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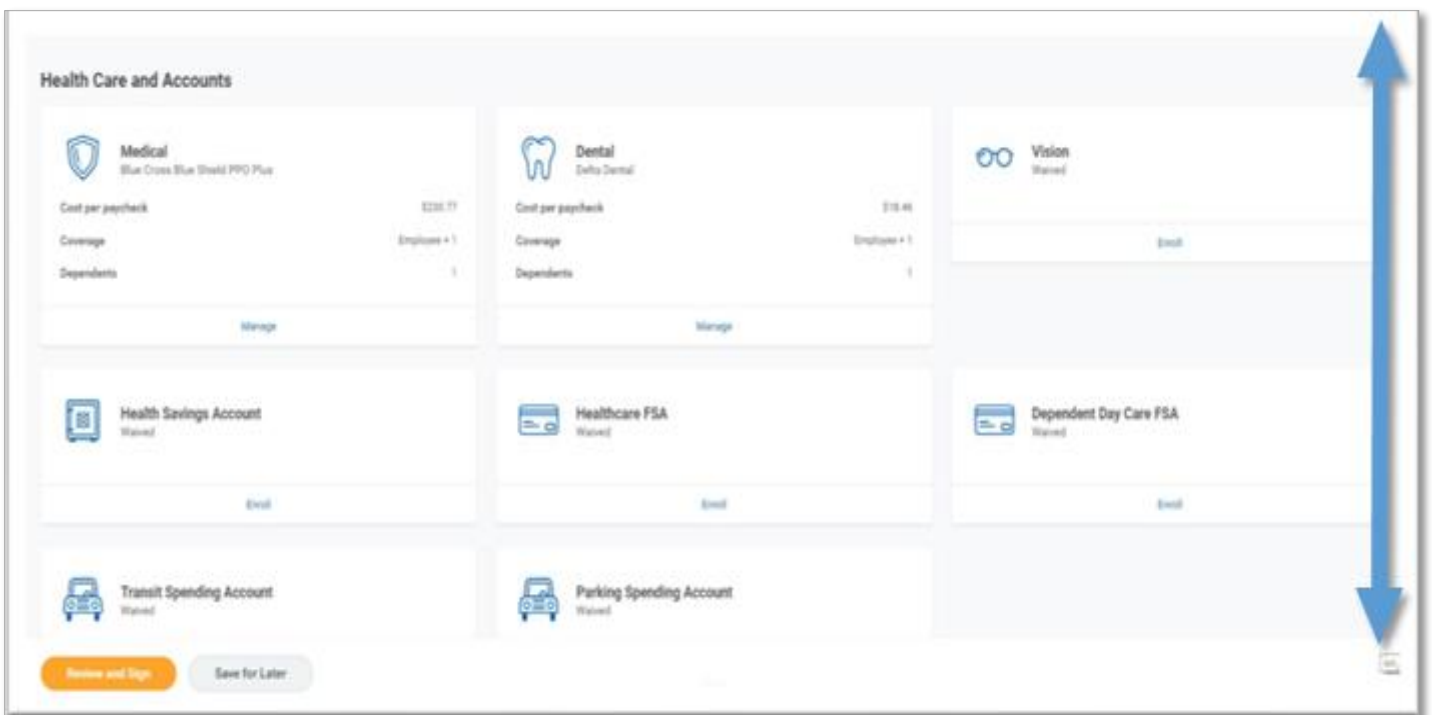
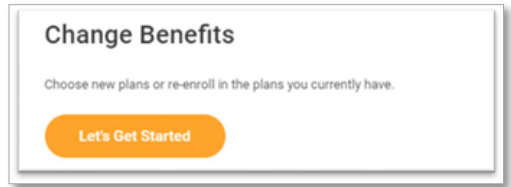
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Enrolling in Benefits (as a new hire, newly eligible or during open enrollment)

From your Workday Inbox:

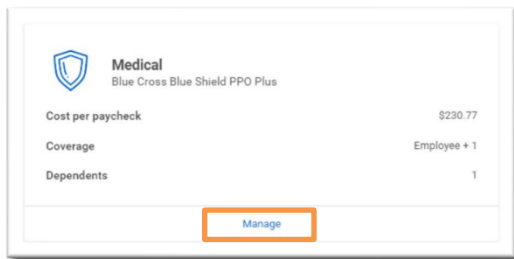
1. Click the **Benefit** task.
2. Select the **Let's Get Started** Button.
3. Choose **Manage or Enroll** for each benefit option.
 - Scroll through the page to view all available options.
 - Help text and other helpful information is found within each benefit icon.



