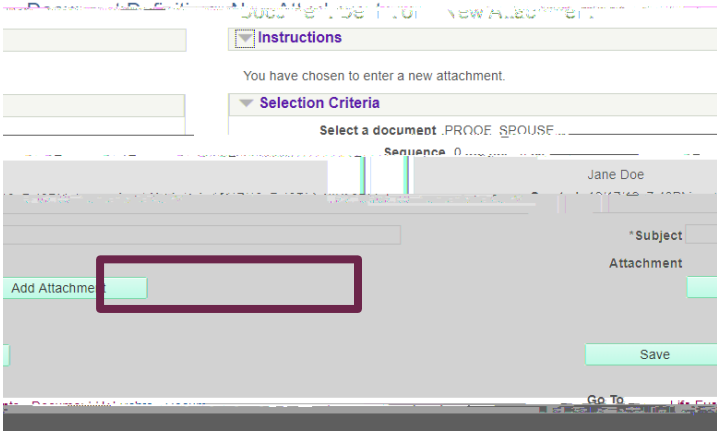
dependents: Provide the Primary Care Provider ID numbers for your dependents.

Provider ID	Previously Seen	Dependent Information		
	<input checked="" type="checkbox"/>	Name	Provider Link	Health Plan
		Lucy Doe	Provider Link	12345

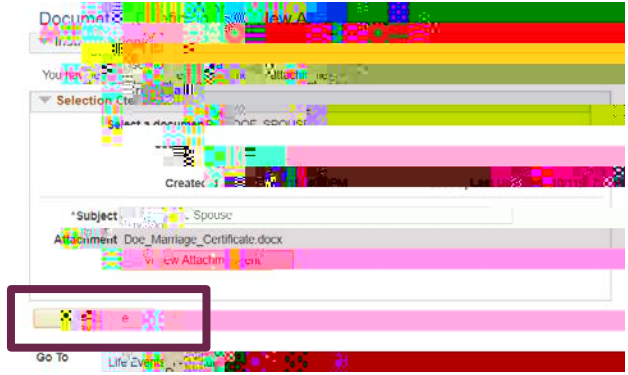
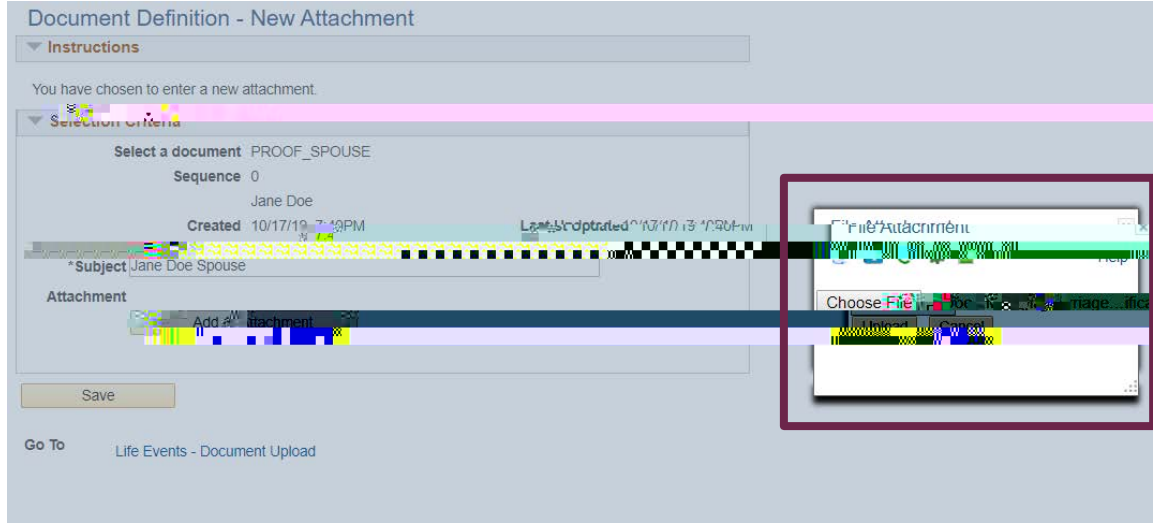




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Please note:







Life Ev... | Legend | Submit Benefit Choices

John Doe  
You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

**End Timeline**  
If you are in a Boston College health plan, you must submit documentation.

Click the link [here](#) to upload your documentation.

