## Workday: ACA Benefit Event



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### What is the Affordable Care Act (ACA)?

- The Affordable Care Act (ACA) or more commonly known as Obama Care
- Requires companies, regardless of their policy to provide medical coverage to Per Diem or PT Non-Benefitted Workers if the employee works on average either...
  - i. 30 hours or more per week or
  - ii. 130 hours per month in a specifically defined "look back period"
- There are 4 different scenarios at CHOC in which an associate may become ACA eligible



### **Measurement Periods Definitions**

 Initial Measurement period – A period that measures from the associate's hire date to the 1 year anniversary

Measurement period – October to October starting 1 year after hire date



Scenario 1 – Associate transfers from Benefits Eligible to Non-Benefits Eligible role and is ACA eligible



## Associate transfers from Benefits Eligible to Non-Benefits Eligible role and is ACA eligible

- If an associate moves from a full-time or part-time benefitted role to a Per Diem role and is ACA eligible, the associate will remain enrolled in any ACA eligible benefit. However, a Change in Benefit Eligibility (ACA) benefit event, launched to the associate's Workday inbox, will give the associate an opportunity to waive their benefits.
- If associate was in the initial measurement period (qualifying at their 1 year anniversary), the ACA coverage will not extend to the end of the calendar year. The associate will be eligible to keep the coverage until the end of the anniversary month of the second anniversary.
  - Example: Associate is hired on 2/14/2023 and is offered coverage 2/15/2024 effective 3/1/2024. They are re-measured 10/2023 10/2024 and do not qualify for ACA coverage, so their coverage would end 2/28/2025.
- Associate will simultaneously be measured during the stability measurement period, and if still eligible, they will be offered coverage for the following year during open enrollment.
  - Example: Associate is hired on 2/14/2023 and is offered coverage 2/15/2024 effective 3/1/2024. They are re-measured 10/2023 10/2024 and they do qualify for ACA coverage. The associate would be given the opportunity to enroll again during open enrollment and keep their coverage through 12/31/2025.



## When an associate becomes ACA eligible up to three email notifications will be sent to the associate. The first is sent when the benefit task is available in the associate's Workday inbox.

From: CHOC Workday <choc@myworkday.com> Sent: Wednesday, August 28, 2024 4:10 PM To: CHOCO Bear <choco.bear@choc.org> Subject: Workday Action Requested: ACA Benefit Eligibility Change

The Affordable Care Act ("ACA") requires medical coverage be offered to associates who are in a non-benefits eligible position, such as Part Time or Per Diem if the associate worked on average either i) 30 hours or more per week or ii) 130 hours per month in a "look back" period.

If you DO NOT wish to remain in the CHOC medical plan you must WAIVE your coverage in Workday.

To WAIVE your medical coverage, navigate to your Workday inbox and click on the "Benefit Change-Change in Benefit Eligibility (ACA)" task and click "Let's Get Started".

If you waive your ACA medical coverage, you will not have another opportunity to enroll in medical coverage during the same calendar year.

Please refer to slides 5 - 15 in the ACA job aid for step by step instructions to either enroll or waive your coverage (<u>https://benefits.choc.org/-/media/Mercer/CHOC/Documents/ACA-benefit-event.pdf</u>).

If you have any questions regarding your ACA eligibility please respond to this email or contact benefits@choc.org.

Business Process: Benefit Change - Change in Benefit Eligibility (ACA) : CHOCO Bear (1111) on 08/28/2024 Subject: Benefit Event: CHOCO Bear (1111) on 08/28/2024 Details: Change Benefits for Life Event for CHOCO Bear (1111) effective on 08/28/2024 <u>Click here to view the notification details.</u>



When an associate becomes ACA eligible up to three email notifications will be sent to the associate. The second is sent with 5 days left to waive coverage and the third is sent with 1 day left to waive coverage.

> From: CHOC Workday <choc@myworkday.com> Sent: Wednesday, August 28, 2024 1:42 PM To: CHOCO Bear <choco.bear@choc.org> Subject: Workday Action Requested: Change in Benefits for Status Change

The Affordable Care Act ("ACA") requires medical coverage be offered to associates who are in a non-benefits eligible position, such as Part Time or Per Diem if the associate worked on average either i) 30 hours or more per week or ii) 130 hours per month in a "look back" period.

You have until August 30, 2024 at 11:59 pm to WAIVE your medical coverage. If you DO NOT wish to remain in the CHOC medical plan you must WAIVE your coverage in Workday.

