

# Workterra User Guide

## Introduction

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Workterra is the State of Rhode Island's online benefits enrollment system. Access Workterra to:

- Review and/or update demographic information for yourself and your dependents
- Add/remove dependents from your record
- Enroll in/waive/make changes to State benefits - medical/dental/vision coverage, general and limited health flexible spending accounts (FSA and LFSAs), life insurance, dependent care spending accounts and legal coverage
- Waive medical coverage and elect the medical waiver opt-out payment
- Manage health savings account (HSA) payroll deduction amounts (initiate, change, cancel)
- Upload supporting documentation

**OPEN ENROLLMENT:** During the open enrollment period, you can access Workterra to add dependents to your Workterra record and make/change benefits elections as many times as you like. The deadline is 11:59pm eastern on the last day of the open enrollment period.

**NEW EMPLOYEES & QUALIFYING EVENTS:** If you are a new employee or you experience a qualifying event during the plan year, you may enroll in coverage or make changes to your coverage elections **WITHIN 31 DAYS** of your employment start date or qualifying event date. If you fail to make elections in your 31-day period, you will not be able to change your benefits elections until your next open enrollment period unless you experience a qualifying event first.

**Note:** When using Workterra to process a qualifying event, you may NOT make changes at the PLAN level for a coverage that you had already enrolled in.

- **Example:** If you had enrolled in Anchor Plus, so long as your qualifying event is consistent with your requested change, you may switch from single coverage to family coverage and vice versa, but you may NOT switch to Anchor or Anchor Choice.



# Before you begin

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If you plan to add any NEW dependents to Workterra, be sure to gather all necessary information for each person before you begin your enrollment process:

- Date of birth
- Social security number
- Supporting documentation as shown on [www.employeenefits.ri.gov/enrollment/supporting-documentation.php](http://www.employeenefits.ri.gov/enrollment/supporting-documentation.php)
- 10-digit PCP National Provider Identifier (if you have preferred PCPs)
  - > See [www.employeenefits.ri.gov/documents/pcp-id-instruction.pdf](http://www.employeenefits.ri.gov/documents/pcp-id-instruction.pdf) for step-by-step instructions for finding your 10-digit PCP NPI(s)

**Special note for adding a newborn:** You will not have an SSN or birth certificate immediately after your child is born. Please make sure to get a “proof of birth” document from the hospital where your child is born and upload that in Workterra when adding your child. Then add your child's SSN and birth certificate later by uploading them to your Workterra account or emailing them to the Office of Employee Benefits at [doa.enrollmenthelp@hr.ri.gov](mailto:doa.enrollmenthelp@hr.ri.gov).



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# Step 1a: Logging in

Open an internet browser and go to [sori.workterra.net](http://sori.workterra.net). Turn off any pop-up blockers.

**NEW HIRES:** Use the below credentials the first time you log on to Workterra.

Login Credentials	
User Name	<p>First initial of your first name, your full last name (no hyphens, apostrophes, spaces or titles), last four digits of your SSN</p> <p><i>Example: if your name is John O'Brien-Johnson, Jr. and the last four digits of your SSN are 1234, your User Name would be "jobrienjohnson1234"</i></p>
Password	<p>First five digits of your SSN. (You will change this upon first login. <b>Be sure to write down your new password!</b>)</p>
Company	<p>Rhode Island (not case sensitive, but the space between "Rhode" and "Island" is required)</p>



**QUALIFYING EVENTS:** Your user name and company will be the same as the login credentials listed above, but your password will be whatever you most recently set it to. If you do not remember your password, you can request a One-Time password reset. Reference page 6 for details.

**OPEN ENROLLMENT:** During open enrollment, your password will be reverted back to the default credentials applicable for new hires and you will be required to designate a new password after your initial log-in.

Need help logging into Workterra/resetting your password?  
Contact the **BCBSRI State Employee CARE Center** at (401) 429-2104 or 1-866-987-3705. CARE Center hours are Mon–Fri, 8am–8pm and Sat, 8am–12pm.



# Step 1b: Change initial password

**\*\*\* Only applicable if you are accessing Workterra for the first time as a new hire or for the first time during open enrollment. You may also change your password at any time by clicking “Change Password” off your dashboard.**

Select your security questions and enter your answers.

Create a new password for future logins. Your password must:

- Contain at least one letter
- Contain at least one lowercase letter
- Contain at least one uppercase letter
- Contain at least one number
- Contain at least one special character
- Be a minimum of 10 characters

The screenshot shows the 'Change Password' interface. At the top left is a navigation menu with numbered steps 1 through 11. The main content area is titled 'Change Password' and contains a dashed box with the following instructions:

- Password must contain at least one letter
- Password must contain at least one lowercase character
- Password must contain at least one uppercase character
- Password must contain at least one number
- Password must contain at least one special character.
- Password must be MINIMUM of 10 characters.

Below the instructions, the user ID is displayed as 'User ID : gtest6666'. There are three security questions, each with a dropdown menu for selection and a corresponding text input field for the answer:

- \*Security Question 1: ---Select Security Question--- | \*Security Answer 1
- \*Security Question 2: ---Select Security Question--- | \*Security Answer 2
- Security Question 3: ---Select Security Question--- | Security Answer 3

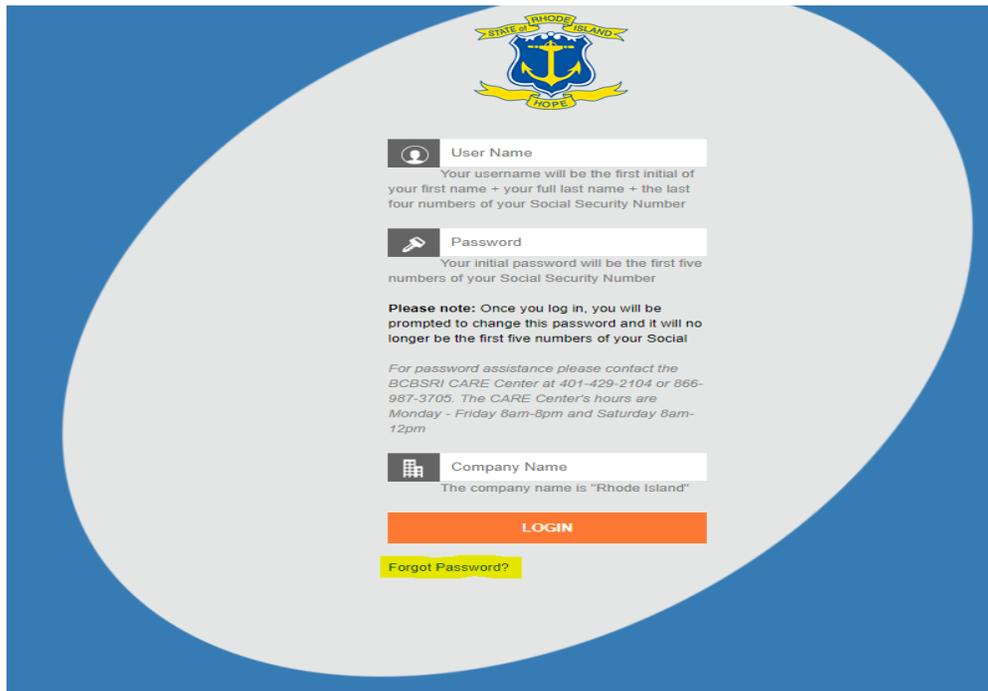
At the bottom, there are fields for '\*New Password' and '\*Confirm Password'. Navigation buttons 'Back', 'Reset', and 'Save' are located at the bottom right of the form area.

**Be sure to write down your new password and keep it in an easily accessible place!**



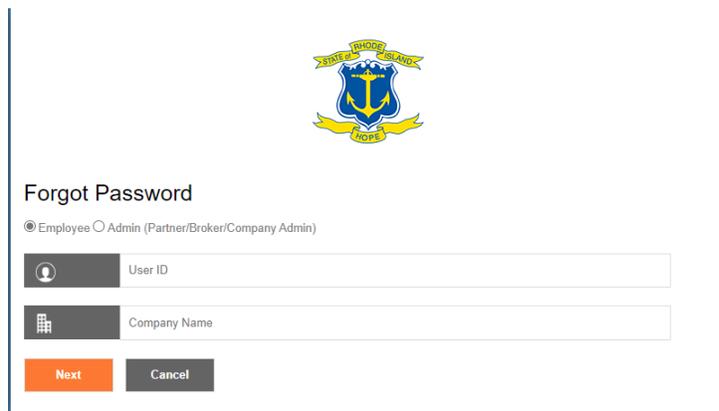
# Step 1b: One-Time Password Reset

\*\*\* Only applicable if you have attempted to access Workterra and have forgotten your password and have exceeded the number of attempts allowed. You can request a One-Time Password at any time by clicking “Forgot Password.”



The screenshot shows the Workterra login interface. At the top center is the Rhode Island logo. Below it are three input fields: 'User Name' with instructions 'Your username will be the first initial of your first name + your full last name + the last four numbers of your Social Security Number', 'Password' with instructions 'Your initial password will be the first five numbers of your Social Security Number', and 'Company Name' with the instruction 'The company name is "Rhode Island"'. Below these fields is an orange 'LOGIN' button and a yellow 'Forgot Password?' link. A 'Please note' section states: 'Once you log in, you will be prompted to change this password and it will no longer be the first five numbers of your Social Security Number'. At the bottom, contact information for the BCBSRI CARE Center is provided: '401-429-2104 or 866-987-3705. The CARE Center's hours are Monday - Friday 8am-8pm and Saturday 8am-12pm'.

After selecting “Forgot Password” you will need to enter your User ID and Company name and select “Next.”



The 'Forgot Password' form features the Rhode Island logo at the top. Below the logo, there is a title 'Forgot Password' and a radio button selection: 'Employee' (selected) and 'Admin (Partner/Broker/Company Admin)'. There are two input fields: 'User ID' and 'Company Name'. At the bottom of the form are two buttons: an orange 'Next' button and a grey 'Cancel' button.



# Step 1b *Continued*: One-Time Password Reset

The One-Time password (SMS) will be sent by email. You will be prompted to enter your authentication code received via SMS.

One Time Password

Enter your authentication code received via SMS

04 : 54

**Email Address:** To use the one-time password option, a valid email address is required. If you do not have a valid email on file, and need assistance with resetting your password, please contact the State of Rhode Island Employee Care Center at (401) 429-2104 or (866) 987-3705. Care Center hours are Monday - Friday, 8am - 8pm and Saturday, 8am- 12pm.



## One Time Password

To use the one-time password option, a valid email address is required. If you do not have a valid email on file, and need assistance with resetting your password, please contact the State of Rhode Island Employee Care Center at (401) 429-2104 or (866) 987-3705. CARE Center hours are Monday - Friday, 8am - 8pm and Saturday, 8am- 12pm.

Enter your authentication code received via Email

03:24



# Step 2: Select your appropriate workflow

## If you're a newhire

When you log into Workterra for the first time, you will see the Welcome Page. Check the “Employee Usage Agreement” and “Legal Agreement” boxes and click “Continue” at the bottom of the page to proceed.

Welcome - Guide Test (Employee) GT

Welcome Page

Welcome Guide Test

### New Hire Welcome Page

Welcome to the State of Rhode Island Workterra site.

This website is your portal for managing your dependent information and your medical/prescription, dental, vision, FSA, group term life insurance and legal coverage benefits plan elections. You can now make these elections in the site. During the year you may log in and view your benefit statement and benefit-related materials at any time. You would also use this portal to process an election change should you experience a qualifying event during the plan year.

Please visit the Office of Employee Benefits website for benefits information and videos, as well as to talk to ALEX, a web-based decision support program provided by the State.