Your enrollment will not be processed until submitted documentation has been reviewed by the Benefits Office.

**Authorized Signature**

By submitting your benefit choices you agree to pay for your benefit costs. You are responsible for paying your selected providers to the extent of your benefit plan.

Select the **Submit** button to send your final choices to the Benefits Office.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Navigation: Previous, Next, Cancel, Continue Later

## Benefits Confirmation

Jane Doe

Congratulations, you have successfully submitted your benefit elections to the Benefits Office. Below is a summary of your benefit elections. Please print a copy of your Confirmation Statement to keep for your records. Then click "Next".

**Personal Information**

Current Name: Jane Doe

Home Mailing Address: [Redacted]

Mailing Address: [Redacted]

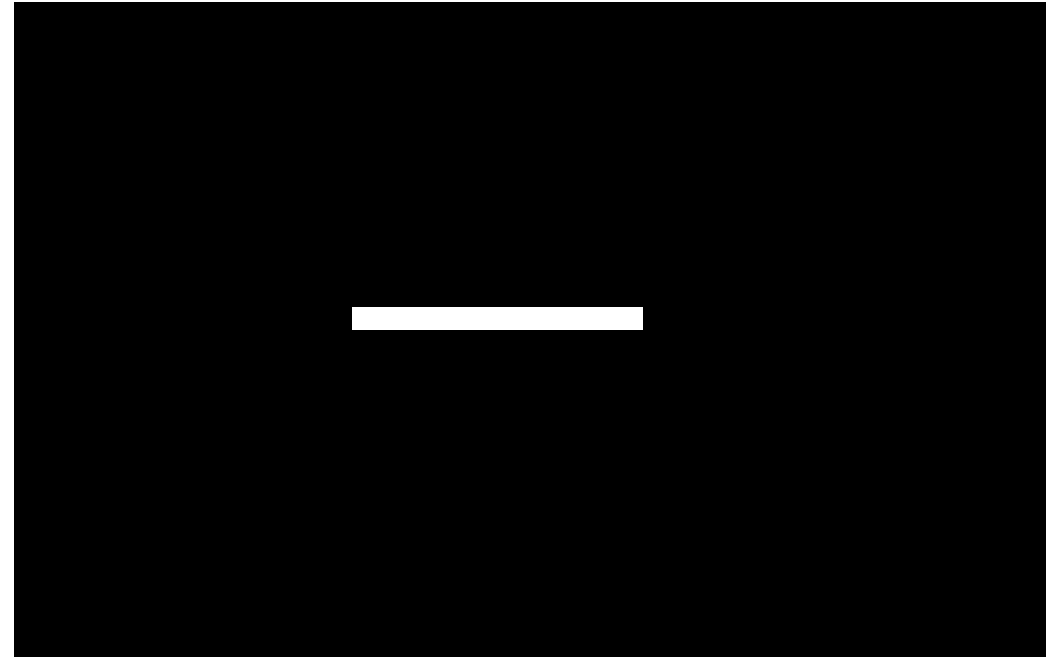
Emergency Contact: [Redacted]

**Dependents**

Name	Date of Birth	Sex	Relationship	Marital Status
Lucy Doe	01/15/2017	Male	Child	Single
John Doe	01/05/1970	Male	Spouse	Single

**Your Benefit Choices**

Benefit Plan	Benefit Option	Coverage / Category Base	Per Pay Pd
Medical	HarvPIPPO	Family	139.75
Dental	DeltaDent	Family	13.36
Vision	Waive		0.00
Basic Life	BasLife01	\$163,000	0.00





## Benefits Summary

Confirmation Statement

To view your benefits on of app

Show Summary

Coverage or Participation	Type of Benefit	Plan Description
HMO Family	Medical	Harvard Pilgrim
Family	Dental	Delta Dental
Waived	Supplemental Life	
Waived	Dependent Life	
	Waived	401(k)
	Waived	403(b)
	Waived	Section 457
Sick Leave Accrual Plan		Sick
		Sick Incentive Time (BC)