

My Health.  
My Choice.

# 2020 Open Enrollment

Tuesday, October 22 through Tuesday, November 5



# Atrium Health

## Toolkit: How to Enroll in 2020 Benefits

In this toolkit, you will find information on how to prepare for 2020 benefits Open Enrollment, instructions on how to access the Open Enrollment site and screen shots of the site for reference.

### Goals:

- Use this guide to assist teammates with questions about how to enroll in benefits for 2020
- Reinforce the importance of preparation for each teammate
- Direct teammates to the tools and resources available
- Direct teammates to the Atrium Health Benefits Service Center, 704-631-0263, for their specific questions and navigation support

### Key Messages:

#### New and Improved Benefits in 2020

- A new LiveWELL Health Plan Co-Pay option and an improved Health Savings Plan option provide choice for you and your family
  - New Atrium Health Value Network includes a teammate discount and provides the highest level of benefit
  - Improved, simplified LiveWELL Incentives reward participation in healthy lifestyle activities
- Improved Vision Benefits
- New, Expanded Benefits for All Parents

#### Prepare for Open Enrollment

- Did you know that you can increase your supplemental life insurance by one time your salary at Open Enrollment with no medical exams?
- Have you considered increasing your 401(k) retirement contributions based on where you are in your career or with your family?
- If you are contributing the maximum amount to your 401(k), have you considered contributing to the ADVANTAGE retirement plan?
- Have you updated your beneficiaries for life insurance plans, retirement plans and your HSA?
- Are you planning to expand your family?
- What benefits do you need to consider based on your career stage and other aspects of your life?

Be sure to have the Social Security Numbers and birthdates for all eligible dependent(s) you plan to enroll with you. [Review eligibility requirements here](#). To access the Open Enrollment event, go to the [2020 Benefits Guide on Teammates.AtriumHealth.org](#) or to [YourHRLink](#).

#### Follow these instructions to complete your Atrium Health Benefits Enrollment:

1. Sign in to **YourHRLink**, using your Atrium Health User ID and Password. Note: If you experience problems with your Password, contact Support Services at 704-446-6161
2. Once in **YourHRLink**, in the My Open Enrollment section, click **Start Open Enrollment**.

## Click My Enrollment to begin your Benefits Enrollment:

1. Click **Edit** next to each benefit option to make your elections. Follow the prompts on each page until you have reviewed and made all selections for your benefits enrollment
2. After you have made your enrollment selections for you and your dependents, return to the Enrollment Summary. Review the summary to confirm your choices.
3. If the summary is correct, click the **Submit** button.
4. Review the Submit Benefit Elections page and click the **Submit** button.
5. Review Confirmation page and print or save for your records.
6. Then, follow the prompts for your Additional Benefits selection.
7. To finalize your benefits enrollment, click the final **Submit** button.

NOTE: You can access the Additional Benefits enrollment site throughout the open enrollment period by accessing the [Additional Benefits Enrollment](#). Use your Atrium Health User ID and Password to log in.

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## View Your Benefit Elections

The day after you complete the Enrollment Process, you may view your Benefit elections within [YourHRLink](#).

1. Go to the Employee tab > My Benefits (or My Executive/Physician Info) > My Benefits Summary and view your benefit elections for Medical, HSA, Dental, Vision, FSA and Short-Term Disability Buy-Up
2. Change the Date field to the effective date of your benefits (01/01/2020)

**Once the open enrollment period closes, your benefit choices are final and you will not be able to make changes unless you experience a qualifying life event.**

To access the Open Enrollment event, go to the [2020 Benefits Guide on Teammates.AtriumHealth.org](#) or to [YourHRLink](#).

Following are some of the screens teammates will see during the Open Enrollment event and information to note for each screen.

**Begin the process of enrolling on this screen.**


## My Benefits Enrollment

Teammate Name

Welcome to Open Enrollment!

