



Welcome to Price Rite NetBenefits®



How to Log in to NetBenefits®

Go to www.netbenefits.com

Enter the same User ID and password you use to log into your Price Rite 401(k)

Fidelity NetBenefits®

You're logged out

U.S. Employees

Outside U.S. Employees

Username

*****066

Password

.....

☐ Remember Me

[Forgot login?](#)

Log In

[Register as a new user](#) | [FAQs](#)

What if I don't have a user id and password?

You just register as new user.

Fidelity
NetBenefits®

Verify your identity

Let's confirm some basic information about your account.

Your name *

First name

Last name

Date of birth *

Month

Day

Year

Select

Month/dd/yyyy

Last 4 of SSN *

[Cancel](#)

Continue



How to Enroll for Annual Enrollment

Health & Insurance

Take action

It's time for Annual Enrollment. Don't miss out on your chance to review your health and insurance benefit options and make your selections for the coming year. You have **21 days** left to make changes. Start enrollment.

Domestic Partner Eligibility You are allowed to cover a same sex domestic partner. Opposite sex domestic partners are not eligible. Any opposite sex domestic partners added to coverage will be removed immediately.

Take a look at resources from your employer

[Benefit Guide](#)

[My Plan Documents](#)

[Price Rite benefits site](#)

After enrolling, come back any time...

Review and manage all your Health & Insurance benefits right here.

Take action



[Find care](#)

Search for in-network doctors and health care facilities near you.



[See plan documents](#)

Find documents that provide more information about your benefits.



[Report a life event](#)

Getting married? Having a child? Update your benefits due to a qualifying life event.



[Update family details](#)

Make changes to your family member's information.



[See wellness programs](#)

Check out the wellness programs your employer

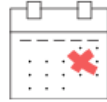


Once logged in, you will see a notification asking you to Take Action.

Tap on this announcement to start your enrollment.

Hi, Vivi!

Welcome to your 2025 Benefits Enrollment



You have 21 day(s) left to make changes.

You can change your decisions at any time through November 20, 2024.



Take a look at resources from your employer.

See what's new and different this year.

[Benefit Guide](#)
[My Plan Documents](#)
[Price Rite benefits site](#)

[Exit](#)

[Start enrollment](#)

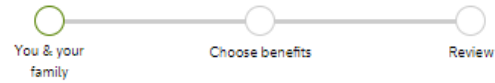
This should take around 20 minutes, start to finish.

This will take you to the Annual Enrollment Welcome page.

Here you will see how many days you have left to make your elections, and any enrollment resources available for your review.

You can also review information available to help you make your elections.

Tap on Start Enrollment to enter the Enrollment flow and begin making your elections.



You & your family

Please ensure your family members' information is up-to-date and add new family members if needed.
Updating current family members information or adding new family members won't automatically enroll them in benefits.

You

Vivi Lek

Social Security Number: xxx-xx-6066

Add a family member

Save & Continue

Exit without saving

Important Legal and Administrative Information

Making changes during the year:

Generally you cannot change your before-tax benefit choices during the plan year other than at annual enrollment unless you experience a qualified change in status. A qualified change in status is defined in your Summary Plan Description.

Family member (Dependent) information:

Please be advised that the inclusion of your family members is not a guarantee of coverage. Eligibility for family member coverage is contingent on your family member satisfying (and continuing to satisfy) the definition of "eligible family member" under the plan. For a definition of "family member" under the plan(s) available to you, see your Summary Plan Description(s).

It is your responsibility to provide accurate, complete, and up-to-date information about your family members. Providing false information could result in loss of elected benefits or disciplinary action.

It is very important that your family members' Social Security number(s) as well as other information, is accurate and up-to-date; otherwise, coverage may not be provided to your family members.

The You & your Family page will allow you to add new dependents to your profile that are not already on file.

Select Add a family member to get started

- An overlay will appear. Enter your family member's information on this screen. Once you've entered the details, hit the Add Family Member button.
- *If you are adding your same sex domestic partner, you will be asked to attest that they meet the plan rules eligibility requirements for a domestic partner.

The screenshot shows a web application interface with a modal overlay titled "Add a family member". The background is dimmed, showing navigation tabs: "You & your family", "Choose benefits", and "Review". The modal has a close button (X) in the top right corner. Below the title, there is a note: "To add an adult disabled child or a family member living outside of the U.S., please call a representative at (800)-835-5097." A red asterisk indicates required information. The form fields are: "Name*" with sub-fields for "First*" (containing "Ash"), "M.I." (empty), and "Last*" (containing "Test"); "Gender*" with a dropdown menu showing "Female"; "Relationship*" with a dropdown menu showing "Spouse"; "Date of Birth*" with three dropdown menus showing "January", "15", and "1993"; and "Social Security Number" with three input boxes separated by dashes. Below the SSN field is a note: "Don't have this SSN now? You can still cover this family member with your benefits. However, you MUST return and add it to ensure continued coverage." A question "Does this family member have the same address as you?*" is followed by "Yes ✓" and "No" buttons. At the bottom of the modal is a blue "Add Family Member" button. Faint text from the background page is visible, including "Updating current", "in benefits.", "t saving", "and Administrative Info", "s during the year:", "cannot change your before", "in your Summary Plan De", "(Dependent) information:", "ed that the inclusion of your family members is not a guarantee of coverage. Eligibility for family member coverage is contingent on your family member satisfying (and tify) the definition of 'eligible family member' under the plan. For a definition of 'family member' under the plan(s) available to you, see your Summary Plan Descriptio".

You & your family Choose benefits Review

Add a family member

To add an adult disabled child or a family member living outside of the U.S., please call a representative at (800)-835-5097.

*Indicates required information

Name* First* M.I. Last*
Ash [] Test

Gender* Female ▾

Relationship* Spouse ▾

Date of Birth* January ▾ 15 ▾ 1993 ▾

Social Security Number [] - [] - []

Don't have this SSN now? You can still cover this family member with your benefits. However, you MUST return and add it to ensure continued coverage.

