

Open Enrollment Benefit Enrollment Steps

Log into Infor HR following the steps for using a Novant Health computer or personal computer below.

Novant Health computer:

1. Visit the I-Connect Homepage.
2. Select Tools & Services > Team Member Services.
3. Select Infor HR & Workforce Management (WFM).

You should be automatically logged in.

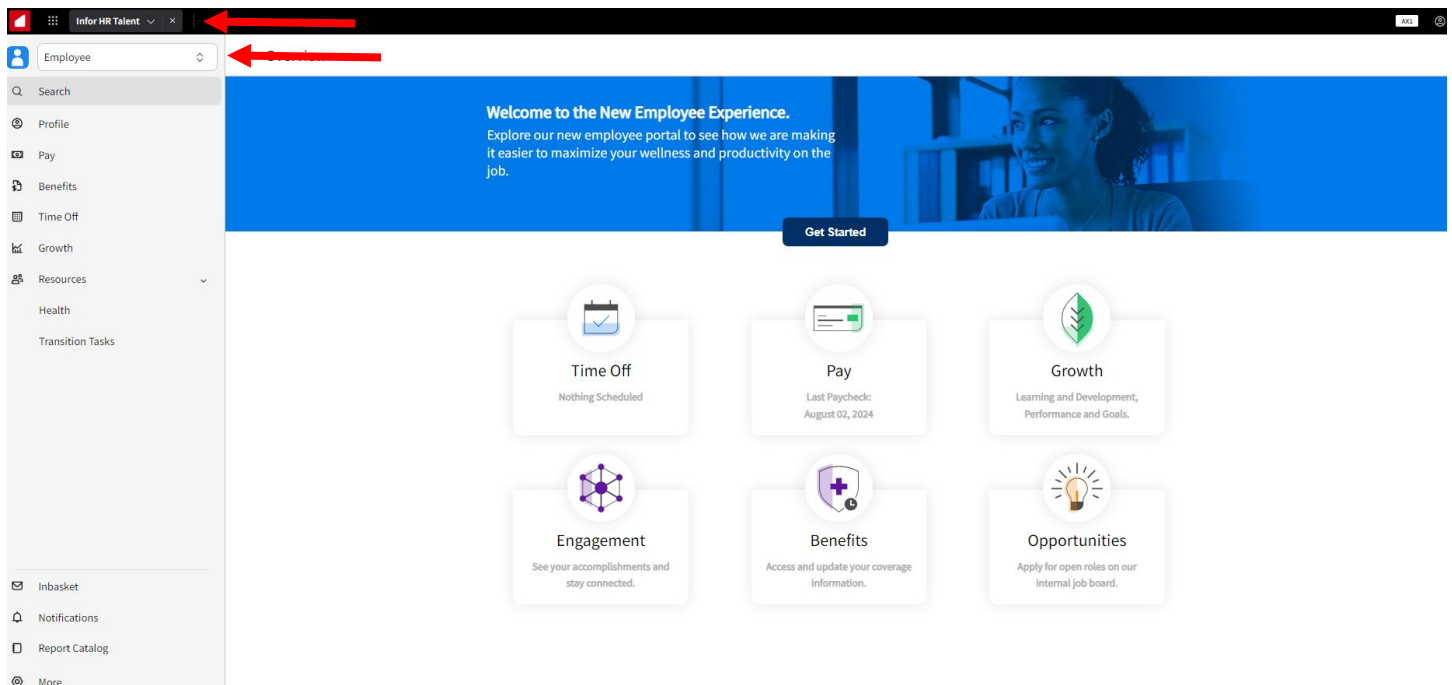
Personal computer:

1. Go to NovantHealth.org/Team-Members.
2. Select the Self Service link.
3. Follow steps to log in and select Infor HR Talent from the waffle icon.

Note: If accessing outside the Novant Health network, you will need to use Microsoft Authenticator to authenticate. Call the IT Service Desk at 866-966-8268 for questions or additional support with Microsoft Authenticator.

Once logged in:

- Be sure you are in Infor HR Talent and Employee Experience



Select **Benefits**

≡ Overview

Welcome to the New Employee Experience.

Explore our new employee portal to see how we are making it easier to maximize your wellness and productivity on the job.

Get Started

Time Off

Nothing Scheduled

Pay

Last Paycheck:
August 02, 2024

Growth

Learning and Development,
Performance and Goals.

