



Enrollment Portal Guide

OPEN ENROLLMENT 2022-23



TEACHERS HEALTH TRUST
FOR TEACHERS BY TEACHERS

Enrollment Portal Guide

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Enrollment Portal Guide

Access the portal

Access the enrollment portal at enrollment.ththealth.org



Teachers Health Trust Enrollment Portal

Teachers Health Trust serves educators; advocating for and administering desirable health benefits.

Open Enrollment is your annual opportunity to review your health benefits and make changes if necessary. Please follow the portal directions below to begin electing benefits for the upcoming plan year.

The new plan year is effective 10/01/2022-9/30/2023.

Make the appropriate selection.

I am

Enrollment Portal Guide

Click on the drop-down box and select the appropriate member type.



Teachers Health Trust Enrollment Portal

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The new plan year is effective 10/01/2022-9/30/2023.

Make the appropriate selection.

I am

--Select--

New Hire

Existing Member

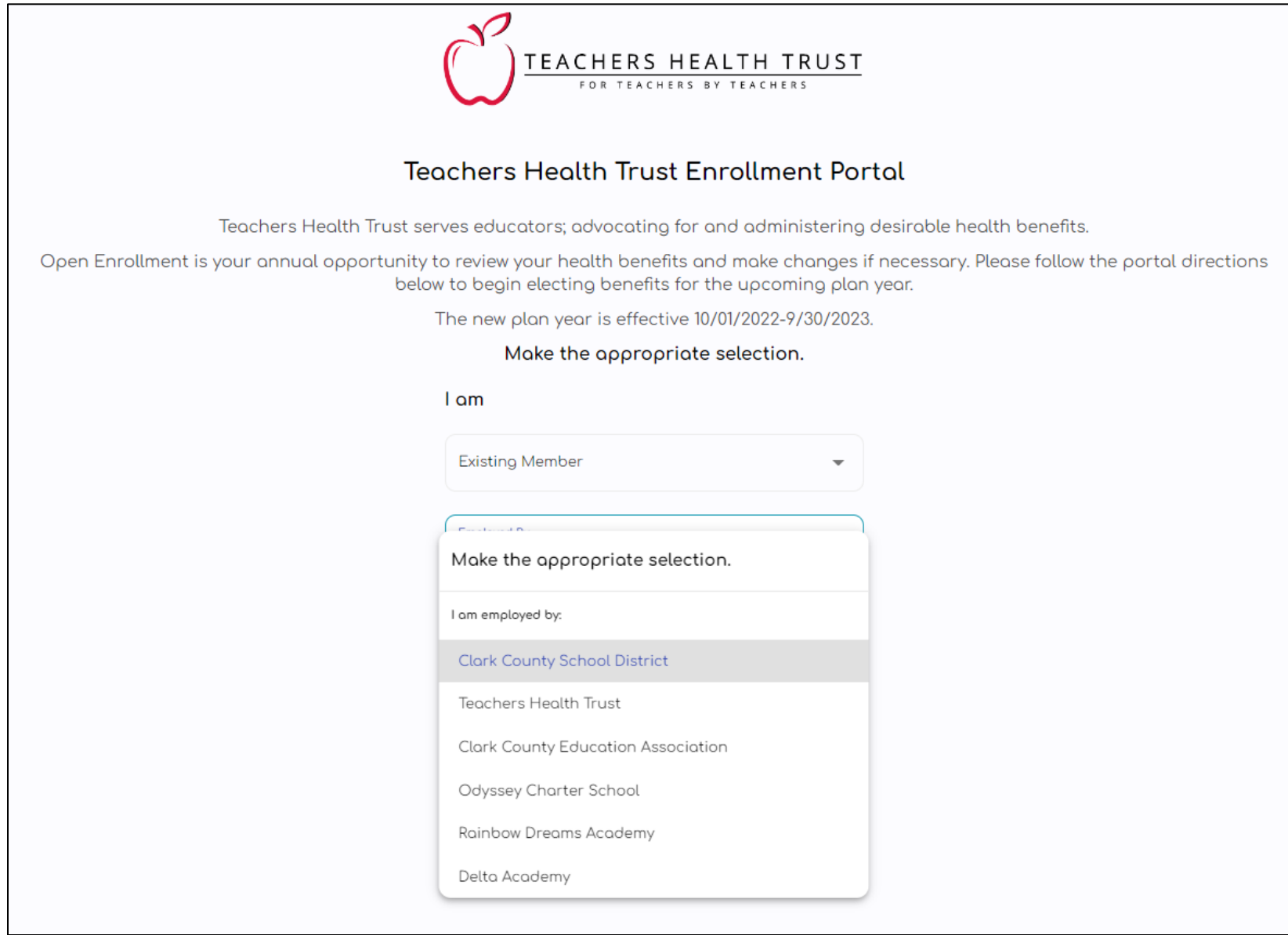
Retired

On COBRA

Select this member type...	If you are...
New Hire	Not currently and have not been enrolled in a THT plan
Existing Member	An eligible employee currently enrolled in a THT plan
Retired	No longer an active employee and enrolled in a THT retiree plan
On COBRA	No longer an active employee but enrolled in a COBRA plan

Enrollment Portal Guide

Click on the drop-down box and select your employer.




The screenshot displays the Teachers Health Trust Enrollment Portal. At the top center is the logo, which consists of a red apple icon to the left of the text "TEACHERS HEALTH TRUST" in a bold, sans-serif font. Below this text is the tagline "FOR TEACHERS BY TEACHERS" in a smaller, all-caps font. Below the logo, the page title "Teachers Health Trust Enrollment Portal" is centered. Underneath the title, there are three paragraphs of text: "Teachers Health Trust serves educators; advocating for and administering desirable health benefits.", "Open Enrollment is your annual opportunity to review your health benefits and make changes if necessary. Please follow the portal directions below to begin electing benefits for