

Hospitality Plan

UNITE HERE HEALTH

*How to...*

# *Enroll Online*

**1-2-3**



Enrolling in benefits will take approximately 20 minutes.

How to



# Enroll Online

## Quick Guide

# 1-2-3

Enroll

Get Your  
Numbers

Get ID Card  
and Benefits

1. Visit: [www.uhh.org](http://www.uhh.org).
2. Click on the Hospitality banner.
3. Register an account with UNITE HERE HEALTH.
  - If you're already registered, simply log in and click "Enroll".
4. Click the **Get Started** button.
5. Add a dependent (if needed) then click the **Next** button.
6. Click the **Get Started** button.
7. Add a dependent (if needed), select who you want to cover, then click the **Next** button.
8. Click the **Select Plan** button to choose the coverage you want, or decline if you don't want coverage.
  - If you choose coverage, fill out the wellness check survey and agree at the bottom.
9. Choose the **Select Plan** button for each benefit you'd like.
10. After you've selected your benefits, review the summary and click the **Save** button.
11. Congratulations! You have completed step **1** and enrolled online.
  - Complete step **2** by printing out the Walgreens Voucher and getting your numbers.
  - Make sure you submit all required documents for dependent enrollment within 30 days.

Use this guide to complete step 1 and enroll in benefits!



Visit [www.uhh.org](http://www.uhh.org)



MEMBER ENROLL/LOGIN ABOUT US MEMBERS PROVIDER LOGIN EMPLOYER LOGIN UNIONS CONTACT US



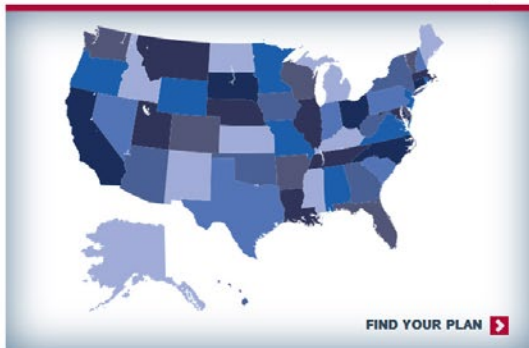
Hospitality Plan  
UNITE HERE HEALTH

Welcome new plan members!

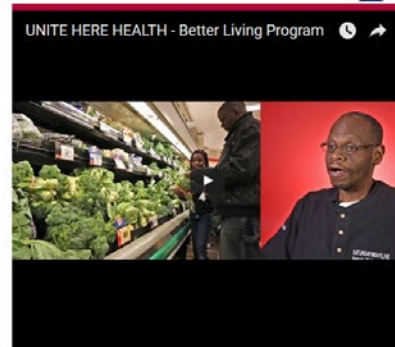
Click to **register** and **enroll** Now!



CLICK ON THE MAP TO  
FIND YOUR HEALTH PLAN



EDUCATION.  
EMPOWERMENT.




2015 Better Living Report

UNITE HERE HEALTH (UHH or "The Fund") works with you, your local union and your employer to provide you with the health benefits (insurance) and resources you need to improve your health and healthcare. As a leading, national health fund, we serve more than 250,000 children and adults across the nation. Find your plan and learn more.

Click on the banner

# 2

# Register



## MEMBER REGISTRATION

EN | SP

Fill out the form below to create an account with your Health Fund! Please note that this is a secure area for members only. (Accounts for dependents are not available at this time.)

Already Registered?

**LOG IN**

SSN  \* - Required field

First Name  \*

Last Name  \*

Birth Date  \* mm/dd/yyyy

Phone

Language  \*

E-mail  \*


User Name  \* 6-20 Characters

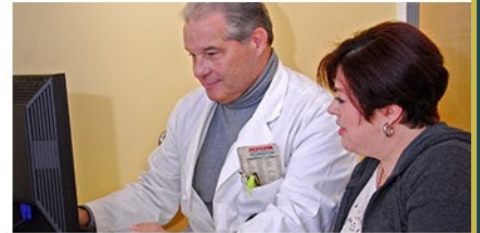
Password  \* 6-20 Characters

Repeat Password  \*

Security Question  \*

Security Answer  \*

I Agree with the [terms of use.](#) **Register** 



## TIP

If you already have an account with us, please log in by clicking the "LOG IN" button near the top.



