

#### 2023 Annual Election: Employee Self Service Portal (ESS) Tutorial

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#### Enrollment via the Employee Self-Service Portal (ESS)

- Enrollment Timeframe
- Accessing the Employee Self Service Portal (ESS)
- Enrollment Process
- Reviewing & Saving Elections
- Printing Confirmation Statements
- Voluntary Benefits



#### **2023 Annual Benefits Election**

- October 31, 2022 through November 11, 2022
- Benefits are effective January 1, 2023



#### How to Utilize ESS for Annual Benefits Election

- Go to the CITGO Intranet Home Page
- Click on the Employee Self-Service Portal tile on the Home Page

ESS Employee Click Here >	Services • Policies & Procedures • Co Benefit Connections Career Center CITGO Logos
OR	EDP Employee Discounts Employee Wellness
<ul> <li>From the top menu, click on SAP Employee Self Service under Services</li> </ul>	Epilogue Publisher Holiday Schedules Organization Chart Personal Information Management Salaried Absence Tracking System (SATS) SAP BI Portal
	SAP Employee Self Service Service Awards Program Service Request (Facilities) Supervisor Resources Training Resource Library

#### Accessing the ESS System for Annual Benefits Election

Benefits

- To begin the Annual Benefits Election process:
  - Click on "Open Enrollment" under Benefits.

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Display plans in which you are currently enrolled, view your Annual Bene fits Statements and more. Click on "Benefits" above to display more.

Quick Links
Participation Overview
Total Compensation & Benefit Statement
Update HSA Amount
Open Enrollment

NOTE: You may receive a "locked" error message on the following days:

- November 2
- November 3
- November 8
- November 9

This is due to payroll processing. *Please try to enroll at a later time.* 

# Navigating the Employee Self-Service Portal (ESS) Step 1 – Personal Profile

- After accepting the Terms and Conditions, you will be at the first Open Enrollment screen.
- Here you may review your Personal Profile.
- Select "Next" to proceed to Step 2.

SAP			O	pen Enrollment: S	tep 1 of 8 (Personal Profile)	
Edit Personal Profile						
Personal Profile	Dependents	Benefits Summary	 Insurance Plans	6	Flexible Spending Accounts	Review and Save
Personal Data						
Full name	5:					
Addresses						
Permanent res	sidence					
Str	reet Name:					
	City:					
Telephon	e Number:					

### **Step 2 – Dependents and Beneficiaries**

- Your current dependents will appear. If your dependents are not listed on this screen, you will need to call the Benefits HelpLine at 1-888-443-5707 or email <u>Benefits@citgo.com</u>.
- Although there is an option to "Edit Dependents and Beneficiaries," you are unable to change, add or delete dependents in ESS and must email or call the Benefits HelpLine.
- Click "Next" to go to Step 3.

SAP					Open Enrollment:	Step 2 of 8 (Dependents)	
Edit Dependents							
Personal Profile	2 Dependents	Benefits Summary	4 Health Plans	5 Insurance Plans	6 Savings Plans	Flexible Spending Accounts	8
Family Members	/ Dependents						
Emergency co	ontact						
If yo	ur dependents are	not listed on this scree	en, you will need t	to call the Benefits H	elpLine at 1-888-44	3-5707 or email benefits@CITG	O.com.

## Step 3 – Benefit Summary

- Here you can review your current benefit elections, along with the additional plans that you are not enrolled in.
- Click "Next" to go to Step 4.

SAP				Open Enrollment:	Step 3 of 8 (I	Benefits Sumr	mary)			
										?∨
Personal Pro	file De	2 pende	ents Benefits Sum	mary Health Plans	Insurance P	lans Savin	6 gs Plans Fle	exible Sp	7	→
Benefit Elec	ctions Summ	nary								
Plan Type	Start St	atus	Plan Name	Option	Credit Amo	Coverage	Dependents	Prim	Pre-Tax Costs	Post-Tax Co
Medical	01/01/2( C	urr	Self Directed Health Plan	Self Directed Health Plan						
Dental	01/01/2( C	urr	Dental	Dental Plus						
Vision	01/01/2( C	urr	Vision Plan	Vision						
Personal Acc	01/01/2( C	urr	Salaried Personal Accident	Family Coverage						
Plans not E	nrolled In									
Plan Type										
Optional Life										
Dependent Life	•									
Dep Life Child										



- In this step you can review your current Health plans and edit your current elections.
- To change a plan selection, click on the "Edit" icon next to the Plan you wish to change.

