

Select Your Benefits

During open enrollment, you will receive an Open Enrollment task in your Inbox. To complete your open enrollment:

1. Click your **Profile** icon > **Inbox**.
2. Click the **Open Enrollment Change** task.
3. Select **Elect** or **Waive** for each Health Care Election choice. Your current elections are defaulted.
4. Click the Plan Description or Provider Website links to review, if needed.
5. Modify your level of coverage, if needed.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Plan Description
Medical - Aetna HDHP (High Deductible Health Plan)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Aetna Medical HDHP Summary
Medical - Blue Cross of Calif. HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Blue Cross of Calif. Medical HMO Summary
Medical - Blue Cross of Calif. POS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Blue Cross of Calif. Medical POS Summary
Medical - Blue Cross of Calif. PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="Megan McNeil"/> <input type="text" value="Pat McNeil"/>	<input type="text" value="EE + Family"/>	\$262.00	\$432.00	80.00	Blue Cross of Calif. Medical PPO Summary
Dental - Blue Cross of Calif. DMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Blue Cross of Calif. Dental HMO Summary
Dental - Blue Cross of Calif. PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="Megan McNeil"/> <input type="text" value="Pat McNeil"/>	<input type="text" value="EE + Family"/>	\$30.00	\$35.00	0.00	Blue Cross of Calif. Dental PPO Summary






People, not applica
make businesses s
belief drives Work
to help customers
the most out of ou
We're dedicated to
great resources, to

Add Dependents

If you elect or modify a benefit plan, you can also add dependents.

From the Change Benefits for Open Enrollment – Health Care Elections table:

1. Click the **prompt** icon  in the desired field in Coverage column.
2. Select a health care Coverage target.
3. Click the **prompt** icon in the Enroll Dependents column.
4. Select **Existing Dependents** to add an existing dependent or **Add My Dependent from Enrollment** to add a new dependent. Complete all required information.


Health Care Elections 7 Items			Existing Dependents >	Coverage
	Benefit Plan	*Elect / Waive	Add My Dependent From Enrollment	
	Medical - Aetna HDHP (High Deductible Health Plan)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Blue Cross of Calif. HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Blue Cross of Calif. POS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Blue Cross of Calif. PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	search  <input checked="" type="checkbox"/> Megan McNeil <input checked="" type="checkbox"/> Pat McNeil	<input checked="" type="checkbox"/> EE + Family 



Note: If derived coverage is configured on the medical plan, Workday selects a coverage target automatically based on who the employee covers.

Modify Dependents


From the Change Benefits for Open Enrollment – Health Care Elections table:


1. Click the **prompt** icon  in the Enroll Dependent field.
2. Select **Existing Dependents**.
3. Select the dependent you want to add to the plan.
4. Click the **X** next to a dependent's name to remove them from the plan.
5. Click **Continue**.



Add the Health Savings Election

The next step displays the Health Savings Election information. Depending on your elections from the previous screen, you may or may not be eligible for this plan.

From the Change Benefits for Open Enrollment – Health Savings Account Plan Dependencies section:

1. Click the **Arrow**  to expand the section. The Cross Plan Dependency details display.
2. Select **Elect** or **Waive** for the Health Savings election.



 Health Savings Account Plan Dependencies

2 items  

Cross Plan Dependency

Medical - Aetna HDHP (High Deductible Health Plan) -- is (are) prerequisite(s) for -- Health Savings Account - OptumHealth Bank.

Primary plan(s) include Healthcare FSA - SHPS and Secondary plan(s) include Health Savings Account - OptumHealth Bank. You cannot elect a primary plan and a secondary plan. They are mutually exclusive.

Health Savings Election 1 items  

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
Health Savings Account - OptumHealth Bank	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 5 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00	Provider Website OptumHealth Bank Plan Description OptumHealth Bank HSA


3. Enter the amount you want to contribute.
4. Click the **Go Back** button to modify your original elections, if needed.
5. Click **Continue**.



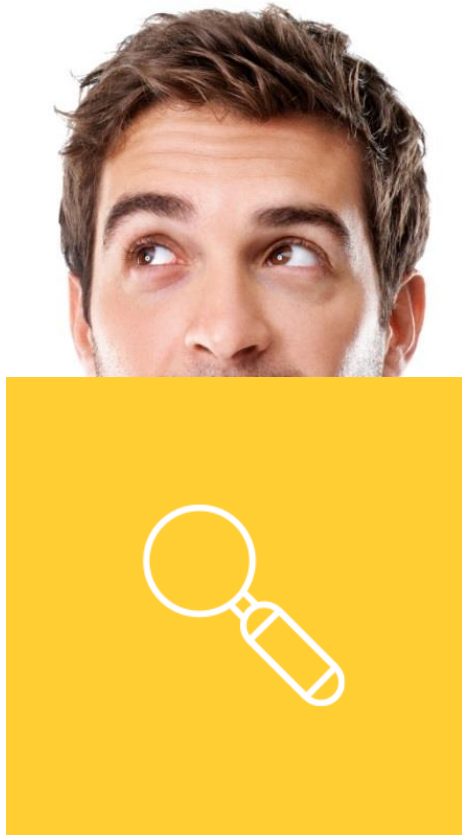
Add Group Life Insurance

Depending on your organization’s policy and local, state, and federal laws, you may be required to complete a physical examination in order to qualify for life insurance during open enrollment. Ask your HR or Benefits Representative for additional information.

