



# How to Enroll in Your Benefits:

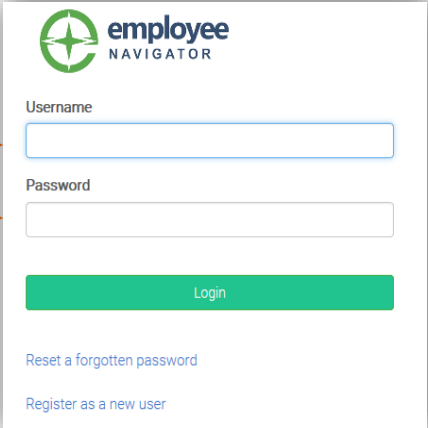
## Employee Navigator Login Instructions

## How To Access Your Account

1. Go to home page: <http://www.myctsbenefits.com/>
2. All benefits described in this guide are also provided in further detail on the home page. After reviewing the benefits offered through Carolina Therapy Services for June 1, 2018 – May 31, 2019 plan year, click below the **ENROLL** button to navigate to the Employee Navigator Login page.



3. The below Login screen will appear. Login with your username and password.

The login screen for Employee Navigator. It features the logo at the top left, followed by "Username" and "Password" labels above their respective input fields. A green "Login" button is positioned below the fields. At the bottom, there are links for "Reset a forgotten password" and "Register as a new user". Two orange arrows point from the left towards the Username and Password input fields.

employee  
NAVIGATOR

Username

Password

Login

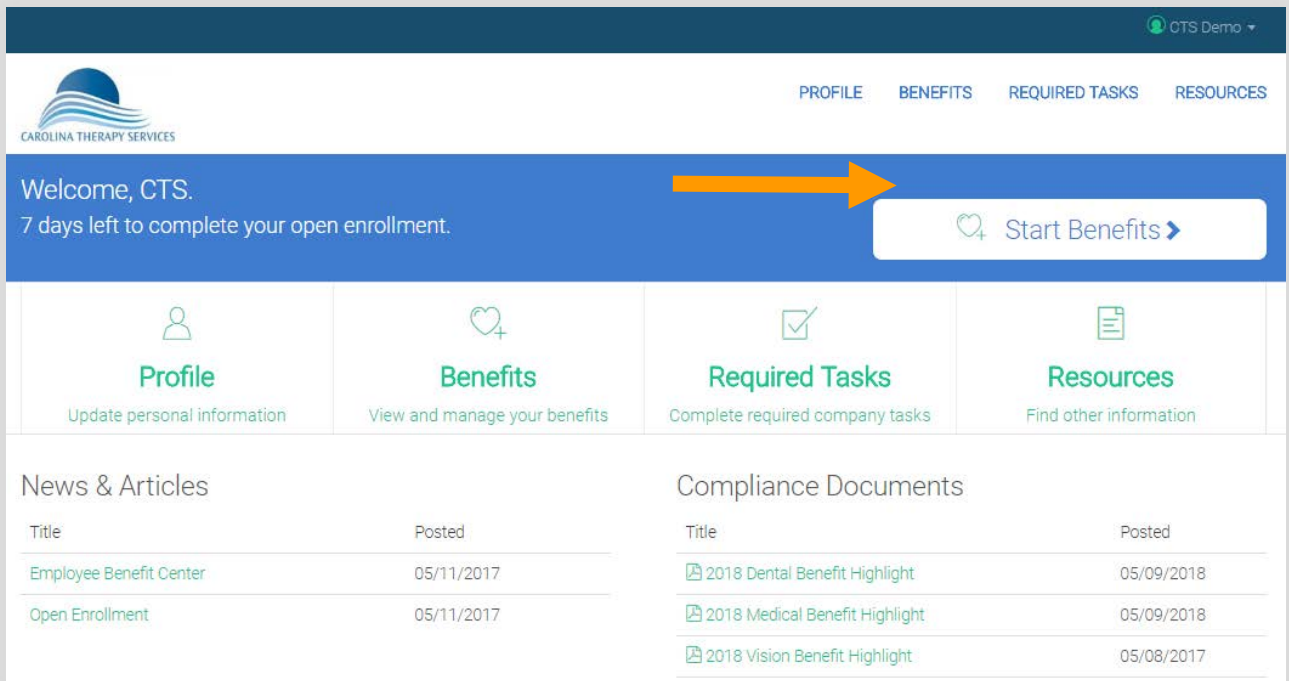
[Reset a forgotten password](#)

[Register as a new user](#)

4. If you don't recall your password, Click **Reset a forgotten password**.
  - Click on **Click Here** under Employees
  - Enter your **Username** and **Birth Year** when prompted
  - Click **Next**
  - You will receive an email to the email address registered to your account
  - Follow the prompts from the Reset Password email to access your account.