SAP				Open E	nrollment: Ste	p4 of8 (Hea	lth Plans)
Pers	1	Dependents	Benefits Su	ummary Healt	4	- 5	6 – Savings Plan
Enro	oll in Health F	Plans					-
Acti	Plan Type	Starts On	Status	Plan Highli	Plan Name	Option Solf Directed	Coverage
2	Medicat	01/01/2023	Current	Medical Plan	Health Plan	Health Plan	Family
0	Dental	01/01/2023	Current	Dental Plan	Dental	Dental Plus	Family

## Step 4 – Health Plans – *Changing Plans*

After clicking on the "Edit" icon, the following screen will appear which will allow you to change your plan.



- To change or add a plan, simply select the new plan desired to highlight it and click "Add." Remember to check the box by each dependent you want on the plan.
- Your new selection will now show in the enrollment summary with the status of "New." Enroll in Health Plans

Acti	Plan Type	Starts On	Status	Plan Highli	Plan Name	Option	Coverage
0 1	Medical	01/01/2023	New	Medical Plan	Self Directed Health Plan	Self Directed Health Plan	Participant & Spouse
0	Dental	01/01/2023	Current	Dental Plan	Dental	Dental Plus	Family
19 1	Vision	01/01/2023	Current	Vision Plan H	Vision Plan	Vision	Participant/Children

## Step 4 – Health Plans – Changing Plans

• To remove a plan, click on the trash can icon **1** under Actions.

SAP	-			Open E	nrollment: Ste	p4 of8 (Hea	lth Plans)
Perso	onal Profile	2 Dependents	Benefits S	Summary Health	4 h Plans In:	5	6 Savings Plans
Enro	ll in Health P	lans					
cti	Plan Type	Starts On	Status	Plan Highli	Plan Name	Option	Coverage
Ø 🔟	Medical	01/01/2023	New	Medical Plan	Self Directed Health Plan	Self Directed Health Plan	Participant & Spous
0 1	Dental	01/01/2023	Current	Dental Plan	Dental	Dental Plus	Family

- A dialogue box will appear asking you to confirm deletion of your plan. Click "Yes" to confirm or "No" to cancel.
- If you delete a plan, the status will change to **Waived**.



- Changes to your dental and vision plans will follow the same steps.
- After completing your changes, press "Next" to go to the next step.

## **Step 5 – Insurance Plans**

- In this Step you can review your life and accident insurance plans and edit your current elections.
- Similar to the Health Plans, to change a plan selection, click on the "Edit" icon next to the Plan you wish to change.

SAP	·			Open Enrolln	nent: Step 5 of 8(	Insurance Plans	)	
	1	- 2	3		5	6	)	- 7
Pers	onal Profile	Dependents	Benefits Summar	y Health Pla	ans Insurance P	lans Savings F	Plans Flexible	e Spending Accour
Enro	oll in Insurance F	Plans						
Acti	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Primary Ben	Pre-Tax Costs
Ð	Optional Life	01/01/2023						
Ð	Dependent Life	01/01/2023						
Ð	Dep Life Child	01/01/2023						
0	Personal Acc	01/01/2023	Current	Salaried Personal Accident	Family Coverage	120,000.00 USD		

### Step 5 – Insurance Plans – Salaried Optional Life

- If you are not currently enrolled in Salaried Optional Life, salaried employees may elect up to 8 times their annual salary and you will be subject to complete a Statement of Health – also known as Evidence of Insurability (EOI).
- If you are increasing your coverage **more than** 1 time you will be subject to complete an EOI.
- If you currently are enrolled in Optional Life 5X you are subject to complete EOI for any increase up to a maximum of 8X.
- Your new coverage will not begin until the EOI is approved by Securian Financial.

		Se	elect a Optional Life Pl	an	ß	×	Details 🖉 🗙
	Plan Name	Option	Insurance Coverage	Pre-Tax Costs	Post-Tax Costs		
0	Salaried Optional Life	1X Base Pay	137,000.00	14.65 USD Monthly			Evidence of insurability is required
0	Salaried Optional Life	2X Base Pay	274,000.00	29.31 USD Monthly			Evidence of insurability (EOI) means that you must provide
0	Salaried Optional Life	3X Base Pay	411,000.00	43.97 USD Monthly			evidence of good health.
$\overline{\mathbf{O}}$	Salaried Optional Life	4X Base Pay	548,000.00	58.63 USD Monthly		L	In order for this coverage to be approved, an EOI form must be completed. Securian Financial will contact you directly by work
0	Salaried Optional Life	5X Base Pay	685,000.00	73.29 USD Monthly		Ŀ.	email or postal mail with instructions on how to complete the EOI online. Coverage will be approved or denied by Securian
0	Salaried Optional Life	6X Base Pay	822,000.00	87.95 USD Monthly			Financial based on the information provided.
					Add Can	ncel	Close

