

## **How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):**

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)*

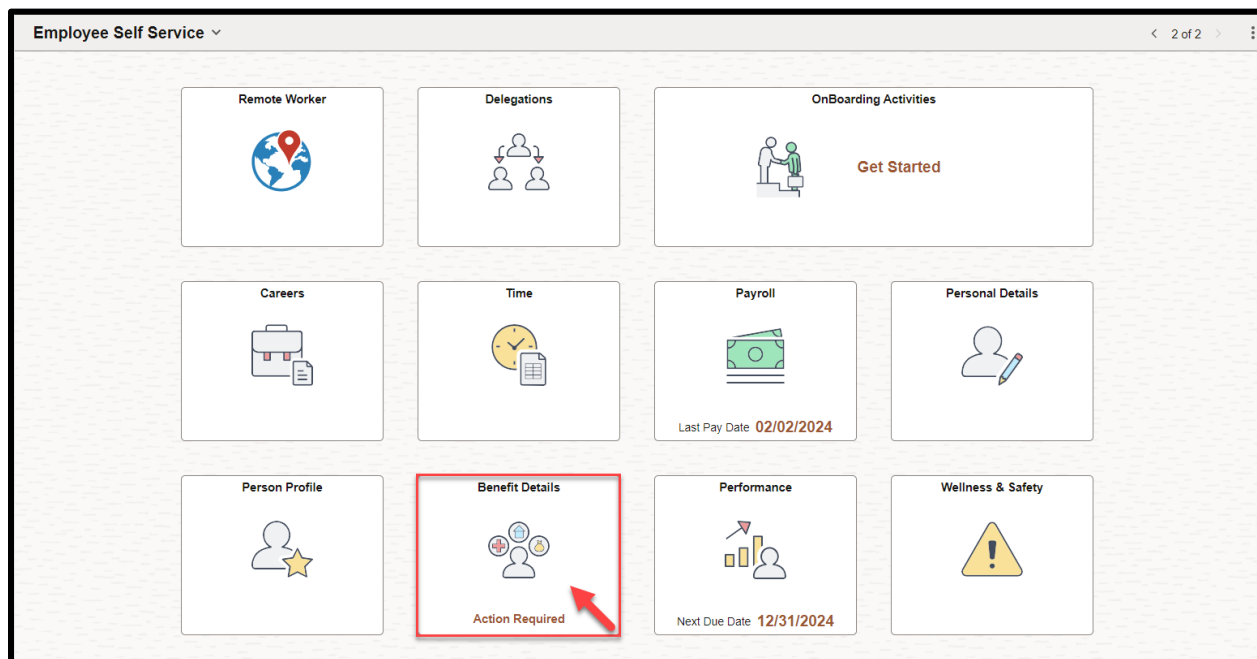
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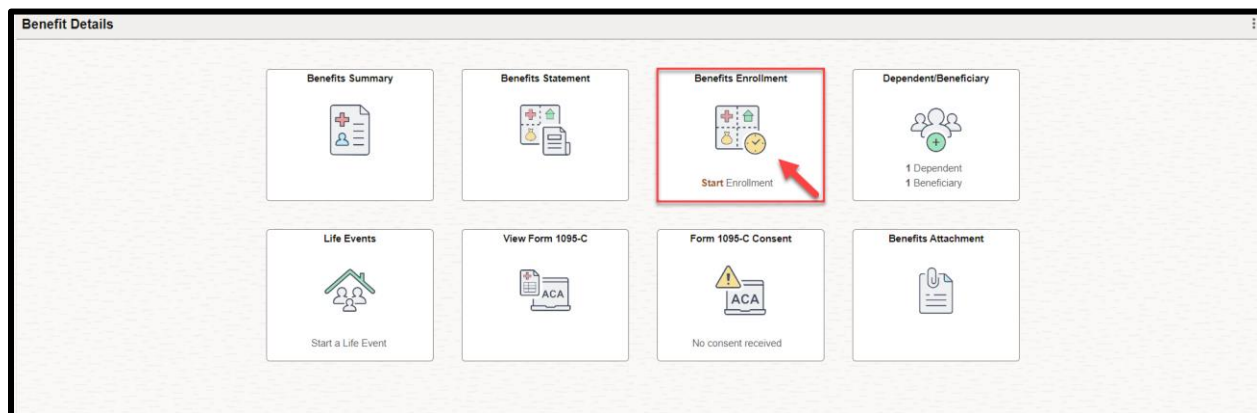
# How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):

