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**.

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.

1 *Visit* www.uhh.org
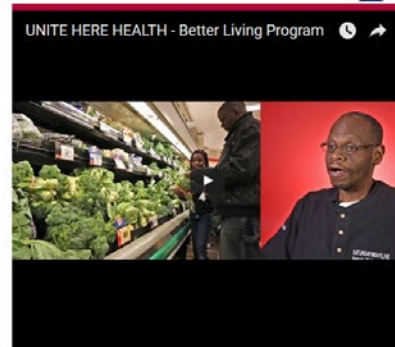
Click on the banner

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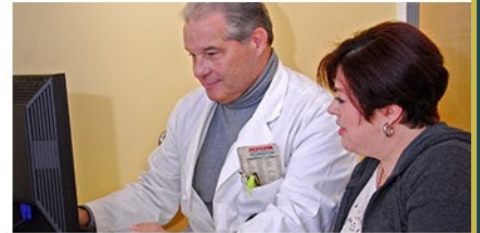
! TIP If you already have an account with us, please log in by clicking the "LOG IN" button near the top.

3 Select your language preference

Select a preferred language.

- ● English
- ○ Spanish

Home
Profile
Benefits
Language Preferences

MANAGE ACCOUNT

My Documents

Save

3A Opt in for electronic communications

Help us be green! Opt in to go paperless.

Communications Preference

Email
- ☐ Personal Email
- ☐ Work Email

Text
- ☐ Home Phone
- ☐ Cell Phone
- ☐ Alternate Phone
- ☐ Work Phone
- ☐ Work Cell Phone

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.

☐ I consent to receiving this information via the communication method chosen.

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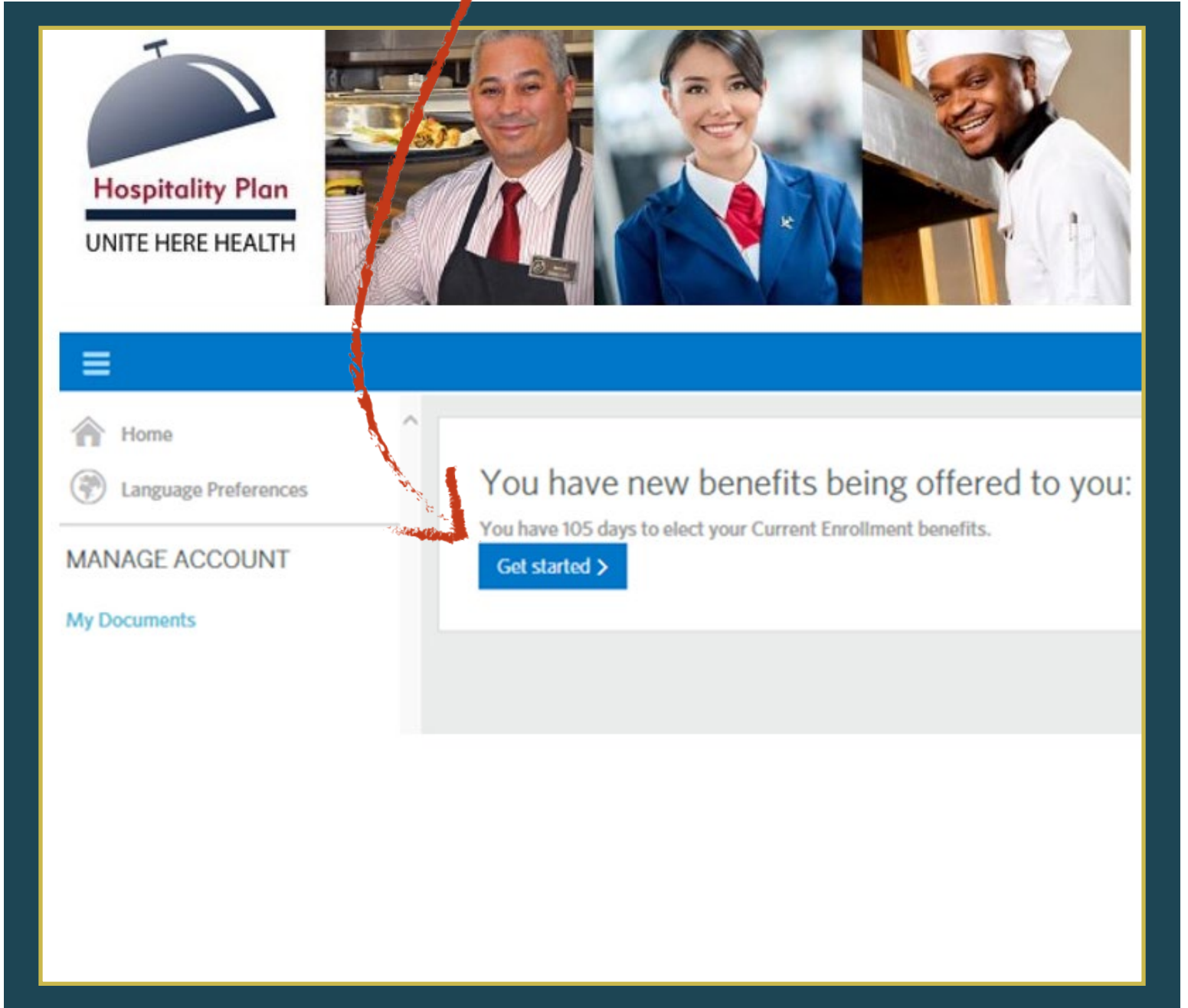
! *TIP* Sign up for texting and be the first to get helpful info on your health benefits!

