



Hackensack  
Meridian *Health*

# 2021 Open Enrollment Decision Guide

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*Choose the benefits that work for you and your family*

**For HMH Carrier Clinic Team  
Members Only**

# YOUR 2021 OPEN ENROLLMENT REMINDERS

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If you enrolled in the Hackensack Meridian *Health* benefit plan last year, this year's Open Enrollment period will be familiar to you. **However, the health plan offerings have changed in 2021, OMNIA 4-tier plan, which will replace the Premium and Premium Plus plans that were available in previous years.n. If you were previously enrolled in the Premium Plus or Premium plan and you do not select a new plan during this year's Open Enrollment, you will be enrolled automatically in the OMNIA 4-tier health plan. If you were previously enrolled in the Basic/High Deductible or Out-of-Area plans, you will be automatically enrolled in those plans again this year.**

Due to the importance of this decision, we strongly recommend you take the time to review your options and make an active selection.

Open Enrollment allows you to:

- Enroll in health care plans
- Change current health care coverage
- Unenroll in or waive health care coverage
- Add or drop dependents
- Enroll in the health care and dependent care Flexible Spending Accounts (FSAs)
- Enroll in Voluntary Benefits
- Update your spousal and/or tobacco surcharges


**REMEMBER!** The Open Enrollment period is the only time of the year when changes to these plans can be made, as permissible by IRS regulations, unless you experience a Qualifying Life Event (e.g., divorce, death, birth of a child, etc.).




# OPEN ENROLLMENT IS HERE!

**MONDAY, OCTOBER 26 –  
FRIDAY, NOVEMBER 20**

## OCTOBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	 26	27	28	29	30	31

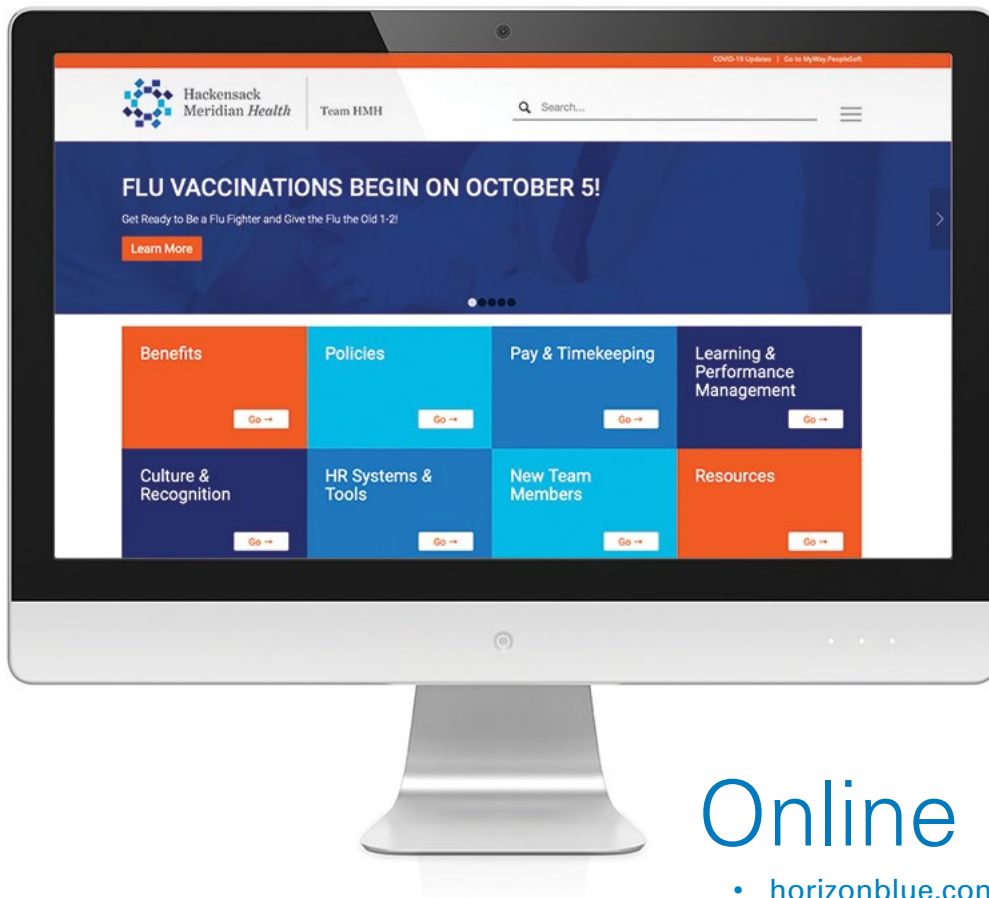
## NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20 	21
22	23	24	25	26	27	28
29	30					

# Before We Get Started...

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...familiarize yourself with the different resources you have at your disposal.



