

Employee Benefit Guide

2024



This guide is intended to be a brief, illustrative tool to help you navigate your benefit options. Please review and complete benefit summary documents and eligibility requirements located on the Decisely enrollment portal.

ANGLICAN CHURCH
IN NORTH  AMERICA



Medical PPO Plans

Plan Name		\$7500 Ded HSA \$7500 OOP	\$5000 Ded HSA \$6500 OOP	\$0 Ded \$8500 OOP	\$0 Ded \$6000 OOP
		In Network	In Network	In Network	In Network
Invoices are generated monthly and delivered via	Individual Deductible	\$7,500	\$5,000	\$0	\$0
	Family Deductible	\$15,000	\$10,000	\$0	\$0
	Individual OOPM	\$7,500	\$6,500	\$8,500	\$6,000
	Family OOPM	\$15,000	\$13,000	\$17,000	\$12,000
Office Visits	Primary Care	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	Specialist	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	Mental Health	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	Urgent Care	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	Preventive Care	No Cost	No Cost	No Cost	No Cost
Pharmacy	RX Tier 1 Generic	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	RX Tier 2 Brand Preferred	No Charge After Deductible	20% After Deductible	\$75	\$75
	RX Tier 3 Brand Non Preferred	No Charge After Deductible	20% After Deductible	\$100	\$100
	RX Tier 4 Specialty RX	No Charge After Deductible	20% After Deductible	\$125	\$125
Major Medical	Lab	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	X-Ray	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	Complex Imaging	No Charge After Deductible	20% After Deductible	No Cost	No Cost
	Emergency Room	No Charge After Deductible	20% After Deductible	\$250 Copay	\$250 Copay
	Outpatient Surgery	No Charge After Deductible	20% After Deductible	No Cost After OOPM	No Cost After OOPM
	In Patient Hospital	No Charge After Deductible	20% After Deductible	No Cost After OOPM	No Cost After OOPM
Monthly Rate	Employee Only	\$744.78	\$804.36	\$960.04	\$996.44
	Employee & Spouse	\$1,564.06	\$1,689.20	\$2,016.12	\$2,092.58
	Employee & Child(ren)	\$1,414.80	\$1,528.00	\$1,823.73	\$1,892.86
	Employee & Family	\$2,233.83	\$2,412.56	\$2,879.47	\$2,988.65

The Monthly Rate shown above is not your ultimate cost. Please check with your HR Office for your cost to enroll for each of the plans offered.

GRAVIE

Talking about your health plan with providers

When you start using your benefits, your provider may not be familiar with Gravie yet – and that’s okay! Here are some tips for talking about your new health plan and navigating your ID card.

Who is Gravie?

We process and pay your medical claims. Gravie Administrative Services LLC is a licensed Third Party Administrator (TPA) that manages self-funded health plans for employers across the U.S.

The Network

To ensure access to care wherever you may be, we partner with **Cigna**. Cigna offers one of the nation’s top-ranking Preferred Provider Organizations (PPO), and is the primary network for your health plan.

If your provider accepts Cigna’s PPO network, then you can go ahead and use your Gravie benefits!

Have a provider with coverage questions?



Check out the QR code on your ID card.

For a breakdown of your exact plan benefits and network logos — point your smartphone camera at the QR code on the back of your card. This is a great resource to share with a curious provider.

Providers should call to verify eligibility or coverage details for specific procedures.

Gravie Provider Services for Cigna Members: **833.486.3239**

Navigating your ID card



1. Plan Information

This section identifies some basic details, like who sponsors your health plan (your employer), and when it starts.

2. Who's Covered

As the subscriber (employee), your name and unique 9-digit member ID number appear first, ending in 00. Any enrolled dependents appear below.

3. Network Logos

Your primary and secondary network logos appear here.

4. Pharmacy Information

Magellan Rx is the Pharmacy Benefits Manager (PBM) for your health plan. The Rx numbers are used by pharmacists to verify your prescription coverage and submit pharmacy claims.

Your provider will use your ID card to verify benefits and submit claims for processing. **Have it on hand when you access care.**

Forget your card? No problem. Easily view or download a digital version from your [Gravie account](#) at any time.

Unlock your Gravie account to discover more plan resources.

