



Noble

2024

Employee Benefits Enrollment Guide



Welcome to Open Enrollment for your 2024 Benefits!

Elections made during open enrollment will become effective January 1, 2024. Noble offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

For those of you who are eligible for benefits, the annual open enrollment opens, 12/4/2023 through 12/11/2023. Open Enrollment will take place within Paylocity! All benefit eligible employees must go into Paylocity to complete the process, even if you waive all voluntary benefits. If you do not complete the process, all optional benefits will be waived! The enrollment window will close at midnight on 12/11/2023.



Am I eligible?

- All regular full-time employees working continuously throughout the year on a schedule of at least 30 hours per week.
- All staff paid per visit who continuously have at least 15 billable client visits per week throughout the year.

How to Enroll

- Complete the online enrollment process. Print your confirmation page once you are confident you have made the choices right for you and any dependents.
- If you are enrolling in either of the IU Health Plans, you must complete a paper enrollment form, even if you currently have the same coverage. This form is embedded inside the Paylocity.



When to Enroll

- Open Enrollment will begin December 4 through December 11, 2023

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

**** Review your paycheck! If you notice errors in your payroll regarding benefit enrollments, tax exemptions, address, etc., notify Jan Bowman, j.bowman@mynoblelife.org .****



Benefit Overview: Carrier, Contributions, Taxes, & Eligibility

At Noble, we work hard to offer you a competitive and comprehensive benefits package as part of your total rewards. Our hope is that these benefits will help you and your family fully realize your health, finance, and work-life balance goals.

See below for a quick glance at your benefit options. Pre-tax benefits are not subject to Social Security withholding, federal, most state and local income taxes. This helps save you money!

Benefit	Carrier	Company Contribution	Tax Treatment	Date of Eligibility
Medical/Prescription Coverage	IU Healthcare	You & Noble share the cost	Pre-Tax	First of the month following 30 days
Dental Coverage	UHC	You pay 100%	Pre-Tax	First of the month following 30 days
Vision Coverage	UHC	You pay 100%	Pre-Tax	First of the month following 30 days
Basic Term Life and AD&D	New York Life	Noble pays 100%	Not Applicable	First of the month following 30 days
Short Term Disability	New York Life	You pay 100%	Post-Tax	First of the month following 30 days
Long Term Disability	New York Life	Noble pays 100%	Not Applicable	After one year of service
Optional Life Insurance and AD&D	New York Life	You pay 100%	Post-Tax	First of the month following 30 days
Medical Flexible Spending Account*	Paylocity	You pay 100%	Pre-Tax	First of the month following 30 days
Dependent Care Flexible Spending Account	Paylocity	You pay 100%	Pre-Tax	First of the month following 30 days
Limited Purpose Flexible Spending Account	Paylocity	You pay 100%	Pre-Tax	First of the month following 30 days
Health Savings Account**	Paylocity	You pay 100%	Pre-Tax	First of the month following 30 days

*Cannot be enrolled in the HDHP plan for this account

**Must be enrolled in the HDHP plan to qualify for this account

Medical & Prescription Drug Plans

Noble will offer medical coverage through **IU Healthcare**. We will offer two plan choices for your convenience. You do not need to select a Primary Care Physician. The plans allow the use of IU Healthcare contracted facilities and physicians. The following chart compares the two different plans you may choose from.

IU Health High Deductible Health Plan		
Services	In-Network	Out-of-Network
Deductible - Individual - Family	Embedded \$3,500 \$7,000	Not Applicable
Out-of-Pocket Max - Individual - Family	\$3,500 \$7,000	Not Applicable
Preventive Care	No Cost Share	Not Covered
Physician Visit PCP / Specialist	Deductible / 0%	Not Covered
Virtual Visits	Deductible / 0%	Not Covered
Hospitalization	Deductible / 0%	Not Covered
Urgent Care	Deductible / 0%	
Emergency Room	Deductible / 0%	
	Non emergent use of the ER is not covered	
Labs, X-Rays, Major Diagnostic Imaging	Deductible / 0%	Not Covered
Mental & Behavioral Health	Deductible / 0%	Not Covered
Rehabilitative / Habilitative Services	Deductible / 0%	Not Covered
Prescription Drugs <i>See Tier definitions at the end of this section</i>	IUHealth Pharmacies / CVS Caremark Advanced Choice Pharmacies	Out of Network (including Walgreens)
Retail - Tier I (Preventive) - Tier II - Tier III - Tier IV - Tier V - Tier VI	No Cost Deductible / 0% Deductible / 0% Deductible / 0% Deductible / 0% Deductible / 0%	Not Covered
Mail Order - Tier I (Preventive) - Tier II - Tier III - Tier IV - Tier V - Tier VI	No Cost Deductible / 0% Deductible / 0% Deductible / 0% Deductible / 0% No Coverage	Not Covered

