

This guide is your go-to resource for navigating the enrollment process with confidence. Whether you're just starting out or looking to review your options, this guide is here to support you every step of the way.

Employees who are employed by MetroPlus will be required to select from the MetroPlus Health Plans for the first year (365 days)

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Navigating to New Hire Event

1. After successfully authenticating and logging into **Employee self service**, click the **Benefits Details tile**.

Employee Self Serv	rice ~				< 2 of 2 >
	Remote Worker	Delegations	OnBoardir G	ng Activities et Started	
	Careers	Time	Payroll	Personal Details	
	Person Profile	Benefit Details	Performance	Wellness & Safety	

2. Navigate to Benefits Enrollment.





Navigating to Benefits Enrollment

IMPORTANT: You have <u>31 days</u> from the date of your event to enroll into your health benefits.-If you have passed your 31 day mark, please refer to the following guide for <u>Qualifying Event</u>

Please Note: Event Description → This is your Qualifying Event

Clicking the blue "i" button will give you a brief description of the Qualifying Event

Event Date \rightarrow This is the date your new Benefits Coverage will take effect **Event Status** \rightarrow Only Events in an Open or Submitted Status can be edited

3. Click the "Start" button to continue.



4. Click the "Medical" tile to enroll/change your Medical coverage. Please note: The flexible spending accounts and retirement plan options listed are view only. You must reach out to each entity directly to enroll/make changes

Benefits Enrollment	
Benefits Enrollment	
	* Indicates required field
The "Medical" file below displays your current coverage, new coverage, state	us, and how many dependents if any are covered.
The Flexible Spending Accounts and Retirement plan options are listed as view	w only. You must reach out to each agency directly to enroll or make changes.
Click on the "Medical" tile to select/make changes to your medical benefits.	
Once you have updated your medial enrollment, please make sure to click on	Submit Enrollment to finalize.
~ Enrollment Summary	
Your Pay Period Cost \$0.00	Full Cost \$0.00
Status Pending Review	
Enrollment Preview Statement	
Submit Enrollment	
Benefit Plans	
Medical	
Commit Ma Carama	
New Waive	
Status Pending Review	
m 0 Dependents	
Pay Period Cost \$0.00	
Review	



Benefit Plan Comparison

The health plan comparison page is a valuable tool that allows you to compare different health insurance plans based on various factors such as coverage, cost, and geographic service area.

5. Select the plans you would like to compare, by clicking the **"Compare Box"** at the end of plan row.

Cancel						Medical	Do	ne
If you wor	uld like more information on the hea	Resources	î					
~ Enrol	Your Dependents						Blue Cross/ Blue Shield	Ш
Depender	nts registered are listed here. Select click the Done button on the top rig	the Add/U	pdate Dependent buttor orner of page to continue	n to view, update or add a new d	ependent. Pla	ce a check mark next to the dependent(s) you would like to enroll. After you completed your	Emblem Health	L.
You have	no dependent registered						CIGNA HealthCare	11
Add/U	pdate Dependent						MetroPlus Gold	11
~ Enrol	in Your Plan						Buy out Waiver	11
The Employerage	loyee Only cost shown for each plan costs for individual plans, select the	is based of help icon	on the dependents enrol corresponding to each p	led. Adult Domestic Partner dep alan option.	endents will ha	we an additional tax implication. Dependents not enrolled will not be covered. To see other	Vytra Health Plans	
To comple	ete a side by side comparison of the	plan optio	ns, select the Compare	Plan checkbox for the plan optic	ns to be comp	ared, then select the Compare button.		
	Plan Name	Bef	ore Tax Cost After Ta	x Cost Pay Period Cost Con	npare Plan			11
Select	Metroplus Gold Basic	0		\$0.00				Ш
Select	Metroplus Gold Rider	()	\$128.05	\$128.05				Ш
Select	MetroPlus Gold Standard Rx	(i)	\$63.77	\$63.77				
Select	Aetna EPO Basic	()	\$211.07	\$211.07				
Select	Aetna EPO Full Rider	(i)	\$1240.29	\$1240.29				
Select	CIGNA Basic	()	\$704.61	\$704.61				
Select	CIGNA Full Rider	()	\$898.44	\$898.44				
Select	Empire EPO Basic	()	\$548.78	\$548.78				
Select	Empire EPO Full Rider	(i)	\$775.41	\$775.41				
Select	Empire Access Gated EPO Basic	(i)	\$278.43	\$278.43				

Click "**Compare**" to view a side-by-side comparison of health plans.