### Enrollment Checklist

1. Review all information on benefits before enrolling. [teammates.atriumhealth.org](https://teammates.atriumhealth.org)
2. Enroll in these benefits by the deadline of **November 5**
  - Health Plan
  - HSA (Savings Account) \*\*
  - FSA Health Care and Limited Purpose (Spending Accounts) \*\*
  - Dental Plan
  - Vision Plan
  - FSA Dependent Day Care\*\*
  - Additional Benefits

 **\*\*Important:** A new contribution election is required each year for the Health Savings Account (HSA) and Flexible Spending Account (FSA).

To begin your enrollment, click **My Enrollment**.

To exit when you are finished, click **Sign Out** in the upper right hand corner.

### [Benefits Enrollment Guide](#)

Open Enrollment				
Description	Date	Status	Job Title	
Open Enrollment	01/01/2020	Open	Job Title	<input type="button" value="My Enrollment"/>

Once you click **My Enrollment**, it might take a few seconds for your benefits enrollment information to load.

The Enrollment Summary and Premiums screen is the home page for all the core benefits enrollment. To select your medical plan, click on “Edit”.

**My Benefits Enrollment**

**My Open Enrollment**

Teammate Name

**i** Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

**IMPORTANT NOTE:**

Teammates need to elect the Health Savings Plan, the Co-Pay Plan or Waive health coverage for 2020.

Click **Edit** to make changes to your elections.

Enrollment Summary and Premiums ?			
<b>Medical</b>	Before Tax	After Tax	<b>Edit</b>
Current: CHS LiveWELL Teammate+WrkSp:Teammate+Wrk Spouse			
New: <b>Waive</b>			
<b>HSA(Health Savings Account)</b>	Before Tax	After Tax	<b>Edit</b>
Current: HSA LiveWELL Working Spouse: \$5,150.00			
New: <b>No Coverage</b>			
		0.00	
<b>FSA Health Care</b>	Before Tax	After Tax	<b>Edit</b>
Current: Waive			
New: Waive			
		0.00	
<b>Dental</b>	Before Tax	After Tax	<b>Edit</b>
Current: Dental:Teammate+Spouse			
New: Dental:Teammate+Spouse			
		26.00	
<b>Vision</b>	Before Tax	After Tax	<b>Edit</b>
Current: Waive			
New: Waive			
<b>FSA Dependent Day Care</b>	Before Tax	After Tax	<b>Edit</b>
Current: Waive			
New: Waive			
		0.00	

The table below summarizes your estimated per pay period costs for only elected benefits above.

My Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Your Costs	26.00	26.00	0.00

**i** Important: Your enrollment will not be complete until you click **Submit**.

**Submit**

Click **Submit** to send your final elections.

**I Have No Changes**

On this page you have the selection of the LiveWELL Health Savings Plan and Co-Pay Plan. If you are not sure which medical plan to select, click on the Decision Support Tool to assist you.

Please note: Only select Working Spouse and Tobacco if you fit the criteria.

## My Benefits Enrollment

### Medical

Teammate Name

**i** Important! Your current coverage is: CHS LiveWELL Teammate+WrkSp with Teammate+Wrk Spouse coverage. This coverage is no longer available. If you do not make a choice, your coverage will be: LiveWELL Hlth Savings WrkSp with Teammate+Wrk Spouse coverage

If you choose **Waive**, you will not be enrolled.

#### Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:

[Overview of all Plans](#)

[Decision Support Tool](#)



The Decision Support Tool will provide estimated costs for both LiveWELL Health Plans

Selecting a plan automatically enrolls the teammate. Scroll down this page and follow the instructions provided to enroll your dependents.

**LiveWELL Health Savings Plan**

Choose this plan for non-smoker/tobacco user without working spouse options.

**LiveWELL Hlth Savings Wrk Sp**

Choose this plan for non-smoker/tobacco user employee + working spouse option.

Coverage Level	Your Costs	Tax Class
Teammate+Wrk Spouse	\$163.00	Before-Tax
Teammate+Wrk Spouse+Child(ren)	\$213.00	Before-Tax

**LiveWELL Hlth Savings Tobacco**

Choose this plan for smoker/tobacco user without working spouse options.

**LiveWELL Hlth Saving Tob/Wrk Sp**

Choose this plan for smoker/tobacco user Teammate + Working Spouse option.

**LiveWELL Health CoPay Plan**

Choose this plan for non-smoker/tobacco user without working spouse options.