Engagement

See your accomplishments and
stay connected.

Benefits

Access and update your coverage
information.

Opportunities

Apply for open roles on our
internal job board.

Open Enrollment 2026 > click on **Start Enrollment**

Open Enrollment 2026

Start Enrollment

Current

Dependents and Beneficiaries

Life Events

Information

Be sure to review each section in your open enrollment event. Select **Next** to advance to the next section.

Welcome to Open Enrollment 2026

Please add your dependents and beneficiaries here

Tobacco Designation and Enrollment Worksheet

Enrollment

Review and Submit

Welcome to Open Enrollment 2026

This is an active open enrollment (OE) year, which means you must re-enroll in any benefit plans you wish to participate in for 2026. Use the previous and next buttons in the top right-hand corner of your screen to navigate your OE event. Please complete each section of your OE event and be sure to review and **submit** at the end. Once you have successfully submitted your elections you will receive an email with a confirmation statement for your records. You have until 11:59 p.m. EST on Wednesday, November 19 to submit your 2026 benefit plan elections.

You can enroll the following dependents in your Novant Health benefit plans.

Eligible dependents include:

Your legally married spouse

Your eligible dependent children up to age 26

Adult dependents incapable of self-support because of mental or physical disability and who became incapable of self-support before age 19 while covered as a dependent under this or any other group plan.

If you are enrolling your spouse in a medical plan, you will be prompted to complete a spousal survey during your event to verify your spouse is not eligible for group-medical coverage through their employer.

All team members must complete a tobacco designation for themselves and their spouse to confirm if the tobacco surcharge applies.

For plan details, premiums, plan comparison tools and much more, visit [benefits.NovantHealth.org](#) for more information.

Previous

Next

Review your current benefit elections under **These are your current benefits**. Select **Next**.

Open Enrollment 2026 - January 1, 2026

Overview / Benefits / Open Enrollment 2026 - January 1, 2026

Welcome to Open Enrollment 2026

These are your current benefits

Please add your dependents and beneficiaries here

Tobacco Designation and Enrollment Worksheet

Enrollment

Review and Submit

These are your current benefits

Previous

Next

View Details

...

Current Benefits

Novant Health Premier
Option: Employee Only
Pre Tax: 19.13
Employer: 425.35

Current Benefits

Waive HSA

Current Benefits

Cigna Dental
Option: Employee Only
Pre Tax: 8.27
Employer: 11.84

Current Benefits

Vision Care
Option: Employee Only
Pre Tax: 5.17

Current Benefits

Basic Term Life - Employee
Salary Multiple: 1.5
Coverage Amount: 165,110.40
Employer: 2.21

Review your dependent and beneficiaries in **Please add your dependents and beneficiaries here**. To add a dependent or beneficiary, select the **Add** button and complete the required fields. If you need to modify a dependent that you have created, select **Open** to make changes.

Please **do not duplicate** dependents or beneficiaries. As dependents are added they will appear listed.

Please be sure to add all dependent Social Security Numbers. **Note: The identification number is the social security number and is required if you add dependents to your plans.**

Complete the required fields and select **Submit** and then **Next**.

Welcome to Open Enrollment 2026

These are your current benefits

Please add your dependents and beneficiaries here

Tobacco Designation and Enrollment Worksheet

Enrollment

Review and Submit

Please add your dependents and beneficiaries here

Previous

Next

Add

...

If covering a spouse or child, their profiles must be entered before starting your enrollment elections. Do not enter duplicate profiles. If a dependent or beneficiary is accidentally duplicated, contact the HR Solution Center at 800-890-5420.

Other
March 22, 1981
xxx-xx-9687

Open

<<

<

>

>>

10

The **Tobacco Designation and Enrollment Worksheet** allows you to confirm or update you and/or your spouse’s tobacco use and allows you to see your available benefit options and costs per pay period. Select **Next** to move to the enrollment section.

Welcome to Open Enrollment 2026

These are your current benefits

Please add your dependents and beneficiaries here

Tobacco Designation and Enrollment Worksheet

Enrollment

Review and Submit

Tobacco Designation and Enrollment Worksheet

Team members must check the box if they or their spouse used tobacco or vaped in the past 30 days, including cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, smokeless tobacco, or e-cigarettes. Click "Change" to confirm.

Enrollment Worksheet

Click the box to review a worksheet that provides your benefit options and cost per pay period.

