

How to Enroll in Benefits



IMPORTANT THINGS TO KNOW

Only Full Time employees working a minimum of 30 hours per week and their eligible dependents are qualified to receive benefits.


- You have 31 days from your Date of Hire to enroll in benefits.
- The only other times you can enroll are during Open Enrollment or within 31 days of a Qualifying Life Event occurring.
- You will need supporting documentation showing proof of relationship to all dependents being listed on the insurance plans.
- Documentation is to be uploaded in a separate area outside the enrollment (*please see end of slideshow*).

ACCESSING DAYFORCE

Recommended Browser types: Google Chrome

To log in, use employee's Dayforce credentials:

- **Company:** ATI
- **User Name:** Employee Clock number
- **Password:** Dayforce password



CERIDIAN
Dayforce

Company
ATI

User Name
K931

Password

Login

[Can't access your account?](#)

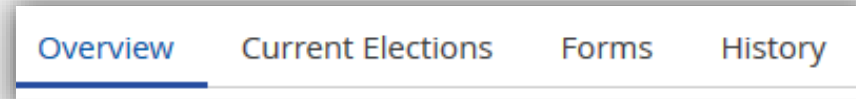
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ACCESSING ENROLLMENT

Once logged in, click on Menu

Click the icon at the top left of the screen

- Click on Benefits
- Under the 'Overview' tab, you will see the available enrollments – you should see the appropriate enrollment listed
- Click on “Start Enrollment” next to the applicable enrollment



If the enrollment is not listed, please reach out to the Benefits Service Center at benefits@atipt.com and we will be happy to assist.


YOU'RE IN!

- Once in the enrollment, you will come to the Introduction portion where a brief outline is given.
- Click Next.

IntroductionProfileElectionsConfirmationSummary

Close

Next



Welcome to your Annual Benefit Open Enrollment!
Open Enrollment is your once-a-year opportunity to enroll, change, or end your participation in your ATI benefit plans.

Enroll between October 30th and November 10th

How to Complete Enrollment

- You may complete the Enrollment through Dayforce on the next several screens
 - When you have made all of your elections you must click **SUBMIT ENROLLMENT** button at bottom of the screen. You will then be able to print your elections.
 - Click [here](#) to view instructions.
- You can schedule an appointment with an ATI Be Well benefit counselor by calling 833-501-0755 or visit [ATI.MyBenefitsAppointment.com](#). A Be Well benefit counselor will help guide your selections based on your needs, answer your questions and hit the enroll button for you!

What kind of changes can be made?

- Change the benefits you are currently enrolled in (e.g., medical, dental and vision)
- Enroll in new benefits
- Add or remove dependents (adding dependents will require completion of the dependent verification process in Dayforce by Dec. 15th)
- Verify life insurance beneficiaries
- Enroll in voluntary benefits

REMEMBER!
The elections you make during Open Enrollment will remain in place for the entire 2024 plan year. Click [here](#) to view the 2024 Benefits Guide. (NEED NEW GUIDE)

Be sure to choose wisely!
Midyear changes are not allowed unless you experience a Qualified Life Event (QLE). QLE's are events such as birth of a child, marriage, divorce, or loss of coverage. If you experience a QLE, please reach out to the Benefits Service Center at [benefits@atipt.com](#) within 31 days of your QLE date.

The dollar amount you see in blue for every option is the amount you will pay per paycheck.

Please make elections in the order in which they appear on the Elections screen.

Ready to move on? Click on the 'Next' button...

Close

Next

Enrollment

Health

Medical

Dental

Vision

Life/Disability

Basic Life Insurance

Optional Employee Life

Optional Spouse Life

Optional Child Life

Reimbursement

Dependent Flexible Spending Account (Dependent FSA)

Health Flexible Spending Account (Health FSA)

Health Savings Account (HSA)

Voluntary

Medife Legal

RELIANCE Hospital Indemnity

Reliance Accident Insurance

Reliance Critical Illness Employee

Reliance Critical Illness Spouse

Reliance Critical Illness Child

Cancer Guardian

Norton Lifelock

DEPENDENTS & BENEFICIARIES

On this first page you will see two sections:

➤ Current Dependent Information

- Add any new dependents by clicking the add button and entering their information.
- All dependents being covered by health or life insurance **must** be added here in order for correct plan coverage levels to populate.

➤ Current Beneficiary Information

- Add any new beneficiaries by clicking the add button and entering their information.
- At least one beneficiary must be listed for each life insurance policy

The screenshot shows a web application interface for managing dependents. At the top, a progress bar indicates the current step is 'Profile', with 'Introduction', 'Elections', 'Confirmation', and 'Summary' as subsequent steps. Below the progress bar, the 'Profile Forms' section contains a message: 'Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".' There are 'Close', 'Save Draft', 'Back', and 'Next' buttons. A list of sections follows: 'How to Add Dependents and Beneficiaries' (expanded), 'Current Dependent Information' (selected), and 'Current Beneficiary Information'. The 'Current Dependent Information' section displays the title 'Current Dependent Information' and a message: 'Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).' A '+ Add' button is visible at the bottom of this section.

The screenshot shows the same web application interface, but with the 'Current Beneficiary Information' section selected. The progress bar and 'Profile Forms' section are identical. The 'Current Beneficiary Information' section displays the title 'Current Beneficiary(s)' and a message: 'Below is the list of your current beneficiary(s). You have the ability to Add or Remove a beneficiary. Limited editing is also available.' '+ Add' and '✕ Remove' buttons are visible at the bottom of this section.



