# Workday: Changing Your Coverage Mid-Year



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# What Is a Qualifying Life Event?

Associates are eligible to make changes to their benefits once a year during annual open enrollment. However, if you experience a qualifying life event that changes your life circumstances, you may request to make changes to your benefits in Workday. There is a 30-day eligibility window to submit the request in Workday.

#### **Qualifying life events include:**

Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse
Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child
Change in a child's dependent status, either newly satisfying the requirements as a dependent child status or ceasing to satisfy them

Change in place of residence or worksite that affects the eligibility for coverage or accessibility of network providers
Change in your health coverage or your spouse's/domestic partner's coverage attributable to your spouse's/domestic partner's employment

•Change in an individual's eligibility for Medicare or Medicaid

•A court order requiring health coverage for your child

•Changes in your coverage impacted by your spouse's/domestic partner's employer or employment status

•Change in work schedule or employment status such as an increase or decrease in hours or a switch between a Part Time non-benefit eligible position to a benefit eligible position

### СНОС

# How to Submit a Request in Workday

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### Step 1: Click on "View All Apps" from the Home Page in Workday

| Сснос                    | Q Search  |                            |  | D | 4 <sup>9</sup> 🖻 | 8 |
|--------------------------|---|----------------------------|--|---|------------------|---|
|                          |   |                            |  |   |                  |   |
| Hello There              |   |                            | It's Friday, March 1, 2024               |   |                  |   |
| Awaiting Your Action     | <b>1</b><br>You're all caught up on your tasks.   |                            | Quick Tasks My Payslips Time Off Balance |   |                  |   |
| Timely Suggestions       |   |                            | My Goals                                 |   |                  |   |
| Keep Your                | Work Contact Information Updated<br>ke you to review your Contact Information and ensure it's | <u>Update Contact Info</u> | BB View All Apps                         |   |                  |   |
| Keep Your<br>We would li | Emergency Contacts Updated<br>ke you to review your Emergency Contact Information and         | Update Contacts            | Announcements 2023 W-2 Tax Documents     |   | C                |   |



### Step 2: Click on the "Benefits and Pay" icon



### Step 3: Click on "Change Benefits"





### Step 4: Select a Change Reason



### Step 5: Click "Open"

|    |                                      |        |  | Q Search                   |   |           |                      | D 4 <sup>10</sup> | <b>_</b> | ප |
|----|--------------------------------------|--------|--|----------------------------|---|-----------|----------------------|-------------------|----------|---|
| S  | Benefits and Pay                     | ←      | Tasks and Re                           | You have submitted         | Benefit Elections   | ×         |                      |                   |          |   |
| 88 | Overview                             |        | Payment Elect                          | View Details               |   |           |                      |                   |          |   |
| ۲  | Benefits                             | $\sim$ |  | Open                       |   |           |                      |                   |          |   |
| ē  | Pay                                  | ~      | Needs Attentic                         | •                          |   |           |                      |                   |          |   |
| ₽  | Compensation                         | ~      | NOT STARTED<br>Benefit Event: S        | pouse/Dependent            |   |           |                      |                   |          |   |
| ¢  | Suggested Links<br>CHOC Benefits Web | ^<br>Ľ | Enroll                                 | May 30, 2024.              |   |           |                      |                   |          |   |
|    | CHOC Fit Enrollment                  | 2      | Overview                               |                            |   |           |                      |                   |          |   |
|    |                                      |        | Most Recent Pa<br>Your next pay day is | <b>y</b><br>March 7, 2024. | <b>Deductions</b><br>Taxes and deductions from your mor<br>payslip. | st recent | Current Benefit Cost | \$<br>  05        |          |   |

### СНОС

### Step 6: Click "Let's Get Started"





### Step 7: Click "Manage"





### Step 8: Click "Confirm and Continue"

#### Medical

Projected Total Cost Per Paycheck Projected Total Credits \$147.07 \$8.65

#### **Plans Available**

| tems $\Xi$ $\Box$ $\iota$      |  |                    |                                 |                    |  |  |  |
|--------------------------------|--|--------------------|---------------------------------|--------------------|--|--|--|
| Benefit Plan                   | *Selection                             | You Pay (Biweekly) | Company Contribution (Biweekly) | Credits (Biweekly) |  |  |  |
| Cigna HDHP<br>2000             | <ul><li>Select</li><li>Waive</li></ul> | \$107.93           | \$276.22                        | \$8.65             |  |  |  |
| Cigna HDHP<br>6000             | <ul><li>Select</li><li>Waive</li></ul> | \$18.10            | \$236.46                        | \$8.65             |  |  |  |
| Cigna HMO<br>Full Network      | <ul><li>Select</li><li>Waive</li></ul> | \$71.41            | \$302.56                        | \$8.65             |  |  |  |
| Cigna HMO<br>Select<br>Network | Select 💽 Waive                         | \$24.65            | \$312.75                        | \$8.65             |  |  |  |
| Cigna PPO                      | <ul><li>Select</li><li>Waive</li></ul> | \$138.84           | \$366.56                        | \$8.65             |  |  |  |
| 4                              |  |                    |                                 |                    |  |  |  |

Confirm and Continue Cancel

### Step 9: Click "Add New Dependent"

#### Medical - Cigna HMO Full Network

Projected Total Cost Per Paycheck Projected Total Credits \$124.67 \$0.00

#### Dependents

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



#### 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-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: <u>https://benefits.choc.org/</u>



Save Cancel



### Step 10: Add a Dependent

#### Click "Create Dependent"

Then, click "Ok"





### Step 11: Enter the required fields marked with an asterisk (\*)

Q Search

#### СНОС

Add My Dependent From Enrollment



 Relationship
 \*

Date of Birth
 \*

Age
 (empty)

Gender
 \*

 $\square$ 

Personal Information

Full-time Student

Disabled

Student Status Start Date

Student Status End Date

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

#### National IDs

Click the Add button to enter one or more National Identifiers for this dependent.