the upcoming plan year.", and "The new plan year is effective 10/01/2022-9/30/2023." Below these paragraphs, the instruction "Make the appropriate selection." is centered. This is followed by the label "I am" and a dropdown menu currently showing "Existing Member". Below the dropdown menu, a second instruction "Make the appropriate selection." is centered. Underneath this, the label "I am employed by:" is followed by a list of employer options. The first option, "Clark County School District", is highlighted with a grey background. The other options listed are "Teachers Health Trust", "Clark County Education Association", "Odyssey Charter School", "Rainbow Dreams Academy", and "Delta Academy".

Enrollment Portal Guide

Member Verification

Enter the information for the primary member.



TEACHERS HEALTH TRUST
FOR TEACHERS BY TEACHERS

Step 1/6
Member Verification

Information icons: i, people, shield, heart, star

Please enter the information below for the subscriber (primary member) only.

<p>Last Name *</p> <input type="text" value="Smith"/>	<p>SSN *</p> <input type="text" value="....."/>	<p>Date of Birth</p> <input type="text" value="03/13/1971"/>
-------------------------------------------------------	-------------------------------------------------	--------------------------------------------------------------

User Authentication

For security purposes, you will need to verify your identity each time you enter the portal

If you need further assistance, or you are an existing member who is not recognized by the system/wrong email, please email us at enroll@ththealth.org. It may take up to 2 business days to return your email.

If you are trying to access the system between 8:00 a.m. – 4:30 p.m., Monday-Friday, you can call us at 702-794-0272, Option 8 for assistance.

By checking this box, you are agreeing and acknowledging that the information updated above is valid.

Enrollment Portal Guide

Click on Get auth code to receive your unique authentication code via email. If you exceed the time limit to enter your code, please click on Get auth code again to request a new code.

Step 1/6
Member Verification

Please enter the information below for the subscriber (primary member) only.

