

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)*

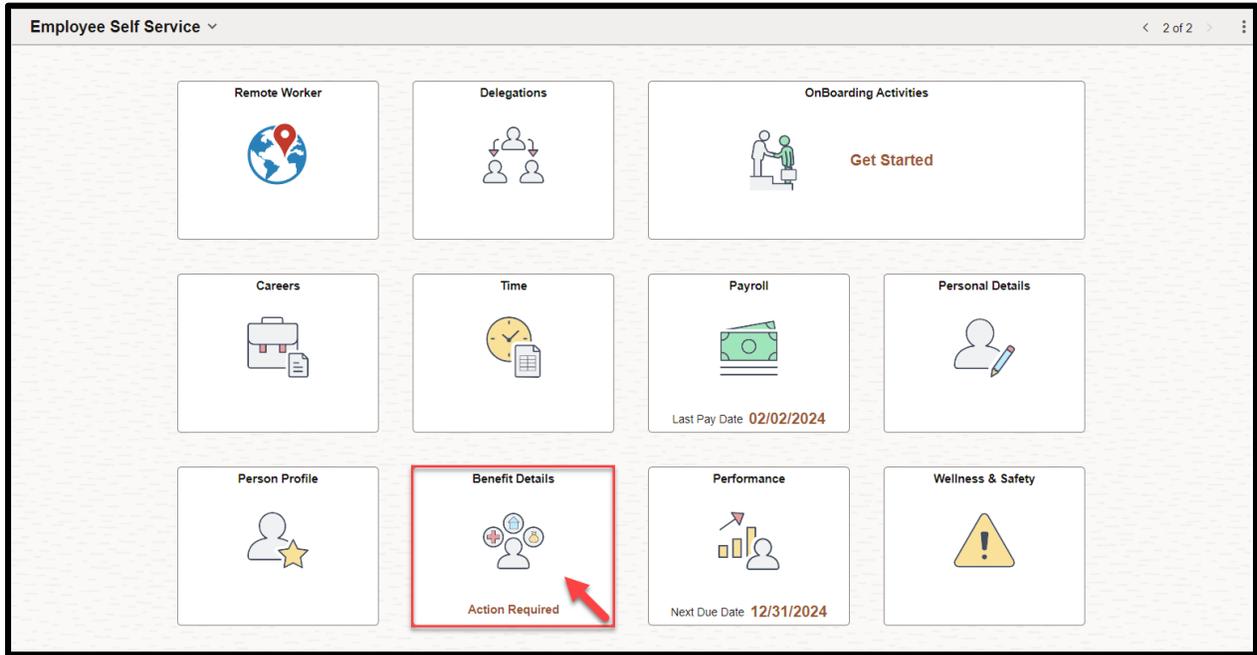
*Supporting Documentation will be **required** for any modification and/or addition of Dependent Information.*

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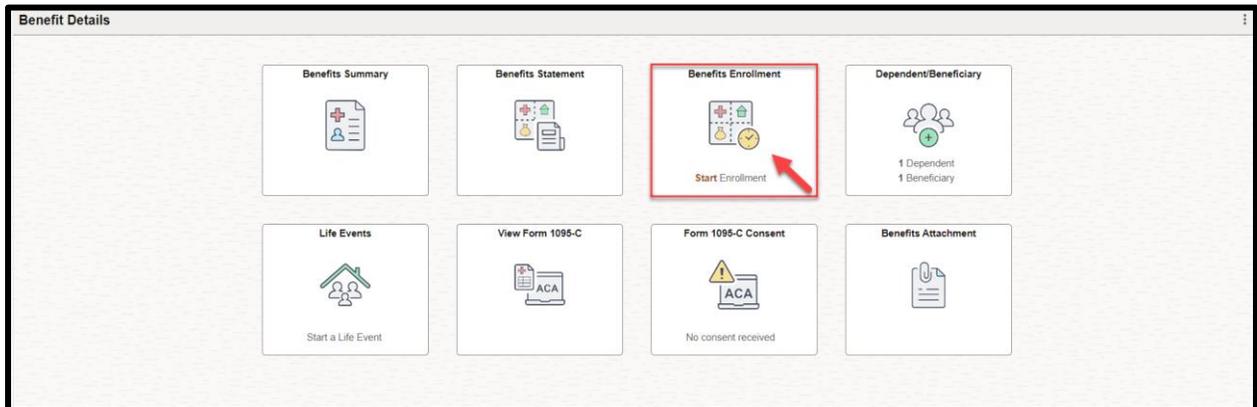
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**Navigating to Benefits Enrollment**