Does this family member have the same address as you?*

Yes ✓ No

Add Family Member

Updating current... in benefits.

t saving

and Administrative Info

s during the year:

cannot change your before

in your Summary Plan De

(Dependent) information:


ed that the inclusion of your family members is not a guarantee of coverage. Eligibility for family member coverage is contingent on your family member satisfying (and tify) the definition of "eligible family member" under the plan. For a definition of "family member" under the plan(s) available to you, see your Summary Plan Descriptio

- Continue adding each family member as needed. Once you've added all your dependents, select Save & Continue

PRRC, INC. Log out

Your 2025 Benefits Enrollment 21 day(s) left Resources

You & your family Choose benefits Review




You & your family

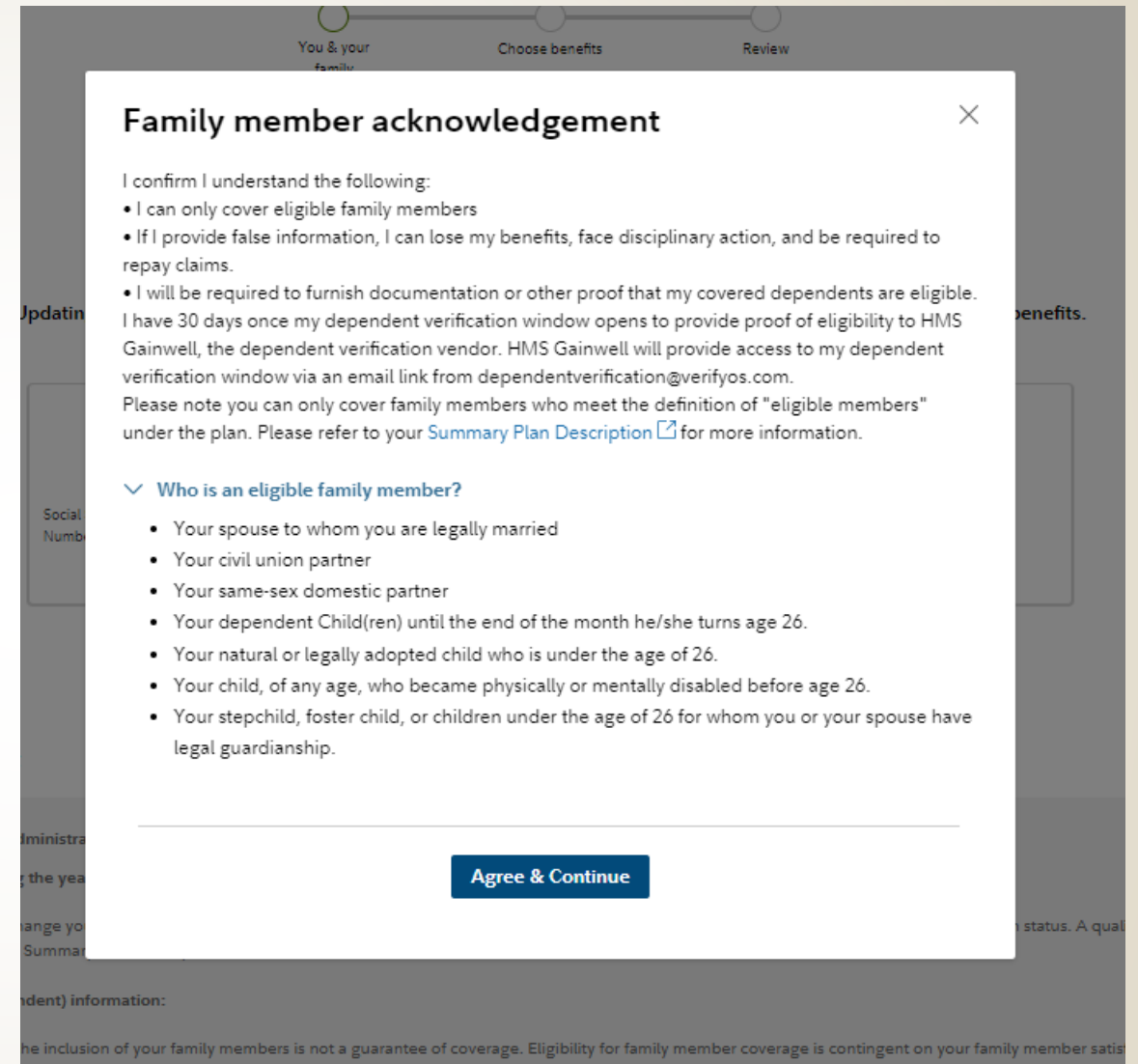
Please ensure your family members' information is up-to-date and add new family members if needed.
Updating current family members information or adding new family members won't automatically enroll them in benefits.

<p>You</p> <p>Vivi Lek</p> <p>Social Security Number xxx-xx-6066</p>	<p>Your spouse</p> <p>Ash Test</p> <p>Edit</p> <p>Social Security Number No SSN On File</p> <p>Remove family member</p>	<p>Add a family member</p>
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[Save & Continue](#)

[Exit without saving](#)

- 
- An overlay will appear with the Family Member Acknowledgement, which outlines that you understand and agree that only eligible family members as defined by the Price Rite plan rules can be covered, and that you will need to provide proof of eligibility for any newly added dependents. Select Agree & Continue.



The screenshot shows a web interface with a top navigation bar containing three steps: "You & your family", "Choose benefits", and "Review". The "Choose benefits" step is currently active. A modal overlay titled "Family member acknowledgement" is displayed in the center. The modal contains a confirmation statement, a list of terms, a section titled "Who is an eligible family member?" with a list of eligible family members, and a blue "Agree & Continue" button at the bottom. The background of the web interface is dimmed.

Family member acknowledgement

I confirm I understand the following:

- I can only cover eligible family members
- If I provide false information, I can lose my benefits, face disciplinary action, and be required to repay claims.
- I will be required to furnish documentation or other proof that my covered dependents are eligible. I have 30 days once my dependent verification window opens to provide proof of eligibility to HMS Gainwell, the dependent verification vendor. HMS Gainwell will provide access to my dependent verification window via an email link from dependentverification@verifys.com. Please note you can only cover family members who meet the definition of "eligible members" under the plan. Please refer to your [Summary Plan Description](#) for more information.

✓ Who is an eligible family member?

- Your spouse to whom you are legally married
- Your civil union partner
- Your same-sex domestic partner
- Your dependent Child(ren) until the end of the month he/she turns age 26.
- Your natural or legally adopted child who is under the age of 26.
- Your child, of any age, who became physically or mentally disabled before age 26.
- Your stepchild, foster child, or children under the age of 26 for whom you or your spouse have legal guardianship.

Agree & Continue

PRRC, INC.

Log out

Your 2025 Benefits Enrollment

21 day(s) left

Resources

You & your family

Choose benefits

Review

Health Benefits

Coverage for medical, dental, vision and other health benefits for you and your family members.

Review

COVERAGE AS OF Jan-01

Medical: No Coverage

Review

COVERAGE AS OF Jan-01

Dental: No Coverage

Review

COVERAGE AS OF Jan-01

Vision: No Coverage

Insurance Benefits

Provides income to help you or your family members when dealing with the loss of a loved one.