Last Name *
Smith

SSN *
.....

Date of Birth
03/13/1971

Details verified successfully

User Authentication 2:38

For security purposes, you will need to verify your identity each time you enter the portal

Get auth code Enter auth code Submit

The Authorization code has been sent to the your Email address t*****r@g*****m **Email Hint**

If you need further assistance, or you are an existing member who is not recognized by the system/wrong email, please email us at enroll@ththealth.org. It may take up to 2 business days to return your email.

If you are trying to access the system between 8:00 a.m. – 4:30 p.m., Monday-Friday, you can call us at 702-794-0272, Option 8 for assistance.

By checking this box, you are agreeing and acknowledging that the information updated above is valid.

Next →

Enrollment Portal Guide

Click on Submit. If the information is entered correctly, select the checkmark acknowledgement box in the bottom-left corner and then click on the purple Next button to proceed.

Step 1/6
Member Verification

Please enter the information below for the subscriber (primary member) only.

Last Name * SSN * Date of Birth

Details verified successfully

User Authentication

For security purposes, you will need to verify your identity each time you enter the portal

 Authentication code verified successfully

The Authorization code has been sent to the your Email address t*****r@g*****m

If you need further assistance, or you are an existing member who is not recognized by the system/wrong email, please email us at enroll@ththealth.org. It may take up to 2 business days to return your email.

If you are trying to access the system between 8:00 a.m. – 4:30 p.m., Monday-Friday, you can call us at 702-794-0272, Option 8 for assistance.

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Enrollment Portal Guide

Demographic Information

Verify the information on the screen. Click on the Edit your information button if you want to make any changes. (Please note: Certain fields cannot be edited).

Select the checkmark acknowledgement box in the bottom-left corner and then click on the Next button to proceed.

The screenshot shows a web form titled "Step 2/6 Member Information". The form is organized into a grid of input fields. At the top, there is a navigation bar with a search icon, a purple "Step 2/6 Member Information" header, and several icons representing different sections. The form fields are as follows:

Prefix	First Name * Laura	Middle Name
Last Name * Smith	Suffix	Gender * Female
Date of Birth 03/13/1971	Age 51	SSN 587-96-4423
Address Line 2950 E. Rochelle Ave.	Address Line 2	Zip Code 89121
City LAS VEGAS	State NV	Work Email thtenrolluser@gmail.com
Personal Email	Additional Email	Preferred Email for Communication
Mobile Number * 7027940272	Phone Number 7027940272	Preferred Mode of Contact
Hire Date 08/03/2006		

At the bottom of the form, there is a text prompt: "If you would like to make any changes on this information, please do so here." To the right of this text is a button labeled "Edit your information" with a pencil icon, which is highlighted with a red rectangular box. Below the text prompt is a checkbox with the text: "By checking this box, you are agreeing and acknowledging that the information updated above is valid." At the bottom right of the form, there are two buttons: "← Back" and "Next →".

Enrollment Portal Guide

Dependent Information

Removing a dependent

On this screen you will see the list of dependents (if applicable) that are currently covered under your health benefit plan. To remove current dependents on your plan, click on **Delete** next to the appropriate dependent under the action column.

Step 3/6
Dependent Verification

Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The [benefit guide](#) explains eligibility requirements for qualifying dependents. [Click](#) here to see supported legal document options.

Dependent

Relationship	First name	Last name	Gender	Birthdate	Action
Spouse	Donald	Duck	male	01-01-1970	Edit Upload Documents Delete

[+ Add Dependent](#)

By checking this box, you are agreeing and acknowledging that the information updated above is valid.

[← Back](#) [Next →](#)

Enrollment Portal Guide

Adding a spouse dependent

Click on the Add Dependent button. Select the appropriate dependent type from the drop-down menu.

Dependent

Relationship	First name	Last name	Gender	Birthdate	Action
Spouse	Donald	Duck	male	01-01-1970	Edit Upload Documents

+ Add Dependent

By checking this box, you are agreeing and acknowledging that the information updated above is valid.