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### Step 5 – Insurance Plans – Salaried Dependent Spouse Life

- To elect or make changes to your Dependent Spouse Life plan:
  - Click on the "Edit" or "Add" icon
  - Enter a number (0 24) in the highlighted "Additional Unit" space
  - Select "Add"
- EOI will be required if you previously did not have Dependent Spouse Life insurance or increase the coverage amount.
- Further, your spousal insurance cannot exceed more than 50% of the combined amount of your Basic & Optional life insurance.
- New coverage will not begin until the SOH is approved by Securian Financial.



### Step 5 – Insurance Plans – Salaried Dependent Child Life

- You may elect to cover your eligible child(ren) at either:
  - \$5,000 or
  - \$10,000
- EOI may be required. You will receive additional information via email if your changes in coverage are subject to EOI.
- New coverage will not begin until the EOI is approved by Securian Financial.

	Plan Name	Option	Insurance Coverage	Pre-Tax Costs	Post-Tax Costs
0	Dependent Life Children	\$5000 Option	5,000.00		0.68 USD Monthly
•	Dependent Life Children	\$10,000 Option	10,000.00		1.36 USD Monthly



#### **Step 5 – Insurance Plans – Hourly Pre**and Post-Retirement Life

- **Hourly** employees may elect a combined total of 3Xs their annual base pay under Preand Post-Retirement Life Insurance.
- You may only elect a maximum of 2Xs your annual base pay for the Post-Retirement Life.
- The system will allow you to choose more; *however*, once you click on "Review Enrollment," you will receive an error message at the top of the screen "Condition for combined coverage limit 3SAL for plan LH21 not fulfilled."
- Please adjust your elections to reflect the **3Xs** maximum coverage:
  - Click on "Review Enrollment" located at the bottom of the screen to review your update.

SAP				Open Enrol	lment: Step 5 of	8 (Insurance Plans)		
Pers	1	2 ( pendents Benefits	3 4 - s Summary Health Plans	5 Insurance Plans	6 Savings Plans	T     Flexible Spending Accounts	8	
Enro	oll in Insurance Plar	IS	Status	Dian Nama	Ortion	0	Drimon Donoficiarios	Den Teu Ca
ACU	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Primary Beneficiaries	Pre-Tax Cos
	OptLife Pre1	01/01/2023	Current	Pre-Ret Life	1X Base Pay	102,000.00 USD		
L±1	OptLife Prez	01/01/2023						
L†	Dopondont Life	01/01/2023	Current	Dependent Life Active	Option \$7500	7 500 00 USD		
	OptLife Post1	01/01/2023	Current	Dependent Life Active	000000000000000000000000000000000000000	7,500.00 03D		
0 0	OptLife Post2	01/01/2023		Detai	ls	2 ×		
	Derconol Acc	01/01/2023	Lannon					
			Evidence Evidence evidence in order fr	Evidence of insurability is required. Evidence of insurability (EOI) means that you must provide evidence of good health. In order for this coverage to be approved, an EOI form must be completed. Securian Financial will contact you directly by work email or postal mail with instructions on how to complete the EOI online. Coverage will be approved or denied by Securian Financial based on the information provided.		ovide I must be		

### Step 5 – Insurance Plans – Hourly Dependent Life

- If you are not currently enrolled in this plan, then you may elect it during Open Enrollment if you have preor post-retirement life insurance as well.
- EOI may be required. You will receive additional information via email if your changes in coverage are subject to EOI.
- New coverage will not begin until the SOH is approved by Securian Financial.



#### Step 5 – Insurance Plans – *Personal Accident*

- Choose an option:
  - Employee Only Coverage
  - Family Coverage
- Next, you will need to enter a number (0 148) in the highlighted "Additional Unit" space.
- Click "Add."
- Minimum coverage is \$10,000 and maximum coverage is \$750,000 (Salaried) and \$500,000 (Hourly).