**LiveWELL Hlth CoPay Wrk Sp**

Choose this plan for non-smoker/tobacco user teammate + working spouse option.

**LiveWELL Hlth CoPay Tobacco**

Choose this plan for smoker/tobacco user without working spouse options.

**LiveWELL Hlth CoPay Tob/Wrk Sp**

Choose this plan for smoker/tobacco user family with working spouse option.

**Waive - This option provides no plan coverage.**

Once you have made your medical plan selection you may need to add dependents or spouse information for coverage.

**Enroll My Dependents** 

**Important:** Please review dependents below. Those checked are currently enrolled in plan.

My Dependent(s)		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Spouse Name	Spouse

**Add/Review Dependents**

**Continue**

Click **Continue** to hold your election until you submit at end of enrollment.


**Cancel**

Click **Cancel** to ignore all entries made on this page. You will be returned to the Enrollment Summary.

**Enroll My Dependents** 

**Important:** Please review dependents below. Those checked are currently enrolled in plan.

My Dependent(s)	
Enroll	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

**Help - Enroll My Dependents** 

**Enroll My Dependents**

The following list displays all individuals who are eligible to be your dependents. You may click the Add/Review Dependents button to:

- See list of all dependents
- Add new dependents to your list

Eligibility is based on Relationship, Birthdate and Disability status.

Teammates should ensure their eligible dependents are listed correctly. Check the spelling of the name(s), that the correct relationship is listed and the date of birth is correct. They should also have their dependents' Social Security Numbers readily available for adding dependent personal information and for assigning beneficiaries.

## Add/Review My Dependent(s)

Teammate Name

The people below are listed as your dependents and may be eligible for Benefits Coverage.

To add your new dependent(s) click [Add a Dependent](#).

**i** Important: To make changes to an existing dependent, please click [Dependent Information Change Form](#).

Print and complete form. Instructions are on the form.

Dependent Information		
Name	Relationship to Employee	Date of Birth
Spouse Name	Spouse	Spouse Date of Birth
Child Name	Child	Child Date of Birth
Child Name	Child	Child Date of Birth
Child Name	Child	Child Date of Birth
Child Name	Child	Child Date of Birth

[Add a Dependent](#)

[Return to Event Selection](#)







## Dependent Personal Information

Teammate Name

Select Save once you have added your Dependent's personal information. This information will go into effect as of Jan 1, 2019.

### Personal Information

*First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text"/>
Name Suffix:	<input type="text"/> 
*Date of Birth:	<input type="text"/> 
*Gender:	Male 
SSN:	<input type="text"/> (Social Security Number)
*Relationship to Employee:	<input type="text"/> 

### Address and Telephone

Same Address as Employee

Address:

Same Phone as Employee

Phone:

Save

[Return to Add/Review My Dependent\(s\)](#)

\* Required Field

Teammates can always access the Dependent Information Change Form on PeopleConnect > Human Resources > HR Forms, outside of the Open Enrollment period.

## Dependent Information Change Form

Use this worksheet to update your child or spouse's information. Complete steps 1 and 2.

### STEP 1: COMPLETE TEAMMATE INFORMATION

Note: To update your home address, visit YourHRLink > My Personal & Paycheck Info > Personal Information > Update Home Address

Teammate Name: \_\_\_\_\_ Teammate ID: \_\_\_\_\_

Teammate Email Address: \_\_\_\_\_

Teammate Phone Number: \_\_\_\_\_

### STEP 2: COMPLETE DEPENDENT INFORMATION (DOB and SSN must be provided.)

Note: If dependent's address is different from teammate's address (i.e. in college, lives with other family members, resides elsewhere, etc.), please provide dependent's address to ensure dependent receives appropriate medical cards.

