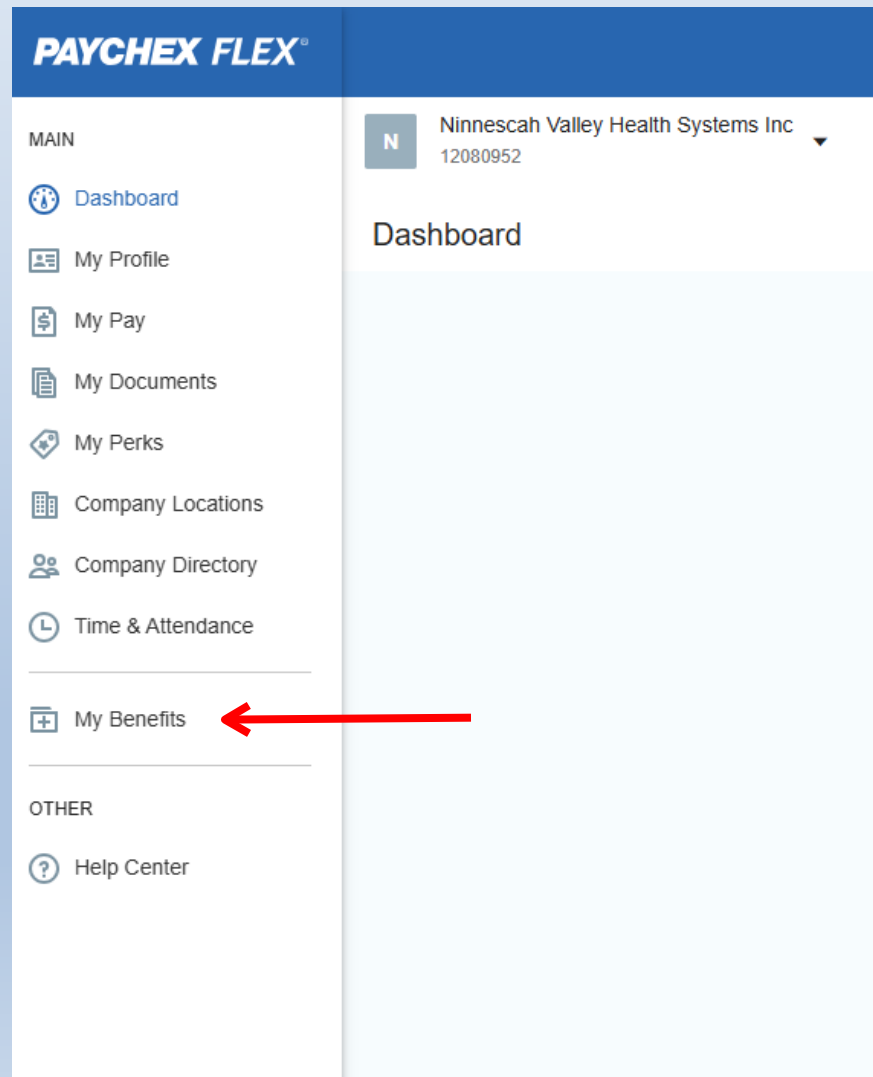


## How To: Enroll in your Benefits using FLOCK

Once you have been notified that you are eligible to make benefit elections either as a new hire or during open enrollment, follow these steps:

The Flock site can be found on your dashboard in Paychex. Sign into Paychex and click on **My Benefits** in the top left menu.



1. Click on the **Open Enrollment** click “**here**” towards the top of the page.

**KINGMAN HEALTHCARE CENTER**

### Employees

Filter benefits by employee

Test, Employee

#### Benefits details for Test, Employee

	<b>Test, Employee</b> testemp@kingman 1414 Test Ave, Test, KS, 99999 <span>Test Employee</span> <span>Benefits Only Employee</span>	Eligibility Group Benefits Eligible ✎	Hire Date 09/30/2024
		Pay Frequency Bi-weekly (24 Pay Periods)	Salary \$41,600.00

[Show More](#)

**Current Enrollment**   **Open Enrollment**   Dependents   Beneficiaries

Benefits as of **Today** ▾

**Note:** To Enroll or Update your benefits please click the Enroll/Update button. After your new hire eligibility window is closed, you will not be able to have any benefit questions, please consult your company admin or benefits broker.

