



## Are you a Health + Hospitals employee unsure about how to enroll in the MetroPlus Gold plan?

Just follow the four easy steps below:

1

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>     |
|-----------------------------------------------------------------------------------------------------|-------------------------|---------------------------|----------------------------|
| Open Enrollment  | 01/01/2025              | Open                      | Clerical Associate - L III |

Start 

2

▼ **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 <b>MetroPlus Gold Basic</b>        |                 |                | \$0.00          | <input checked="" type="checkbox"/>  |
| Select MetroPlus Gold Rider               | \$128.06        |                | \$128.06        | <input type="checkbox"/>                                                                                                |
| Select <b>MetroPlus Gold Standard Rx</b>  | \$63.77         |                | \$63.77         | <input checked="" 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"/>                                                                                                |

3

▼ Enrollment Summary

Your Pay Period Cost **\$0.00**

Status **Pending Review**

[Enrollment Preview Statement](#)

**Submit Enrollment**

**Benefit Plans**

**Medical**

Current ~~No Coverage~~

New **Metroplus Gold Basic**

Status **✓ Changed**

0 Dependents

Pay Period Cost **\$0.00**

Review

4

Done **Benefits Alerts** View

**Instructions**

**Medical Warning** Your dependent JANE DOE enrolled in this benefit plan requires proof. Your new coverage will not take effect until all documents are received and approved.

You have submitted enrollment into GHI-CBP Basic. There is a per paycheck deduction of 0. By checking this box, you are confirming you are aware of the per paycheck cost of your plan. Select view to review your Election Preview statement or select done to return to the Benefits Enrollment Summary

**Medical Warning** Your dependent JIM DOE enrolled in this benefit plan requires proof. Your new coverage will not take effect until all documents are received and approved.

You have submitted enrollment into GHI-CBP Basic. There is a per paycheck deduction of 0. By checking this box, you are confirming you are aware of the per paycheck cost of your plan. Select view to review your Election Preview statement or select done to return to the Benefits Enrollment Summary

**NYC**  
**HEALTH+**  
**HOSPITALS**

**Still have enrollment questions? We're here to help!**



Schedule a Gold  
consultation



Or call the Gold  
Signature Team:  
**866.496.6636**

**✓ MetroPlusHealth Gold**