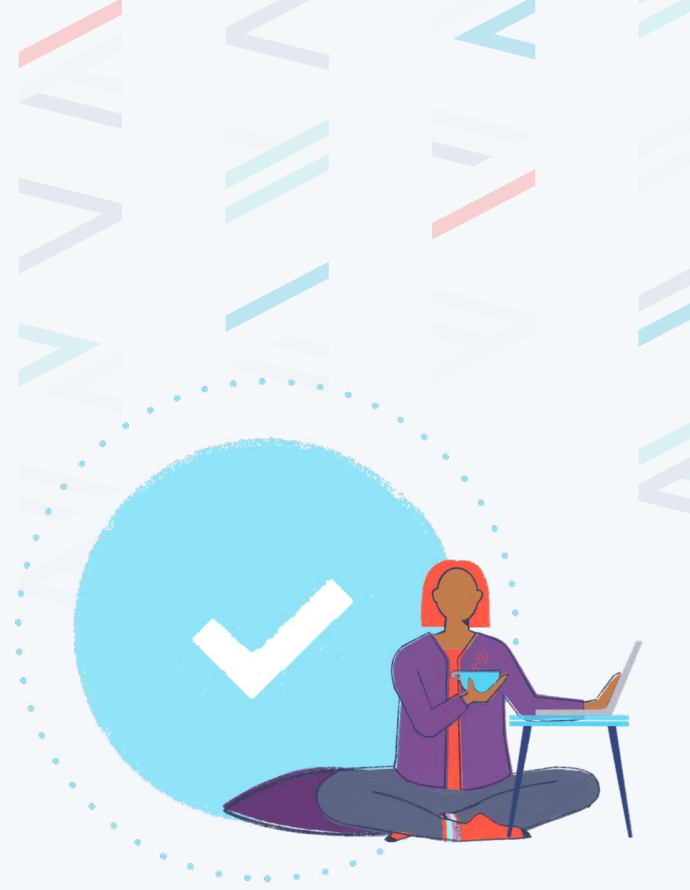




Open Enrollment is your only chance to make changes to your health insurance.

If you miss the open enrollment window, you won't be able to change your medical insurance until next year.

Except under certain special circumstances known as “qualifying events” (e.g. getting married, having a baby, losing current coverage, or losing coverage under a parent’s plan at 26).

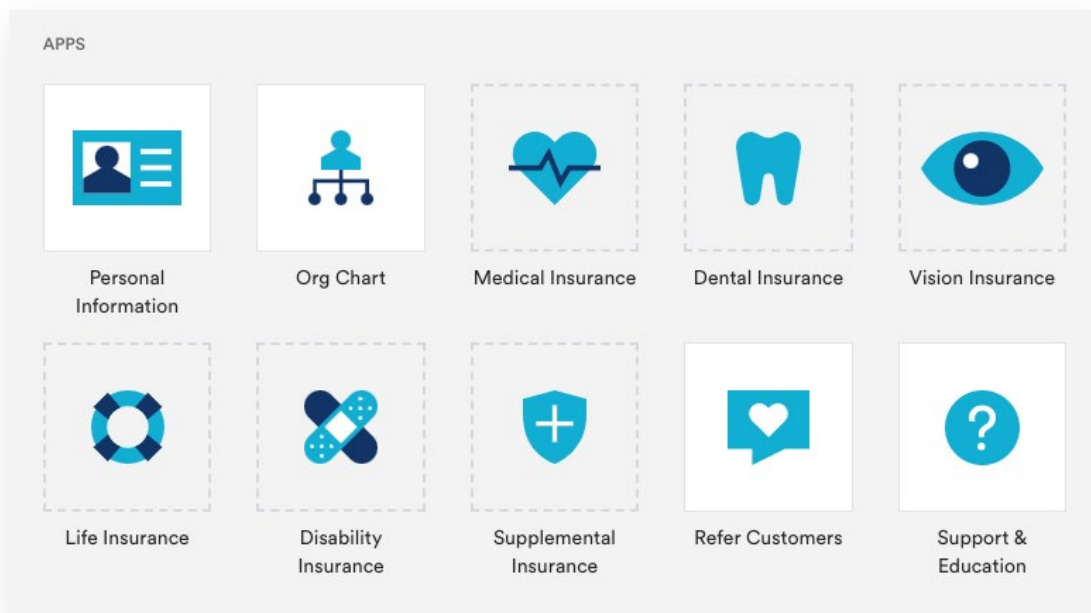


We recommend participating in open enrollment, even if you don't plan on making any changes.