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



2. Navigate to **Benefits Enrollment**.



**Navigating to Benefits Enrollment**

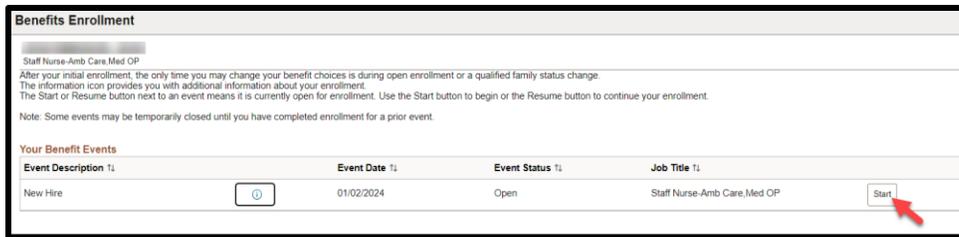
**IMPORTANT:** You have **31 days** from the date of your event to enroll into your health benefits.-If you have passed your 31 day mark, please refer to the following guide for **Qualifying Event**

**Please Note: Event Description** → This is your Qualifying Event  
*Clicking the blue “i” button will give you a brief description of the Qualifying Event*

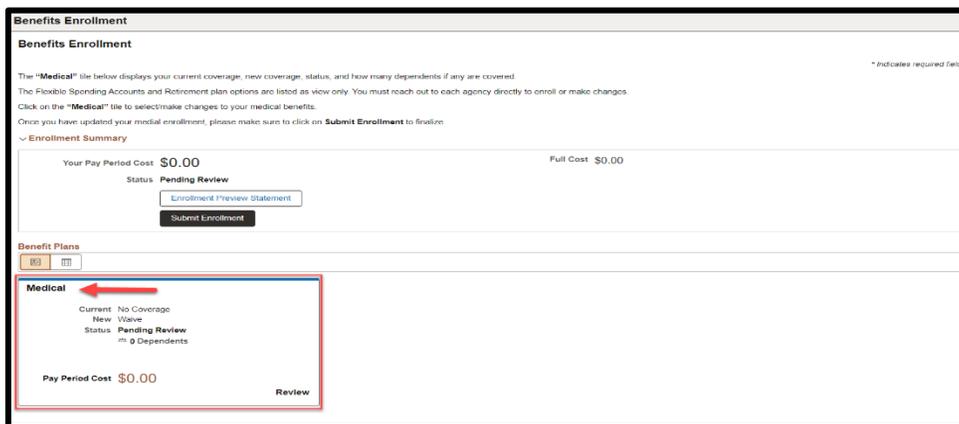
**Event Date** → This is the date your new Benefits Coverage will take effect

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

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



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.*

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

## Adding/Updating Dependent(s)

5. Click the **“Add/Update Dependent”** button to add your dependent(s).

The screenshot shows the 'Medical' enrollment interface. At the top, there are 'Cancel' and 'Done' buttons. Below the title, there is a 'Resources' sidebar with links like 'Blue Cross/ Blue Shield', 'Emblem Health', etc. The main content area has sections for 'Enroll Your Dependents' and 'Enroll in Your Plan'. The 'Add/Update Dependent' button is highlighted with a red box and a red arrow pointing to it. Below this, there is a table of plan options with columns for Plan Name, Before Tax Cost, After Tax Cost, Pay Period Cost, and Compare Plan.