Selec	t HIP HMO Basic	()			\$0.00	
Selec	t HIP HMO Carveout	(i)	\$4.75		\$4.75	
Selec	HIP POS Basic	(i)	\$559.92		\$559.92	
Selec	t HIP POS Full Rider	()	\$756.39		\$756.39	
Selec	t Vytra Basic	(i)	\$104.08		\$104.08	
Selec	t Vytra Full Rider	0	\$299.49		\$299.49	
Selec	t Empire EPO Basic - After Tax	(i)		\$548.78	\$548.78	
Selec	GHI-CBP Carveout - After Tax	i		\$2.90	\$2.90	
Selec	HIP HMO - Carveout - After Tax	()		\$11.63	\$11.63	
Selec	t Buyout Waiver	()			\$0.00	
~	Waive				\$0.00	
Ove	rview of All Plans					Compare



Benefit Plan Comparison

The page will generate a side-by-side comparison of available health plans to help make an informed decision. This resource aims to simplify the complex process of choosing a health insurance plan by providing clear and concise information to assist you in selecting the best plan that meets you and your dependents (if any) healthcare needs.

		Benefits Plan Con	parison
The following displays a comparison for the	e In-Network Providers. For additional information and d	other plan details, please refer to the Summary of Benefits an	Coverage (SBC) Document. Right click on the link and open it in a new tablwindow.
Expand All Collapse All	Metroplus Gold Basic	MetroPlus Gold Standard Rx	
✓ Coverage Level Cost			
These are all the available Coverage C	Costs		
Employee Only Currently selected coverage		\$63.77 Before-Tax	
Family		\$116.50 Before-Tax	
Employee + Domestic Partner		\$116.50 Before and After Tax	
Family (with Domestic Partner)		\$116.50 Before and After Tax	
∽ Pay Period Cost			
The cost shown is based on the depen	dents you have enrolled.		
Employee Only		\$63.77	
> Plan Cost and Credit Detail			
V Overall deductible			
Overall Deductible	\$0.00	\$0.00	
> Services Before Deductible Met			
V Deductibles-Specific Services			
Deductibles-Specific Services	No	No	
~ Out of Pocket Limit			
Out of Pocket Limit	\$7,150 Individual/\$14,300 Family	\$7,150 Individual/\$14,300 Family	
~ Out of Pocket Limit Exclusions			
Out of Pocket Limit Exclusions	Premiums, penalties, balanced-bill charges, and health care this plan doesn't cover.	Premiums, penalties, balanced-bill charges, and health care this plan doesn't cover.	

Click "Done" after comparing plans.

		Benefits Plan Co	nparison
The following displays a comparison for the	e In-Network Providers. For additional information and	other plan details, please refer to the Summary of Benefits a	d Coverage (SBC) Document. Right click on the link and open it in a new tablwindow.
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✓ Coverage Level Cost			
These are all the available Coverage C	Costs		
Employee Only Currently selected coverage		\$63.77 Before-Tax	
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✓ Pay Period Cost			
The cost shown is based on the depen	idents you have enrolled.		
Employee Only		\$63.77	
> Plan Cost and Credit Detail			
✓ Overall deductible			
Overall Deductible	\$0.00	\$0.00	
> Services Before Deductible Met	t		
V Deductibles-Specific Services			
Deductibles-Specific Services	No	No]
V Out of Pocket Limit			
Out of Pocket Limit	\$7,150 Individual/\$14,300 Family	\$7,150 Individual/\$14,300 Family	
VOut of Pocket Limit Exclusions			
Out of Pocket Limit Exclusions	Premiums, penalties, balanced-bill charges, and health care this plan doesn't cover.	Premiums, penalties, balanced-bill charges, and health care this plan doesn't cover.	