Participating ensures healthcare providers have your latest information, this helps reduce errors on their end. It also allows you to see the latest plans and pricing that your company offers.

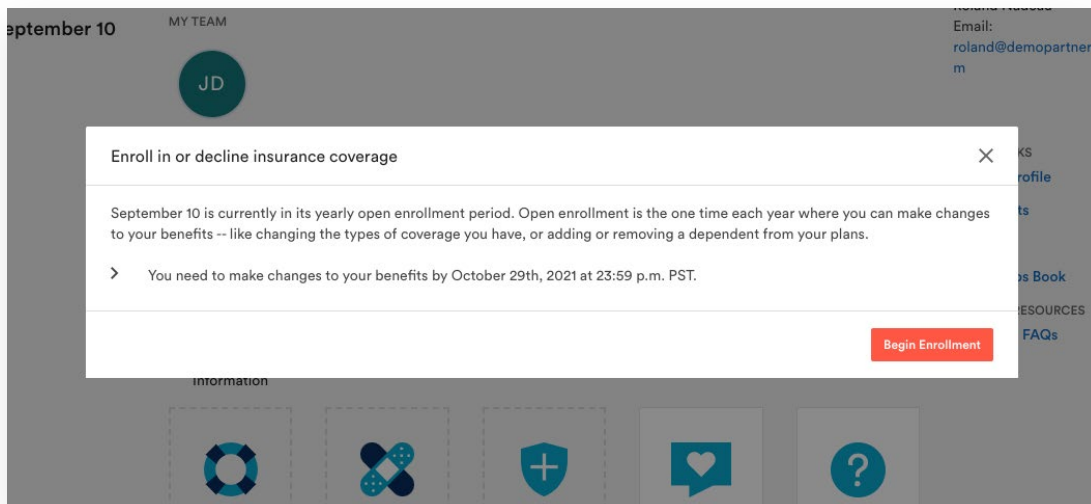
Changes take effect on your renewal date.

Any changes you make to your benefits will take effect on your renewal date. You can check in Zenefits if you're unsure via the health insurance apps in your dashboard > overview > upcoming.



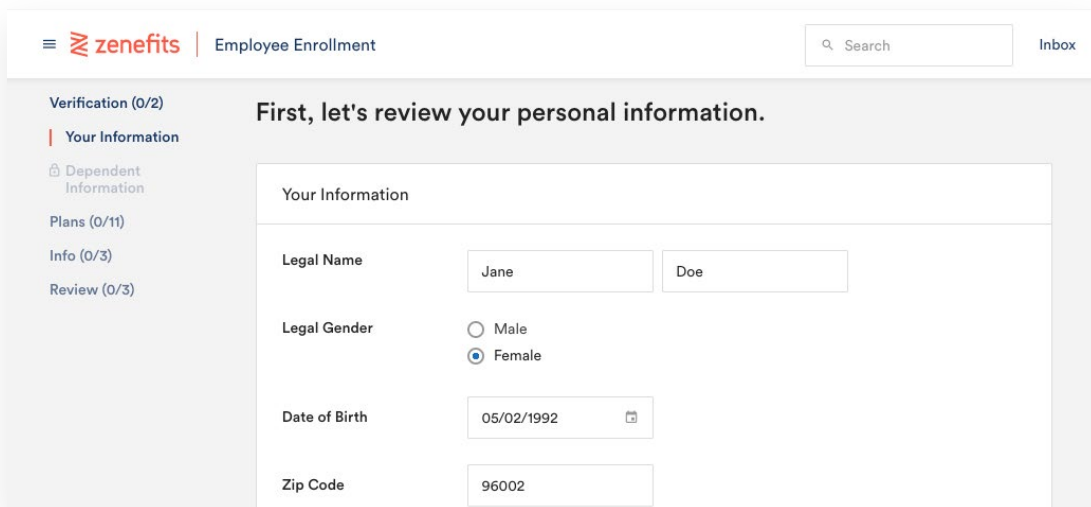
Step 1

We'll email you that enrollment has begun. To begin, log into Zenefits and click "Change or review your benefits"



Step 2

Verification: Confirm your information is correct!