## Start Benefit Elections

After logging in with your username and password, your benefits home page will appear. To begin enrolling in your benefits, click [Start Benefits](#)



CTS Demo

PROFILE BENEFITS REQUIRED TASKS RESOURCES

WELCOME, CTS.  
7 days left to complete your open enrollment.

Start Benefits

**Profile**  
Update personal information

**Benefits**  
View and manage your benefits

**Required Tasks**  
Complete required company tasks

**Resources**  
Find other information

**News & Articles**

Title	Posted
Employee Benefit Center	05/11/2017
Open Enrollment	05/11/2017

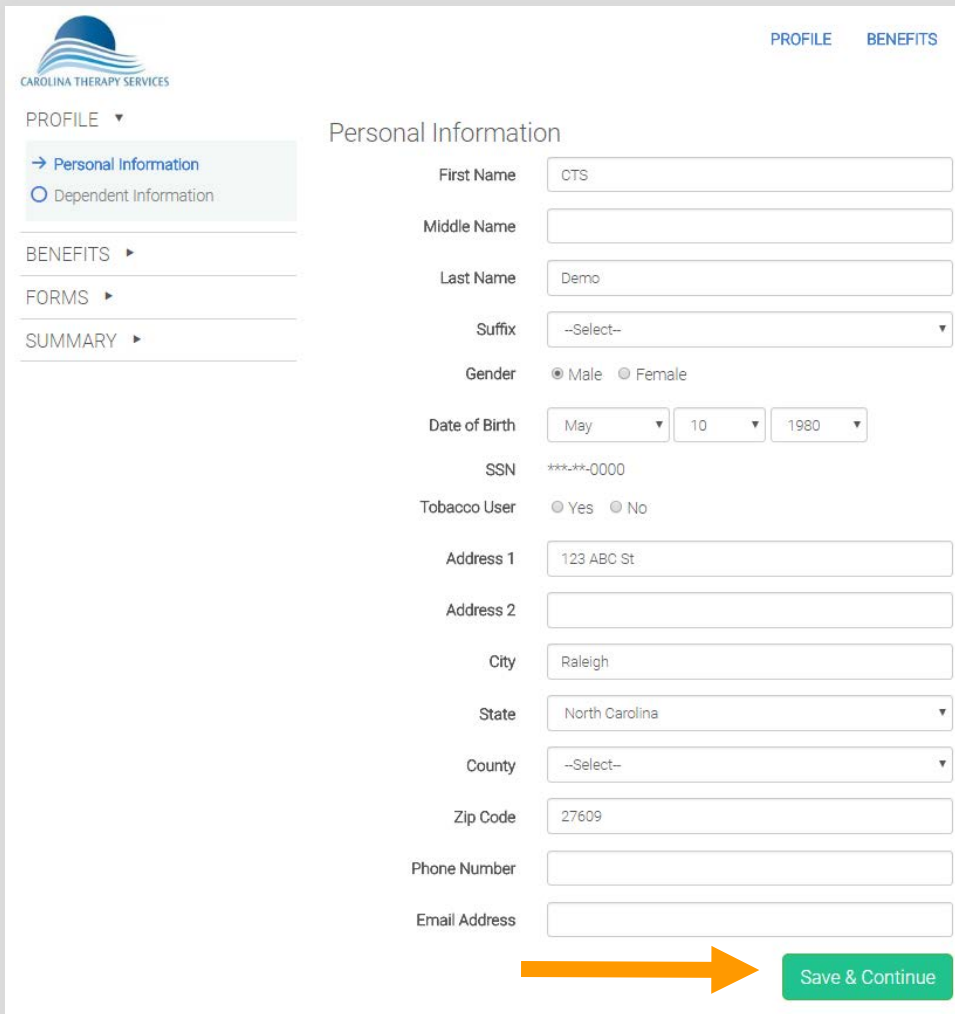
**Compliance Documents**

Title	Posted
2018 Dental Benefit Highlight	05/09/2018
2018 Medical Benefit Highlight	05/09/2018
2018 Vision Benefit Highlight	05/08/2017

***NOTE: All benefit elections must be completed by Friday, May 18<sup>th</sup> at 3pm.***

## Personal Information

After you have clicked *Start Benefits*, you will be directed to the *Personal Information* page under the *Profile* section. Verify that all information is accurate and manually correct any inaccurate personal information. Complete all required fields. Upon completing this section, click *Save & Continue*.