[← Back](#)

Add Dependent

Some question about dependent ?

Dependent Type *
--Select--
Spouse
Domestic Partner
Child

Last Name *
First Name *
Middle name
Suffix
Date of Birth
Age
Gender *
--Select--
SSN *
Does dependent reside with you? *
--Select--

Submit all →

Enrollment Portal Guide

- Select None of the above if your partner is not an employee by one of the groups listed below. Continue to page 13.
- If your spouse or domestic partner is an eligible employee for THT benefits from one of the groups below, this qualifies you and your partner for the dual district benefit. Continue to the next page.

Step 3/6
Dependent Verification

Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The

Add Dependent

Some question about dependent ?

Dependent Type *
Spouse

Prefix
--Select--

Last Name *

Date of Birth

Does dependent reside with you? *
--Select--

Middle name

Gender *
--Select--

SSN *

Is your Spouse employed by *
Clark County School District
Teachers Health Trust
Clark County Education Association
Odyssey Charter School
Rainbow Dreams Academy
Delta Academy
None of the above

Submit all →

Enrollment Portal Guide

Dual District Enrollment

- Select your partner's employer
- Enter your partner's demographic information
- Your partner's information will need to be provided in order to verify eligibility and the Dual District Form must be completed and uploaded. Click on the [Download Form](#) to get the Dual District Form.


Add Dependent ✕

Some question about dependent ?

Dependent Type * ▼ Is you Spouse employed by * ▼

Prefix ▼ First Name * Middle name

Last Name * Suffix Gender * ▼

Date of Birth  Age SSN *

Does dependent reside with you? * ▼

Enrollment Portal Guide

Enter your partners demographic information and confirm their residence address. Click on Submit all when done.

Step 3/6
Dependent Verification

Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The

Add Dependent

[Some question about dependent ?](#)

Dependent Type *
Spouse

Is your Spouse employed by *
None of the above

Prefix
--Select--

First Name *
Donald

Middle name

Last Name *
Duck

Suffix

Gender *
Male

Date of Birth
01/01/1970

Age
52

SSN *
123-55-6654

Does dependent reside with you? *
Yes

Submit all →

Enrollment Portal Guide

-Upload a copy of your supported legal document.

-Select the appropriate document type.

*You will not be able to proceed with enrollment unless this document is uploaded. If you do not have it ready, please close out of the Enrollment Portal and return a later time.

The image shows a screenshot of the Enrollment Portal interface. At the top, there is a navigation bar with a search icon, an information icon, and a tab labeled "Step 3/6 Dependent Verification". Below this, the main content area displays instructions: "Review your dependents below. To add a new dependent, click on the [benefit guide](#) explains eligibility requirements for qualifying dependents. [Click](#) here to see supported legal document options." Below the instructions, there is a section titled "Dependent" with a table. A modal window titled "Dependent Documents" is overlaid on the page, displaying the text: "Upload Supporting Legal Documentation (PDF, JPEG, JPG, PNG) Please note supporting legal documentation must be provided to Teachers Health Trust within 30 days of enrollment." The modal includes a "Document Type *" dropdown menu with a list of options: "Copy of Marriage Certificate NOT Marriage...", "2-CCSD form", and "Name Change - Marriage certificate, driver'...". There is also a "Path" input field and an "Upload" button. A red error message box is also visible, stating: "You must upload supporting legal document(s) to add a dependent" with an "OK" button.

Enrollment Portal Guide



Step 3/6
Dependent Verification

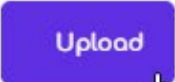
Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The [benefit guide](#) explains eligibility requirements for qualifying dependents. [Click](#) here to see supported legal document options.

Dependent

Dependent Documents

Upload Supporting Legal Documentation (PDF, JPEG, JPG, PNG) Please note supporting legal documentation must be provided to Teachers Health Trust within 30 days of enrollment.

