

Kronos Enrollment Guide

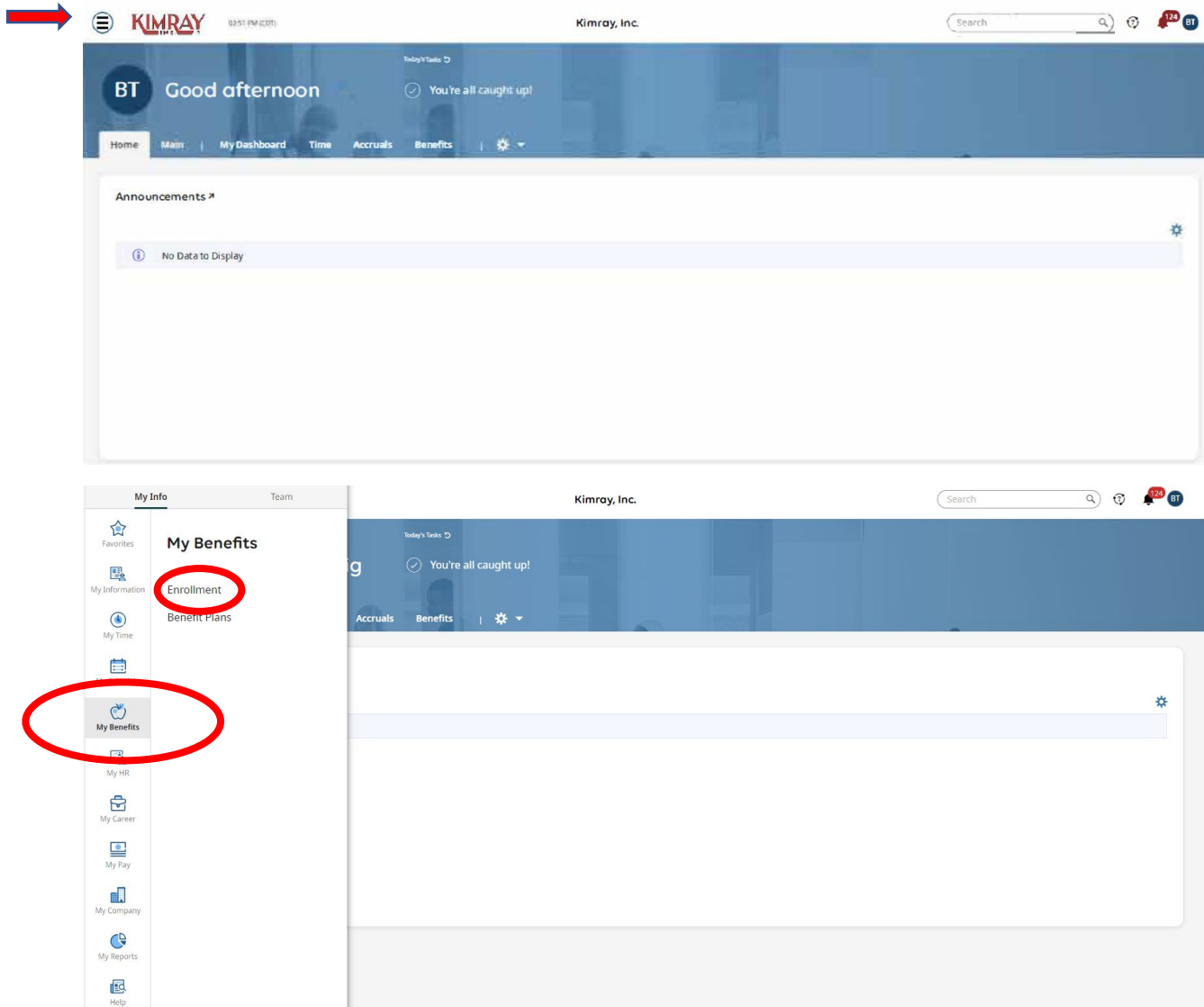
This step-by-step guide will walk you through the Open Enrollment process in Kronos.

All team members will need to be sure that they know their Okta sign-on information so they can properly log into Kronos.