The screenshot shows the 'Personal Information' form within the 'employee NAVIGATOR' system. The form is titled 'Personal Information' and is part of a 'PROFILE' section. The left sidebar contains navigation options: 'PROFILE' (selected), 'BENEFITS', 'FORMS', and 'SUMMARY'. Under 'PROFILE', there are two sub-options: 'Personal Information' (selected) and 'Dependent Information'. The form fields are as follows:

- First Name: CTS
- Middle Name: (empty)
- Last Name: Demo
- Suffix: --Select--
- Gender:  Male  Female
- Date of Birth: May 10 1980
- SSN: \*\*\*-\*\*-0000
- Tobacco User:  Yes  No
- Address 1: 123 ABC St
- Address 2: (empty)
- City: Raleigh
- State: North Carolina
- County: --Select--
- Zip Code: 27609
- Phone Number: (empty)
- Email Address: (empty)

An orange arrow points to the 'Save & Continue' button at the bottom right of the form.

## Dependent Information

After completing the [Personal Information](#) page, you will be directed to the [Dependent Information](#) page under the [Profile](#) section. If applicable, verify information is accurate and manually correct any inaccurate information or enter in new dependent information. Upon completing this section, click [Save & Continue](#).



[PROFILE](#)   [BENEFITS](#)   [REQUIRED TASKS](#)   [RESOURCES](#)

PROFILE ▾

- Personal Information
- [→ Dependent Information](#)

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BENEFITS ▸

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FORMS ▸

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SUMMARY ▸

### Dependent Information

add dependent +
←


	Name	DOB	SSN	Relationship
<a href="#">Edit</a>	Spouse Demo	05/10/1980	***-**-3175	Spouse
<a href="#">Edit</a>	Child Demo	05/10/2005	***-**-8963	Child

→
Save & Continue



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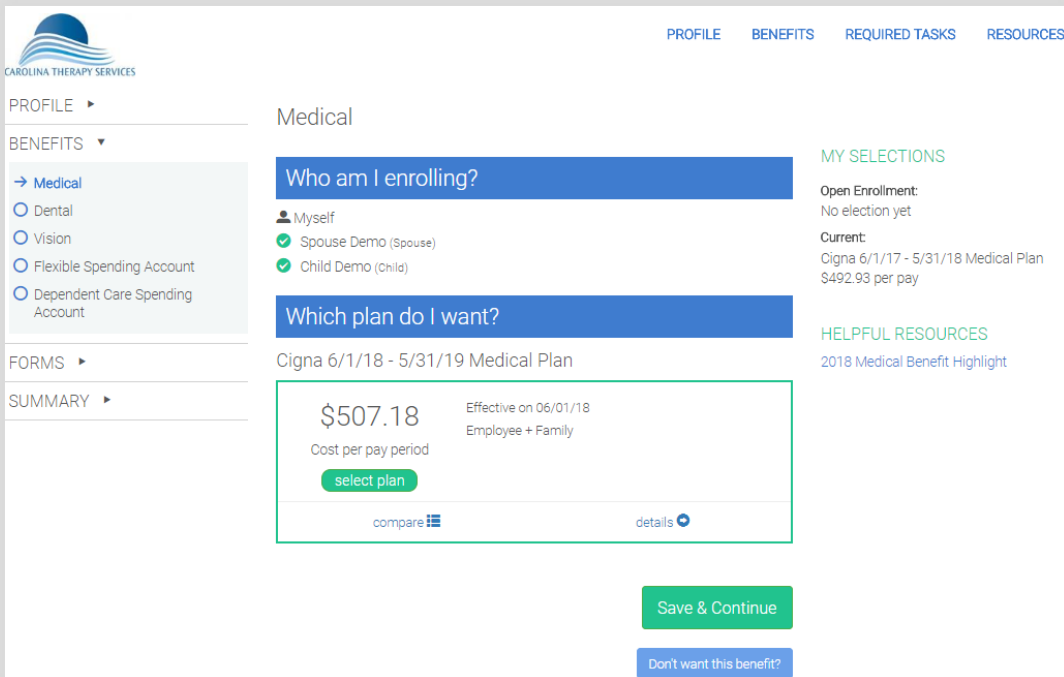
# Medical Benefit Selection

## TO ENROLL IN MEDICAL COVERAGE:

After completing the [Dependent Information](#) page, you will be directed to the [Medical](#) page under the [Benefits](#) section. Complete the following sections:

- [Who Am I enrolling?](#) - Select (or deselect) any dependent(s) you wish to enroll in the medical plan. A green dot with a white check mark indicates you have selected that dependent(s) to enroll in the medical plan.
- [Which plan do I want?](#) – Click [Select Plan](#) . The medical benefit per pay period amount will appear. This amount is based on the dependent(s) that are selected in the [Who Am I enrolling?](#) section.