To WAIVE your medical coverage, navigate to your Workday inbox and click on the "Benefit Change-Change in Benefit Eligibility (ACA)" task and click "Let's Get Started".

If you waive your ACA medical coverage, you will not have another opportunity to enroll in medical coverage during the same calendar year.

Please refer to slides 5 - 15 in the ACA job aid for step by step instructions to either enroll or waive your coverage (<u>https://benefits.choc.org/</u>/media/Mercer/CHOC/Documents/ACA-benefit-event.pdf).

Click here to view the notification details.



## 1. Associate receives Benefit Change – Change in Benefit Eligibility (ACA) task in their Workday inbox



## 2. Click "Let's Get Started" on the task

My Tasks	←	All Items	96 items	Created: 06/24/2024   Effective: 07/01/2024
All Items		Q Search: All Items	<b>⊥</b>	Initiated On 06/24/2024
(L) Saved Searches	~	Benefit Change - Change in Benefit 06/24/2 Eligibility (ACA) : Choco Bear	024 🕁 Î	Submit Elections By 07/30/2024
Silters	~	(99999) on 07/01/2024 Effective: 07/01/2024		Let's Get Started
Archive		New Job Description Summary:         06/20/2           Choco Bear (99999)         06/20/2           Effective:         06/09/2024           Updated:         06/20/2024	024 🕁	



## 3. Click "Manage" on the medical tile if you wish to waive coverage. To keep your coverage click on "Review and Sign".

Change in Benefit Eligibility (AC	CA)				XIII PD
Projected Total Cost Per Paycheck Projected Tota \$203.14 \$0.00	Il Credits				
Health Care and Accounts					
Medical Cigna HMO Select Network		Surcharge CHOC Spouse		Health Savings Account	
Cost per paycheck	\$203.14	Cost per paycheck	Included		
Coverage	Employee + Family	Coverage	Spouse/DP is not a dependent.	Enroll	
Dependents	3	N	lanage		
Manage					
FSA Medical Waived					
Enroll					
Review and Sign Save for Later					Ŵ



### 4. Click "waive" on your medical plan

### Medical

Projected Total Cost Per Paycheck S203.14 Projected Total Credits

### **Plans Available**

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family.

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)	
Cigna HDHP 2000	<ul><li>Select</li><li>Waive</li></ul>	\$439.61	\$788.69	
Cigna HDHP 6000	Select Waive	\$107.34	\$706.60	
Cigna HMO Full Network	Select Waive	\$337.15	\$858.60	
Cigna HMO Select Network	Select	\$203.14	\$875.69	
Cigna PPO	Select	\$543.57	\$1,072.41	

### Health Care Instructions

### General Instructions

When you select the Cigna HMO Select, HMO Full or PPO plans, you may also enroll in the Health Care Flexible Spending Account (FSA). When you select the Cigna HDHP plan, you may also enroll in the Health Savings Account (HSA) and the Limited Purpose FSA.

### Definitions:

Health Savings Account (HSA) is a tax-free savings account that works with the Cigna HDHP plan to help you pay for the cost of out-ofhealth care and prescription expenses.

Health Care FSA reimburses medical, dental, and vision expenses.

Limited Purpose FSA reimburses for dental and vision expenses and may only be used with the Cigna HDHP plan.

Dependent Care FSA reimburses for day/night care expenses for qualifying dependents which include 1) children under the age of 13 w ify as dependents on your federal tax return or 2) spouse or dependents of any age who are physically or mentally unable to care for the and who qualify as dependents on your Federal tax return.

To find information about CHOC Benefits Plans and Programs go to: https://benefits.choc.org/

Confirm and Continue Cancel

**CHOC** 

## 5. Review coverage to ensure it has been waived and click "Review and Sign".

Change in Benefit Eligibility (ACA)									
Projected Total Cost Per Paycheck Projected Total Credits \$0.00 \$0.00									
Health Care and Accounts									
Waived UPDATED	Surcharge CHOC Spouse Cost per paycheck	Included	Health Savings Account Waived						
Enroll	Manage		Enroll						
FSA Medical Waived									
Enroll									

## 6. Review Benefit Summary Page for accuracy

### **View Summary**

Projected Total Cost Per Paycheck Projected Total Credits \$0.00

To find information about CHOC Benefits Plans and Programs go to: <u>http://benefits.choc.org</u>