4 *Click the* Get started > *button*

Hospitality Plan
UNITE HERE HEALTH

Home

Language Preferences

MANAGE ACCOUNT

My Documents

You have new benefits being offered to you:

You have 105 days to elect your Current Enrollment benefits.

Get started >

⑤ Add dependent(s) (if you need to)

Hospitality Plan
UNITE HERE HEALTH

Profile   Shop for benefits   Confirm & Finish

Dependents
You can add/remove eligible dependents here.

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

Add Dependent

Next   Previous

Click the Add Dependent 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 *
Step-child72		SpuTest9990

Suffix
---Please Select---

Preferred Name

Date of Birth *
12/2/2006

Gender *
○ Male ● Female

SSN
858-44-8288

Relationship *
Step Child

Address
☑ Use Employee Address

Save   Save & Add Another   Cancel

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

6 *Click the* Complete Enrollment *button*

Current Benefits

Enrollment is mandatory; otherwise, you waive coverage.

✓ Profile | Shop for benefits | Confirm & Finish

0/4 Benefits Complete

Your benefits

➕ 1. Choose your Medical coverage

[Begin enrollment]

➕ 2. Choose your Dental/Vision coverage

☂ 3. Choose your Life coverage

💰 4. Choose your Short-Term Disability coverage

[Complete Enrollment]

7 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
☑	Candice SpuTest9990	Subscriber	01/01/1980	Female	
☑	Step-child72 SpuTest9990	Step Child	12/02/2006	Female	Actions ▾

Add Dependent

Decline Coverage   I would like to decline Medical coverage.