		Select a Pe	rsonal Acc Plan		2 ×
	Plan Name	Option	Insurance Coverage	Pre-Tax Costs	Post-Tax Costs
C	Salaried Personal Accident	Employee only Covera	ge 10,000.0	0 0.14 USD Monthly	
•	Salaried Personal Accident	Family Coverage	750,000.0	0 22.50 USD Monthly	
Ac	dditional Coverage				
	Ad	ditional Unit:	148 x	5,000.	00 USD
	Total Insurance	ce Coverage:	750,000.00 Calcu	late	
					Add Cancel



- You <u>must</u> elect the amount to be deducted for payroll <u>every</u> year for your HSA. Changes to your current payroll deductions can be made at any time through the Employee Self-Service Portal (ESS).
- Health Savings Account (HSA) annual contribution maximums for 2023 are:
  - \$3,850 Employee Only
  - \$7,750 Employee + One or more
  - If you are 55 or older, "catch-up" contributions of \$1,000 per year are available above these limits.
- When calculating your HSA contributions, it is important to include the amount of the Healthy Rewards Incentives you plan to earn in your calculations.

Annual Max: \$3,850 Employee Only

✤ \$ 500 SDHP Annual Enrollment Incentive

- ♦ <u>\$ 500 CITGO Healthy Rewards Incentive</u>
- \$2,850 Individual Annual Payroll Contribution

The "pre-tax amount" you will enter will be \$118.75 (\$2,850 divided by 24 pay periods). Hourly employees need to divide by 26 (Lemont and Lake Charles) or 24 (Corpus only) pay periods depending on your work location.

	Enter Heal	th Savings Plan Information	n	$\mathbb{Z}$	X
Select Plan					
Plan Name					
Health Savi	ngs Account				
Regular Cont	ribution				
Period:	Semi-monthly				-
Pre-Tax Amount:		118.75 USD (Minimum	0.00 USI	D)	
			Add	Cano	el

### **Step 7 – Flexible Spending Accounts**

- Your last enrollment choices will be for the Flexible Spending Accounts (FSA). You <u>must</u> elect your FSA amounts **annually**:
  - For the Dependent Day Care elect a minimum of \$120 to a maximum of \$5,000 per year
  - For the Health Care Flexible Spending Account elect a minimum of \$120 to a maximum of \$3,050 per year
  - For the Limited Health Care Flexible Spending Account elect a minimum of \$120 to a maximum of \$3,050 per year
- Select the spending account and then enter your "Annual Contribution Amount" in the box and click "Calculate" to determine your contribution per pay period. Then click on "Add" to confirm.
- Select "Next" after completing your selections.

		Enter Health Spending Plan Information	Z	×
S	elect Plan			
	Plan Name	Enroll in One Plan		
۲	Health Care Spending Account			
0	Limited Flex Spending Account	Self Directed Health Plan		
	Details: Annual Cor	ntribution for Health Care Spending Account for period 01/01/2023 - 12/31/2	2023	
Ann	ual Contribution Amount:	3050.00 USD ( Minimum 120.00 USD - Maximum 3,050.00	USD)	
			dd Can	ICel

### Step 8 – Review and Save

- Once you have completed making all of your 2023 benefit elections, proceed to Step 8, **Review and Save**.
- This step will allow you to **review your elections** to ensure that you have completed all your desired changes for 2023.

SAP			Open Enrollme	ent: Step 8 of 8 (Re	eview and Save)	
Personal Profile	2 Dependents	3     A Benefits Summary Health F	lans Insurance Plans Sa	avings Plans Flex	(ible Spending Accounts	B Review and Save
Plans to be Add	ed					
Plan Type	Starts On Status	Plan Name	Option	Credit Amount	Coverage	Dependents
Optional Life	01/01/2023 New	Salaried Optional Life	Current Coverage Amount			
	01/01/2023 Pending	Salaried Optional Life	4X Base Pay			
Dependent Life	01/01/2023 New	Dependent Life Spouse	Current Coverage Amount			
	01/01/2023 Pending	Dependent Life Spouse	Spouse Coverage			
Dep Life Child	01/01/2023 Pending	Dependent Life Children	\$10,000 Option			
Health Savings	01/01/2023 New	Health Savings Account				
Plans to be Cha	inged					
Plan Type	Starts On Status	Plan Name	Option	Credit Amount	Coverage	Dependents
Medical	01/01/2023 Current	Self Directed Health Plan	Self Directed Health Plan			
	01/01/2023 New	Self Directed Health Plan	Self Directed Health Plan			
Personal Acc	01/01/2023 Current	Salaried Personal Accident	Family Coverage			
	01/01/2023 New	Salaried Personal Accident	Family Coverage			

## Step 8 – Review and Save

- It is very important that you thoroughly review your 2023 benefit elections.
- Your plan selections can only be saved at this time.

