



**CARSON TAHOE**  
— HEALTH —

# ANNUAL ENROLLMENT

Wednesday, November 1 – Thursday, November 30, 2023

## The annual enrollment period which offers you and your family a portfolio of valuable benefits is now OPEN.

Carson Tahoe is proud to offer valuable benefits for you and your family. Enrollment is self-service online within our Infor Self Service platform.

**No action is required to maintain coverage if you want to keep the same benefits you elected for 2023; except, you must re-elect your FSA, HSA and PTO Trade to have that benefit in 2024.**

Decreases or cancellations to existing Unum voluntary benefits, Whole Life, Accident, Hospital Indemnity & Critical Illness, require you to contact Unum at 1-800-635-5597. Other coverages such as medical, dental, vision, short-term disability or term life / AD&D benefits can be changed on Infor during this enrollment.

**As a benefit eligible employee, you may login** at any time during this enrollment period, read the available information, then **accept or decline coverage** to complete your benefit elections for 2023, **you will receive an email confirmation statement** from Infor.

## Advantages to You & Your Family

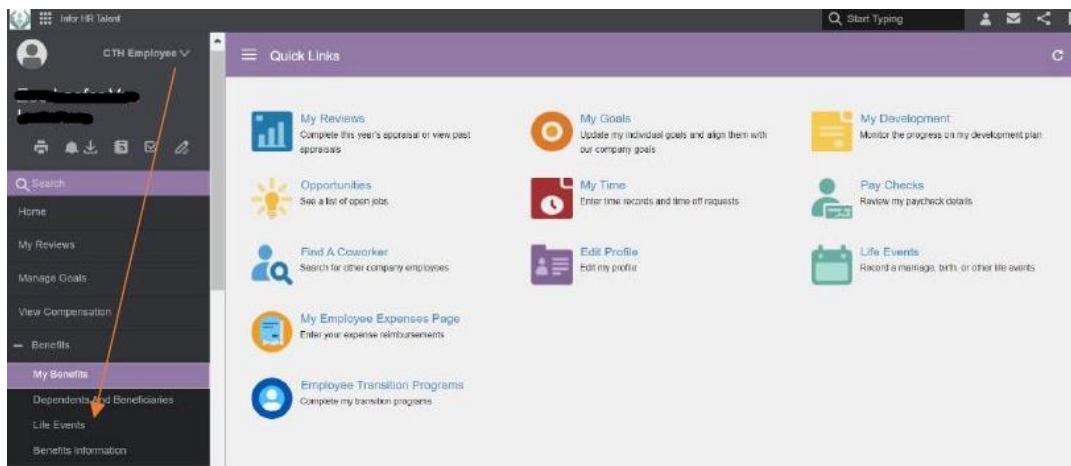
Our employees are our most valuable resource, and **your health and welfare is extremely important**. We recognize all of our employees are unique and have differing benefit needs. As a benefit eligible employee this is your opportunity to protect your family's financial security in the event of a medical occurrence, disability, death, cancer, heart attack, stroke, accident or the need for long-term care services.

To learn about the benefits offered to you and your family, **login to the CTH Intranet > Departments > HR > Benefits**, read the available Benefit Guides and follow the screens within Infor to **accept or decline coverage** to complete your benefit elections for 2024.

**How to ENROLL** – To **accept or decline** the benefits offered to you and your family, follow the below screens, **then checkout to complete your enrollment**. You will receive a **confirmation statement by email** from Infor.

**Self Service Online:** From any device connected to the internet, type enrollment URL into browser or click here: <https://hcm-carsontahoehs-prd.inforcloudsuite.com/hcm/EmployeeSelfService/>

Choose Life Events under Benefits in the side menu:



Enrollment Event will open to Current Benefits where current selections can be reviewed

Open Enrollment - January 1, 2023 - John Doe - 999991004

Current Benefits

Previous Next

View Details ...

Accidental Death & Dismemberment WAIVE BUYUP ADD
Dental Plans Dental Option: Employee + Children
Dependent Care FSA Dependent Care Pre Tax: 7.70 Total: 7.70 Total With Flex: 7.70
Disability WAIVE LTD BUY-UP
FSA Medical WAIVE FSA MEDICAL
Health Savings Account HSA EE CONTRIBUTION Pre Tax: 187.92 Total: 187.92 Flex Credits: 4.39 Total With Flex: 183.53 Employer: 38.46 per Year
Life Insurance

Select Next. Add/Update/Review Dependents and Beneficiaries. Select Next to open Enrollment selections:

Open Enrollment - January 1, 2023

Enrollment

Previous Next

Benefit Choices ...

WAIVE VOL ACCIDENT

Coverage Option: Selected Plan

Pre Tax: 0.00  
After Tax: 0.00  
Total: 0.00  
Flex Credits: 0.00  
Total with Flex: 0.00  
Employer: 0.00

Withdraw

10 ▾

- Medical Plans
- Health Savings Account
- FSA Medical
- Dependent Care
- Vision Plans
- Life Insurance
- Dental Plans
- Accidental Death & Dismemberment
- Disability
- Voluntary Benefit**

Use 'Benefit Choices' to open and choose desired selections. Click Next, ensuring there is a green check by each option.

Open Enrollment - January 1, 2023

Review and Submit Previous Next

Submit Your Enrollment

**Submit**

Cost Summary

Pay Period

Flex Credits	
Total	104.10
Spent	32.81
Available	71.27
Cash Amount	71.27

Type	Cost / Percent	
	Employee	Employer
Medical Plans	0.00	0.00
Health Savings Account	0.00	0.00
FSA Medical	0.00	0.00
Dependent Care	0.00	0.00
Vision Plans	4.34	0.00
Life Insurance	0.00	2.11
Dental Plans	25.47	0.00
Accidental Death & Dismemberment	0.00	2.11
Disability	0.00	129.11
Voluntary Benefits	0.00	0.00
<b>Pay Period Total</b>	<b>32.81</b>	<b>133.73</b>

Review and Submit

You must choose **Submit** on the final page.

A request confirmation box will appear.

**Submit**

Click Submit to confirm you are submitting your benefits

Cancel Submit

**Health Plan Coverages**

<b>PLUS Medical Plan</b>	<b>Flexible Spending Account (FSA) Medical</b>
<b>Core Medical Plan</b>	<b>Flexible Spending Account (FSA) Family</b>
<b>High Deductible Health Plan - HSA</b>	<b>Diversified Dental Provider Network</b>
<b>Health Savings Account (HSA)</b>	<b>Vision Plan – VSP Provider Network</b>
<b>Telehealth - AmericanWell</b>	

**Voluntary Benefits**

<b>Voluntary Short Term Disability Benefits</b>	<b>Voluntary Whole Life with LTC Benefits</b>
<b>Voluntary Hospital Indemnity</b>	<b>Voluntary Critical Illness</b>
<b>Buyup Term Life Insurance / AD&amp;D</b>	<b>Voluntary Accident</b>