Dependent Name: \_\_\_\_\_ Relationship to Teammate: \_\_\_\_\_

Dependent DOB: \_\_\_\_\_ Dependent SSN: \_\_\_\_\_

Dependent Address: \_\_\_\_\_

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Dependent Name: \_\_\_\_\_ Relationship to Teammate: \_\_\_\_\_

Dependent DOB: \_\_\_\_\_ Dependent SSN: \_\_\_\_\_

Dependent Address: \_\_\_\_\_

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Dependent Name: \_\_\_\_\_ Relationship to Teammate: \_\_\_\_\_

Dependent DOB: \_\_\_\_\_ Dependent SSN: \_\_\_\_\_

Dependent Address: \_\_\_\_\_

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Dependent Name: \_\_\_\_\_ Relationship to Teammate: \_\_\_\_\_

Dependent DOB: \_\_\_\_\_ Dependent SSN: \_\_\_\_\_

Dependent Address: \_\_\_\_\_

### Acknowledgement

My signature acknowledges my authorization to change my dependent(s) information.

Teammate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bi-Weekly Teammates, email as an attachment to [HRBenefitsOnline@AtriumHealth.org](mailto:HRBenefitsOnline@AtriumHealth.org) or fax to 704-446-6623.

Monthly Teammates, fax to 704-631-0121.

Last Updated 8/14/2019



Questions? Contact Benefits Administration:  
704-631-0263 or by email at [hrbenefitsonline@atriumhealth.org](mailto:hrbenefitsonline@atriumhealth.org)



Once you have all your dependent information entered, click “Continue”.

## My Benefits Enrollment

### Medical

Teammate Name

**i** Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

#### IMPORTANT NOTE:

Teammates need to elect the Health Savings Plan, the Co-Pay Plan or Waive health coverage for 2020.

#### Your Election

You have elected LiveWELL Hlth Savings WrkSp with Teammate+Wrk Spouse coverage.

#### Your Estimated Per-Pay-Period Cost

Your Cost: \$163.00

#### Your Covered Dependents

Name	Relationship
Spouse Name	Spouse

#### Notes

Once submitted, this election will take effect on 01/01/2020. Deductions for this election will start with your first pay check of the year.

**Continue**

Click **Continue** to hold your election until you are ready to submit your final enrollment.

**Cancel**

Click **Cancel** to go back and change your elections.

You will then go back to the Enrollment Summary and Premiums home page for all the core benefits enrollment. At this point you will need to continue to elect your other benefits; click the “Edit” button for each benefit. Once you have completed the enrollment, you will need to click “Submit” for your changes to save.

My Benefits Enrollment

My Open Enrollment

Teammate Name

**i** Important: Your Core Benefits enrollment will not be complete until you click **Submit**.

**IMPORTANT NOTE:**

Teammates need to elect the Health Savings Plan, the Co-Pay Plan or Waive health coverage for 2020.

Click **Edit** to make changes to your elections.

Enrollment Summary and Premiums <span style="float: right;">?</span>			
<b>Medical</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: CHS LiveWELL Teammate+WrkSp:Teammate+Wrk Spouse			
New: <b>Waive</b>			
<b>HSA(Health Savings Account)</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: HSA LiveWELL Working Spouse: \$5,150.00			
New: <b>No Coverage</b>			
<b>FSA Health Care</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: Waive			
New: Waive			
<b>Dental</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: Dental:Teammate+Spouse			
New: Dental:Teammate+Spouse			
<b>Vision</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: Waive			
New: Waive			
<b>FSA Dependent Day Care</b>	Before Tax	After Tax	<a href="#">Edit</a>
Current: Waive			
New: Waive			

The table below summarizes your estimated per pay period costs for only elected benefits above.

My Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Your Costs	26.00	26.00	0.00

**i** Important: Your enrollment will not be complete until you click **Submit**.

[Submit](#) Click **Submit** to send your final elections.

[I Have No Changes](#)

## My Benefits Enrollment

### Submit Benefit Elections

Teammate Name

You have almost completed your Core Benefits enrollment. If you have no further changes,

1. Click **I Agree** and then **Submit** to finalize your benefit elections or
2. Click **Cancel** to return to continue enrollment elections.

You may submit your elections and return to the Enrollment Summary as often as you would like up until the enrollment deadline. However, you must click **I Agree/Submit** in order for your benefit elections to be processed.

Once the Open Enrollment period ends, you will not be able to make any benefit changes until the next Open Enrollment period unless you have a qualified family status change.