Upon completing this section, click [Save & Continue](#).



The screenshot shows the 'Medical' selection page. On the left is a navigation menu with 'Medical' selected under 'BENEFITS'. The main content area has a 'Medical' header and two sections: 'Who am I enrolling?' and 'Which plan do I want?'. Under 'Who am I enrolling?', 'Myself' is selected, and 'Spouse Demo (Spouse)' and 'Child Demo (child)' are also selected with green checkmarks. Under 'Which plan do I want?', the 'Cigna 6/1/18 - 5/31/19 Medical Plan' is selected. A box displays a cost of '\$507.18' per pay period, effective on 06/01/18 for Employee + Family, with a 'select plan' button. Below this are 'compare' and 'details' links. At the bottom right are 'Save & Continue' and 'Don't want this benefit?' buttons. The right sidebar shows 'MY SELECTIONS' with 'Open Enrollment: No election yet' and 'Current: Cigna 6/1/17 - 5/31/18 Medical Plan \$492.93 per pay', and 'HELPFUL RESOURCES' with a link to '2018 Medical Benefit Highlight'.

## Medical Benefit Selection *(Cont.)*

### TO DECLINE MEDICAL COVERAGE:

If you do not want or are not interested in medical coverage, select *Don't want this benefit?* at the bottom of the page. A *Choose a reason for declining this benefit* box will appear – select the reason that applies.

Choose a reason for declining this benefit

- Cost
- Covered under another plan
- Covered under Tricare
- Not Interested

Don't want this benefit?

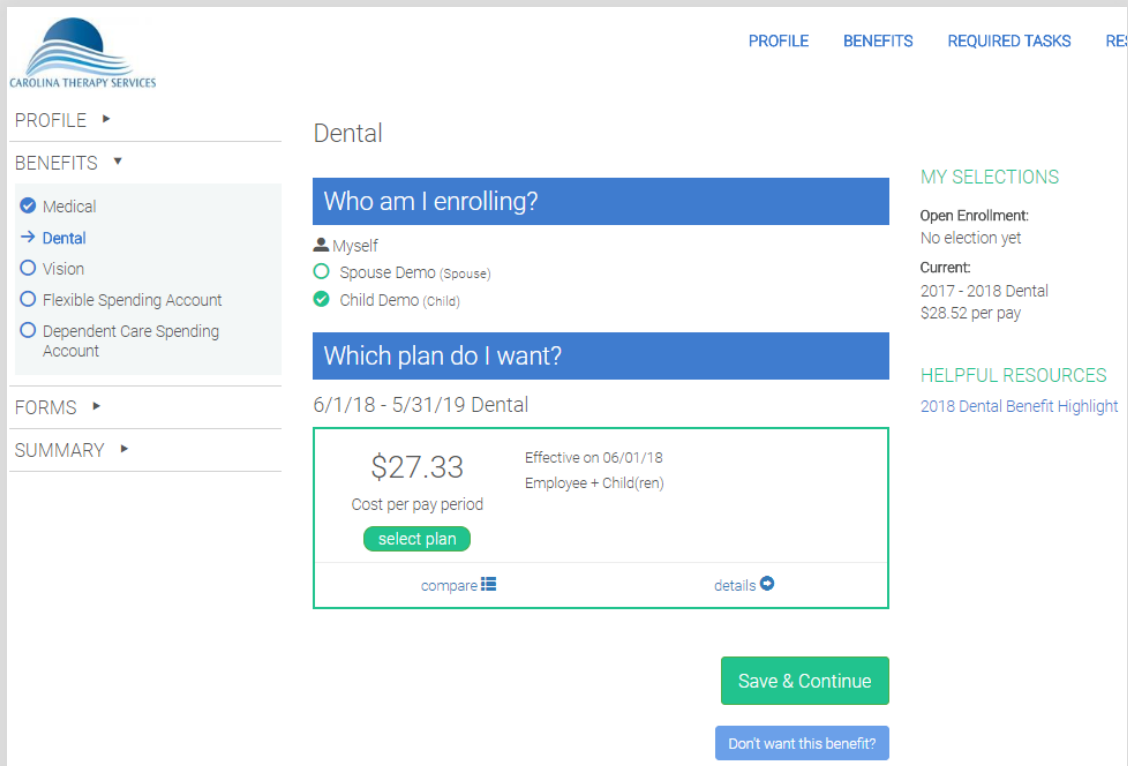
## Dental Benefit Selection

### TO ENROLL IN DENTAL COVERAGE:

After completing the *Medical* section, you will be directed to the *Dental* page under the *Benefits* section. Complete the following sections:

- *Who Am I enrolling?* - Select (or deselect) any dependent(s) you wish to enroll in the dental plan. A green dot with a white check mark indicates you have selected that dependent(s) to enroll in the dental plan.
- *Which plan do I want?* - Click *Select Plan*. The dental benefit per pay period amount will appear. This amount is based on the dependent(s) that are selected in the *Who Am I enrolling?* section.