****If an employee is adding any dependents, they will need to submit Dependent Documentation by Dec. 15th during open enrollment or within 31 days of the benefit effective date for new hires**
Please see end of slideshow for how to upload Dependent Documentation**

SPOUSAL SURCHARGE

- If the employee is choosing to cover their spouse and the spouse is *offered* health coverage through their employer, the Spousal Surcharge will apply. This question is in the **Current Dependent** Information section of the enrollment.
- Please select 'No' if:
 - They are not covering a spouse on the medical plan
 - Their spouse is unemployed
 - Their spouse is not *offered* health insurance through their employer
- Please select 'Yes' if:
 - They are covering their spouse and they are *offered* benefits through their employer but choosing to be covered by ATI

Add New Dependent

Personal Information * Required Field

First Name*	<input type="text" value="First Name"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text" value="Last Name"/>
Gender*	<input type="text" value="Select an Option..."/>
Relationship*	<input type="text" value="Spouse"/>
Offered Medical Coverage Elsewhere *	<input type="text" value="Select an Option..."/>
Birth Date*	<input type="text" value=""/> 
SSN	<input type="text"/>
Tobacco/Smoker	<input type="text" value="No"/>
Date last used Tobacco/Smoked	<input type="text" value=""/> 
Student	<input type="text" value="Select an Option..."/>
Disabled	<input type="text" value="Select an Option..."/>
Marital Status	<input type="text" value="Select an Option..."/>

Offered Medical Coverage Elsewhere *

MEDICAL

- Select the 'Medical Waive' option if they wish to waive medical coverage through ATI
- Please note- If a electing a medical plan that states "Spouse Coverage Elsewhere", the Spousal Surcharge is already calculated into the rate.

Health

Please ensure you have added your dependent(s) on the Profile Page. If you have not, then please click on the [Back] Button to add your dependent(s) before electing your Medical, Dental and Vision coverage below.

- Health insurance is offered by BCBS and there are 3 plans to choose from including PPO Plan, High Deductible 3000 Plan, High Deductible 5000 Plan
- Dental insurance is offered by MetLife
- Vision insurance is offered by MetLife

Medical

Medical insurance is a personal decision for each of us. It's important to understand all your options so you can choose the medical plan that best fits the needs of you and your family. We offer 3 Medical Plans, PPO, High Deductible 3000 Plan, and High Deductible 5000 Plan. [Click here to see the more detailed coverage information and cost comparisons.](#)

IMPORTANT! The dollar amount you see in blue is the amount you will pay for each medical option, per paycheck.

DEPENDENTS
Covered Dependents are children up to the age of 26, or disabled dependents.

NOTE
If you elect one of the High Deductible Plans, then you are eligible for the Health Savings Account (HSA).
If you elect the High Deductible 5000 Plan, then you are eligible for an Employer Contribution of \$300 for Employee Only or \$600 for Family.
If you elect the PPO Plan, then you are eligible for the Health Flexible Spending Account (FSA)

Type: Messages

You must elect 1 option(s) in the election set.

Option Name Ascending

Compare Selected

Option	In-network Deductible	In-network Out-of-pocket maximum-Medical	In-network Primary Care Office Visit	In-network Emergency Room	In-network Generic Prescriptions	Sele...
<input type="checkbox"/> HDHP 3000 - Employee Start Date: 1/1/2024	\$31.58	\$3,000 single / \$6,000 family	\$6,000 single / \$9,100 family	20% after deductible	20% after deductible	20% after deductible

*****The amount in Blue is what will be deducted per paycheck *****

DENTAL

- ATI only offers one Dental plan. Only the coverage level will need to be chosen.
- Select the "Waive Dental" option if they do not wish to have Dental coverage

Introduction Profile Elections Confirmation Summary

Dental

Select the dental coverage that best fits your needs. [Click here for additional coverage information.](#)

IMPORTANT! The amount you see in blue is the amount you will pay, per paycheck.

Type: Messages

You must elect 1 option(s) in the election set.

Option Name Ascending Compare Selected

Option	Description	Sele...
<input type="checkbox"/> MetLife Dental - Employee Start Date: 1/1/2024 \$15.12		<input type="checkbox"/>
<input type="checkbox"/> MetLife Dental - Employee + Child(ren) Start Date: 1/1/2024 • 2 Dependents Show Details \$33.58		<input type="checkbox"/>
<input checked="" type="checkbox"/> MetLife Dental - Employee + Family Start Date: 1/1/2024 • 3 Dependents Show Details \$56.42		<input type="checkbox"/>
<input type="checkbox"/> MetLife Dental - ... \$31.01		<input type="checkbox"/>

VISION

- ATI only offers one Vision plan. Only the coverage level needs to be chosen.
- Select the "Waive Vision" option if they do not wish to have Vision coverage

The screenshot shows a web-based interface for selecting a dental vision plan. At the top, a progress bar indicates the steps: Introduction (completed), Profile (completed), Elections (current step), Confirmation, and Summary. The main heading is "Dental" with a sub-heading "Vision". Below this, a message states: "Select the dental coverage that best fits your needs. [Click here for additional coverage information.](#)" An important note follows: "IMPORTANT! The amount you see in blue is the amount you will pay, per paycheck." A message box indicates "You must elect 1 option(s) in the election set." Below this is a table of options with columns for "Option", "Description", and "Sele...". The table lists three options: "MetLife Vision - Employee" (\$3.80), "MetLife Vision - Employee + Child(ren)" (\$6.20), and "MetLife Vision - Employee + Family" (\$10.00). Each option includes a checkbox, a "Show Details" button, and a "Start Date: 1/1/2024". A "Compare Selected" button is located to the right of the table.

Option	Description	Sele...
<input type="checkbox"/> MetLife Vision - Employee Start Date: 1/1/2024		<input type="checkbox"/>
<input type="checkbox"/> MetLife Vision - Employee + Child(ren) Start Date: 1/1/2024 • 2 Dependents Show Details		<input type="checkbox"/>
<input type="checkbox"/> MetLife Vision - Employee + Family Start Date: 1/1/2024 • 3 Dependents Show Details		<input type="checkbox"/>
<input type="checkbox"/> MetLife Vision - Start Date: 1/1/2024 • 4 Dependents Show Details		<input type="checkbox"/>

BASIC LIFE INSURANCE

- The Basic Life Insurance coverage is \$50,000 and is company paid at no cost
- In order to move forward, beneficiary(ies) must be chosen. Click on “Show Details” and a separate window will open where you can elect the beneficiary(ies).

Introduction Profile Elections Confirmation Summary

IMPORTANT! You must enroll in employee optional life insurance in order to elect spouse or child optional life. Your optional spouse election may not exceed 50% of the elected employee optional life insurance amount.