More details

COVERAGE AS OF Jan-01

Basic Life Insurance: **Basic Life Insurance** (Amount: \$82,000.00)
Company Paid

Review

COVERAGE AS OF Jan-01

Spouse Optional Life Insurance: No Coverage

Review

COVERAGE AS OF Jan-01

Dependent Optional Life Insurance: No Coverage

Review

COVERAGE AS OF Jan-01

Team Member Optional Life Insurance: No Coverage

More details

COVERAGE AS OF Jan-01

Basic Accidental Death and Dismemberment: **Basic Accidental Death and Dismemberment** (Amount: \$82,000.00)
Company Paid

Review

COVERAGE AS OF Jan-01

Optional Accidental Death & Dismemberment: No Coverage

Disability Benefits

Provides a portion of your income after you've been disabled due to sickness or injury for a specified period of time.

Review

COVERAGE AS OF Jan-01

Long Term Disability: **Long Term Disability 60% Before Tax**
Company Paid

Review

COVERAGE AS OF Jan-01

Supplemental Long Term Disability: No Coverage

Cost breakdown as of January 1st

Before-tax: \$0.00

After-tax: \$0.00

Weekly cost: \$0.00

Back

Continue to review

Exit without saving

Important Legal and Administrative Information

You will now be taken into the enrollment flow, which shows all your benefit options. You can review each benefit type individually and make your elections.

Any coverage that is offered automatically (ex. Basic life and Basic AD&D) by Price Rite will not allow you to review or make changes to the coverage.

Select Review next to medical to get started.



Health Benefits

Coverage for medical, dental, vision and other health benefits for you and your family members.

[Review](#)

COVERAGE AS OF
Jan-01

Medical: No Coverage

[Compare your plans](#)[Benefits Information from Your Employer](#)[Look up your doctor](#)

Not sure which medical plan to pick?

[Get help choosing a plan](#)

Select who you want to cover under your Medical plan.



You

Vivi Lek
XXX-XX-6066



Spouse

Ash Test
No SSN On File

BASIC MANAGED CARE PLAN (BRONZE) - BROAD NETWORK

Your cost	Coverage Level	Deductible	Out-of-pocket max	Coverage Information	Coinurance/Copay
First, choose who you want to cover.	Individual	\$2,750.00	\$6,500.00	Preventive visits	\$0.00 copay
	Family	\$5,500.00	\$13,000.00	Specialist visits	\$45.00 copay
				Emergency room	\$150.00 copay
				Referrals required to visit in-network specialist	No
Show more details					

MANAGED CARE PLAN (SILVER PLUS) - BROAD NETWORK

Your cost	Coverage Level	Deductible	Out-of-pocket max	Coverage Information	Coinurance/Copay
First, choose who you want to cover.	Individual	\$750.00	\$3,000.00	Preventive visits	\$0.00 copay
	Family	\$1,500.00	\$6,000.00	Specialist visits	\$40.00 copay
				Emergency room	\$150.00 copay

There are different resources available to you when you enter the Medical plan enrollment page.

You can select Compare your plans to view a comparison of the plan details for each plan available to you.

➡ Plan compare allows you to pick which plans you'd like to compare. You can compare the copays and coinsurance for different services for both in and out of network.

Review plan details below to see how they will fit your health care needs

Medical Dental Vision

Plans at a Glance

If your employer offers multiple medical plans, you may review and compare up to 4 at a time.

For more information on terms like coinsurance and copayment, visit the [Glossary of Health Coverage and Medical Terms \(dol.gov\)](#)

☒ Basic Managed Care Plan (Bronze) - Broad Network

Aetna Health
Plan Type: POS

☒ Managed Care Plan (Silver Plus) - Broad Network

Aetna Health
Plan Type: POS

☒ HCRA Plan - Broad Network

Aetna Health
Plan Type: POS

☐ Premium Managed Care - Broad Network

Aetna Health
Plan Type: POS

Plan details

In-network Out-of-network

1 Coinsurance vs copay

Expand all Collapse all

	Basic Managed Care Plan (Bronze) - Broad Network	Managed Care Plan (Silver Plus) - Broad Network	HCRA Plan - Broad Network
✓ Premiums			
✓ Premium	\$3.38 You Only \$11.06 You + Family Weekly	\$27.34 You Only \$72.50 You + Family Weekly	\$7.87 You Only \$20.27 You + Family Weekly
The amount you must pay for your medical plan. In addition to the premium, you'll be responsible for paying for deductibles, copays, and coinsurance. Costs may vary based on who you will cover. The actual cost of your medical plan will be shown when you enroll in coverage.			
✓ Using your plan			
	Aetna Health	Aetna Health	Aetna Health



Health Benefits

Coverage for medical, dental, vision and other health benefits for you and your family members.

[Review](#)

COVERAGE AS OF
Jan-01

Medical: No Coverage

[Compare your plans](#)[Benefits Information from Your Employer](#)[Look up your doctor](#)

Not sure which medical plan to pick?

[Get help choosing a plan](#)

Select who you want to cover under your Medical plan.



You

Vivi Lek
XXX-XX-6066



Spouse

Ash Test
No SSN On File

☒ BASIC MANAGED CARE PLAN (BRONZE) - BROAD NETWORK ⓘ

Your cost	Coverage Level ⓘ	Deductible	Out-of-pocket max	Coverage Information ⓘ	Coinsurance/Copay
First, choose who you want to cover.	Individual	\$2,750.00	\$6,500.00	Preventive visits	\$0.00 copay
	Family	\$5,500.00	\$13,000.00	Specialist visits	\$45.00 copay
				Emergency room	\$150.00 copay
				Referrals required to visit in-network specialist	No

[Show more details](#)

☐ MANAGED CARE PLAN (SILVER PLUS) - BROAD NETWORK ⓘ

Your cost	Coverage Level ⓘ	Deductible	Out-of-pocket max	Coverage Information ⓘ	Coinsurance/Copay
First, choose who you want to cover.	Individual	\$750.00	\$3,000.00	Preventive visits	\$0.00 copay
	Family	\$1,500.00	\$6,000.00	Specialist visits	\$40.00 copay
				Emergency room	\$150.00 copay

There are different resources available to you when you enter each benefit type's specific enrollment page.

Selecting Benefits Information from your employer will provide you with additional information about the benefit type.



Not sure which medical plan to pick?

Get help choosing a plan

Medical: Benefits Information from Your Employer

When you enroll for medical coverage, you'll select your plan choice from four Aetna plans. Each plan has 2 networks to choose from: The Aetna Broad network is all of the providers that participate with Aetna. The Aetna Premier Care Network (APCN) Plus is a smaller group of providers chosen from the Aetna Broad network.

AGED CARE PLAN (BRONZE) - BROAD NETWORK

	Coverage Level	Deductible	Out-of-pocket max	Coverage Information	Coinsu
	Individual	\$2,750.00	\$6,500.00	Preventive visits	
	Family	\$5,500.00	\$13,000.00	Specialist visits	

Once you select Benefits information from your employer, an overlay message will appear with the additional information.



Health Benefits

Coverage for medical, dental, vision and other health benefits for you and your family members.