Log in at member.gravie.com

- Search for in-network providers
- Confirm how medications are classified
- Find quick-reference materials or detailed plan documents
- Review claims & EOBs to see how your benefits are being applied
- And more!



Have questions?

Gravie Care™ has you covered. Give us a call at [866.863.6232](tel:866.863.6232) or [send a secure message](#) from your account.

Medicare Advantage Plan



Plan Name		Medicare Advantage PPO Plan OP
		In Network
	Individual Deductible	\$0
	Individual OOPM	\$3400 (Excludes RX)

Office Visits	Primary Care	No Cost
	Specialist	No Cost
	Mental Health	No Cost
	Urgent Care	No Cost
	Preventive Care	No Cost

Pharmacy	RX Tier 1 Generic	\$10
	RX Tier 2	\$25
	RX Tier 3	\$50
	RX Tier 4	\$150

Major Medical	Lab	No Cost
	X-Ray	No Cost
	Complex Imaging	No Cost
	Emergency Room	\$50 Copay
	Skilled Nursing	No Cost - Covers 1-100 Days Per Benefit Period
	Outpatient Surgery	20% After Deductible
	In Patient Hospital	\$0 Per Admission

Hearing, Vision & Dental	Hearing Exam	Plan Pays \$70 Max Per Year
	Hearing Aids	Plan Pays \$500 Max Per Year
	Non Routine Dental	No Cost
	Routine Eye Exam	Plan pays \$70 Max Per Year
	Outpatient Surgery	Plan pays \$100 Max Every 2 Years
	In Patient Hospital	\$0 Per Admission

Monthly Rate	Medicare Enrollee	\$330.20
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The Monthly Rate shown above is not your ultimate cost. Please check with your HR Office for your cost to enroll.

Steps to Electing the Medicare Advantage Plan

You must be entitled to Medicare Part A and be enrolled in Medicare Part B

You must continue to pay your Medicare Part B premium

Most Americans will pay \$174.70 in 2024. Review the chart here:

<https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles?mibextid=zxz2cz&mod=anlink>

Do not purchase a separate Drug plan, the ACNA Medicare Advantage plan includes drug coverage

If you already have a Medicare supplement and drug plan, enrolling in the ACNA Medicare Advantage plan will automatically disenroll you from your current plan.

You cannot be enrolled in more than one Medicare Advantage plan.

If you do not currently have Medicare Part B and you are age 65+

Make an appointment with your local SSA office <https://www.ssa.gov/>

Enroll in Medicare Part B

You may be asked to present a Medicare Creditable Coverage Letter. Reach out to April Starratt at april@decisely.com or (678) 431-5518 for this document

Once you have received your Medicare Part A and Part B ID card you are eligible to move to the Medicare Advantage plan.

Reach out to April Starratt at april@decisely.com or (678) 431-5518 to make the election.

You will be moved from the standard ACNA plan to the Medicare Advantage Plan

You must continue to pay your Medicare Part B premium

If you will turn 65 during 2024 and you wish to elect the Medicare Advantage Plan at that time

You will be eligible for Medicare Part A and B and the Medicare Advantage plan the first of month of your 65th Birthday.

If your birthday is on the 1st of the month you will be eligible the first of the month prior to your 65th birthday month

90 days prior to your 65th birthday Elect Medicare Part A & B with the SSI either in person or on line

<https://www.ssa.gov/>

Once you have received your Medicare Part A and Part B ID card you are eligible to move to the Medicare Advantage plan.

Reach out to Nancy@Decisely.com 559 906 5550 to make the election.

You will be moved from the standard ACNA plan to the Medicare Advantage Plan

You must continue to pay your Medicare Part B premium

Who is eligible for the new Anthem Medicare Advantage plan

Employees age 65+ who have Medicare Part & B

If you the employee insure a spouse as your dependent and your spouse is not yet 65, your spouse can remain on the ACNA standard plans.