Be sure to make your benefits elections within 31 days of hire. If you miss this window of opportunity, you will have to wait until the next open enrollment period to enroll in coverage, unless you experience a qualifying event.

If you should have any questions, please contact your HR administrator or the Office of Employee Benefits. For your convenience we have attached an employee user guide in the Forms Library should you have any questions on how to navigate while in the site.

**Instructions**  
Please click on each of the links below to review and accept the agreements before proceeding through the enrollment tunnel.

Employee Usage Agreement     Legal Agreement

Forms Library Continue

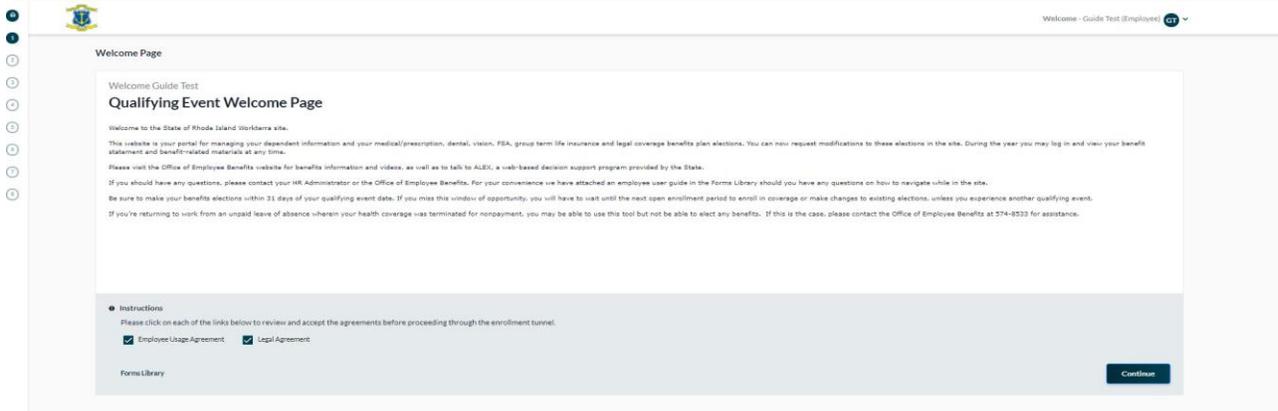
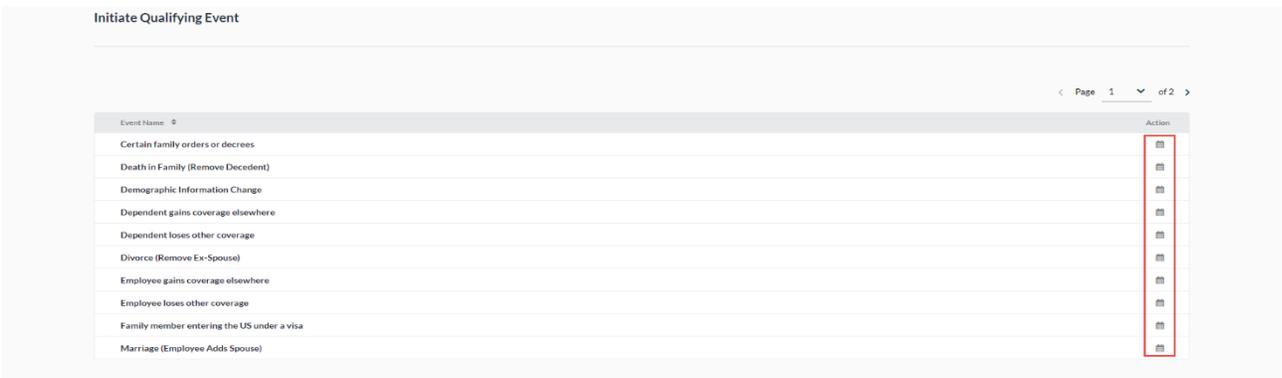
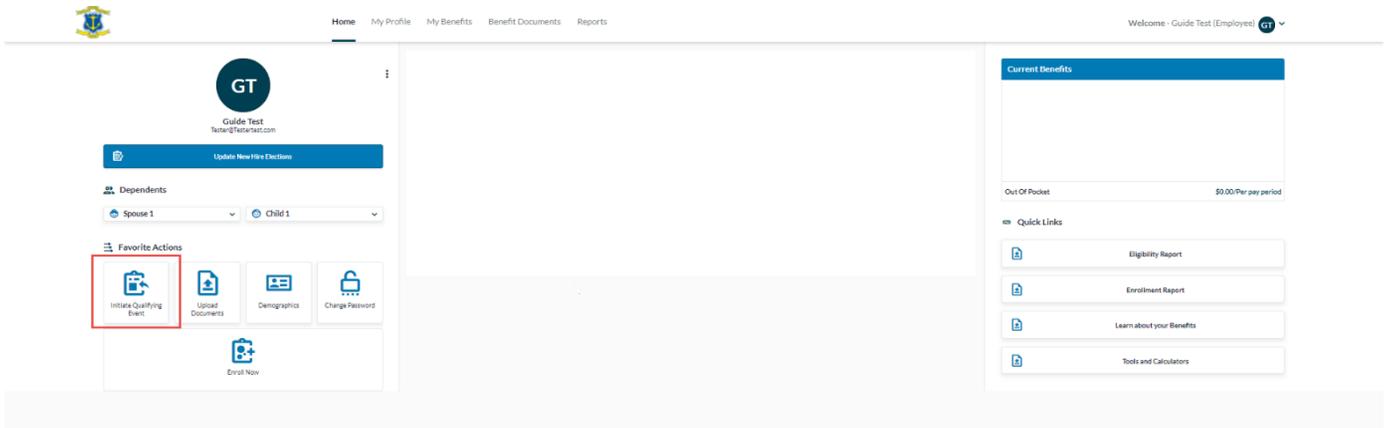
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If you're a new hire during open enrollment, you must click the “Finish” button on your confirmation statement page after you complete your new hire elections in order to proceed to your open enrollment election workflow and make elections for the next plan year. If you do not proceed to your open enrollment election workflow, your medical, dental, vision, life and legal elections will carry over to the next year, but FSA/LFSA/dependent care spending account elections will not - you must make FSA/LFSA/dependent care spending account elections for the next plan year in the open enrollment election workflow.



# If you've experienced a qualifying event outside of open enrollment

On your Workterra user dashboard, click the "Initiate Qualifying Event" button. Choose the appropriate event and enter the event date. Check the "Employee Usage Agreement" and "Legal Agreement" boxes and click "Continue" to proceed.



## If you're in open enrollment

When you log into Workterra for the first time during open enrollment, you will see the Open Enrollment Welcome Page. Check the “Employee Usage Agreement” and “Legal Agreement” boxes and click “Continue” at the bottom of the page to proceed.



● Instructions  
Please click on each of the links below to review and accept the agreements before proceeding through the enrollment tunnel.

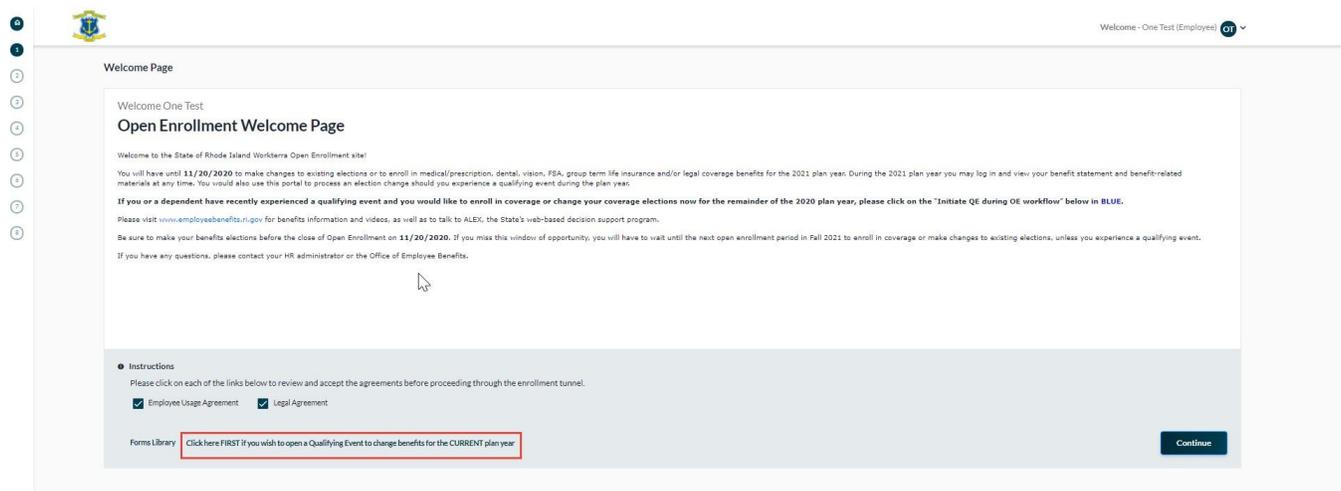
Employee Usage Agreement     Legal Agreement

Forms Library

Continue

## If you've experienced a qualifying event during open enrollment

Click the “Click here FIRST if you wish to open a Qualifying Event to change benefits for the CURRENT plan year” link at the bottom of the Open Enrollment Welcome Page to process a qualifying event enrollment/election change during open enrollment.



Welcome Page

Welcome One Test  
**Open Enrollment Welcome Page**

Welcome to the State of Rhode Island Workterra Open Enrollment site!

You will have until **11/20/2020** to make changes to existing elections or to enroll in medical/prescription, dental, vision, FSA, group term life insurance and/or legal coverage benefits for the 2021 plan year. During the 2021 plan year you may log in and view your benefit statement and benefit-related materials at any time. You would also use this portal to process an election change should you experience a qualifying event during the plan year.

If you or a dependent have recently experienced a qualifying event and you would like to enroll in coverage or change your coverage elections now for the remainder of the 2020 plan year, please click on the “Initiate QE during OE workflow” below in **BLUE**.

Please visit [www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov) for benefits information and videos, as well as to talk to ALEX, the State's web-based decision support program.

Be sure to make your benefits elections before the close of Open Enrollment on **11/20/2020**. If you miss this window of opportunity, you will have to wait until the next open enrollment period in Fall 2021 to enroll in coverage or make changes to existing elections, unless you experience a qualifying event.

If you have any questions, please contact your HR administrator or the Office of Employee Benefits.

● Instructions  
Please click on each of the links below to review and accept the agreements before proceeding through the enrollment tunnel.

Employee Usage Agreement     Legal Agreement

Forms Library [Click here FIRST if you wish to open a Qualifying Event to change benefits for the CURRENT plan year](#)

Continue



# Step 3: Employee demographics

Review your information for accuracy. Make sure your phone number is up to date and the email address is a personal email address you use regularly.

If changes are necessary to any fields other than phone number and email address, please email [doa.enrollmenthelp@hr.ri.gov](mailto:doa.enrollmenthelp@hr.ri.gov).

## Updating your phone number

**When entering your phone number, please enter 10 NUMBERS ONLY - no spaces or punctuation such as dashes or parentheses.**

Demographics

Please review your information for accuracy. If changes are necessary to any fields other than phone number and email address, please email [doa.enrollmenthelp@hr.ri.gov](mailto:doa.enrollmenthelp@hr.ri.gov). However, please note that to change your name or address, you must provide the updated information to your employing agency HR office. This will update your personnel record which will in turn update your Workterra record.