From the Change Benefits for Open Enrollment – Insurance Plan Dependencies and Coverage Limitations section:

1. Click the **Arrow**  to expand the Insurance Plan Dependencies and Coverage Limitations section.
2. Select **Elect** or **Waive** for each insurance election and modify your Coverage Levels, as needed.
3. Click **Continue**.

Insurance Elections <small>6 Items</small>									
Benefit Plan	Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Plan Description	
Basic Group Life - Liberty Mutual (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	\$75,000		\$75,000.00		\$33.00	0.00	Liberty Life Insurance Summary	
Voluntary Supplemental Life - Liberty Mutual (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	Liberty Life Insurance Summary	
Spouse Life - Liberty Mutual (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	Liberty Life Insurance Summary	
Short Term Disability - Liberty Mutual (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	75% of Salary		\$52,166.04		\$8.50	0.00	Liberty Disability Summary	
Long Term Disability - Liberty Mutual Enhanced (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary		\$41,732.83		\$7.40	0.00	Liberty Life Insurance Summary	
Voluntary AD&D - Liberty Mutual (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	Liberty Life Insurance Summary	
						0.00	48.90	0.00	



Designate Life Insurance Beneficiaries

If your life insurance plan requires beneficiaries, the Requires Beneficiaries checkbox will be marked. This means that you must designate one or more beneficiaries for each plan.

From the Change Benefits for Open Enrollment – Beneficiary Designations section:

1. Click the **Add Row** icon \oplus to add a beneficiary.
2. Click the **prompt** icon \equiv in the Beneficiary field to select from a list of existing beneficiaries. Or, select **Create** to add a new beneficiary. To remove a beneficiary, click the **Remove Row** icon \ominus next to that beneficiary.
3. Enter the percentage of benefits for each beneficiary in the Primary Percentage / Contingent Percentage column. Your primary beneficiary and contingent beneficiaries must add up to 100%.
4. Click **Continue**.

Beneficiary Designations 1 items				
Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries	
			*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Group Life - Liberty Mutual (Employee)	Liberty Mutual	<input type="checkbox"/>	\oplus	
			\ominus	<div style="border: 1px solid #ccc; padding: 2px;">X A Casias Personal Trust ⋮</div> <div style="margin-top: 5px;"><input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/></div>



Add Additional Benefits

The additional benefits section is where you can elect such options as employee assistance or legal assistance insurance.

From the Change Benefits for Open Enrollment – Additional Benefits Elections section:

1. Review your elections for accuracy. Notice your monthly cost in the upper-right corner.
2. Scroll down and confirm that your coverage information is accurate.
3. Click **Continue**.

Change Benefits for Open Enrollment Open Enrollment for Amelia Casias - Step 6 of 7

Event Date 08/28/2015 Total Cost \$254.00 Monthly Cost Total Credits \$47.50 Monthly Credit Total Employee Net Cost/Credit \$206.50 Monthly Cost

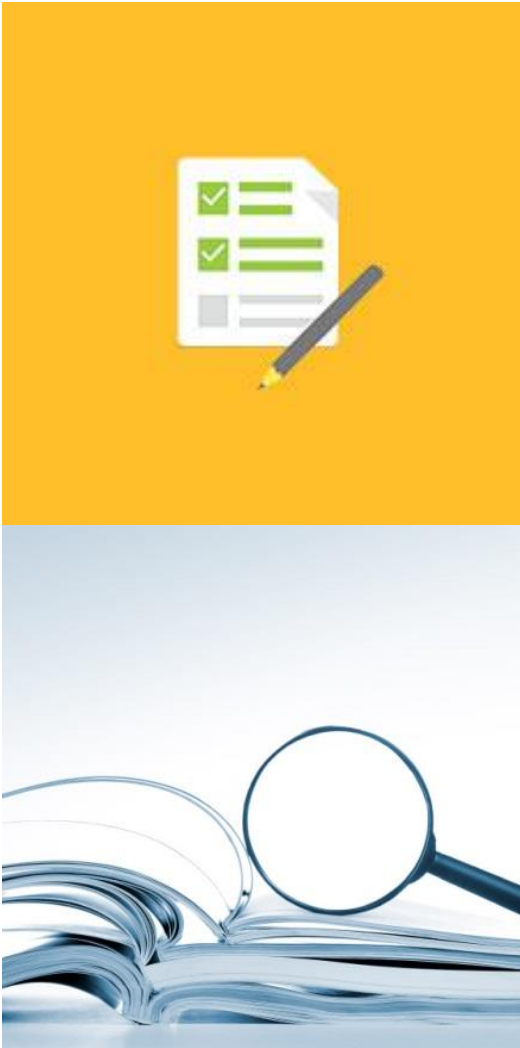
Initiated On 08/21/2015

Submit Elections By 08/28/2015

5 minute(s) ago - Effective 08/28/2015


Additional Benefits Elections 2 Items

Benefit Plan	Elect / Waive	Coverage	Amount (Monthly)	Percent	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Plan Description	Provider Website
Employee Assistance Program - Liberty Mutual MyLibertyAssist®	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		0.00	0				Liberty Mutual MyLibertyAssist®	Liberty Mutual
Legal Assistance - ARAG UltimateAdvisor®	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		0.00	0				ARAG UltimateAdvisor®	ARAG
					0.00	0.00	0.00		



Attach Supporting Documents

Add attachments, if required by your organization.

1. Click the **Add Row** icon  to add an attachment.
2. Click **Attach** to find the file.
3. Select the file you want to attach.
4. Enter comments, as needed.

Complete Your Enrollment

1. Check the **I Agree** box to confirm your electronic signature.
2. Click **Submit**. A confirmation page displays.
3. Click **Print** to generate a PDF version for your records.