Your Medical Plan Cost in 2024

EMPLOYEE BI-WEEKLY DEDUCTIONS (24 PAYS/YEAR)				
HDHP	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Your Contribution	\$36.18	\$239.53	\$150.23	\$403.15
Noble's Contribution	\$515.68	\$964.88	\$796.51	\$1,273.34

Medical & Prescription Drug Plans Continued

IU Health Plan PPO			
Services	In-Network		Out-of-Network
Deductible - Individual - Family	\$2,000 \$4,000		Not Applicable
Out-of-Pocket Max - Individual - Family	\$4,000 \$8,000		Not Applicable
Preventive Care	No Cost Share		Not Covered
Physician Visit PCP Specialist	\$20 Copay \$40 Copay		Not Covered
IU Health Virtual Visit PCP Specialist	\$20 Copay \$40 Copay		Not Covered
Hospitalization Inpatient Outpatient	Deductible / 20%		Not Covered
Urgent Care	\$75 Copay		
Emergency Room	\$350 Copay then 20% Non- emergent use of the ER is not covered		
Labs, X-Rays, Major Diagnostic Imaging	Deductible / 20%		Not Covered
Mental & Behavioral Health Inpatient Outpatient	Deductible / 20% \$10 Copay		Not Covered
Rehabilitative / Habilitative Services	Deductible / 20%		Not Covered
Prescription Drugs <i>See Tier definitions at the end of this section</i>	IUHealth Pharmacies	CVS Caremark Advanced Choice Pharmacies	Out of Network (including Walgreens)
Mail Order - Tier I (Preventive) - Tier II - Tier III - Tier IV - Tier V - Tier VI	\$0 \$3 \$5 \$20 \$35 \$10% to \$350 Max	\$0 \$5 \$10 \$30 \$60 \$20% to \$350 Max	Not Covered
Mail Order (90 Days) - Tier I (Preventive) - Tier II - Tier III - Tier IV - Tier V - Tier VI	\$0 \$12.50 \$25 \$70 \$150 Not covered		Not Covered

Your Medical Plan Cost in 2024

EMPLOYEE BI-WEEKLY DEDUCTIONS (24 PAYS/YEAR)				
PPO	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Your Contribution	\$132.78	\$440.75	\$296.07	\$705.79
Noble's Contribution	\$456.56	\$845.46	\$714.97	\$1,084.56

IU Network Search

Locate a Provider:

To search for a provider participating in the IU Health Plans Network plans below, please access the following link: www.IUHealthPlans.org.

Click the "Find a Doctor or Facility" link near the top of the page.

In the "Product" drop down box select "**Employer plan – IU Health Plans Network.**"



Health Plans

Provider

Facility

Provider Search

By Location

Located

☒ No preference

☐ Within

☐ Only inside

- of -

Zip Code

By Provider Detail

Provider Gender

☐ Male

☐ Female

☐ Any Gender

☐ Only show providers who are accepting new members

By Coverage and Care Requirements

Product

EMPLOYER PLAN - IU HEALTH PLANS NETWORK

Please Select

EMPLOYER PLAN - IU HEALTH SELECT NETWORK

EMPLOYER PLAN - IU HEALTH PLANS NETWORK

MEDICARE ADVANTAGE

Specialty

Any Specialty

Rx Tier Information

Tier I (Tier 1)	Preferred Generic Medications
Tier II (Tier 2)	Generic Medications
Tier III (Tier 3)	Preferred Brand Medications
Tier IV (Tier 4)	Non-Preferred Brand & Generic Medications
Tier V (Tier 5)	Specialty & High-Cost Medications
Tier VI (Tier 6)	Non-Formulary Medications <i>*These are not covered under either plan option</i>

Rx Reminders

Remember, you will pay the lowest amount if filling your prescriptions through an IU Health Pharmacy. In addition, these pharmacies offer curbside delivery and/or validated parking. However, almost all major pharmacies are in-network including CVS, Kroger, Target, Wal-Mart, Costco, etc....

Walgreen's Pharmacies are **NOT** in-network and there is no coverage for your prescription fills at this pharmacy.

Dental Plan

Noble's Dental plan is offered through United Healthcare. Please visit www.myuhcdental.com for a provider search function. Search for providers in the Options PPO 30 Network.