Please make sure your phone number is up to date and the email address is a personal email address you use regularly. PLEASE USE A PERSONAL EMAIL ADDRESS ON THIS PAGE. This email address may be used by the States benefit partners to contact you or provide you with further information. If you need to update your phone number, please enter 10 numbers only (no dashes or other punctuation).

First Name Guide	Middle Name /Initial	Last Name Test	Title --- Select Title ---
Employee ID	Gender Male	Date of Birth 01/01/1980 <small>Format: mm/dd/yyyy</small>	Social Security No. XXXXX6666 <small>7 digit - no dashes / spaces</small>
Street Address 1 1234 Main Street	State RI	Postal Code	Country USA
City Providence	Home Phone 505505055	Work Phone	Email Address Tester@Testertest.com
Date of Hire 08/30/2021 <small>Format: mm/dd/yyyy</small>			
Effective Date 08/30/2021 <small>Format: mm/dd/yyyy</small>			

Back    Reset    Save & Continue

**PLEASE USE A PERSONAL EMAIL ADDRESS ON THIS PAGE.** This email address may be used by the States benefit partners to contact you or provide you with further information.

## Updating your name/address

To change your name or address, you must provide the updated information to your employing agency HR office. Please email [doa.enrollmenthelp@hr.ri.gov](mailto:doa.enrollmenthelp@hr.ri.gov) to update your personnel record which will in turn update your Workterra record.



# Step 4: Dependents

## Reviewing/updating dependents' demographic information

If you want to review or update any dependents' demographic information, click the pencil icon under "Action" beside each dependent's name on the Spouse and/or Child page.

If you are not adding any NEW dependents, and all dependent information is accurate, click Skip to proceed.

## Adding dependents

To add a spouse or a child, click "Add New" or "Add Another Child" on the Spouse or Child page and enter their demographic information.

- When adding a child, please select only "Natural Child" or, if your child is over 26 and handicapped, "Disabled Child". If selecting "Disabled Child" for a handicapped dependent over age 26, please also select "Yes" in the Disabled Child field.
- Foster children, grandchildren, and children of domestic partners are NOT eligible for coverage unless the employee has adopted them, or the coverage is court-ordered.

If you add any NEW dependents, you must also submit supporting documentation for them. See "Step 16: Upload documents" on page 35 for details.

Spouse **Child**

Welcome - Guide Test (Employee) GT

View as: < Page 1 of 1 >

Name	Age as on today	Relationship	Date of Birth	SSN No	Remarks	Benefits Covered	Action
Child Test	2 years	Natural child	01/01/2019	XXXXX555			

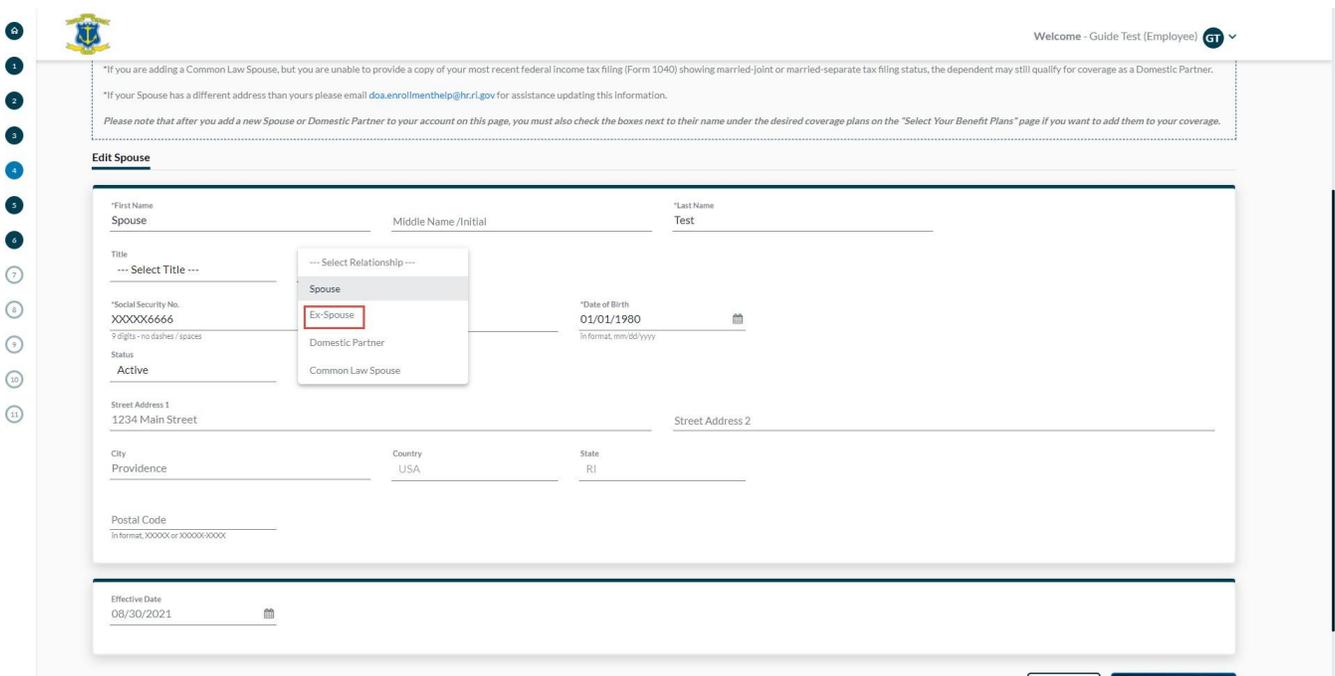
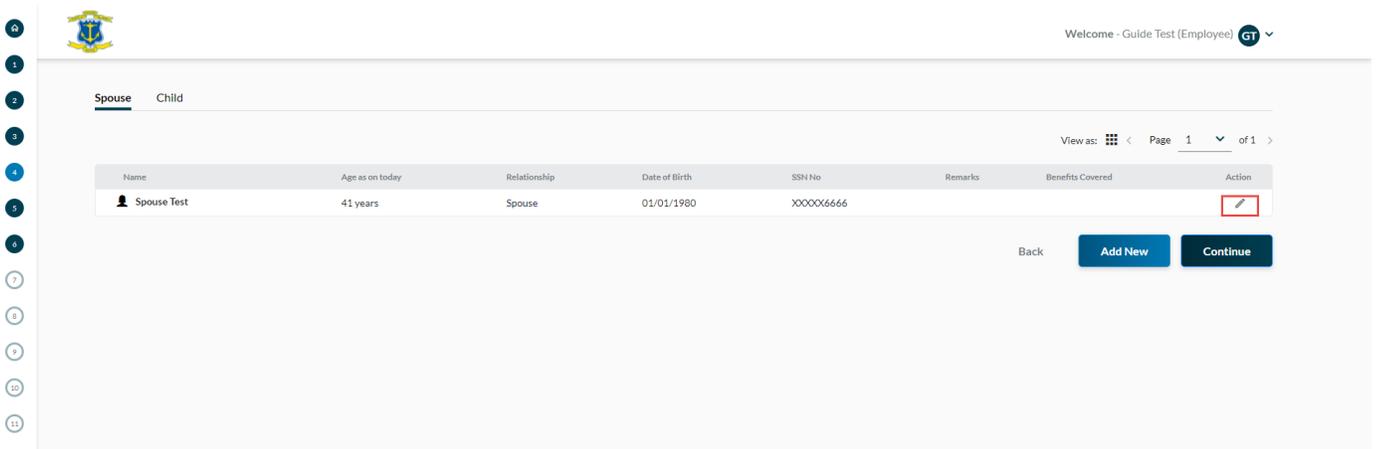
Back **Add New** Continue



# Ex-spouse eligibility & dropping a spouse due to divorce

**NEW HIRES:** Ex-spouses are not eligible for coverage.

**QUALIFYING EVENTS:** To drop a spouse due to divorce, click the pencil icon under “Action” on the Spouse page, then change the Relationship status to “Ex-spouse” on the Spouse Demographics page. This change will be pended for administrator review and you will need to supply a copy of your final divorce decree (see “Step 16: Upload documents” on page 35). If the change is approved, any current coverage will be immediately terminated, and COBRA will be offered to your ex-spouse so long as the final divorce decree was issued in the previous 31 days. If the final divorce decree was issued more than 31 days prior, COBRA will not be offered.



**OPEN ENROLLMENT:** If your divorce was finalized before January 1, 2014 and you've been covering your ex-spouse since divorce, and you drop them from your coverage during open enrollment, they will be removed from your coverage as of January 1 of the following year and COBRA will not be offered because it is a voluntary drop of coverage during open enrollment. If you voluntarily drop your ex-spouse from your coverage, you will not be able to add them back at any time in the future.

If your divorce was finalized after January 1, 2014, you may not cover an ex-spouse under your State employee health plan. However, if your divorce was finalized before that date and you accidentally dropped your ex-spouse from coverage by changing their relationship code from "Spouse" to "Ex-Spouse," please return to the Spouse page, change the Relationship status to "Spouse," and contact the Office of Employee Benefits (see page 35) for further assistance.



# Step 5: United Way

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## Reviewing United Way Information

Click on the link or use the QR code to access the United Way’s website and schedule a regularly occurring charitable donation from your paycheck to the United Way of Rhode Island. This is managed exclusively by the United Way of Rhode Island and questions should be directed to them at (401) 444-0600.

Click “Continue” to proceed.

### Charitable Giving Through United Way of Rhode Island

Every year, state employees team with the United Way of Rhode Island to support hundreds of local non-profits doing good work in our communities.

State employee participation in this annual campaign makes an enormous difference to these organizations who count on our support to further their missions. Please consider a payroll deduction to support your favorite charities. Sign up at <https://uwriweb.org/RISate>, or use this QR code for easy access from your mobile device.



# Step 6: Deferred Compensation

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## Reviewing Deferred Compensation Plan Information

The State's deferred compensation plan is a voluntary retirement savings plan that allows employees to make pre-tax payroll contributions to an account at Fidelity, TIAA or Voya. The page in Workterra is purely informational and enrollment is coordinated through the Retirement@Work platform. Review the available information and click on the link for Retirement@Work (a separate website) if you would like to enroll. Alternatively, you may call Retirement@Work at 855-200-0135 to enroll.

Click "Continue" to proceed.

### Deferred Compensation Plan

The State's deferred compensation plan allows employees to accumulate tax-deferred savings for retirement. Employees can elect automatic payroll deductions (subject to IRS annual maximums), and they may enroll and/or make changes to their contributions at any time during the year. Employees may invest their contributions with one, two or all three investment providers: Fidelity, TIAA and Voya.

A deferred compensation plan account should not be viewed as a regular checking/savings account. Funds contributed to the deferred compensation plan generally cannot be accessed until after termination of State employment. The primary exception to this rule is a severe financial hardship caused by an unforeseeable emergency, but this would need to be applied for and is a relatively high standard to meet. See the [457 Plan summary/FAQ](#) for more detailed information.

Employees enroll in the deferred compensation plan and manage their contribution amount elections using the Retirement@Work platform. Log into Retirement@Work at [www.retirementatwork.org/ri](http://www.retirementatwork.org/ri). Employees may also call Retirement@Work at 855-200-0135. For help navigating the Retirement@Work experience, please review the [Retirement@Work Quick Start Guide](#). Please note that new employees will not be able to log into Retirement@Work until after they've received their second paycheck.