Spouses of employees age 65+ who have Medicare Part & B

If the spouse is 65 but the employee is not yet 65, the employee can remain on the ACNA standard plans while the spouse



All you need to know, all in one place

Tools and plan details at your fingertips

- Price a Medication
- Search for a doctor
- Send a secure message
- Review your plan benefits
- Personalize your care
- Know how your network works for you

Where to get care

- LiveHealth Online
- 24/7 NurseLine
- Primary Care Physician
- Urgent Care Center
- Emergency Room



For pharmacy-related questions, call:
1-833-360-3662 (TTY 711)
24 hours a day, 7 days a week



For all other questions, call:
1-833-848-8730 (TTY 711)

www.anthem.com



sydney

Download the Sydney Health mobile app

With our app, you get on-the-go access to your plan benefits through your smartphone or tablet. Once you download it, you can:

- Log in and pull up your plan membership card.
- Find nearby doctors and pharmacies.
- Live chat with us.



Download the Sydney Health mobile app from Google Play™ or the App Store® today. Or download it now by scanning this QR code.



		PDP Dental	
		UCR Out of Network Claims	
Deductible		\$50, \$150 Family	
		Waived for Diagnostic and Preventive Care	
Calendar Year Maximum		\$1,500	\$1,000
		In Network	Out Of Network
Diagnostic & Preventive	Cleanings, Exams, Routine Xrays, Fluoride and Sealants	100%	100%
Basic	Cavity Fillings, Diagnostic Xrays, Consultations	80%	60%
Endodontics	Root Canals and Treatment of the Root	80%	60%
Periodontics	Planing and Scaling, Periodontal Maintenance	80%	60%
Oral Surgery	Extractions	80%	60%
Major	Crowns, Onlays, Dentures, Bridges	50%	50%
Orthodontia	Child to Age 19	\$1500 Lifetime Maximum	
Monthly Cost	Employee Only	\$34.67	
	Employee & Spouse	\$79.01	
	Employee & Child(ren)	\$90.34	
	Family	\$135.73	

The Monthly Rate shown above may not be your ultimate cost. Please check with your HR Office for your cost to enroll.

Your Dental ID Card

PDP Plus Network

Employee Name: Anglican Church in NA
 Employee ID: 00XXXXXXXXXX
 Group Name: Anglican Church in NA
 Group Number: 5393453

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1-800-942-0854

- Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories
- Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
- MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
- For International Dental Travel Assistance call 1-312-355-5970 (collect)

00760522

Note, replace the "X" with the subscriber's social.



In Network Benefit

Exam	Copay	\$10
	Frequency	Every 12 Months

Materials	Copay	\$25
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Frames	Allowance	\$130
	Frequency	Every 24 Months

Eyeglass Lenses	Frequency	Every 12 Months
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Contact Lenses	Allowance	\$130
	Frequency	Every 12 Months (instead of glasses)

Monthly Cost	Employee Only	\$6.18
	Employee & Spouse	\$11.80
	Employee & Child(ren)	\$12.39
	Family	\$18.19

The Monthly Rate shown above may not be your ultimate cost. Please check with your HR Office for your cost to enroll.

Your Vision ID Card

Front	Back						
<p>Vision Identification Card</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Employee Name</td> <td style="width: 50%;">Employee ID</td> </tr> <tr> <td>Anglican Church in North America</td> <td>3393432</td> </tr> <tr> <td>Group Name</td> <td>Group Number</td> </tr> </table> <p><small>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</small></p> <p>SuperiorVision By MetLife</p>	Employee Name	Employee ID	Anglican Church in North America	3393432	Group Name	Group Number	<p style="text-align: center;">metlife.com/mybenefits</p> <ul style="list-style-type: none"> • Locate a participating eye doctor or print your ID card. • Review benefits information and past services. • Obtain claims forms and educational information. <p style="text-align: center;">1-833-EYE-LIFE (1-833-393-5433) Hearing impaired AT&T relay service: Dial 711.</p> <ul style="list-style-type: none"> • Call Monday through Friday from 8:00 a.m. to 9:00 p.m. ET, and Saturday from 9:00 a.m. to 4:00 p.m. ET, to speak with a customer service representative. • Superior Vision by MetLife, PO Box 967, Rancho Cordova, CA 95748
Employee Name	Employee ID						
Anglican Church in North America	3393432						
Group Name	Group Number						

DENTAL

Met Life does not mail out ID cards. The employee's social security number is the family ID number preceded by two zeros. Please use this temporary ID card. Once your enrollment is processed by Met Life, we encourage you to register on Mybenefits and download your ID card.