[Review](#)

COVERAGE AS OF
Jan-01

Medical: No Coverage

[Compare your plans](#)[Benefits Information from Your Employer](#)[Look up your doctor](#)

Not sure which medical plan to pick?

[Get help choosing a plan](#)

Select who you want to cover under your Medical plan.



You

Vivi Lek
XXX-XX-6066



Spouse

Ash Test
No SSN On File

☒ BASIC MANAGED CARE PLAN (BRONZE) - BROAD NETWORK ⓘ

Your cost	Coverage Level ⓘ	Deductible	Out-of-pocket max	Coverage Information ⓘ	Coinsurance/Copay
First, choose who you want to cover.	Individual	\$2,750.00	\$6,500.00	Preventive visits	\$0.00 copay
	Family	\$5,500.00	\$13,000.00	Specialist visits	\$45.00 copay
				Emergency room	\$150.00 copay
				Referrals required to visit in-network specialist	No

[Show more details](#)

☐ MANAGED CARE PLAN (SILVER PLUS) - BROAD NETWORK ⓘ

Your cost	Coverage Level ⓘ	Deductible	Out-of-pocket max	Coverage Information ⓘ	Coinsurance/Copay
First, choose who you want to cover.	Individual	\$750.00	\$3,000.00	Preventive visits	\$0.00 copay
	Family	\$1,500.00	\$6,000.00	Specialist visits	\$40.00 copay
				Emergency room	\$150.00 copay

There are different resources available to you when you enter each benefit type's specific enrollment page.

Selecting Get help choosing a plan will take you to the Decision Support Tool in separate browser window.

► The Decision Support Tool will help you decide what plan is best for you based on your individual priority and medical information.

Great! Let's get started.

Your answers will be handled confidentially in accordance with Fidelity's privacy policy and won't be shared with your employer.

What's your priority when choosing a medical plan?



Lowest overall cost

Pay less overall annually based on your needs.



Pay less when I get care

Paying a lower set amount to visit a doctor or specialist.



More flexibility

Choose from a broad network of doctors and see specialists without referrals.

Not sure? That's OK. A good place to start might be the lowest overall cost option.

[Go back](#)

[Continue](#)

[Return to enrollment](#)



Let's help you find the plan that works best for you

Before you start, it may be helpful to know the answers to the following questions for you and any eligible family members that you plan on covering:

Medical questions

- How many prescription drugs do you take on a daily/weekly basis?
- What types of prescription drugs do you take? (generic, brand name, high-cost, specialty, prior authorization) What are the prescription types?
- Are you planning any medical procedures or hospital stays within the next year?

[Get started](#)

[Return to enrollment](#)

Medical Prescriptions Chronic Conditions Medical care Hospitalization



Thanks for your answers!

Please review them and make sure everything looks OK to get the most accurate results. Remember, family members covered by your plan should be included.

Medical	Who will be covered: You + Family	Edit
	Number of people covered: 2	
Prescriptions	Different prescriptions: 3	Edit
	How many taken daily: 1	
	How many brand name: 0	
	How many high-cost/specialty: 0	
Chronic Conditions	Chronic conditions: Asthma Depression Musculoskeletal	Edit
Medical care	Primary care doctor visits: 4 or more	Edit
	Specialist office visits: 5	
	Outpatient procedures: 1	
	Hospital ER visits: 2	
Hospitalization	Hospitalizations last year: No	Edit
	Planning for a new baby: Yes	
	Planning hip/knee replacement: No replacement planned	

See your results

[Return to enrollment](#)

Your medical plan priority: [Lowest overall cost](#)

[Back to questionnaire answers](#)

Basic Managed Care Plan (Bronze) - Broad Network may be your least expensive plan

You can go to the enrollment page to choose this plan and complete your benefit elections or [change your medical plan priorities](#) to see different results.

	Basic Managed Care Plan (Bronze) - Broad Network	How it's calculated	
	Estimated annual cost	=	Annual premium \$575.16 + Estimated out-of-pocket cost \$5,099.18
	\$5,674.34		
	Save as preferred plan		

Compare your available plans

Basic Managed Care Plan (Bronze) - Broad Network

Likely lowest overall cost

Estimated annual cost

\$5,674.34

Estimated annual cost breakdown

Annual premium	Estimated OOP cost
\$575.16	\$5,099.18

✓ Show more

Save as preferred plan

Managed Care Plan (Silver Plus) - Broad Network

Estimated annual cost

\$6,244.94

Estimated annual cost breakdown

Annual premium	Estimated OOP cost
\$3,770.04	\$2,474.90

✓ Show more

Save as preferred plan

HCRA Plan - Broad Network

Estimated annual cost

\$6,735.71

Estimated annual cost breakdown

Annual premium	Estimated OOP cost
\$1,054.08	\$5,681.63

✓ Show more

Save as preferred plan

Premium Managed Care - Broad Network

Estimated annual cost

\$9,746.56

Estimated annual cost breakdown

You can either choose a suggested plan by clicking on the plan name or you can click on the "Save as preferred plan" button to save the plan as your preferred plan.

Once you answer all the questions & review and confirm your information, the tool will provide the best plan for you to enroll in based on your individual information.

You can either choose to elect the suggested plan by clicking Save as your preferred plan on this screen, or you can return to the enrollment options page by selecting Return to enrollment at the bottom of the screen.

➤ Once your return to the enrollment screen, you will need to select which family members you want to cover under the medical benefit. You must select yourself to elect coverage.

➤ You can also select Show more details to see the plan provision details for each plan.

Not sure which medical plan to pick?
[Get help choosing a plan](#)

Select who you want to cover under your Medical plan.

<input checked="" type="checkbox"/> You Vivi Lek XXX-XX-6066	<input checked="" type="checkbox"/> Spouse Ash Test No SSN On File
--	--

We are showing you plans at your coverage level: **You + Family**. Select your plan from the options below.

BASIC MANAGED CARE PLAN (BRONZE) - BROAD NETWORK ⓘ

Your cost	Coverage Level ⓘ	Deductible	Out-of-pocket max	Coverage Information ⓘ	Coinurance/Copay
\$11.06 <small>Weekly</small>	Individual	\$2,750.00	\$6,500.00	Preventive visits	\$0.00 copay
	Family	\$5,500.00	\$13,000.00	Specialist visits	\$45.00 copay
				Emergency room	\$150.00 copay
				Referrals required to visit in-network specialist	No

[Show more details](#)

MANAGED CARE PLAN (SILVER PLUS) - BROAD NETWORK ⓘ

Your cost	Coverage Level ⓘ	Deductible	Out-of-pocket max	Coverage Information ⓘ	Coinurance/Copay
\$72.50 <small>Weekly</small>	Individual	\$750.00	\$3,000.00	Preventive visits	\$0.00 copay
	Family	\$1,500.00	\$6,000.00	Specialist visits	\$40.00 copay

Select who you want to cover under your Medical plan.