*Special note for non-classified employees of the State's higher education system - while the State's deferred compensation plan described above is available to you, a separate deferred compensation plan also exists for your benefit. It is administered independently of the State's plan and does not use the Retirement@Work platform at all. If you have any questions this separate deferred compensation plan for non-classified higher education employees, please contact your HR office.*

*Enrollment in this benefit can occur at any time during the year - it is not tied to open enrollment or any other enrollment window. Also, you do not enroll in this benefit using Workterra - it is done at the Retirement@Work web platform.*



# Step 7: Short Term Disability

## Reviewing Short Term Disability Information

State employees do not pay into the State’s temporary disability insurance (“TDI”) fund and are not eligible to receive TDI benefits if they experience an off-the-job accident or illness. If you want protection for your income above and beyond the State’s sick and vacation leave accrual policies, you may consider purchasing a short-term disability policy through Aflac or Colonial Life. Aflac policies are available to all employees and Colonial Life policies are only available to employees represented by NEA-RI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO or URI/AAUP. The page in Workterra is purely informational and enrollment is coordinated directly through the vendors. Review the available information and click on the link for Aflac or Colonial Life if you would like to enroll. Alternatively, you may call Aflac or Colonial Life at the numbers listed on the page.

Click “Continue” to proceed.

### Short Term Disability Insurance

As a State employee, you DO NOT pay into the State’s temporary disability insurance program (TDI). If you would like to protect your income against covered off-the-job accident or sickness beyond the protection provided by the State’s sick and vacation time accrual policy, you may want to consider purchasing a voluntary short-term disability policy which can be paid for through convenient payroll deductions.

Two vendors are authorized to sell these policies to State employees: Aflac and Colonial Life. Aflac is generally available to all employees, whereas Colonial Life is only available to select union employees (NEA-RI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO or URI/AAUP). Please note that policies sold to employees by Aflac and Colonial Life are NOT technically State employee benefits. The State does not have any control over the policies that Aflac and Colonial Life sells, nor does it play any role in administration of the policies other than allowing a payroll deduction for premiums.

Enrollment is completed directly with the carriers (links at the bottom).

#### Key Features

Benefits are paid directly to you, regardless of any other disability insurance you may have.  
Your coverage is fully portable (e.g., you can keep the same plan even if you switch jobs or leave State employment).  
Your premium rates stay the same unless you make changes to your plan.

#### Coverage Information

	Aflac (Non-union or any union employees)	Colonial Life (Select union employees only*)
Plan Offering	Off-job accident or sickness coverage	Off-job accident or sickness coverage
Monthly Benefit Amount	\$500-\$5,000** (in \$100 increments)	\$400-\$6,500** (in \$100 increments) Maximum income replacement: 60% of salary
Benefit Periods	3, 6, 12, or 24 months	3, 6, 12, or 24 months
Elimination Periods*** (accident/sickness)	0/7, 0/14, 7/14, 0/30, 30/30, 60/60, 90/90, 180/180	0/7, 7/7, 0/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
Premium Rates	Your premium rates can range from a few dollars to over a hundred dollars per pay period depending on your age, salary, benefits period, and elimination periods. Please contact Aflac or Colonial Life to receive an exact quote.	
Coverage Termination	Coverage terminates at age 70, even if you are still employed.	Coverage terminates on the policy anniversary following your 70th birthday.

\* Represented by NEA-RI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO or URI/AAUP.

\*\* Subject to income requirements and benefit period restrictions.

\*\*\* Elimination period is the number of days following a disability before benefits begin. Choice of elimination periods depends on the benefit period selected.

#### Enrollment / Contact

Please contact the Aflac or Colonial Life office below to enroll or obtain additional information regarding coverage options and plan costs. Make sure you identify yourself as a State of Rhode Island employee.

Aflac: Call (401) 475-9926 or visit [Aflac's State of Rhode Island webpage](#).  
Colonial Life: Call (866) 349-8011 or visit [Colonial Life's State of Rhode Island website](#).



# Step 8: Select medical coverage

## To enroll in medical coverage

When you reach the Medical section, scroll to the plan that you want, **make sure to click the plus sign next to EACH person that you want to enroll so they are highlighted**, and then click “Enroll Now” or “Keep Plan.”

“Keep Plan” will only be available if it is the plan, you are currently enrolled in. That plan will be outlined in green with an “Enrolled” indicator in a green bubble to the right of the plan name. For new hires and employees enrolling into coverage due to a qualifying event, only “Enroll Now” will be available.

**Blue Cross Blue Shield of Rhode Island** BCBRSRI Anchor Plus Plan (Effective Date: 01/01/2024)

Eligible Members: **Please make sure to select each dependent you wish to enroll.**

Guide Test Employee     Spouse Test Spouse     Child Test Natural child

Total Cost: (Per pay period)  
Total Employee Cost: \$268.13    Total Employer Cost: \$804.38

[Enroll Now](#)

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**Blue Cross Blue Shield of Rhode Island** BCBRSRI Anchor Choice HSA Plan (Effective Date: 01/01/2024)

Eligible Members: **Please make sure to select each dependent you wish to enroll.**

Guide Test Employee     Spouse Test Spouse     Child Test Natural child

Total Cost: (Per pay period)  
Total Employee Cost: \$248.79    Total Employer Cost: \$746.37

[Enroll Now](#)

**You must CLICK THE CHECK BOX next to EACH person that you want to enroll under the desired plan! They will then be highlighted in dark blue. Anyone whose name is not highlighted will NOT be enrolled under that particular plan.**

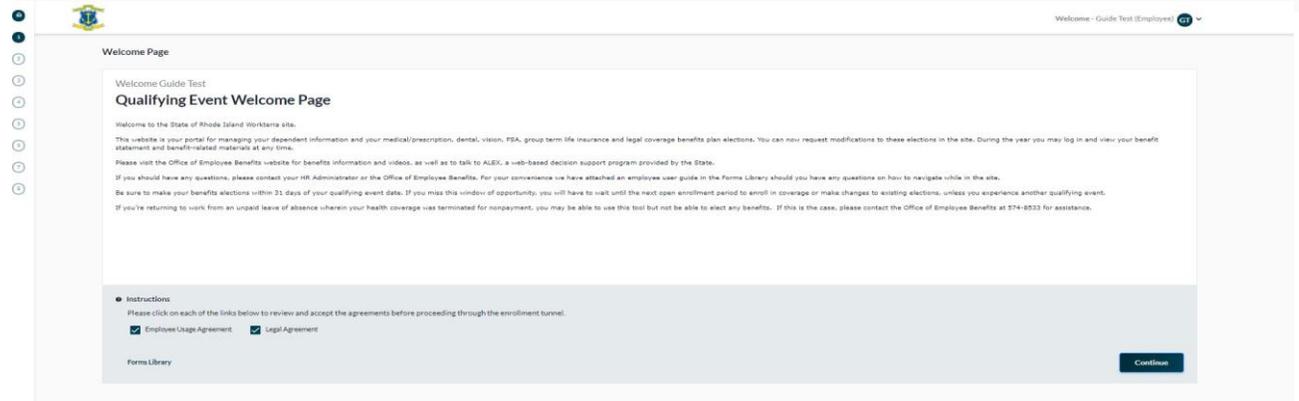
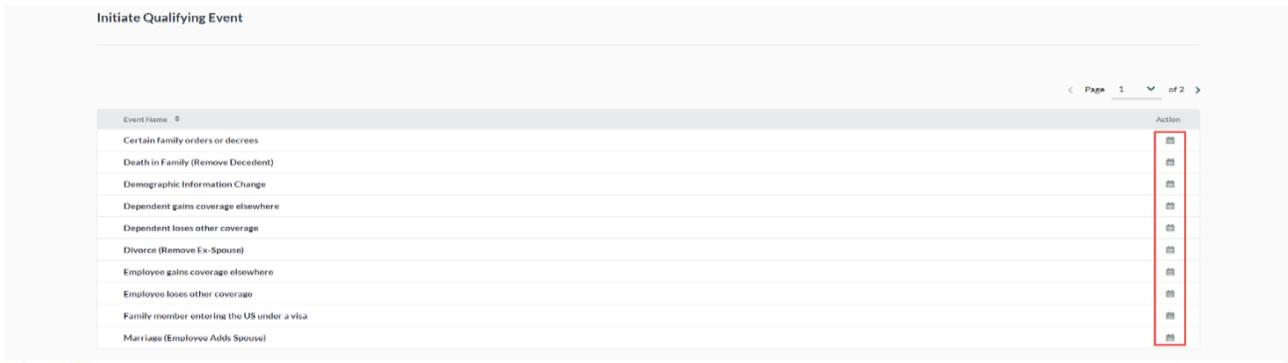
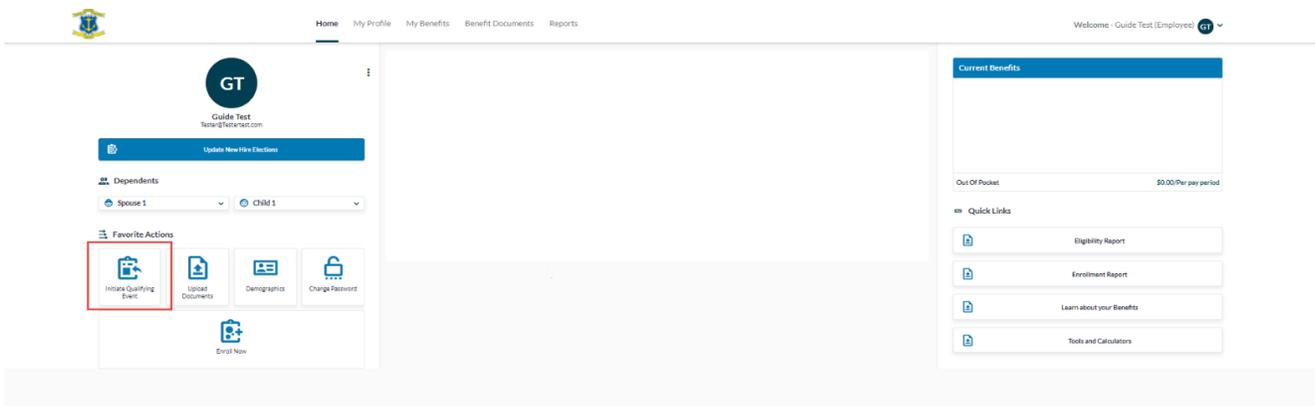


# If you are Rite Share Eligible

Rite Share is Rhode Island's Premium Assistance Program that helps certain employees pay for employer's health insurance plan. Employees who are eligible will be notified by OHHS of their eligibility.

Eligible employees will receive a letter with instructions to enroll in a State employee medical plan.

To enroll based on your Rite Share letter, go to your Workterra user dashboard, click the “Initiate Qualifying Event” button. Choose the “Rite Share Eligibility” event and enter the event date as shown on your eligibility letter.



When you reach the Medical section, scroll to the plan indicated on your eligibility letter, make **sure to click the plus sign next to EACH person that you want to enroll so they are highlighted**, and then click “Enroll Now” or “Keep Plan.”

 **BCBSRI Anchor Plus Plan** (Effective Date: 01/01/2024)

Eligible Members: **Please make sure to select each dependent you wish to enroll.**

Guide Test Employee     Spouse Test Spouse     Child Test Natural child

Total Cost: (Per pay period)  
Total Employee Cost: \$268.13    Total Employer Cost: \$804.38

[Enroll Now](#)

---

 **BCBSRI Anchor Choice HSA Plan** (Effective Date: 01/01/2024)

Eligible Members: **Please make sure to select each dependent you wish to enroll.**

Guide Test Employee     Spouse Test Spouse     Child Test Natural child

Total Cost: (Per pay period)  
Total Employee Cost: \$248.79    Total Employer Cost: \$746.37

[Enroll Now](#)

**IMPORTANT NOTE!** The cost for employee health insurance coverage listed on this page does not reflect any subsidy amount. Please refer to your Rite Share eligibility letter for premium amount.