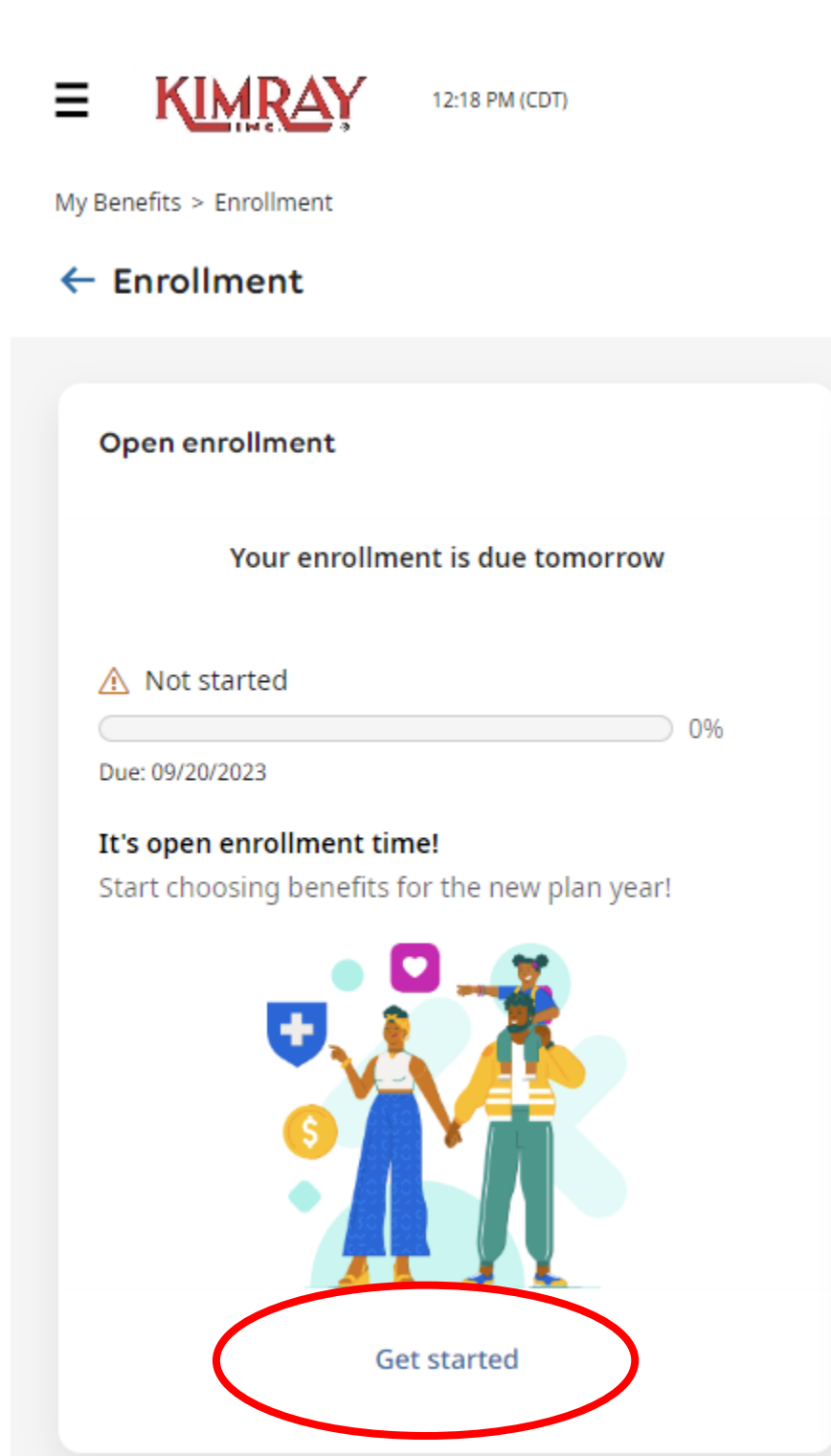
- Desktop User Instructions
- Mobile User Instructions
- Change Personal Information

DESKTOP USER INSTRUCTIONS:

1. Log into Kronos and access the Open Enrollment portal. Click on the three blue lines in the upper left-hand corner of the screen. Then go to My Info > My Benefits > Enrollment.



2. Locate the Open Enrollment tile. Click on *Get Started* at the bottom of the Open Enrollment tile.



- Please be sure to read through the instructions page before proceeding to your benefit selections. Once you have read through the instructions, click on *Continue* on the right-hand corner.

My Benefits > Enrollment

← Enrollment

In progress (3 of 12)

Due: 09/20/2023

- Instructions
- You and your family
- Medical
- Dental
- Vision
- Company Provided Employee Benefits
- Company Provided Dependent Benefit
- Flexible Spending Account

Instructions

As you proceed through the benefit categories (Medical, Dental, etc.), review the pricing and coverage type that best meets your needs. Note that there are options to compare plan pricing and features to assist you with your selections.

Once you have decided on a plan, click on the "select" checkbox next to the plan. You will then choose your coverage level from the drop-down menu. Note that you do have the option to waive plan coverage and can modify your selections up to final submittal on the confirm selections page.

After you have selected your plan, if you have chosen a plan that requires a dependent (e.g. Employee plus Family) you will need to define those dependents. You will want to have your dependent(s) contact, SSN, and birthday information available as you complete this section.

NOTE: You must complete the Confirm & Submit tab and click on submit so your elections will be sent to P&C for approval.

Your information will be forwarded to P&C for review and approval. You can always return to view your status of current benefits as needed outside of the open enrollment period.

*By electing coverage I am confirming that I am actively at work. If electing spouse coverage I am also confirming that my spouse currently lives in the U.S.

Continue

Your benefit choices
Per pay period

Company Provided Employee Benefits \$0.00

Prices shown are your cost after employer contributions of \$0.58 per pay period

What You'll Pay \$0.00

- If your dependent is NOT listed here, you will need to add them as a contact before continuing. Please refer to the *Change Personal Information* instruction document at the back of this guide.

My Benefits > Enrollment

← Enrollment

In progress (3 of 12)

Due: 10/12/2023

- Instructions
- You and your family
- Medical
- Dental
- Vision
- Company Provided Employee Benefits
- Company Provided Dependent Benefit
- Flexible Spending Account
- Supplemental Insurance- Life and AD&D
- Supplemental Insurance- Critical Illness & Group Accident
- Pet Insurance
- Finish up

You and your family

i If you have family members in your contacts but they aren't showing up here, select 'Add from existing'.