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## Select your language preference

The screenshot shows a web application interface with a blue header and a sidebar on the left. The sidebar contains navigation links: Home, Profile, Benefits, Language Preferences, MANAGE ACCOUNT, and My Documents. The main content area is titled "Select a preferred language." and features two radio button options: English (selected) and Spanish. A green "Save" button is located below the options.

3A

## Opt in for electronic communications

Help us be green! Opt in to go paperless.


The screenshot displays the "Communications Preference" form. It is divided into two columns: "Email" and "Text". Under "Email", there are checkboxes for "Personal Email" and "Work Email". Under "Text", there are checkboxes for "Home Phone", "Cell Phone", "Alternate Phone", "Work Phone", and "Work Cell Phone". A text box below the form contains the following message: "Help us be green! Let's also keep healthcare costs low by saving on printing and postage. If you have a working email address, access to the internet, and Adobe Reader, you can sign up to receive regulatory notices about the plan or benefit changes through email. You will receive an email verifying this; YOU MUST confirm your subscription by clicking the link provided in that email." Below the text box is a checkbox labeled "I consent to receiving this information via the communication method chosen." At the bottom of the form are "Save" and "Cancel" buttons.

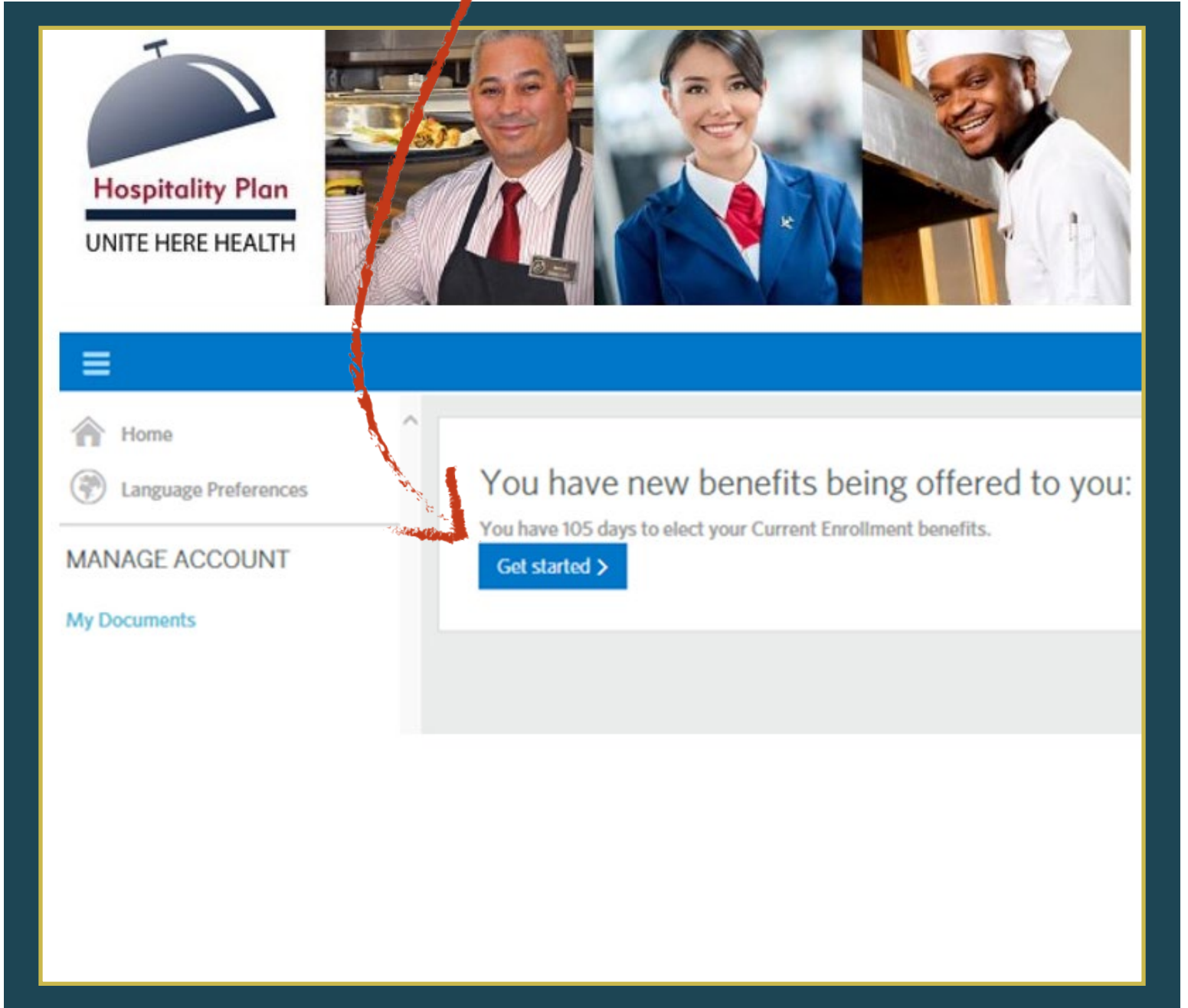


**TIP**

Sign up for texting and be the first to get helpful info on your health benefits!

4

Click the  button



The screenshot displays the Unite Here Health website interface. At the top left, there is a logo for the Hospitality Plan, featuring a blue dome icon and the text "Hospitality Plan" and "UNITE HERE HEALTH". To the right of the logo are three photographs of smiling staff members: a man in a striped shirt and apron, a woman in a blue uniform, and a man in a chef's hat. Below the logo and photos is a blue navigation bar with a hamburger menu