You

Rei Drosche Masel

XXX-XX-3142



Spouse

Remo Kienow

XXX-XX-9303



BASIC MANAGED CARE PLAN (BRONZE) - BROAD NETWORK ?

Your cost	Coverage Level ?	Deductible	Out-of-pocket max	Coverage Information ?	Coinurance/Copay
First, choose who you want to cover.	Individual	\$2,750.00	\$6,500.00	Preventive visits	\$0.00 copay
	Family	\$5,500.00	\$13,000.00	Specialist visits	\$45.00 copay
				Emergency room	\$150.00 copay
				Referrals required to visit in-network specialist	No
Show more details					



I DO NOT WANT MEDICAL COVERAGE

Your cost

\$0.00

Weekly

Continue

[Cancel](#)

If you wish to waive coverage, ensure you deselect yourself and all dependents, and choose the waive option at the bottom of the list.

Once you've made your election, hit Continue to return to the enrollment flow and select your next benefit to review.

Review

COVERAGE AS OF
Jan-01

Dental: No Coverage

Dental: Benefits Information from Your Employer X

Price Rite's dental coverage includes preventive services such as cleanings and fluoride treatments, minor and major restorative services, orthodontia, and treatment of many dental conditions.

[Compare your plans](#)

[Benefits Information from Your Employer](#)

Select who you want to cover under your Dental plan.



You

Vivi Lek
XXX-XX-6066



Spouse

Ash Test
No SSN On File

We are showing you plans at your coverage level: **You + Family**. Select your plan from the options below.

DENTAL PPO				
Your cost	Coverage Level ?	Deductible	Coverage Information ?	Coinsurance/Copay
\$3.67 Weekly	Individual	\$25.00	Routine exams	\$0.00 copay
	Family	\$75.00	In-network annual maximum benefit	\$2,500.00 per person
Show more details				

I DO NOT WANT DENTAL COVERAGE				
Your cost				
\$0.00 Weekly				

Continue

Cancel

The next benefit is Dental coverage. The Dental enrollment page includes the Compare your plan and Benefits information from your Employer options as well.

Select who you want to cover under your plan or deselect all person and select waive. Hit Continue once you've made your elections to return to the enrollment flow.

Review

COVERAGE AS OF
Jan-01

Vision: No Coverage

Vision: Benefits Information from Your Employer ✕

Price Rite's vision plan includes coverage for an annual routine eye exam, frames, lenses or contact lens benefits. The vision plan offers discounts for LASIK and non-prescription eyewear.

Review

COVERAGE AS OF
Jan-01

Vision: No Coverage

[Compare your plans](#) | [Benefits Information from Your Employer](#)

Select who you want to cover under your Vision plan.



You

Vivi Lek
XXX-XX-6066



Spouse

Ash Test
No SSN On File

We are showing you plans at your coverage level: **You Only**. Select your plan from the options below.



EYEMED VISION PLAN

Your cost	Coverage Information ⓘ	Coinsurance/Copay
\$0.00 <small>Weekly</small>	Annual eye exam	\$0.00 copay
	Frames	\$180.00 allowance
	Contact lenses - conventional	\$0.00 copay \$180.00 allowance
Show more details		



I DO NOT WANT VISION COVERAGE

Your cost
\$0.00 <small>Weekly</small>

Continue

[Cancel](#)

The next benefit is Vision coverage. The Vision enrollment page includes the Compare your plan and Benefits information from your Employer options as well.

Select who you want to cover under your plan or deselect all persons and select waive. Hit Continue once you've made your elections to return to the enrollment flow.



Insurance Benefits

Provides income to help you or your family members when dealing with the loss of a loved one.

More details	COVERAGE AS OF Jan-01	Basic Life Insurance: Basic Life Insurance (Amount: \$82,000.00)
Why can't I make changes to this benefit?		
Plan name Basic Life Insurance (\$82,000.00)		
Additional plan information Basic Life Insurance is 1.5x the Team Member's salary at a maximum of \$500,000. It is company paid, at no cost to the Team Member. On January 1st following the day the participant turns age 70, the benefit reduces to 50% of 1.5x the Team Member salary.		
Continue		
Review	COVERAGE AS OF Jan-01	Spouse Optional Life Insurance: No Coverage
Review	COVERAGE AS OF Jan-01	Dependent Optional Life Insurance: No Coverage
Review	COVERAGE AS OF Jan-01	Team Member Optional Life Insurance: No Coverage
More details	COVERAGE AS OF Jan-01	Basic Accidental Death and Dismemberment: Basic Accidental Death and Dismemberment (Amount: \$82,000.00) Company Paid
Review	COVERAGE AS OF Jan-01	Optional Accidental Death & Dismemberment: No Coverage

Insurance benefits are next in the enrollment process. You can select Review and make elections for Spouse Optional Life, Dependent Optional Life, Team Member Optional Life, and Optional Accidental Death & Dismemberment.

Basic Life and Basic AD&D are automatic benefits provided and paid for by Price Rite, so you will not be able to make any changes to these plans.

Basic Life Insurance: **Basic Life Insurance** (Amount: \$82,000.00)

[Why can't I make changes to this benefit?](#)

Based on the plan rules, you can't make changes.

Review

COVERAGE AS OF
Jan-01

Spouse Optional Life Insurance: No Coverage

Benefits Information from Your Employer

Select who you want to cover under your Spouse Optional Life Insurance plan.

<input type="radio"/> You Vivi Lek XXX-XX-6066	Ineligible	<input checked="" type="checkbox"/> Spouse Ash Test No SSN On File
--	------------	--

All costs are Weekly

Spouse Optional Life Insurance	<input checked="" type="radio"/> Spouse: \$0.39
No Coverage Spouse Optional Life Insurance	<input type="radio"/> \$0.00

