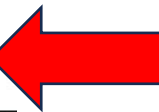


Workday: Open Enrollment

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Welcome

It's Tuesday, October 17, 2023

Awaiting Your Action

...



Open Enrollment Change: Choco Bear (123456) on 01/01/2024

Inbox - 28 day(s) ago



Update Your Workday Profile

7 required steps remaining

[Go to All Inbox Items \(1\)](#)

Quick Tasks

[My Payslips](#)

[Time Off Balance](#)

[View Printable Employee Review](#)

[View All Apps](#)

Click on the
Inbox to find
the Open
Enrollment
Task

Timely Suggestions



Keep Your Work Contact Information Updated

We would like you to review your Contact Information and ensure it's up to date

[Update Contact Info](#)

Announcements



Introducing the Jobs Hub!

Looking for the next step in your career journey at CHOC? Our new...

By donating to CHOC

Associate Giving through...

Hi Choco Bear! 🐻 I'm Workday Assistant

I can help you find information in Workday, and get things done.

Inbox

Actions Archive

Viewing: All Sort By: Newest

Open Enrollment Change: Choco Bear (123456) on 01/01/2024
28 day(s) ago - Effective 01/01/2024

Change Benefits for Open Enrollment

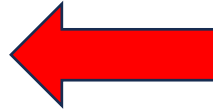
☆ X PDF ⚙️ ↗️

28 day(s) ago - Effective 01/01/2024

Open Enrollment 09/18/2023-11/20/2023

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started



Click "Let's Get Started" to begin enrolling in Benefits

Medical Plans



Open Enrollment



Projected Total Cost Per Paycheck \$102.04

Projected Total Credits \$0.00

Health Care and Accounts

Medical
Cigna HMO Full Network

Cost per paycheck \$71.41

Coverage Employee Only

[Manage](#)

Dental
Delta Dental HMO

Cost per paycheck \$3.37

Coverage Employee Only

[Manage](#)

Vision
VSP Buy-Up Plan

Cost per paycheck \$4.86

Coverage Employee Only

[Manage](#)

Accident
Waived

[Enroll](#)

Hospital Indemnity
Waived

[Enroll](#)

Critical Illness
MetLife 20000

Cost per paycheck \$22.40

Coverage Employee Only

[Manage](#)

Surcharge
CHOC Spouse

Cost per paycheck Included

Coverage Spouse/DP is not a dependent.

Health Savings Account
Waived

[Enroll](#)

FSA Medical
Waived

[Enroll](#)

[Review and Sign](#) [Save for Later](#)



Medical

Projected Total Cost Per Paycheck
\$102.04

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.

5 Items

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Cigna HDHP 2000	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$107.93	\$276.22
Cigna HDHP 6000	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$18.10	\$236.46
Cigna HMO Full Network	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$71.41	\$302.56
Cigna HMO Select Network	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$24.65	\$312.75
Cigna PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$138.84	\$366.56

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:

<https://benefits.choc.org/>

Select the medical plan you wish to enroll in and click "Confirm and Continue".

Confirm and Continue

Cancel

Adding a Dependent



Medical - Cigna HMO Full Network

Projected Total Cost Per Paycheck
\$102.04

Projected Total Credits
\$0.00

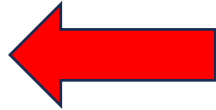
Dependents

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

Coverage ★ Employee Only

Plan cost per paycheck \$71.41

Add New Dependent



Click here to add a new dependent.

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:

<https://benefits.choc.org/>

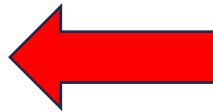
Save

Cancel

Add My Dependent From Enrollment Choco Bear (123456) ⋮

Use an Existing Beneficiary or Emergency Contact

Create Dependent



Use as Beneficiary

You may choose an Existing Beneficiary or Emergency Contact or create a new dependent and Click "OK"

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

OK

Cancel

Add My Dependent From Enrollment



Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

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.

Add

Address

Use Existing Address

Save

Cancel

Personal Information

Relationship *

Date of Birth *

Age 38 years, 0 months, 0 days

Gender *

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

All fields with a red asterisk must be completed. Click "Save".

