

Benefits

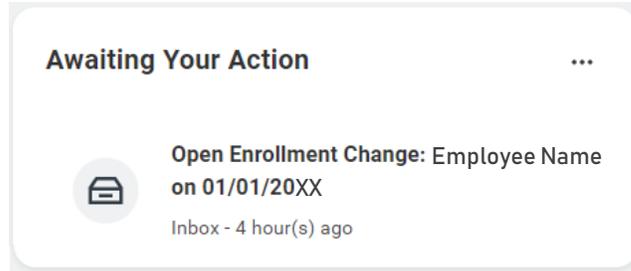
Navigating Open Enrollment in Workday

OPEN ENROLLMENT STEPS

This job aid serves as a resource guide only, and therefore, not every plan option or opportunity is detailed. This guide is also not a promise of benefits.

REVIEW, SELECT, AND CONFIRM YOUR BENEFITS – FROM YOUR WORKDAY HOME PAGE

Click the Open Enrollment Change item in Awaiting Your Action

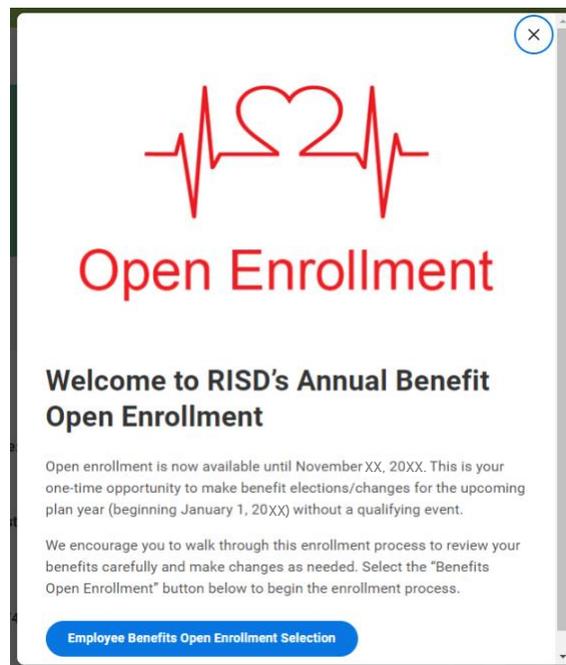
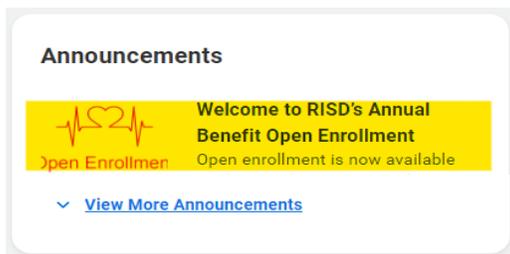


Then click the **Let's Get Started** button to access the main Open Enrollment page where you may review, edit, and confirm your benefit options, including Health Care and Accounts, Insurance, and Additional Benefits.

or

Click the Benefit Open Enrollment Announcement as highlighted below.

Click the **Employee Benefits Open Enrollment Selection** link in the announcement that appears.



Then, click the **Continue** button to access the main Open Enrollment page where you may review, edit, and confirm your benefit options, including Health Care and Accounts, Insurance, and Additional Benefits.

We encourage you to review each benefit section and option.

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Open Enrollment

Projected Total Cost Per Paycheck
\$137.85

Health Care and Accounts

Benefit Name	Provider/Plan	Cost per paycheck	Coverage	Action
Medical	Blue Cross and Blue Shield of Rhode Island HDHP Standard Plan - Low Premium/High Deductible PT Staff (910 - 1363)	\$97.85	Employee Only	Manage
Dental	Waived			Enroll
Vision	Waived			Enroll
HSA	London Health	\$40.00		Manage
Dependent Care FSA	Waived			Enroll
Healthcare FSA	Waived			Enroll

Click **Manage** to update your Health Care and Account Elections, including, medical, dental etc.

or

Click **Enroll** if you are not currently enrolled in a plan

Choose **Select** or **Waive** for each Health Care and Account election choice.

- Your current elections will default. However, you may use the select and waive buttons to modify your coverage as desired.

Click **Confirm and Continue**

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DEPENDENTS

If you elect or modify a benefit plan during open enrollment, you can also add, edit, or remove dependents from your coverage(s).