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### Step 12: Select the dependent you wish to add

| Dep          | pendents                   | 3  |              |               |  |
|--------------|----------------------------|--|--------------|---------------|--|
| Add          | a new depende              | ent or select an existing dependent from the list below. |              |               | General Instructions   |
| Cove<br>Plan | cost per pay<br>Add New De | * Employee + Child(ren)<br>ycheck \$187.35<br>ependent   |              | = 🖬 .         | <ul> <li>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.</li> <li>Definitions:         <ul> <li>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.</li> <li>Health Care FSA reimburses medical, dental, and vision expenses.</li> <li>Limited Purpose FSA reimburses for dental and vision expenses and may only be used with the Cigna HDHP plan.</li> </ul> </li> <li>Dependent Care FSA reimburses for dav/night care expenses for qualifying dependents which include 1) children under the age of 13 who qual-</li> </ul> |
| Sele         | ect                        | Dependent  | Relationship | Date of Birth | 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 themselves<br>and who qualify as dependents on your Federal tax return.   |
|              | ]                          | Choco Latte  | Spouse       | 05/31/1992    | To find information about CHOC Benefits Plans and Programs go to:<br><u>https://benefits.choc.org/</u>   |
|              | 1                          | CHOCO Jr. Bear   | Child        | 02/22/2023    | •  |
| 4            |                            |  |              | Þ             |  |

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

| Dependent Social Security Numbers 1 item | -   | ₹ 🗆 ı | С. |
|--|---|-------|----|
| Dependent                                | *Social Security Number                                       |       |    |
| CHOCO Jr. Bear                           | Social Security Number (SSN)      Reason SSN is Not Available |       | *  |
|  |   |       | *  |
| 4  |   |       |    |

# Add the dependent's SSN or Reason SSN is Not Available



Click "Save"



### Step 13: Repeat the same process to enroll/change in other benefits





### Step14: Click "Review and Sign"

| Health Care and Accounts  |  |  |
|---|--|--|
| REVIEWED<br>Medical<br>Cigna HMO Full Network<br>Cost per paycheck<br>Coverage Employee<br>Dependents<br>Manage | \$187.35       Cost per paycheck       \$28.16         + Child(ren)       Coverage       Employee + 1         1       Dependents       1 | Vision<br>VSP Standard<br>Cost per paycheck<br>Coverage Employ<br>Manage |
| Accident<br>Waived  | Hospital Indemnity<br>Waived   | Critical Illness<br>Waived   |
| Enroll  | Enroll   | Enroll   |
| ChOC Spouse   | Health Savings Account<br>Waived   | FSA Medical<br>Waived  |
| Coverage Spouse/DP is not   | a dependent. Enroll  | Enroll   |
| Manage  |  |  |
| Review and Sign Save for Later  |  |  |

### Step 15: Review your elections under View Summary

#### **View Summary**

Projected Total Cost Per Paycheck Projected Total Credits \$218.09 \$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.

| ected Benefits 6 items 😇 🖬 よ 🛄 🕮 |                     |                      |                               |                |                 |          |
|----------------------------------|---------------------|----------------------|-------------------------------|----------------|-----------------|----------|
| Plan                             | Coverage Begin Date | Deduction Begin Date | Coverage                      | Dependents     | Beneficiaries   | Cost     |
| Medical                          | 03/01/2023          | 03/01/2023           | Employee + Child(ren)         | CHOCO Jr. Bear |                 | \$187.35 |
| Cigna HMO Full Network           |                     |                      |                               |                |                 |          |
| Dental                           | 03/01/2023          | 03/01/2023           | Employee + 1                  | Choco Latte    |                 | \$28.16  |
| Delta Dental PPO                 |                     |                      |                               |                |                 |          |
| Vision                           | 03/01/2023          | 03/01/2023           | Employee Only                 |                |                 | \$2.58   |
| VSP Standard                     |                     |                      |                               |                |                 |          |
| Surcharge                        | 01/01/2020          | 01/01/2020           | Spouse/DP is not a dependent. |                |                 | Included |
| CHOC Spouse                      |                     |                      |                               |                |                 |          |
| Basic Life                       | 06/01/2018          | 05/20/2018           | 1 X Salary                    |                |                 | Included |
| The Hartford (Employee)          |                     |                      |                               |                |                 |          |
| Basic AD&D                       | 06/01/2018          | 05/20/2018           | 1 X Salary                    |                | Sharon Azzolini | Included |
| The Hartford (Employee)          |                     |                      |                               |                |                 |          |
|                                  |                     |                      |                               |                |                 |          |

Save for Later

ater ) ( Cancel )



### Step 16: Scroll to the bottom of the page and click "I Accept" and "Submit"

| Total Benefits Cost 1 item |               |         |             |   |  |
|----------------------------|---------------|---------|-------------|---|--|
| Company Contribution       | Employee Cost | Credits | Net Credits | * |  |
| \$0.55                     | \$0.00        | \$0.00  | \$0.00      | - |  |

#### 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.

| I Accept  |  |
|---|--|
| enter your comment                              |  |
| Process History                                 |  |
| Change Benefits for Life Event- Awaiting Action |  |
| Submit Save for Later Cancel                    |  |



### Step 17: Congratulations! You have completed the enrollment.



You've submitted your elections.

To print a copy of your benefit elections, click on "View Benefits Statement" and select the "Print" button at the bottom of your page.







Have Questions or Need Help? Submit a Workday- Benefit Elections Help Case