PDP Plus Network

<input type="text"/>	<input type="text" value="00XXXXXXXXXX"/>
Employee Name	Employee ID
<input type="text" value="Anglican Church in NA"/>	<input type="text" value="5393453"/>
Group Name	Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1-800-942-0854

- Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories
- Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
- MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
- For International Dental Travel Assistance call 1-312-356-5970 (collect)

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VISION

Met Life does not mail out ID cards. The employee's social security number is the family ID number. Please use this temporary ID card. Once your enrollment is processed by Met Life, we encourage you to register on MyBenefits and download your ID card.



By MetLife

<input type="text"/>	<input type="text" value="5393453"/>
Employee Name	Group Number
<input type="text" value="Anglican Church in North America"/>	
Group Name	

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

www.metlife.com/mybenefits

- Locate a participating eye doctor or print your ID card
- Review your benefits information and past services
- Obtain claims forms and educational information
- Providers: 1 (877) 235-5317

1-833-EYE-LIFE (1-833-393-5433)

TDD/TTY for the hearing impaired: 1-800-428-4833

- Call: Monday - Friday, 8:00 AM to 9:00 PM EST; Saturday, 9:00 AM to 4:00 PM EST.
- Superior Vision by MetLife; PO Box 967, Rancho Cordova, CA 95741

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information. As a first time user, you will need to register on MyBenefits, by following the steps outlined below.



Registration Process for MyBenefits

Step 1: Provide your group name

Access MyBenefits at www.metlife.com/mybenefits and enter the employer name and click to select it and then click 'Next'



Step 2: The login screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on 'Log In' at the top-middle of the page and on the next screen select 'Create New Account' and complete the registration process. Going forward, you will be able to log-in directly.

Step 3: Enter authentication information

Begin by entering your personal information including your name, address, e-mail address, SSN, date of birth, and phone number to confirm your identity. You will then receive a code via mobile phone text message or voice message that you will need to enter to continue the registration process.



Step 4: Establish account credentials

You will need to create a unique user name and password for future access to MyBenefits. You will also need to choose and answer three identity verifications questions, to be used in the event you forget your password. In addition to reading and agreeing to the website's Terms of Use, you will be asked to opt into electronic consent.



Step 5: Process complete

Now you will be brought to the 'Thank You' page.

Lastly, a confirmation of your registration will be sent to the email address you provided during registration.



We are committed to providing you with a trusted and secure customer experience. Multi-factor authentication is in place to:

- * Strengthen site security
- * Ensure devices are compliant and approved by the user
- * Simplify the log-in process

metlife.com/mybenefits



The MetLife Mobile App is available on the iTunes® App Store and Google Play. Download the app, and use it to find a participating dentist, view your claims¹ and to see your ID card.²



Critical Illness Plan

Two Benefit Amounts to Choose From:	\$15,000 / \$30,000
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Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, Not Less than \$250	NONE
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - <i>where surgery involving either a median sternotomy or minimally invasive procedure is performed</i>	50% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
Infectious Disease Category		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE

Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<25	\$0.43	\$0.72	\$0.65	\$0.94
25 - 29	\$0.48	\$0.80	\$0.70	\$1.02
30 - 34	\$0.56	\$0.93	\$0.79	\$1.16
35 - 39	\$0.72	\$1.17	\$0.94	\$1.39
40 - 44	\$0.95	\$1.52	\$1.17	\$1.75
45 - 49	\$1.29	\$2.04	\$1.52	\$2.26
50 - 54	\$1.73	\$2.65	\$1.95	\$2.87
55 - 59	\$2.43	\$3.64	\$2.66	\$3.86
60 - 64	\$3.25	\$4.79	\$3.47	\$5.01
65 - 69	\$4.33	\$6.32	\$4.55	\$6.54
70 - 74	\$5.68	\$8.28	\$5.91	\$8.50
75+	\$7.79	\$11.47	\$8.01	\$11.69

The Monthly Rate shown above may not be your ultimate cost. Please check with your HR your cost to enroll.