Upon completing this section, click *Save & Continue*.



The screenshot shows the 'Dental' selection page. On the left is a navigation menu with 'BENEFITS' expanded to show 'Medical', 'Dental' (selected), 'Vision', 'Flexible Spending Account', and 'Dependent Care Spending Account'. The main content area has two sections: 'Who am I enrolling?' with 'Myself' selected and 'Child Demo (Child)' also selected; and 'Which plan do I want?' showing a cost of \$27.33 per pay period for 'Employee + Child(ren)' effective 06/01/18. A 'select plan' button is visible. On the right, 'MY SELECTIONS' shows 'Open Enrollment: No election yet' and 'Current: 2017 - 2018 Dental \$28.52 per pay'. Below that are 'HELPFUL RESOURCES' including a '2018 Dental Benefit Highlight'. At the bottom right are 'Save & Continue' and 'Don't want this benefit?' buttons.



## Dental Benefit Selection *(Cont.)*

### TO DECLINE DENTAL COVERAGE:

If you do not want or are not interested in dental coverage, select *Don't want this benefit?* at the bottom of the page. A *Choose a reason for declining this benefit* box will appear – select the reason that applies.

Choose a reason for declining this benefit

- Cost
- Covered under another plan
- Covered under Tricare
- Not Interested

Don't want this benefit?

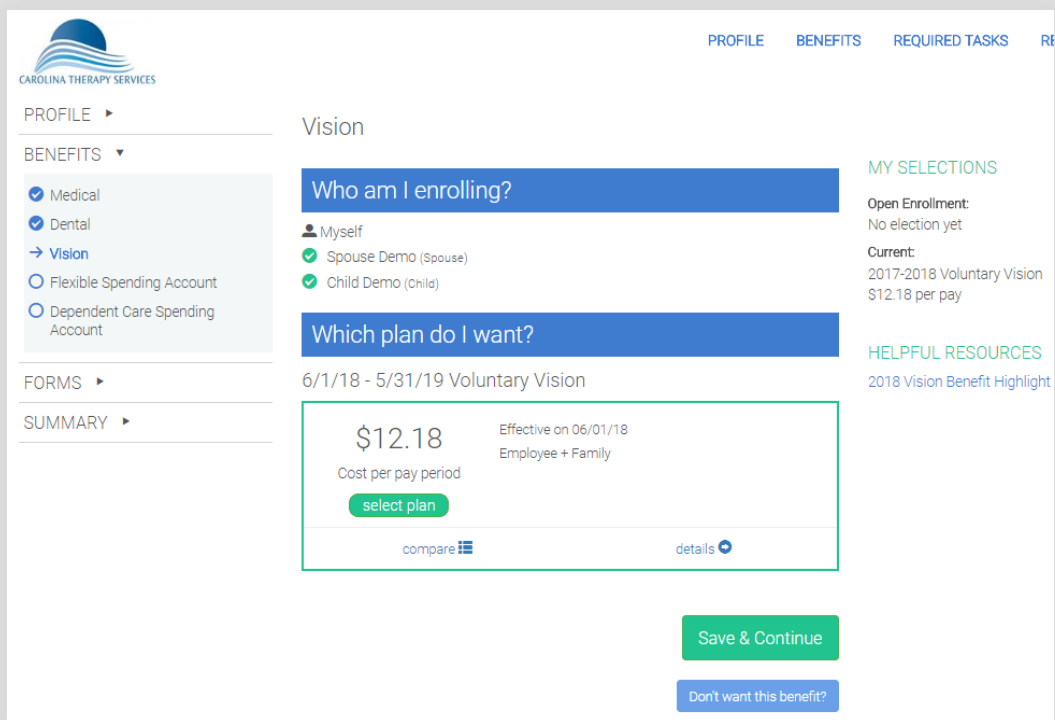
## Vision Benefit Selection

### TO ENROLL IN VISION COVERAGE:

After completing the [Dental](#) section, you will be directed to the [Vision](#) page under the [Benefits](#) section. Complete the following sections:

- [Who Am I enrolling?](#) - Select (or deselect) any dependent(s) you wish to enroll in the vision plan. A green dot with a white check mark indicates you have selected that dependent(s) to enroll in the vision plan.
- [Which plan do I want?](#) – Click [Select Plan](#). The vision benefit per pay period amount will appear. This amount is based on the dependent(s) that are selected in the [Who Am I enrolling?](#) section.