## Online

- [horizonblue.com/hackensackmeridianhealth](https://horizonblue.com/hackensackmeridianhealth)
- [teamhnh.com/openenrollment](https://teamhnh.com/openenrollment)



## Enrollment Assistance

Baker Tilly

Monday - Friday | 8:30am-5:30pm

1-800-307-0230

# Getting Started



## Know Your Dates

### 1. Open Enrollment

#### OCTOBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	*26	27	28	29	30	31

#### NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20 *	21
22	23	24	25	26	27	28
29	30					

### 2. Webinars

Oct. 27	12:00 pm	Overview of Benefits
Oct. 29	10:00 am	Overview of Benefits
Oct. 29	7:00 pm	Overview of Benefits
Nov. 3	10:00 am	Overview of Basic/High Deductible Plan and Health Savings Account (HSA)
Nov. 5	10:00 am	Overview of Benefits
Nov. 10	10:00 am	Overview of Benefits in Spanish
Nov. 12	2:00 pm	Overview of Benefits
Nov. 12	7:00 pm	Overview of Benefits
Nov. 17	10:00 am	Overview of Basic/High Deductible Plan and Health Savings Account (HSA)
Nov. 19	2:00 pm	Overview of Benefits

Visit [TeamHMH.com/OpenEnrollment](https://TeamHMH.com/OpenEnrollment) to view and attend the webinars.

### 3. Coverage Effective



## Have These Things On Hand

- Dependents' and beneficiaries' dates of birth, social security numbers and addresses

# Your 2021 Open Enrollment Checklist

Please be sure to read and complete each step on this checklist so you can be sure you haven't missed a thing!

## Review Your Benefit Choices

- This year, the medical plan options have changed. While the Basic/High Deductible and Out-of-Area (previously named Out-of-New-Jersey) plans will still be provided, the OMNIA health plan will be offered in place of the Premium and Premium Plus plans. The Out-of-Area plan has also been expanded to include team members who live in certain remote New Jersey counties.
- Please check [TeamHMM.com/OpenEnrollment](https://www.teamhmm.com/openenrollment) to review the new plans and rates and confirm which selection will work best for you and your family.
- Be sure to review the last page of this guide, which provides you with step-by-step instructions on how to enroll.

### ATTENTION

Team Members living outside of NJ and in the following counties will have access to the Out-of-Area plan:

- Atlantic
- Gloucester
- Burlington
- Hunterdon
- Camden
- Mercer
- Cape May
- Sussex
- Cumberland
- Warren

## Enroll (or re-enroll) in a Flexible Spending Account

- Eligible team members can elect to participate in a health care and/or dependent care Flexible Spending Account.



### REMEMBER!

FSA accounts require a mandatory enrollment. If you are currently enrolled in a Health Care FSA (HCFSA), you will have the option of carrying over up to \$550, but you will still need to take action during Open Enrollment.

## Complete or attest to your tobacco and spousal surcharge certifications

- Please confirm your spousal and tobacco surcharge certifications are accurately reflected. If any of these questions are left blank, surcharges will be withheld from your paycheck throughout 2021.



### REMEMBER!

Coverage ceases for dependent children the end of the month in which they reach the limiting age of 26 for medical, the actual day your dependent reaches age 19, or 23 if full-time college student, for dental, vision or life insurance coverage. Excluded from age limits are children physically or mentally disabled and incapable of earning their own living. For more information, please contact Horizon Blue Cross Blue Shield of New Jersey.

## Confirm your eligible dependents

## If selecting the Basic/High Deductible Plan, accept the terms and agreements for the HSA

- If you are enrolling in the Basic/High Deductible Plan, be sure to accept the terms and agreements during the enrollment process with Baker Tilly to ensure you receive your HSA.

# Your 2021 Open Enrollment Checklist

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## Confirm your beneficiaries

- Designate your beneficiaries. Each beneficiary entry must include a relationship type, date of birth and social security number.
- All team members must complete an enrollment in the Baker Tilly system in order to have Life Insurance Beneficiaries setup.