[Click here to view Life Insurance information.](#)

Basic Life Insurance

IMPORTANT! You must designate a beneficiary to your basic life insurance benefit. To do so, click on "Show Details"

Type Messages

- You may elect in a maximum of 1 option(s) in this election set.
- You have been automatically enrolled in option "Basic Life Insurance".

Option Name Ascending

Compare Selected

Option		Sele...
<input checked="" type="checkbox"/> Basic Life Insurance Start Date: 1/1/2024 • Coverage preset at \$50,000.00 • 3 Beneficiaries Show Details	\$0.00	<input type="checkbox"/>

Option Details

Basic Life Insurance

Coverage Amount
Your Coverage has been preset to the following amount.
\$50,000.00

- Your previously elected coverage was \$50,000.00.

Beneficiaries
You must designate at least one Primary beneficiary. You may designate any percentage amount greater than 0.00% to each beneficiary, as long as the total for each beneficiary type equals 100%.

+ Add

Beneficiaries	Type*	Percentage*	Remove
---------------	-------	-------------	--------

OPTIONAL LIFE INSURANCE

- Employee Optional Life is offered up to a maximum of \$500,000 that is employee paid (on a post-tax basis). This is in addition to the \$50,000 Basic Life Insurance that is company paid
- If enrolling, click on the Employee Optional Life checkbox
- If not enrolling in this option, simply select “Waive Employee Optional Life”

The screenshot shows a web-based interface for selecting life insurance options. At the top, a progress bar indicates the steps: Introduction, Profile, Elections (current step), Confirmation, and Summary. Below the progress bar, there are two main sections: 'Basic Life Insurance' and 'Optional Employee Life'. The 'Optional Employee Life' section is highlighted with a blue header. It contains a message stating that the user can elect between \$10,000 and \$500,000 in coverage. Below this, there are two bullet points explaining the requirements for electing more than \$10,000 in coverage. A message box indicates that the user must select at least one option. Below the message box, there is a table with two rows: 'Employee Optional Life' and 'Waive Employee Optional Life'. The 'Employee Optional Life' row is selected with a checkbox and shows a cost of \$23.08 per month. The 'Waive Employee Optional Life' row is unselected and shows a cost of \$0.00. The table also includes columns for 'Maximum Coverage Amount' and 'Guaranteed Issue'.

Introduction Profile **Elections** Confirmation Summary

Basic Life Insurance

Optional Employee Life

You can elect between \$10,000 and \$500,000.

- If enrolling for 1st time and elect more than \$10,000 in coverage, then you will need to submit an Evidence of Insurability (EOI).
- If you are already enrolled and increase your current coverage \$10,000 or more then you will need to submit an EOI.

Type Messages

You must elect 1 option(s) in the election set.

Option Name Ascending Compare Selected

Option	Maximum Coverage Amount	Guaranteed Issue	Sele...
<input checked="" type="checkbox"/> Employee Optional Life Start Date: 1/1/2024 • \$500,000.00 Coverage • 3 Beneficiaries Show Details	\$23.08	\$500,000 May add or increase by \$10,000 without EOI, up to a max of \$500,000.	<input type="checkbox"/>
<input type="checkbox"/> Waive Employee Optional Life Start Date: 1/1/2024	\$0.00		<input type="checkbox"/>

OPTIONAL LIFE COVERAGE AMOUNT

- By electing coverage (checkmark the box), a screen will pop up for you to choose the coverage amount
- Enter the total amount of Life Insurance and who should be listed as beneficiary(ies)



Option Details

Employee Optional Life

Coverage Amount
Select the desired coverage amount below. You can use the slider or the plus or minus buttons to select your coverage amount.

Minimum Coverage: \$10,000.00
Maximum Coverage: \$500,000.00
Amount in units of: \$10,000.00

−

370,000

+

\$10,000.00 \$500,000.00

- Selected coverage exceeds the Guaranteed Amount and requires Evidence of Insurability. Your coverage will be \$10,000.00 until approved. If approved, your cost for the requested coverage of \$370,000.00 will be \$6.83.



Beneficiaries

You must designate at least one Primary beneficiary. You may designate any percentage amount greater than 0.00% to each beneficiary, as long as the total for each beneficiary type equals 100%.

+ Add

Beneficiaries	Type*	Percentage*	Remove
---------------	-------	-------------	--------

SPOUSE OPTIONAL LIFE

- In order to enroll in Spouse Optional Life, Employee Optional Life **must** be enrolled
- The Spouse Optional Life Insurance policy is in \$5,000 increments to a maximum of \$100,000 and must not exceed 50% of the Employee Optional Life amount

Introduction Profile Elections Confirmation Summary

Optional Spouse Life

You must add a dependent type of "Spouse" AND enroll in Employee Optional Life to qualify for this benefit

You can elect 50% of the Employee Optional Life coverage up to a maximum of \$100,000. You can elect coverage or increase coverage between \$5,000 and up to \$25,000 without EOI. Coverage \$25,000 and over will require an EOI. Coverage is available for spouses up to the age of 70.

Type: Messages

You must elect 1 option(s) in the election set.

Option Name Ascending Compare Selected

Option	Maximum Coverage Amount	Guaranteed Issue	Sele...
<input checked="" type="checkbox"/> Spouse Optional Life Start Date: 1/1/2024 • \$25,000.00 Coverage • 1 Dependent Show Details	Up to 50% of the Employee's Optional Life Coverage or \$100,000. If you are enrolling for spousal optional life coverage for the first time over \$5,000, Evidence of Insurability (EOI) may be required. Please click on the Reference Attachment to the left to access the paperless EOI form. Coverage is available for spouses up to the age of 70.	May add or increase by \$5,000, up to a Maximum Guaranteed Issue of \$25,000. You must be enrolled in Employee Optional Life, to enroll in Spouse Optional Life.	<input type="checkbox"/>
<input type="checkbox"/> Waive Optional Spouse Life Start Date: 1/1/2024			<input type="checkbox"/>

Coverage amounts may be subject to an approval process. The Evidence of Insurability may need to be completed.