Next   Previous
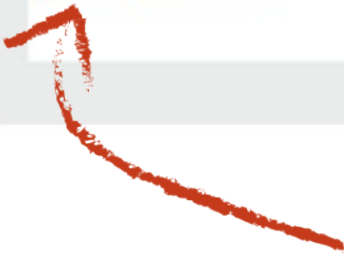
Click next to continue
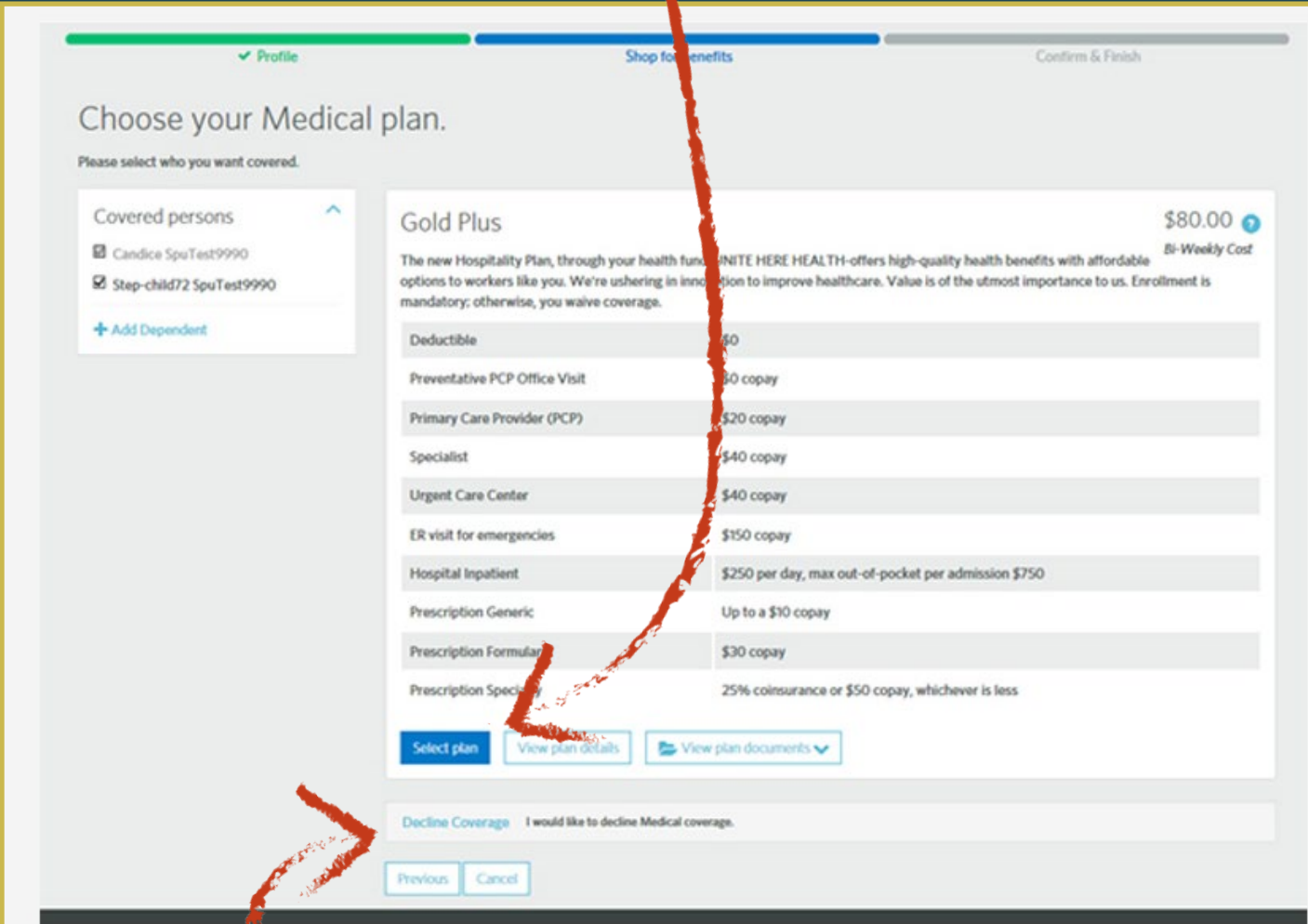
TIP You can add dependents here as well!

8 Click the [Select plan] button

to select what plan you want.

✔ Profile	Shop for benefits	Confirm & Finish

Choose your Medical plan.

Please select who you want covered.

Covered persons ⌄
- ☑ Candice SpuTest9990
- ☑ Step-child72 SpuTest9990

➕ Add Dependent

Gold Plus $80.00 ❓
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] [View plan details] [📁 View plan documents ⌄]

Decline Coverage I would like to decline Medical coverage.

[Previous] [Cancel]

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

Or click the [Decline Coverage] button

to decline coverage.

8A
Click the [Select plan] button
to view more details about the plan.

✔ Profile | Shop for benefits | Confirm & Finish

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.

8B

Click the ⌂ View plan documents ⌄ 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

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Prescription Formulary	$30 copay
Prescription Specialty	25% coinsurance or $50 copay, whichever is less

[Select plan] [Plan details] [📁 Plan Documents ⌄]

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

Silver Plus

$41.59 ❓

Bi-Weekly Cost

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

8c

If you decline please let us know why.