Review your family's details for any changes since last year, or add new dependents. When you select your benefits in the next step, you'll be able to cover the people who are listed here.

[Add From Existing Contacts](#)

Big testBird	Miss Piggy	Elmo Best
Relationship You	Relationship Spouse	Relationship Brother
Primary <input type="checkbox"/> No <input type="checkbox"/>	Primary <input type="checkbox"/> No <input type="checkbox"/>	Primary <input type="checkbox"/> No <input type="checkbox"/>
Preferred Phone Number 405-795-6865	Preferred Phone Number --	Preferred Phone Number 405-111-1111
Contact Type --	Contact Type Emergency, Dependent, Beneficiary	Contact Type Emergency, Dependent, Beneficiary
Date Of Birth 05/28/1974	Date Of Birth 06/01/1950	Date Of Birth 01/01/1950

5. Medical:

Once you are on the medical page, you will have the option to select from the

- Blue Cross Medical PPO plan
- Blue Cross Medical Hybrid plan or the
- High Deductible Health Plan.

You can compare the plans to compare their premiums, deductibles, out-of-pocket maximum amounts, prescription plans, and more. To compare plans, click on *Review plans*, then choose which coverages you want to compare, then select compare.

The screenshot shows the 'Medical' enrollment section. On the left is a progress bar for 'Enrollment' (3 of 12 steps) with a 'Continue' button. The 'Medical' step is active. Below it is a list of options: 'Decline/waive Medical', 'Review plans', and 'Compare plans'. The 'Review plans' button is circled in red. The main area displays three plan options:

Plan Name	Your price per pay period
Blue Cross Medical PPO	\$72.90
Blue Cross Medical Hybrid Plan	\$68.70
Blue Cross Medical HDHP Employee Only Coverage	\$74.52

Each plan card includes details like 'Coverage Level', 'Who You Selected', 'Deductible', 'Out of Pocket Cost Maximum', 'Coinsurance', 'Tax Free Savings Account', and 'Prescription Drug' costs. A 'Select' button is at the bottom of each card.

The dialog box asks 'Which plan(s) would you like to review and compare?'. It instructs the user to 'Select the plans you would like to see in a side-by-side comparison'. There are four checkboxes:

- Blue Cross Medical PPO
- Blue Cross Medical Hybrid Plan
- Blue Cross Medical HDHP Employee Only Coverage
- Blue Cross Medical HDHP Dependent Coverage

At the bottom, there are 'Cancel' and 'Compare' buttons. The 'Compare' button is circled in red.

*Please note that the HDHP is broken out into two different options, employee only and dependent coverage.

6. Once you have decided on a plan, make sure you **select your coverage level and then select**. If you decide to make a change, simply click on selected again to deselect your option.

Blue Cross Medical PPO

Your price per pay period
\$189.56

Coverage Level **Employee + Spouse** ▼

Who You Selected
(2): Yourself, Miss Piggy

Deductible Family Plan: \$1,000

Out Of Pocket Cost Maximum
Family Plan: Blue Preferred

Coinsurance (After Deductible)
Preferred: 80%

Tax Free Savings Account
Flexible Spending account. No company contribution.

Prescription Drug Generic
\$10 retail / \$25 mail order

Prescription Drug Brand
\$25 retail / \$62.50 mail order


✓ Selected

*Please note that as you are selecting your tier of coverage (employee only, employee plus spouse, etc) for any plan option, once you click on Save and Select, if you need to edit the plan enrollees (add a child, etc), you will need to un-select and then re-select the plan

7. If you select a tier of coverage that requires you to add a spouse or child, you will be prompted to add them to this coverage now. Click on *Add*, then select *Add from Existing Contacts*. If your dependent is NOT listed here, you will need to add them as a contact before continuing. Please refer to the *Change Personal Information* instruction document at the back of this guide. Select the appropriate dependent, then click on *Save and Select*. Then click on *Continue*. Please note that as you are selecting your tier of coverage (employee only, employee plus spouse, etc) for any plan option, once you click on *Save and Select*, if you need to edit the plan enrollees (add a child, etc), you will need to un-select and then re-select the plan.

Fill in Required Info for Selected Plan X

Coverage Level

Coverage *
Employee + Spouse 

Spouse

Page 1 of 1 1 - 1 of 1 Rows

Name	Relationship	Birth Date	Actions
Miss Piggy	Spouse	06/01/1950	...

CANCEL SAVE AND SELECT

*Click **continue** to move on to dental.

8. Dental

You will proceed with the same steps for dental and vision. If you choose to not select these plans, you must select the box next to *Waive all Dental* to continue.

Make sure you select your coverage level and then select.