Document Type *
Copy of Marriage Certifi...  [Choose File](#) Test Marriage Certificate.pdf 



Type	Path
------	------

Enrollment Portal Guide

Once you have uploaded all required documents, click on the “X” to exit the document upload screen.

Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The [benefit guide](#) explains eligibility requirements for qualifying dependents. [Click](#) here to see supported legal document options.

Dependent

Dependent Documents ✕

Upload Supporting Legal Documentation (PDF, JPEG, JPG, PNG) Please note supporting legal documentation must be provided to Teachers Health Trust within 30 days of enrollment.

Document Type * ▾ [Choose File](#) Upload

Type	Path	
Copy of Marriage Certificate NOT Marriage License. *If foreign country, a translation must accompany the marriage certificate	/storage/uploads/1659484038_Test Marriage Certificate.pdf	🗑️ Delete

Enrollment Portal Guide

Adding a child dependent

Click on the Add Dependent button. Select the appropriate dependent type from the drop-down menu.

Add Dependent X

[Some question about dependent?](#)

Dependent Type *

Disability *

Please note children above 26 years of age will lose coverage at the end of their birth month unless the child is disabled

Prefix

First Name *

Middle name

Last Name *

Suffix

Gender *

Date of Birth

Age

SSN *

Does dependent reside with you? *

Enrollment Portal Guide

-Enter your child's demographic information.

-If your child does not reside with you, for example a college-student, please provide their residence address so they may receive the in-area benefit. **If we do not obtain the correct address and they utilize benefits outside of Clark County, high co-pays/co-insurance may apply.**

Add Dependent ✕

Some question about dependent ?

Dependent Type *

Disability *

Please note children above 26 years of age will lose coverage at the end of their birth month unless the child is disabled

Prefix <input type="text" value="--Select--"/>	First Name * <input type="text" value="Donnie"/>	Middle name <input type="text"/>
Last Name * <input type="text" value="Duck"/>	Suffix <input type="text"/>	Gender * <input type="text" value="Male"/>
Date of Birth <input type="text" value="12/25/2001"/>	Age <input type="text" value="20"/>	SSN * <input type="text" value="987-45-9876"/>

Does dependent reside with you? *

- Yes
- No

Enrollment Portal Guide

Mark the appropriate selection in the Disability box. If your child is 26+ years old and disabled, they can remain a dependent under your plan.

Step 3/6

Add Dependent

Some question about dependent ?

Dependent Type *
Child

Disability *
--Select--

Please note children above 26 years of age will lose coverage at the end of their birth month unless the child is disabled

Prefix
--Select--

First Name *
Donnie

Middle name

Last Name *
Duck

Suffix

Gender *
Male

Date of Birth
12/25/2001

Age
20

SSN *
987-45-9876

Does dependent reside with you? *
No

Address Line *
123 Disney Way

Zip Code *
92801

City *
ANAHEIM

State *
CA

Submit all →

Enrollment Portal Guide

-Upload a copy of your supported legal document.

-Select the appropriate document type.

*You will not be able to proceed with enrollment unless this document is uploaded. If you do not have it ready, please close out of the Enrollment Portal and return a later time.

The image shows a screenshot of the Enrollment Portal's 'Dependent Verification' step (Step 3/6). The page header includes a search icon, an information icon, and the step title. The main content area contains instructions to review dependents and add a new one, with a link to a 'benefit guide'. Below this is a 'Dependent' section with a table. A modal window titled 'Dependent Documents' is open, showing instructions to upload supporting legal documentation (PDF, JPEG, JPG, PNG) within 30 days. The modal includes a 'Document Type' dropdown menu with three options: 'Copy of certified birth certificate *If foreign ...', 'Disability form signed by a doctor', and 'Adoption / Appointment Of Guardianship - ...'. A tooltip is visible over the first option, stating: 'Copy of certified birth certificate *If foreign country, a translation must accompany the birth certificate'. An 'Upload' button is present in the modal. A red error message box is overlaid on the modal, stating: 'You must upload supporting legal document(s) to add a dependent' with an 'OK' button. The background page also shows a 'Back' and 'Next' navigation bar.