icon. Underneath the navigation bar, there are links for "Home" and "Language Preferences". A "MANAGE ACCOUNT" section is visible, with a sub-link for "My Documents". On the right side of the page, a white box contains the text "You have new benefits being offered to you:" followed by "You have 105 days to elect your Current Enrollment benefits." and a blue "Get started >" button. A red arrow points from the text "Click the" in the instruction above to the "Get started >" button in the screenshot.

5

Add dependent(s) (if you need to)



Click the  button to add dependent(s)

Click next to continue



If you add 1 or more dependents please fill out all the information.

These are dependents we have on record. You can add/remove dependents later in the enrollment process.

### Add Dependent

First Name \*  Middle Name  Last Name \*

Suffix  Preferred Name

Date of Birth \*

Gender \*  
 Male  Female

SSN

Relationship \*

### Address

Use Employee Address



**TIP**

Click "Save & Add Another" to add multiple dependents. When finished, click "Save" to continue.



6

Click the **Complete Enrollment** button

The screenshot shows a web interface for benefits enrollment. At the top, there is a progress bar with three stages: 'Profile' (checked), 'Shop for benefits', and 'Confirm & Finish'. Below the progress bar, the heading 'Current Benefits' is followed by the text 'Enrollment is mandatory; otherwise, you waive coverage.' On the right side, a circular progress indicator shows '0/4' and the text 'Benefits Complete'. The main content area is titled 'Your benefits' and contains four numbered steps, each with an icon and a 'Begin enrollment' button:

- 1. Choose your Medical coverage (plus icon)
- 2. Choose your Dental/Vision coverage (plus icon)
- 3. Choose your Life coverage (umbrella icon)
- 4. Choose your Short-Term Disability coverage (person with dollar sign icon)

At the bottom left of the page, there is a green button labeled 'Complete Enrollment'. A thick, hand-drawn red arrow originates from the bottom left and points upwards and to the right, ending at the 'Complete Enrollment' button.