**You must CLICK THE CHECK BOX next to EACH person that you want to enroll under the desired plan! They will then be highlighted in dark blue. Anyone whose name is not highlighted will NOT be enrolled under that particular plan.**



## Designate PCP(s)

You will be asked to designate a primary care provider (PCP) for each person you enroll in a medical plan:

- You may designate preferred PCP(s) yourself...
  - > Find their **10-digit** PCP ID number(s) by following the Step-by-Step Instructions on [www.employeebenefits.ri.gov/documents/pcp-id-instruction.pdf](http://www.employeebenefits.ri.gov/documents/pcp-id-instruction.pdf)
  - > Enter the ID number(s) for EACH person that will be covered under your medical plan in the “Medical Primary Care Physician Code” field.
    - Spaces, letters or special characters are NOT allowed in the ID field.
    - Be sure to check the “Existing Patient” box if you are an existing patient of the PCP.
- ...OR, you may have PCP(s) automatically designated based on where you live
  - > Leave the ID field blank and check “Auto Allocate”.
  - > **Please note:** If you choose this option, your initial BCBSRI medical ID card will say “PCP Required” on it, and the auto-allocation will not actually occur until 30 days after the plan effective date.
    - You will have 30 days from the plan effective date to choose a PCP for yourself and others on your plan.
    - If you take no action within this 30-day window, BCBSRI will then assign a PCP to you and each covered member of your family.
    - You can change your PCP at any time during the plan year by calling the BCBSRI State of Rhode Island Employee CARE Center (see page 41) or by accessing your online account at [mybcsri.com](http://mybcsri.com).

If you are using Workterra during open enrollment or because of a qualifying event, your PCP's ID number should already be listed. Simply save and proceed with the workflow. If you would like to change your assigned PCP, don't do it here - please contact BCBSRI's CARE Center instead.





### PCP Information (BCBSRI Anchor Choice HSA Plan)

Instructions

- To view the [Blue Cross Blue Shield of Rhode Island](#) provider directory click here.
- To auto allocate PCP Code by Provider, please select Auto Allocate checkbox for members.

Please use the Blue Cross Blue Shield of Rhode Island provider directory link above to locate the Medical Primary Care Physician code. Once you locate your PCP in the directory, click on the name to find the National Provider ID (NPI). This 10-digit NPI code will need to be entered into the "Medical Primary Care Physician Code" box below for each covered member. Please scroll down on this page to designate a PCP for each covered member.

PCP information updated as of 10/7/2020.

If you are currently enrolled in an Anchor Plan and need to make a change in your PCP, please call the State of RI CARE Center at (401) 429-2104.

Guide Test - Employee

 Existing Patient Auto Allocate

Spouse Test - Spouse

 Existing Patient Auto Allocate

Child Test - Child

[https://web.healthsparg.com/healthsparg/public/ri/one/city=Providence&state=RI&insureCode=BCBSRI\\_ibproduct](https://web.healthsparg.com/healthsparg/public/ri/one/city=Providence&state=RI&insureCode=BCBSRI_ibproduct)

If you have multiple family members, be sure to SCROLL DOWN in the PCP pop-up box to enter PCP designations for every person.

## To review PCP designation(s)

See “Appendix 2: Review PCP designation(s)” on page 39 for instructions on how to review your PCP designation(s) after you have finished the enrollment process.



# If enrolling in Anchor Choice with HSA

If you enroll in the Anchor Choice plan, a health savings account (HSA) will be automatically opened for you so you must confirm your eligibility to contribute to an HSA and your understanding of responsibility with respect to IRS rules governing HSA contributions on the “HSA Eligibility” and “HSA Contributions” pages respectively. Then you will have the option to schedule pre-tax HSA payroll contributions by entering a per-paycheck contribution amount and clicking “Enroll Now” in the lower right of the “Health Savings Account” section. If you do not want to contribute to your HSA through payroll deductions, click “Waive” in the upper right of the “Health Savings Account” section.

State of Rhode Island logo

Welcome - Active TEST(Employee) AT

### HSA Eligibility

For the convenience of its employees, State of Rhode Island permits employees enrolled in the State's high deductible health plan (HDHP) offering to voluntarily deduct funds on a pre-tax basis from their paychecks to fund their Health Savings Account (HSA). Although the State of Rhode Island handles the deduction and transmits the funds to a third-party administrator, ALL aspects of managing and maintaining the HSA are the responsibility of the employee.

Therefore, my agreement below indicates that I am eligible to contribute to an HSA because:

- I am enrolled in the State's Anchor Choice Plan which is an HSA-eligible HDHP.
- I am not enrolled in any other health plan that is not a HDHP (this includes a general-purpose health flexible spending account).
- I am not enrolled in Medicare (including Part A), TRICARE or TRICARE for Life.
- I am not claimed as a dependent on someone else's tax return.
- I have not received VA benefits within the past three months, except for preventive care (this exclusion does not apply if you are a veteran with a disability rating from the VA).

If any of the above eligibility provisions do not apply to you, you are ineligible to contribute to an HSA (and receive State HSA contributions) and you should strongly consider enrolling in either the Anchor Plus Plan or Anchor Plan for your medical/prescription coverage. If you proceed with enrollment into the Anchor Choice Plan with HSA and make your own HSA contributions or receive any of the State's HSA contributions, you may be in violation of IRS rules.

**If you do not agree to this form, please go back and enroll in the Anchor Plus Plan or Anchor Plan.**

HSA Eligibility Agreement  
===SELECT===

Effective Date  
01/01/2023

Reset Confirm



IRS annual contribution limits apply. You risk paying IRS tax penalties if you exceed these limits. Please review the current limits on [www.employeebenefits.ri.gov/hsa](http://www.employeebenefits.ri.gov/hsa). Contributions to your HSA from the State of Rhode Island, as well as any other source, count towards the IRS limit applicable to you. If you elect to make HSA contributions, your contribution amount will continue until you change or cancel your contribution amount. Money you elect to contribute to your HSA out of your paycheck will be forwarded to BCBSRI's banking partner, UMB Bank. You can visit [www.bcbsri.com](http://www.bcbsri.com) or call 401-429-2104 or 1-866-987-3705 for more information and to access your account.

Your agreement below indicates that:

- I am responsible for adhering to the Federally-established HSA contribution limits and funds access rules as summarized in IRS Publication 969, which can be found on the IRS website at [www.irs.gov](http://www.irs.gov).
- I understand that I may be liable for tax penalties if I exceed the applicable limit(s) or do not comply with IRS rules related to HSAs.
- I understand that the State only makes employer HSA contributions in January and July and there is no prorating for employees hired after those dates. I must have been a State employee covered by the Anchor Choice Plan with HSA as of January 1 or July 1 to receive the applicable State HSA contribution.
- I authorize the State of Rhode Island to deduct the amount I specify in Workterra from each of my paychecks for deposit to my HSA.
- I understand this deduction will continue for the duration of my employment and enrollment in the State's HDHP offering, or until I adjust my contribution amount in Workterra.
- I understand that this deduction request replaces any previous HSA payroll deduction.
- I authorize the State of Rhode Island to recover from my HSA any employee/State contributions that may be incorrectly contributed to my HSA due to any processing error or error in the determination of my HSA eligibility.

If you do not agree to this form, please go back and enroll in the Anchor Plus Plan or Anchor Plan.

\*HSA Contribution Agreement

===SELECT===

Effective Date  
01/01/2024



Health Savings Account

Waive

You may elect up to \$3,850 for employee-only coverage and up to \$7,750 for family coverage. You may increase this by \$1,000 if you are over age 55.

Please do not enroll in more than \$999.99 per pay period.

STATE HSA CONTRIBUTION NOTE:

Please note that the State's \$1,500 (individual)/\$3,000 (family) HSA contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not prorated for employees who enroll after those dates.



2023 Health Savings Account (Effective Date: 01/01/2023)

Elect Per Paycheck amount

Annual Election Amount: \$0.00

Total Annual Election : \$0.00

Total Employee Cost: \$0.00/Per pay period

Enroll Now



# To waive medical coverage

In the Medical section, scroll down until you reach the “Waive Medical” plan option. Click “Enroll Now” and fill out the Waiver of Medical and Pharmacy Coverage form on the next page.

Welcome - Guide Test (Employee) GT

Eligible Members: **Please make sure to select each dependent you wish to enroll**

Guide Test - Employee   Spouse Test - Spouse   Child Test - Natural child

Total Cost : ( Per pay period )

Total Employee Cost : \$164.24   Total Employer Cost : \$656.98

**Enroll Now**

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**Blue Cross Blue Shield of Rhode Island** Waive Medical (Effective Date: 06/30/2021)

Eligible Members:

Guide Test - Employee

Total Cost : ( Per pay period )

Total Employee Cost : \$0.00   Total Employer Cost : \$0.00

**Enroll Now**

Back

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Waiver of Medical and Pharmacy Coverage

PLEASE READ THIS WAIVER OF MEDICAL AND PHARMACY COVERAGE CAREFULLY. THIS WAIVER OF MEDICAL AND PHARMACY COVERAGE IS A LEGAL DOCUMENT. IT IS YOUR RESPONSIBILITY TO READ THIS WAIVER OF MEDICAL AND PHARMACY COVERAGE CAREFULLY AND TO SIGN IT IF YOU AGREE TO WAIVE YOUR MEDICAL AND PHARMACY COVERAGE. IF YOU DO NOT AGREE TO WAIVE YOUR MEDICAL AND PHARMACY COVERAGE, YOU SHOULD NOT SIGN THIS WAIVER OF MEDICAL AND PHARMACY COVERAGE.

I understand that by waiving medical coverage from the State of Rhode Island, I am waiving my right to receive medical coverage from the State of Rhode Island.

I understand that I am eligible to receive the optional payment for alternative coverage. The optional coverage includes:

- Employee (and/or retiree) coverage with a maximum of 2 dependents.
- Medical coverage.
- Voluntary coverage.

I understand that I am eligible to receive the optional payment for alternative coverage through the State of Rhode Island. The optional coverage includes:

- Employee (and/or retiree) coverage with a maximum of 2 dependents.
- Medical coverage.
- Voluntary coverage.
- Pharmacy coverage.

I have indicated that I am eligible to receive the optional payment for alternative coverage from the State of Rhode Island. I understand that the optional payment for alternative coverage is a legal document. It is my responsibility to read this optional payment for alternative coverage carefully and to sign it if I agree to waive my medical and pharmacy coverage.

Further, I understand that:

- Medical coverage is provided under the terms of the State of Rhode Island's medical coverage plan.
- Pharmacy coverage is provided under the terms of the State of Rhode Island's pharmacy coverage plan.
- The optional payment for alternative coverage is provided under the terms of the State of Rhode Island's optional payment for alternative coverage plan.
- The optional payment for alternative coverage is provided under the terms of the State of Rhode Island's optional payment for alternative coverage plan.

I affirm that I have read the medical and pharmacy coverage and understand that my waiving my right to receive medical and pharmacy coverage from the State of Rhode Island is a legal document. I understand that the optional payment for alternative coverage is a legal document. It is my responsibility to read this optional payment for alternative coverage carefully and to sign it if I agree to waive my medical and pharmacy coverage.

I understand that the optional payment for alternative coverage is a legal document. It is my responsibility to read this optional payment for alternative coverage carefully and to sign it if I agree to waive my medical and pharmacy coverage.

I understand that the optional payment for alternative coverage is a legal document. It is my responsibility to read this optional payment for alternative coverage carefully and to sign it if I agree to waive my medical and pharmacy coverage.

**REQUIRED INFORMATION**

If you are covering a dependent other than your spouse, please enter their name and date of birth.