Enrollment Portal Guide

- Click on [Choose File](#) to bring up the file selection screen.
- You will see the file name once the file is appropriately selected.
- Click on Upload to add the file to the dependent

The screenshot shows the 'Step 3/6 Dependent Verification' section of an enrollment portal. It includes a navigation bar with search, info, and help icons. Below the bar, there is instructional text about adding dependents and a link to a benefit guide. A 'Dependent' table is partially visible. A modal window titled 'Dependent Documents' is open, containing instructions to upload supporting legal documentation. The modal features a 'Document Type' dropdown menu, a 'Choose File' button, a file name 'Test Birth Certificate.pdf', and an 'Upload' button. Below the modal, a table with columns 'Type' and 'Path' is visible.

Step 3/6
Dependent Verification

Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The [benefit guide](#) explains eligibility requirements for qualifying dependents. [Click](#) here to see supported legal document options.

Dependent

Dependent Documents [X]

Upload Supporting Legal Documentation (PDF, JPEG, JPG, PNG) Please note supporting legal documentation must be provided to Teachers Health Trust within 30 days of enrollment.

Document Type *
Copy of certified birth c... [Choose File] Test Birth Certificate.pdf [X] [Upload]

Type	Path
------	------

Enrollment Portal Guide

-Once you have uploaded all required documents, click on the “X” to exit the document upload screen.

The screenshot shows the 'Step 3/6 Dependent Verification' screen. At the top, there is a navigation bar with icons for search, information, a family icon (active), a shield, a heart, and a plus sign. Below the navigation bar, a text block instructs the user to review dependents and provides links for a 'benefit guide' and supported legal document options. A 'Dependent' section is visible, followed by a 'Dependent Documents' modal window. This modal has a title bar with a close button (X), a subtitle 'Upload Supporting Legal Documentation (PDF, JPEG, JPG, PNG) Please note supporting legal documentation must be provided to Teachers Health Trust within 30 days of enrollment.', a 'Document Type *' dropdown menu, a 'Choose File' button with an upload icon, and an 'Upload' button. Below these controls is a table with three columns: 'Type', 'Path', and an action column. One document is listed: 'Copy of certified birth certificate *If foreign country, a translation must accompany the birth certificate' with the path '/storage/uploads/1659484494_Test Birth Certificate.pdf' and a 'Delete' button.

Step 3/6
Dependent Verification

Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The [benefit guide](#) explains eligibility requirements for qualifying dependents. [Click](#) here to see supported legal document options.

Dependent

Dependent Documents ✕


Upload Supporting Legal Documentation (PDF, JPEG, JPG, PNG) Please note supporting legal documentation must be provided to Teachers Health Trust within 30 days of enrollment.

Document Type * ⬇ ⬆ [Choose File](#) Upload

Type	Path	
Copy of certified birth certificate *If foreign country, a translation must accompany the birth certificate	/storage/uploads/1659484494_Test Birth Certificate.pdf	🗑 Delete

Enrollment Portal Guide

- Once you have completed adding your dependents, the complete list of dependents to be covered under your healthplan for the 10/01/2022-9/30/2023 plan year.
- Select the checkmark acknowledgement box in the bottom-left corner and then click on Next to proceed.

🔍 ℹ️  Step 3/6
Dependent Verification 🛡️ 👤 🗨️

Review your dependents below. To add a new dependent, click on the Add Dependent button and follow the steps. The [benefit guide](#) explains eligibility requirements for qualifying dependents. [Click](#) here to see supported legal document options.