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# Select who you want to cover for medical coverage

Profile Shop for benefits Confirm & Finish

## Medical: Who do you want to cover?

These are dependents we have on record. You can add/remove dependents later in the enrollment process.

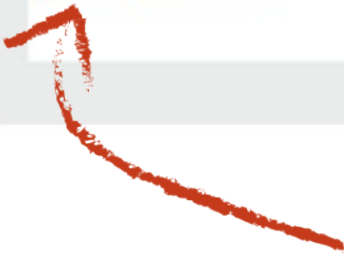
### Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input checked="" type="checkbox"/>	Candice SpuTest9990	Subscriber	01/01/1980	Female	
<input checked="" type="checkbox"/>	Step-child72 SpuTest9990	Step Child	12/02/2006	Female	Actions -

[Add Dependent](#)

[Decline Coverage](#) I would like to decline Medical coverage.

[Next](#) [Previous](#)



Click next to continue

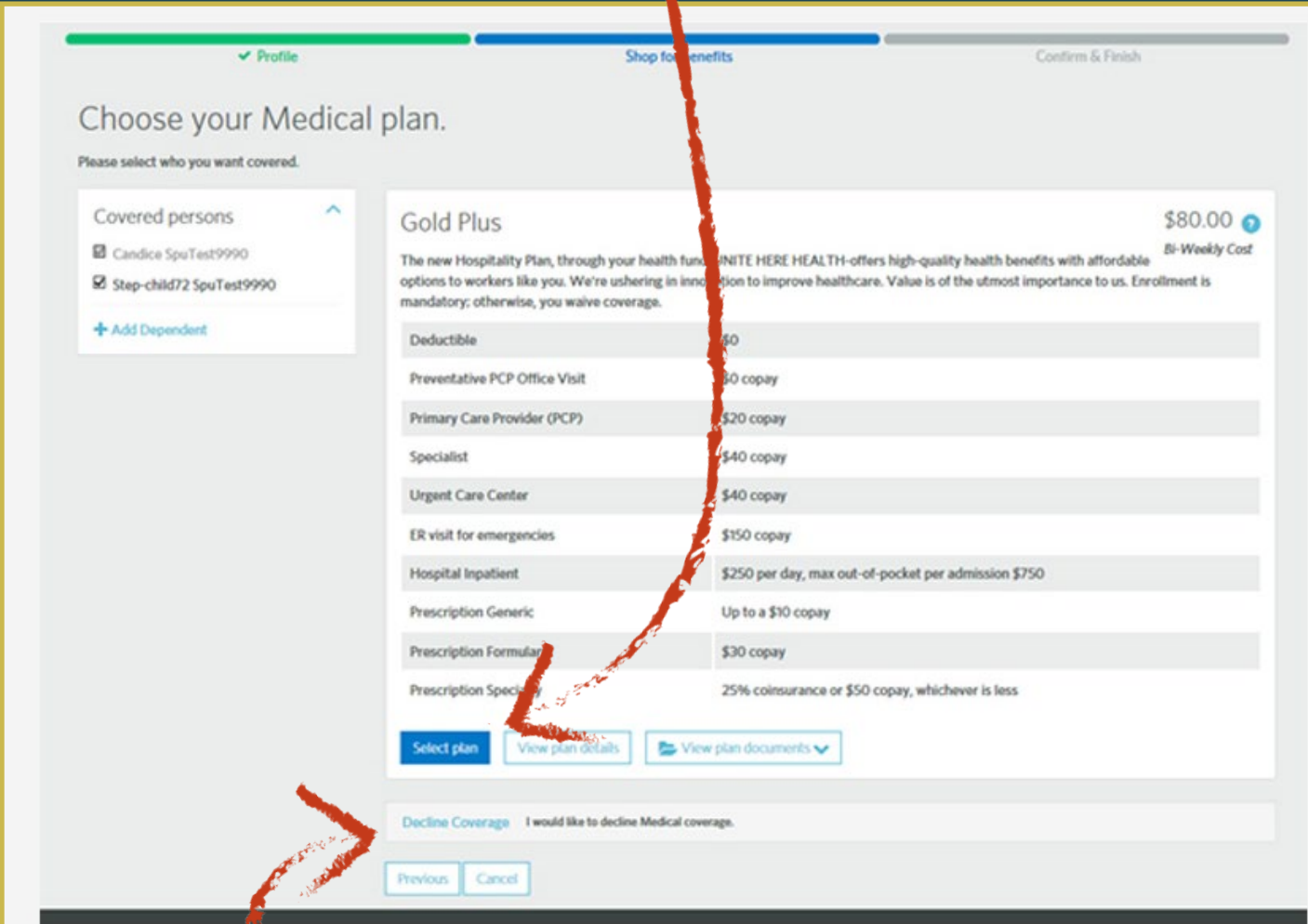


**TIP**

You can add dependents here as well!

8

Click the  button to select what plan you want.



**TIP** Click "Plan Details" or "Plan Documents" for more information! See pages page 10 and page 11.

Or click the  button to decline coverage.



Click the  button to view more details about the plan.

Choose your Medical plan.

Please select who you want covered.

[Return to Benefit shopping](#)

### Gold Plus

The new Hospitality Plan, through your health fund-UNITE HERE HEALTH-offers high-quality health benefits with affordable options to workers like you. We're ushering in innovation to improve healthcare. Value is of the utmost importance to us. Enrollment is mandatory; otherwise, you waive coverage.

#### Plan Details

##### In-Network

Deductible	\$0
Preventative PCP Office Visit	\$0 copay
Primary Care Provider (PCP)	\$20 copay
Specialist	\$40 copay
Urgent Care Center	\$40 copay
ER visit for emergencies	\$150 copay
Hospital Inpatient	\$250 per day, max out-of-pocket per admission \$750