The screenshot shows the dental enrollment process. At the top right, a blue "Continue" button is circled in red. On the left, under the "Dental" heading, there is a radio button labeled "Decline/waive Dental" which is also circled in red. Below this, a text box explains that users can opt out by selecting 'decline/waive coverage'. A button labeled "Plan details" is visible. A note states "There is only 1 plan available". Below this, a card for "Blue Care Dental" shows a price of "\$10.23" per pay period. The "Coverage Level" is set to "Employee Only" and is circled in red. A "Select" button is at the bottom of the card. On the right, a summary box titled "Your benefit choices" shows "Medical" at \$189.56 and "Company Provided Employee Benefits" at \$0.00. It also notes that prices are shown after employer contributions of \$569.26 per pay period. At the bottom of the summary box, "What You'll Pay" is listed as \$189.56. An illustration of a person climbing a bar chart is at the bottom of the summary box.

9. Vision

If you choose to not select Vision plans, you must select the box next to *Waive all Dental* to continue.

Make sure you select your coverage level and then select.

Vision \$4.59 Per pay period

Decline/waive Vision

You can review and compare plans for further details and find the coverage that works best for you and your family. If you don't need this coverage for any reason, you can opt out by selecting 'decline/waive coverage'.

There is only 1 plan available [Plan details](#)

Prices will change if a different coverage level is selected

VSP Vision Plan

Your price per pay period

\$4.59

Coverage Level Employee Only

Who You Selected Employee Only

✓ Selected


Continue ...

Your benefit choices
Per pay period

Medical	\$189.56
Dental	Declined/waived
Vision	\$4.59
Company Provided Employee Benefits	\$0.00

Prices shown are your cost after employer contributions of \$569.26 per pay period

What You'll Pay \$194.15



10. Company Provided Employee Benefits:

These benefits are provided to you at no cost. You are automatically enrolled in these benefits and cannot waive them. Click on *Continue*.

Company Provided Employee Benefits \$0.00 Per pay period

Automatically enrolled

- UNUM Company Paid Basic Life Class 2**
Your price per pay period: **\$0.00**
Coverage Level: UNUM Company Paid Basic Life Class 2
Coverage: \$38,000.00
Selected
- UNUM Company Paid Basic AD&D Class 2**
Your price per pay period: **\$0.00**
Coverage Level: UNUM Company Paid Basic AD&D Class 2
Plan Highlights: Basic AD&D Class 2
Coverage: \$38,000.00
Selected
- Unum Company Paid STD**
Your price per pay period: **\$0.00**
Coverage Level: UNUM Short Term Disability
Coverage: \$540.60
Selected
- Long Term Disability**
Your price per pay period: **\$0.00**
Coverage Level: Long Term Disability
Coverage: \$1,874.08
Selected

Your benefit choices Per pay period

- Medical: \$189.56
- Dental: Declined/waived
- Vision: \$4.59
- Company Provided Employee Benefits: \$0.00

Prices shown are your cost after employer contributions of \$569.26 per pay period

What You'll Pay: \$194.15

11. Company Provided Dependent Benefits

If you have a spouse or child that you would like to have the company paid coverage for, you will make the election on this page. If you do not have a spouse or child that you will want the coverage for, select *Waive all Company Provided Dependent Benefit*

Company Provided Dependent Benefit \$0.00 Per pay period

In progress (4 of 12) 33% Due: 10/12/2023

- Instructions
- You and your family
- Medical
- Dental
- Vision
- Company Provided Employee Benefits
- Company Provided Dependent Benefit**
- Flexible Spending Account
- Supplemental Insurance- Life and AD&D
- Supplemental Insurance- Critical Illness & Group Accident
- Pet Insurance
- Finish up

Decline/waive Company Provided Dependent Benefit

You can review and compare plans for further details and find the coverage that works best for you and your family. If you don't need this coverage for any reason, you can opt out by selecting 'decline/waive coverage'.

If you are married or have children, please make the appropriate selection below.

You have 2 options

Review plan details and compare up to 3 plans.

Prices will change if a different coverage level is selected

- UNUM Company Paid Spouse Life and AD&D**
Your price per pay period: **\$0.00**
Coverage Level: UNUM Company Paid Spouse Life and AD&D
Plan Highlights: \$5,000 for spouses through age 70.
Coverage: \$0.00
Selected
- Unum Company Paid Child Life AD&D**
Your price per pay period: **\$0.00**
Coverage Level: Unum Company Paid Child Life AD&D \$200 coverage 0-6 mth/\$2,000 coverage 6 mth-26 yrs
Who You Selected: --
Select

To add the coverage, click select to the coverage you wish to add. Select the correct option from the drop-down menu that appears. Add the appropriate dependent and click on *Save and Select*. The pop-up window that you used to add your dependent will close. Click on *Continue*.

12. Spending Account Options for the PPO and Hybrid Plans:

Full FSA:

With the Blue Options PPO or Blue Cross Blue Shield Hybrid plans, you are eligible to enroll in the full FSA that can be used towards qualified medical, dental, and vision expenses. If you choose to enroll, click **select** on the P&A Medical Flexible Spending Account Full plan and then enter your **annual election** in the text box. Click on **Save and Select**. Click on **Continue** to move on in the Open Enrollment process.

Dependent Care Flexible Spending Account:

If you have a dependent in child or adult care, you can make an election for this spending account. You will enter your **annual election** in the pop-up window and click on **Save and Select**. Click on **Continue** to move on in the Open Enrollment process.