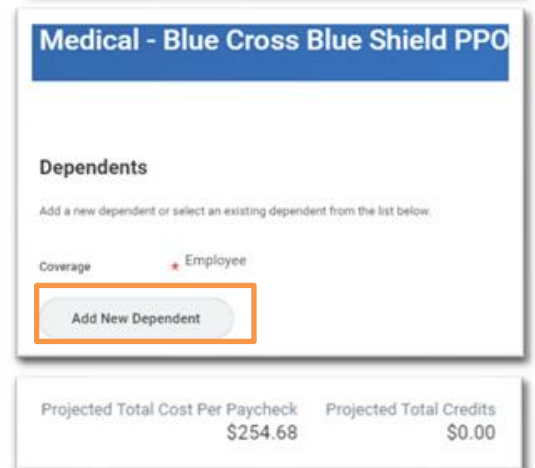
Healthcare and Accounts

Medical

1. Click into the **Medical Icon** to review plan options.
2. Review each option available. Then, chose **Select a plan or Waive** each of the plans available
3. Click **Confirm and Continue** once you have made your selections.

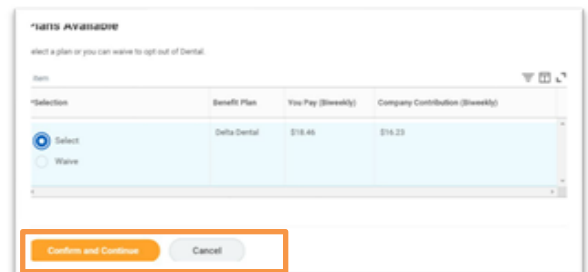
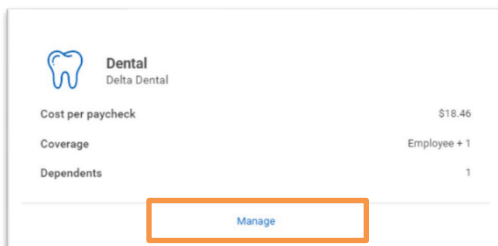


4. A dependents page will pop-up for you to verify or add a new dependent. Be sure to check the box by each person you want covered under this plan.



Dental

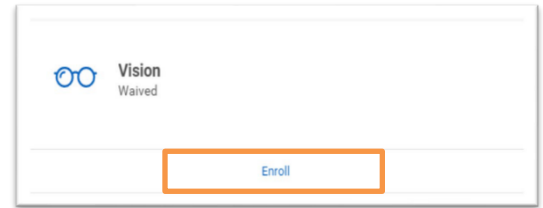
1. Click into the **Dental Icon** to review plan options.
2. Choose **Select or Waive** for the Dental Plan.
3. Click **Confirm and Continue** once you have made your selection.



4. A dependents page will pop-up for you to verify or add a new dependent. Be sure to check the box by each person you want covered under this plan.

Vision

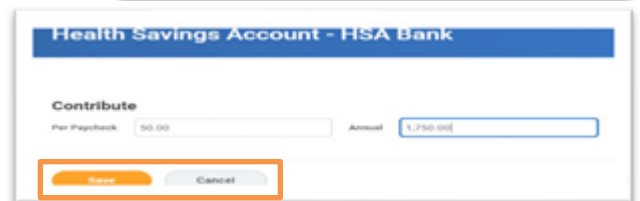
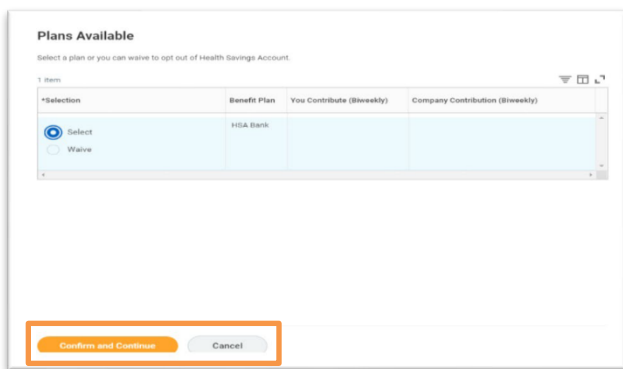
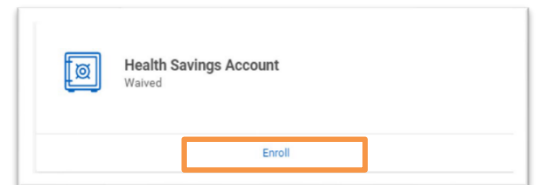
Follow the same process as outlined for Medical and Dental above.