Dependent

Relationship	First name	Last name	Gender	Birthdate	Action
Spouse	Donald	Duck	male	01-01-1970	Edit Upload Documents Delete
Child	Donnie	Duck	male	12-25-2001	Edit Upload Documents Delete
Child	Donna	Duck	female	07-16-2010	Edit Upload Documents Delete

+ Add Dependent

By checking this box, you are agreeing and acknowledging that the information updated above is valid.

← Back Next →

Enrollment Portal Guide

Coverage Selection/Waive

Make the appropriate selection.

Step 4/6
Coverage Selection

Plan Review [Which plan is better for me?](#)

Continue to choose my health benefits.

If you are wishing to waive coverage, please read the options below carefully.

Waive my medical benefits but enroll me into the **Spousal/Domestic Partner Supplement Plan**. This plan reimburses all out-of-pocket costs, such as copay and coinsurances, for me and dependents (if any) receiving medical and pharmacy benefits through their partner's employer. This is a bundled benefit package which includes Dental, Vision, and Life Insurance.
To be eligible:
You must have had medical coverage with Teachers Health Trust for at least 12 months. You (and dependents) must enroll or be enrolled in a medical and pharmacy plan through your partner's employer.
(Should you elect this plan, this will be considered a life event which qualifies you to enroll on your spouse's plan outside of their open enrollment period.)

Waive my medical benefits but enroll me into the **Hospital Supplement Plan**. This plan reimburses every day of overnight inpatient hospitalization up to \$260 per day or for each 24-hours of observations for which room and board is charged with a lifetime maximum of 365 days. This is a bundled benefit package which includes Dental, Vision, and Life Insurance.
To be eligible:
You must be enrolled as Employee Only. Dependents are not eligible for this plan.







Click [here](#) to review hospital supplement plan

I elect to **WAIVE** all medical and supplemental coverage. I will only have a life insurance benefit through Teachers Health Trust.

← Back Next →

Enrollment Portal Guide

- The green box around the plan choices are defaulted to the plan you are currently enrolled in.
- Make the appropriate selection.

Step 4/6
Coverage Selection

Medical Coverage

Advantage QHDHP

The Advantage Plan is a High Deductible Health Plan (HDHP). This means that you are responsible for all medical costs until you reach your yearly deductible. High-deductible health plans have lower premiums, and you can use a Health Savings Account (HSA) which is a tax benefit.

This plan might be right for you if:
You're healthy and rarely seek medical care for illness or injury.
You can afford to pay your deductible upfront or within 30 days of receiving a bill for that amount if a surprise medical expense comes up.

[Review the Advantage QHDHP](#)

**Selected Plan ✓
Signature PPO**

The Signature PPO Plan provides more flexibility when picking a doctor or hospital. PPO's have higher premiums but have set out-of-pocket cost in the way of a copay.

This plan might be right for you if:
You seek care often, is managing a chronic condition, or has a large family.
You prefer set copays at the time of service.

[Review the Signature PPO](#)

Enrollment Portal Guide

Make the appropriate dental coverage choice

The Cigna Dental DPPO plan will incur an additional premium

Dental Coverage

Selected Plan ✓
DHMO-CIGNA DENTAL CARE PLAN

The Dental HMO Plan has a large nationwide network of providers. Rich benefits include: no plan year maximum, no deductible, one treatment per lifetime for orthodontia with no maximum for adults and children, and no age limits on sealants. After you enroll in the Cigna Dental Care Plan, you will receive notification from Cigna requiring you to select a contracted general dentist

[Review the DHMO-CIGNA DENTAL CARE PLAN](#)

DPPO-CIGNA DENTAL PPO

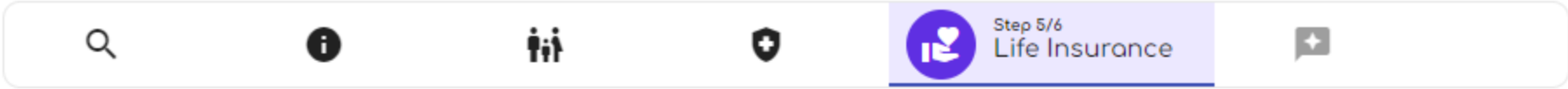
The Dental PPO Plan offers in- and out-of-network benefits, allowing you to pay less out of pocket when you choose an in-network provider. With this plan there is no deductible, an orthodontia lifetime maximum of \$1,000 up to age 19, and a calendar year benefits maximum of \$1,500.