Phone & Email

Use Existing Phone

Medical - Cigna HMO Full Network

Projected Total Cost Per Paycheck
\$246.38

Projected Total Credits
\$0.00

Dependents

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

Coverage * Employee + Spouse

Plan cost per paycheck \$215.75

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	John Adams	Spouse	10/17/1985

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

Dependent	*Social Security Number
John Adams	<p><input type="radio"/> Social Security Number (SSN) <input type="text"/></p> <p><input type="radio"/> Reason SSN is Not Available <input type="text"/></p>

Save

Cancel

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:

<https://benefits.choc.org/>

If the SSN is available enter it now, if not this field may be completed later. Click "Save".

Health and Savings Accounts



Health and Savings Accounts

Open Enrollment



Projected Total Cost Per Paycheck
\$246.38

Projected Total Credits
\$0.00

Health Care and Accounts

Medical Cigna HMO Full Network UPDATED Cost per paycheck: \$215.75 Coverage: Employee + Spouse Dependents: 1 Manage	Dental Delta Dental HMO Cost per paycheck: \$3.37 Coverage: Employee Only Manage	Vision VSP Buy-Up Plan Cost per paycheck: \$4.86 Coverage: Employee Only Manage
Accident Waived Enroll	Hospital Indemnity Waived Enroll	Critical Illness MetLife 20000 Cost per paycheck: \$22.40 Coverage: Employee Only Manage
Surcharge CHOC Spouse Cost per paycheck: Included Coverage: Spouse/DP is not a dependent.	Health Savings Account Waived Enroll	FSA Medical Waived Enroll



[Review and Sign](#) [Save for Later](#)



If you wish to enroll in a Flexible Spending Account (FSA) for the next calendar year, you must re-enroll during Annual Open Enrollment. FSA elections do not roll over from year to year.



FSA Medical

Projected Total Cost Per Paycheck
\$246.38

Projected Total Credits
\$0.00

Plans Available

Select a plan or Waive to opt out of FSA Medical.

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)	Company Contribution (Biweekly)
Wageworks	<input checked="" type="radio"/> Select <input type="radio"/> Waive		



Spending Account Instructions

General Instructions

You are not required to enroll in any of the Cigna plans to enroll in a Medical FSA. You may enroll in the Limited Purpose FSA if you select to enroll in the Cigna HDHP plan.

Definitions

Health Care FSA (HCFSA) reimburses medical, dental, and vision expenses.

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

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.

Limits

Click [here](#) to view this year's limits.

To find information about CHOC Benefits Plans and Programs go to:

<http://benefits.choc.org/>

To enroll in an HCFSA click "Select" and "Confirm and Continue".



Confirm and Continue

Cancel

FSA Medical - Wageworks

Projected Total Cost Per Paycheck \$363.69
Projected Total Credits \$0.00

Contribute

Per Paycheck Annual

Total Paychecks 26

Minimum Annual Amount: \$26.00

Maximum Annual Amount: \$3,050.00

Summary

Total Annual Contribution \$3,050.00

Spending Account Instructions

General Instructions

You are not required to enroll in any of the Cigna plans to enroll in a Medical FSA. You may enroll in the Limited Purpose FSA if you select to enroll in the Cigna HDHP plan.

Definitions

Health Care FSA (HCFSA) reimburses medical, dental, and vision expenses.

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

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.

Limits

Click [here](#) to view this year's limits.

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

You may enter either an annual deduction amount or contribution amount per paycheck. Annual maximum is \$3050. Click "Save".

Save







Cancel

Optional Life Insurance




Optional Life Insurance

Insurance


 Optional Employee Life Waived  Enroll	 Optional Spouse Life Waived Enroll	 Optional Child Life Waived Enroll
 STD Waived Enroll	 LTD Waived Enroll	

Additional Benefits

 Legal Assistance Waived Enroll

You may enroll in Optional Employee, Spouse or Child Life Insurance.

[Review and Sign](#) [Save for Later](#)



Optional Employee Life

Projected Total Cost Per Paycheck \$363.69
Projected Total Credits \$0.00

Plans Available

Select a plan or Waive to opt out of Optional Employee Life.

1 item

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
The Hartford (Employee)	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Insurance Instructions

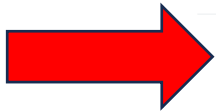
General Instructions

You can choose to purchase additional life insurance for yourself in increments of \$10,000 up to 5 times your annual base salary or \$750,000, whichever is less.

For Employee Supplemental Life Insurance, the Guaranteed Issue amount is \$100,000. When electing coverage over the Guaranteed Issue Amount, you must complete a health application and receive approval of the amount from The Hartford. The health application will automatically be sent to you via email from The Hartford.