Name of other coverage (Medical, Health, or Life Insurance)  Name of the insurance company (enter name in other program's application)

Name of other coverage (Medical, Health, or Life Insurance)  Waiver Group ID Number (from ID Card, pay stub, or Summary of Benefits and Description)

Please note that if you and your spouse are both covered under the State of Rhode Island's optional payment for alternative coverage, you must use the same ID number for both spouses. The ID number assigned for the spouse will appear in your Summary of Benefits and Description. See your Summary of Benefits and Description for more information.

Waiver Group ID Number (from ID Card, pay stub, or Summary of Benefits and Description)

Waiver Group ID Number (from ID Card, pay stub, or Summary of Benefits and Description)

Waiver Group ID Number (from ID Card, pay stub, or Summary of Benefits and Description)

Print Name

Date

**Next** **Cancel**



# Step 9: Select dental & vision coverage

## To enroll in dental/vision coverage

In the Dental/Vision sections, scroll down to the plan(s) that you want, **make sure to click the Check Box next to EACH person that you want to enroll**, and then click “Enroll Now” or “Keep Plan.”

“Keep Plan” will only be available if it is the plan you are currently enrolled in. For new hires and employees enrolling into coverage due to a qualified status change, only “Enroll Now” will be available.

You must **CLICK THE CHECK BOX** next to **EACH** person that you want to enroll under the desired plan! They will then be **highlighted in dark blue**. Anyone whose name is not highlighted will **NOT** be enrolled under that particular plan.

## To waive dental and/or vision coverage

Click the “Waive” button that is at the TOP of the dental/vision sections.

Dental Additional Tools **Waive**

**\*\*\*IMPORTANT\*\*\*** Please be sure to check the box next to the name of each dependent you wish to add to the coverage so that they are highlighted in blue, then confirm your dependents are covered by reviewing your Confirmation Statement.

SPECIAL NOTE FOR PART-TIME EMPLOYEES:  
The salary amounts loaded in Workterra are the full-time annual salaries for given job classifications, and the health plan premiums (co-shares) displayed in Workterra are based on these amounts. Classified and unclassified part-time employees' co-shares are based on job classification full-time salary, not part-time wages earned. However, non-classified college part-time employee co-shares are based on part-time wages earned. As such, Workterra may display an inaccurate co-share amount for a non-classified college part-time employee. If you are a non-classified college part-time employee, please contact your college HR office for additional information.

**Anchor Dental** (Effective Date: 01/01/2024)

Eligible Members: **Please make sure to select each dependent you wish to enroll.**

Guide Test Employee     Spouse Test Spouse     Child Test Natural child

Total Cost: (Per pay period)		
Total Employee Cost:	\$10.25	Total Employer Cost: \$30.74

**Enroll Now**



# Step 10: Select FSA/LFSA contributions

Please note the following eligibility criteria for the two types of FSAs:

- **General health FSA (“FSA”):** If you are covered under the Anchor or Anchor Plus medical plans (or other non-HSA-qualified high deductible health plan coverage)
- **Limited health FSA (“LFSA”):** If you are enrolled in the Anchor Choice Plan with HSA (or another HSA-qualified health plan)

## To enroll in or waive a health FSA

If you would like to open an FSA/LFSA for the following/remainder of the plan year, enter your desired **annual** contribution amount in the “Yearly Coverage” box, then click “Enroll Now”. Your per-pay-period contribution will be automatically calculated for you.

If you do not want to open an FSA/LFSA, click the “Waive” button that is at the TOP of the Flexible Spending Account section.



Welcome - Active TEST(Employee) AT ▾

Flexible Spending Account Additional Tools Waive

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• You can elect to set aside up to \$2,850 to be deducted in equal amounts from each paycheck on a pre-tax basis. The minimum contribution amount is \$130.  
• Please note that any amount over \$550 in your FSA/LFSA at the end of the year will be forfeited (amounts \$550 and under will automatically be rolled over after April 1 of the following year). Also, please note that if you leave State service during the year you will lose access to funds you previously contributed unless you elect to continue your FSA under COBRA.  
• Please note the following if both the general FSA (FSA) and limited purpose FSA (LFSA) are available for election below. An LFSA should be elected only if you are covered under an HSA-qualified high deductible health plan, as an LFSA is compatible with an HSA and can only be used for qualified dental and vision expenses. A general FSA is not compatible with an HSA and should be elected if your medical coverage is not an HSA-qualified high deductible health plan. A general FSA can be used for qualified medical, prescription, dental and vision expenses.  
• If outside open enrollment, your biweekly deduction amount listed below may be adjusted due to the timing of your election during your enrollment window and payroll system processing. Therefore, the per pay period amount shown below may not match the actual deduction on your pay statement.

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 **ASI FSA 2022** (Effective Date: 01/01/2023)

Yearly Coverage

Total Employee Cost: \$0.00/Per pay period

Enroll Now



**STATUS CHANGES:** When processing a qualifying event in Workterra to decrease/eliminate your bi-weekly contribution amount moving forward, the amount you enter in the “Yearly Coverage” box should include what you have already contributed to your FSA up to that point in time. If you are increasing your bi-weekly contribution amount moving forward, the resulting per-pay-period contribution amount displayed in Workterra should take into account your prior contributions up to that point in time. Please contact the Office of Employee Benefits (see page 29) for assistance processing an FSA qualifying event.



# Step 11: Basic Life Insurance

You will have the opportunity to enroll in or waive life insurance. You will have option to elect basic life insurance (coverage equals your salary amount rounded to next highest \$1,000, up to a maximum of \$150,000). If you elect basic life insurance, you will also have the option to elect supplemental life insurance as well. Supplemental life insurance provides the same coverage as basic life insurance, so if elected, it will double your life insurance coverage to two times your salary amount up to a maximum of \$300,000 total.

**NEW HIRES:** Please note that per statutory mandate, you are automatically enrolled into basic life insurance. When you make your initial benefits elections in Workterra, you have the option of waiving basic life insurance or adding supplemental coverage.

Basic Life Insurance

Life Insurance is 100% employee paid.

- Guaranteed Issue Life Insurance is only available to new employees during their 31-day new employee enrollment window. The life insurance you elect below is subject to The Hartford's evidence of insurability requirements. Once you submit your election you will receive an email from The Hartford ([Medical@hartfordlife.com](mailto:Medical@hartfordlife.com)) asking you to complete a medical questionnaire. The Hartford will then approve or deny your application for coverage.
- If you elect life insurance coverage below, your premium will reflect as \$0.00 because you do not yet have the life insurance - you must first satisfy The Hartford's evidence of insurability requirements. The policy value ("Elected Coverage") and premium to be deducted ("EE cost"), assuming the coverage is approved by The Hartford, are reflected under your name in the "COVERAGE" section of your Enrollment Summary and Confirmation Statement pages.
- Once your coverage has been approved by The Hartford, to review/assign/change your beneficiary, The Hartford portal is [portal3.thehartford.com/our/bene](http://portal3.thehartford.com/our/bene) or you may call (855) 396-7635. If you are a new life insurance enrollee, after your election in Workterra passes to The Hartford, you will receive an automated email from The Hartford with a link to the portal and your login credentials. If you're making a life insurance election during open enrollment, you will need to wait until the beginning of the new year to access The Hartford's portal (assuming you are approved through their evidence of insurability process).

Basic Life (Effective Date: 01/01/2024) ENROLLED

Eligible Members:

- Guide Test Employee

Elected Coverage: \$150,000.00  
Cost will be calculated on current coverage

Current Coverage: \$0.00

Elected Coverage: \$150,000.00 (Employee Cost: \$30.15)

Total Cost: (Per pay period)

Total Employee Cost: \$0.00

Total Employer Cost (Post-Tax): \$0.00

Keep Plan

**EVIDENCE OF INSURABILITY:** If you waive basic life insurance coverage and want to add it and/or supplemental coverage at a later date, you are considered a late applicant and will need to provide evidence of insurability (EOI) to the State's life insurance carrier after submitting your election in Workterra. "Providing EOI" usually only means completing a medical history questionnaire, but the State's life insurance carrier may request additional information/documentation. Life insurance coverage for late applicants is not effective unless and until the State's life insurance carrier approves the application. The EOI process is handled entirely by the State's life insurance carrier.



# Step 12: Supplemental Life Insurance

If you elect basic life insurance, you will also have the option to elect supplemental life insurance. There are two levels of supplemental coverage which each provide the same amount of coverage as basic life insurance. So, if only one level of supplemental coverage is elected, it will double your life insurance coverage to two times your salary amount up to a maximum of \$300,000 total. If both levels of supplemental coverage are elected, it will increase your overall life insurance coverage up to the lesser of three times your salary amount Or \$450,000.

Supplemental Life Insurance Waive

- Life Insurance is 100% employee-paid.
- Guaranteed issue life insurance is only available to new employees during their 31-day new employee enrollment window. The life insurance you elect below is subject to The Hartford's evidence of insurability requirements. Once you submit your election you will receive an email from The Hartford ([lifeadmin@hartfordlife.com](mailto:lifeadmin@hartfordlife.com)) asking you to complete a medical questionnaire. The Hartford will then approve or deny your application for coverage.
- If you elect life insurance coverage below, your premium will reflect as \$0.00 because you do not yet have the life insurance - you must first satisfy The Hartford's evidence of insurability requirements. The policy value ("Elected Coverage") and premium to be deducted ("EE cost"), assuming the coverage is approved by The Hartford, are reflected under your name in the "COVERAGE" section of your Enrollment Summary and Confirmation Statement pages.
- Once your coverage has been approved by The Hartford, to review/adjust/change your beneficiary, The Hartford portal is [enroll.thehartfordbenefits.com/enroll](http://enroll.thehartfordbenefits.com/enroll) or you may call (855) 396-7633. If you are a new life insurance enrollee, after your election in Workterra passes to The Hartford, you will receive an automated email from The Hartford with a link to the portal and your login credentials. If you're making a life insurance election during open enrollment, you will need to wait until the beginning of the new year to access The Hartford's portal (assuming you are approved through their evidence of insurability process).

**Supplemental Life - \$300K Maximum** (Effective Date: 05/01/2024)

Eligible Members:

Guide Test Employee

Select Coverage: **\$190,000.00**  
Cost will be calculated on current coverage

Current Coverage: \$0.00

Elected Coverage: \$190,000.00  
(Employee Cost \$9.56)

Total Cost: (Per pay period)

Total Employee Cost	\$0.00	Total Employer Cost (Post-Tax)	\$0.00
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Enroll Now



**Please note: When electing the 2-times-salary of supplemental coverage, the “Total Cost: (Per pay period)” will reflect the biweekly premium for 1-times-salary level of supplemental coverage. The biweekly premium cost for the 2-times-salary level will be reflected to the right under “Elected Coverage.”**



Supplemental Life Insurance Waive

Please note that after your election in Workterra passes to The Hartford, you will be able to login to The Hartford portal and see you policy value and name your beneficiaries. If you are a new hire or new life insurance enrollee, when your life election is loaded into The Hartford's system you will receive an automated email from The Hartford with a link to the portal and your login credentials. If you have made a life election in Workterra and are unable to login to The Hartford portal, this likely means your life election has not yet passed to The Hartford - please wait until the next Thursday and try again.

To review/assign/change your beneficiary, The Hartford portal is [enroll.thehartfordatwork.com/sonibene](http://enroll.thehartfordatwork.com/sonibene) or you may call (855) 396-7655.