The screenshot displays the enrollment process for Flexible Spending Accounts. At the top, a 'Flexible Spending Account' section shows a price of \$19.23 per pay period. Below this, there are two options: 'Decline/waive Flexible Spending Account' and 'Review plans'. The 'Review plans' section shows two plans: 'P&A Medical Flexible Spending Account Full' with a price of \$19.23 and 'P&A Dependent Care Flexible Spending Account' with a price of \$0.00. The 'P&A Medical Flexible Spending Account Full' plan is selected. To the right, a 'Your benefit choices' table lists various benefits and their costs. At the bottom, a 'Plan details' section shows the 'Coverage level' set to 'Medical Flexible Spending Account Full' and an 'Annual Election' of \$500.00. The 'Save and Select' button is highlighted with a red circle.

Benefit	Per pay period
Medical	\$189.56
Dental	Declined/waived
Vision	\$4.59
Company Provided Employee Benefits	\$0.00
Company Provided Dependent Benefit	\$0.00
Flexible Spending Account	\$19.23
Prices shown are your cost after employer contributions of \$369.26 per pay period	
What You'll Pay	\$213.38

13. Spending Account Options for the High Deductible Health Plan:

Health Savings Account (HSA):

If you are enrolled in the High Deductible medical plan, the option to enroll in the HSA will be available to you.

On this page, you will elect to participate in an HSA, or waive the benefit. If you choose to enroll, select the box next to Health Savings Account. Choose the only option from the drop-down menu, then enter your **annual election** in the text box. Click on *Save and Select*. Click on *Continue* to move on in the Open Enrollment process

Limited FSA:

Under the High Deductible Health Plan, you are eligible to contribute to a limited FSA which is to be used for eligible expenses for **dental and vision only**. To add this option, select the box next to P&A Medical Flexible Spending Account Limited. Follow the same instructions to elect your **annual amount** as before. Click on *Save and Select*. Click on *Continue* to move along in the Open Enrollment process.

Decline/waive Health Savings Account

You can review and compare plans for further details and find the coverage that works best for you and your family. If you don't need this coverage for any reason, you can opt out by selecting 'decline/waive coverage'.

There is only 1 plan available [Plan details](#)

Prices will change if a different coverage level is selected

Health Savings Account - Individual

Your price per pay period

\$0.00

Coverage Level
Health Savings Account - Individual ▾

Coverage \$0.00

✓ Selected

Decline/waive Flexible Spending Account

You can review and compare plans for further details and find the coverage that works best for you and your family. If you don't need this coverage for any reason, you can opt out by selecting 'decline/waive coverage'.

You have 2 options

[Review plans](#) Review plan details and compare up to 3 plans.

Prices will change if a different coverage level is selected

<p>P&A Medical Flexible Spending Account Limited</p> <p>Your price per pay period</p> <p style="font-size: 24pt; font-weight: bold;">\$0.00</p> <p>Coverage Level Medical Flexible Spending Account Limited ▾</p> <p>Coverage \$0.00</p>	<p>P&A Dependent Care Flexible Spending Account</p> <p>Your price per pay period</p> <p style="font-size: 24pt; font-weight: bold;">\$0.00</p> <p>Coverage Level P&A Dependent Care FSA ▾</p> <p>Plan Highlights For FSA Dependent Care</p>
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14. Supplemental Insurance – Life and AD&D Coverage

This page gives you the option to enroll in supplemental life or AD&D coverage beyond the company-paid benefit from Kimray. To select coverage, click select on the plan in which you wish to enroll. The plan will default to 10,000 units. You can buy up in 10,000 increments. Enter the amount of coverage you would like in the # *Units* field. Click on *Save and Select*. ***NOTE: If you are requesting coverage above the Guarantee Issue limit (\$300,00), you will be required to provide an EOI form to UNUM for approval. When selecting the plan a link is embedded in the plan description that will take you directly to our Unum page.**

Coverage*

UNUM Employee Supplemental Life- Non Smoker

Coverage description

Please note that elections of \$300,000 of coverage or greater will require an Evidence of Insurability (EOI) form to be completed. Elections requiring an EOI will be capped until an EOI is completed, turned into UNUM, and approved. If an EOI is needed, please go [Unum EOI](#), access code: **ASTMARZ**

***Once employee coverage is selected, spouse elections will appear.**

15. Additional Supplemental Benefits:

During enrollment you can also enroll in other employee paid supplemental insurance such as:

- Accident Insurance
- Critical Illness-Input 10,000 for coverage level
- Pet Insurance-Input single or unlimited

The image shows two screenshots of the enrollment interface. The top screenshot is for 'Supplemental Insurance- Critical Illness & Group Accident' and is marked as 'Declined/waived'. It shows a progress bar at 92% and a list of steps on the left. The main content area has a 'Decline/waive Supplemental Insurance- Critical Illness & Group Accident' button. Below this, there is explanatory text and a 'Review plans' button. Two plan options are shown: 'Critical Illness' with a price of \$21.91 and 'Group Accident' with a price of \$11.57. The bottom screenshot is for 'Pet Insurance' and is marked as '\$8.00 Per pay period'. It also shows a 92% progress bar. The 'Pet Insurance' step is highlighted in the left sidebar. The main content area has a 'Decline/waive Pet Insurance' button, followed by explanatory text and a 'Review plans' button. Two plan options are shown: 'Pet Assure Pet Insurance' with a price of \$8.00 and 'Pet Plus Insurance' with a price of \$7.50. The 'Pet Assure Pet Insurance' option is marked as 'Selected'.