Prescription Generic	Up to a \$10 copay
Prescription Formulary	\$30 copay
Prescription Specialty	25% coinsurance or \$50 copay, whichever is less

[Return to Benefit shopping](#)

[Previous](#) [Cancel](#)

#### Coverage & Cost

Covered persons

JACOB LEIGH

Plan Cost: \$257.42  
Employer Cost: (\$205.94)

**You Pay \$51.48**  
Bi-Weekly Cost

[Select plan](#)




**TIP**

Scroll down to view all the plan details available.



Click the  button to view more materials about your plan.

Please select who you want covered.

Covered persons 

JACOB LEIGH

[+ Add Dependent](#)

### Gold Plus \$51.48

*Bi-Weekly Cost*

The new Hospitality Plan, through your health fund-UNITE HERE HEALTH-offers high-quality health benefits with affordable options to workers like you. We're ushering in innovation to improve healthcare. Value is of the utmost importance to us. Enrollment is mandatory; otherwise, you waive coverage.

Deductible	\$0
Preventative PCP Office Visit	\$0 copay
Primary Care Provider (PCP)	\$20 copay
Specialist	\$40 copay
Urgent Care Center	\$40 copay
ER visit for emergencies	\$150 copay
Hospital Inpatient	\$250 per day, max out-of-pocket per admission \$750
Prescription Generic	Up to a \$10 copay
Prescription Formulary	\$30 copay
Prescription Specialty	25% coinsurance or \$50 copay, whichever is less

[Select plan](#) [Plan details](#) [Plan Documents !\[\]\(78a029b04ee0ee05998c29299c47b06c\_img.jpg\)](#)


### Silver Plus \$41.59

*Bi-Weekly Cost*

The new Hospitality Plan, through your health fund-UNITE HERE HEALTH-offers high-quality health benefits with affordable options to workers like you. We're ushering in innovation to improve healthcare. Value is of the utmost importance to us. Enrollment is mandatory; otherwise, you waive coverage.