## Confirm or select any Voluntary Benefits

- During Open Enrollment, you can elect coverage for Voluntary Benefits available to you, your spouse and eligible family members. Voluntary Benefit plans available include accident insurance, whole life insurance with long-term care, hospital indemnity insurance, critical illness insurance, pet insurance, and legal insurance – please see [TeamHMH.com/Benefits/Health-Wellbeing/Voluntary-Benefits](https://www.teamhmm.com/Benefits/Health-Wellbeing/Voluntary-Benefits) for more details.
- To enroll in these benefits, you must call Farmington toll-free at 1-844-428-6688 M-F | 8AM-7PM.



### REMEMBER!

Don't forget to submit your Proof of Good Health form if you are electing Supplemental Life for the first time or would like to increase your amount.

## Review your benefit confirmation statement

- After enrolling or making changes to your benefits during Open Enrollment, you are responsible for reviewing your selections and confirming their accuracy.

*Please be sure to review and confirm all selections, as there will be no way to make changes once Open Enrollment has ended.*

# Take Inventory Of Your Needs

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Selecting the right health care plan is a very personal decision. You have great medical options for coverage, but as you consider the cost differences between the OMNIA, Basic/High Deductible and Out-of-Area plans, ask yourself these questions:

01. How often do I, or a covered dependent, get sick or need medical help?
02. Am I more comfortable with paying higher premiums each pay period or higher out-of-pocket costs when I use the plan?
03. What kind of personal savings do I have available for any medical emergencies, if needed?
04. Is having access to a Health Savings Account (HSA)\*, which allows me to save for medical expenses with pre-tax dollars, important to me?
05. How could the varying deductibles per plan option affect me?
06. Do I have easy access to Hackensack Meridian *Health* Partners providers and facilities, which provide the highest level of reimbursement, or will I have to rely more on the Horizon or an out-of network provider?
07. How often could I (or a dependent, e.g., child in college) have to go out-of-network?
08. Do I anticipate any potentially significant life changes (including pregnancy, surgery, etc.) or regular medical needs (including therapy, hospice care, dialysis, etc.) that would suggest a lower out-of-pocket maximum could be best for me?
09. Do I have regular prescription needs, particularly for specialty drugs?
10. Do I want to include dental or vision coverage in 2021?

*\*HSA available only with the Basic/High Deductible Plan*



# Figure Out Which Plan Is Right For You

Choosing a health care plan is an important and uniquely personal decision that’s based on the needs of you and your family. We can’t make it for you, but we can help you get there.

**Please note:** The following is not meant to be benefit advice, but a tool to help guide your decision.

	OMNIA/Out-of-Area	Basic/High Deductible
I see a doctor/provider 4 times a year		<input type="checkbox"/>
I see a doctor/provider 5 or more times a year	<input type="checkbox"/>	
I smoke or use tobacco products	<input type="checkbox"/>	
I anticipate needing surgery in 2021	<input type="checkbox"/>	
I have savings for medical emergencies		<input type="checkbox"/>
I fill prescriptions 5 times a year		<input type="checkbox"/>
I fill prescriptions 6+ or more times a year	<input type="checkbox"/>	
I see a specialist(s)	<input type="checkbox"/>	
I need specialty drugs	<input type="checkbox"/>	
I anticipate a major life event	<input type="checkbox"/>	
I regularly go out-of-network	Not available in this plan	<input type="checkbox"/>
I want to set up a Health Savings Account (HSA)	Not available in this plan	<input type="checkbox"/>
I want the lowest premiums		<input type="checkbox"/>
<b>Number of check marks</b>		

# Which Medical plan matches up best?

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## (MOSTLY) OMNIA

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- If you're OK paying higher premiums but want no deductibles and out-of-pocket costs when using providers in HMH Inner Circle Prime
- If you're OK paying higher premiums but want low deductibles and out-of-pocket costs when using providers in HMH Inner Circle
- Great for individuals or families that have many medical needs (planned or otherwise)
- Participants in this plan will **not** be reimbursed for going out-of-network

## (MOSTLY) OUT-OF-AREA

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- Available only to team members who choose HMH insurance and live outside of New Jersey or in the following remote New Jersey counties:
  - Atlantic
  - Burlington
  - Camden
  - Cape May
  - Cumberland
  - Gloucester
  - Hunterdon
  - Mercer
  - Sussex
  - Warren
- Offers more affordable access to in-network providers for out-of-state residents out-of-state or in remote areas.