Manage your dependents after clicking **Confirm and Continue** in the previous step:

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Family

Plan cost per paycheck \$232.30

[Add New Dependent](#)

3 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Mary Smith	Child	01/01/2010
<input checked="" type="checkbox"/>	Sam Smith	Child	01/01/2012
<input checked="" type="checkbox"/>	Sara Smith	Spouse	01/01/1980

[Save](#) [Cancel](#)

Health Care Instructions

General Instructions

Health Care Instructions

- The left hand side of this screen lists the plans available for this benefit type, your current selection, and the new rates. **Note, if you have previously waived coverage for this benefit type all available plans will be defaulted to waive, but all costs will still display as employee only for your comparison purposes.**
- We strongly encourage you to use the [RISD - Plan Cost Comparison Tool](#) which has been designed to help you evaluate your plan options and understand your estimated costs in various situations.
- If you do not want to change your selection, you may click the Confirm and Continue button.
- If you wish to make changes, click the appropriate Select or Waive button next the benefit plan, as desired, and then click the Confirm and Continue button.
- If you decide to change from one plan to another, please re-select the dependents you wish to cover on the new plan election. If you do not re-select your dependents you will be defaulted to employee only coverage.**
- If you are electing to cover a new dependent, you will want to have the following information available: spelling of first and last name, relationship, date of birth, gender, Social Security number, and home address. Also domestic partner coverage

If a dependent already exists, they are selected automatically.

Click **Add New Dependent** to enter a new dependent and complete all required information.

To remove a dependent from coverage, uncheck the box next to the dependent's name.

Click **Save** to continue

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ADDING OR MODIFYING THE HEALTH SAVINGS ELECTION (REQUIRES ENROLLMENT IN HDHP MEDICAL PLAN)

Return to the Health Care and Accounts section.

Open Enrollment

Projected Total Cost Per Paycheck
\$137.85

Health Care and Accounts

 Medical Blue Cross and Blue Shield of Rhode Island HDHP Standard Plan - Low Premium/High Deductible PT Staff (910 - 1363) Cost per paycheck \$97.85 Coverage Employee Only Manage	 Dental Waived Enroll	 Vision Waived Enroll
 HSA London Health Contribution per paycheck \$40.00 Manage	 Dependent Care FSA Waived Enroll	 Healthcare FSA Waived Enroll

Click **Enroll** to elect the Health Savings Account (HSA) for the first time or **Manage** to change your current contribution.

Click **Select** for the HSA election and enter your contribution amount or zero if you do not wish to contribute.

Click **Confirm and Continue**.

Enter the amount you want to contribute and click **Save**.

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OPTIONAL LIFE INSURANCE

To qualify for optional life insurance during open enrollment, you may be required to complete Evidence of Insurability (EOI) and be approved by the carrier. You may begin the process by completing the steps below.

From the Insurance section:

The screenshot displays the 'Insurance' section with six cards:

- Basic Life** (The Standard Staff (Employee)): Cost per paycheck: Included; Coverage: 1 X Salary; Manage button.
- Optional Life** (Waived): Enroll button.
- AD&D** (The Standard AD&D - Staff (Employee)): Cost per paycheck: Included; Coverage: 200% of Salary; Manage button.
- Spouse Life** (Waived): Enroll button.
- Supplemental Short Term Disability** (Liberty Mutual Insurance *Inclusive of TDI (Employee)): Cost per paycheck: Included; Coverage: 80% of Salary; Manage button.
- Child Life** (Waived): Enroll button.

Click **Manage** or **Enroll** under Optional Life insurance.

Click the **Select** or **Waive** button as desired.

Click **Confirm and Continue**.

Select your desired coverage amount, 1X, 2X, 3X, 4X, or 5X your base salary.

The screenshot shows the 'Coverage' selection screen with the following details:

- Calculated Coverage:** \$53,000.00
- Coverage:** * X 2 X Salary (selected in a dropdown menu)
- Plan cost per paycheck:** \$1.35

Text at the top: Your guaranteed coverage amount for Optional Life - The Standard (Employee) is \$0. Submit your Evidence of Insurability to The Standard to be considered for the coverage amount of 2 X Salary. Your election will be waived if you are denied coverage.

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DESIGNATE LIFE INSURANCE BENEFICIARIES

The option to add primary and secondary beneficiaries will appear. This means that you can designate one or more beneficiaries for each plan.

From the Beneficiaries section:

Click the **Add Row**  icon to add a beneficiary.

Click the **prompt**  icon in the Beneficiary field to select from a list of existing beneficiaries.

or

Select **Add New Beneficiary or Trust** to add a new beneficiary.

To remove a beneficiary, click the **Remove Row**  icon next to that beneficiary.

Enter the percentage of benefits for each beneficiary in the Percentage column.

Click **Save**.

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item   

	Beneficiary	Percentage
	<input type="text"/> 	<input type="text" value="0"/>

Secondary Beneficiaries 0 items   

	Beneficiary	Percentage
No Data		

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LONG-TERM DISABILITY INSURANCE (ELIGIBILITY-BASED)

To qualify for long-term disability insurance during open enrollment, you may be required to complete Evidence of Insurability (EOI) and be approved by the carrier. You may begin the process by completing the steps below.

From the Insurance section:

Click **Manage** or **Enroll** under Long-Term Disability.

Click the **Select** or **Waive** button as desired.

Click **Confirm and Continue**.

