



# New Hire Enrollment Guide

Upon accessing the ADP Web Portal, you will be reminded you are within your New Hire Benefits Enrollment period for Medical (including prescription), Dental, Vision, Insurance Plans including Voluntary Life, Critical Illness, Hospital Indemnity, Accident, and Flexible Spending Accounts.

When you are ready to begin your benefits enrollment, select the blue **Start enrollment** button. You will be guided through the New Hire Benefits Enrollment workflow, which walks you through the process of reviewing and selecting your benefits coverage or opting out of coverage.

Regardless of whether or not you are enrolling in benefits at HVCU, you must complete the ADP New Hire Benefits Enrollment process. Employees who do not enroll for benefits online, within 30 days of their date of hire, will be considered to have waived coverage. Your next opportunity to enroll will be during the next Annual Open Enrollment period.



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## Getting Started

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1. Log in to ADP Workforce Now to access the Employee Self-Service website:  
<https://workforcenow.adp.com/>
  - Enter your username and password to log in.
2. Upon logging in, you will be presented with a pop-up message reminding you that you are within the New Hire Enrollment period. Select **Start enrollment** to navigate to the *Enrollments* page and begin the enrollment process.
3. Once on the *Enrollments* page, click on the blue **Start enrollment** button on the *New Hire* task card.

## Welcome / Workflow Overview

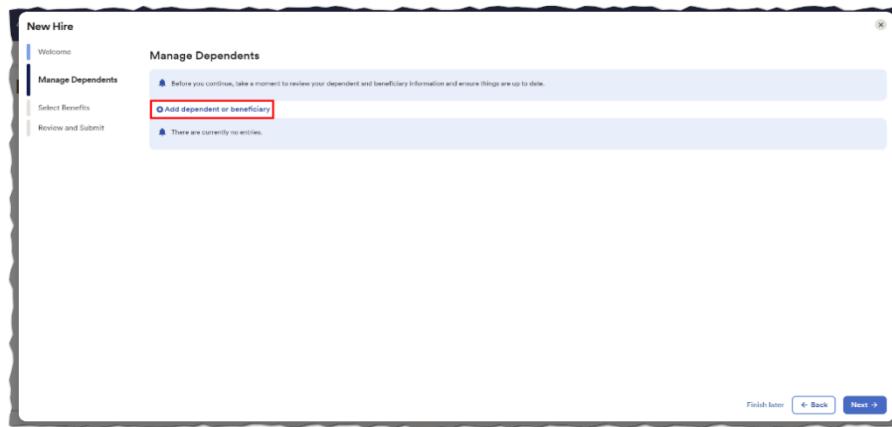
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4. You will be presented with a *Welcome* page. Please review all information on this page as it contains important details regarding your benefits and enrollment process. Once complete, select **Next**.
  - Please feel free to contact a member of the Human Resources Benefit Team if you have questions at [benefits@hvcu.org](mailto:benefits@hvcu.org).

## Manage Dependents

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5. Add your dependent(s), if applicable, on the *Manage Dependents* page by selecting **Add dependent**.



6. Once your dependent information is complete, select **Next** to continue to the *optional Help Me Choose* page. If you prefer not to use this feature, you may skip it and go directly to the **Select Benefits** page to make your election(s).



## Help Me Choose

7. The **Help Me Choose** page features NAYYA, an *optional* Benefit Decision Tool powered by census and individual data. Based on your responses to a series of personalized questions, the Tool will provide tailored recommendations to assist you in choosing the coverage(s) that may best meet your individual and family needs. The questionnaire will take approximately 10 minutes to complete, and it is entirely optional.

**New Hire**

Help Me Choose

Powered by NAYYA

1. About    2. Coverage    3. Health    4. Finances    5. Choose

**Hi, let's find the best benefits for you.**

This should take about 10 minutes

Answer these questions and Naya will match you with an insurance plan based on your needs and preferences. We also give recommendations for other benefits such as life insurance and more (if applicable).

If you already know the exact benefits you want to enroll in, you can [Skip Survey](#)

All information collected by Naya will be maintained in accordance with the Naya Privacy Policy.