Services	In-Network	Out-of-Network
Deductible	Applies to Basic and Major Services only \$50 Ind. \$150 Max. for Family	
Annual Maximum	\$1,250	
Preventive Services	100%	90%
	Cleanings, Exams, X-Rays, Fluoride, Sealants, Space Maintainers	
Basic Services	80%	70%
	Fillings, Emergency Palliative Treatment, Oral Surgery, Endodontics, Periodontics	
Major Services	50%	40%
	Crowns, Dentures, Bridges (Implants are not covered)	
Orthodontic Services	For Children to age 19 - 50%	
Orthodontic Lifetime Maximum	\$1,000	
Waiting Periods	None	

Your Dental Plan Cost in 2024

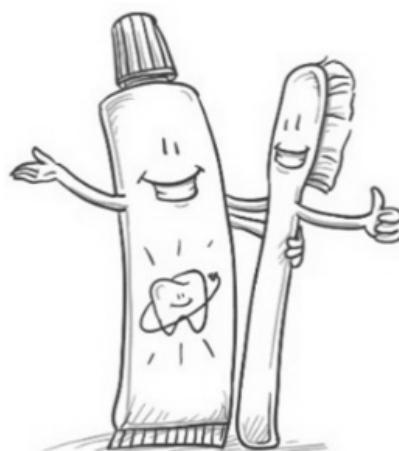
EMPLOYEE BI-WEEKLY DEDUCTIONS (24 PAYS/YEAR)			
	Employee Only	Employee + 1	Employee + 2 (or more)
Your Contribution	\$16.99	\$33.66	\$59.04

Some Procedures Might Be Excluded/Limited:

*See Certificate for full list of limitations and exclusions.

Please note that cosmetic procedures are NOT covered under this dental plan. Additionally, the following procedures are limited by a specific number of visits/age group:

- Oral Exams/Cleanings: 2 per consecutive 12 months
- Full Mouth X-rays: once every 3 years
- Bitewing X-rays (adult): 1 per calendar year
- Sealants (child to age 16): 1 per tooth per three-year period (permanent molar)



Vision Plan

Noble's Vision plan is offered through United Healthcare. This program offers comprehensive vision coverage at affordable rates. Coverage includes exams, frames, lenses, and contact lenses. UHC's Vision network includes both retail and independent vision providers. To search for a provider, visit www.myuhcvision.com.

Plan Feature	In-Network	Non-Network
Exam with Dilation as Necessary	\$10 Copay	Up to \$40
Frames	\$130 allowance Plus 30% off balance	Up to \$45
Standard Plastic Lenses <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Standard Progressive Lens • Premium Progressive • Lenticular 	\$25 Copay \$25 Copay \$25 Copay \$70 Copay \$150 Copay \$25 Copay	Up to \$40 Up to \$60 Up to \$80 N/A N/A Up to \$80
Contact Lenses <ul style="list-style-type: none"> • Covered Formulary Contacts • Non-Formulary Contacts • Medically Necessary 	Up to 4 boxes Up to \$130 100%	Up to \$130 Up to \$130 Up to \$210
Frequency <ul style="list-style-type: none"> • Examination • Lenses or Contacts • Frames 	*Each year you can purchase new lenses for glasses OR contact lenses (you cannot access coverage for both lens type in one year) Once every 12 months Once every 12 months Once every 24 months	

Your Vision Plan Cost in 2024

EMPLOYEE BI-WEEKLY DEDUCTIONS (24 PAYS/YEAR)				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Your Contribution	\$3.61	\$6.85	\$7.21	\$10.61



Don't "See" a Vision Insurance Card?

This time, it's not a trick of your eye. UHC does not distribute a member specific ID card. If you go to your eye doctor and provide your name, your SSN and UHC's name, your doctor should be able to look you up in the system.

Basic Life and AD&D / Supplemental Life and AD&D

Basic Life / Accidental Death & Dismemberment

Noble provides full-time employees with group life through New York Life and pays the full cost of this benefit. To update your beneficiary please go to the benefit page in Paylocity. The amount of this benefit is 1X annual salary to a maximum of \$250,000. The guaranteed issue amount is \$250,000.

Supplemental Life/AD&D Insurance/Dependent Life

Employees who want to supplement their group life insurance benefits may purchase additional coverage on self, spouse and children. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions.

Eligible for an additional 1x annual salary (Guarantee Issue is to a maximum of \$250,000) for the employee, \$10,000 for spouse, and \$5,000 for dependents.

During enrollment employees may elect to participate in this program. However, **any supplemental coverage elected outside of the initial enrollment period will be subject to Evidence of Insurability.** The employee will complete a medical questionnaire that will be submitted to the insurance company; they will look into your medical history and possibly send a paramedic to your home to do a physical. Once this is complete, they will send a notification to both you and Human Resources as to whether or not you are approved.