SPOUSE OPTIONAL LIFE *CONTINUED*



Any amount over \$25,000 will require an Evidence of Insurability (EOI) form for Reliance Standard, showing proof of good health for spouse



If an amount over \$25,000 is chosen, you will see a message pop up explaining the “Guaranteed Amount” and the cost until the EOI form has been approved



Select spouse as dependent. The employee, will automatically be listed as the Primary Beneficiary, but other beneficiaries can be added



Option Details

Spouse Optional Life

Coverage Amount

Select the desired coverage amount below. You can use the slider or the plus or minus buttons to select your coverage amount.

Minimum Coverage:

\$5,000.00

Maximum Coverage:

\$100,000.00

Amount in units of:

\$5,000.00

-

85,000

+

\$5,000.00

\$100,000.00

Selected coverage exceeds the Guaranteed Amount and requires Evidence of Insurability. Your coverage will be \$5,000.00 until approved. If approved, your cost for the requested coverage of \$85,000.00 will be \$1.57.

Dependents

Please select dependents to be enrolled.

Minimum number of Dependent(s): 1

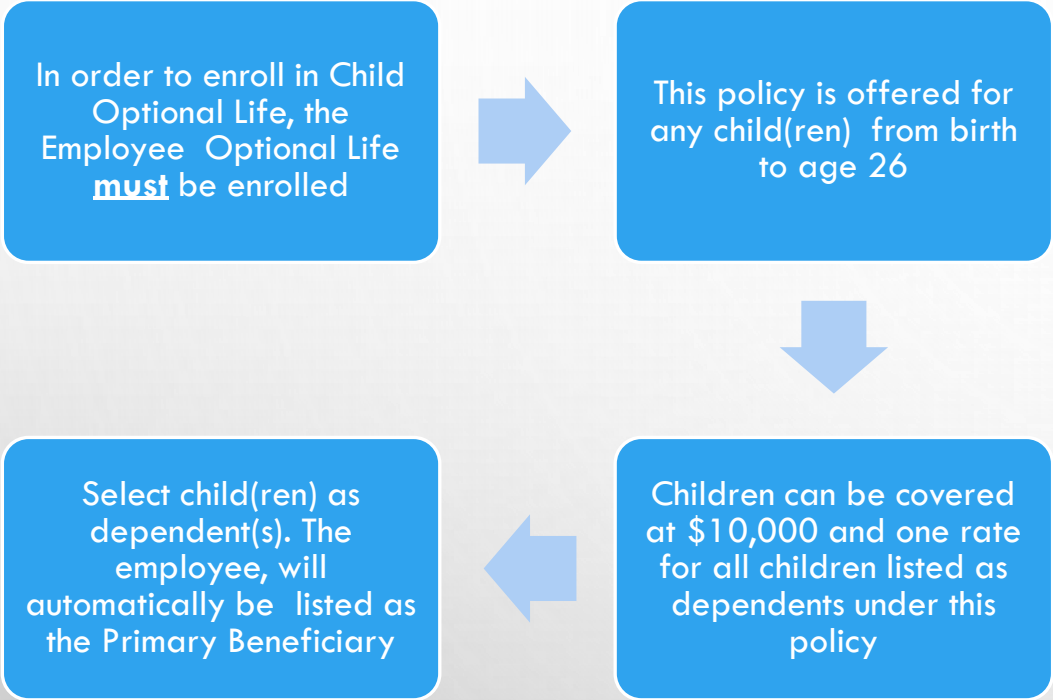
Maximum number of Dependent(s): 1

+ Add

Dependents	Remove
<div><div>last name, first name (Spouse)</div><div>Birth Date: 1/1/1950</div></div>	<div>X</div>

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CHILD OPTIONAL LIFE



Introduction Profile **Elections** Confirmation Summary

Optional Spouse Life

Optional Child Life

You must add a dependent type of "Child" AND enroll in Employee Optional Life to qualify for this benefit

Coverage is \$10,000 per child, up to the age of 26.

Type Messages

You must elect 1 option(s) in the election set.

Option Name Ascending Compare Selected

Option	Flat Amount	Sele...
<input checked="" type="checkbox"/> Child Optional Life Start Date: 1/1/2024 • \$10,000.00 Coverage • 2 Dependents Show Details	\$0.92 \$10,000	<input type="checkbox"/>
<input type="checkbox"/> Waive Optional Child Life Start Date: 1/1/2024	\$0.00	<input type="checkbox"/>

Option Details

Child Optional Life

Coverage Amount
Your Coverage has been preset to the following amount.
\$10,000.00

Dependents
Please select dependents to be enrolled.

- Minimum number of Dependent(s): 1
- Maximum number of Dependent(s): 98

+ Add

Dependents	Remove
last name, first name (Child) Birth Date: 1/1/2000	X

DEPENDENT CARE FSA

- The Dependent Care FSA is for Daycare related expenses for children *under the age of 13*
- You must have a dependent under the age of 13 added in the Current Dependent Information section in order to select this option
- The Annual Maximum is \$5,000 per household and it follows the "Use It or Lose It" rule.

Dependent Flexible Spending Account (Dependent FSA)

IMPORTANT! The Dependent Care FSA is not for spouse or child health expenses. You must add a dependent type of "child" to be eligible for this benefit.

The Dependent Care Flexible Spending Account (FSA) must be used for non-educational expenses, such as daycare costs, incurred for children under age 13. Setting aside these pre-tax dollars allows you to reduce your taxable income. [For more information about Dependent FSA click here to visit the Health Equity site.](#)

The Dependent Care FSA is subject to the "use it or lose it" rule, so be sure to elect an amount you are confident you will use as you cannot change it throughout the year (unless you have a qualified life event). **Any unused contributions will be forfeited at the end of the year.**

You can contribute between \$100 and \$5,000 annually.

Type: Messages

You must elect 1 option(s) in the election set.

Option Name Ascending

Compare Selected

Option	Description	Sele...
<input type="checkbox"/> Dependent FSA Start Date: 1/1/2024 \$100.00 Annual Contribution Show Details	\$3.85	<input type="checkbox"/>
<input checked="" type="checkbox"/> Waive Dependent FSA Start Date: 1/1/2024	\$0.00	<input type="checkbox"/>

****Please reference the [HealthEquity Website](#) for eligible expenses****

DEPENDENT CARE FSA

- Enter the annual amount to contribute. Dayforce will automatically calculate the per paycheck deduction and show that as “Your Cost”.