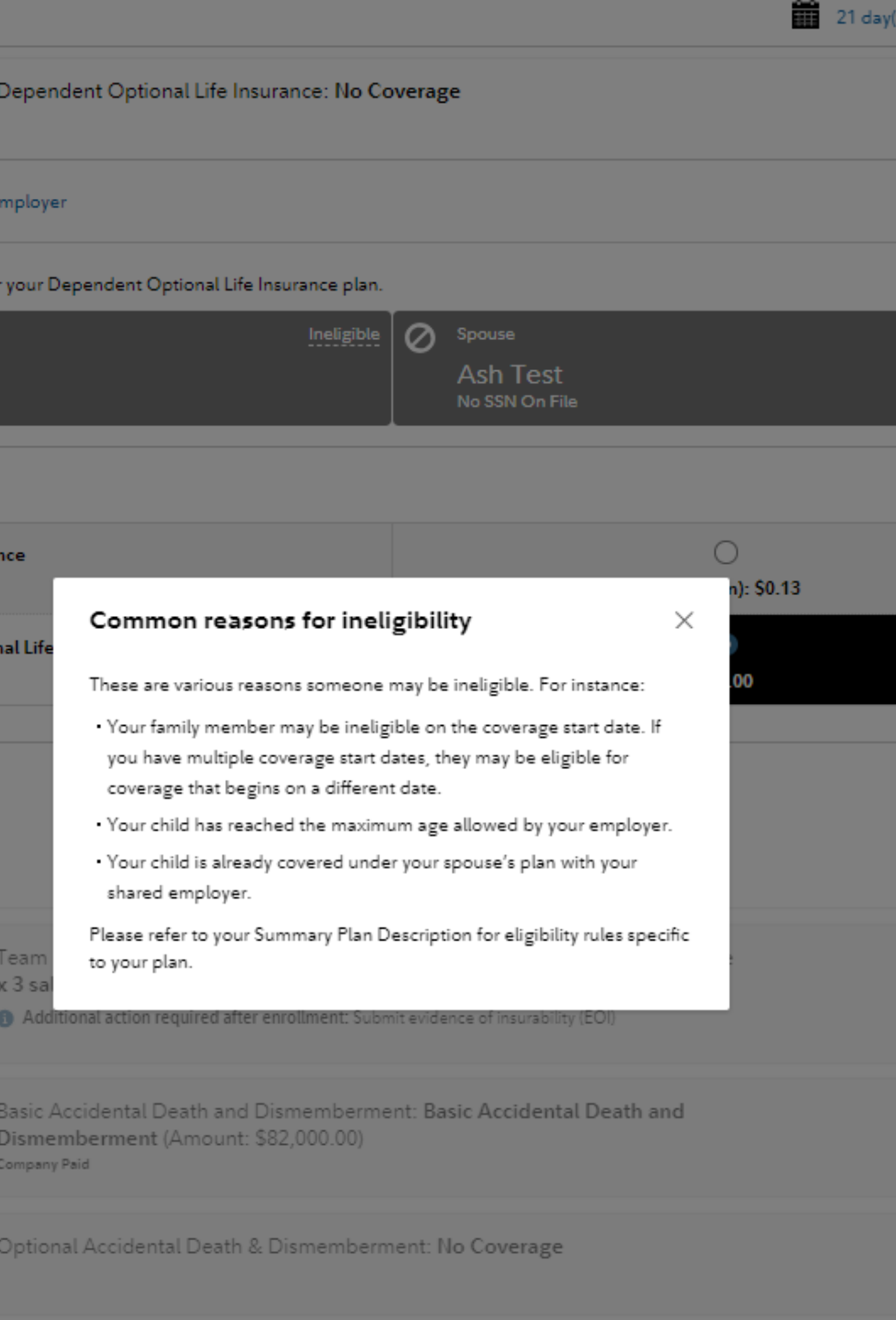
i Additional action required after enrollment

You'll need to provide evidence of insurability (EOI), a statement of health, to be approved for the coverage you selected. You'll be covered at the maximum amount allowed under the plan without EOI until your coverage is approved. If your EOI is denied, your current coverage will remain intact.

Continue

Cancel

If you have an eligible spouse/domestic partner, you can elect Spouse optional life insurance. Once you've made your election, tap continue.



- If you do not have an eligible dependent on your account, you will not be able to enroll them in coverage. Ex: an eligible child is not on your account, so you cannot enroll in Dependent Optional Life.



Insurance Benefits

Provides income to help you or your family members when dealing with the loss of a loved one.

[More details](#)

COVERAGE AS OF
Jan-01

Basic Life Insurance: **Basic Life Insurance** (Amount: \$82,000.00)
Company Paid

[Review](#)

COVERAGE AS OF
Jan-01

Spouse Optional Life Insurance: **Spouse Optional Life Insurance** (Spouse, Amount: \$28,000.00)
Covering: Ash Test
i Additional action required after enrollment: Submit evidence of insurability (EOI)

\$0.39

Weekly, After Tax

i Make a change to continue: You can only enroll in Spouse Optional Life Insurance if you enroll in Team Member Optional Life Insurance.

[Review](#)

COVERAGE AS OF
Jan-01

Dependent Optional Life Insurance: **No Coverage**

[Review](#)

COVERAGE AS OF
Jan-01

Team Member Optional Life Insurance: **No Coverage**

[More details](#)

COVERAGE AS OF
Jan-01

Basic Accidental Death and Dismemberment: **Basic Accidental Death and Dismemberment** (Amount: \$82,000.00)
Company Paid

[Review](#)

COVERAGE AS OF
Jan-01

Optional Accidental Death & Dismemberment: **No Coverage**

If you elect Spouse Optional Life, you must also elect Team Member Optional Life Insurance

Your 2025 Benefits Enrollment



21 day(s) left



Resources

Review

COVERAGE AS OF

Jan-01

Team Member Optional Life Insurance: No Coverage

Benefits Information from Your Employer

All costs are Weekly

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Team Member Optional Life Insurance x 1 salary (\$55,000.00) : \$0.76	Team Member Optional Life Insurance x 2 salary (\$109,000.00) : \$1.51	Team Member Optional Life Insurance x 3 salary (\$164,000.00) : \$2.27	No Coverage Team Member Optional Life Insurance : \$0.00



Additional plan information

Team Members can opt for 1, 2 or 3x's salary to a maximum coverage amount of \$750,000.



Additional action required after enrollment

You'll need to provide evidence of insurability (EOI), a statement of health, to be approved for the coverage you selected. You'll be covered at the maximum amount allowed under the plan without EOI until your coverage is approved. If your EOI is denied, your current coverage will remain intact.

Continue

Cancel

You can also elect to enroll in Team Member Optional Life Insurance. Select the benefit amount you wish to enroll. If EOI is required, you will receive a message notifying you of this.

Tap continue once you've made your selection.

Review


COVERAGE AS OF
Jan-01

Optional Accidental Death & Dismemberment: No Coverage

Benefits Information from Your Employer

All costs are Weekly

Optional Accidental Death and Dismemberment x 1 salary	<div><input checked="" type="radio"/></div> <div>\$0.33</div>
Optional Accidental Death and Dismemberment x 2 salary	<div><input type="radio"/></div> <div>\$0.65</div>
Optional Accidental Death and Dismemberment x 3 salary	<div><input type="radio"/></div> <div>\$0.98</div>
No Coverage Optional Accidental Death & Dismemberment	<div><input type="radio"/></div> <div>\$0.00</div>

 **Additional plan information**
Accidental Death & Dismemberment coverage is also an optional benefit available to you, if you elect this coverage; the amount usually mirrors the Voluntary Optional Life base election.

Continue


Cancel

You can elect Optional AD&D as well. Your election of 1x, 2x, or 3x salary must match your Team Member Optional Life election.