SUPPLEMENTAL LIFE INSURANCE PREMIUM

Age of Employee	Monthly rate per \$1,000 of coverage
< 30	\$0.06
30 - 34	\$0.08
35 - 39	\$0.10
40 - 44	\$0.14
45 - 49	\$0.23
50 - 54	\$0.35
55 - 59	\$0.60
60 - 64	\$0.90
65 – 69 At age 65, supplemental life insurance is reduced by 35%	\$1.50
70 – 74 At age 70, supplemental life insurance is reduced by 55%	\$2.33
75 - 79 At age 75, supplemental life insurance is reduced by 70%	\$3.51
80 - 84 At age 80, supplemental life insurance is reduced by 80%	\$5.66
Monthly premium for dependents	\$5.35 (regardless of number of dependents)

Short & Long Term Disability

Noble offers short and long-term disability income benefits for full-time employees through New York Life. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Short-Term Disability is available for newly eligible staff by filling out the application and does not need to be approved by New York Life. Please note that employees will be responsible to pay the premiums through payroll deduction to participate in this benefit.

Long-Term Disability will continue to be a company-funded benefit offered at no cost to the employee. Please see benefit details below.

Short-term Disability	
Benefits Begin	On the first of the month after 30 days of full-time employment
Benefits Payable	Following a 7-day benefit waiting period; accumulated sick leave is treated as an offset in the policy
Percentage of Income Replaced	60% of weekly earnings
Benefit Duration	Up to 25 weeks

Age of Employee	Rate per \$10 of Weekly Covered Benefit
18 - 54	\$0.412
55 - 59	\$0.457
60 - 64	\$0.533
65 - 99	\$0.585

Long-term Disability	
Benefits Begin	Following 12 months of continuous employment
Benefits Payable	Following a 180 Day Elimination Period
Percentage of Income Replaced	60% of base pay
Maximum Benefit	A maximum of \$5,000 per month
Benefit Duration	Up to SSNRA = Social Security Normal Retirement Age

Health Savings Account (HSA)

Noble provides you the opportunity to pay for out-of-pocket medical, dental, and vision expenses with pre-tax dollars through a Health Savings Account (HSA).

You must enroll/re-enroll in the plan to participate for the plan year January 1 – December 31, 2024.

An HSA is like a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars, but an HSA has some additional advantages:

- Money in an HSA can be used for future medical expenses on a tax-free basis.
- Unused money in an HSA is not forfeited at the end of the year; it is carried forward.
- Your HSA is yours to keep, which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash.

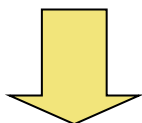
The maximum amount that you can contribute to an HSA in 2024 is \$4,150 for individual coverage and \$8,300 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000 annually.

Expenses paid from the HSA remain tax free as long as they are considered eligible “qualifying medical expenses” under IRS guidelines: Section 213(d). For further details on these eligibility requirements, go to www.treasury.gov.

Please note that you, not Noble, Inc, are accountable to the IRS for making sure you use these funds appropriately, so make sure to save your receipts!

How does an HSA work?

Part 1: Qualifying High Deductible Health Insurance Plan



Provides health care benefits after the deductible has been met.

Part 2: Health Savings Account



A health savings account can be funded with your tax-exempt dollars, by your employer, by a family member or by anyone else on your behalf.

Who is eligible for an HSA?

Anyone who is:

- Covered by a high-deductible health plan (HDHP)
- Not covered under another medical plan that is not an HDHP
- Not enrolled in Medicare or
- You cannot be claimed as a dependent on someone else's 2024 tax return

Flexible Spending Account (FSA)

Noble provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts.

You must enroll/re-enroll in the plan to participate for the plan year January 1 – December 31, 2024.

A Health Care **FSA** is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A **Dependent Care FSA** is used to reimburse expenses related to the care of eligible dependents while you and your spouse work. Funds are available on January 1, 2024. If you are enrolled in the HDHP plan you may open a **Limited Purpose FSA** in addition to the HSA account that is to be used for limited dental and vision expenses.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. In the event that you do not use your entire Health Care FSA election amount by the end of the plan year, you can now **carryover up to \$200** of unused funds into the next plan year and use it for expenses incurred during that year.

Any amount in excess of \$200 remaining at the end of the year will not be refunded to you or carried forward to a future plan year. This is known as the use-it-or-lose-it rule.

The maximum that you can contribute to the **Health Care Flexible Spending Account** is **\$3,200**.

The maximum that you can contribute to the **Dependent Care Flexible Spending Account** is **\$5,000** (for married filing jointly tax status and \$2,500 max for married filing separate tax status (each parent can contribute \$2,500 in married filing separate tax status)).

- All FSA participants will receive a debit card, allowing for immediate electronic access to FSA funds.