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

6. Click the **“Add Individual”** button to add your dependent(s) personal information.

The screenshot shows the 'Dependent and Beneficiary Information' window. It contains the text 'No data exists' and a button labeled 'Add Individual' which is highlighted with a red box and a red arrow pointing to it.

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

## Adding/Updating Dependent(s)

Click the “Add Name” button.

The screenshot shows a web form titled "Add Individual Dependent/Beneficiary Information". At the top left is a "Cancel" button and at the top right is a "Save" button. Below the title, there is a note: "Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 1/2/2024." and a small asterisk note: "\* Indicates required field". The form is divided into sections: "Name" (with an "Add Name" button highlighted by a red box and a red arrow), "Personal Information" (with a red arrow pointing to the section header), "Date of Birth" (MM/DD/YYYY), "\*Gender" (dropdown), "\*Relationship to Employee" (dropdown), "Dependent" (checkbox), "Beneficiary" (checkbox), "\*Marital Status" (Single dropdown), "As of" (MM/DD/YYYY) (four instances), "\*Student" (No dropdown), "\*Disabled" (No dropdown), and "\*Smoker" (Non Smoker dropdown).

7. Enter the required fields and click the “Done” button.

The screenshot shows a web form titled "Name". At the top left is a "Cancel" button and at the top right is a "Done" button highlighted by a red box with a red arrow pointing to it. The form contains several fields: "Name Format" (English dropdown), "Name Prefix" (dropdown), "\*First Name" (text input, highlighted in yellow), "Preferred First Name" (text input), "Middle Name" (text input), "\*Last Name" (text input, highlighted in yellow), "Name Suffix" (dropdown), "Display Name" (text input), "Formal Name" (text input), and "Name" (text input).

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

### Adding/Updating Dependent(s)

8. Enter the required fields and click the “Save” button.

Cancel Add Individual Dependent/Beneficiary Information Save

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 1/2/2024. \* Indicates required field

Name  
MARY TEST

Personal Information

Date of Birth MM/DD/YYYY

\*Gender

\*Relationship to Employee

Dependent

Beneficiary

\*Marital Status Single

\*Student No

\*Disabled No

\*Smoker Non Smoker

As of MM/DD/YYYY

As of MM/DD/YYYY

As of MM/DD/YYYY

As of MM/DD/YYYY

Supporting Documentation will be required for all modifications and additions of Dependents. Click “OK”.

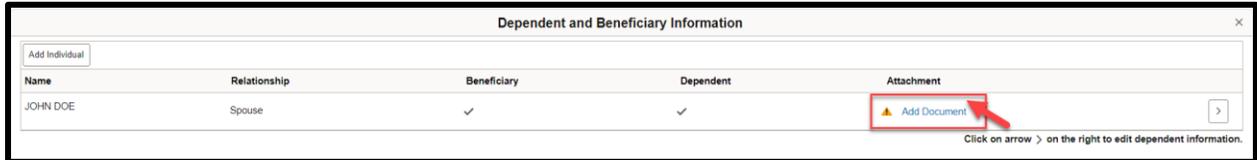
Supporting documents are required for the changes made.  
Select the Attachments link from Dependent/Beneficiary Info or use Benefits Attachment to attach the documents.  
Click on the arrow > on the right to edit dependent information