Health Savings Account

If you elected an HSA plan as your Medical Plan, you are eligible to contribute to the HSA account plan.

1. Click **Enroll** to review your options.
2. **Select or Waive** the available spending account plan.
3. Click **Confirm and Continue** once you have made your selection.

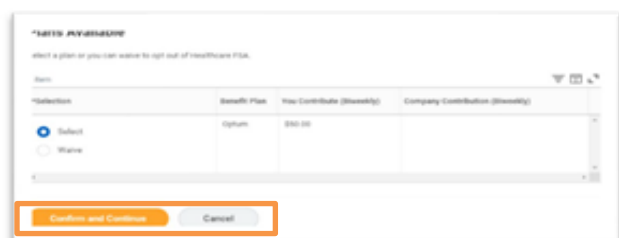
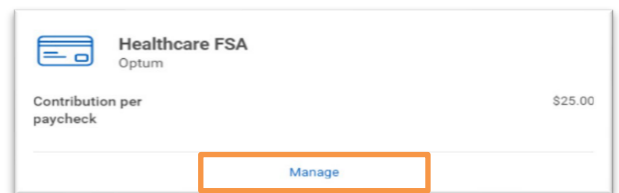


4. **Add or Update** your contributions.
 - a. You may enter the Per Paycheck amount you want to contribution OR enter the Annual Amounts you want to contribute.
5. Select **Save**.

Healthcare FSA

If you elected a PPO plan as your Medical Plan, you are eligible to contribute to the FSA account plan.

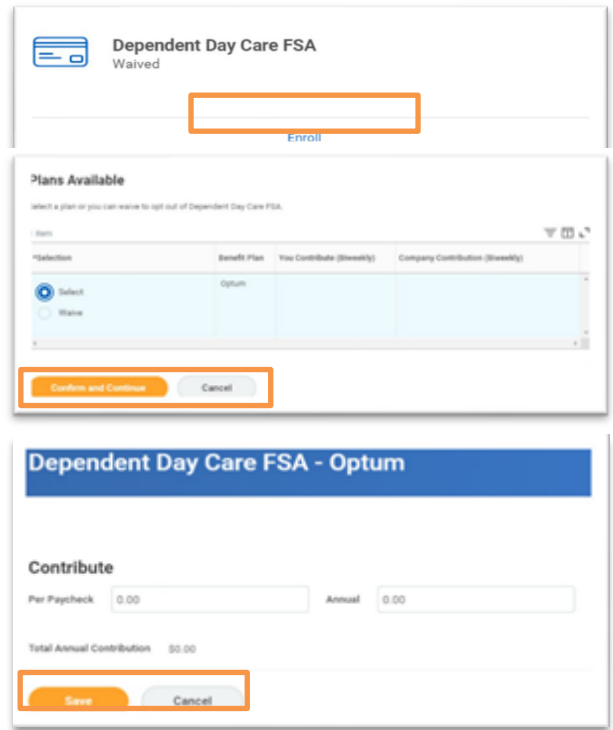
1. Click **Manage** to view your options.
2. Choose **Select or Waive** for the Healthcare FSA Plan.
3. Click **Confirm and Continue** once you have made your selection.
4. **Add or Update** your contributions.
 - a. You may enter the Per Paycheck amount you want to contribute OR enter the Annual Amount you want to contribute.
5. Select **Save**.



Dependent Day Care FSA

If you have dependent day care needs and would like to contribute to this account, click **Enroll**.