Step 3

Plans: Plan Selection for you and your dependents based on all the policies available by your employer.

zenefits | Employee Enrollment

Search | Inbox | Help | JD

Verification (2/2)
Plans (0/11)
Medical Plans

- Accident Plans
- Cancer Plans
- Critical Illness Plans
- Hospital Indemnity Plans
- Dental Plans
- Vision Plans
- Basic Life Coverage
- Voluntary Life Coverage
- Basic STD Coverage
- Voluntary LTD Coverage

Info (0/3)
Review (0/3)

Select the Medical plan that's best for you and your family.

Medical Plans

For most people, cost and provider network are the most important factors in choosing a Medical plan. [Learn about health insurance.](#)

Effective Date: Nov 1, 2021
Enrolled Dependents: Jack (Spouse)

Select a plan

\$256 / mo. HMO

UnitedHealthcare
Gold HMO Advantage BRSZ-B89

Family Deductible	\$3,000
Office Visits	\$0
Out of Pocket Max	\$15,000
Prescriptions	\$5

[Compare Plan Details](#)

\$300 / mo. PPO

UnitedHealthcare
Medical PPO

Family Deductible	See SBC
Office Visits	20%
Out of Pocket Max	See SBC
Prescriptions	See SBC

[Compare Plan Details](#)

Compare Plan Details

Plans to compare: Medical PPO Refresh and Compare

	UnitedHealthcare	UnitedHealthcare
Carrier Name	UnitedHealthcare	UnitedHealthcare
Plan name	Gold HMO Advantage BRSZ-B89	Medical PPO
Cost Per Month	\$256	\$300
Find a Doctor	Search	Search
Benefits Summary (SBC)	View SBC	View SBC
Plan Info		
Deductible	\$3,000	See SBC
Copay	\$0	20%
Plan Network	Contact carrier	Contact carrier
Specialist copay	\$80	See SBC
Coinsurance	30%	See SBC
Out of Network Coinsurance	See SBC	See SBC
Emergency Service	30%	See SBC
Out of Pocket Maximum	\$15,000	See SBC
Does OOP Max include Deductible?	Yes	No
Employer Account Contribution	-	-
Prescription Info		
Pharmacy Deductible	\$250	See SBC

*Compare plans **Search in-network providers

** To get an overview of how to add dependents during open enrollment click here to review our [support site](#)

HDHP + HSA

*If your employer offers an HDHP and has an HSA with Zenefits, you will be prompted to contribute towards the HSA once the HDHP is elected

The screenshot displays the Zenefits Employee Enrollment interface. On the left, a sidebar lists various plan categories: Verification (3/3), Plans (2/4), Medical Plans, Accident Plans, Critical Illness Plans, Hospital Indemnity Plans, Dental Plans, Vision Plans, Basic Life Coverage, Voluntary Life Coverage, Basic LTD Coverage, and Info (3/3). The main content area is titled "Select the Medical plan that's best for you and your family." It shows three plan options:

- Plan 1:** \$246.22/mo. HMO. Aetna HMO (A2) 2021. Family Deductible: \$0, Office Visits: \$0, Out of Pocket Max: \$4,000, Prescriptions: \$0.
- Plan 2:** \$287.61/mo. POS. Aetna POS 2021. Family Deductible: \$1,000, Office Visits: \$0, Out of Pocket Max: \$5,000, Prescriptions: \$0.
- Plan 3:** \$232.90/mo. HDHP. Aetna HDHP 2021. Family Deductible: \$5,000, Office Visits: 20% (with a red box around "20%"), Out of Pocket Max: \$7,500, Prescriptions: \$0. A red arrow points to the "HSA/HRA" label next to the plan name.

On the right, a "Verification (2/2)" sidebar lists: Plans (2/4), Medical Plans, HSA Introduction (highlighted with a red arrow), Dental Plans, Vision Plans, Info (3/3), and Review (0/1). The main content area on the right is titled "Your medical plan is compatible with a Health Savings Account (HSA)." and contains an "HSA Introduction" section with the following text:

Setting up an HSA is optional, but it's a great way to help cover medical expenses. [Learn about HSAs.](#)

Note: A \$2.50/month service fee will be automatically deducted from your HSA balance. You will not see this charge if your employer has elected to cover the fee for you. For more information, see our [Help Center article](#).

Money for Healthcare Expenses
You can use your HSA to pay for medical services directly or to get reimbursed for out-of-pocket expenses.