OK

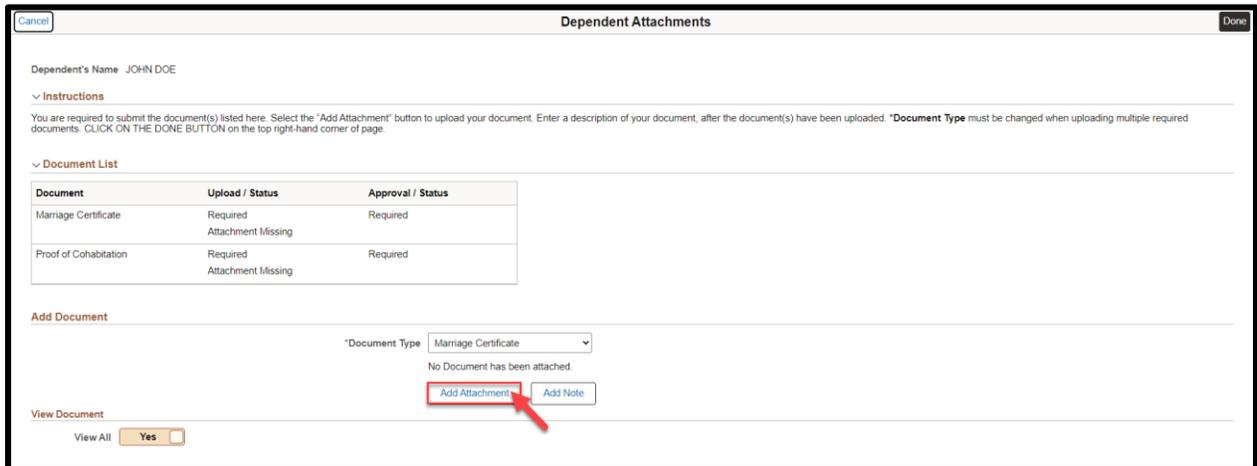
REMEMBER, check your Outlook email in order to make sure your changes have been approved by HRSS/Benefits. If there are any problems, HRSS/Benefits will contact you via email. If you fail to respond, your requests will NOT be processed.