Review

COVERAGE AS OF
Jan-01

Team Member Optional Life Insurance: **Team Member Optional Life Insurance x 3 salary** (Amount: \$164,000.00)

 Additional action required after enrollment: Submit evidence of insurability (EOI)

\$2.27
Weekly, After Tax

More details

COVERAGE AS OF
Jan-01


Basic Accidental Death and Dismemberment: **Basic Accidental Death and Dismemberment** (Amount: \$82,000.00)
Company Paid

Review

COVERAGE AS OF
Jan-01

Optional Accidental Death & Dismemberment: **Optional Accidental Death and Dismemberment x 1 salary** (Amount: \$55,000.00)


\$0.33
Weekly, After Tax

 **Make a change to continue:** You can only enroll in Optional Accidental Death and Dismemberment x 1 salary for Optional Accidental Death & Dismemberment if you enroll in Team Member Optional Life Insurance x 1 salary for Team Member Optional Life Insurance.

Review

COVERAGE AS OF
Jan-01

Team Member Optional Life Insurance: **Team Member Optional Life Insurance x 3 salary** (Amount: \$164,000.00)

 Additional action required after enrollment: Submit evidence of insurability (EOI)

\$2.27
Weekly, After Tax

More details

COVERAGE AS OF
Jan-01

Basic Accidental Death and Dismemberment: **Basic Accidental Death and Dismemberment** (Amount: \$82,000.00)
Company Paid

Review

COVERAGE AS OF
Jan-01

Optional Accidental Death & Dismemberment: **Optional Accidental Death and Dismemberment x 3 salary** (Amount: \$164,000.00)

\$0.98
Weekly, After Tax



Disability Benefits

Provides a portion of your income after you've been disabled due to sickness or injury for a specified period of time.

[Review](#)

COVERAGE AS OF
Jan-01

Long Term Disability: Long Term Disability 60% Before Tax
Company Paid

[Review](#)

COVERAGE AS OF
Jan-01

Supplemental Long Term Disability: No Coverage

Cost breakdown as of January 1st

Before-tax:	\$14.73
After-tax:	\$3.64
Weekly cost:	\$18.37

[Back](#)[Continue to review](#)

✕ Exit without saving

You have two options for Long Term Disability benefits, an employer paid before tax plan, or an employee paid after tax plan.

[Review](#)

COVERAGE AS OF

Jan-01

Long Term Disability: **No Coverage**

Benefits Information from Your Employer



Long Term Disability 60% Before Tax



No Coverage Long Term Disability

[Continue](#)[Cancel](#)

Disability Benefits

Provides a portion of your income after you've been disabled due to sickness or injury for a specified period of time.

[Review](#)

COVERAGE AS OF

Jan-01

Long Term Disability: **No Coverage**

Company Paid

Make a change to continue: You can only enroll in waive Long Term Disability if you enroll in enroll in Supplemental Long Term Disability.

[Review](#)

COVERAGE AS OF

Jan-01

Supplemental Long Term Disability: **No Coverage**

Make a change to continue: You can only enroll in waive Supplemental Long Term Disability if you enroll in enroll in Long Term Disability.

Cost breakdown as of January 1st

Before-tax:	\$14.73
After-tax:	\$3.64
Weekly cost:	\$18.37

To continue, you'll need to make changes to one or more of the benefits listed above.

You must elect one of the Long Term Disability plans, you cannot waive the coverage.

[Review](#)COVERAGE AS OF
Jan-01

Supplemental Long Term Disability: No Coverage

[Benefits Information from Your Employer](#)

All costs are Weekly

☒ Long Term Disability 60% After Tax : \$2.52☐ No Coverage Supplemental Long Term Disability : \$0.00**Additional plan information**

If you pay the LTD premium with after-tax dollars, and you become disabled, the benefit of 60% (of your predisability wages) is NOT subject to Federal Tax. Therefore, you would receive the full 60% benefit. This choice is employee paid.

[Continue](#)[Cancel](#)

You may only enroll in one of the LTD plans at a time.



Disability Benefits

Provides a portion of your income after you've been disabled due to sickness or injury for a specified period of time.

[Review](#)COVERAGE AS OF
Jan-01Long Term Disability: No Coverage
Company Paid[Review](#)COVERAGE AS OF
Jan-01

Supplemental Long Term Disability: Long Term Disability 60% After Tax

\$2.52
Weekly, After Tax

Your 2025 Benefits Enrollment



21 day(s) left



[Resources](#)

[More details](#)

COVERAGE AS OF
Jan-01

Basic Accidental Death and Dismemberment: **Basic Accidental Death and Dismemberment** (Amount: \$82,000.00)
Company Paid

[Review](#)

COVERAGE AS OF
Jan-01

Optional Accidental Death & Dismemberment: **Optional Accidental Death and Dismemberment x 3 salary** (Amount: \$164,000.00)

\$0.98

Weekly, After Tax



Disability Benefits

Provides a portion of your income after you've been disabled due to sickness or injury for a specified period of time.

[Review](#)

COVERAGE AS OF
Jan-01

Long Term Disability: **No Coverage**
Company Paid

[Review](#)

COVERAGE AS OF
Jan-01

Supplemental Long Term Disability: **Long Term Disability 60% After Tax**

\$2.52

Weekly, After Tax

Cost breakdown as of January 1st

Before-tax:	\$14.73
After-tax:	\$6.16
Weekly cost:	\$20.89

[Back](#)

[Continue to review](#)

[✕ Exit without saving](#)

Once you've made all your benefit elections, select Continue to review at the bottom of the screen.



Ready to review your benefits?

Make sure that everything you've selected looks right. After submitting, you'll have until Nov-20-2024 to come back and make certain changes.

About your total benefit costs

Benefits starting: Jan-01-2025

▼ Your enrolled benefits

These are the benefits you selected or are automatically enrolled in.

Medical: Basic Managed Care Plan (Bronze) - Broad Network (You + Family) <small>Covering: Vivi Leti, Ash Test Employer cost: \$242.71</small>	<div>\$11.06</div> <div>Weekly, Before Tax</div>
Dental: Dental PPO (You + Family) <small>Covering: Vivi Leti, Ash Test Employer cost: \$24.25</small>	<div>\$3.67</div> <div>Weekly, Before Tax</div>
Vision: EyeMed Vision Plan (You Only) <small>Covering: Vivi Leti Employer cost: \$1.17</small>	<div>\$0.00</div> <div>Weekly Cost</div>
Basic Life Insurance: Basic Life Insurance (Amount: \$82,000.00) <small>Company Paid</small>	
Spouse Optional Life Insurance: Spouse Optional Life Insurance (Spouse, Amount: \$28,000.00) <small>Covering: Ash Test</small> Additional action required after enrollment: Submit evidence of insurability (EOI)	<div>\$0.39</div> <div>Weekly, After Tax</div>
Team Member Optional Life Insurance: Team Member Optional Life Insurance x 3 salary (Amount: \$164,000.00) Additional action required after enrollment: Submit evidence of insurability (EOI)	<div>\$2.27</div> <div>Weekly, After Tax</div>
Basic Accidental Death and Dismemberment: Basic Accidental Death and Dismemberment (Amount: \$82,000.00) <small>Company Paid</small>	