[Review the DPPO-CIGNA DENTAL PPO](#)

 Selected Plan ✓
VSP VISION PLAN

Enrollment Portal Guide

- If you are a CCSD employee, you will need to enter you Life Insurance beneficiaries in HCM.
- All other eligible employees will be able to add beneficiaries similarly to adding a dependent.
- Select the checkmark acknowledgement box in the bottom-left corner and then click on Next to proceed.



Teachers Health Trust provides a \$50,000 basic life insurance benefit to all Active Educators at no cost through Lincoln Financial Group. For additional information, please visit <https://www.ththealth.org/life>

CCSD Employees must add/make updates to beneficiaries in their PeopleSoft-HCM Portal. Please visit the portal [here](#).

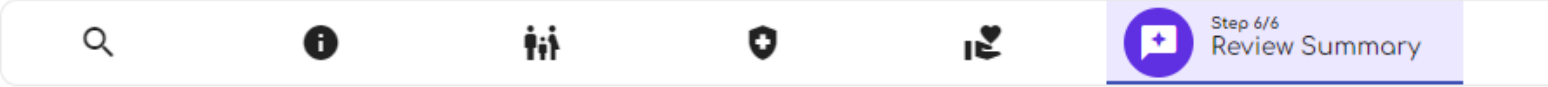
By checking this box, you are agreeing and acknowledging that the information updated above is valid.

[← Back](#) Next →

Enrollment Portal Guide

Review Enrollment

Carefully review all the information you have provided and selections you have made. If you have made mistakes, there is an option to edit any information and selections. You will **NOT** be able to re-enter the portal and make changes once your enrollment has been submitted.



Member information

Prefix	First Name Laura	Middle Name	Last name Smith	Suffix
Gender female	Date of birth 03-13-1971	Age 51	SSN 587-96-4423	
Address Line 1 2950 E. Rochelle Ave.	Address Line 2	Zip Code 89121	City LAS VEGAS	State NV
Work Email thtenrolluser@gmail.com	Personal Email	Preferred Email for Communication	Mobile phone number 7027940272	Contact number 7027940272
Preferred mode of Contact Phone	Hire date 08-03-2006			

Edit

Enrollment Portal Guide

Submit Enrollment

- Confirm your selections where indicated. You must confirm these selections in order to submit your enrollment.
- Select the checkmark acknowledgement box in the bottom-left corner and then click on Submit to finalize your enrollment.

Dependent details

Confirm Information

Coverage Selection

Medical Coverage

Previous Plan	Current Plan (added new Plan) ✓ Signature PPO
---------------	--------------------------------------------------

Dental Coverage

Previous Plan DPPO-CIGNA DENTAL PPO	Current Plan (added new Plan) ✓ DHMO-CIGNA DENTAL CARE PLAN
----------------------------------------	----------------------------------------------------------------

Vision Coverage

Previous Plan	Current Plan (added new Plan) ✓ VSP VISION PLAN
---------------	----------------------------------------------------

Life insurance

In order to opt for Life Insurance or to make any changes to the existing plan, please visit HCM Portal [here](#)

Premium information

Premium Amount: \$245

Effective date: 10/01/2022

Through date: 9/30/2023

Disclaimer: Premium could change based on verification of spousal status

Payment Type: (Per paycheck)

By checking this box, you are agreeing and acknowledging that the information updated above is valid.