**Uploading Dependent Documents**

9. Click on the “Add Document” link to begin submitting Supporting Documentation for your new dependent.

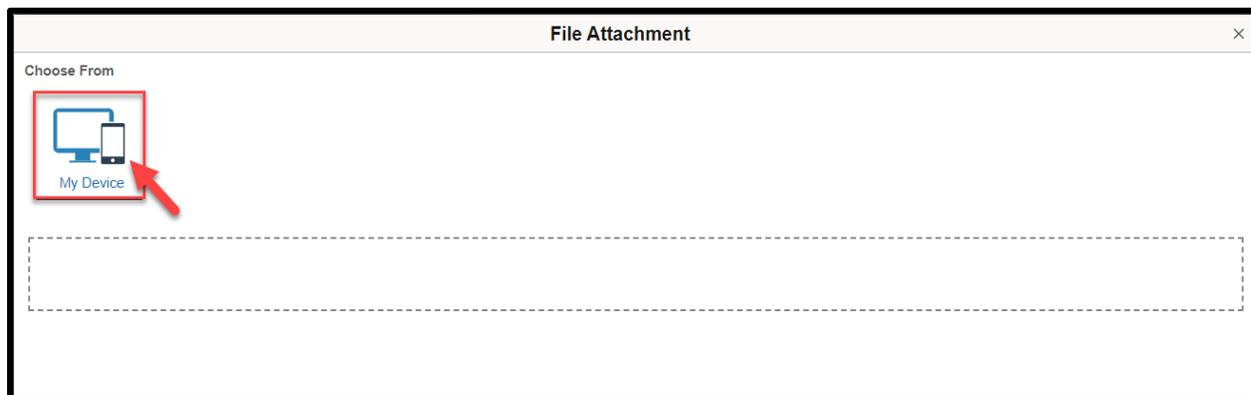


10. Scan any supporting documents and attach the electronic documents by clicking the “Add Attachment” button.

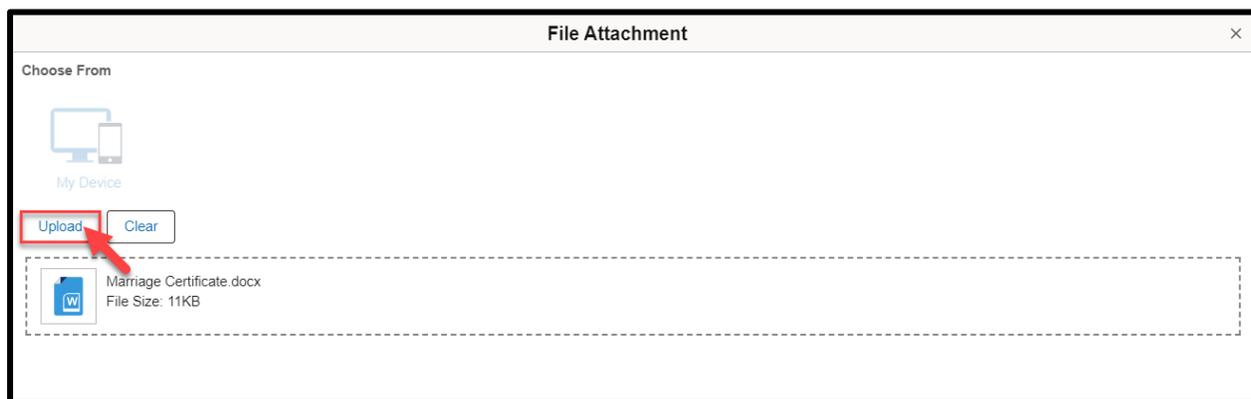


**Uploading Dependent Documents**

Click “My Device” to select your file.

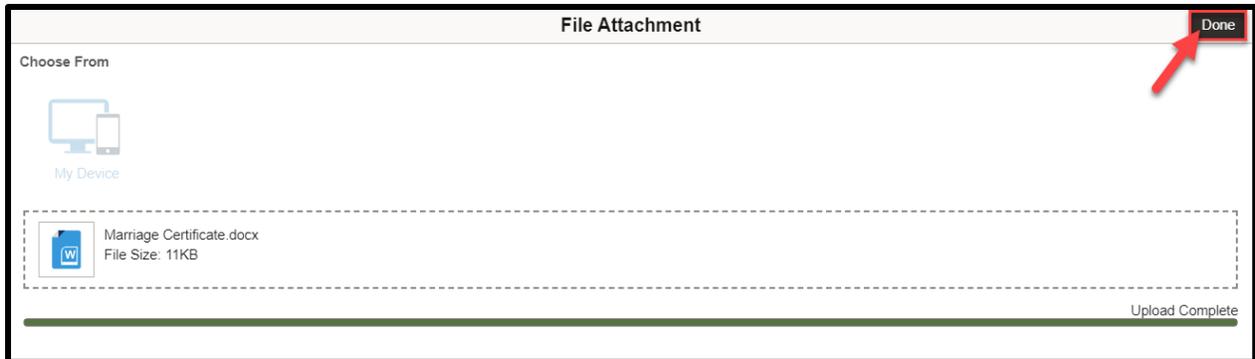


After finding your document, make sure you see your attachment. Then click “Upload” pushbutton to upload your document.