## (MOSTLY) BASIC/HIGH DEDUCTIBLE

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- Perfect if you don't use medical coverage as much (including prescriptions) and prefer having lower premiums
- Keeps you covered for life's unexpected moments
- Only option for team members who want a Health Savings Account (HSA)
- Only option for team members who like to use their own providers who may be out-of-network



# Understand Your Costs

## Full-time team member

The numbers below reflect the per-paycheck cost for most full-time team members (0.9 FTEs and above who are regularly scheduled to work 36 or more hours a week) with the Carrier Clinic.

\* (East Mountain School team members, please refer to pgs 15 & 16 for rates.)

	Team Member Only		Team Member + Spouse	
	You Pay	Annual HSA Contribution from HMH	You Pay	Annual HSA Contribution from HMH
<b>Team Member Salary: \$39,999 and below</b>				
OMNIA	\$21.51	N/A	\$43.02	N/A
Basic/High Deductible	\$0.00	\$570.00	\$0.00	\$1,140.00
Out-of-Area	\$21.51	N/A	\$43.02	N/A
<b>Team Member Salary: \$40,000-\$59,999</b>				
OMNIA	\$26.69	N/A	\$53.37	N/A
Basic/High Deductible	\$0.00	\$410.00	\$0.00	\$810.00
Out-of-Area	\$26.69	N/A	\$53.37	N/A
<b>Team Member Salary: \$60,000-\$119,999</b>				
OMNIA	\$49.74	N/A	\$99.48	N/A
Basic/High Deductible	\$0.00	\$70.00	\$0.00	\$130.00
Out-of-Area	\$49.74	N/A	\$99.48	N/A
<b>Team Member Salary: \$120,000-\$149,999</b>				
OMNIA	\$57.00	N/A	\$114.00	N/A
Basic/High Deductible	\$4.56	0	\$9.12	0
Out-of-Area	\$57.00	N/A	\$114.00	N/A
<b>Team Member Salary: \$150,000 and above</b>				
OMNIA	\$89.59	N/A	\$179.17	N/A
Basic/High Deductible	\$32.88	0	\$65.76	0
Out-of-Area	\$89.59	N/A	\$179.17	N/A

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.



# Understand Your Costs

## Full-time team member

The numbers below reflect the per-paycheck cost for most full-time team members (0.9 FTEs and above who are regularly scheduled to work 36 or more hours a week) with the Carrier Clinic.

\* (East Mountain School team members, please refer to pgs 15 & 16 for rates.)

	Team Member + Child(ren)		Team Member + Family	
	You Pay	Annual HSA Contribution from HMH	You Pay	Annual HSA Contribution from HMH
<b>Team Member Salary: \$39,999 and below</b>				
OMNIA	\$37.64	N/A	\$59.16	N/A
Basic/High Deductible	\$0.00	\$1,000.00	\$0.00	\$1,570.00
Out-of-Area	\$37.64	N/A	\$59.16	N/A
<b>Team Member Salary: \$40,000-\$59,999</b>				
OMNIA	\$46.70	N/A	\$73.38	N/A
Basic/High Deductible	\$0.00	\$710.00	\$0.00	\$1,120.00
Out-of-Area	\$46.70	N/A	\$73.38	N/A
<b>Team Member Salary: \$60,000-\$119,999</b>				
OMNIA	\$87.04	N/A	\$136.78	N/A
Basic/High Deductible	\$0.00	\$110.00	\$0.00	\$180.00
Out-of-Area	\$87.04	N/A	\$136.78	N/A
<b>Team Member Salary: \$120,000-\$149,999</b>				
OMNIA	\$99.75	N/A	\$156.75	N/A
Basic/High Deductible	\$7.98	0	\$12.54	0
Out-of-Area	\$99.75	N/A	\$156.75	N/A
<b>Team Member Salary: \$150,000 and above</b>				
OMNIA	\$156.78	N/A	\$246.36	N/A
Basic/High Deductible	\$57.54	0	\$90.41	0
Out-of-Area	\$156.78	N/A	\$246.36	N/A

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.



# Understand Your Costs

## Part-time team member

The numbers below reflect the per-paycheck cost for most part-time team members (0.5 FTE up to <0.89 FTE) with the Carrier Clinic.