Choose wisely:

- **No funds roll over year to year.** *Any unused funds are forfeited at the end of the calendar year.*
- Amount elected **cannot** be changed mid-year, without a Qualified Life Event occurring.

Option Details [X]

Dependent FSA

Contribution
Enter the desired contribution amount below, or you can select the contribution amount by using the slider or plus and minus button.

Minimum Contribution: \$0.00
Maximum Contribution: \$5,000.00
Annual Contribution

[-] [+]

\$0.00 \$5,000.00

• Your actual plan year to date contribution for this option is \$0.00.
• Your per pay amount will be zero unless you elect a contribution amount higher than your plan year to date amount of \$0.00.

Your Cost:	\$127.88
Estimated Total Annual Amount:	\$3,325.00

Save Cancel

****Please reference the [HealthEquity Website](#) for eligible expenses****

HEALTH FSA

- The Health FSA is an optional election. In order to be eligible for this, one of the following Medical options must be chosen:
 - BCBS Standard PPO
 - Medical Waive
- If enrolling, select the checkbox next to Health FSA, enter the annual amount, and hit 'Save'.
- If *not* enrolling, select Waive Health FSA checkbox.

The screenshot shows the 'Health Flexible Spending Account (Health FSA)' enrollment page. It includes a header with a back arrow and the title. Below the header, there is a paragraph explaining the Health Care Flexible Spending Account (FSA) and its purpose. A link is provided for more information. Below this, a message states that contributions can range from \$100 to \$3,050 annually. Another paragraph explains the 'use it or lose it' rule and the \$550 rollover. A message box indicates that one option must be selected. Below this, there is a table with two options: 'Health FSA' and 'Waive Health FSA'. The 'Health FSA' option is currently unselected, while the 'Waive Health FSA' option is selected. The table columns are 'Option', 'Description', and 'Sele...'. The 'Health FSA' option has a start date of 1/1/2024 and a \$100.00 annual contribution. The 'Waive Health FSA' option also has a start date of 1/1/2024. A 'Compare Selected' button is located at the top right of the table.

Health Flexible Spending Account (Health FSA)

The Health Care Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible out-of-pocket health expenses incurred by you, your spouse, or any of your eligible dependents, even if you are not covered by one of the Company's medical plans. Examples of eligible expenses are deductibles, copays, laser eye surgery, and dental services. [For more information about Health FSA click here to visit the Health Equity site.](#)

You can contribute between \$100 and \$3,050 annually.

The Healthcare FSA is subject to the "use it or lose it" rule, however, the plan does allow a \$550 rollover at the end of the calendar year if you weren't able to use your entire contribution amount. Any amount over \$550 will be forfeited at the end of the year.

Type Messages

You must elect 1 option(s) in the election set.

Option Name Ascending Compare Selected

Option	Description	Sele...
<input type="checkbox"/> Health FSA Start Date: 1/1/2024 \$100.00 Annual Contribution Show Details		<input type="checkbox"/>
<input checked="" type="checkbox"/> Waive Health FSA Start Date: 1/1/2024		<input type="checkbox"/>

****Please reference the [HealthEquity](#) website for eligible expenses****

HEALTH FSA *CONTINUED*

- The 2024 Annual maximum amount is \$3,050.
- Amount elected **cannot** be changed mid-year, without a Qualifying Life Event occurring

Option Details

Health FSA

Contribution
Enter the desired contribution amount below, or you can select the contribution amount by using the slider or plus and minus button.

Minimum Contribution: \$100.00
Maximum Contribution: \$2,700.00

Annual Contribution

−

+

\$100.00

\$2,700.00

· Your actual plan year to date contribution for this option is \$0.00.
· Your per pay amount will be zero unless you elect a contribution amount higher than your plan year to date amount of \$0.00.

Your Cost: \$46.15
Estimated Total Annual Amount: \$1,200.00

Save

Cancel

****Please reference the [HealthEquity](#) website for eligible expenses****

HEALTH SAVINGS ACCOUNT

Employees will have 2 valid options (all other options will be greyed out) depending on which medical plan is elected. Ie, 5000, 3000, or PPO.

NEW FOR 2024!! : If you elected the High Deductible 5000 Plan, you are eligible for an Employer Contribution of \$300 for Employee Only or \$600 for Family (including Employee + Child(ren), Employee + Spouse).

Your maximum allowed contributions are reduced due to Employer Contributions. Therefore, the maximum annual amount for employee-only is \$3,850 or \$7,700 for family coverage.

<input type="checkbox"/> Employer Contribution Only \$300 (Employee Only) Start Date: 1/1/2024	\$0.00	Annual \$300 Employer contribution funded to your HSA account (\$11.54 per pay period). No Employee HSA Contribution required.
<input type="checkbox"/> Employer Contribution Only \$600 (Family) Start Date: 1/1/2024	\$0.00	Annual \$600 Employer contribution funded to your HSA account (\$23.07 per pay period). No Employee HSA Contribution required.
<input type="checkbox"/> HSA Employee Only 2024 Start Date: 1/1/2024 \$10.00 Annual Contribution Show Details	\$0.38	
<input type="checkbox"/> HSA Employee Only and \$300 ER Contribution Start Date: 1/1/2024 \$10.00 Annual Contribution Show Details	\$0.38	Annual \$300 ER contribution funded to your HSA account (\$11.54 per pay period)
<input type="checkbox"/> HSA Family 2024 Start Date: 1/1/2024 \$10.00 Annual Contribution Show Details	\$0.38	
<input type="checkbox"/> HSA Family and \$600 ER Contribution Start Date: 1/1/2024 \$10.00 Annual Contribution Show Details	\$0.38	Annual \$600 ER contribution funded to your HSA account (\$23.07 per pay period)
<input checked="" type="checkbox"/> Waive HSA 2024	\$0.00	

****Please refer to the [HealthEquity Website](#) for details and eligible expenses****

HEALTH SAVINGS ACCOUNT

(paired with HDHP)

Once elected, simply decide how much to contribute

2024 IRS Maximum Annual Contributions:

- Employee Only : \$4,150
- Family : \$8,300

*If age 55 or older, an additional catch-up of \$1,000 can be elected.
Have employee reach out to Benefits (benefits@atipt.com) stating SO.

