

р	y ur	t r	t	r w	s r	r	ХS	
r	mm				t		_ us	y u
t		SSW	r					
I	t					utt		

Benefit eligible employees may enroll themselves and their family members, in the following benefit plans: Medical, Dental, Vision, Medical Flex Cash, Dental Flex Cash, Flexible Spending Health (HCRA) and Flexible Spending Dependent (DCRA). Benefit Enrollments MUST be initiated within 60 days of hire.

```
s I tt
    s
                                   ts
s t
                          t y ur urr t
 s t
       rp w lstt
                    l t
 r
                       utt
         yur rll
                                      ts
        y u must s I t
                                   r m t
         rp w lst
        Eligible employees may wish to decline
        medical coverage and enroll in Flex
        Cash. I s r v w t I x s I
           um \ t \ r \ rm \ t \ r \ r
        I Ity
                    r II
                               llx s
                s I tt
                      utt
                  trt
```

plan holder

```
It
r r utt
yurrll tlts
yumusts It rmt
rpwlst
```

Delta Care USA Enhanced enrollees are required to identify a Primary Office ID Number, use the <u>Select a</u>

<u>Provider</u> to ensure you're providing the correct information.

Eligible employees may wish to decline dental coverage and enroll in Flex Cash.

```
Isrvwt IxsI
um trrmtrr
Ity
rII tllxs
sltt
r utt
trt
```

plan holder

```
ut m t lly r ll t mpl y swll
ut m t lly r ll t mpl y r p s
pl mpl y s v t pt r ll
t r m um l w v lv s m t ly
pr m um r ll t r m um l
pl s v s t ___w s t
```

7. Health Care
Reimbursement Account (HCRA is a voluntary
benefit plan which allows you to pay eligible outof-pocket medical and dental expenses with pretax dollars for yourself and your dependents.
Annual re-enrollment during Open Enrollment is
required.

```
It yprl
trttl trut
```

8. Dependent Care
Reimbursement Account (DCRA is a voluntary
benefit plan which allows you to pay day care
expenses for children under 13, an incapacitated
spouse or other dependent adult that lives with
you. Annual re-enrollment during Open
Enrollment is required.

```
l t yprl
```

```
t rt t l
                         tr ut
              l t
yp rl
        t rt
                              t
        р
        l tt
            x rus t
       yprl t pr v
                     urr t
        l tt
            xr tr
                         um r t xt
                     tswll pp r lst
               l t
                     rmt rp
               w 1st rrlv tpl s
     Continue
 v w
                         v rv w
 v w
                       yr qur
                Iz I t s
        r rt
 tryu vr t
sttm tpl sppultt
                           Х
 v wt
      st t m t
                      sumt I t
      r qu st
                      t rv wpr
              r r
        sol vs pl s
      r r t t umm ryp
```

Details regarding Life Events and qualified Family Status Changes can be found <u>here</u>. Similar to that of your initial enrollment, all Life Events/Family Status Changes MUST be reported within 60 days of the event.

```
s sltt t
```