

HealthWorX Plan - OPEN ENROLLMENT 2021

If you are currently under 65 you are eligible to be enrolled in a NO COST Health plan provided to you by your Employer.

Even if you are in a state healthcare program, you may still participate in our **HealthWorX** Plan at NO COST COST.

If you do not make an election to waive, you acknowledge and accept automatic enrollment into this Penalty A and Employee Mandate ACA Compliant healthcare plan. You don't need to do anything else.



Introducing your Benefit Enrollment Center

Open enrollment will be conducted through the HRX Benefit Enrollment Center, which will enable you to enroll (or decline) in all offered benefit plans. The HealthWorX Plan is NO-COST



Eligible employees auto-enrolled at **NO COST**



WELLNESS

- Change Behaviors/ Improve Health
- Individual or Group Consultation
- Serviced by Actual Doctors
- Self-directed. Lasting Changes
- Balance Wellness with Work



HEALTH & HOSPITAL CARE

- Preventive Screenings
- Sick Visits
- No Deductibles
- Low co-pays
- Available for Dependents
- Hospital Indemnity



TELEHEALTH

- No-copay
- No Deductible
- Dependents covered for free
- Phone, App, or Web Chat Portal
- Health Records Mgmt.



LIFE INSURANCE

- Up to \$25,000 of Term Life Insurance
- Guarantee Issue
- Portable
- Add Dependents
- AD&D Coverage



CRITICAL ILLNESS

- Heart Attack Cancer
- Organ Transplant
- Stroke & more



- Initial Treatment
- Ambulance
- Fractures
- Lacerations & more

If you wish to **Waive** coverage, you have 3 options within 60 days of enrollment:

Option 1

- Log on to your employee portal at <http://www.gohrx.com>.
- Click on the 'Home' icon. Then click on 'Waive Coverage'.
- Fill out the Waiver form (loads automatically), by completing each section.
- Type your name and the date at the bottom. Click 'Confirm Signature'.

Option 2

- Send an email to: benefits@worxsitehr.com. Please include: your name, company, the last 4 digits of your SSN, cell#, and email address.
 - Please also include the best time for us to call you, and which benefits you wish to waive.

Option 3

Send a text to : 818-651-6692 with the same information as in Option 2.