



INFINITE POSSIBILITIES.
ONE FAMILY.

It's almost **BENEFITS ENROLLMENT TIME**

Before logging on to Rich's benefits enrollment site, you'll need to do a little homework! Complete the checklist below ahead of time and have it with you when you enroll. This will help reduce the amount of time it will take to make your benefit elections and prevent you from having to come back to the enrollment site multiple times.

YOUR DEPENDENTS

Are you enrolling in Rich's benefits for the first time or adding a new dependent? Dependents currently enrolled will have their information pre-loaded into the new enrollment system for you to review. But you'll need to add any new dependents you want covered. For each new eligible enrollee, you will need some basic information:

Name: _____ Date of Birth: _____

Relationship to you: _____ Social Security Number: _____

Name: _____ Date of Birth: _____

Relationship to you: _____ Social Security Number: _____

Name: _____ Date of Birth: _____

Relationship to you: _____ Social Security Number: _____

YOUR PROVIDERS

Is continuing to see your current physicians important to you? If so, gather up the names and addresses of all your physicians and those of your family members if you are enrolling them. Use the space below to list your physicians:

Physician 1 – Name: _____

Address: _____

Physician 2 – Name: _____

Address: _____

Physician 3 – Name: _____

Address: _____

Physician 4 – Name: _____

Address: _____

Is it important to be able to use Urgent Care, Labs or Hospitals in your area? You'll want to have their information to check as well. Not every facility in your local area is covered under every carrier. Use the space below to list any facilities you or your family members use:

Facility 1 – Name: _____

Address: _____

Facility 2 – Name: _____

Address: _____

Facility 3 – Name: _____

Address: _____

Facility 4 – Name: _____

Address: _____

YOUR PRESCRIPTIONS

Do you or your family members currently take a maintenance medication? Gather a list the medications you take on a regular basis and use this list to determine if your specific medication is covered and what tier your medication will be on under the new plans. Remember the tier can change even if you are staying with your current carrier.

Medication 1: _____

Dosage: _____

Quantity per refill: _____

Frequency of refill (monthly, quarterly, as needed):

Medication 2: _____

Dosage: _____

Quantity per refill: _____

Frequency of refill (monthly, quarterly, as needed):

Medication 3: _____

Dosage: _____

Quantity per refill: _____

Frequency of refill (monthly, quarterly, as needed):

Medication 4: _____

Dosage: _____

Quantity per refill: _____

Frequency of refill (monthly, quarterly, as needed):

Medication 5: _____

Dosage: _____

Quantity per refill: _____

Frequency of refill (monthly, quarterly, as needed):

YOUR DENTAL AND VISION PROVIDERS

Is continuing to see your current dental and vision care providers important to you? If so, use the space below to list out those providers.

Dentist/Vision Provider: _____

Address: _____

Dentist/Vision Provider: _____

Address: _____

Orthodontist: _____

Address: _____

THINGS TO CONSIDER

- **Upcoming Needs:** Are you planning on having a baby? An upcoming elective surgery, like a knee replacement, that may change your coverage needs in the new year?
- **Pay Now or Pay Later:** As you review the coverage level options, would you rather pay more out of your paycheck in order to have lower costs at the time you seek healthcare services? Or would you rather pay less out your paycheck and more when you receive treatment?
- **In-Network vs Out-of-Network:** Would you consider changing your provider(s) if it meant you could have a lower paycheck deduction for coverage with a different carrier? Working with out-of-network providers cost more, so be sure to check the carrier networks on the enrollment site.
- **Transition of Care:** If you or a family member is being treated for a medical condition and your current provider is not in the new plan's network, you may be able to temporarily continue care with your current provider for a period of time. Check out the Make It Yours website (see below) for more information on Transition of Care.

MAKE IT YOURS

Before you enroll, visit the **Make It Yours** website at <https://richs.makeityoursource.com> to get more information about your coverage choices. When you are ready to enroll, visit the enrollment website at benefits.rich.com to make your elections. Remember you must actively enroll during Benefits Enrollment, or you will not have medical and prescription drug, dental or vision coverage.



INFINITE POSSIBILITIES.
ONE FAMILY.