### Please note, you have not completed your enrollment until you select, "I Agree" and "Submit" at the bottom of this page

Selected Benefits 1 item						= 6	j ."
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost	
Surcharge	01/01/2023	01/01/2023	Spouse/DP is not a dependent.			Included	-
CHOC Spouse							-
4							Þ

Waived Benefits 3 items	🖽 LT 🎟 🎟
	-
Medical	Waived
Health Savings Account	Waived
FSA Medical	Waived

Total Benefits Cost 1 item			Ð
Employee Cost	Credits	Net Credits	*
\$0.00	\$0.00	\$0.00	-



### 7. Click "I accept" and "submit"

### Attachments

Drop files here
or
Select files

### **Electronic Signature**

I acknowledge that I have been given the opportunity to enroll myself and/or eligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying any start, stop, increase, decrease or change in deduction amount.

1	Accept
(	enter your comment
F	Change Benefits for Life Event- Awaiting Action
	Submit Save for Later Cancel



Scenario 2 (a)– Associate is in a non-benefits eligible role and becomes ACA eligible within their initial measurement period (one year from hire date).



## Associate is in a non-benefits eligible role and has become ACA eligible WITHIN their initial measurement period

- An associate may qualify for ACA coverage within their initial measurement period (one year from hire date).
- An enrollment event called "PE: ACA Eligibility Change" will launch to the associate to enroll in benefits beginning coverage the first of the month on or after the anniversary date.
- If associate does not qualify again in the subsequent measurement period (October October), the coverage will end on the last day of the month of the second anniversary.
  - Example: Associate is hired 2/14/2023 and is offered coverage 2/15/2024 effective 3/1/2024. Associate is re-measured 10/2023 to 10/2024 and does not qualify for ACA coverage, so their coverage ends on 2/28/2025.



# When an associate becomes ACA eligible an email notification will be sent to the associate. The notification is sent when the benefit task is available in the associate's Workday inbox.

From: CHOC Workday <choc@myworkday.com> Sent: Wednesday, August 28, 2024 12:58 PM To: CHOCO Bear <choco.bear@choc.org> Subject: Change to ACA Benefit Eligibility

The Affordable Care Act ("ACA") requires medical coverage be offered to associates who are in a non-benefits eligible position, such as Part Time or Per Diem if the associate worked on average either i) 30 hours or more per week or ii) 130 hours per month in a "look back" period.

You have become ACA Eligible and may elect medical coverage. Please refer to slides 16 - 26 in the ACA job aid for step by step instructions to either enroll or waive your coverage (<u>https://benefits.choc.org/-/media/Mercer/CHOC/Documents/ACA-benefit-event.pdf</u>).

If you have any questions regarding your ACA eligibility, please reach out to the Benefits team by replying to this email or contact <a href="mailto:benefits@choc.org">benefits@choc.org</a>.

Business Process: Passive Event: CHOCO Bear (1111) on 09/01/2024 Subject: CHOCO Bear (1111) Details: Passive Event for CHOCO Bear (1111) effective on 09/01/2024 <u>Click here to view the notification details.</u>



## 1. To enroll in ACA medical coverage, click on the ACA change task in your Workday inbox.

СНОС		Q	Search								) <sub>(1</sub> 3	2	8
F	lello There					It's 1	Tuesday, June 2	25, 2024					
	Awaiting Your Action Benefit Chang My Tasks - 1 mo Absence Requ My Tasks - 6 mo DUE 08/24/202	e - PE: ACA Eligibility Chang nth(s) ago est: Choco Associate (3333 nth(s) ago 3	ge : Choco Associate 13)	te (33333) on 05/	/14/2024	A	nnouncements WZ	2023 W-2 Tax Documents Av We are happy to that your 2023 V	ailable announce J-2 tax doc				
	Go to My Tasks (2)					(	My Payslips	)		Hi Choco As Assistant I can help you	sociate! 👏 I find informa	l <b>'m Workda</b> tion, navigat	×
	Timely Suggestions	Here's where you'll get upd	lates on your active it	items.			My Absence	)		Workday, and	get things do	ine.	



