

ENROLLMENT OVERVIEW

Annual enrollment is the only time during the year that you can change your benefit elections or dependents without first experiencing a qualified change in status event. It is very important that you follow your employer's annual enrollment instructions and deadlines so that you can enroll in your chosen benefits plan for 2019. You cannot change from one plan to another during the plan year (without a qualifying change of status event), so make sure you consider your annual enrollment choices carefully.

New hire enrollment

If you are a newly hired employee and selecting benefits for the first time (not during annual enrollment), review your enrollment information with careful attention to deadlines.

- You must return your enrollment documents to the Human Resources department within 14 days of the date you begin working. If you miss that deadline, your employer will automatically enroll you in a default medical plan, employee-only coverage.
- The PPO is the default medical plan. You cannot change from PPO default plan enrollment until the next annual enrollment period unless you first experience a qualified change in status event.
- Your health benefits coverage becomes effective on the first day of the month after 30 consecutive calendar days of active, regular employment.
- If you select optional term life insurance (TLF) when you are newly hired and enrolling for the first time, you do not have to provide Evidence of Insurability (EOI). If you select spouse optional term life (SLF) in an amount greater than \$25,000, EOI is required. Instructions are found on the back of the enrollment form, available at pebcinfo.com.

How to select a plan

- Compare the differences between the plans. Before you enroll, check the key features of each plan. If you have other coverage available (such as TRICARE, your spouse's employer plan, etc.), check the features of that plan as well.
- Check which doctors, hospitals and providers are in the network. Both plans offered through PEBC use the large UnitedHealthcare Choice Plus network.
- Think about potential health needs in the coming year. Estimate your out-of-pocket cost for each available plan for services you might receive as well as the premium cost. You may find that selecting the least costly medical plan, even with additional out-of-pocket expense, may result in greater savings for you.
- If you enroll in the HDP, consider the additional savings and benefits of the HSA, especially if partnered with a limited-purpose health care spending account (LP-FLEX). Your employer contributes "seed money" to your HSA to help you save even more. If you are not eligible for HSA contributions, seed money goes to an LP-FLEX.
- If you enroll in the PPO plan or opt out of medical coverage, you can also save by electing a health care FLEX account.

During annual enrollment, you must re-enroll if:

- Your employer requires you re-enroll (important deadlines apply)
- Anything changed, including dependent eligibility, your address or your plan choice
- You want to contribute to a FLEX spending account or an LP-FLEX spending account. Remember — you have to re-enroll each year if you want to contribute to a FLEX spending account, even if you do not change your annual election amount. It's an IRS rule.