#### Connecting your Providers for Your Health

Currently, MedCost, our third party independent claim administrator, assists us in managing your health care and the LiveWELL Health Plan. I agree to allow MedCost to confidentially share identified LiveWELL Health Plan medical claims data about myself and my dependents under age 18 with my health care providers at Atrium Health for the purpose of improving my individual care. For more details, [click here](#).

I Agree

#### Penalty Warning Statement:

If it is determined that you are not paying the appropriate medical plan rate, you will be required to retroactively pay the **smoker/tobacco user** or **working spouse** rate and further disciplinary action may be taken.

I Agree

#### Authorize Elections

By submitting your benefit elections you are authorizing the company to take deductions from your paycheck to pay for your benefit costs.

Submit

Click **Submit** to send your final elections.

Cancel

Click **Cancel** if you are not ready to submit your elections and wish to return to the Enrollment Summary.

This page summarizes your elections. Please print for your records. Click "Continue" once you have your printed page.

**My Benefits Enrollment**

**Print Submitted Elections**

Teammate Name

**\*\*\*\*\* REVIEW THIS PAGE AND PRINT FOR YOUR RECORD \*\*\*\*\***



[Print this page](#)

**Enrollment Summary and Premiums ?**

Medical	Before Tax	After Tax
Current: CHS LiveWELL Teammate+WrkSp:Teammate+Wrk Spouse		
New: LiveWELL Hlth Savings WrkSp:Teammate+Wrk Spouse	163.00	
HSA(Health Savings Account)	Before Tax	After Tax
Current: HSA LiveWELL Working Spouse: \$5,150.00		
New: HSA LiveWELL Working Spouse: \$4,000.00	153.85	
FSA Health Care	Before Tax	After Tax
Current: Waive		
New: Limited FSA - Working Spouse: \$1,000.00	38.46	
Dental	Before Tax	After Tax
Current: Dental:Teammate+Spouse		
New: Dental:Teammate+Spouse	26.00	
Vision	Before Tax	After Tax
Current: Waive		
New: Waive		
FSA Dependent Day Care	Before Tax	After Tax
Current: Waive		
New: Waive	0.00	

The table below summarizes your estimated per pay period costs for only elected benefits above.

My Election Summary			
Row Label	Full Cost	Before Tax Cost	After Tax Cost
Your Costs	381.31	381.31	0.00

[Continue](#)

You have now completed enrollment in the Core Benefits. You will need to now elect your additional benefits such as supplemental life, pet insurance, legal insurance and more. Click on “Enroll in Additional Benefits Here”.

## My Benefits Enrollment

### Core Benefits Confirmation

Teammate Name

**You have successfully enrolled in your CORE BENEFITS!**

If you would like to view/enroll in Additional Benefits see the below information.

## YOUR ADDITIONAL BENEFITS ENROLLMENT

Protecting your financial well-being is just as important as taking care of your health. In addition to the core benefits Atrium Health offers, such as medical, dental and vision coverage, you also have access to additional benefits. These additional benefits are designed to help protect your lifestyle and your family's future. Our additional benefit programs provide you and your family:

- A broad choice of plans that can be tailored to meet your needs
- The benefit of group rates and discounts
- Convenient access to Atrium Health approved vendors, products and services

[Enroll in Additional Benefits Here](#)



To return to your Core Benefits page, click the **Return to Core Benefits** button.

To exit, click the **Sign Out** link in the upper right hand corner.

[Return to Core Benefits](#)

Log in using your Atrium Health Username and Password.