Funds roll over year to year and contribution amounts can be changed at any time!

*****Please refer to the [HealthEquity Website](#) for details and eligible expenses*****

Option Details

HSA Employee Only

Contribution
Enter the desired contribution amount below, or you can select the contribution amount by using the slider or plus and minus button.

Minimum Contribution: \$0.00
Maximum Contribution: \$3,550.00
Annual Contribution

1,500

\$0.00 \$3,550.00

- Your actual plan year to date contribution for this option is \$0.00.
- Your per pay amount will be zero unless you elect a contribution amount higher than your plan year to date amount of \$0.00.

Your Cost: \$57.69
Estimated Total Annual Amount: \$1,500.00

Save Cancel

Option Details

HSA Family

Contribution
Enter the desired contribution amount below, or you can select the contribution amount by using the slider or plus and minus button.

Minimum Contribution: \$0.00
Maximum Contribution: \$7,100.00
Annual Contribution

5,350

\$0.00 \$7,100.00

- Your actual plan year to date contribution for this option is \$0.00.
- Your per pay amount will be zero unless you elect a contribution amount higher than your plan year to date amount of \$0.00.

Your Cost: \$205.77
Estimated Total Annual Amount: \$5,350.00

Save Cancel

VOLUNTARY PLANS

- Only available during Open or New Hire/Work Event Enrollments
- Voluntary Benefits are additional benefits that are 100% employee paid
- Can enroll in the following voluntary plans directly through Dayforce:
 - MetLife Legal
 - Reliance Hospital Indemnity
 - Reliance Accident Insurance
 - Reliance Critical Illness
 - Cancer Guardian
 - Norton LifeLock Identity Theft Protection
- Click on the provided links in the Voluntary Benefit description box to enroll in the following voluntary plans:
 - Pet Insurance
 - LifeTime Benefit Term Insurance with Long Term Care
 - Purchasing Power

Voluntary

ATI recognizes that everyone is unique with different family situations and needs. ATI is offering several voluntary benefits for you to select and have premiums deducted right from your paycheck. Additional benefits you can enroll in:

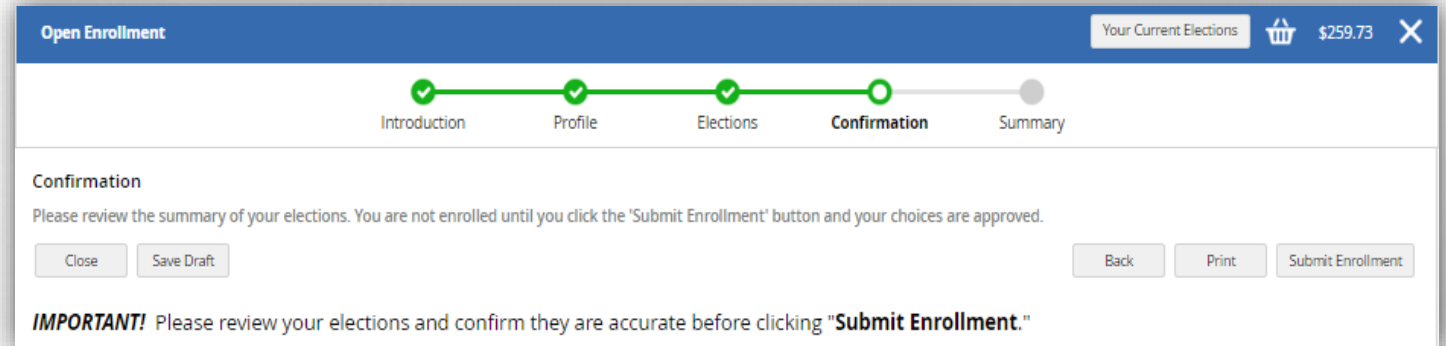
- Accident Insurance
- Cancer Guardian
- Critical Illness for Employee, Spouse or Child
- LifeLock Identify Theft Protection
- Legal Services
- Hospital Indemnity

ATI is proud to offer the following additional voluntary benefits, which you can enroll in online:

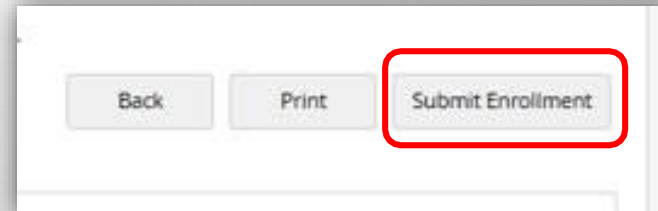
- LifeTime Benefit Term Insurance with Long Term Care. [Click here for plan information.](#) [Click here to enroll.](#) Your initial PIN is the last 4 digits of your SSN plus the last two digits of your birth year.
- Pet Insurance. [Click here to enroll in Nationwide Pet Insurance.](#)
- Purchasing Power. You can shop for products and make payments through your paycheck. [Click here to view plan highlights.](#) [Click here to enroll for free.](#)

CONFIRMATION

- Once you have made all of your elections and hit “Next” you will come to the Confirmation page.
- Please review this page carefully and confirm everything is correct.
- If everything looks correct, click Submit Enrollment.
- If you wish to make changes, hit the ‘back’ button.
- **Please Note** - Employee will *not* be able to make changes to benefits **after** the applicable deadline unless they have a Qualified Life Event