**Note:** Open Enrollment elections pending. Click [here](#) to complete.

2. Or you can click on **Open Enrollment** across the top menu and then **Enroll/Update**.

**KINGMAN HEALTHCARE CENTER**

**Benefits**

- Employees
- Broker Info
- Plans
- Eligibility Groups
- EDI Carrier Connections

**Employees**

Filter benefits by employee

Test, Employee

**Benefits details for Test, Employee**

**Test, Employee**  
testemp@kingman  
1414 Test Ave, Test, KS, 99999  
Test Employee Benefits Only Employee

Eligibility Group: Benefits Eligible ✓  
Hire Date: 09/30/2024  
Pay Frequency: Bi-weekly (24 Pay Periods)  
Salary: \$41,600.00

Show More ▾

Current Enrollment Open Enrollment Dependents Beneficiaries

Benefits as of Today ▾

Note: To Enroll or Update your benefits please click the Enroll/Update button. After your new hire eligibility window is closed, you will not be able to make have any benefit questions, please consult your company admin or benefits broker.

Note: Open Enrollment elections pending. Click here to complete.

**Benefits details for Test, Employee**

**Test, Employee**  
testemp@kingman  
Test Employee Benefits Only Employee

Eligibility Group: Benefits Eligible ✓  
Hire Date: 09/30/2024  
Employment Type: Full-time  
Pay Frequency: Bi-weekly (24 Pay Periods)  
Salary: \$41,600.00  
Sex: Male

Show More ▾

Current Enrollment Dependents Beneficiaries

Benefits as of Today ▾

Download Enroll / Update ...

3. Update Basic Information: *It is important to update your profile information, or your benefits may be delayed.* Fill in any missing profile information. Fields marked with an asterisk (\*) are required. To proceed, click **Save & Proceed** at the bottom of the page.

**Current Year Enrollment**  
Benefits / Current Year Enrollment / Basic Information

Changes made on this page won't transfer to Paychex Flex®. To update both apps at the same time, change this info in Paychex Flex®.

### Basic Details

First Name\*  
Employee

Last Name\*  
Test

Sex\*  
Male

Marital Status  
Select

Date of Birth\*  
01/01/XXXX

SSN\*  
XXX-XX-1111

### Address

Address Line 1

Address Line 2

City

State  
Select State

ZIP

### Contact Details

Primary Phone

Home Phone

### Cost Summary (24 pay periods annually)

Medical	\$100.76
Dental	\$9.29
Vision	\$5.03
FSA Health Care	\$500.00
FSA Dependent Care	Waived
Dependent Life	Waived
Life Insurance	Waived
<b>Total</b>	<b>\$615.08</b>

Existing Coverage

Why are some of the fields locked for editing?

*Paychex Flex users:* you may see that certain fields cannot be edited. In order to update these fields, you must do so in your Paychex Flex profile.

4. Add Dependents: You may add dependents you wish to include in your elections by clicking the **Add Dependent** button. (You will have the option to enroll them or not enroll them in the next steps.)

**Test, Employee**

- Basic Information
- Dependents**
- Medical
- Dental
- Vision
- HSA
- FSA
- Group Plans
- Dependent Life
- Life Insurance
- EAP
- 12 Beneficiary
- Additional Items
- Review & Submit

### Current Year Enrollment

Benefits / Current Year Enrollment / Dependents

#### Dependents

**Child Test** CHILD

Sex	DOB	SSN
Female	01/01/XXXX	N/A
Address N/A		

**Spouse Test** SPOUSE

Sex	DOB	SSN
Female	01/01/XXXX	N/A
Address N/A		

[Add Dependent](#)

[Back](#) [Save & Proceed](#)

#### Cost Summary (24 pay periods annually)

Medical	\$100.76
Dental	\$9.29
Vision	\$5.03
FSA Health Care	\$500.00
FSA Dependent Care	Waived
Dependent Life	Waived
Life Insurance	Waived
<b>Total</b>	<b>\$615.08</b>

[Existing Coverage](#)

5. Edit/Delete Existing Dependents: **Edit** or **Delete** their information in Flock by clicking the Edit pencil in the upper right corner of their information section. When finished, click **Save & Proceed**.

## Dependents

Michael Appleseed			COURT ORDERED CHILD	<a href="#">Edit</a>
Gender	DOB	SSN		
Male	08/08/XXXX	N/A		
Address				
N/A				

6. Select Benefits: You will now be shown any plans for which you are eligible.

- For each plan displayed, decide which of your dependents you wish to include in coverage by selecting the dependent at the top of the page.
- **Answer the Eligibility Question before selecting the plan you wish to enroll in.**
- Select the plan you wish to enroll in by clicking on the plan.

**Next Year Enrollment**  
Benefits / Next Year Enrollment / Medical

**Choose Medical Plan**

**Dependents**  
Who else do you want to cover?

Child Test  
Child

Spouse Test  
Spouse

**Eligibility Questions**  
Answer these questions to see your eligible plans

Are you planning to enroll in an HSA plan?  Yes  No

- For more information about a plan, including information like emergency room costs and co-insurance rates, you may wish to view the **Plan Details**. You may also be able to view the carrier's plan summary or follow a link to the carrier's website.
- If there are multiple plans to choose from in any given coverage type, you have the option to **Compare Plans**. Clicking this button will allow you to see the coverage details of different plans side-by-side. You may choose up to 3 plans in the comparison window. (Example Below)
- Note: Domestic (KHC) Tier with zero deductible is not shown in the comparison for the PPO plan Only.