The following example shows how you can save money with a flexible spending account.

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to direct a total of \$5,300 into their FSAs.

	Without FSAs	With FSAs
Gross income:	\$30,000	\$30,000
FSA contributions:	\$0	-5,300
Gross income:	\$30,000	\$24,700
Estimated taxes:		
Federal	-2,550*	-1,755*
State	-900**	-741**
FICA	-2,295	-1,890
After-tax earnings:	24,255	20,314
Eligible out-of-pocket		
Medical and dependent care expenses:	-5,300	\$0
Remaining spendable income:	\$18,955	\$20,314
Spendable income increase:		\$1,359

*Assumes standard deductions and four exemptions.

**Varies, assume 3%.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

Additional Benefit Offerings

As a full-time Noble employee, you also receive the following benefits:

Employee Assistance Programs

The Employee Assistance Program is a voluntary program offered to all Noble employees and members of their household. Noble offers two EAP options through Compysch EAP and IU Health Plans.

These are completely confidential counseling programs that cover issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements, and other personal stressors.

Compysch EAP

Each eligible employee and family members may receive up to three free counseling visits per year, per issue at no charge. This benefit includes one free legal consultation. Services are available 24 hours a day, 7 days a week. Solutions EAP can be reached at 1-800-344-9752 and www.guidanceresources.com.

Compysch EAP also provides a great online resource filled with information on a wide variety of work/life topics, such as: You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance and more!

IU Health Plans EAP

The IU Health Plans EAP is designed to help you and your family stay psychologically and emotionally healthy. Every EAP counselor has a wide range of experience and is state-licensed with multiple years of experience.

This EAP program also offers person-to-person phone access, 24 hours a day, 7 days a week, 365 days a year. There are also multiple locations for face-to-face appointments, as well as emergency appointments available.

Visit www.iuhealth.org/employeeassistance to learn more or call 317.962.8001

Retirement Plan

The Noble Retirement Plan Includes a 401(K) Plan through AUL/OneAmerica, which offers a \$1 for \$1 employer match up to 5% of your salary. Eligible after one year of continuous employment and 1000 hours of service. In alignment with the Secure 2.0 Act, after you have met the eligibility period, you will be automatically enrolled at 3%. You may change that enrollment higher or lower or opt out. IF you do not make any change, your percentage will automatically increase by 1% every January 1 until you reach 15%.

If you have any questions regarding Noble's Retirement Plan, please contact Jan Bowman @ j.bowman@mynoblelife.org.

The time off benefits below are excluded from the per visit employees.

Paid Time Off (PTO)

Noble provides the opportunity for paid time away from work, for vacations, illness, and other personal reasons for full-time employees on the 1st of the month following 30 days. Time off accrues month-to-month, with the amount based on years of service in relation to the renewal date of January 1. Up to one week of PTO not used within the calendar year can remain in the PTO bank, with any additional time converting to Sick Time on January 1, up to the maximum of 60 days.

Please refer to Noble Personnel Procedure #5.3: Paid Time Off/Sick Time, for further details.

Holidays

Noble recognizes the following eight (8) Holidays, and full-time staff will receive an equivalent bank of Holiday benefit time: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Thanksgiving Friday, Christmas Eve and Christmas Day. Please refer to Noble Personnel Procedure #5.4: Holidays, for further details.

Birthday

After five (5) years of service, employees will be given their birthday off with pay each year. Please refer to Noble Personnel Procedure #5.12: Birthday Day, for further details.

Jury Duty

Paid time off permitted for Jury and Witness Duty with appropriate documentation from the court, per Noble Personnel Procedure #5.11: Jury and Witness Duty. Any compensation from the court will be deducted from the benefit amount.

Bereavement

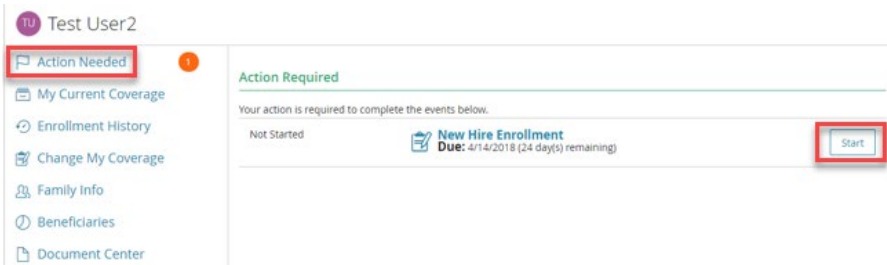
Full-time employees are allowed up to three consecutive days off from regularly scheduled duty with regular pay in the event of the death of the employee's spouse, domestic partner, child, stepchild, parent, stepparent, father-in-law, mother, mother-in-law, son-in-law, daughter-in-law, brother, sister, stepbrother, stepsister, or an adult who stood in loco parentis to the employee during childhood. Full-time employees are allowed one day off from regular scheduled duty with regular pay in the event of death of the employee's brother-in-law, sister-in-law, aunt, uncle, grandparent, grandchild or spouse's grandparent. Please refer to Noble Personnel Procedure #5.13: Bereavement Leave, for further details.