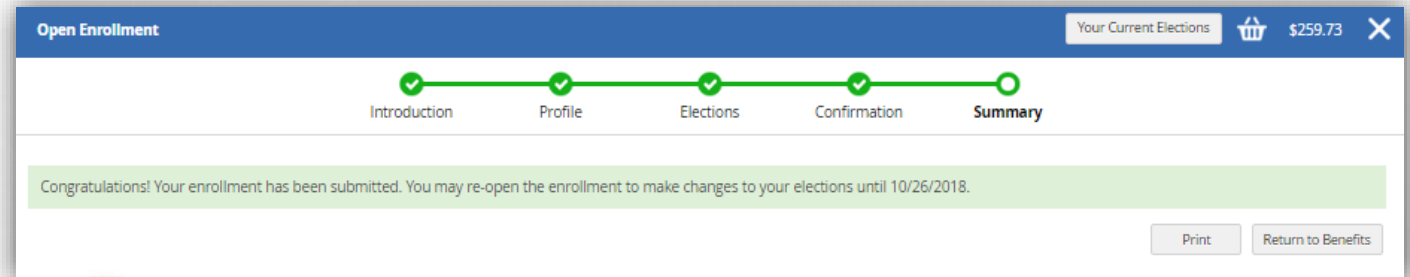
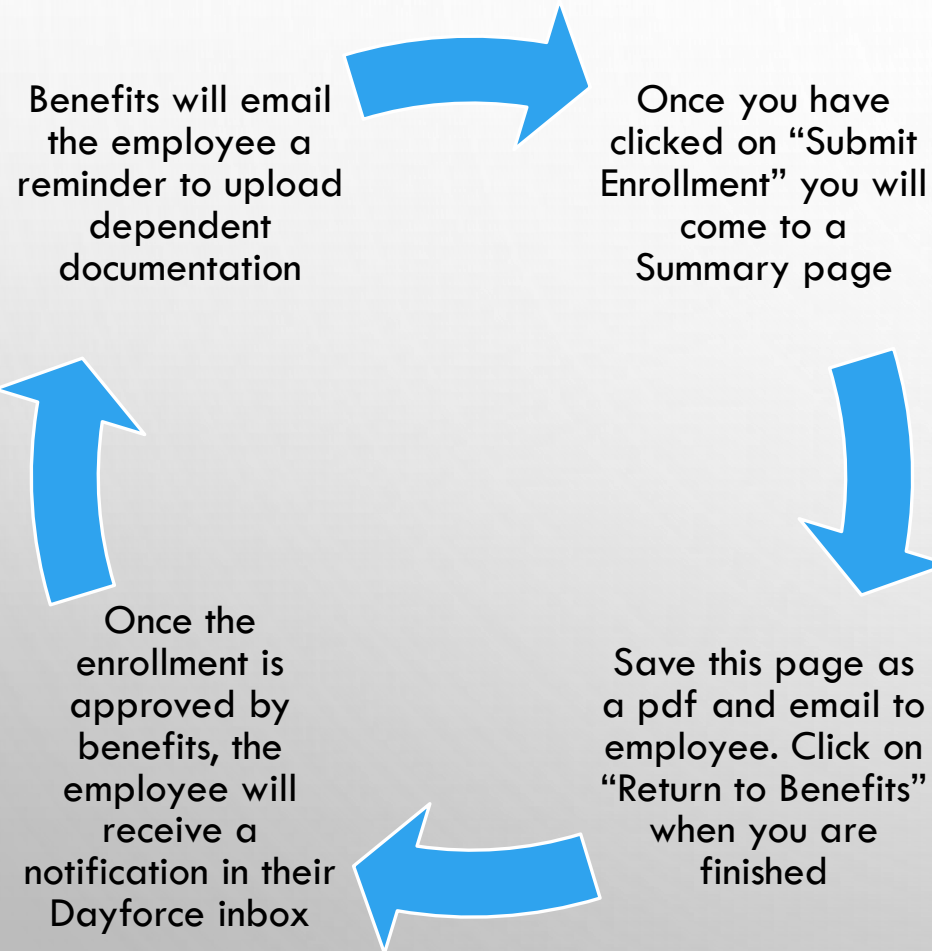


The screenshot shows the 'Open Enrollment' interface. At the top, a blue header bar contains the title 'Open Enrollment' on the left and 'Your Current Elections' with a shopping cart icon and '\$259.73' on the right. Below the header is a progress bar with five steps: 'Introduction', 'Profile', 'Elections', 'Confirmation', and 'Summary'. The first three steps are marked with green checkmarks, while 'Confirmation' is marked with a green circle and 'Summary' with a grey circle. The main content area is titled 'Confirmation' and contains the text: 'Please review the summary of your elections. You are not enrolled until you click the 'Submit Enrollment' button and your choices are approved.' Below this text are three buttons: 'Close', 'Save Draft', and 'Submit Enrollment'. To the right of these are 'Back' and 'Print' buttons. An important note is displayed: '**IMPORTANT!** Please review your elections and confirm they are accurate before clicking "Submit Enrollment."



This is a close-up of the bottom right section of the Confirmation page. It shows three buttons: 'Back', 'Print', and 'Submit Enrollment'. The 'Submit Enrollment' button is highlighted with a red rectangular border.