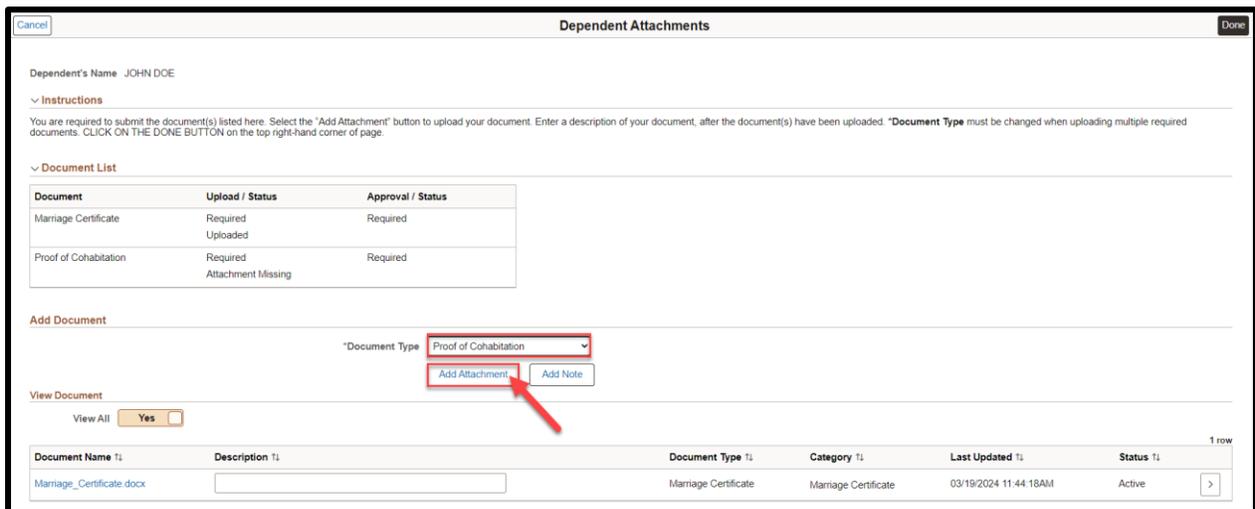


**Uploading Dependent Documents**

Once your upload is complete, click **“Done”**.



Remember to change the **“Document Type”** when uploading multiple required documents.



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

## Uploading Dependent Documents

11. After you have attached all files, click “Done” for your Form to be sent to HRSS/HHC Corporate Benefits for review.

Dependent Attachments

Dependent's Name: JOHN DOE

**Instructions**  
You are required to submit the document(s) listed here. Select the 'Add Attachment' button to upload your document. Enter a description of your document, after the document(s) have been uploaded. \*Document Type must be changed when uploading multiple required documents. CLICK ON THE DONE BUTTON on the top right-hand corner of page.

Document	Upload / Status	Approval / Status
Marriage Certificate	Required Uploaded	Required
Proof of Cohabitation	Required Uploaded	Required

Add Document

\*Document Type: Proof of Cohabitation

Buttons: Add Attachment, Add Note

View Document: View All Yes

Document Name	Description	Document Type	Category	Last Updated	Status
Marriage_Certificate.docx		Marriage Certificate	Marriage Certificate	03/19/2024 11:44:18AM	Active
Proof_of_Cohabitation.docx		Proof of Cohabitation	Proof of Cohabitation	03/19/2024 11:49:58AM	Active

12. The following screen will appear, click the “X” button at the top to exit out of this screen.

Dependent and Beneficiary Information

Name	Relationship	Beneficiary	Dependent	Attachment
JOHN DOE	Spouse	✓	✓	View

Click on arrow > on the right to edit dependent information.

13. REMEMBER, Supporting Documentation will be required for all modifications and additions of Dependents. Click “OK”. The supporting documentation must be approved by the Benefits department

Approval is required.  
The document must be approved to qualify the dependent. A notification has been sent to the Benefits Administrator requesting approval.

OK

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

## Enrolling Dependent(s)

**14.** Check the box next to all the dependents that you want to cover. This allows you to add dependents for Health Coverage purposes ONLY. This has no impact on your Tax withholding.

The screenshot shows the 'Medical' enrollment interface. At the top, there are 'Cancel' and 'Done' buttons. Below the title, there is a help link: 'If you would like more information on the health plans provider, click on the plan under the Resources section on the top right-hand side.' The main section is titled 'Enroll Your Dependents' and includes instructions: '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.' A table lists dependents with columns for 'Dependents' and 'Relationship'. The first row shows 'JOHN DOE' as a 'Spouse', with a red box around the name and a red arrow pointing to the checkbox. Below the table is an 'Add/Update Dependent' button. To the right, a 'Resources' sidebar lists various health plans. Below the dependent list is the 'Enroll in Your Plan' section, which includes a note about costs and a 'Compare Plan' checkbox. A table of plan options is shown at the bottom.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost	Compare Plan
Select Metroplus Gold Basic	ⓘ		\$0.00	<input type="checkbox"/>
Select Metroplus Gold Rider	ⓘ	\$320.13	\$320.13	<input type="checkbox"/>
Select MetroPlus Gold Standard Rx	ⓘ	\$116.50	\$116.50	<input type="checkbox"/>
Select Aetna EPO Basic	ⓘ	\$876.83	\$876.83	<input type="checkbox"/>
Select Aetna EPO Full Rider	ⓘ	\$3787.79	\$3787.79	<input type="checkbox"/>
Select CIGNA Basic	ⓘ	\$1880.70	\$1880.70	<input type="checkbox"/>
Select CIGNA Full Rider	ⓘ	\$2467.32	\$2467.32	<input type="checkbox"/>
Select DC37	ⓘ		\$0.00	<input type="checkbox"/>

# How to Enroll into Health Benefits via Employee Self Service: (Family 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.