✱ (East Mountain School team members, please refer to pgs 17 for rates.)


Team Member Only	
OMNIA	\$72.61
Basic/High Deductible	\$34.17
Out-of-Area	\$72.61
Team Member + Spouse	
OMNIA	\$290.44
Basic/High Deductible	\$205.01
Out-of-Area	\$290.44
Team Member + Child(ren)	
OMNIA	\$254.14
Basic/High Deductible	\$179.38
Out-of-Area	\$254.14
Team Member + Family	
OMNIA	\$399.36
Basic/High Deductible	\$281.88
Out-of-Area	\$399.36

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.

# Understand Your Costs

\* (East Mountain School team members, please refer to pg 18 for rates.)

Dental Plan Premiums 	Horizon Dental Option Plan (Dental PPO)	Horizon Dental Choice Plan E (Dental HMO)	Healthplex (Dental HMO)
<b>Full-Time Team Members</b>			
Team Member Only	\$4.60	\$2.95	\$2.84
Team Member + Spouse	\$8.77	\$6.12	\$5.68
Team Member + Child(ren)	\$9.26	\$6.01	\$7.04
Team Member + Family	\$14.41	\$9.24	\$9.57
<b>Part-Time Team Members</b>			
Team Member Only	\$7.67	\$4.92	\$4.74
Team Member + Spouse	\$14.62	\$10.19	\$9.47
Team Member + Child(ren)	\$15.43	\$10.02	\$11.73
Team Member + Family	\$24.02	\$15.41	\$15.96

Vision Plan Premiums 	One-Pair Option	Two-Pair Option
<b>Full-Time and Part-Time Team Members</b>		
Team Member Only	\$2.36	\$4.23
Team Member + Spouse	\$4.70	\$8.40
Team Member + Child(ren)	\$4.94	\$8.83
Team Member + Family	\$6.91	\$12.34



# Understand Your Costs

## East Mountain School full-time team member

The numbers below reflect the per-paycheck cost for most team members with East Mountain School. Please note: These rates reflect per pay contributions for 21 pay periods.

	Team Member Only		Team Member + Spouse	
	You Pay	Annual HSA Contribution from HMH	You Pay	Annual HSA Contribution from HMH
<b>Team Member Salary: \$39,999 and below</b>				
OMNIA	\$26.63	N/A	\$53.26	N/A
Basic/High Deductible	\$0.00	\$570.00	\$0.00	\$1,140.00
Out-of-Area	\$26.63	N/A	\$53.26	N/A
<b>Team Member Salary: \$40,000-\$59,999</b>				
OMNIA	\$33.05	N/A	\$66.08	N/A
Basic/High Deductible	\$0.00	\$410.00	\$0.00	\$810.00
Out-of-Area	\$33.05	N/A	\$66.08	N/A
<b>Team Member Salary: \$60,000-\$119,999</b>				
OMNIA	\$61.58	N/A	\$123.17	N/A
Basic/High Deductible	\$0.00	\$70.00	\$0.00	\$130.00
Out-of-Area	\$61.58	N/A	\$123.17	N/A
<b>Team Member Salary: \$120,000-\$149,999</b>				
OMNIA	\$70.57	N/A	\$141.14	N/A
Basic/High Deductible	\$5.65	0	\$11.29	0
Out-of-Area	\$70.57	N/A	\$141.14	N/A
<b>Team Member Salary: \$150,000 and above</b>				
OMNIA	\$110.92	N/A	\$221.83	N/A
Basic/High Deductible	\$40.71	0	\$81.42	0
Out-of-Area	\$110.92	N/A	\$221.83	N/A

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.



# Understand Your Costs

## East Mountain School full-time team member

The numbers below reflect the per-paycheck cost for most team members with East Mountain School. Please note: These rates reflect per pay contributions for 21 pay periods.