Finish Later    Back    Get Started



**New Hire**

Help Me Choose

Powered by NAYYA

1. About    2. Coverage    3. Health    4. Finances    5. Choose

**Let's get to know You**

This information will help us understand your personal insurance affordability.

Annual Salary: \$46,920.00

Annual     Hourly

Your Estimated Bonuses & Commission: \$250,000.00

Employment Status (Spouse): Unemployed

Finish Later    Back    Next

If you do not wish to use this Tool, you may proceed directly to the **Select Benefits** section to make your benefit selection(s).



- Once you complete the NAYYA Benefit Decision Tool, you will receive personalized recommendations based on your responses. If you agree with the recommendations, you may review and submit them. If not, you may click on **Waive benefit** to decline coverage or **View all plans** to explore other options. If you choose to enroll in this section, please be sure to click on **Submit enrollment** to finalize your selections.

**Selected Plans**

You are enrolled in the following plans. You can make changes until the enrollment period closes.

**Medical**

Value (FT & PT EEEs)  
Effective: June 1, 2025

Who is Covered?  
You, Jane Testemployee and Judy Testemployee

Waive benefit  View all plans  
 Selected  Recommended  
Your Cost **\$241.43**  
[Cost details](#)

**Dental**

Delta Dental Gold (FT & PT EEEs)  
Effective: June 1, 2025

Who is Covered?  
You, Jane Testemployee and Judy Testemployee

Waive benefit  View all plans  
 Selected  Recommended  
Your Cost **\$12.67**  
[Cost details](#)

**Vision**

Anthem Vision Buy-Up (FT & PT EEEs)  
Effective: June 1, 2025

Who is Covered?  
You, Jane Testemployee and Judy Testemployee

Waive benefit  View all plans  
 Selected  Recommended  
Your Cost **\$6.67**  
[Cost details](#)

**Critical Illness**

MetLife Critical Illness Insurance (All Regular employees over 20 Std hrs)  
Effective: June 1, 2025

Who is Covered?  
You, Jane Testemployee and Judy Testemployee

Employee Coverage	Spouse Coverage	Child Coverage
\$20,000.00	\$10,000.00	\$10,000.00

Waive benefit  View all plans  
 Selected  Recommended  
Your Cost **\$35.17**  
[Cost details](#)

**Hospital Indemnity**

MetLife Hospital Indemnity Voluntary Insurance (All Regular employees over 20 Std hrs)  
Effective: June 1, 2025

Who is Covered?  
You, Jane Testemployee and Judy Testemployee

Waive benefit  View all plans  
 Selected  Recommended  
Your Cost **\$12.91**  
[Cost details](#)

[Finish later](#) [Back](#) [Submit enrollment](#)

You may also opt out and proceed directly to the **Select Benefits** section if you do not wish to utilize the Benefit Decision Tool.

For additional information about the NAYYA Benefit Decision Tool, please refer to the [NAYYA Benefit Decision Support Tool FAQ](#)

## Select Benefits

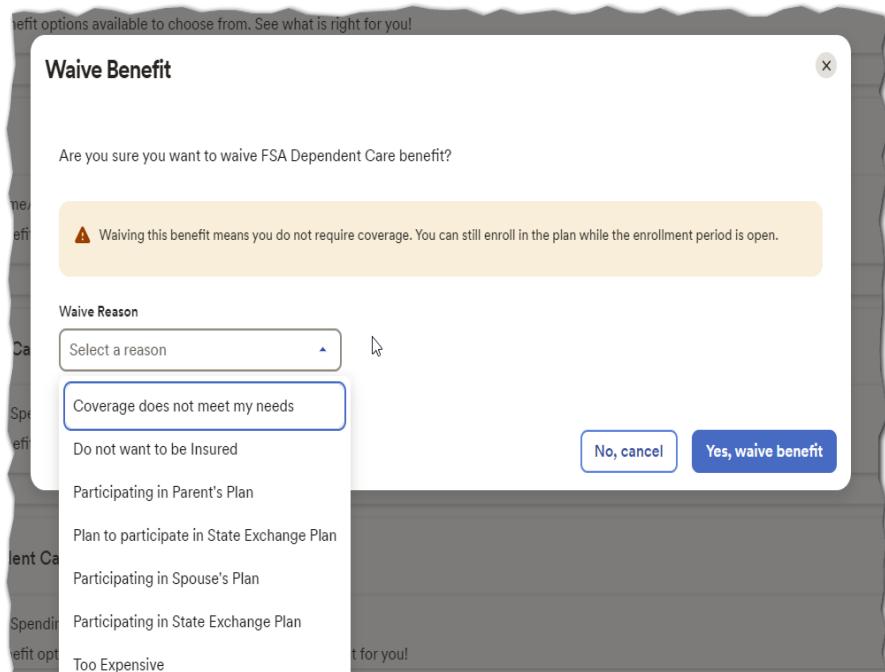
The **Select Benefits** page is divided into two sections:

- **Action Required:** These are items that must be reviewed to move forward. These plans may require a beneficiary to be designated, or a **Waive Reason** must be provided.
- **Eligible Plans:** These are other benefit plans in which you may enroll. If you select a benefit plan in the **Eligible Benefits** section, the enrollment will be moved to the **Enrolled Benefits** section.



If you choose to waive coverage for a plan that requires a selection, select **Yes, waive benefit** and select the **Waive Reason**. You should only select **Yes, waive benefit** if you do not wish to continue enrollment in a benefit.

An election is required for Medical, Dental, Vision, FSA Health Care, and FSA Dependent Care. If you choose **Yes, waive benefit**, you will be required to select a **Waive Reason**.



9. To enroll in any of the available plans, select **View all plans** next to the plan you would like to enroll in.

- While enrolling in a plan, please be sure to indicate which dependent(s) should be covered in the **Covered Individuals** section, if applicable. Then proceed with your enrollment.

**Important Note:** If you need to add a new dependent, please ensure that you add them in the **Manage Dependents** section. This step is required in order for the dependent to appear as a covered individual during your enrollment.

- The coverage level for your enrollment (Employee Only, Employee + Spouse, Employee + Domestic Partner, Employee + Child(ren), Employee + Family) is driven by which dependent(s) you enroll.



**Available Plans**

**Medical**  
Select the plan that meets your needs and add the dependents you want to cover.

Your company requires you to enter a reason to waive this coverage.

**Covered Individuals**

John Snow (You)  Sally Snow (Spouse)

**4 Plans Available** [Plan comparison](#)

Provider	Plan	Employer cost per paycheck	Your cost per paycheck
Aetna	Aetna Choice PPO (1 individual selected)	\$245.90	\$112.52
	<a href="#">Select plan</a>		
	RC HDHP (1 individual selected) <a href="#">Additional details</a>		

[Waive benefit](#) [Back](#)

10. When you choose to enroll in a Medical Plan, you must click **Select plan** next to the available plan in which you would like to enroll. The 'per paycheck (biweekly)' cost will be displayed for both the employee and employer. Once you select a Medical Plan, you will see a pop-up letting you know you have enrolled in the plan.

11. Click **Continue to Dental** after selecting or waiving a Medical Plan. Once you select a Dental Plan, you will see a pop-up letting you know you have enrolled in the plan.

12. Once you have enrolled in the Dental Plan, click **Continue to Vision** for the next benefit or click **View all benefits** to manually select another benefit to review.



13. Click **Continue to FSA Health Care** for the next benefit or click **View all plans** manually select another benefit to review.

Available Plans

2 Plans Available

2025 Flexible Spending Medical, FT & PT EEs

Provider  
American Benefits Group

Contributions

Enter contribution amount to view your estimated cost.

Your estimated annual contribution can be any amount from \$130.00 up to \$3,300.00.

For the entire year, I want to contribute:

Maximum Yearly Goal  
 Custom Amount

Per Paycheck Costs	Employer Cost	Your Cost
	\$0.00	\$0.00

[Waive benefit](#) [Cancel](#)

14. Once you have completed all required action items, you will be returned to the **Select Benefits** page. You may now review additional eligible plans. You are not required to waive the following plans. Therefore, you should only select them if you plan to enroll.