**15.** 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 provider, 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.

Dependents	Relationship
<input checked="" type="checkbox"/> JOHN DOE	Spouse

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 <b>MetroPlus Gold Basic</b>			\$0.00	<input checked="" type="checkbox"/>
Select MetroPlus Gold Rider		\$320.13	\$320.13	<input type="checkbox"/>
Select <b>MetroPlus Gold Standard Rx</b>		\$116.50	\$116.50	<input checked="" type="checkbox"/>
Select Aetna EPO Basic		\$876.83	\$876.83	<input type="checkbox"/>
Select Aetna EPO Full Rider		\$3787.79	\$3787.79	<input type="checkbox"/>
Select CIGNA Basic		\$1880.70	\$1880.70	<input type="checkbox"/>
Select CIGNA Full Rider		\$2467.32	\$2467.32	<input type="checkbox"/>

**Resources**

- Blue Cross/ Blue Shield
- Emblem Health
- CIGNA HealthCare
- MetroPlus Gold
- Buy out Waiver
- Aetna U.S. Healthcare General
- DC-37 Med-Team
- Vytra Health Plans

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

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

## Benefit Plan Comparison

The page will generate a side-by-side comparison of available health plans to help them 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 healthcare needs.

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>		
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 dependents you have enrolled.

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

**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.

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

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**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.

**Finalizing/Submitting Enrollment**

**16.** Select the plan in which you would like to enroll, by clicking **“Select”** next to the plan name. Be sure the box next to all the dependents that you want to cover are checked. Click **“Done”** button.

**Medical**

If you would like more information on the health plans provider, 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.

Dependents	Relationship
<input checked="" type="checkbox"/> JOHN DOE	Spouse

**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 <b>MetroPlus Gold Basic</b>			\$0.00	<input type="checkbox"/>
Select MetroPlus Gold Rider	\$320.13		\$320.13	<input type="checkbox"/>
Select MetroPlus Gold Standard Rx	\$116.50		\$116.50	<input type="checkbox"/>
Select Aetna EPO Basic	\$876.83		\$876.83	<input type="checkbox"/>
Select Aetna EPO Full Rider	\$3787.79		\$3787.79	<input type="checkbox"/>
Select CIGNA Basic	\$1880.70		\$1880.70	<input type="checkbox"/>
Select CIGNA Full Rider	\$2467.32		\$2467.32	<input type="checkbox"/>
Select DC37			\$0.00	<input type="checkbox"/>

**Resources**

- Blue Cross/ Blue Shield
- Emblem Health
- CIGNA HealthCare
- MetroPlus Gold
- Buy out Waiver
- Aetna U.S. Healthcare General
- DC-37 Med-Team
- Vyra Health Plans

**17.** 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. \* Indicates required field

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 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**