Hospital Indemnity Plan

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Hospital Benefits			
Admission Benefit	4 Time(s) Per Calendar Year**	Admission	\$1,000
		ICU Supplemental Admission- Benefit paid concurrently with the admission benefit when a covered person is admitted to ICU	\$1,000
Confinement Benefit	15 Days Per Calendar Year- ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement***	\$200
		ICU Supplemental Confinement- Benefit paid concurrently with the confinement benefit when a covered person is admitted to ICU	\$200
Confinement Benefit for Newborn Nursery Care	2 Day(s) Per Confinement	Confinement Benefit for Newborn Nursery Care****	\$50
Inpatient Rehabilitation Benefit*	15 Days Per Calendar Year	Inpatient Rehabilitation (For Injury or Sickness)	\$100

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

**If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

***If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

****Payable for the period of newborn confinement for a newborn child who is not sick or injured.

Monthly Rates

Type	Monthly (12)
Employee Only	\$25.19
Employee + Spouse	\$54.60
Employee + Child(ren)	\$37.60
Employee + Family	\$67.02

**The Monthly Rate shown above may not be your ultimate cost. Please check with your HR Office for your cost to enroll.
your cost to enroll.**



Legal Plans

Empowering Employees Through Easy Access to Legal Help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

Flexibility to Handle Matters How You Want:

MetLife wants employees to get the help they need, how they want it. That’s why MetLife allows you to choose your attorney from their network, or outside of it, or use their digital tools to handle matters. With a large network of attorneys and the ability to complete estate planning or download self-help documents on the MetLife website, you have the flexibility to choose how you want to handle your legal matter.

Wide Range of Coverage for a Diverse Workforce:

LGBTQ+	<ul style="list-style-type: none"> • Adoption • Creating Estate Planning Documents • Name and Gender Marker Change
Caregivers	<ul style="list-style-type: none"> • Nursing Home Agreements • Reviewing Medicare/Medicaid Documents • Reviewing Estate Planning Documents
Veterans/Military	<ul style="list-style-type: none"> • Assistance with Real Estate or Rental Issues • Guardianship • Updating/Creating Estate Planning Documents
International Employees	<ul style="list-style-type: none"> • Access to Attorneys Outside of the Country • Assistance with Immigration Issues • Translation Services- Call Centers and Attorneys
Those Just Starting Out	<ul style="list-style-type: none"> • Assistance with Rental Issues and Landlords • Reviewing Leases • Student Loan Debt Assistance
And More!	<ul style="list-style-type: none"> • See Benefit Slipsheet for More Details!

Monthly Rate: \$17.25 Per Employee Per Month

The Monthly Rate shown above may not your ultimate cost. Please check with your HR Office for your cost to enroll.

Enrolling is simple and paperless

Watch your email box for a link from Decisely to log onto your enrollment portal

Portal Login: <http://app.Decisely.com>

If you have never logged into your portal before, you will need to establish a password before moving forward. Please click this link: [Set My Password](#)

Username: Your Email Address

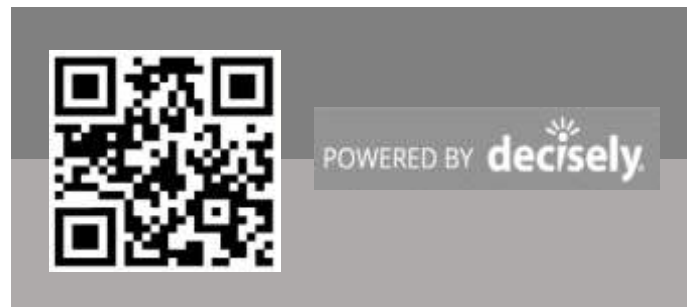
Password: Click Set My Password

Tips for a smooth enrollment experience

Please be sure to have SSNs and dates of birth for all dependents you wish to cover on your plan(s).

Complete your election and or waiver with 7 days of receiving your email invitation to enroll.

The rates shown on the enrollment portal are the full billable monthly rates. Please connect with your HR office prior to logging on to learn how much your employer will contribute toward your benefits.



Decisely supports you with your benefit questions during enrollment and throughout the year!

Decisely CAST Team 800-976-7194 Option 2

Additional Important Phone Numbers

Gravie Care Team Member Line	866-863-6232
Anthem Medicare Member Line	833-848-8730
MetLife Dental Member Line	800-942-0854
MetLife Superior Vision Member Line	833-393-5433