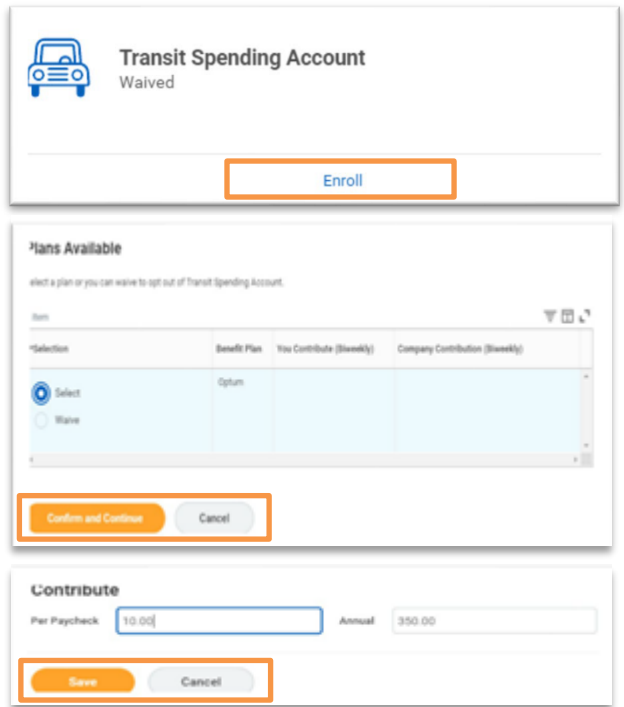
1. Choose **Select or Waive** for the Dependent Day Care FSAPlan.
2. Click **Confirm and Continue** once you have made yourselection.
3. **Add/Update** your Contributions.
 - a. You may enter the Per Paycheck amount you want to contribute OR enter the Annual Amount you want to contribute.
4. Select **Save**.



Parking and Transit Spending Account

If you incur expenses to commute or park at work, you may want to explore these options.

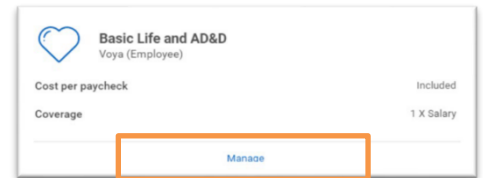
1. Click into either the Parking or Transit icon and select **Enroll**.
2. Click **Confirm and Continue** once you have made yourselection.
3. **Add/Update** your Contributions.
 - b. You may enter the Per Paycheck amount you want to contribute OR enter the Annual Amount you want to contribute.
4. Select **Save**.



Insurance

Basic Life and AD&D

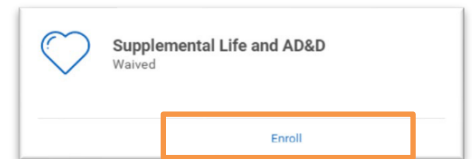
1. Select **Manage**. This is provided as part of your benefits and equals 1x your annual salary.
2. Click **Confirm and Continue** to go back to the main page.



If you have not named a beneficiary for this company provided benefit, you will be required to complete a beneficiary election at this point. Follow the guidance provided on the screen.

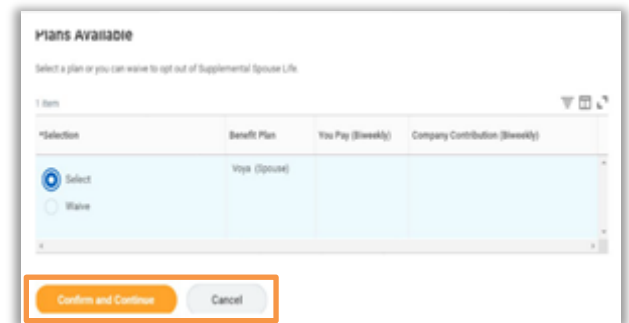
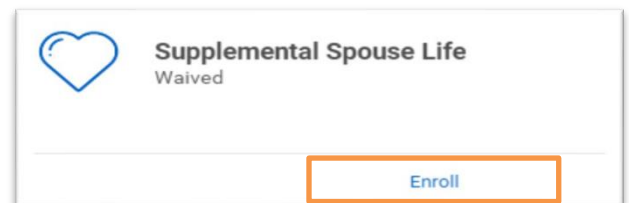
Supplemental Employee Life and AD&D

1. Select **Enroll**. Your current benefit elections will show.
2. Choose **Select or Waive**.
3. Click **Confirm and Continue**.
4. Select **Coverage**.



Supplemental Spouse and/or Child Life

1. To enroll or modify these benefits, click **Enroll** on the appropriate icon. Your current benefit elections will show.
2. Choose **Select or Waive**.
3. Click **Confirm and Continue**.
4. Select **Coverage Amount**.
5. Click **Add New Dependent** to choose an existing dependent or Add a New Dependent.
6. Click **Save** once you have made your selections.