**Submit Enrollment**

**Benefit Plans**

**Medical**

~~Current: No Coverage~~

New **MetroPlus Gold Basic**

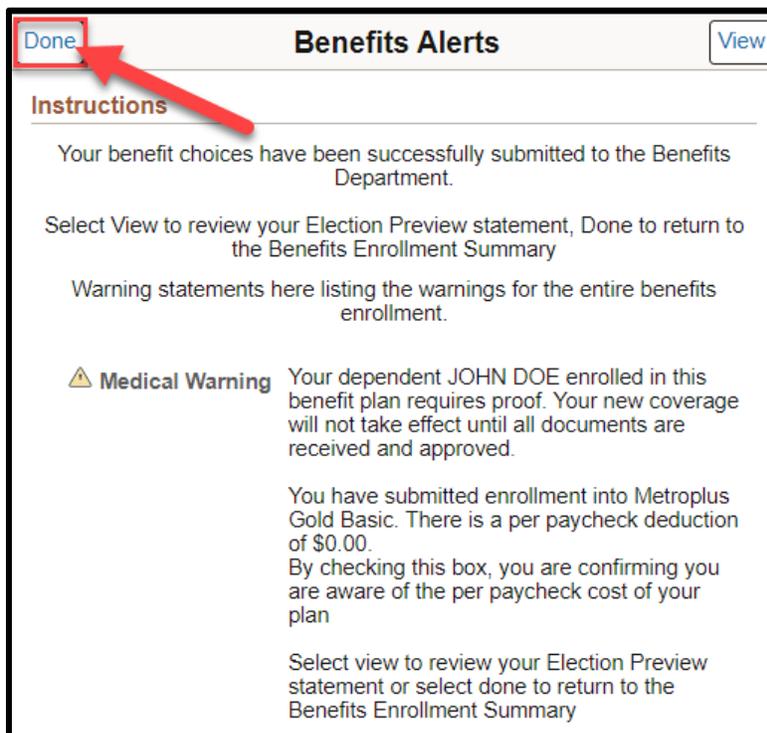
Status **Changed**

0 Dependents

Pay Period Cost **\$0.00** Review

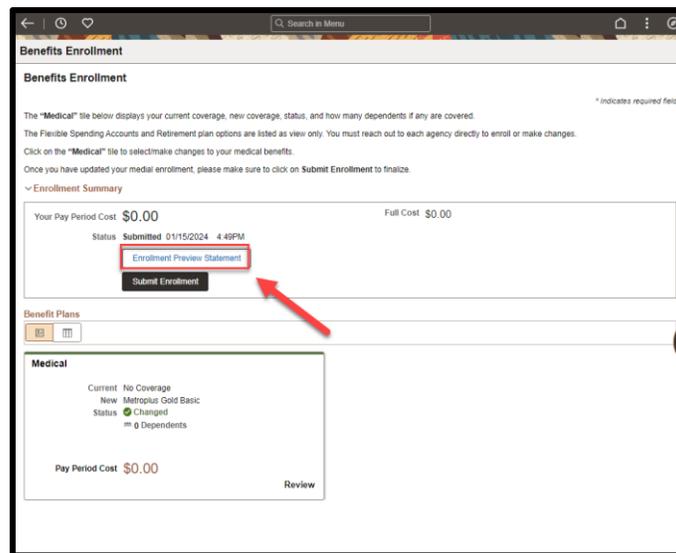
**Finalizing/Submitting Enrollment**

18. You will receive a Benefits Alerts. Review the content of your alert and Click the “DONE” button.

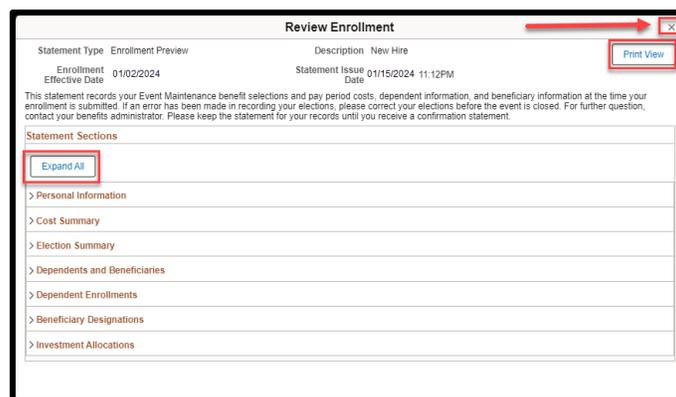


**Enrollment Preview Statement**

You may 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 Health + Hospitals Corporate Benefits by phone at (646) 458-5634 or by email at [HHCBenefits@nychhc.org](mailto:HHCBenefits@nychhc.org).