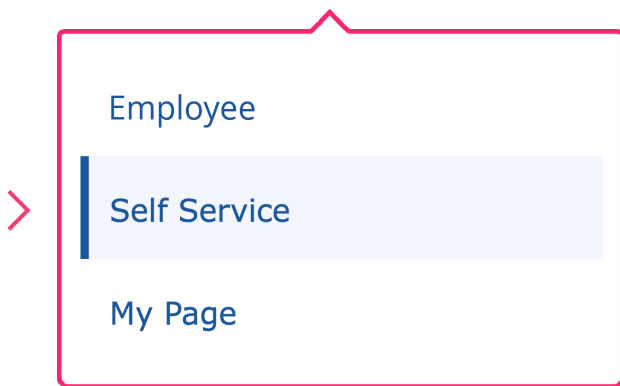


Open Enrollment

Step-by-Step Guide | hr.unc.edu/enroll

Part 1: How To Access Open Enrollment

1. Log in at ConnectCarolina.unc.edu
2. Select **Self Service** from the drop-down at the top of the page

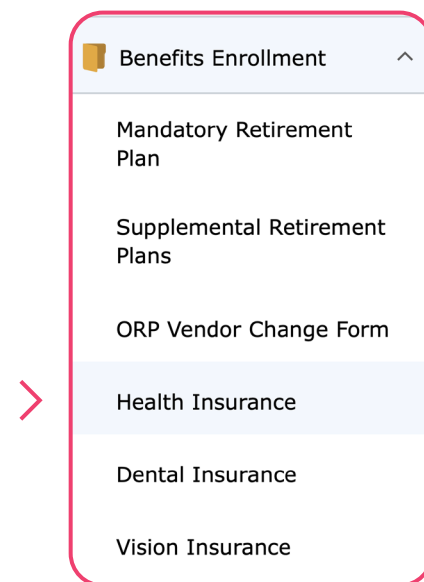


3. Select the **My Benefits** tile



4. Select **Benefits Enrollment** in the menu on the side of the page

5. Select **Health Insurance** in the drop-down



6. Select **Enroll Now**



7. Select **Get Started**



Open Enrollment

Step-by-Step Guide | hr.unc.edu/enroll

Part 2: How To Complete Enrollment

1. Select **Get Started**
2. Update dependents if necessary, then click **Next**
3. Choose your Medical Plan
 - Your current plan will display as selected
 - To change your plan, click the **Select Plan** button for that plan
 - Once you have chosen your plan click **Next**

Benefit	70/30 PPO Plan 2019	80/20 PPO Plan 2019
Benefit Year Deductible	\$1,000 Individual/\$2,240 Family	\$1,250 Individual/\$3,750 Family
Office Visit Copay	\$40 Copay	\$25; \$10 if you use PCP on ID card
Preventive Care	\$0 Copay	\$0 Copay
Specialist Visit Copay	\$84 Copay	\$85 Copay
Emergency Room Copay	\$337 Copay, then 30% after deductible	\$300 Copay after deductible, then 20% after deductible or \$0 Copay when Blue Options Designated Hospital utilized
Inpatient Hospital Copay	\$337 Copay, then 30% after deductible	\$450 Copay after deductible, then 20% after deductible or \$0 Copay when Blue Options Designated Hospital utilized

4. Complete the Tobacco Attestation. Select your answer, then click **Next**
5. Your Benefits Summary displays
 - To change/update any of the

categories, click **Edit** beside that category

- Once changes/updates are complete, click **Save**

Medical
Offered By: Blue Cross and Blue Shield of North Carolina
Persons Covered: SHP OE0007
Premium credits **Edit** <
Medicare
Additional Insurance **Edit** <
Primary Care Provider **Edit** <
Edit plan Plan details

6. Your benefits and costs will display
 - To change/update click **Edit Coverage**
 - Once changes/updates are complete, click **Save Changes**

Your benefits
You have successfully updated your plan.
+ Your Medical coverage
80/20 PPO Plan \$50.00 per month
Offered By:
Edit coverage Show Plan Details Decline
You Pay (Monthly Total): \$50.00
Save changes Cancel

7. A confirmation message appears
 - Please review and print a copy for your records.

Congratulations, SHP! You have successfully completed your enrollment process.
Your confirmation number is: 1578577974-745tc. Please review and print your Confirmation Statement for your records.