Deductible	\$1500/\$3000
Preventative PCP Office Visit	\$0 copay

- Gold Plus SBC - English
- Gold Plus SBC - Espanol
- Gold Plus BAAG - Espanol
- Gold Plus BAAG - English







If you decline please let us know why.

Click "I confirm" and next (twice) to continue



# If you choose a medical plan

fill out our wellness check survey and click the "I agree" box.



**TIP**

This survey helps us keep both you and our health fund healthier!

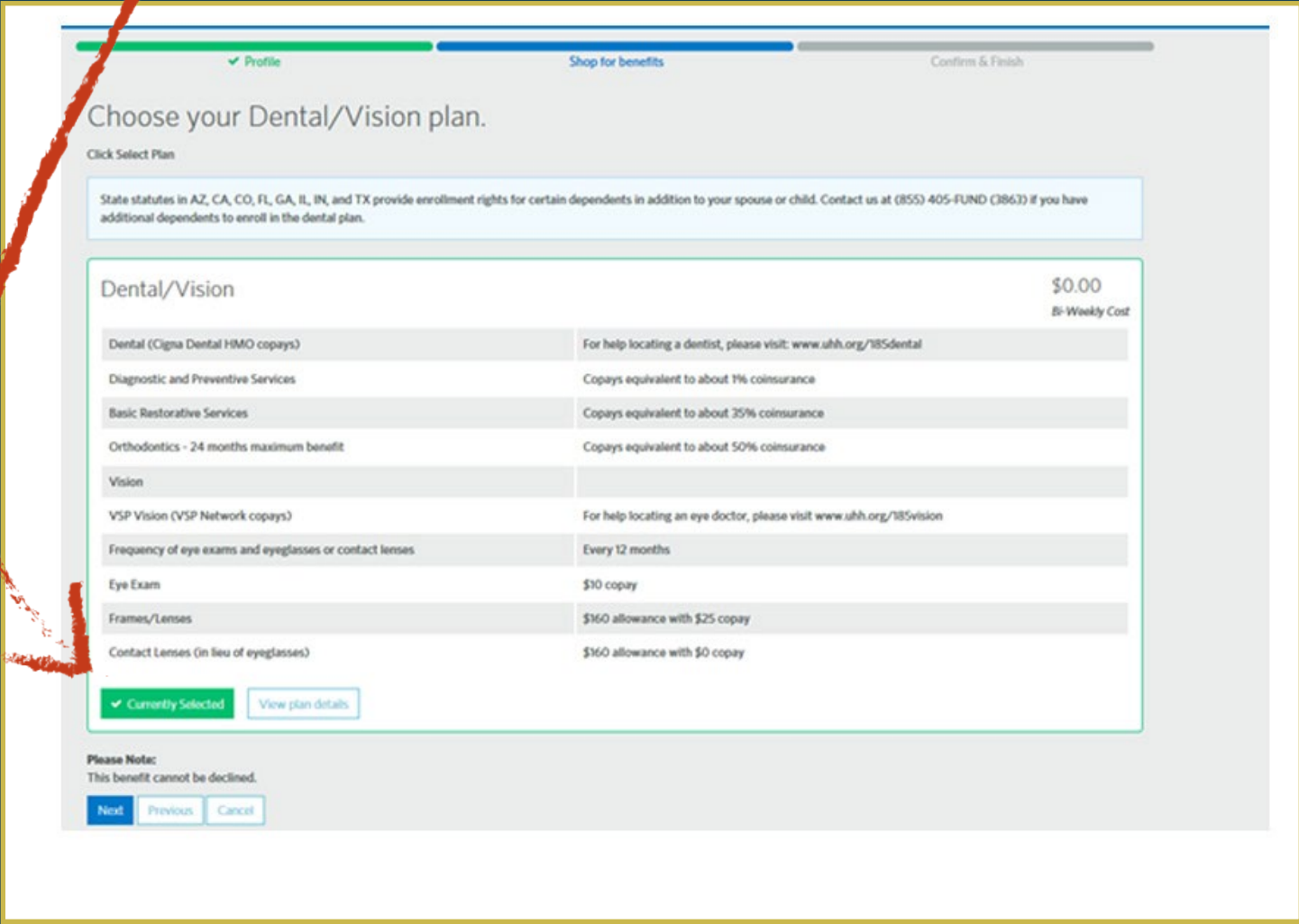
*Click next to continue*

If your plan has a dental/vision option:

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Click the  button

Then (if necessary) click the "I confirm" button on the next screen.



Choose your Dental/Vision plan.

Click Select Plan

State statutes in AZ, CA, CO, FL, GA, IL, IN, and TX provide enrollment rights for certain dependents in addition to your spouse or child. Contact us at (855) 405-FUND (3863) if you have additional dependents to enroll in the dental plan.

Dental/Vision		\$0.00
		Bi-Weekly Cost
Dental (Cigna Dental HMO copays)	For help locating a dentist, please visit: <a href="http://www.uhh.org/185dental">www.uhh.org/185dental</a>	
Diagnostic and Preventive Services	Copays equivalent to about 11% coinsurance	
Basic Restorative Services	Copays equivalent to about 25% coinsurance	
Orthodontics - 24 months maximum benefit	Copays equivalent to about 50% coinsurance	
Vision		
VSP Vision (VSP Network copays)	For help locating an eye doctor, please visit <a href="http://www.uhh.org/185vision">www.uhh.org/185vision</a>	
Frequency of eye exams and eyeglasses or contact lenses	Every 12 months	
Eye Exam	\$30 copay	
Frames/Lenses	\$160 allowance with \$25 copay	
Contact Lenses (in lieu of eyeglasses)	\$160 allowance with \$0 copay	

**Please Note:**  
This benefit cannot be declined.



**TIP**

Look at the table under "Dental/Vision" to see quick details about your dental and vision benefits.

If your plan has a life insurance option:

70

Click the  button

Profile Shop for benefits Confirm & Finish

### Choose your Life plan.

Please review your options and choose the coverage amount that best meets your needs.

**Important Document/Documento Importante**

**Life Insurance Beneficiary Form**  
Provide the fund with your life beneficiaries/Proporcionar sus beneficios de vida al Fondo

#### Life and AD&D

\$0.00  
Bi-Weekly Cost

Coverage amount: **\$10,000 Life/\$5,000 AD&D**

Employee Only At no cost to you, your employer provides you with \$10,000 in Life and \$5,000 AD&D coverage.

Currently Selected [View plan details](#)

**Please Note:**  
This benefit cannot be declined.

[Next](#) [Previous](#) [Cancel](#)



**TIP**

Don't forget to fill out and send in a Life Insurance Beneficiary Form!

If your plan has a short term disability option:

11

Click the  button

✓ Profile Shop for benefits Confirm & Finish

### Choose your Short-Term Disability plan.

Please review your options and choose the coverage amount that best meets your needs.

Short-Term Disability (STD) \$0.00 Bi-Weekly Cost

Coverage amount: \$200 per week/26 weeks

Employee Only At no cost to you, your employer provides Short Term Disability coverage.

✓ Currently Selected View plan details

**Please Note:**  
This benefit cannot be declined.

Next Previous Cancel



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# View your benefits summary

**Hospitality Plan Summary**  
Your Hospitality Plan benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

**Medical** \$80.00 every two weeks  
Gold Plus  
Offered By: UNITE HERE HEALTH  
Effective Date: 06/01/2016  
Persons Covered: Candice SpuTest9990, Step-child72 SpuTest9990

**Additional Information**  
Show details ▾

Edit coverage Plan details Plan Documents ▾

**Dental/Vision** \$0.00 every two weeks  
Dental/Vision  
Offered By: UNITE HERE HEALTH  
Effective Date: 06/01/2016  
Persons Covered: Candice SpuTest9990, Step-child72 SpuTest9990

