

# ENROLLING IS EASY

Company Key: prospect

## Get started

Visit [www.benefitsolver.com](http://www.benefitsolver.com) and login by entering your user name and password. If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is **prospect** (note: it's case sensitive).

## Forgot your password?

1. Visit [www.benefitsolver.com](http://www.benefitsolver.com) and click on the 'Forgot your password?' link.
2. Enter your social security number, company key and date of birth.
3. Answer your security phrase.
4. Enter and confirm your new password, then click 'Continue' to return to this page and login.

## Begin enrollment

Click 'Start Here' and follow the instructions to enroll in your benefits or waive coverage.

You must make your elections by the deadline located to the left of the 'Start Here' button.

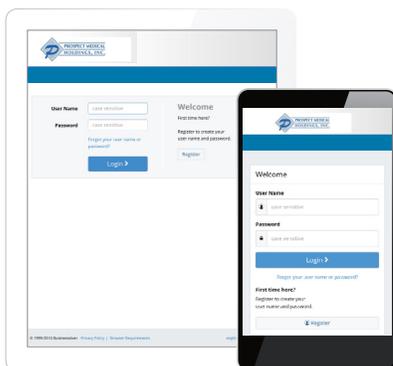
## Wondering what something means?

View the online glossary in the 'Reference Center.'

## Want to review your current plan?

You have year-round access to your benefit summary and specific benefit elections at [www.benefitsolver.com](http://www.benefitsolver.com).

1. Click 'Benefits Summary'.
2. Review your current plan.



## SCAN & ENROLL

Enroll in your benefits from your mobile device. Visit [www.benefitsolver.com](http://www.benefitsolver.com) or simply scan this QR code and tap your way through your elections. If you don't already have a QR code reader on your smart phone or tablet, download one from your device's app store.



Please make your Medical election.

**Definition of tobacco use:** Tobacco products include cigarettes, cigars, chewing or pipe tobacco, any other tobacco products, and electronic cigarettes that include nicotine, regardless of the frequency or method of use.

**IMPORTANT:** Information regarding other health coverage will be requested if you are enrolling dependents in the Prospect Medical Holdings sponsored health plans. This information is used to coordinate benefit payments when a member is covered under multiple health plans. Failure to provide the information may cause a delay in claims processing.

I Want Coverage  Waive Coverage

Select your plan Your Cost Bi-Weekly

Plan Pricing	Cost
Employee Only	\$89.13
Employee and Spouse	\$167.61
Employee and Children	\$160.38
Family	\$215.32

## Make your elections

Review your options as you walk through the enrollment process. Click 'Select' on the plan(s) you choose. Track your choices along the enrollment bar which updates with your total cost.

If you have any questions as you go through enrollment you may refer to the 'Reference Center' tools. They can also help you make the correct elections.

Election Information Show All Details Costs are Bi-Weekly

My Health	Coverage	Employer Cost	Employee Cost	Actions
BCBS Limited PPO Pending Approval Show Details	Employee Only	\$172.36	\$66.05	<input type="button" value="Edit"/>
Delta Dental Standard PPO Pending Approval Show Details	Employee Only		\$1.74	<input type="button" value="Edit"/>
Vision - Coverage Waived			\$0.00	<input type="button" value="Edit"/>
My Savings				
Healthcare Flexible Spending Account - Coverage			\$0.00	<input type="button" value="Edit"/>
Dependent Care Flexible Spending Account - Coverage			\$0.00	<input type="button" value="Edit"/>
My Security				
Employee Assistance Program Show Details			\$0.00	<input type="button" value="Edit"/>
Optional Life - Coverage Waived			\$0.00	<input type="button" value="Edit"/>
Optional AD&D - Coverage Waived			\$0.00	<input type="button" value="Edit"/>
Optional Spouse Life - Coverage Waived			\$0.00	<input type="button" value="Edit"/>

**Confirmation**

By selecting "I Agree" you have confirmed your benefit elections for the current plan year of January 1 through December 31.

By selecting "I Agree" I hereby apply for or decline coverage under the group insurance plan(s) I have indicated. I authorize deductions from my wages to cover any contributions. If required, I warrant the cost of my insurance benefits. I certify that the information I have provided is true and correct.

By selecting "I Disagree" your changes will not be submitted.

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not eligible and not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations based on the benefit election options and rate of election. To verify actual amounts and/or deduction amounts, please contact your benefits administrator.

I Disagree  I Agree

**Total Employee Cost: \$67.79** Bi-Weekly

## Review your elections

Review, edit and approve your personal information, elections, dependents and total cost.

## Approve

Once you have reviewed your elections and they are accurate, click 'Approve'.

## Confirm your choices

Your enrollment isn't complete until you confirm your benefit elections.

Thank You!

Transaction Complete

**You are not quite done yet!** You are currently in Annual Enrollment and may need to make additional changes to next year's elections. Examples of these changes may include:

- Flexible Spending and Dependent Care Reimbursement accounts are calendar year benefits, you may need to re-enroll if you wish to continue your contributions;

Please Update Future Elections to review your Annual Enrollment elections.

Confirmation Number  
**606-69-36-541**

## Print

Print your election information and confirmation number for future reference.

# MAKE MID-YEAR CHANGES

The benefit elections you make will remain in effect until the end of the plan year, unless you are affected by one of these life changing events:

- Getting married or divorced,
- A change in job status (for you or an enrolled dependent), or
- Having a baby or adopting a child.

If you experience any of these qualifying events, you must provide the required supporting documentation and make changes within **31 days** of the event.

1. Login to [www.benefitsolver.com](http://www.benefitsolver.com).
2. Click on the 'Start Here' button to change your benefits or your basic information.
3. Select the life event button and make your changes.

Questions?  
If you have any questions during your Enrollment - please contact your HR admin.

Welcome to the Prospect Medical Holdings Benefits Site

Profile | Benefit Summary | Change My Benefits | Personal Documents

MyChoice Mobile App  
Get Access Code

To Do  
2018 Open Enrollment

Enroll as Easy as 1-2-3  
ANDREA, welcome to your one-stop for all your benefits-related needs!  
Enrolling in your benefits is simple and valuable time spent.

Reason for Change

Search Reasons for Change

Select the reason for change that applies and enter the date of the event.

- ENROLLMENT  
Examples: New Hire Enrollment, Open Enrollment
- BASIC INFO  
Examples: Change of address, Change of beneficiary
- LIFE EVENT  
Examples: Marriage/Divorce, Birth/Death