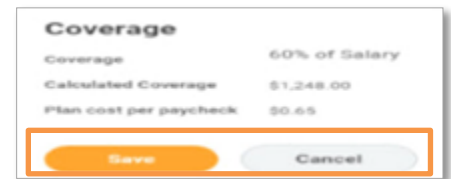
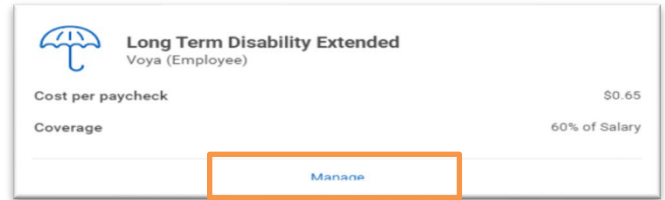


Long Term Disability

This is a company provided benefit and is provided as information only. No action is needed by you.

Long Term Disability Extended

1. Select **Manage** within the Long-Term Disability Extended Box. Your current benefit elections will show.
2. Choose **Select or Waive**.
3. Click **Confirm and Continue**. Coverage cannot be changed – it is 60 % of your annual salary.
4. Extended plan offers no additional benefit beyond the Core plan.



Additional Benefits

There are 2 sections under the Additional Benefits Section in Open Enrollment. Both are provided as part of your benefits package, and you do not need to do anything with them.

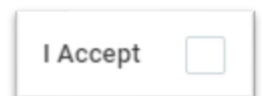
- Employee Assistance Program
- Short Term Disability

Submitting Your Benefits Elections

If you do not have a beneficiary name, you will be required to complete this step prior to submitting your elections. See the Basic Life Insurance section of this document or click into the Basic Life icon and follow the directions provided there. Your enrollment is not complete until a beneficiary has been named.

Completing and Submitting your Benefit Elections

1. Once you have Elected or Waived each of the available benefit options shown on the Benefit Enrollment Dashboard and you are satisfied with your Benefit Elections, click **Review and Sign**.
2. A Summary of your Benefit Elections will open. Be sure to scroll down the page and review all of your selections.
3. The Summary Page shows:
 - a. (1) Selected Benefits, (2) Waived Benefits, (3) Total Benefit Cost, (4) Attachments, (5) Electronic Signature.
4. If you want to make a change, click Cancel. You will be taken back to the dashboard.
5. You may attach a supporting document in the Attachments Section.
6. Read the Legal Notice in the Electronic Signature Section.
7. Click the **I Accept** Box.
8. Once you have Accepted and Submitted your selections, you will receive a Submitted Notice.
9. Click the **View Benefit Statement** Button.
10. Save a copy for your records.
11. If you receive an error – your changes are not lost, you will be taken back to the enrollment page to fix the error.



Printing Your Submission

1. Click the View Benefit Statement Button.
2. Navigate to the Printer Icon in the blue banner toward the upper right corner.
3. Click the Printer Icon.
4. Select the Download Button.
5. A PDF titled, Submit Elections Confirmation will pop up.
6. Select File, and you may Print or Save your selections.



Submit Elections Confirmation 03:58 PM
09/16/2019
Page 1 of 2

Open Enrollment - Please for
Initiated On: 08/22/2019
Submit Elections By: 09/22/2019
Event Date: 08/26/2019

Total Employee Cost/Cost
\$96.99 Biweekly Cost

We encourage you to print or save a copy of this document for your records.
Le recomendamos que imprima o guarde una copia de este documento para sus registros.

Elected Coverages									
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Biweekly)	Employer Contribution (Biweekly)	Benefit Credit (Biweekly)
Medical - Blue Cross Blue Shield HSA	08/29/2019	08/29/2019	Employee				\$23.08		
Dental - Delta Dental	01/01/2018	01/01/2018	Employee +				\$18.46		\$16.23
Health Savings Account - FSA Bank	08/29/2019	08/29/2019	\$1,750.00 Annual				\$50.00		
Basic Life and AD&D - Viya (Employee)	01/01/2018	01/01/2018	1 X Salary	\$55,000.00					\$2.41
Supplemental Life and AD&D - Viya (Employee)	01/01/2018	01/01/2018	\$20,000	\$20,000.00					\$0.83
Supplemental Spouse (Life - Viya (Spouse))	01/01/2018	01/01/2018	\$25,000	\$25,000.00					\$3.18
Long Term Disability - Viya (Employee)	01/01/2018	01/01/2018	60% of Salary	\$2,749.50					\$3.91
Long Term Disability - Viya (Employee)	01/01/2018	01/01/2018	80% of Salary	\$2,749.50					\$1.44
Employee Assistance Program - Viya (Short Term Disability - Viya)	01/01/2018	01/01/2018							
							Total	\$96.99	\$168.16

Waived Coverages

Plan Type
Healthcare FSA
Dependent Day Care FSA
Transit Spending Account
Parking Spending Account