- **Employee Voluntary Life:** You may purchase coverage for yourself in increments of \$10,000, starting at \$10,000 to a maximum of \$500,000.
  - i. Start by clicking **View all plans**. Choose the amount of coverage from the drop-down menu. When you select a coverage amount, the 'Per Paycheck (biweekly)' cost will be displayed.
  - ii. Enter your beneficiary designation(s), including Primary and Secondary, if applicable. All beneficiary designation percentages must equal 100% combined for each category (Primary or Secondary).
  - iii. Click **Confirm details** and review your selection and beneficiary designation(s).
  - iv. Click **Confirm** to continue with your enrollment election(s).
- **Spouse Voluntary Life:** You may purchase coverage for your spouse or domestic partner in \$5,000 increments, starting at \$5,000 to a maximum of \$250,000.
  - i. Start by clicking **View all plans**. Select the covered individual and choose the amount of coverage from the drop-down menu. When you select a coverage amount, the 'Per Paycheck (biweekly)' cost will be displayed.
  - ii. Enter the beneficiary designation(s), including Primary and Secondary, if applicable. All beneficiary designation percentages must equal 100% combined for each category (Primary or Secondary).
  - iii. Click **Confirm details** and review your selection and beneficiary designation(s).
  - iv. Click **Confirm** to continue with your enrollment election(s).

- **Child Voluntary Life:** You may purchase coverage for your child(ren) in \$1,000 increments to a maximum of \$10,000 (\$1,000 from live birth to 14 days - \$2,000 from 14 days to 6 months - \$10,000 from 6 months to 26 years of age).
  - i. Start by clicking **View all plans**. Select the covered individual and choose the amount of coverage from the drop-down menu. When you select a coverage amount, the 'Per Paycheck (biweekly)' cost will be displayed.
  - ii. Enter the beneficiary designation(s), including Primary and Secondary, if applicable. All beneficiary designation percentages must equal 100% combined for each category (Primary or Secondary).
  - iii. Click **Confirm details** and review your selection and beneficiary designation(s).
  - iv. Click **Confirm** to continue with your enrollment election(s).
- **Critical Illness:**
  - i. Start by clicking **View all plans**. Select the covered individual(s) (spouse, domestic partner, child(ren)) and choose the amount of coverage from the drop-down menu (\$5,000; \$10,000; \$15,000; \$20,000). When you select a coverage amount, the 'Per Paycheck (biweekly)' cost will be displayed.
  - ii. Enter the beneficiary designation(s), including Primary and Secondary, if applicable. All beneficiary designation percentages must equal 100% combined for each category (Primary or Secondary).
  - iii. Click **Confirm details** and review your selection and beneficiary designation(s).
  - iv. Click **Confirm** to continue with your enrollment election(s).
- **Hospital Indemnity:**
  - i. Start by clicking **View all plans**. Select the covered individual(s) and click **Confirm details** to review your selection.
  - ii. Click **Confirm** to continue with your enrollment election.

 **Important Note:** If you selected a High-Deductible Health Plan (HD3500) as your medical coverage, you *do not* need to enroll in the Hospital Indemnity Plan. This coverage will be automatically applied based on the medical plan enrollment.
- **Accident:**
  - i. Start by clicking **View all plans**. Then select the covered individual(s).
  - ii. Select **High Plan or Low Plan**.
  - iii. Click **Confirm details** to review your selection.
  - iv. Click **Confirm** to continue with your enrollment election(s).

15. Continue through each step until all elections are complete and all tasks under the **Action Required** section are addressed. The **Action Required** section will disappear once all steps are completed. When ready to proceed to the **Summary** page, click **Next** at the bottom of the page to proceed to the **Review and Submit** step.



## Review and Submit

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16. Review all of your selections. Once everything has been confirmed, click the **Submit enrollment** button at the bottom of the page.
  - **Your benefit elections will not be processed until you click Submit enrollment. Confirm your enrollment(s) by selecting “Yes.”** If you select **Finish later**, your enrollment(s) will not be submitted to Human Resources until **Submit enrollment** has been selected and you receive a confirmation from ADP.
17. Once **Submit enrollment** is selected, you will receive a pop-up confirming your submission with a note indicating the date and time of submission. You will be asked **“Do you want to continue?”**. Select **Yes** to submit your enrollment to Human Resources.
  - Please ensure you receive the confirmation note indicating your elections have been submitted.