## Navigating to New Hire Event

1. After successfully authenticating and logging into [Employee self service](#), click the **Benefits Details** tile.



2. Navigate to **Benefits Enrollment**.



## How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):

### Navigating to Benefits Enrollment

**IMPORTANT:** You have **31 days** 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 [Qualifying Event](#)

**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** → This is the date your new Benefits Coverage will take effect

**Event Status** → Only Events in an Open or Submitted Status can be edited

3. Click the **“Start”** button to continue.

**Benefits Enrollment**

Staff Nurse-Amb Care Med OP

After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. The information icon provides you with additional information about your enrollment. The Start or Resume button next to an event means it is currently open for enrollment. Use the Start button to begin or the Resume button to continue your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

**Your Benefit Events**

Event Description <sup>1</sup>	Event Date <sup>1</sup>	Event Status <sup>1</sup>	Job Title <sup>1</sup>
New Hire	01/02/2024	Open	Staff Nurse-Amb Care Med OP

The 'Start' button is highlighted with a red arrow.

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**

The “Medical” tile below displays your current coverage, new coverage, status, and how many dependents if any are covered. The Flexible Spending Accounts 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 select/make changes to your medical benefits. Once you have updated your medical 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

Current: No Coverage  
New: Value  
Status: Pending Review  
# 0 Dependents

Pay Period Cost: \$0.00 Review

# How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):

## 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.

**Medical**

If you would like more information on the health plans provide, click on the plan under the Resources section on the top right-hand side.

▼ **Enroll Your Dependents**

Dependents registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent. Place a check mark next to the dependent(s) you would like to enroll. After you completed your elections click the **Done** button on the top right-hand corner of page to continue.

You have no dependent registered

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Employee Only cost shown for each plan is based on the dependents enrolled. Adult Domestic Partner dependents will have an additional tax implication. Dependents not enrolled will not be covered. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

To complete a side by side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

	Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost	Compare Plan
Select	MetroPlus Gold Basic	①		\$0.00	<input checked="" type="checkbox"/>
Select	MetroPlus Gold Rider	①	\$128.05	\$128.05	<input type="checkbox"/>
Select	MetroPlus Gold Standard Rx	①	\$63.77	\$63.77	<input checked="" type="checkbox"/>
Select	Aetna EPO Basic	①	\$211.07	\$211.07	<input type="checkbox"/>
Select	Aetna EPO Full Rider	①	\$1240.29	\$1240.29	<input type="checkbox"/>
Select	CIGNA Basic	①	\$704.61	\$704.61	<input type="checkbox"/>
Select	CIGNA Full Rider	①	\$898.44	\$898.44	<input type="checkbox"/>
Select	Empire EPO Basic	①	\$548.78	\$548.78	<input type="checkbox"/>
Select	Empire EPO Full Rider	①	\$775.41	\$775.41	<input type="checkbox"/>
Select	Empire Access Gated EPO Basic	①	\$278.43	\$278.43	<input type="checkbox"/>

**Resources**

- [Blue Cross/ Blue Shield](#)
- [Emblem Health](#)
- [CIGNA HealthCare](#)
- [MetroPlus Gold](#)
- [Buy out Waiver](#)
- [Aetna U.S. Healthcare General](#)
- [Vytra Health Plans](#)

[Overview of All Plans](#) [Compare](#)

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

Select	HIP HMO Basic	①		\$0.00	<input type="checkbox"/>
Select	HIP HMO Carveout	①	\$4.75	\$4.75	<input type="checkbox"/>
Select	HIP POS Basic	①	\$559.92	\$559.92	<input type="checkbox"/>
Select	HIP POS Full Rider	①	\$756.39	\$756.39	<input type="checkbox"/>
Select	Vytra Basic	①	\$104.08	\$104.08	<input type="checkbox"/>
Select	Vytra Full Rider	①	\$299.49	\$299.49	<input type="checkbox"/>
Select	Empire EPO Basic - After Tax	①	\$548.78	\$548.78	<input type="checkbox"/>
Select	GHI-CBP Carveout - After Tax	①	\$2.90	\$2.90	<input type="checkbox"/>
Select	HIP HMO - Carveout - After Tax	①	\$11.63	\$11.63	<input type="checkbox"/>
Select	Buyout Waiver	①		\$0.00	<input type="checkbox"/>
✓	Waive			\$0.00	<input type="checkbox"/>

[Overview of All Plans](#) [Compare](#)

# How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):

## 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 Comparison** Done

The following displays a comparison for the In-Network Providers. For additional information and other plan details, please refer to the [Summary of Benefits and Coverage \(SBC\)](#) Document. Right click on the link and open it in a new tab/window.