View Worksheet

Change Smoker Status

Current status indicates that you are not a smoker

Change

PreviousNext

Welcome to Open Enrollment 2026

These are your current benefits

Please add your dependents and beneficiaries here

Tobacco Designation and Enrollment Worksheet

Enrollment

Review and Submit

Tobacco Designation and Enrollment Worksheet

Team members must check the box if they or their spouse used tobacco or vaped in the past 30 days, including cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, smokeless tobacco, or e-cigarettes. Click "Change" to confirm.

Enrollment Worksheet

Click the box to review a worksheet that provides your benefit options and cost per pay period.

View Worksheet

Change Smoker Status

Current status indicates that you are not a smoker

Change

Change Smoker Status

☐ Check if you are a smoker

CancelSubmit

PreviousNext

In the **Enrollment** section all your benefit plan choices will be listed in the left-hand column. Use the **Benefit Choices** button to select the plan you want to elect, in each section.

Welcome to Open Enrollment 2026

These are your current benefits

Please add your dependents and beneficiaries here

Tobacco Designation and Enrollment Worksheet

Enrollment

Health Plans

Medical HSA - ONLY for HDHP Plan Participants

Dental Plans

Vision Plans

Basic Life

Supplemental Life Employee

Enrollment Health Plans

Benefit Choices

No Benefits selected

Choose Benefits above to enroll

PreviousNext

Choose **Select** and **Close** for the plan you want.

The 'Select' dialog box displays a list of health plans. The first three are 'Novant Health Premier Plan' with coverage options: 'Employee Only', 'Employee and Spouse', and 'Employee and Child(ren)'. The fourth is 'Novant Health Premier Plan' with coverage option 'Family'. The fifth is 'Blue Standard Plan' with coverage option 'Employee Only'. The sixth is 'Blue Standard Plan' with coverage option 'Employee and Spouse'. The 'Select' button for the 'Novant Health Premier Plan' (Family) is circled in red.

If you choose a health plan with family or spouse coverage, you will be prompted to complete a survey to determine their eligibility. Select the appropriate answers and select **Submit**.

If you enroll in coverage for dependents, the system will prompt you to select the minimum number of dependents for the plan. Select **Enroll Dependents**.

Select each dependent you want to enroll. When you are done, select **Save And Return to Enrollment**.

The 'Enrollment Health Plans' page shows the 'Novant Health Premier Plan' (Coverage Option: Family, Pre Tax: 149.20, Employer: 1,342.56) as the 'Selected Plan'. A red icon indicates a warning: 'Minimum number of dependents not selected; Please select at least 2'. The 'Enroll Dependents' button is highlighted with a red arrow. Other buttons include 'Withdraw' and 'View Details'. The page also has a 'Previous' and 'Next' navigation bar at the top right.

Select **Next** button to proceed.

Complete your selections for each of the sub-tabs:

1. Select the sub-tab.
2. Select Benefit Choices.
3. Make your selection.
4. Select Close, and if prompted, complete any additional fields. Select **Save And Return to Enrollment**.

As you complete each sub-tab, the red icon will turn to a green icon indicating you have completed a selection.

When electing Basic Life, Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance you will be prompted to **Designate your Beneficiary**.

Enrollment
Basic Life

Previous Next

Benefit Choices ...

Basic Term Life - Employee
Employer: 2.21

Selected Plan
No beneficiaries are selected for this plan

Designate Beneficiaries Withdraw View Details

Open Enrollment 2026 - January 1, 2026

Basic Term Life - Employee
No beneficiaries are selected for this plan

Primary	No Data Available	Add ...
Contingent	No Data Available	Add ...

Not Designated

AR Adam
Other

Designate

Create Beneficiary

Primary Or Contingent *

Primary

Percent Or Amount

Percent

Percent

100.000 %

Cancel Submit

Click **Designate Beneficiaries**, then review your **Primary** and **Contingent** beneficiaries. If no one is selected, click **Designate**.

You must designate who is a Primary or Contingent beneficiary and the percent of the designation.

The percent must total 100% for the primary beneficiary and for your contingent beneficiary(s).

Click **Submit** when you are finished.

Select the **Add** button if your beneficiary designation is not already listed and complete all required fields. Please do not add duplicate beneficiaries.

When you have completed and verified your elections, select the **Review and Submit** tab.

Review the errors, warnings and messages and be sure the cost summary information is correct, select **Submit**.