Upon completing this section, click [Save & Continue](#).



The screenshot shows the 'Vision' selection page for Carolina Therapy Services. The left sidebar contains navigation options: PROFILE, BENEFITS (with sub-options for Medical, Dental, Vision, Flexible Spending Account, and Dependent Care Spending Account), FORMS, and SUMMARY. The main content area is titled 'Vision' and includes two primary sections: 'Who am I enrolling?' and 'Which plan do I want?'. Under 'Who am I enrolling?', 'Myself' is selected, and 'Spouse Demo (Spouse)' and 'Child Demo (Child)' are also selected with green checkmarks. The 'Which plan do I want?' section shows a selected plan for '6/1/18 - 5/31/19 Voluntary Vision' with a cost of '\$12.18 per pay period' effective on 06/01/18 for 'Employee + Family'. A 'select plan' button is visible. Below this, there are 'compare' and 'details' options. At the bottom right, there are 'Save & Continue' and 'Don't want this benefit?' buttons. On the right side of the page, there are sections for 'MY SELECTIONS' (showing 'Open Enrollment: No election yet' and 'Current: 2017-2018 Voluntary Vision \$12.18 per pay') and 'HELPFUL RESOURCES' (with a link to '2018 Vision Benefit Highlight').

## Vision Benefit Selection *(Cont.)*

### TO DECLINE VISION COVERAGE:

If you do not want or are not interested in vision coverage, select *Don't want this benefit?* at the bottom of the page. A *Choose a reason for declining this benefit* box will appear – select the reason that applies.

Choose a reason for declining this benefit

- Cost
- Covered under another plan
- Covered under Tricare
- Not Interested

[Don't want this benefit?](#)

## Flexible Spending Account Benefit Selection

### TO ENROLL IN FSA COVERAGE:

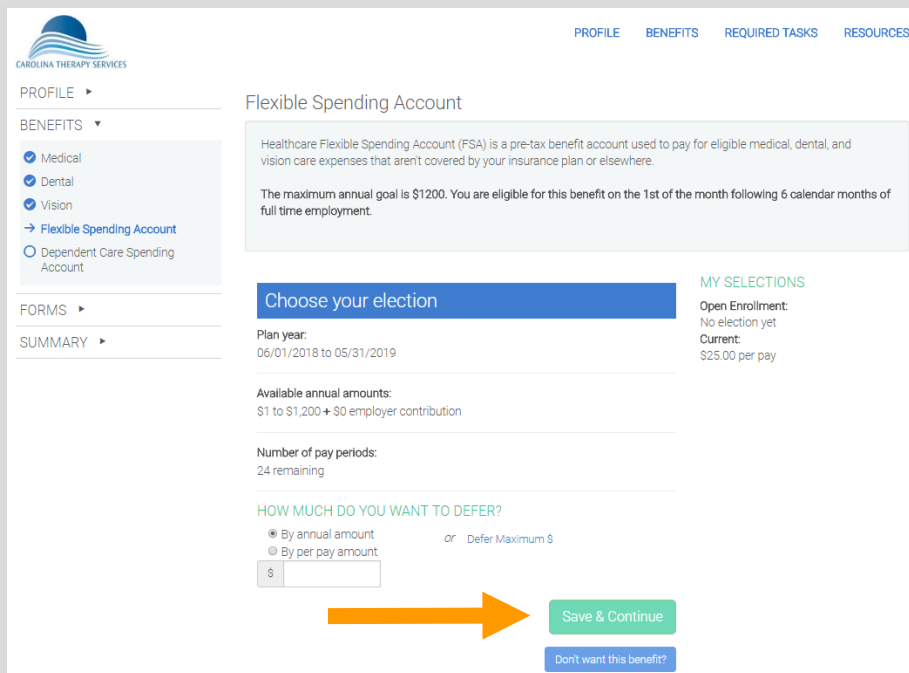
After completing the [Vision](#) section, you will be directed to the [Flexible Spending Account](#) page under the [Benefits](#) section. Complete the following sections:

- [How much do you want to allocate?](#)
  - If you choose by annual amount, the system will tell you the amount per pay period that will be deducted.
  - If you choose by per pay period amount, the system will calculate the amount annually that will be contributed.

Upon completing this section, click [Save & Continue](#).

Repeat the same steps for [Dependent Care Account](#).

Upon completing this section, click [Save & Continue](#).