Expand All | Collapse All ⊕ ⊖ MetroPlus Gold Basic ⊖ MetroPlus Gold Standard Rx ⊖

**✓ Coverage Level Cost**  
These are all the available Coverage Costs

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Employee Only</b>	<b>\$63.77 Before-Tax</b>	<b>\$63.77 Before-Tax</b>
Currently selected coverage		
Family	\$116.50 Before-Tax	\$116.50 Before-Tax
Employee + Domestic Partner	\$116.50 Before and After Tax	\$116.50 Before and After Tax
Family (with Domestic Partner)	\$116.50 Before and After Tax	\$116.50 Before and After Tax

**✓ Pay Period Cost**  
The cost shown is based on the dependents you have enrolled.

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Employee Only</b>	<b>\$63.77</b>	<b>\$63.77</b>

**> Plan Cost and Credit Detail**

**✓ Overall deductible**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Overall Deductible</b>	\$0.00	\$0.00

**> Services Before Deductible Met**

**✓ Deductibles-Specific Services**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Deductibles-Specific Services</b>	No	No

**✓ Out of Pocket Limit**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Out of Pocket Limit</b>	\$7,150 Individual/\$14,300 Family	\$7,150 Individual/\$14,300 Family

**✓ Out of Pocket Limit Exclusions**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Out of Pocket Limit Exclusions</b>	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 Comparison** Done

The following displays a comparison for the In-Network Providers. For additional information and other plan details, please refer to the [Summary of Benefits and Coverage \(SBC\)](#) Document. Right click on the link and open it in a new tab/window.

Expand All | Collapse All ⊕ ⊖ MetroPlus Gold Basic ⊖ MetroPlus Gold Standard Rx ⊖

**✓ Coverage Level Cost**  
These are all the available Coverage Costs

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Employee Only</b>	<b>\$63.77 Before-Tax</b>	<b>\$63.77 Before-Tax</b>
Currently selected coverage		
Family	\$116.50 Before-Tax	\$116.50 Before-Tax
Employee + Domestic Partner	\$116.50 Before and After Tax	\$116.50 Before and After Tax
Family (with Domestic Partner)	\$116.50 Before and After Tax	\$116.50 Before and After Tax

**✓ Pay Period Cost**  
The cost shown is based on the dependents you have enrolled.

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Employee Only</b>	<b>\$63.77</b>	<b>\$63.77</b>

**> Plan Cost and Credit Detail**

**✓ Overall deductible**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Overall Deductible</b>	\$0.00	\$0.00

**> Services Before Deductible Met**

**✓ Deductibles-Specific Services**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Deductibles-Specific Services</b>	No	No

**✓ Out of Pocket Limit**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Out of Pocket Limit</b>	\$7,150 Individual/\$14,300 Family	\$7,150 Individual/\$14,300 Family

**✓ Out of Pocket Limit Exclusions**

Coverage Level	MetroPlus Gold Basic	MetroPlus Gold Standard Rx
<b>Out of Pocket Limit Exclusions</b>	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.

## How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):

### 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.*

**Medical**

If you would like more information on the health plans provide, click on the plan under the Resources section on the top right-hand side.

▼ **Enroll Your Dependents**

Dependents registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent. Place a check mark next to the dependent(s) you would like to enroll. After you completed your elections click the **Done** button on the top right-hand corner of page to continue.

You have no dependent registered

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Employee Only cost shown for each plan is based on the dependents enrolled. Adult Domestic Partner dependents will have an additional tax implication. Dependents not enrolled will not be covered. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

To complete a side by side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost	Compare Plan
<a href="#">Select</a> Metropolis Gold Basic	①		\$0.00	<input type="checkbox"/>
<a href="#">Select</a> Metropolis Gold Rider	①	\$128.05	\$128.05	<input type="checkbox"/>
<a href="#">Select</a> MetroPlus Gold Standard Rx	①	\$63.77	\$63.77	<input type="checkbox"/>
<a href="#">Select</a> Aetna EPO Basic	①	\$211.07	\$211.07	<input type="checkbox"/>
<a href="#">Select</a> Aetna EPO Full	①	\$1240.29	\$1240.29	<input type="checkbox"/>
<a href="#">Select</a> CIGNA Basic	①	\$704.61	\$704.61	<input type="checkbox"/>
<a href="#">Select</a> CIGNA Full Rider	①	\$898.44	\$898.44	<input type="checkbox"/>
<a href="#">Select</a> Empire EPO Basic	①	\$548.78	\$548.78	<input type="checkbox"/>
<a href="#">Select</a> Empire EPO Full Rider	①	\$775.41	\$775.41	<input type="checkbox"/>
<a href="#">Select</a> Empire Access Gated EPO Basic	①	\$278.43	\$278.43	<input type="checkbox"/>
<a href="#">Select</a> Empire Access Gated EPO Rider	①	\$505.06	\$505.06	<input type="checkbox"/>

**Resources**

- [Blue Cross/ Blue Shield](#)
- [Emblem Health](#)
- [CIGNA HealthCare](#)
- [MetroPlus Gold](#)
- [Buy out Waiver](#)
- [Aetna U.S. Healthcare General](#)
- [Vytra Health Plans](#)