**Additional Information**  
Show details ▾

**Cart Summary**  
This is a summary of your current benefit elections.

Benefit Elections	
<b>Bi-Weekly Cost</b>	
Medical	\$80.00
Dental/Vision	\$0.00
Life	\$0.00
Short-Term Disability	\$0.00
<b>Bi-Weekly Total</b>	<b>\$80.00</b>

**You Pay**

<b>Bi-Weekly Total</b>	<b>\$80.00</b>
------------------------	----------------

Effective Date: 06/01/2016

Edit coverage Plan details

**Gold Plus, Dental/Vision, Life and AD&D, Short-Term Disability (STD):**

Completing on-line enrollment does not guarantee health coverage. Your coverage depends on the following: 1) you must meet any requirements of your collective bargaining agreement; 2) your employer must contribute to the Fund based on the terms of your collective bargaining agreement and 3) you and your dependents must meet the plan eligibility requirements described in the Summary Plan Description (SPD). We will notify you as soon as your enrollment has been approved.

Save Cancel



**TIP**

Look at the "Cart Summary" to see what benefits you are getting and how much they'll cost.

Click the  button to continue

# Congratulations, you enrolled!

**✓ Congratulations, Candice!** You have successfully completed your enrollment process.  
[Print your enrollment details](#)

### Step 1: enrollment!

**Step 2: Get your numbers at a Walgreens Healthcare Clinic!**

If you selected medical coverage you are eligible for a free screening. Print this FREE voucher and take it to a Walgreens Healthcare Clinic to get your numbers (when you complete Step 2 you will be automatically entered into a drawing for a FREE iPad). If you work at SSP America at Reno-Tahoe International Airport, Areas USA at Detroit Metropolitan Wayne County Airport outside the Walgreens Health Clinic service area, we will work with you to get your numbers from your doctor.

[Walgreens Voucher](#)  
[Find a Walgreens Healthcare Clinic](#)  
[Walgreens Locations](#)

**Dependent proof documents**  
All proof documents are due by the "enroll by" deadline indicated on the letter you received in the mail. Please call us at 855-426-FUND if you did not receive the letter or have any questions. Todos los documentos requeridos se deben someter antes de la fecha indicada en la carta que recibió por correo. Consulte esta carta para encontrar su fecha límite, mostrada en la caja titulada "Insor/Inase antes de?". Por favor llámenos al 855-426-FUND (3862) si no recibió la carta o si tiene preguntas.

For requests with a status of "Document Required", upload a document to associate it. The Document will then show as "Pending Approval" until it is approved or denied by an administrator. When adding a document through the "Add Document" option, it can then be associated with a "Document Required" request and can be viewed by selecting the filter for "All Documents".

1 Document Required, 0 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 0 All Documents

[Add Document](#)

Begin typing search query   per page 10

Filter by type: All Filter by status: All Requests

Sort by: Document Name | Date Created | Date Uploaded | Employee

	Document is awaiting upload Dependent Name: Step-child72 SpuTest9990 Any new dependents will not be covered until you submit acceptable proof documents.	02/11/2016 SpuTest9990, Candice
--	--	------------------------------------

[Document Required](#) [Upload a Document](#) [Associate an Existing Document](#)



**TIP**

Remember: Complete step 2 by printing out the FREE voucher to Walgreens and getting your numbers!

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# Submit your required documents! (if necessary)

**Adding New Document**

Please complete the information below.

Browse for File\* (?)

Hover over the (?) above to view accepted file types.

Document name\*

Associate Document With\*

Simpson, Test (TESTS5323)

Category\*

Date

Notes (ad hoc information; this will only be displayed to HR Admins)



**TIP**

Remember: You have 30 days to submit your required documents!



# Questions?

Please call UNITE HERE HEALTH  
**(855) 405-FUND (3863)**