### 2. Click "Let's Get Started".





## 3. Click "enroll" on the medical tile if you wish to enroll in ACA coverage.

	D	Û	€ <b>1</b>	ź
PE: ACA Eligibility Change			XIII	1
Projected Total Cost Per Paycheck     Projected Total Credits       \$0.00     \$0.00				
Health Care and Accounts				
Medical Waived     Health Savings Account Waived				
Enroll Enroll				



### 4. Click "Select" on the medical plan of your choice and click on "Confirm and Continue".

### Medical

Projected Total Cost Per Paycheck Projected Total Credits \$0.00

### Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

\$0.00

	Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)	
	Cigna HDHP 2000	<ul><li>Select</li><li>Waive</li></ul>	\$118.64	\$265.51	*
	Cigna HDHP 6000	<ul><li>Select</li><li>Waive</li></ul>	\$27.24	\$227.33	
	Cigna HMO Full Network	<ul><li>Select</li><li>Waive</li></ul>	\$97.62	\$276.35	
,	Cigna HMO Select Network	<ul><li>Select</li><li>Waive</li></ul>	\$42.93	\$294.47	
	Cigna PPO	<ul><li>Select</li><li>Waive</li></ul>	\$152.98	\$352.42	
× 1	4				F

### Health Care Instructions

### **General Instructions**

en you select the Cigna HMO Select, HMO Full or PPO plans, you may also enroll in the Health Care Flexible Spending Account (FSA). en you select the Cigna HDHP plan, you may also enroll in the Health Savings Account (HSA) and the Limited Purpose FSA.

### initions

alth Savings Account (HSA) is a tax-free savings account that works with the Cigna HDHP plan to help you pay for the cost of out-of-pocket alth care and prescription expenses.

alth Care FSA reimburses medical, dental, and vision expenses.

nited Purpose FSA reimburses for dental and vision expenses and may only be used with the Cigna HDHP plan.

pendent Care FSA reimburses for day/night care expenses for qualifying dependents which include 1) children under the age of 13 who qualas dependents on your federal tax return or 2) spouse or dependents of any age who are physically or mentally unable to care for themselves who qualify as dependents on your Federal tax return.

find information about CHOC Benefits Plans and Programs go to: ps://benefits.choc.org/



## 5. Add a dependent or select existing dependents to include on your medical coverage. Click "Save".

Medical - Ci	na HDł	HP 6000	)
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Projected Total Cost Per Paycheck Projected Total Credits

### Dependents

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

Coverage \* Employee Only

Plan cost per paycheck \$27.24

Add New Dependent

Health Care Instructions

Provider Website Cigna - TEST

### **General Instructions**

When you select the Cigna HMO Select, HMO Full or PPO plans, you may also enroll in the Health Care Flexible Spending Account (FSA). When you select the Cigna HDHP plan, you may also enroll in the Health Savings Account (HSA) and the Limited Purpose FSA.

### Definitions:

Health Savings Account (HSA) is a tax-free savings account that works with the Cigna HDHP plan to help you pay for the cost of out-of-pocket health care and prescription expenses. Health Care FSA reimburses medical, dental, and vision expenses.

Limited Purpose FSA reimburses for dental and vision expenses and may only be used with the Cigna HDHP plan.

Dependent Care FSA reimburses for day/night care expenses for qualifying dependents which include 1) children under the age of 13 who qualify as dependents on your federal tax return or 2) spouse or dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your Federal tax return.

To find information about CHOC Benefits Plans and Programs go to: https://benefits.choc.org/





## 6. Review tiles to ensure coverage is accurate and click "review and sign".

: ACA Eligibility Cha	nge		×
ected Total Cost Per Paycheck 24	Projected Total Credits \$0.00		Your Medical changes have been updated, but not submitted Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.
Health Care and Accounts	3		Health Savings Account Walved
Cost per paycheck		\$27.24	
Coverage		Employee Only	Enroll





### 7. Review summary sheet for accuracy.

### **View Summary**

Projected Total Cost Per Paycheck S27.24 Projected Total Credits

To find information about CHOC Benefits Plans and Programs go to: http://benefits.choc.org

Please note, you have not completed your enrollment until you select, "I Agree" and "Submit" at the bottom of this page.

After you submit your benefit election updates, the coverage begin dates might change. Review your impacted plans in the Messages section.

Selected Benefits 1 item							= □	с"
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents		Beneficiaries	Cost	
Medical	06/01/2024	06/01/2024	Employee Only				\$27.24	*
Cigna HDHP 6000								-
4							Þ	
Waived Benefits 1 item							□." Ⅲ	Ⅲ
								^
Health Savings Account					Waived			~

### Messages

l item	= □ · " 🎟 🖽
Plans	Information
Submit Cancel	



(×

### 8. Click "I accept" and "submit".

Attachments		
	Drop files here	
	or	
	Select files	

### Electronic Signature

I acknowledge that I have been given the opportunity to enroll myself and/or eligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these ber crease, decrease or change in deduction amount.