***See the Benefits Guide for details on these benefits**

***These benefits are voluntary but must be waived before submitting your benefit enrollment.**

16. Once you have completed all required data updates, you can click on *Submit*.

Finish up \$0.00 Per pay period

You're almost done! Review and submit your selections on this page. You can also make changes if needed. Thank you for selecting (or waiving) your new benefit plans. Please take a moment to review the plans & coverage levels. *Select a plan section from the menu on the left now to make any changes up to finalization.*

Note: If you waive your health and welfare coverage for any benefits, you may not be able to enroll back into the plan(s) until the next Open Enrollment date unless you have a qualifying Life Change Event.

If you are satisfied with your selection, please add/identify your dependents that are to be included on your plan (if applicable). Once you have identified your dependents, you will be able to use the "submit request" option to finalize and submit your selections. Note that premiums listed on your confirmation page will be the monthly amount. Premiums listed on each separate page will have premiums listed based on your pay frequency.

The P&C Department will review your submittal and contact you should we have any additional questions. Thank you.

[Download PDF](#)

Benefits not selected
Confirm any of the benefits that you didn't enroll in, or that you declined/waived.
Note: If you decline/waive your coverage for any benefit, you won't be able to sign up again until the next Open Enrollment date unless you have a qualifying Life Change Event.

- Dental [✎](#)
- Vision [✎](#)
- Company Provided Dependent Benefit [✎](#)
- Supplemental Insurance- Life and AD&D [✎](#)
- Supplemental Insurance- Critical Illness & Group Accident [✎](#)
- Pet Insurance [✎](#)

Per pay period	
Dental	Declined/waived
Vision	Declined/waived
Company Provided Employee Benefits	\$0.00
Company Provided Dependent Benefit	Declined/waived
Supplemental Insurance- Life And AD&D	Declined/waived
Supplemental Insurance- Critical Illness & Group Accident	Declined/waived
Pet Insurance	Declined/waived
Prices shown are your cost after employer contributions of \$0.58 per pay period	
What You'll Pay	\$0.00

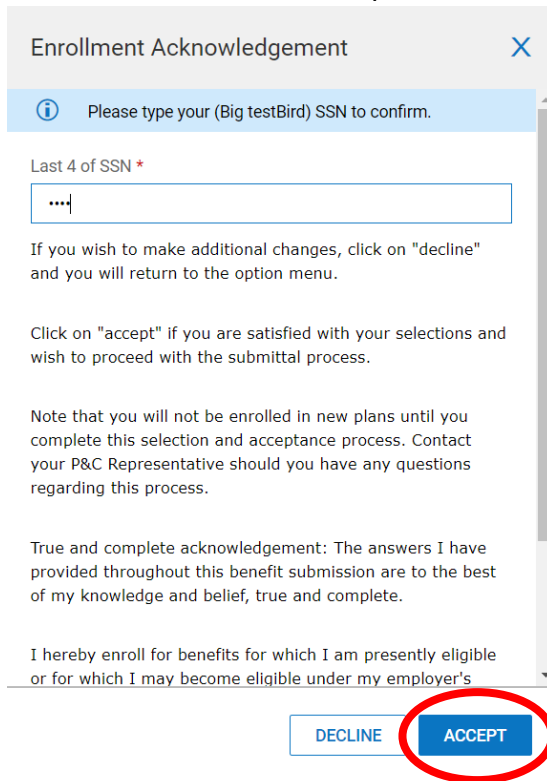
Review all elections on the *Confirm & Submit* page and ensure that everything is correct. If you find that an election is inaccurate, you can go to that specific tab and make the correct selection at this time.

If you are unable to click on *Submit* (it is completely gray), you are missing required information on another tab. If any of your tabs are missing a green check mark, review that tab and enter the missing required information or waive that benefit.

If everything is correct, click on *Submit* on the right-hand corner.

***The amount listed at the end of your enrollment is without your wellness discounts.**

17. A new window will pop up and ask for the last 4 digits of your SSN. Enter the correct numbers, then click on *Accept*.



Enrollment Acknowledgement

Please type your (Big testBird) SSN to confirm.

Last 4 of SSN *

....

If you wish to make additional changes, click on "decline" and you will return to the option menu.

Click on "accept" if you are satisfied with your selections and wish to proceed with the submittal process.

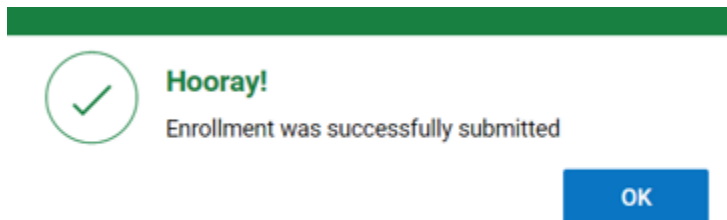
Note that you will not be enrolled in new plans until you complete this selection and acceptance process. Contact your P&C Representative should you have any questions regarding this process.