Medical

Declination Reason/Porque renuncia la cobertura?
UHH Declination Survey

Why are you declining coverage?/Porque renuncia la cobertura? *

○ Covered by Medicaid/Cobertura de Medicaid

○ "Too Expensive"/"Demasiado caro"

○ Have Other Coverage/Tengo otra cobertura

Please read the disclaimer language below and indicate your understanding./Favor de leer el descargo de responsibilidad abajo e indica que lo entiende. *

○ I confirm that I have been given an opportunity to apply for benefit coverage for myself and my eligible dependents, and I am waiving coverage for myself and/or my dependents. I understand that I will NOT BE COVERED for any benefits offered through UNITE HERE HEALTH. I further understand that if I have dependents and do not enroll them now, I cannot enroll them until the next open enrollment, or other times designated by my Collective Bargaining Agreement or federal laws/Al marcar esta casilla, confirmo que se me dio la oportunidad de aplicar para la cobertura de los beneficios para mi y mis dependientes elegibles y que renuncio voluntariamente a la cobertura para mi y/o mis dependientes elegibles. Entiendo que NO TENDRE COBERTURA para ninguno de los beneficios que se ofrecen a traves de UNITE HERE HEALTH. Ademas, entiendo que si tengo dependientes y no los inscribo ahora, no podre inscribirlos hasta el siguiente periodo de inscripcion abierta, o en otros periodos designados por mi Convenio Colectivo o las leyes federales.

[Next] [Previous] [Cancel]

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

Medical

Question	Response
Why are you declining coverage?/Porque renuncia la cobertura?	"Too Expensive"/"Demasiado caro"
Please read the disclaimer language below and indicate your understanding./Favor de leer el descargo de responsibilidad abajo e indica que lo entiende.	I confirm that I have been given an opportunity to apply for benefit coverage for myself and my eligible dependents, and I am waiving coverage for myself and/or my dependents. I understand that I will NOT BE COVERED for any benefits offered through UNITE HERE HEALTH. I further understand that if I have dependents and do not enroll them now, I cannot enroll them until the next open enrollment, or other times designated by my Collective Bargaining Agreement or federal laws/Al marcar esta casilla, confirmo que se me dio la oportunidad de aplicar para la cobertura de los beneficios para mi y mis dependientes elegibles y que renuncio voluntariamente a la cobertura para mi y/o mis dependientes elegibles. Entiendo que NO TENDRE COBERTURA para ninguno de los beneficios que se ofrecen a traves de UNITE HERE HEALTH. Ademas, entiendo que si tengo dependientes y no los inscribo ahora, no podre inscribirlos hasta el siguiente periodo de inscripcion abierta, o en otros periodos designados por mi Convenio Colectivo o las leyes federales.

[Next] [Previous] [Cancel]

8D

If you choose a medical plan

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

✔ Profile   Shop for benefits   Confirm & Finish

Medical
Wellness Check

1. Have you or your spouse been to a regular doctor in the past 12 months?

○ I have

○ My spouse has

○ Both of us have

○ Neither of us have

2. How many specialists do you see?
(restricted to a number) [____]

---

17. Do you have any other health conditions? (select one)

○ Yes

○ No

17a. If yes what other health conditions do you have?
(Enter all health conditions) [____]

Payroll Acknowledgment

By checking this box, I confirm the coverage I selected is correct and authorize my employer to deduct from my pay the total amount that I am required to pay for this coverage. I understand that I can cancel my payroll deduction any time by contacting my Human Resource representative.

☐ I agree

[Next] [Previous] [Cancel]