Personal Profile	Dependents B	enefits Summary Health P	tans Insurance Plans S	avings Plans Rex	ible Spending Accounts	8 Review and S	iave		
Plans to be Add	ied								
Plan Type	Starts On Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primary	Pre-Tax Costs	Post-Tax Cos
Optional Life	01/01/2023 New	Salaried Optional Life	Current Coverage Amount		0.01 USD				
	01/01/2023 Pending	Salaried Optional Life	4X Base Pay		548,000.00 USD				
Dependent Life	01/01/2023 New	Dependent Life Spouse	Current Coverage Amount		0.01 USD				
	01/01/2023 Pending	Dependent Life Spouse	Spouse Coverage		100,000.00 USD				
Dep Life Child	01/01/2023 Pending	Dependent Life Children	\$10,000 Option		10,000.00 USD				
Health Savings	01/01/2023 New	Health Savings Account							
Plans to be Cha	anged								
Plan Type	Starts On Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primary	Pre-Tax Costs	Post-Tax Cos
Medical	01/01/2023 Current	Self Directed Health Plan	Self Directed Health Plan		Family				
	01/01/2023 New	Self Directed Health Plan	Self Directed Health Plan		Participant & Spouse				
Personal Acc	01/01/2023 Current	Salaried Personal Accident	Family Coverage		120,000.00 USD				

- You will need to:
  - -Click the "Save" button located at the bottom right of the screen.

### Printing Confirmation Statement

- After saving your elections, you will have an opportunity to print a confirmation statement.
- Review it for accuracy and retain it for your records.
- Click on the link: "Print Benefit Elections Summary" under "What do you want to do next?" to print your Confirmation Statement.

What do yo	ou want to	o do ne	xt?	
Print Benefit	Elections Sur	nmary		
Go to Enrolln	nent			
Go to Benefit	s Participatio	n Overvie	w	
Benefit Elec	tions Sumn	nary		
Plan Type	Starts On	Status	Plan Name	Option
Medical	01/01/2023	Current	Self Directed Health Plan	Self Directed Health Plan
Dental	01/01/2022	Current	Dental	Dental Plus
Vision	01/01/2022	Current	Vision Plan	Vision
Other Plans	01/01/2022	Current	Employee Assistance Program	Employee Assistance Program
Basic Life	04/01/2020	Current	Basic Life	2X Base Pay
Optional Life	01/01/2023	Current	Salaried Optional Life	Current Coverage Amount
Optional Life	01/01/2023	Pending	Salaried Optional Life	4X Base Pay
Dependent Life	01/01/2023	Current	Dependent Life Spouse	Current Coverage Amount
Dependent Life	01/01/2023	Pending	Dependent Life Spouse	Spouse Coverage
Dep Life Child	01/01/2023	Pending	Dependent Life Children	\$10,000 Option

## **Confirmation Statement**

- It is important for you to review your final Confirmation Statement for any administrative errors.
- CITGO administrative errors must be reported within 31 days of the first payroll deduction or invoice issued by contacting the Benefits Helpline at 1-888-443-5707 or by email at Benefits@CITGO.com.
- It is highly encouraged that all employees retain a copy of the final Confirmation Statement for your records and review your first 2023 payroll benefit deductions for accuracy.



- CITGO employees may enroll in the following voluntary benefits which become effective January 1, 2023 with premiums to be paid in full by the employee through payroll deductions.
  - Critical Illness insurance offered by TransAmerica and managed by Mercer
  - Accident insurance offered by TransAmerica and managed by Mercer
  - Pre-paid Legal Services offered by MetLife Legal and managed by Mercer
- To enroll, visit <u>htts://citgo.e.paylogix.com</u> or call 1-877-649-6624 for more details.
- **CITGO does not maintain or endorse these voluntary benefit programs.** Additional information regarding enrollment in these voluntary benefits will be sent directly from the providers and will be available at <u>www.hr.citgo.com</u>.
- If you are already enrolled in these voluntary benefits, your coverage will continue to 2023 and until you cancel the coverage.

### Annual Benefits Election Process

Congratulations! You have now completed the 2023 Annual Benefits Election process.

You are welcome to make additional changes to your elections during the Annual Benefits Election period of:

October 31, 2022 through November 11, 2022

#### All changes must be made by 11:59 pm on Friday, Nov 11, 2022.

If you have any questions regarding your benefit elections, contact:

#### **Benefits**

1-888-443-5707 *Helpline* Benefits@CITGO.com *Email* 