Significant Tax Benefits
Contributions to your HSA are deducted from your paycheck before taxes and earn tax-free interest.

Savings That Go With You
Any money you deposit in your account stays there until you use it, even if you leave the company.

However, if you contribute to an HSA, you won't be able to enroll in the Health Reimbursement Account (HRA) and medical Flexible Spending Account (FSA) Zenefits Inc. offers. You'll still be able to enroll in a dependent care FSA, which is an FSA for expenses related to care for a child or elderly parent. If you want to enroll in an HRA or FSA instead of contributing to an HSA, select No.

Enroll in HSA? Yes No

Step 4

Info: Provide all the necessary information for your insurance carriers.

The screenshot shows the Zenefits Employee Enrollment interface. The header includes the Zenefits logo, 'Employee Enrollment', a search bar, and navigation links for 'Inbox', 'Help', and a user profile 'JD'. The left sidebar lists various enrollment steps: Verification (2/2), Plans (11/11), Info (0/9), Contact information (selected), Dependent's Contact Information, Social Security Information, Marriage Information, Required Info, Beneficiaries, Primary Care Physician, Dependents' Primary Care Physician, Primary Care Dentist, and Review (0/4). The main content area is titled 'Okay, let's review your contact information.' and contains a form with the following fields: Phone (530) 222-5055, Contact Preference (Email), Address Line 1 (123 Main St), City (Redding), State (California), and ZIP Code (96002). A checkbox is checked for 'Use This Contact Info for' with the text: 'Jack Doe By checking this box, I agree that my spouse has rights to receive certain information in connection with my employment, including COBRA rights notices, and that I will provide my spouse a copy of all communications addressed to them provided to me through my employer'. At the bottom right of the form are 'Back' and 'Continue' buttons.

The screenshot shows the Zenefits Employee Enrollment interface. The header includes the Zenefits logo, 'Employee Enrollment', a search bar, and navigation links for 'Inbox', 'Help', and a user profile 'JD'. The left sidebar lists various enrollment steps: Verification (2/2), Plans (11/11), Info (3/8), Contact information (checked), Social Security Information (checked), Marriage Information (checked), Required Info, Beneficiaries, Primary Care Physician, Dependents' Primary Care Physician, Primary Care Dentist, and Review (0/4). The main content area is titled 'Tell us about your marital status.' and contains a form with the following fields: Marital Status (Married) and Marriage Date (06/01/2021). At the bottom right of the form are 'Back' and 'Continue' buttons.

Step 5

Review: Almost all sets! Review elected plans, dependents, costs, if declined specify why.

The screenshot shows the Zenefits Employee Enrollment interface. The header includes the Zenefits logo, "Employee Enrollment", a search bar, and an "Inbox" link. The left sidebar lists navigation options: Verification (2/2), Plans (11/11), Info (9/9), Review (0/4), Review & Confirm (selected), Review & Confirm, Review & Confirm, and Waivers. The main content area displays a summary of selected plans with the heading "Here is a summary of medical, dental and vision plans you selected." Below this is a table titled "Review & Confirm" with columns for Type, Coverage Starts, Plan, and Enrolled. The table lists three plans: Medical (UnitedHealthcare Gold HMO Advantage BRSZ-B89), Dental (Guardian Dental HMO), and Vision (Beam Vision PPO). A "Back" button is located at the bottom right of the table.

Type	Coverage Starts	Plan	Enrolled
Medical	Nov 1, 2021	UnitedHealthcare Gold HMO Advantage BRSZ-B89	You, Jack
Dental	Nov 1, 2021	Guardian Dental HMO	You
Vision	Nov 1, 2021	Beam Vision PPO	You

The screenshot shows the Zenefits Employee Enrollment interface for declining coverage. The header and sidebar are identical to the previous screenshot. The main content area displays the heading "Let us know why you'd like to decline coverage." Below this is a form titled "Waivers" with sections for "Decline Dental" and "Decline Vision". Each section includes a dropdown menu for "Jack Doe (Spouse)" with the selected option "Covered by Own Employer". At the bottom right of the form are "Back" and "Continue" buttons.

Step 6

Sign.


zenefits | Employee Enrollment

Search | Inbox | Help | JD

my behalf.