Noble, Inc. reserves the right to modify, suspend, or terminate any benefits program at any time. Each employee will be notified of any changes in the benefits program prior to the effective date of the change.

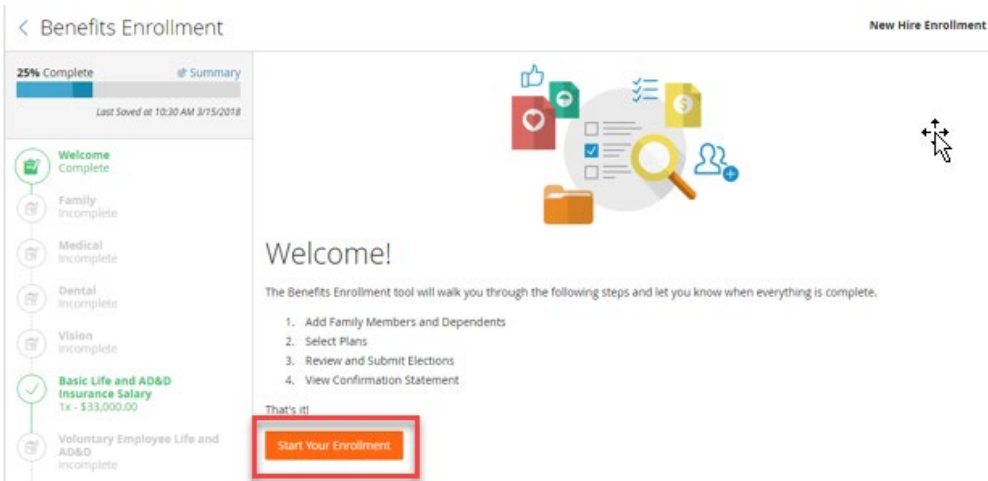
How to enroll through Paylocity

PCTY – 69007: Complete an Enrollment Event in Benefits Enhanced

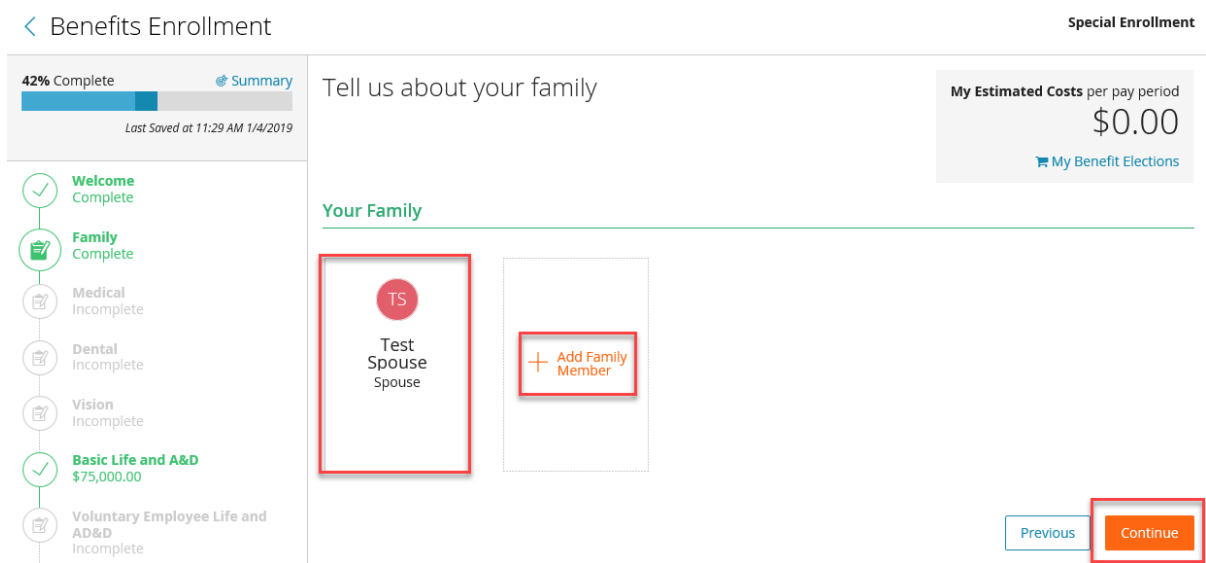
1. Access Benefits Enhanced.
2. Select **Action Needed** in the sidebar menu. This option only appears if an enrollment event is available.
3. Select **Start**.