I Accept	
Process History	
Change Benefits for Life Event- Awaiting Action	
Submit Cancel	



Scenario 2 (b) – Associate is in a non-benefits eligible role and becomes ACA eligible after their initial measurement period (October – October).



### Associate is in a non-benefits eligible role and has become ACA eligible AFTER their initial measurement period

- After the first hire date anniversary, an associate is measured from October to October. If an associate
  qualifies during this measurement period, they will have an opportunity to enroll in benefits during Open
  Enrollment.
- If associate does not qualify for ACA at the end of the next measurement (October), their coverage will end at the end of the year.
  - Example: Associate is hired on 2/14/2023 and is offered coverage 2/15/2024 effective 3/1/2024. They are re-measured 10/2023 to 10/2024 and qualify for ACA coverage. Associate will receive an Open Enrollment task for 2025 OE and have coverage until 12/31/2025. The associate can qualify for ACA coverage again in 2026 through the next measurement period which would be 10/2024 to 10/2025.
  - Click here to review the Open Enrollment job aid.



## Notification sent to associate informing them they have become ACA eligible and may enroll in ACA benefits during Open Enrollment





## Scenario 3 - Associate moves from non-benefits eligible (but qualifies for ACA) to a benefit eligible role



## Associate moves from non-benefits eligible (but qualifies for ACA) to a benefit eligible role

- If an associate moves from a Per-Diem role to a Full-Time or Part-Time benefited role a "Benefit Eligible Status Change" event launches to their Workday inbox.
- The event will automatically enroll or waive the ACA benefits that were elected in the last ACA enrollment.
  - All other benefits with the exception of medical will be offered to the associate at this time.
- If an associate has already waived medical coverage in the same calendar year, they will not be able to enroll in medical coverage at this time. Associate may enroll in all benefits except for medical.



Notification sent to associate informing them they have become benefit eligible and can enroll in the CHOC benefit package. Associates who have already waived medical coverage in the same calendar year will not have an opportunity to enroll in medical coverage at this time. Notification launches when benefit enrollment is in active in your Workday inbox.

From: CHOC Workday <choc@myworkday.com> Sent: Wednesday, August 28, 2024 4:01 PM To: CHOCO Bear <choco.bear@choc.org> Subject: Change to your Benefits Eligibility

You have recently become benefit eligible and have an opportunity to enroll in CHOC's benefit package. Please use the link below to enroll. If you have already waived your medical coverage for this calendar year, you may not enroll in medical benefits at this time. You may enroll in any of the other benefit plans.

Please refer to slides 30 - 37 in the ACA job aid for step by step instructions to either enroll or waive your coverage (<u>https://benefits.choc.org/-/media/Mercer/CHOC/Documents/ACA-benefit-event.pdf</u>).

If you have any questions regarding your medical coverage, please respond to this email or contact benefits@choc.org.

Business Process: Benefit Change - Benefit Eligible Status Change : CHOCO Bear (1111) on 08/18/2024 Subject: Promotion: CHOCO Bear (1111) Details: Change Benefits for Life Event for CHOCO Bear (1111) effective on 08/18/2024 <u>Click here to view the notification details.</u>



## 1. Start by identifying the benefit eligible status change task in your Workday inbox

СНОС	C	) Search		D 🗘 🗗 a
	Welcome		It's Thursday, August 15, 2024	
	Awaiting Your Action Benefit Change - Benefit Eligible Status (1011121314) on 08/04/2024 My Tasks - 22 hour(s) ago DUE 08/15/2024	Change : CHOCO Bear II   CHOCO Bear II	Announcements 1of 3 < > 2023 W-2 Tax Documents Available We are happy to announce that your 2023 W-2 tax doc	
	Update Your Workday Profile     6 required steps remaining     Go to My Tasks (1)		Quick Tasks Request Absence	
	Timely Suggestions		My Payslips My Absence	Hi CHOCO Bear II   CHOCO Bear III Tim Workday Assistant I can help you find information, navigate Workday, and get things done.
	Keep Your Work Contact Information We would like you to review your Contact I up to date	Updated nformation and ensure it's Update Contact Info	B View All Apps	