! *TIP* This survey helps us keep both you and our health fund healthier!
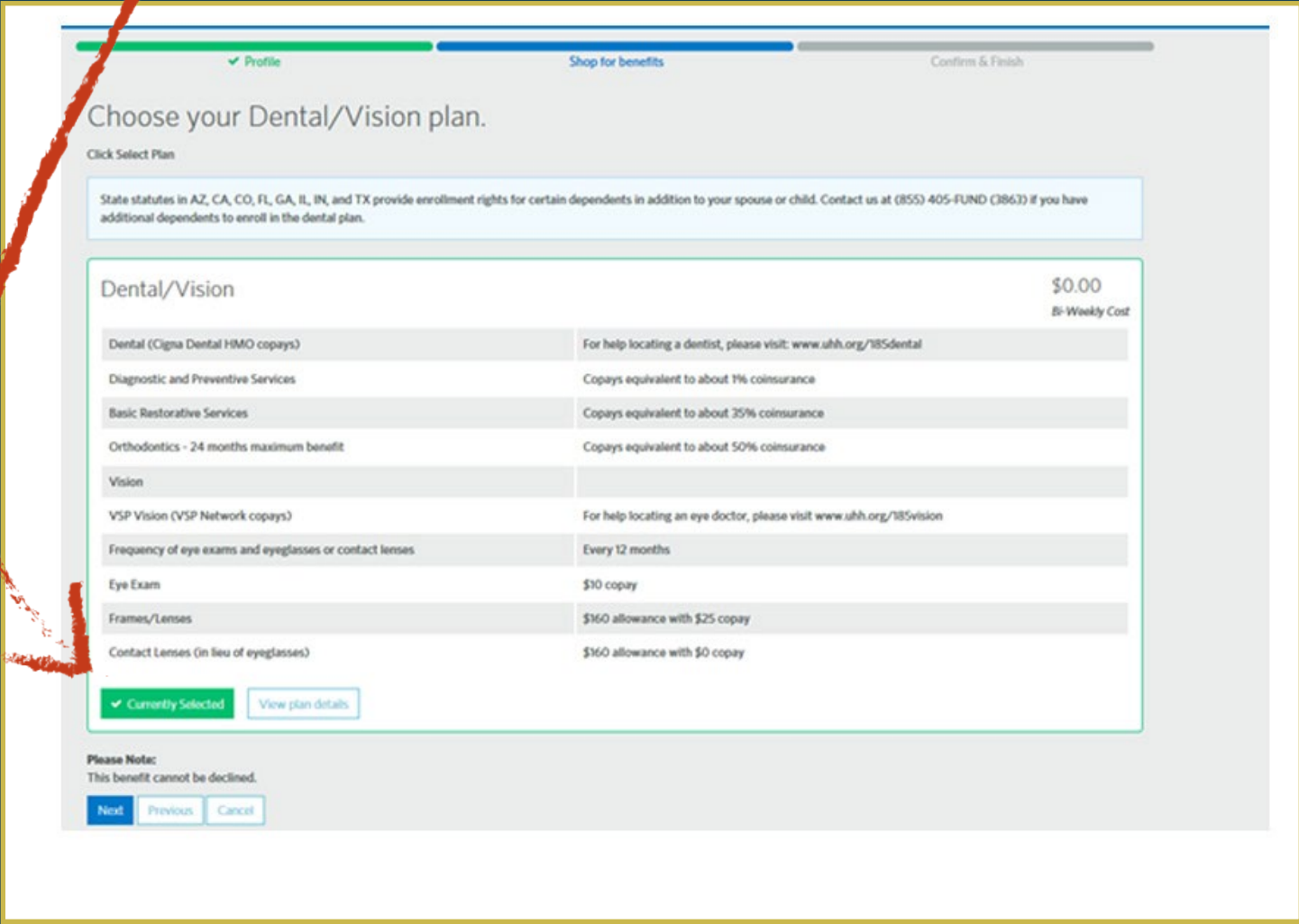
Click next to continue

9 *Click the* ✔ Currently Selected *button*

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

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

10 Click the [✔ Currently Selected] button

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 beneficicios de vida al Fondo

Life and AD&D

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.

$0.00
Bi-Weekly Cost

[✔ 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!

11 Click the ✔ Currently Selected button

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

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
Gold Plus every two weeks

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
Dental/Vision every two weeks

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 ℹ️

Bi-Weekly Cost

Medical	$80.00
Dental/Vision	$0.00
Life	$0.00
Short-Term Disability	$0.00
Bi-Weekly Total	**$80.00**

You Pay

Bi-Weekly Total: ℹ️	$80.00

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 [Save] *button to continue*

Congratulations, you enrolled!

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

Submit your required documents!
(if necessary)

Adding New Document

Please complete the information below.

Browse for File* ?

| Choose File | No File Chosen |

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

Document name*

Associate Document With*

| TESTS5323 | Search |

Simpson, Test (TESTS5323)

Category*

Date

10/05/2015

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

| Cancel | Save |

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

Questions?

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