Basic Life Insurance: Basic Life Insurance (Amount: \$82,000.00) <small>Company Paid</small>	
Spouse Optional Life Insurance: Spouse Optional Life Insurance (Spouse, Amount: \$28,000.00) <small>Covering: Ash Test</small> Additional action required after enrollment: Submit evidence of insurability (EOI)	<div>\$0.39</div> <div>Weekly, After Tax</div>
Team Member Optional Life Insurance: Team Member Optional Life Insurance x 3 salary (Amount: \$164,000.00) Additional action required after enrollment: Submit evidence of insurability (EOI)	<div>\$2.27</div> <div>Weekly, After Tax</div>
Basic Accidental Death and Dismemberment: Basic Accidental Death and Dismemberment (Amount: \$82,000.00) <small>Company Paid</small>	
Optional Accidental Death & Dismemberment: Optional Accidental Death and Dismemberment x 3 salary (Amount: \$164,000.00)	<div>\$0.98</div> <div>Weekly, After Tax</div>
Long Term Disability: No Coverage <small>Company Paid</small>	
Supplemental Long Term Disability: Long Term Disability 60% After Tax	<div>\$2.52</div> <div>Weekly, After Tax</div>

> Declined benefits

These are benefits that you either declined or didn't enroll in.

Did you know?

Based on the benefits you've chosen, your employer will pay at least \$268.13 weekly toward the costs of your benefits. You'll cover the rest.

Cost breakdown as of January 1st

Before-tax:	\$14.73
After-tax:	\$6.16
Weekly cost:	\$20.89

After submitting, you'll have until Nov-20-2024 to come back and make certain changes.

Back

Submit

Exit without saving

▼ Declined benefits

These are benefits that you either declined or didn't enroll in.

Dependent Optional Life Insurance: No Coverage	<div>\$0.00</div> <div>Weekly Cost</div>						
<div> <div>Did you know?</div> <div>Based on the benefits you've chosen, your employer will pay at least \$268.13 weekly toward the costs of your benefits. You'll cover the rest.</div> </div> <div> <div>Cost breakdown as of January 1st</div> <table> <tr> <td>Before-tax:</td> <td>\$14.73</td> </tr> <tr> <td>After-tax:</td> <td>\$6.16</td> </tr> <tr> <td>Weekly cost:</td> <td>\$20.89</td> </tr> </table> </div>		Before-tax:	\$14.73	After-tax:	\$6.16	Weekly cost:	\$20.89
Before-tax:	\$14.73						
After-tax:	\$6.16						
Weekly cost:	\$20.89						

After submitting, you'll have until Nov-20-2024 to come back and make certain changes.

Exit without saving

Back

Submit

The review page displays all your benefit elections to verify prior to submitting your elections.

If anything is incorrect you can select the pen icon next to the benefit cost to edit the election.

You can also review any of the benefits you declined to enroll in as well.

Your total benefits before and after tax cost break down is also displayed at the bottom of the screen.

Once you verify your elections are correct, hit Submit.

Confirmation Page

PRRC, INC.

Log out

Your 2025 Benefits Enrollment

21 day(s) left Resources



Saved on October 30, 2024 at 8:51 PM, ET

A confirmation of your benefit selections will be sent to your email address on file.

Thanks, Vivi. Your choices have been saved.

Print

You have completed this life event: **Annual enrollment**. The amount of time it takes for your carrier to receive and process your benefit choices may vary.

Please note: The new cost of your benefits may begin with your **first paycheck of the new plan year**.



Additional action required: Evidence of insurability (EOI)

You must provide **evidence of insurability** to be approved for coverage listed under effective date Jan-01-2025. You'll receive the maximum amount of coverage allowed under the plan without EOI until it's approved.



When will I get my new health benefit ID cards?

If you enroll in your benefits by November 20, 2024, you'll receive your health benefits ID cards around **January 1**. **Enrolling after November 20, 2024 will most likely delay the arrival of your cards.** Please keep in mind that not all carriers send cards. You may also not get new cards if your enrollments haven't changed from the previous year. If you don't receive your cards by January 10, please contact the carrier.

Review Your Beneficiaries

Make sure all your beneficiary designations are current and that their information is up to date.

These are the benefits for Vivi Lek.

Review your benefit selections



Benefits starting: Jan-01-2025

✓ Your enrolled benefits

These are the benefits you selected or are automatically enrolled in.

Medical: **Basic Managed Care Plan (Bronze) - Broad Network (You + Family)**

Covering: Vivi Lek, Ash Test
Employer cost: \$242.71

\$11.06

Weekly, Before Tax

Dental: **Dental PPO (You + Family)**

Covering: Vivi Lek, Ash Test
Employer cost: \$24.25

\$3.67

Weekly, Before Tax

Your 2025 Benefits Enrollment

21 day(s) left Resources

Vision: **EyeMed Vision Plan (You Only)**

Covering: Vivi Lek
Employer cost: \$1.17

\$0.00

Weekly Cost

Basic Life Insurance: **Basic Life Insurance (Amount: \$82,000.00)**

Company Paid

Spouse Optional Life Insurance: **No Coverage**

\$0.00

Weekly Cost

Additional action required | Spouse Optional Life Insurance (Spouse) (Amount: \$28,000.00)

Pending coverage: Ash Test

You must provide **evidence of insurability (EOI)** for the requested coverage. You'll receive the maximum amount of coverage allowed under the plan without EOI until it's approved. The cost of your coverage may change once your EOI is processed.

Team Member Optional Life Insurance: **No Coverage**

\$0.00

Weekly Cost

Additional action required | Team Member Optional Life Insurance x 3 salary (Amount: \$164,000.00)

You must provide **evidence of insurability (EOI)** for the requested coverage. You'll receive the maximum amount of coverage allowed under the plan without EOI until it's approved. The cost of your coverage may change once your EOI is processed.

Basic Accidental Death and Dismemberment: **Basic Accidental Death and Dismemberment (Amount: \$82,000.00)**

Company Paid

Optional Accidental Death & Dismemberment: **Optional Accidental Death and Dismemberment x 3 salary (Amount: \$164,000.00)**

\$0.98

Weekly, After Tax

Long Term Disability: **No Coverage**

Company Paid

Supplemental Long Term Disability: **Long Term Disability 60% After Tax**

\$2.52

Weekly, After Tax

✓ Declined benefits

These are benefits that you either declined or didn't enroll in.

Dependent Optional Life Insurance: **No Coverage**

\$0.00

Weekly Cost

Important information

For plan sponsor use only.

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