- Insurance coverage will not be effective unless and until the application is reviewed and approved by the Long-Term Disability Insurance insurance company, and a certificate, benefit contract or policy has been issued by the insurance company.
- The discovery by the Long-Term Disability Insurance insurance company of any material facts that were known to me and either not disclosed or misrepresented may result in the rescission of the certificate or policy, and Long-Term Disability Insurance insurance company may either terminate the coverage or refuse to pay a death benefits claim under the policy, even if the cause of death is entirely unrelated to the information misrepresented in my application.
- If my employer's group Long-Term Disability Insurance insurance plan requires me to pay all or part of the premiums for the Long-Term Disability Insurance insurance coverage, I am agreeing to make those premium payments either directly to the Long-Term Disability Insurance insurance company or by authorizing my employer to deduct the Long-Term Disability Insurance insurance premiums from my pay and to remit the payments on my behalf to the Long-Term Disability Insurance insurance company.
- I authorize my insurer to make any necessary payroll deductions to cover my portion of the required premiums for my Long-Term Disability Insurance insurance coverage.
- If I fail to make any required premium payments, my Long-Term Disability Insurance insurance coverage is subject to lapse or termination by the Long-Term Disability Insurance insurance company for failure to pay the premiums, subject to the notice requirements in the policy or under applicable law.
- The obligation to pay benefits to my beneficiaries or heirs is the sole and exclusive obligation of the Long-Term Disability Insurance insurance company, and neither the company, as my employer, nor Zenefits FTW Insurance Services, as my employer's insurance producer, is responsible for the actions or performance of the Long-Term Disability Insurance insurance company.

Name: Jane Doe

Signature: 

Make Changes | Apply

Industry Jargon

Medical

Dependent – A legally recognized spouse or child.

Deductible – The amount of money you have to pay out-of-pocket for your medical expenses, before your health insurance kicks in and begins covering your expenses. Let's say you select a \$1,500 deductible plan. If you incur less than \$1,500 in medical expenses over the course of 4 months, you will have to pay for all of those expenses out-of-pocket after that for the remainder of the year, since the initial \$1,500 deductible was met, unless your plan has co-insurance, in which case you'll only pay your portion of the co-insurance.

Co-Insurance – Your share of the cost. It's usually figured as a percentage of the total charge for the service. You start paying co-insurance after you've paid your plan's deductible. Say you've already paid out (or met) your \$1,500 deductible and your co-insurance is 20%. For a health care bill, you would pay \$20 and your insurance company would pay \$80.

Out-of-Pocket Max – The amount of money you have to spend on medical care before your insurance covers 100% of your expenses. For example, if you select a plan with a \$10,000 OOP and spend \$10,000 out-of-pocket over the course of 4 months, any costs you incur past that \$10,000 will be 100% covered for the remainder of the year.

Employee Contribution – The amount of your health insurance your employer is willing to cover. For example, if you select a \$500 / month plan and our employer covers 85%, you'll pay \$75 / month. Alternatively, if your employer chooses to cover a flat \$400, you'll pay \$100 / month.

PPO, HMO, EPO, OH MY!

We have helpful breakdowns of the different plan types [found here](#).

A SBC outlines information about health plan benefits and coverage in simple terms.

It helps you understand the plan while providing the ability to compare multiple plans.

You can also see different scenarios and how the plan covers that scenario. More information about the SBC, including how to read each section, can be [found here](#).

Plan Type	PPO	HMO	EPO
Who is the plan ideal for?	People who prefer having the freedom to choose which health care providers to use, and don't mind paying more for this flexibility	People who want to keep costs low, and are comfortable selecting a PCP to manage their health care needs	People who want to keep cost low, but don't want a PCP to manage their health care needs
Do I have to select healthcare providers in the network?	No: you have the option of using health care providers outside the network, but you will pay higher out-of-pocket costs	Yes: the only exception is emergency care	Yes: even in the case of emergencies, if you go out of the network, EPOs require you to pay some or all of the expenses out-of-pocket
Do I need a referral to see a specialist?	No	Yes: the referrals must also be in the network	No
Does my doctor need to contact my insurer to get their approval before providing care?	Yes	No	Yes
Do I have to file claim paperwork?	Yes: if you use health care providers outside the network, then you will have to file claim paperwork	No	No
How much is this plan going to cost me?	You will generally pay a higher monthly premium, deductible, and copay than if you choose an HMO or EPO. You will also have to meet a set deductible.	You will generally pay a low monthly premium and copay amount	You will generally pay a low monthly premium and copay amount
Do I need to select a Primary Care Physician (PCP)?	No	Yes	No