HDHP (FSA Qual) vs PPO		
	HDHP (FSA QUAL)	PPO
<b>Cost Per Pay Check</b>		
Employer Contribution	\$380.07	\$403.05
Employee Contribution	\$95.02	\$100.76
<b>In-network Deductible</b>		
Individual	\$3,000	\$1,000   \$1,500
Family	\$6,000	\$2,000   \$3,000
<b>Out-of-network Deductible</b>		
Individual	\$5,000	N/A
Family	\$10,000	N/A
<b>In-network Out of Pocket Max</b>		
Individual	\$6,350	See plan summary
Family	\$12,700	See plan summary
<b>Out-of-network Out of Pocket Max</b>		
Individual	N/A	N/A
Family	N/A	N/A



- If you have current elections in Flock, you may see them by clicking on the Existing Coverage drop down menu on the bottom right-hand side of the screen:
- *Note: You may choose to **Waive** any plan or group of plans at the bottom of the page. When you've made your choices, click **Save & Proceed**. Follow the same steps for the remaining benefits.*

Select a plan
Compare Plans

Plan Details

**HDHP (FSA Qual)**

Deductible (individual)	---	\$3,000	Employer Contribution	---	\$627.39
Deductible (family)	---	\$6,000	Per deduction		
Rx Generic	---	\$20 after deductible	<b>Employee Contribution</b>	---	<b>\$268.89</b>
Rx Brand	---	\$55   \$80, after deductible	Per deduction		
Rx Specialty	---	Contact IAA for Applicable Costs			
Office Co-Pay	---	\$15   \$35, after deductible			

Plan Details

**PPO**

Deductible (individual)	---	\$1,000   \$1,500	Employer Contribution	---	\$667.43
Deductible (family)	---	\$2,000   \$3,000	Per deduction		
Rx Generic	---	\$20	<b>Employee Contribution</b>	---	<b>\$286.05</b>
Rx Brand	---	\$55   \$80	Per deduction		
Rx Specialty	---	Contact IAA for Applicable Costs			
Office Co-Pay	---	\$15   \$40			

Click here to waive coverage.
Waive Medical

Back
➔
Save & Proceed

**Cost Summary** (24 pay periods annually)

Medical	\$286.05
Dental	\$27.46
Vision	\$13.40
FSA Health Care	<b>Waived</b>
FSA Dependent Care	<b>Waived</b>
Dependent Life	\$0.00
Life Insurance	\$14.76
<b>Total</b>	<b>\$341.67</b>


Existing Coverage
▼

↑

7. Additional Info: This is an important step if you elect voluntary life over the guaranteed issue amount. You will be asked to complete an EOI for approval of the additional amount.

### Choose Life Insurance Plan

✓ SELECTED

 **Voluntary Life/AD&D**  
by Symetra



---


Life Insurance provides financial support to your loved ones when you are gone. The benefit can be used for outstanding debt, medical bills, children's education, burial expenses, etc. Consider these when electing coverage amounts.  
[Plan Summary](#)

	<b>Employee Contribution</b>	
	Per deduction	
	Approved	---
	Requested	---
		<b>\$14.76</b>
		<b>\$19.68</b>

---

	Guaranteed Issue Amount	Benefit Amount
<input type="checkbox"/> Employee	\$150,000.00	160,000.00
<input checked="" type="checkbox"/> Spouse	\$30,000.00	80,000.00
<input type="checkbox"/> Child		

EOI approval request form : [view](#)  

 **Disclaimer :** Please refer to the Product Information Flyer or attachment for a complete description of benefits, limitations and exclusions. Insurance products and services are generally provided by the listed carrier but not in all circumstances.

## 8. Review & Submit:

- To make changes to your elections, click on the **Benefit Type** in the left-hand column.
- When you are satisfied with your elections, remember to click **Submit Enrollment** at the bottom of this page. *Otherwise, your changes will not be recorded.*

12/01/2024  
Effective Date

\$12.30  
Employee Contributions

\$2.46  
Spouse Contributions

Dependents were added/removed.  
Employee was added/removed

Information only plan

Employee Assistance Program (24 pay periods annually) ▲

New Directions  
- Policy  
[Plan Summary](#)

FIRST NAME	LAST NAME	RELATIONSHIP	TYPE	ALLOCATION
Spouse	Test	Spouse	Primary	100

Back

Submit Enrollment