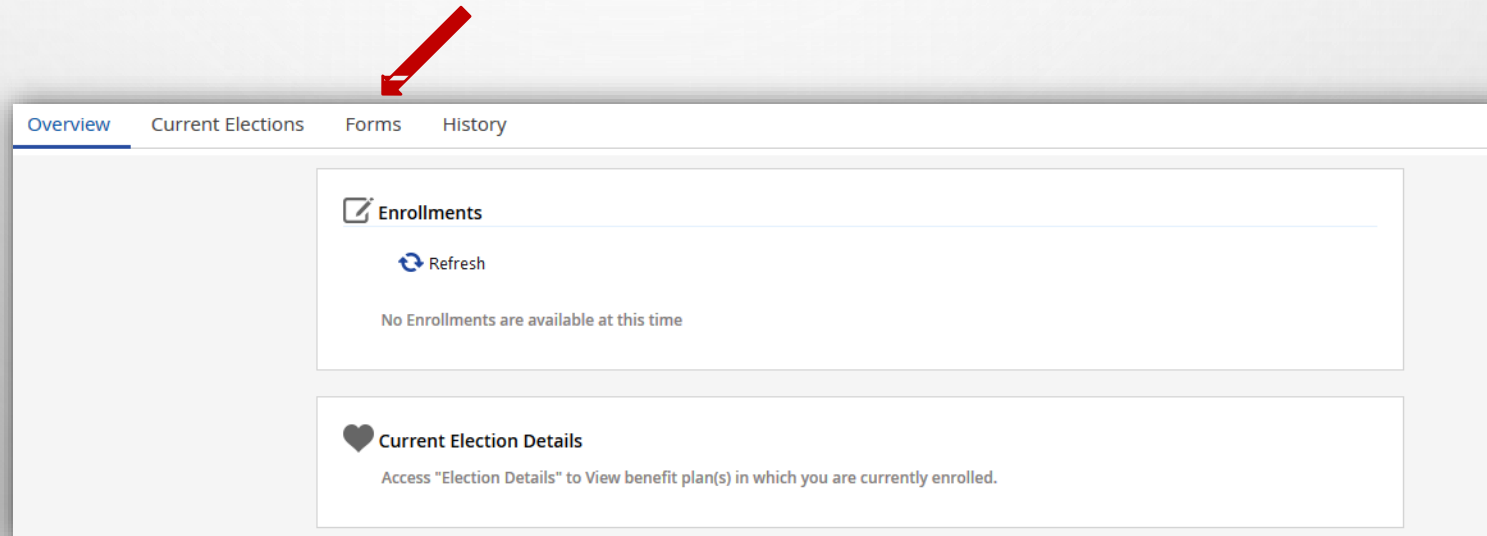
SUMMARY



*****If employee is covering dependents and needs to upload documentation, please continue to the next slides...***

UPLOADING DEPENDENT DOCUMENTATION

- After completing the enrollment and clicking on “Return to Benefits”, you should see a page similar to the page shown here.
- Click on the “Forms” tab.



DEPENDENT DOCUMENTATION *CONTINUED*

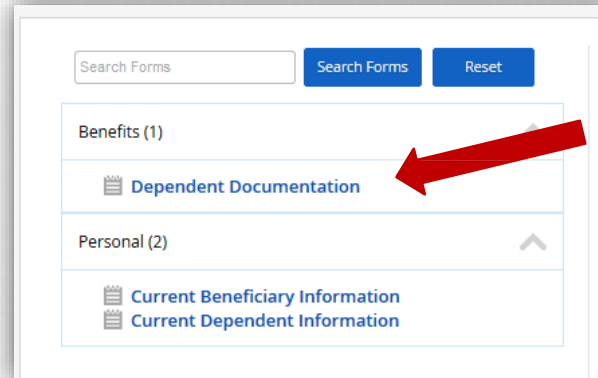
Once in the Forms section;

1. Click on 'Dependent Documentation'
2. Click on 'Upload Files' and upload documents needed
3. Click Submit!

Examples of Documentation Needed:

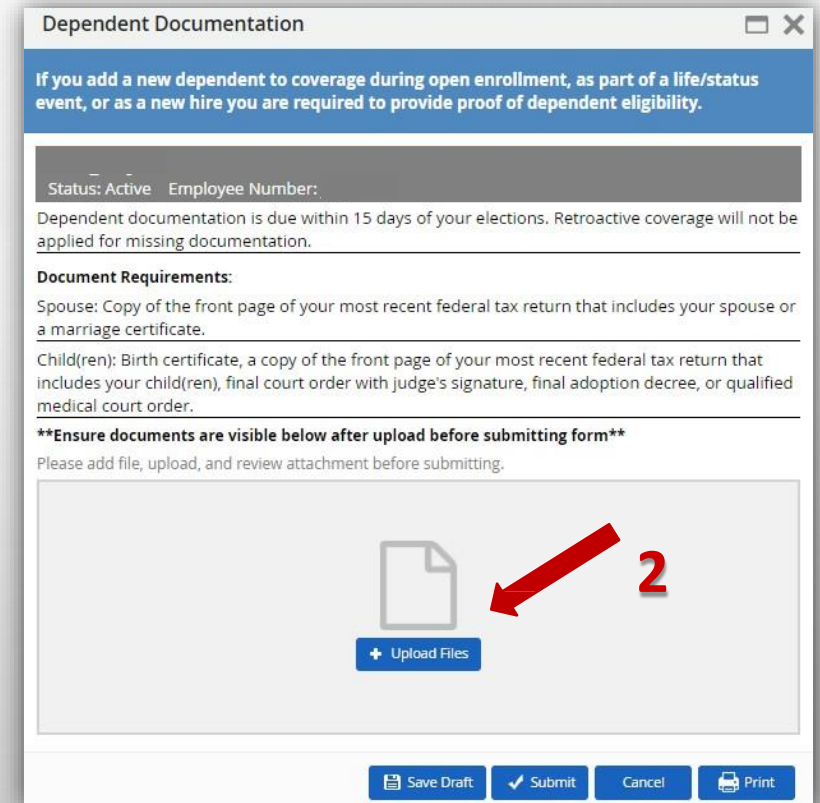
- Birth certificate (children)
- Marriage certificate (spouse)
- Most recent tax return (if filed jointly)
- Court documents showing relationship

Documents will be submitted for approval. If approved, they will receive a notification in Dayforce inbox. If not approved, Benefits will reach out to employee directly via email.



A screenshot of a web interface showing a 'Search Forms' section. Below the search bar, there are two categories: 'Benefits (1)' and 'Personal (2)'. Under 'Benefits (1)', the option 'Dependent Documentation' is highlighted with a red arrow pointing to it. Under 'Personal (2)', there are two options: 'Current Beneficiary Information' and 'Current Dependent Information'.

1



A screenshot of the 'Dependent Documentation' form. At the top, there is a blue banner with white text: 'If you add a new dependent to coverage during open enrollment, as part of a life/status event, or as a new hire you are required to provide proof of dependent eligibility.' Below this, there is a section for 'Status: Active' and 'Employee Number:'. A paragraph states: 'Dependent documentation is due within 15 days of your elections. Retroactive coverage will not be applied for missing documentation.' Under 'Document Requirements:', there are instructions for Spouse and Child(ren). A bolded note says: '**Ensure documents are visible below after upload before submitting form**'. Below this, there is a text prompt: 'Please add file, upload, and review attachment before submitting.' A large red arrow points to the 'Upload Files' button, which is labeled with a red '2'. At the bottom of the form, there are buttons for 'Save Draft', 'Submit', 'Cancel', and 'Print'. A red arrow points to the 'Submit' button, labeled with a red '3'.

3

Documentation MUST BE submitted by Dec. 15th during open enrollment or within 31 days of the benefit effective date for new hires

LOG OUT

- Navigate to upper right hand corner of Dayforce
- Click on drop down arrow
- Logout