### 2. Click "Let's Get Started"

		Q Search	۵	<b>ئ</b>	<b>_</b> 1	٨
My Tasks ⊮	All Items	☆ 🍪 ∎ Created: 08/14/2024   Due: 08/15/2024   Effective: 08/04/2024				Î
I All Items	Q Search: All Items ↑↓	Change Benefit Elections		XIII	PDF	
(L) Saved Searches ~	Benefit Change - Benefit Eligible Status 08/14/2024	Submit Elections By 09/03/2024				
S Filters ∨	Due: 08/15/2024 Effective: 08/04/2024	Let's Get Started				
E Archive						
Bulk Approve						
Anage Delegations Anage Delegations						



### 3. Click "enroll" in any of the benefits you want to elect. When finished click "Review and Sign"

\$1957.31 \$11.54			
Health Care and Accounts			
Medical           Cigna HMO Select Network           REVIEWED	<b>Dental</b> Waived	Vision Waived	
Cost per paycheck \$157.31			
Coverage Employee + Family	Enroll	Enroll	
Dependents 5			
View			
Accident Waived	Hospital Indemnity Waived	Critical Illness Waived	
Enroll	Enroll	Enroll	
Surcharge CHOC Spouse	Health Savings Account	FSA Medical Waived	
Cost per paycheck Included			
Coverage Spouse/DP is not a dependent.	View	View	
View			

### 5. Review summary page for accuracy.

### **View Summary**

Projected Total Cost Per Paycheck Projected Total Credits \$138.84 \$0.00

To find information about CHOC Benefits Plans and Programs go to: http://benefits.choc.org

### Please note, you have not completed your enrollment until you select, "I Agree" and "Submit" at the bottom of this page.

Selected Benefits 4 items						≡ 🖽
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	07/01/2024	07/01/2024	Employee Only			\$138.84
Cigna PPO						
Surcharge	07/01/2024	07/01/2024	Spouse/DP is not a dependent.			Included
CHOC Spouse						
Basic Life	07/01/2024	07/01/2024	1 X Salary			Included
The Hartford (Employee)						
Basic AD&D	07/01/2024	07/01/2024	1 X Salary			Included
The Hartford (Employee)						
4						►.





## 6. Click "I accept" and "Submit" to finalize your benefit elections.

	Drop files here	
	or	
	Select files	
Electronic Signature		
I acknowledge that I have been given the opportunity to enroll myself and/or elig	ligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying a	ny start, stop, i
I acknowledge that I have been given the opportunity to enroll myself and/or elig decrease or change in deduction amount.	ligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying a	ny start, stop, i
I acknowledge that I have been given the opportunity to enroll myself and/or elig decrease or change in deduction amount.	ligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying a	ny start, stop, ii
I acknowledge that I have been given the opportunity to enroll myself and/or elig decrease or change in deduction amount.	ligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying a	ny start, stop, i
I acknowledge that I have been given the opportunity to enroll myself and/or elig decrease or change in deduction amount.	ligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying a	ny start, stop, i
I acknowledge that I have been given the opportunity to enroll myself and/or elig decrease or change in deduction amount.	ligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying a	ny start, st
Accept	ligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying a	ny start, stop, i



## Scenario 4 - If an associate loses ACA Eligibility Status (through the ACA Measurement Period)



## If an associate loses ACA eligibility status through the measurement period

- A passive benefit event task will launch in Workday and automatically waives associates benefits as they are no longer eligible.
- Associate receives a notification 30 days in advance of losing coverage and another notification the day they lose coverage.



First notification is sent to associate 30 days prior to losing ACA eligibility. Second notification is sent the day the associate loses coverage.

From: CHOC Workday <choc@myworkday.com> Sent: Wednesday, August 21, 2024 1:38 PM To: CHOCO Bear <choco.bear@choc.org> Subject: Change to ACA Benefit Eligibility

You have not met the qualifications to remain on ACA Medical Coverage. Your coverage will remain effective through Aug 31, 2024 .

Please refer to slides 38 - 41 in the ACA job aid for any questions related to your ACA coverage (<u>https://benefits.choc.org/-/media/Mercer/CHOC/Documents/ACA-benefit-event.pdf</u>).

Business Process: Passive Event: CHOCO Bear (1111) on 09/01/2024 Subject: CHOCO Bear (1111) Details: Passive Event for CHOCO Bear (1111) effective on 09/01/2024 <u>Click here to view the notification details.</u>





Have Questions or Need Help? Submit a Workday- Benefit Eligibility under ACA Help Case