4. Select **Start Your Enrollment**.



5. Review **Family Information**.
 - o Select **Add Family Member** to enter a new dependent.
 - o Select an existing dependent to change the dependent's demographic information.
 - o Select **Continue**.



How to enroll through Paylocity

6. Answer any questions, if applicable.

< Benefits Enrollment Open Enrollment

54% Complete [Summary](#)

Last Saved at 8:33 AM

☒ Welcome Complete

☒ Family Complete

☒ Questionnaire Complete

☒ Medical Blue Cross Blue Shield HDHP

☒ Health Care Savings Account (HSA) \$1,130.00

Tell us about yourself

Questions

Do you or any family members use tobacco products? Check all that apply

☒ EA Employee (Myself)

Is your Spouse or Domestic Partner offered Medical/Health insurance through their employer?

☒ Yes ☐ No

My Estimated Costs per pay period

\$61.76

[My Benefit Elections](#)

Previous

Continue

7. Enter Benefit Elections.

- Medical, Dental, Vision Plans

- Select the dependents to cover. The system will calculate a coverage tier and cost based on the dependents selected.
- Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
- Select **Continue**.

Who do you want to cover on this plan?

☒ TU Test User1 (Myself) Employee

☐ TS Test Spouse Spouse

☐ CU Child User1 Child

Choose a Plan

<input checked="" type="checkbox"/>	HSA Open Access Plus Choice ^	Employee Only \$67.46
	Provider Cigna	<div>My Estimated Costs per pay period</div> <div>Employee Contribution \$67.46</div> <div>Employer Contribution \$101.78</div>
<input type="checkbox"/>	Open Access Plus Choice v	Employee Only \$81.01
<input type="checkbox"/>	Waive Medical	

Previous

Continue

- Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)
 - Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
 - Enter the appropriate **Employee Per Pay Period** or **Total Annual Contribution** amount.
 - Employees must enroll in the HSA to receive any applicable employer contribution, if enrolled in a qualified medical plan.

How to enroll though Paylocity

- Enter a **\$0 Employee Per Pay Period** amount to receive the employer contribution without an employee contribution.
 - The amount that employees can contribute to the account gets limited by any contribution that the employer makes as well as the IRS annual limit.
3. Select **Continue**.

Contribute to a Health Care Savings Account (HSA)?

☒ HSA ^

Total Annual Contribution | \$1,108.33
\$100.00

Contribution Amount	
Employee Paid to Date	--
Employee Per Pay Period	<input type="text" value="\$100.00"/>
Remaining Pay Periods	9
<hr/>	
Employee Annual Contribution	\$900.00
Employer Annual Contribution ⓘ	\$208.33
<hr/>	
Total Annual Contribution ⓘ	<input type="text" value="\$1,108.33"/>
<hr/>	
Annual Limits	
Min Annual Contribution Amount	--
Max Annual Contribution Amount	\$3,550.00
<hr/>	
Provider	United Healthcare

Total Contribution To Date

Employee Contribution Amount	--
Employer Contribution Amount	--
<hr/>	
Total Contributions To Date	--

Contribute to a Flexible Spending Account (FSA)?

☒ FSA ^

Total Annual Contribution | \$900.00
\$100.00

Contribution Amount	
Employee Paid to Date	--
Employee Per Pay Period	<input type="text" value="\$100.00"/>
Remaining Pay Periods	9
<hr/>	
Employee Annual Contribution	\$900.00
Employer Annual Contribution ⓘ	--
<hr/>	
Total Annual Contribution ⓘ	<input type="text" value="\$900.00"/>
<hr/>	
Annual Limits	
Min Annual Contribution Amount	\$1.00
Max Annual Contribution Amount	\$2,750.00
<hr/>	
Provider	Ameriflex

Total Contribution To Date

Employee Contribution Amount	--
Employer Contribution Amount	--
<hr/>	
Total Contributions To Date	--

☐ Waive Medical FSA

How to enroll though Paylocity

- Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D plans
 1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
 2. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
 3. Select **Continue**.

☒ Voluntary Employee Life ^

Coverage Amount
-- Select --

Provider Cigna

My Estimated Costs per pay period
Employee Contribution --
Employer Contribution --

☐ Waive Voluntary Employee Life Waive Coverage \$0.00

Previous Continue

- Voluntary Disability
 1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
 2. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
 3. Select **Continue**.