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**Supplemental Life - \$300K Maximum** (Effective Date: 01/01/2023)

Eligible Members:  
Active TEST - Employee

Select Coverage  
\$100,000.00 ▾  
Cost will be calculated on current coverage

Current Coverage: \$50,000.00

Elected Coverage: \$100,000.00  
(Employee Cost \$25.62)

<b>Total Cost: (Per pay period)</b>	<b>\$12.81</b>	Total Employer Cost(Post-Tax):	\$0.00
Total Employee Cost:	\$12.81		

Enroll Now

**EVIDENCE OF INSURABILITY:** If you want to add or increase supplemental coverage at a later date, or if you initially waived all coverage and want to elect some level of coverage at a later date, you are considered a late applicant and will need to provide evidence of insurability (EOI) to the State’s life insurance carrier after submitting your election in Workterra. “Providing EOI” usually only means completing a medical history questionnaire, but the State’s life insurance carrier may request additional information/documentation. Life insurance coverage for late applicants is not effective unless and until the State’s life insurance carrier approves the application. The EOI process is handled entirely by the State’s life insurance carrier.



# Step 13: Select DCSA contributions

You will have the opportunity to make contributions to a DCSA. If you would like to open a DCSA for the following/remainder of the plan year, enter your desired **annual** contribution amount in the “Yearly Coverage” box, then click “Enroll Now”. Your per-pay-period contribution will be automatically calculated for you.

If you do not want to open a DCSA, click the “Waive” button that is at the TOP of the Dependent Care Spending Account section.



Dependent Care Spending Account Additional Tools **Waive**

o If you file your federal income taxes as an individual or as married-joint, you can elect to set aside up to \$5,000 to be deducted in equal amounts from each paycheck on a pre-tax basis. Per IRS rule, if you file your federal income taxes married-separate, you can elect a maximum of \$2,500. The minimum contribution amount is \$130.  
o If outside open enrollment, your biweekly deduction amount listed below may be adjusted due to the timing of your election during your enrollment window and payroll system processing. Therefore, the per pay period amount shown below may not match the actual deduction on your pay statement.

2022 Dependent Care Spending Account (Effective Date: 01/01/2023)

Yearly Coverage

Total Employee Cost: \$0.00 /Per pay period

**Enroll Now**

**STATUS CHANGES:** For DCSAs, when processing a qualifying event in Workterra to decrease/eliminate your bi-weekly contribution amount moving forward, the amount you enter in the “Yearly Coverage” box should include what you have already contributed to your DCSA up to that point in time. If you are increasing your bi-weekly contribution amount moving forward, the resulting per-pay-period contribution amount displayed in Workterra should take into account your prior contributions up to that point in time. Please contact the Office of Employee Benefits (see page 39) for assistance processing a DCSA qualifying event.



# Step 14: Legal Coverage

You will have the opportunity to enroll in or waive legal coverage.

For legal coverage, you will have two plans available: Employee Only and Employee + Family. Please choose employee only if you wish to only coverage yourself and Employee + Family if you wish to cover any of your dependents as well.

If you do not want legal coverage, click the “Waive” button above the plan options.



Welcome - Active TEST(Employee) **AT**

Group Legal Care Waive

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**MetLife** Group Legal Care - Employee + Family (Effective Date: 01/01/2023)

Eligible Members:  
Active TEST - Employee

Total Cost: (Per pay period)		
Total Employee Cost:	\$4.78	Total Employer Cost: <span style="float: right;">\$0.00</span>

Enroll Now

---

**MetLife** Group Legal Care - Employee Only (Effective Date: 01/01/2023)

Eligible Members:  
Active TEST - Employee

Total Cost: (Per pay period)		
Total Employee Cost:	\$3.11	Total Employer Cost: <span style="float: right;">\$0.00</span>

Enroll Now



# Step 15: Review elections

You will have the opportunity to review your medical, dental, vision, FSA/LFSA, life insurance, DCSA and legal coverage elections. If you want to make any changes to a particular coverage at this point, click the arrow at the top right corner of the respective benefit plan to return to that section. If you are ready to move on, click “Continue” in the lower right of the page.

The screenshot displays the 'Select Your Benefits' interface. At the top, there is a navigation sidebar on the left with numbered steps 1 through 10. The main content area is titled 'Select Your Benefits' and includes a 'From your pocket' icon. Three benefit categories are visible: Medical, Dental, and Vision. Each category has a dropdown menu at the top right, highlighted with a red box. The Medical section shows 'Blue Cross Blue Shield of Michigan' and 'ECBSM Anchor Plus Plan' with a 'View' link. It lists coverage members: 'You (Self)', 'Spouse (Self)', and 'Child (Self)'. The total employee cost is \$112.50 per pay period. The Dental section shows 'Anchor Dental' with a 'View' link and a cost of \$3.38 per pay period. The Vision section shows 'Anchor Vision' with a 'View' link. A yellow horizontal line is drawn across the bottom of the screenshot.



# Step 16: Upload documents

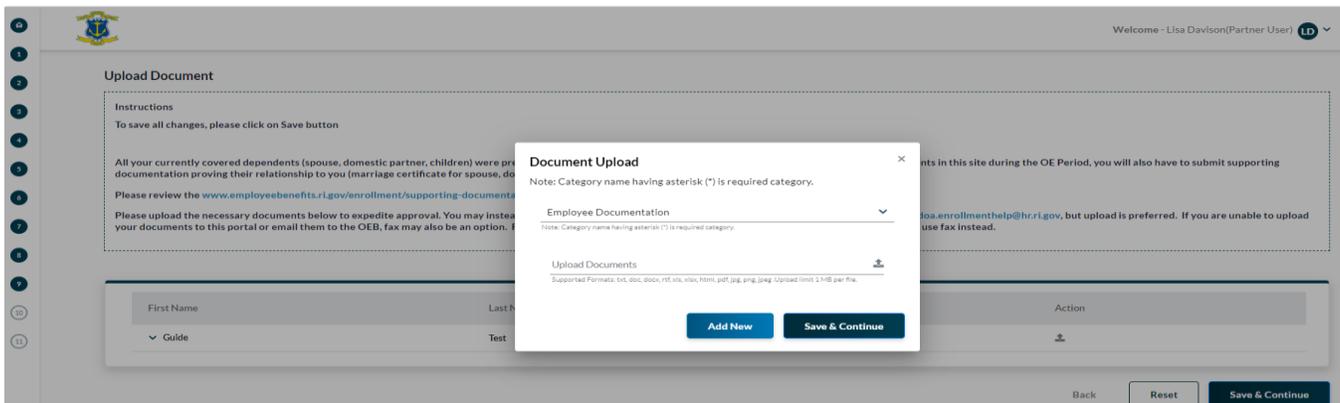
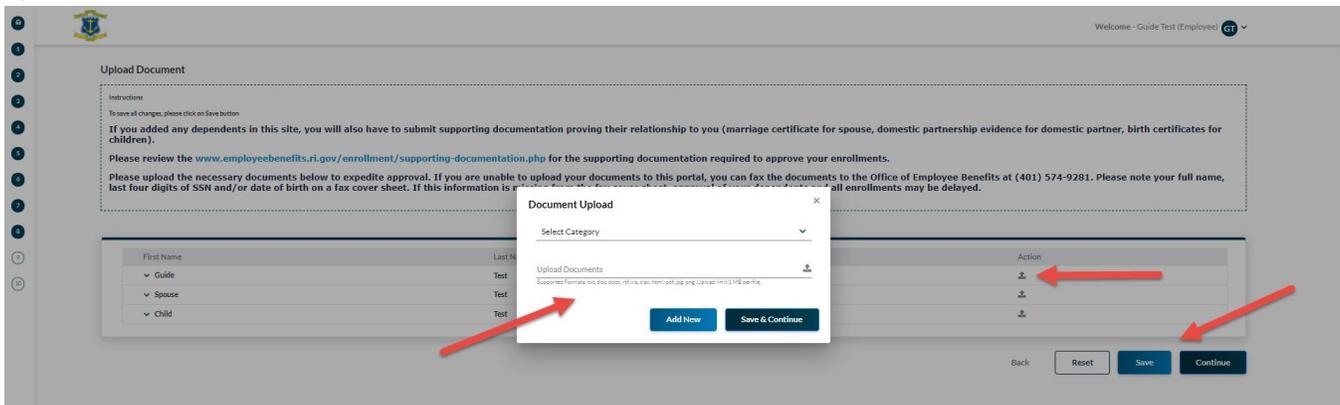
After completing all of your elections, you will come to the Upload Documents page. Please attach any supporting documentation evidencing a NEW dependent's relationship to you or proving the occurrence of a qualified status change event.

To see the list of supporting documentation, visit

[www.employeebenefits.ri.gov/enrollment/supporting-documentation.php](http://www.employeebenefits.ri.gov/enrollment/supporting-documentation.php).

To upload a document, click the icon under "Action" under yourself or the dependent needing documentation, select your category on the popup, and click the upload icon to find the document on your computer, then click "Save and Continue" or "Add New" if more documents are needed. Once you are finished uploading all the necessary documents, click "Save" then "Continue".

The supported formats are: txt, pdf, rtf, ppt, pptx, xls, xlsx, doc, docx. The maximum file size is 4096 KB.



# Step 17: Confirmation statement

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After completing all your plan elections, you will come to the Confirmation Statement.

**Be sure to review the following for accuracy:**

- Demographic information for you and any dependents
- Plan elections and who's covered under each plan (in the **ENROLLMENT SUMMARY** section(s), NOT the Demographics section)

If anyone's name does not appear next to a medical/dental/vision plan in the **ENROLLMENT SUMMARY** section, it means that they are NOT covered under that plan!!

Return to Steps 5-6 to check the box next to anyone missing coverage.

The **ENROLLMENT SUMMARY** section may display differently for you based on your status as a new hire or an ongoing employee processing a status change or in open enrollment. For instance, if you're currently enrolled in coverage and are making some sort of change during open enrollment (adding/subtracting a dependent or changing plans during open enrollment), you will want to review the **FUTURE ENROLLMENT SUMMARY** section.

Keep a copy of the confirmation statement by clicking on the PDF button and/or the Print button at the top of the page.

- Forgot to save a copy? You can always log back into Workterra to review your elections (see page 34).

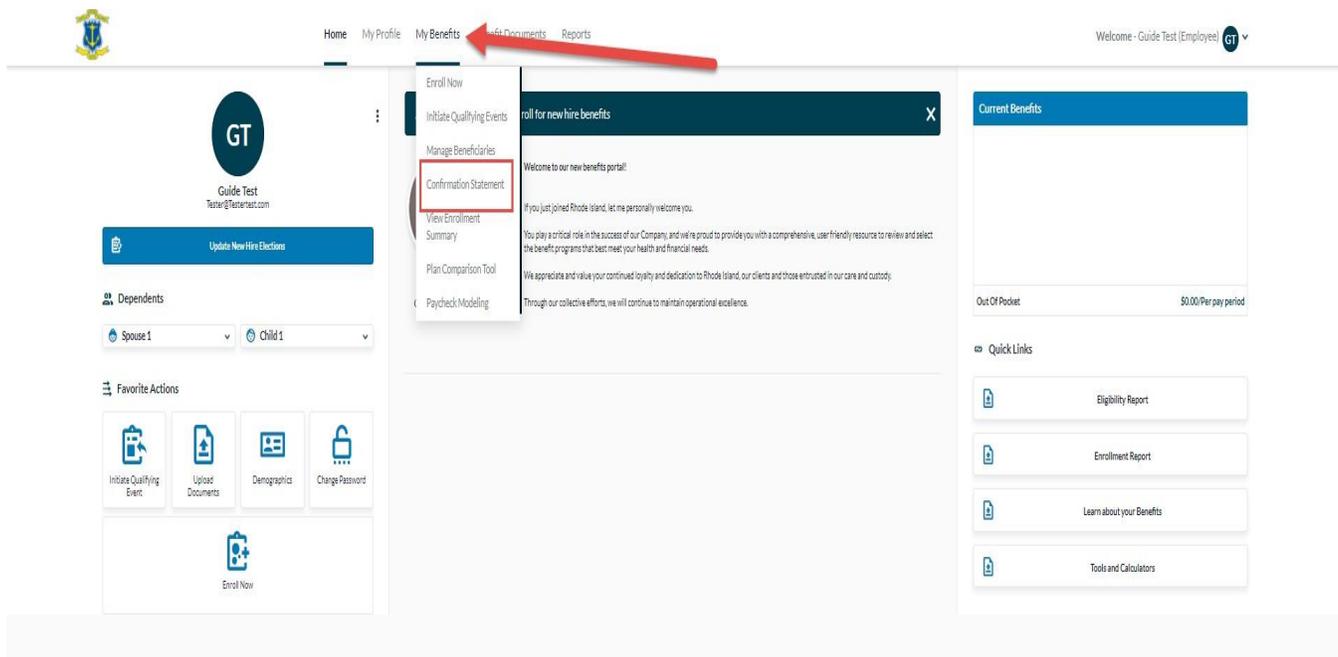
**ONCE YOU HAVE COMPLETED REVIEWING YOUR ELECTIONS, CLICK "FINISH" AT THE BOTTOM OF THE PAGE.** You should see a pop-up message confirming that you have completed the enrollment process.