Selecting a Health Plan

6. Select the plan in which you would like to enroll, by clicking **"Select"** next to the plan name. *Be sure to review the pay period cost of the plan*.



7. If you do not have dependents, click "Done" button.



Submitting Enrollment

8. You will be prompted to review your new plan and costs. After reviewing click **"Submit Enrollment".**

Benefits Enrollment	Benefits Enrollment				
		* In	licates required field		
The "Medical" tile below displays y	our current coverage, new coverage, statu	us, and how many dependents if any are covered.			
The Flexible Spending Accounts an	d Retirement plan options are listed as vie	w only. You must reach out to each agency directly to enroll or make changes.			
Click on the "Medical" tile to select	make changes to your medical benefits.				
Once you have updated your media	I enrollment, please make sure to click on	Submit Enrollment to finalize.			
✓ Enrollment Summary					
Your Pay Period Cost	\$0.00	Full Cost \$0.00			
Status	Pending Review				
	Enrollment Preview Statement				
	Submit Enrollment				
Benefit Plans					
Medical					
New Metroplus Status ♥ Chang	Gold Basic ed indents				
Pay Period Cost \$0.00					
	Review				
L					

9. You will get the following Save Confirmation. Click the **"DONE**" button.





Enrollment Preview Statement

You can also review your enrollment by clicking **"Enrollment Preview** Statement

← ③ ♡ Benefits Enrollmen	Q. Search in Monu	۵	:	۲
Benefits Enrollmen	nt			
		* Indicate	s require	field
The "Medical" tile below of	lisplays your current coverage, new coverage, status, and how many dependents if any are covered.			
The Flexible Spending Acc	ounts and Retirement plan options are listed as view only. You must reach out to each agency directly to enroll or make changes.			
Click on the "Medical" tile	to selectimake changes to your medical benefits.			
Once you have updated yo	sur medial enrollment, please make sure to click on Submit Enrollment to finalize.			
~Enrollment Summar	Y			
Your Pay Period Cost	\$0.00 Full Cost \$0.00			
Status	Submitted 01/15/2024 4:49PM			
	Enrolment Preview Statement			
	Puturet Ferallmont			
	Suchik Elevenhein			
Benefit Plans				
Medical				
Current	No Coverage			
New	Metroplus Gold Basic			
Status	Changed			
	co. oo			
Pay Period Cost	QU.UU Daview			
	INTERV			

You may review and print your enrollment. **Expand All** to view your personal information, cost summary, election summary, dependent and beneficiaries, dependent enrollments/status of enrollment, beneficiary designations, investment allocation.

		Paviau Enrollment	
		Review Enrollment	
Statement Type	Enrollment Preview	Description New Hire	Print View
Enrollment Effective Date	01/02/2024	Statement Issue 01/15/2024 11:12PM Date	
This statement record enrollment is submitte contact your benefits	ds your Event Maintenance benefit selections ed. If an error has been made in recording yo administrator. Please keep the statement for	and pay period costs, dependent information, and benefici ur elections, please correct your elections before the event your records until you receive a confirmation statement.	ary information at the time your is closed. For further question,
Statement Section	15		
Expand All			
> Personal Informa	tion		
> Cost Summary			
> Election Summar	у		
> Dependents and	Beneficiaries		
> Dependent Enrol	Iments		
> Beneficiary Desig	gnations		
> Investment Alloc	ations		

If you have any questions about your elections you can contact HRSS/NYC Heath + Hospitals Corporate Benefits by phone at (646) 458-5634 or by email at HHCBenefits@nychhc.org.