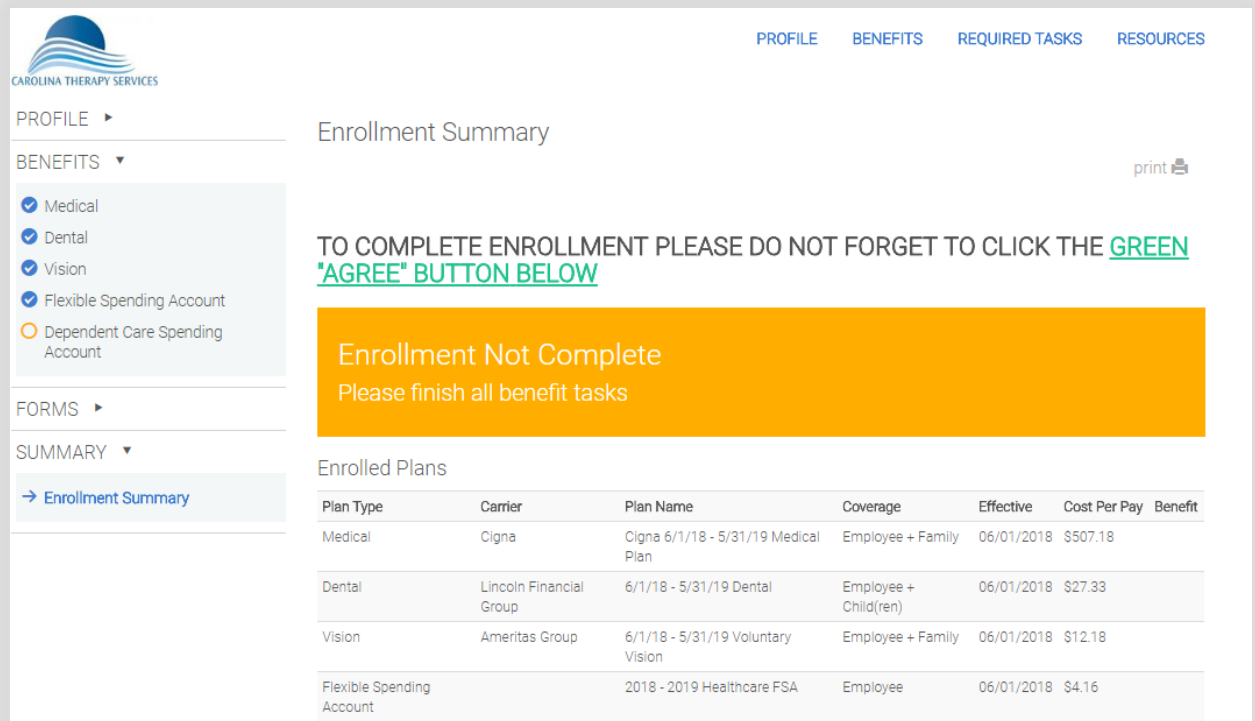



The screenshot shows the 'Flexible Spending Account' selection page. On the left, there is a navigation menu with 'BENEFITS' expanded, showing 'Medical', 'Dental', 'Vision', 'Flexible Spending Account' (selected), and 'Dependent Care Spending Account'. The main content area includes a description of the FSA, a 'Choose your election' section with a plan year of 06/01/2018 to 05/31/2019, and 'MY SELECTIONS' showing 'Open Enrollment: No election yet' and 'Current: \$25.00 per pay'. The 'HOW MUCH DO YOU WANT TO DEFER?' section has radio buttons for 'By annual amount' (selected) and 'By per pay amount', with a 'Defer Maximum \$' option. A text input field shows '\$' followed by a blank space. A large orange arrow points to the 'Save & Continue' button.

**You are only eligible for this benefit on the 1st of the month following 6 calendar months of full time employment.**

## Incomplete Enrollment

If there are any benefits that were skipped (meaning a selection was not enrolled or declined and/or any other sections that were left incomplete), an *Enrollment Not Complete – Please finish all benefit tasks* message will appear on the *Enrollment Summary* page. In addition, under the *Profile* and *Benefits* section located on the left-hand side of the screen, there will be orange circles next to the subsections that are incomplete – Click on those subsections to complete enrollment. A blue circle with a white check mark indicates the section is complete.