*all plan types might not be offered by your employer

FSA V. HSA

Requirements	FSA	HSA
Who can open an account ?	All employees	Only employees who enroll in an a high-deductible HSA compatible health plan
Enrollment period	Contribution/enrollment during Open Enrollment or Qualifying Life Event	Contributions/enrollments can be changed year round for eligible plans
How much money can be deposited into the account each year?	FSA Contributions Limits	HSA Contribution Limits
Do unused funds at the end of the year roll over to the next?	No: It's important to estimate very closely how much you will spend for qualifying medical expenses annually, because you will lose the money that you don't use in your FSA by the end of the year	Yes: you can also earn interest on your savings
What can I spend my money on?	IRS Eligible Expenses - FSA	IRS Eligible Expenses - HSA
Who owns the account?	The employer; if you change employers, you will lose the funds in your FSA	The employee; even if your employer contributes to your HSA, you own the account and the money is yours event if you change jobs
Can I open this account event if I have another health insurance plan or Medicare?	Yes	No
Who is this plan ideal for?	Those who expect to incur medical, dependent, or recurring expenses for the upcoming year	Thoes who are generally young, healthy, and want to save for future healthcare expenses

*All plan types might not be offered by your employer

** We also offer Limited Purpose FSAs and Dependent Care FSAs

*** For more information about enrolling in an FSA or HSA please visit our [help center](#)

Vision

Co-Pay – The amount of money you have to pay (out-of-pocket) for doctor visits. Co-payment amounts vary depending on the plan you select. For example, if you have a \$20 co-pay and visit a doctor, you'll pay \$20 for the visit (assuming it's a standard visit).

Frames (Frequency / Coverage) – The amount your insurance company will cover when you purchase a pair of glasses (includes only the frames, not the lenses -- that's a separate cost). This may be a flat amount (for example, they may cover \$130 total) or a %. Many plans also have frequency limits. So, for example, your plan may cover \$130 for frames over 24 months, which means if you purchase a pair of \$120 glasses in the first 12 months, you'll only have \$10 left of coverage for the remaining 12 months.

Lens (Frequency / Coverage) – The amount your insurance company will cover when you purchase a pair of lenses (includes only the lenses, not the frames -- that's a separate cost). This amount may be a flat amount for example, they may cover \$130 total) or a %. Many plans also have frequency limits. So, for example, your plan may cover \$130 for lenses over 24 months, which means if you purchase a total of \$130 in lenses over the course of 12 months, you'll only have \$10 left of the lens coverage for the remaining 12 months.

Contracts (Frequency / Coverage) – The amount your insurance company will cover when you purchase a pair of contracts. This amount may be a flat amount (for example, they may cover \$130 total) or a %. Many plans also have frequency limits. So, for example, your plan may cover \$130 for contracts over 24 months, which means if you purchase a total of \$130 in contracts over the course of 12 months, you'll only have \$10 left of the lens contract for the remaining 12 months.

LASIK Coverage – Some vision plans include LASIK coverage. This coverage may be a flat amount of a % of the procedure. Be sure to download the plan information for full details on the vision plan you select.

Dental

Co-Insurance – Co-Insurance is your share of the cost. It's usually figured as a percentage of the total charge for the service. You start paying co-insurance after you've paid your plan's deductible. Say you've already paid out (or met) your \$1,500 deductible and your co-insurance is 20%. For a \$100 health care bill, you would pay \$20 and your insurance company would pay \$80.

Max Coverage – Most money your insurance company will pay out towards dental costs incurred during the policy year. For example, let's say you visit the dentist and get a root canal for \$800. If your dental plan covers 90% of this visit type, your insurance company will cover \$720 of your claim and you'll pay \$80 out of pocket. Let's say your max coverage is \$900. Because your insurance company covered \$720, you'll only have \$180 in coverage remaining. In other words, if you're expecting more than \$1,000 worth of dental work over the course of a year, a plan with \$1,000 max coverage may not be right for you..

Free Preventive Care – plans with free preventive care cover 100% of any dental costs deemed "preventive." The preventive treatments deemed "free" change from plan to plan, so be sure to review the full plan details of each plan, but they most often include: routine cleanings, routine fluoride treatments, routine oral exams, sealant, and many types of X-rays.

Orthodontic – Coverage if a plan includes orthodontic coverage, it means your insurance company covers cosmetic procedures, such as braces to straighten crooked teeth.