**STEP 1** (points to 'Select' button)

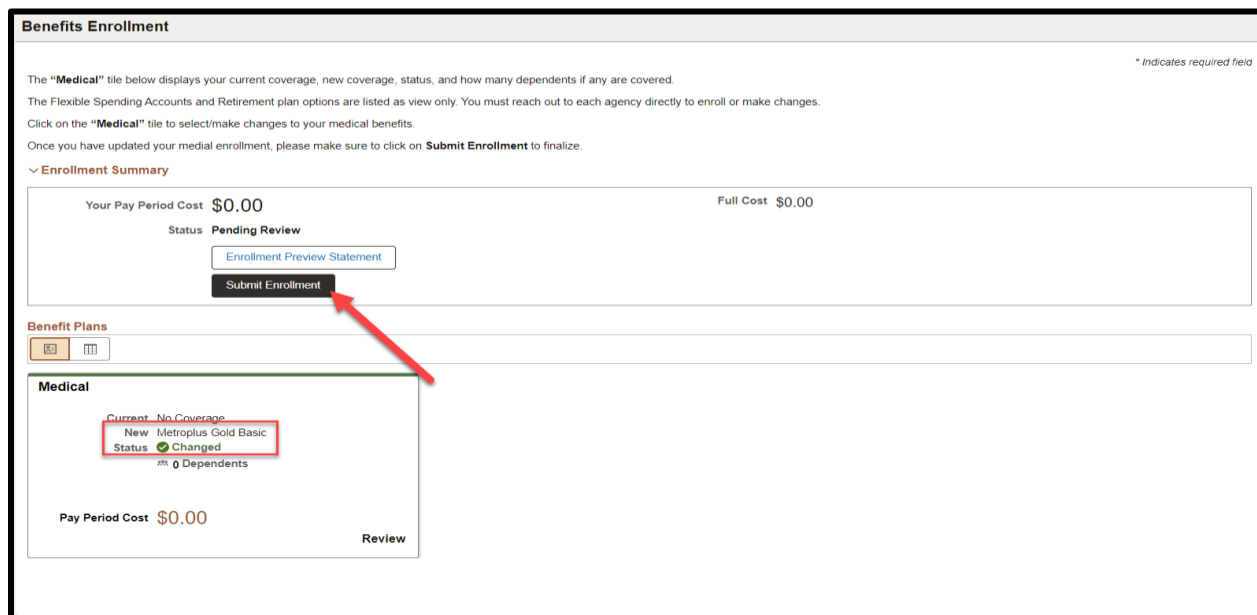
**STEP 2** (points to 'Done' button)

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

## How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):

### Submitting Enrollment

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



**Benefits Enrollment**

The **“Medical”** tile below displays your current coverage, new coverage, status, and how many dependents if any are covered.  
 The Flexible Spending Accounts 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 select/make changes to your medical benefits.  
 Once you have updated your medical 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		
<a href="#">Enrollment Preview Statement</a> <a href="#">Submit Enrollment</a>			

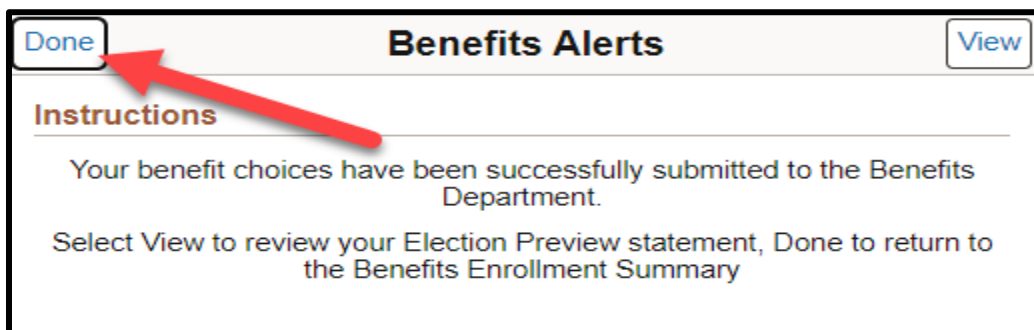
**Benefit Plans**

**Medical**

Current	No Coverage
New	Metropolis Gold Basic
Status	Changed
Dependents	0

Pay Period Cost \$0.00 [Review](#)

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



**Benefits Alerts**

[Done](#) [View](#)

**Instructions**

Your benefit choices have been successfully submitted to the Benefits Department.

Select [View](#) to review your Election Preview statement, [Done](#) to return to the Benefits Enrollment Summary

## How to Enroll into Health Benefits via Employee Self Service (Employee Only Coverage):

### Enrollment Preview Statement

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

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.

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](mailto:HHCBenefits@nychhc.org).