Review and Submit Previous Next

You have almost completed your enrollment! Please review your elections in the Cost Summary section below. If you would like to make changes, click on the Enrollment tab to display the plan options. Click SUBMIT to continue the process.

Submit Your Enrollment

If you have any warning messages, please review and make any changes by clicking on the appropriate benefit tab. Click SUBMIT to continue the process.

[Submit](#)

Errors, Warnings, And Messages

Warnings

- Basic Term Life - Employee - No beneficiaries are selected for this plan

Messages

- Short Term Disability 15th Day Start - Amount subject to evidence of insurability: 66,044.16

Cost Summary

Pay Period

Type	Cost / Percent	
	Employee	Employer
Health Plans	19.70	452.38
Medical HSA - ONLY for HDHP Plan Participants	0.00	0.00
Dental Plans	6.69	12.19
Vision Plans	0.00	0.00
Basic Life	0.00	2.21
Supplemental Life Employee	0.00	0.00
Supplemental Life Spouse	0.00	0.00
Supplemental Life Child	0.00	0.00
Accidental Death and Dismemberment	0.00	0.00
Medical FSA	0.00	0.00
Dependent Care FSA	0.00	0.00

The final step is to confirm you want to submit your benefits. Select the **Agree to Enrollment Terms** checkbox and select **Submit**.

Submit

Authorize Elections

By submitting my benefit choices, I authorize Novant Health to adjust my salary to pay for my chosen benefits. In addition, I understand the following items:

- Novant Health will continue to deduct benefit premiums while I am receiving pay in the event of a leave of absence from employment.
- I cannot change my benefit choices except within 31 days of a qualifying employment or family status change.
- I forfeit any unused funds left in my flexible spending account(s).
- I forfeit any unused funds in my Health Reimbursement Account (HRA) if I leave Novant Health employment or if I elect the High Deductible Health Plan (HDHP) because a Health Savings Account (HSA) is available.
- If I have elected supplemental employee life insurance, spouse life insurance or short term disability that is subject to evidence of insurability (EOI), the requested amount of insurance is not valid until I have submitted the Hartford EOI application and received approval.
- If I am subject to evidence of insurability (EOI), my confirmation statement will reflect my requested life insurance election and rates, but my deductions will not commence or increase until my EOI application is approved by Hartford.
- Age reductions will be applied for coverage amounts, as required under the specific policies, and that any questions related to either the coverage or cost should be directed to the Human Resources Solution Center.
- All team members must complete a tobacco designation verification during open enrollment or at the time of a qualified life event to determine if the tobacco surcharge applies. This includes cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, other smokeless products, vape products, and e-cigarettes used within the past 30 days. The following per-pay-period surcharges apply: \$45 for the team member, \$45 for the spouse, or \$90 if both use tobacco. This surcharge applies only to enrollment in the medical plan.
- Team members must truthfully and accurately disclose their own tobacco use and, if applicable, their spouse's tobacco use. Falsifying a tobacco designation is considered fraud by Novant Health and may result in disciplinary action, up to and including termination of employment.

I authorize any provider of health services to provide any information concerning the health conditions or treatment of any person included under my medical and/or dental plan whenever such information is considered necessary for proper disposition of a claim or fulfillment of obligations imposed on the plan by state or federal statutes.

Check the box to authorize your benefit elections.

☐ Agree To Enrollment Terms

[Cancel](#) [Submit](#)

Congratulations! You have successfully completed your benefits enrollment. Select **View Confirmation**. A PDF version of your enrollment displays. You can view your elections here. This enrollment page can be printed or saved to keep a copy for your records.

Confirmation

Click View Confirmation to print out confirmation of plans selected

[View Confirmation](#) 

Enrollment Confirmation For

Enrollment Date: January 1, 2026

Health Plans			
Plan	Options	Pre Tax	Employer
Novant Health Premier Plan	Employee Only	19.70	452.38
Medical HSA - ONLY for HDHP Plan Participants			
Plan			
Waive HSA			
Dental Plans			
Plan	Options	Pre Tax	Employer
Dental Base Plan	Employee Only	6.69	12.19
Vision Plans			
Plan			
Waive Vision Coverage			
Basic Life			
Plan			Employer
Basic Term Life - Employee		2.21	
Supplemental Life Employee			
Plan			
Waive Supplemental Employee Life			
Supplemental Life Spouse			
Plan			
Waive Spousal Life			