True and complete acknowledgement: The answers I have provided throughout this benefit submission are to the best of my knowledge and belief, true and complete.

I hereby enroll for benefits for which I am presently eligible or for which I may become eligible under my employer's

DECLINE ACCEPT

You will receive notification that your enrollment was submitted successfully. ***If you do not see this message appear, your enrollment has not been submitted.***



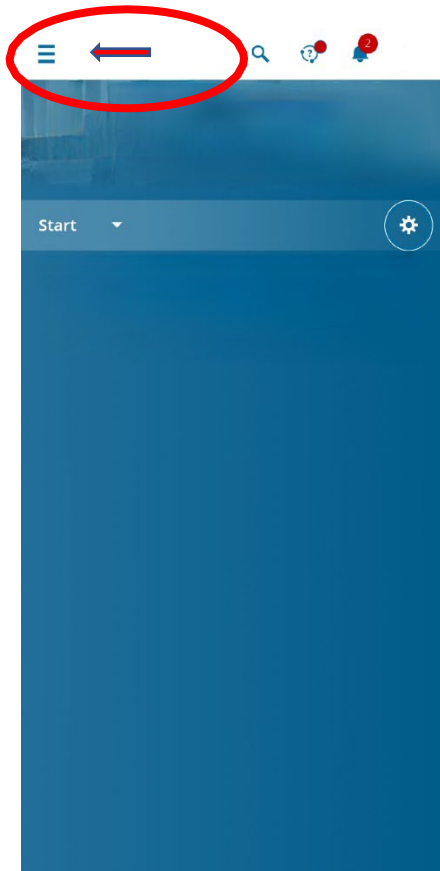
Once an enrollment has been submitted, a notification will be sent to the plan administrator for approval.

If you are unable to print your confirmation at the time of completion, you can request a copy from P&C or view your elections in Kronos at any time.

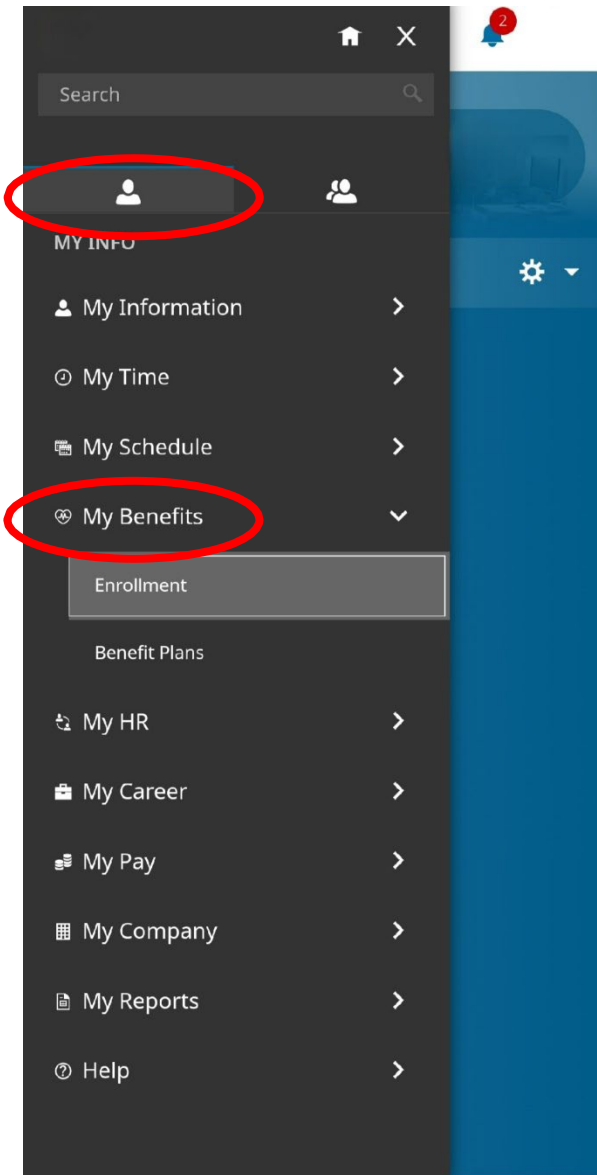
MOBILE USER INSTRUCTIONS:

Open the UKG Ready app on your phone. If you have not already downloaded the app, you can find the mobile app directions at Kimray.benefits.com and in the Open Enrollment section.