PEOPLECONNECT



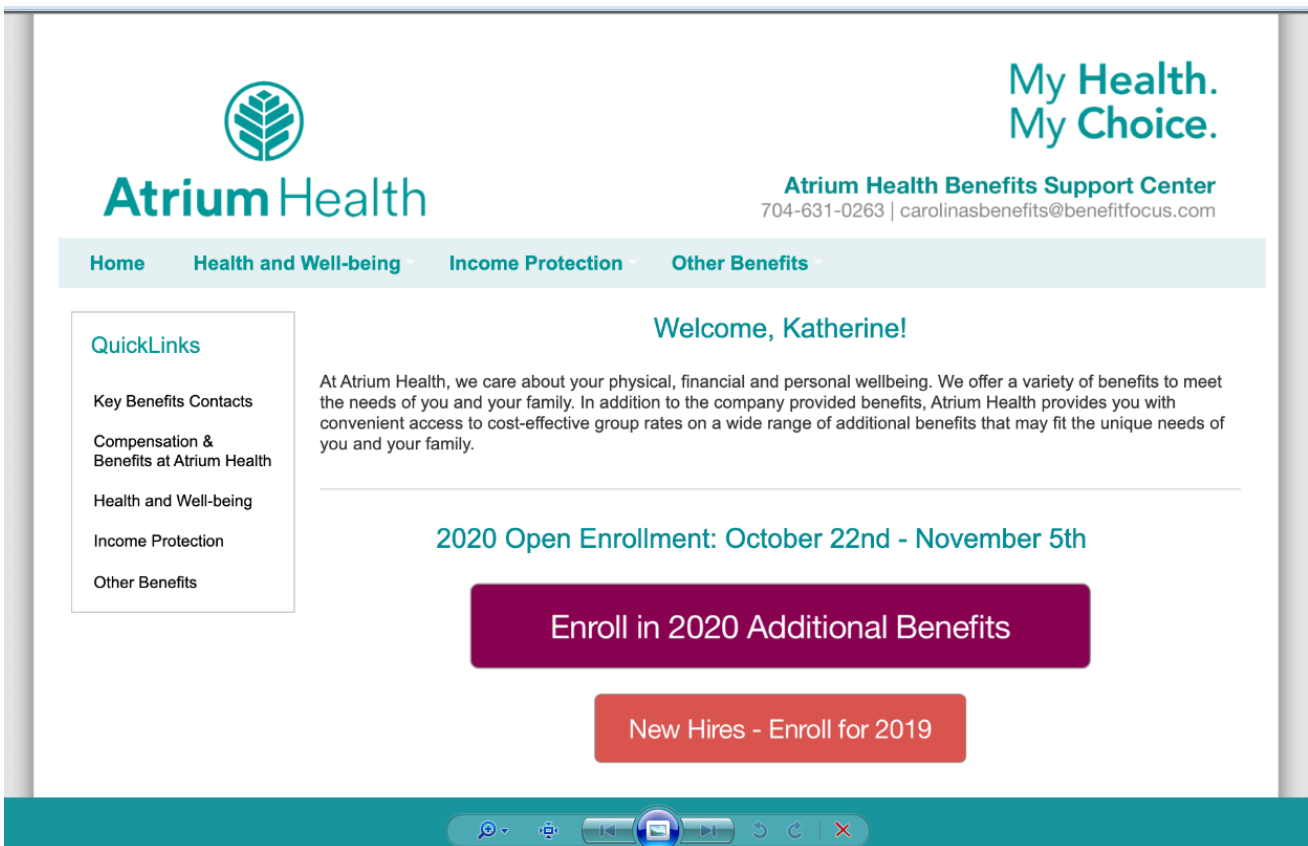
Additional Benefits

Username

Password  ?

Log In

Click on “Enroll in 2020 Additional Benefits”.



**Atrium Health** My Health. My Choice.

Atrium Health Benefits Support Center  
704-631-0263 | carolinasbenefits@benefitfocus.com

Home Health and Well-being Income Protection Other Benefits

Welcome, Katherine!

At Atrium Health, we care about your physical, financial and personal wellbeing. We offer a variety of benefits to meet the needs of you and your family. In addition to the company provided benefits, Atrium Health provides you with convenient access to cost-effective group rates on a wide range of additional benefits that may fit the unique needs of you and your family.

2020 Open Enrollment: October 22nd - November 5th

**Enroll in 2020 Additional Benefits**

New Hires - Enroll for 2019

QuickLinks

- Key Benefits Contacts
- Compensation & Benefits at Atrium Health
- Health and Well-being
- Income Protection
- Other Benefits

Questions? Contact Benefits Administration:  
704-631-0263 or by email at [hrbenefitsonline@atriumhealth.org](mailto:hrbenefitsonline@atriumhealth.org)