Enrollment Summary print 

**TO COMPLETE ENROLLMENT PLEASE DO NOT FORGET TO CLICK THE [GREEN 'AGREE' BUTTON BELOW](#)**

**Enrollment Not Complete**  
Please finish all benefit tasks

Enrolled Plans

Plan Type	Carrier	Plan Name	Coverage	Effective	Cost Per Pay	Benefit
Medical	Cigna	Cigna 6/1/18 - 5/31/19 Medical Plan	Employee + Family	06/01/2018	\$507.18	
Dental	Lincoln Financial Group	6/1/18 - 5/31/19 Dental	Employee + Child(ren)	06/01/2018	\$27.33	
Vision	Ameritas Group	6/1/18 - 5/31/19 Voluntary Vision	Employee + Family	06/01/2018	\$12.18	
Flexible Spending Account		2018 - 2019 Healthcare FSA	Employee	06/01/2018	\$4.16	

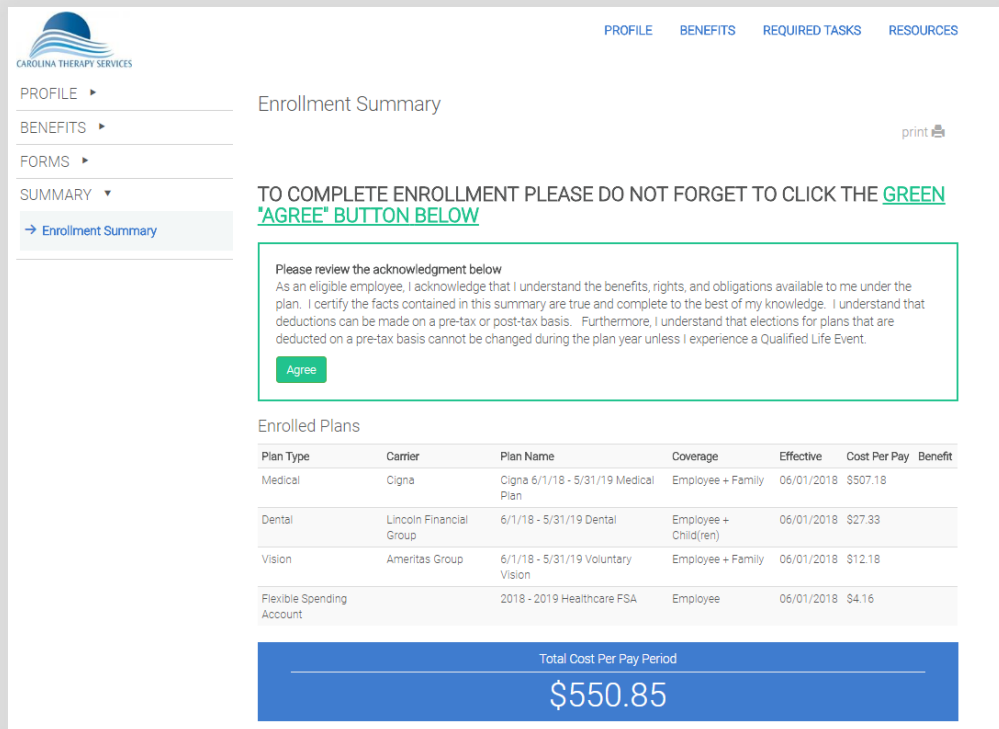
## Enrollment Summary

After selections for each line of coverage have been completed, an [Enrollment Summary](#) page will appear. This page shows:

- The plan(s) you selected or declined to enroll in
- The carrier that provides the coverage
- The plan name
- The coverage level
- The effective date
- The cost per pay period

At the bottom of the page, a blue box will show you your **Total Cost Per Pay Period**

Please review to ensure all plans that were selected or declined and the coverage type is correct. If everything that appears on the [Enrollment Summary](#) page is correct, click the [Agree](#) button located in the [Please review the acknowledgement below](#) section. This is required in order for elections to be finalized.



PROFILE BENEFITS REQUIRED TASKS RESOURCES

Enrollment Summary print

**TO COMPLETE ENROLLMENT PLEASE DO NOT FORGET TO CLICK THE [GREEN 'AGREE' BUTTON BELOW](#)**

**Please review the acknowledgement below**

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

[Agree](#)

Enrolled Plans

Plan Type	Carrier	Plan Name	Coverage	Effective	Cost Per Pay	Benefit
Medical	Cigna	Cigna 6/1/18 - 5/31/19 Medical Plan	Employee + Family	06/01/2018	\$507.18	
Dental	Lincoln Financial Group	6/1/18 - 5/31/19 Dental	Employee + Child(ren)	06/01/2018	\$27.33	
Vision	Ameritas Group	6/1/18 - 5/31/19 Voluntary Vision	Employee + Family	06/01/2018	\$12.18	
Flexible Spending Account		2018 - 2019 Healthcare FSA	Employee	06/01/2018	\$4.16	

Total Cost Per Pay Period

# \$550.85

***NOTE: Any benefit changes (selecting coverage, declining coverage and/or changing coverage type) must be completed by Friday, May 18<sup>th</sup> by 3pm.***



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