

BENEFITS OPEN ENROLLMENT 101

WHAT IS OPEN ENROLLMENT?

Open enrollment is a specified time each year when Team Members can enroll in insurance and other plans or make changes to plans in which they are currently enrolled. Open enrollment occurs each year in early May. Once the open enrollment period is over, Team Members must wait until the following year's open enrollment to enroll or make changes unless they have a qualifying life event such as marriage, birth of child, or loss of coverage.

WHAT IS PLANSOURCE?

PlanSource is the administrator of the Westgate medical plans. The PlanSource website is the platform in which Team Members enroll in Benefits, see projected payroll deductions for their elections, and view plan documents and other information.

www.benefits.plansource.com

WHAT IS UMR?

UMR is a United Healthcare company, and their role is to ensure insurance claims are paid correctly, per your enrolled benefits plan. UMR also administers the Westgate Wellness program. Westgate Team Members use the UMR portal for activities such as submitting or reviewing insurance claims and completing their clinical health risk assessment.

www.umar.com

WHAT IS HEALTHSCOPE?

HealthSCOPE is a United Healthcare company whose role is to ensure insurance claims are paid correctly for the HealthSCOPE plan.

www.healthscopebenefits.com

WHAT IS QUANTUM HEALTH?

A personal team of nurses, benefits experts, and claims specialists who will do whatever it takes to support our Team Member's unique healthcare needs. They are the ONE resource to contact whenever you need help with your healthcare or benefits.

www.mywestgatebenefits.com

WHAT DOCUMENTATION IS NECESSARY WHEN ADDING COVERAGE FOR A FAMILY MEMBER?

The marriage, birth, or adoption certificate must be provided to Team Member Services within 30 days of the effective date of coverage. Coverage will not start until the documentation has been approved by an administrator.

IMPORTANT CONSIDERATIONS WHEN ENROLLING

- **Deductible** – A deductible is the amount you owe for healthcare services before your plan begins to pay. For example, if your deductible is \$1,000 you may need to pay that amount out of pocket, before your insurance covers any portion.
- **Co-payment** – A co-payment is a fixed amount (for example, \$20) you pay for a covered healthcare service, usually when you receive the service. The amount can vary by the type of covered health care service such as a primary care versus a specialist visit.
- **Co-insurance** – Co-insurance is your portion of costs of a covered healthcare service, calculated by a percentage. For instance, if you've met your deductible and your coinsurance responsibility is 20%, you would pay \$20 for a \$100 service.
- **Out-of-pocket Limit** – The out-of-pocket limit is the most that you are responsible for paying during the plan year before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care insurance your plan doesn't cover.
- **Balance Billing** – When a provider bills you for the difference between the provider's charge and the allowed amount per the plan. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30.
- **Network** – The network is the facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

ENROLLMENT TIPS

- Ensure your contact information is accurate in ADP (mailing address, email address, phone number)
- Review your beneficiary information in PlanSource for your free life insurance coverage and in TransAmerica for your 401(k).
- After submitting your enrollment, print or email it to yourself and keep it for your records.

ADDITIONAL INFORMATION

For additional information about your benefits, please refer to the Documents tab within PlanSource. Please contact the Benefits Department at Benefits@wgresorts.com or Team Member Services with any questions.