	Team Member + Child(ren)		Team Member + Family	
	You Pay	Annual HSA Contribution from HMH	You Pay	Annual HSA Contribution from HMH
<b>Team Member Salary: \$39,999 and below</b>				
OMNIA	\$46.60	N/A	\$73.25	N/A
Basic/High Deductible	\$0.00	\$1,000.00	\$0.00	\$1,570.00
Out-of-Area	\$46.60	N/A	\$73.25	N/A
<b>Team Member Salary: \$40,000-\$59,999</b>				
OMNIA	\$57.82	N/A	\$90.85	N/A
Basic/High Deductible	\$0.00	\$710.00	\$0.00	\$1,120.00
Out-of-Area	\$57.82	N/A	\$90.85	N/A
<b>Team Member Salary: \$60,000-\$119,999</b>				
OMNIA	\$107.77	N/A	\$169.35	N/A
Basic/High Deductible	\$0.00	\$110.00	\$0.00	\$180.00
Out-of-Area	\$107.77	N/A	\$169.35	N/A
<b>Team Member Salary: \$120,000-\$149,999</b>				
OMNIA	\$123.50	N/A	\$194.07	N/A
Basic/High Deductible	\$9.88	0	\$15.53	0
Out-of-Area	\$123.50	N/A	\$194.07	N/A
<b>Team Member Salary: \$150,000 and above</b>				
OMNIA	\$194.11	N/A	\$305.02	N/A
Basic/High Deductible	\$71.24	0	\$111.94	0
Out-of-Area	\$194.11	N/A	\$305.02	N/A

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.





# Understand Your Costs

## East Mountain School Part-time team member

The numbers below reflect the per-paycheck cost for most team members with East Mountain School. Please note: These rates reflect per pay contributions for 21 pay periods.

Team Member Only	
OMNIA	\$78.66
Basic/High Deductible	\$37.02
Out-of-Area	\$78.66
Team Member + Spouse	
OMNIA	\$314.65
Basic/High Deductible	\$222.10
Out-of-Area	\$314.65
Team Member + Child(ren)	
OMNIA	\$275.32
Basic/High Deductible	\$194.33
Out-of-Area	\$275.32
Team Member + Family	
OMNIA	\$432.64
Basic/High Deductible	\$305.37
Out-of-Area	\$432.64

Please note: OMNIA rates also apply to team members participating in the Out-of-Area.

# Understand Your Costs

## East Mountain School Dental Plan Premiums



	Horizon Dental Option Plan (Dental PPO)	Horizon Dental Choice Plan E (Dental HMO)	Healthplex (Dental HMO)
<b>Full-Time Team Members</b>			
Team Member Only	\$5.70	\$3.65	\$3.52
Team Member + Spouse	\$10.86	\$7.58	\$7.03
Team Member + Child(ren)	\$11.46	\$7.44	\$8.71
Team Member + Family	\$17.84	\$11.44	\$11.85
<b>Part-Time Team Members</b>			
Team Member Only	\$9.50	\$6.09	\$5.86
Team Member + Spouse	\$18.10	\$12.62	\$11.73
Team Member + Child(ren)	\$19.10	\$12.41	\$14.52
Team Member + Family	\$29.74	\$19.08	\$19.75

Please note: These rates reflect per pay contributions for 21 pay periods.

## East Mountain school Vision Plan Premiums




	One-Pair Option	Two-Pair Option
<b>Full-Time and Part-Time Team Members</b>		
Team Member Only	\$2.93	\$5.23
Team Member + Spouse	\$5.82	\$10.41
Team Member + Child(ren)	\$6.12	\$10.94
Team Member + Family	\$8.55	\$15.27

Please note: These rates reflect per pay contributions for 21 pay periods.

# Review Additional Benefits

## Prescription & Pharmacy Options included with your medical plan

In-House Pharmacy 30-day/90-day supply	Most Cost Effective Most Convenient 	COMING SOON
Hackensack University Medical Center Jersey Shore University Medical Center JFK Medical Center John Theurer Cancer Center Meridian Village Pharmacy at Jackson	Ocean Medical Center Palisades Medical Center Riverview Medical Center Southern Ocean Medical Center	Raritan Bay Medical Center – Old Bridge HMH Specialty Pharmacy in Eatontown providing network level service (2021 Q1) Medical School Campus (2021 Q4)

In addition to Hackensack Meridian Health’s in-house pharmacy, you can also have a 30-day supply of your prescription filled at participating retail pharmacies and you can save on co-pays by getting a 90-day supply filled via mail-order through OptumRx.

**Remember, our pharmacy benefit requires that all maintenance prescriptions (ones that you refill regularly) must be filled at an In-House Pharmacy or through mail-order.**

## VOLUNTARY BENEFITS

During Open Enrollment, you can elect coverage for some valuable benefits available to you, your spouse and eligible family members. These valuable benefits are available without having to answer medical questions (up to the stated limits) and can be paid through post-tax payroll deductions.