The screenshot shows the 'Insurance' section with six benefit cards:

- Basic Life** (The Standard Staff (Employee)): Cost per paycheck Included, Coverage 1 X Salary. Button: Manage
- Optional Life** (The Standard (Employee)): Cost per paycheck \$19.75, Coverage 3 X Salary. Button: Manage
- AD&D** (The Standard AD&D - Staff (Employee)): Cost per paycheck Included, Coverage 200% of Salary. Button: Manage
- Spouse Life** (Waived): Button: Enroll
- Supplemental Short Term Disability** (Liberty Mutual Insurance *Inclusive of TDI (Employee)): Cost per paycheck Included, Coverage 80% of Salary. Button: Manage
- Long Term Disability (LTD)** (Waived): Button: Enroll (highlighted in yellow)

Long Term Disability (LTD)

Projected Total Cost Per Paycheck
\$288.78

Plans Available

Select a plan or Waive to opt out of Long Term Disability (LTD).

1 item

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select	Liberty Mutual Insurance Staff (Employee)		
<input checked="" type="radio"/> Waive			

Buttons: Confirm and Continue, Cancel

ADDITIONAL BENEFITS

The additional benefits section is where you will see your employee assistance coverage, since this is provided to you at no cost, you are automatically enrolled.

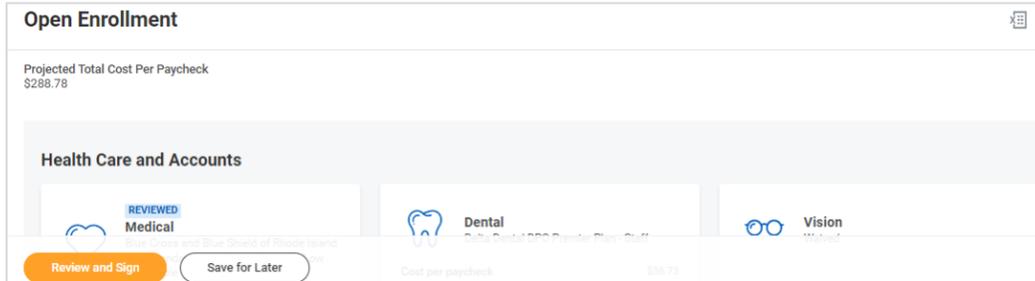
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COMPLETE YOUR ENROLLMENT

To complete your enrollment

Click the **Review and Sign** button at the bottom of the screen.



View Summary to review all elected and waived plans and named beneficiaries.

Select the **I Accept** checkbox to confirm your electronic signature.

Click **Submit**.

View Summary

Projected Total Cost Per Paycheck
\$191.75

REVIEW YOUR BENEFIT ELECTIONS
Below please find a list of your requested benefit elections, including coverage and deduction begin dates, coverage amounts, dependents covered, your employee cost contributions and RISD's employer contributions.

VIEW AND CHECK YOUR LIFE BENEFICIARIES
You may also view your assigned beneficiaries by clicking on the expand arrow next to BENEFICIARY DESIGNATIONS.

REVIEW BENEFITS WAIVED
You may also view benefit plans for which you have WAIVED coverage by clicking on the expand arrow next to WAIVE.

AGREE AND SUBMIT
After you have confirmed your election requests, click the check box next to I ACCEPT and then click the SUBMIT button.

Selected Benefits 9 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Blue Cross and Blue Shield of Rhode Island HDHP Low Premium/High Deductible - FT Staff	01/01/2023	01/01/2023	Family	Mary Smith Sam Smith Sara Smith		\$105.23

Electronic Signature

Legal Notice: Please Read
Your name and password are considered your legally binding electronic signature and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying and agreeing that:

- You understand and approve the enrollment.
- You authorize the deductions.
- You understand and acknowledge that under the Internal Revenue Code regulations and rules, changes to medical, dental, vision, and flexible spending account benefit elections may not be made during the calendar year unless there is a "qualified change in status". (e.g., an involuntary loss of other coverage, a marriage, a birth or an adoption, etc.), which requires proof (documentation) within 31 days of the qualifying event.
- Underwriting review and approval may be required if a request for coverage is made after the initial offering.
- Change to an employee's retirement contribution and Health Savings Account contribution may be made at any time during the calendar year and without a qualified change in status.
- Each year, the annual enrollment period, provides the option to change certain coverages without a qualified change in status event.

I Accept

Submit **Cancel**

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VIEW YOUR BENEFITS STATEMENT

Once submitted a confirmation page will display.

Click **View 20XX Benefits Statement** to view your benefits statement.

Submitted

You've submitted your elections.

Below is a confirmation of the elections you have made.

This benefit enrollment confirmation statement assumes all required [Evidence of Insurability \(EOI\)](#) has been submitted and approved.

Important Dates:

Benefits go into effect	01/01/2023
Final day to update benefits	11/18/2022

[View 2023 Benefits Statement](#)

[Done](#)

Click **Print** to generate a PDF version for your records or click Done to complete the task.