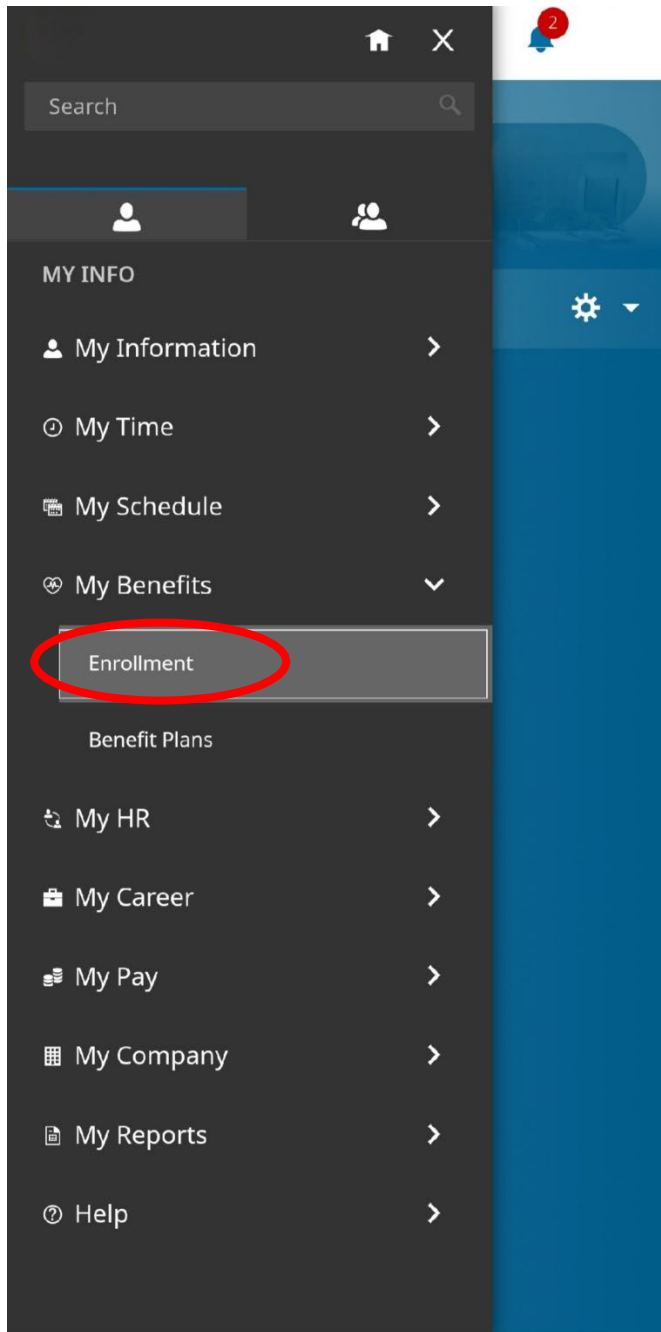
1. Click on the three blue lines in the upper left-hand corner of the app.



2. Go to My Information> My Benefits



3. Select *Enrollment*



4. Click on *Start* under Open Enrollment

☰ **KIMRAY** INC. 12:18 PM (CDT)

My Benefits > Enrollment

← **Enrollment**

Open enrollment

Your enrollment is due tomorrow

⚠ Not started

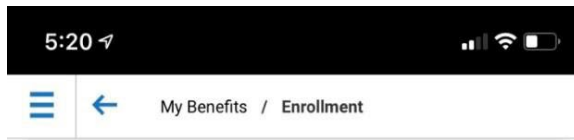
0%

Due: 09/20/2023

It's open enrollment time!
Start choosing benefits for the new plan year!

Get started

5. Please be sure to read through the instructions page before proceeding to your benefit selections. Once you have read through the instructions, click on *Continue* at the bottom of the screen.



As you proceed through the benefit categories (Medical, Dental, etc.), review the pricing and coverage type that best meets your needs. Note that there are options to compare plan pricing and features to assist you with your selections.

Once you have decided on a plan, click on the "select" checkbox next to the plan. Note that you do have the option to waive plan coverage and can modify your selections up to final submittal on the confirm selections tab.

After you have selected your plan, if you have chosen a plan that requires a dependent (e.g. Employee plus Family) you will need to define those dependents. You will want to have your dependent(s) contact, SSN, and birthday information available as you complete this section.

NOTE: You must complete the Confirmation Selection tab and click on submit so your elections will be sent to P&C for approval.

Your information will be forwarded to P&C for review and approval. You can always return to view your status of current benefits as needed outside of the open enrollment period.

***By electing coverage I am confirming that I am actively at work. If electing spouse coverage I am also confirming that my spouse currently lives in the U.S.**



****You are now ready to select your plans. Please refer to the earlier information on how to select each plan.***

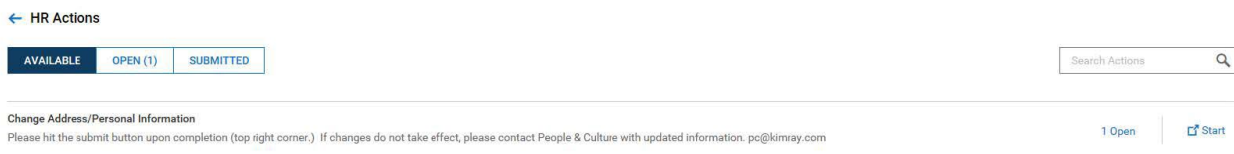
CHANGE PERSONAL INFORMATION

Address, Phone Number, Email, Emergency Contact and Dependents

Updating your information in Kronos will feed over to different vendors such as Milliman (410k) and BlueCross.

My Info > My HR > HR Actions

Select the Start button to the right of the “Change Address/Personal Information” line on the “Available” screen.



Select the appropriate Effective date for these changes to take place.

Effective From *

Update the appropriate information and select the “Continue” button.

Update any needed information on the second screen.

Once all information has been updated, select the “Submit” button.