### Unum Accident Insurance:

Helps cover out-of-pocket medical expenses and extra bills, in addition to medical and disability benefits. The plan pays a benefit directly to you for injuries and accident-related expenses.



### Unum Whole Life Insurance:

Designed to provide a death benefit to your beneficiaries, it can also build cash value that you can utilize while you are still living.



### MetLife Hospital Indemnity Insurance:

Complements your health insurance to help you pay for the costs associated with a hospital stay. The funds can be used to pay for out-of-pocket expenses, such as coinsurance and deductibles, and for non-medical expenses, like rent or mortgage payments, groceries, and more.



### Nationwide Pet Insurance:

Take your loved one to any licensed veterinarian, veterinary specialist or animal hospital with coverage that helps manage costs for general wellness and emergency care.



### Hyatt Legal:

Provides 100% payment coverage for many important matters ranging from wills and estate planning to real estate issues to consumer debt collection.



### MetLife Critical Illness Insurance:

Helps provide financial protection in the event of a covered serious illness. The policy pays a lump-sum benefit directly to you if you are diagnosed with a covered condition, including cancer, stroke and coronary bypass surgery.

**Please note: You will not be able to enroll in Voluntary Benefits through MyWay – PeopleSoft. To enroll in Voluntary Benefits, you must call Farmington toll-free at 1-844-428-6688 M-F | 8AM-5PM.**

**To learn more about Voluntary Benefits at HMH, visit [TeamHMH.com/Benefits/Health-Wellbeing/Voluntary-Benefits](https://www.teamhmh.com/Benefits/Health-Wellbeing/Voluntary-Benefits).**

**Ask about discounted Auto and Home Insurance from MetLife!**



# Enrolling in Benefits - A Roadmap

## A Guide to Online Enrollment

We look forward to having all of our employees take a drive through our Online Benefits Center to select the benefits that best meet their needs. To simplify your journey, we've given you some easy to follow directions. *Enjoy the ride!*



### STOP AND LOOK BOTH WAYS

Before you log in to [HMHenroll2021.com](https://www.HMHenroll2021.com), you'll need to have some key information to avoid pit-stops along the way. You will need for you, your dependents, and your beneficiary(ies):

- A Social Security Number (SSN), and A Date of Birth



### START YOUR ENGINE

Go to [HMHenroll2021.com](https://www.HMHenroll2021.com) and enter the first letter of your first name + your last name + the last 4 digits of your Social Security Number (SSN) as the Login ID. Your default password is your date of birth (MMDD format). After accepting the "TERMS OF USE", you will be prompted to change your password. The next time you log in, you will be required to enter your new password to access [HMHenroll2021.com](https://www.HMHenroll2021.com).



### DEPENDENT CHECKPOINT

You will now be prompted to review, add and/or update your dependent information. It is important to keep your dependent information accurate and up-to-date.



### CHOOSE YOUR PATH

Click "PROCEED" to review the benefits you are currently enrolled in, or if you are first-time enrollee, click "PROCEED" to make your benefit elections. During Open Enrollment, and for newly eligible employees, you will be required to select each benefit (medical, dental, etc.) and within that benefit election, confirm any dependents you want to provide coverage for (if applicable).



### CONTINUE TO PROCEED IN THE RIGHT DIRECTION

Use the "PROCEED" button to navigate through your benefits. On each screen you can review and/or change your benefit elections. Note: You will need to designate your beneficiary(ies) before you complete the online enrollment process.



### CAREFULLY REVIEW YOUR ROUTE

You are nearing the end of your journey through [HMHenroll2021.com](https://www.HMHenroll2021.com). At the "REVIEW AND CONFIRM YOUR ELECTIONS" screen, carefully review your benefit selections.



### THE JOURNEY'S END

To complete the enrollment process, click on "SUBMIT THESE ELECTIONS". Your benefit elections will not be saved if you fail to click "SUBMIT THESE ELECTIONS". A benefit confirmation statement will be sent to your home.

#### Benefits Roadmap Key Information

Need Assistance? Call 1-800-307-0230, Monday - Friday 8:30am - 5:30pm ET

**Website**  
[www.HMHenroll2021.com](https://www.HMHenroll2021.com)

**Login ID**  
the first letter of your first name + your last name + the last 4 digits of your SSN

**Password**  
your date of birth (MMDD format)