☒ Short Term Disability ^

Coverage Amount
-- Select --
-- Select --
Coverage Amount Cost
0.6x - \$685.00 \$26.41

My Estimated Costs per pay period
Employee Contribution --
Employer Contribution --

Previous Continue

- Employer Provided Benefits: Employees do not need to make an election in these plans, as the employer provides these benefits at no cost to the employee.
- Information Only Plans:
 1. Employees will not enroll in these plans in the Benefits Enhanced system.
 2. These plans provide employees with the information necessary to enroll elsewhere.

Plan

Travel Assistance ^

Provider Mutual of Omaha

Documents [Travel Assistance](#)

How to enroll through Paylocity

7. Designate Beneficiaries.

- Any dependents already in the system show as possible beneficiaries.
- Select **Add Beneficiary** to enter additional beneficiaries.
- Enter a **Primary Beneficiary %** for all listed plans.
- Select **Continue**.

Beneficiaries

Spouse Tester
Spouse (Family Member)

Child Tester
Child (Family Member)

Add Beneficiary

Beneficiary Designation

Group Term Life and AD&D **Apply to All**

Name	Primary Beneficiary %	Secondary Beneficiary % (optional)
Spouse Tester	0.00	0.00
Child Tester	0.00	0.00
Totals	0.000	0.000

Previous
Continue

8. Review all enrollment information.

- Select **Expand All** to display the details of each election.
- Select a **Plan Type** in the Sidebar menu to make any necessary changes.

93% Complete [Summary](#)

Last Saved at 11:29 AM 1/4/2019

- ✓ **Welcome**
Complete
- ✓ **Family**
Complete
- ✓ **Medical**
Medical HDHP
- ✓ **Health Care Savings Account (HSA)**
\$2,400.00
- ✓ **Dental**
Waive Dental
- ✓ **Vision**
Waive Vision
- ✓ **Basic Life and A&D**
\$75,000.00

Enrollment Summary

Please review your family information and benefit elections to make sure all information is correct. If not, you may make corrections at this time. You must **Submit Enrollment** at the bottom of the page to complete your benefits enrollment.

My Family Information

	Name	Tobacco	Full-Time Student
TU	Test User3 (Myself) Employee	No	N/A
TS	Test Spouse Spouse	No	N/A

My Benefit Elections

Please review your benefit elections below to make sure all information is correct.

Expand All

Medical	Employee + Spouse	
Medical HDHP		\$12.50

My Estimated Costs per pay period

\$13.88

[My Benefit Elections](#)

Select **Submit** to complete the enrollment.

Enroll in benefits for the next plan year, if applicable.

- Select **I'll do this later** to complete the enrollment for the next plan year now.

One More Step...

Your enrollment has been submitted, but you also need to **enroll in benefits for the next plan year.**

To make that process easier, we're applying your current elections to that enrollment.

Continue I'll do this later

Select **View PDF** to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made.

✓ Success: Your enrollment is 100% complete and is pending approval.

My coverage as of **6/1/2018** Viewing coverage as of 6/1/2018

⌚ The elections below are pending approval.

My Estimated Costs
\$193.92

View PDF

Expand All

Important Information:

- Employees may need to submit an Evidence of Insurability form, if electing coverage over the Guaranteed Issue Amount, or if enrolling in coverage after the initial new hire enrollment period.
- For general Company 2000 Benefits assistance and questions, please submit a HR/Benefits ticket AskHR@Zendesk.
- For additional assistance, please reach out to Jan Bowman, Director of Human Resources Office 317-375-2701
Email: j.bowman@mynoblelife.org



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Customer Service Contacts

Vendor	Phone Number	Web Address
IU Health Medical	1-866-895-5975 1-866-895-5828	www.iuhealthplans.org ihmembersvcs@iuhealth.org
United Healthcare Dental Group Number 1377975 Vision	1-800-896-4830 1-800-638-3120	www.myuhcdental.com www.myuhcvision.com
HSA Health Savings Account	1-800-631-3539	batinfo@paylocity.com
FSA (DBS) Flexible Spending Account	1-800-631-3539	batinfo@paylocity.com
New York Life Life and AD&D Short Term Disability Long Term Disability	1-800-732-1603	Group #FLX961195 Group# VDT601897 Group#BK960088
Compsych EAP Employee Assistance Program	1-800-344-9752	www.guidanceresources.com Web ID: NYLGBS
IU Health EAP Employee Assistance Program	1-800-745-4838, ext. 2	https://iuhealth.org/business-solutions/employee-assistance-program
One America Retirement Plan	1-800-249-6269 M-F 8:00 a.m. – 8:00 p.m.	www.oneamerica.com/login Group #G37571
Noble HR Jan Bowman - Director of HR	317-375-2701	j.bowman@mynoblelife.org

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.