# Appendix 1: Review/change your plan elections

## Review your confirmation statement

You can log back into Workterra at any time to review your confirmation statement. On your User Dashboard, click “My Benefits” at the top then “Confirmation Statement” on the dropdown. Ignore any pop-up message about clicking the “Finish” at the bottom of your confirmation statement.

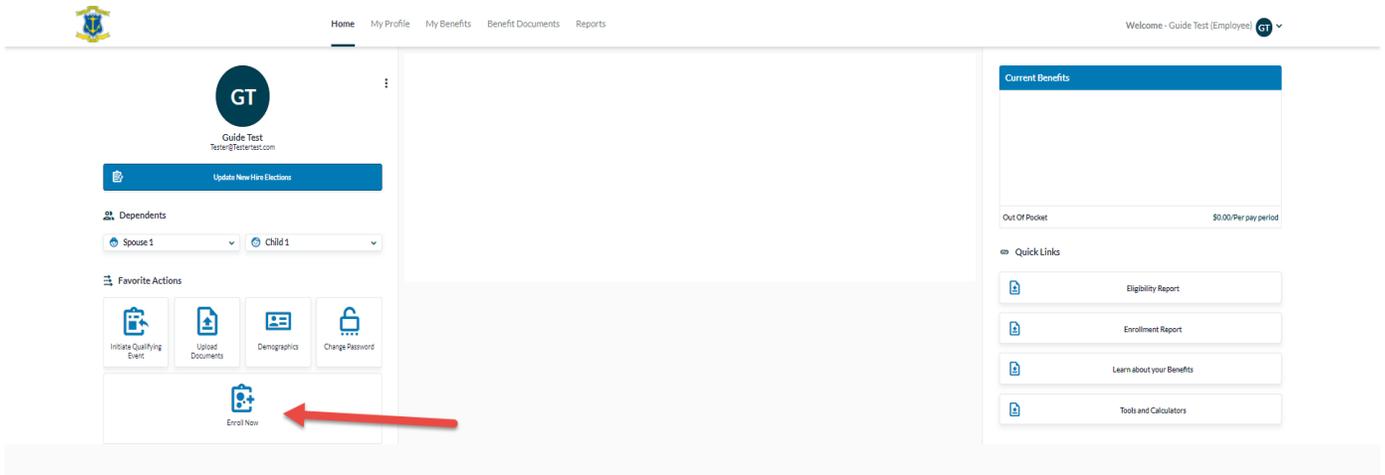


# Change plan elections

If you want to make any changes within your enrollment period, the easiest way to do so is to click

the “Enroll Now” widget on your employee dashboard.

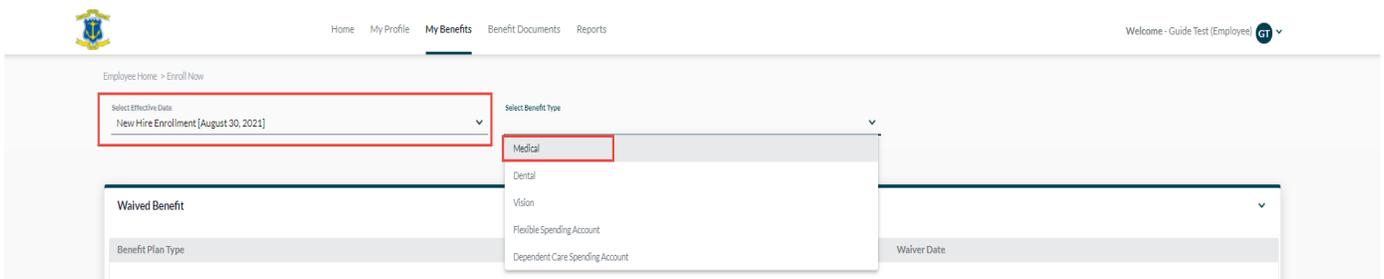
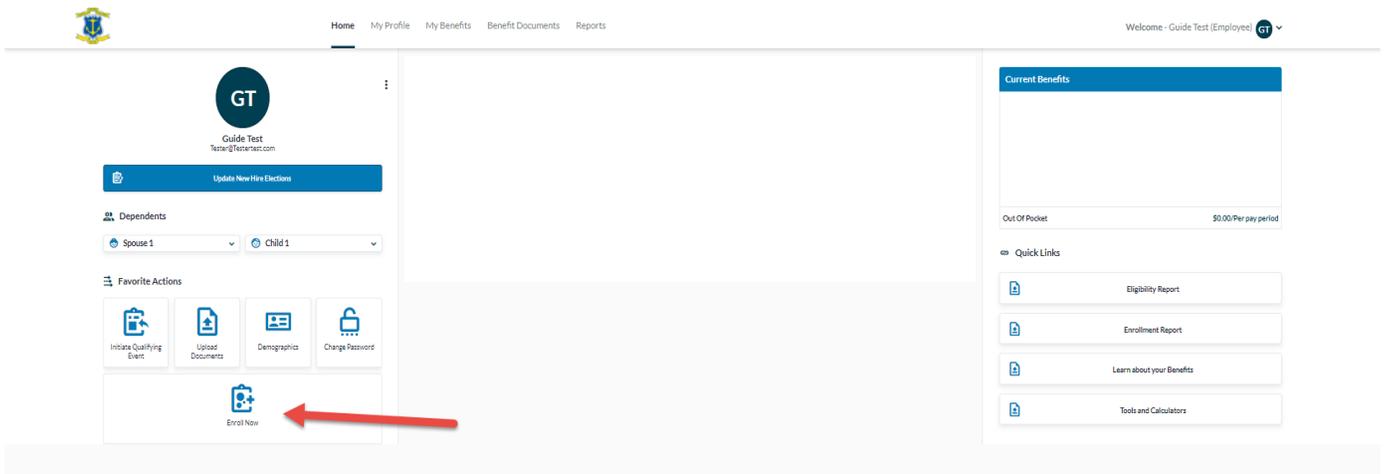
- Click “Enroll Now”
- Under “Select Effective Date”, choose the appropriate event.
- Under “Benefit Type”, click on the benefit that you would like to change. You will then be brought to the respective section to make your changes.
- Your new elections will be pended for administrator review and if you do not submit appropriate supporting documentation for your transaction, your new elections will be denied.



# Appendix 2: Review PCP designation(s)

If you have finished the enrollment process but want to review your PCP designation(s) at a later time, the easiest way to do so is through the “Enroll Now” Widget:

- Click “Enroll Now” on the employee homepage.
- Under “Select Effective Date”, choose the appropriate event. Under “Benefit Type”, choose “Medical”. You will then be brought to the Medical section.
- Scroll down to the plan that you had enrolled in. Click “PCP Information”.
- Review your PCP designation(s) and make sure any applicable boxes are checked.
- If you have any questions or need assistance changing your PCP(s), please call the **BCBSRI State of Rhode Island Employee CARE Center** at (401) 429-2104 or 1-866-987-3705. CARE Center hours are Monday–Friday, 8am–8pm and Saturday, 8am–12pm.





Employee Home > Enroll Now

Medical

Additional Tools

Before selecting your plans, please do your research to ensure you enroll in the best plan for you and/or your family! Talk with ALEX ([www.myalex.com/rhodeisland/2021](http://www.myalex.com/rhodeisland/2021)), the State of Rhode Island's online decision support tool, visit the State's virtual benefits fair ([www.exploreemployeebenefits.ri.gov](http://www.exploreemployeebenefits.ri.gov)), and refer to additional plan information and documentation on the Office of Employee Benefits website ([www.employeebenefits.ri.gov](http://www.employeebenefits.ri.gov)) and off the "Additional Tools" link on the right side of this page. Please choose carefully as you will not be able to change your plan elections until the next open enrollment period (generally November each year).

**\*\*\*IMPORTANT\*\*\*** Please be sure to check the box next to the name of each dependent you wish to add to the coverage, then confirm your dependents are covered by reviewing your Confirmation Statement. No changes will be processed after your enrollment window should you fail to check the boxes.

STATE HSA CONTRIBUTION NOTE:

If you are interested in enrolling in the Anchor Choice Plan with HSA, please note that the State's \$1,500 (individual)/\$3,000 (family) HSA contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not prorated for employees who enroll after those dates.

SPECIAL NOTE FOR PART-TIME EMPLOYEES:

The salary amounts loaded in Workforce are the full-time annual salaries for given job classifications, and the health plan premiums (co-shares) displayed in Workforce are based on those amounts. Classified and unclassified part-time employees' co-shares are based on job classification full-time salary, not part-time wages earned. However, non-classified college part-time employee co-shares are based on part-time wages earned. As such, Workforce may display an inaccurate co-share amount for a non-classified college part-time employee. If you are a non-classified college part-time employee, please contact your college HR office for additional information.

BCBSRI Anchor Plus Plan (Effective Date: 08/30/2021) PCPNY

Eligible Members: Please make sure to select each dependent you wish to enroll

Guide Test - Employee
  Spouse Test - Spouse
  Child Test - Natural Child

Total Cost: ( Per pay period)		
Total Employee Cost :	\$173.73	Total Employer Cost :
		\$702.93

PCP Information Keep Plan

BCBSRI Anchor Choice HSA Plan (Effective Date: 08/30/2021)

Eligible Members: Please make sure to select each dependent you wish to enroll

Guide Test - Employee
  Spouse Test - Spouse
  Child Test - Natural Child

Total Cost: ( Per pay period)		
Total Employee Cost :	\$163.06	Total Employer Cost :
		\$652.24



# Questions?

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- If you need help with logging into Workterra / resetting your password, navigating Workterra, finding your PCP and their 10-digit NPI, or medical plan selection, call the **BCBSRI State of Rhode Island Employee CARE Center** at (401) 429-2104 or 1-866-987- 3705. CARE Center hours are Monday–Friday, 8am–8pm and Saturday, 8am–12pm.
- If you have questions about plan coverage specifically, please contact the respective plan administrators. You can find a list of contacts at [www.employeebenefits.ri.gov/contact](http://www.employeebenefits.ri.gov/contact).
- If you have other enrollment-related questions, contact the Office of Employee Benefits:
  - > Email [doa.enrollmenthelp@hr.ri.gov](mailto:doa.enrollmenthelp@hr.ri.gov)
  - > Call (401) 574-8530