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

If you wish to enroll in Optional life Insurance, click “Select” and “Confirm and Continue”.



Confirm and Continue

Cancel



Optional Employee Life - The Hartford (Employee)

Projected Total Cost Per Paycheck
\$396.11

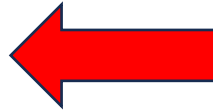
Projected Total Credits
\$0.00

Coverage

Your guaranteed coverage amount for Optional Employee Life - The Hartford (Employee) is \$10,000. Submit your Evidence of Insurability to The Hartford to be considered for the coverage amount of \$250,000.

Calculated Coverage \$250,000.00

Coverage *



Plan cost per paycheck \$32.42

From the drop-down menu, select the desired coverage amount.

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" value="x John Adams"/>	<input type="text" value="100"/>

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

General Instructions

You can choose to purchase additional life insurance for yourself in increments of \$10,000 up to 5 times your annual base salary or \$750,000, whichever is less.

For Employee Supplemental Life Insurance, the Guaranteed Issue amount is \$100,000. When electing coverage over the Guaranteed Issue Amount, you must complete a health application and receive approval of the amount from The Hartford. The health application will automatically be sent to you via email from The Hartford.

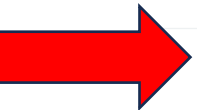
To find information about CHOC Benefits Plans and Programs go to: <http://benefits.choc.org/>

Important Information

You must submit Evidence of Insurability if your election exceeds 1 level(s) of coverage, because you have previously waived coverage.

Beneficiary Designation

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



Save

Cancel

You may add or delete beneficiaries and change the percentage allocation. Click "Save".




Disability Insurance



Disability Insurance


Insurance

 **Optional Employee Life**
The Hartford (Employee)
UPDATED


Cost per paycheck \$32.42

Coverage \$250,000


[Manage](#)


 **Optional Spouse Life**
Waived

[Enroll](#)


 **Optional Child Life**
Waived

[Enroll](#)

 **STD**
Waived




[Enroll](#)

 **LTD**
Waived

[Enroll](#)

Additional Benefits

 **Legal Assistance**
Waived

[Enroll](#)

[Review and Sign](#)

[Save for Later](#)



STD

Projected Total Cost Per Paycheck
\$396.11

Projected Total Credits
\$0.00

Plans Available

Select a plan or Waive to opt out of STD.

1 item

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
The Hartford (Employee)	<input checked="" type="radio"/> Select <input type="radio"/> Waive		



Insurance Instructions

General Instructions

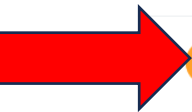
You may enroll in Short Term Disability coverage which pays a benefit amount of 70% of your regular weekly earnings up to a maximum of \$1,500 for a period of 24 weeks or until you are no longer disabled. Benefits payments begin after 14 days of disability and will be reduced by the amount of California State Disability Insurance (SDI) payments you receive.

Definition

Disability means a disabling condition that is due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy where you are unable to perform the essential duties of your job.

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

If you wish to enroll in STD, click
“Select” and “Confirm and Continue”.



Confirm and Continue

Cancel



STD - The Hartford (Employee)

Projected Total Cost Per Paycheck \$404.34 Projected Total Credits \$0.00

Coverage

Your guaranteed coverage amount for STD - The Hartford (Employee) is \$0. Submit your Evidence of Insurability to The Hartford to be considered for the coverage amount of 70% of Salary. Your election will be waived if you are denied coverage.

Calculated Coverage \$862.72
Coverage 70% of Salary
Plan cost per paycheck \$8.23

Insurance Instructions

General Instructions

You may enroll in Short Term Disability coverage which pays a benefit amount of 70% of your regular weekly earnings up to a maximum of \$1,500 for a period of 24 weeks or until you are no longer disabled. Benefits payments begin after 14 days of disability and will be reduced by the amount of California State Disability Insurance (SDI) payments you receive.

Definition

Disability means a disabling condition that is due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy where you are unable to perform the essential duties of your job.

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












You can view the plan cost per paycheck while enrolling. Associates pay 100% of the cost of the coverage. Click "Save".



Spousal Surcharge



Spousal Surcharge

 Medical Cigna HMO Full Network UPDATED Cost per paycheck: \$215.75 Coverage: Employee + Spouse Dependents: 1 Manage	 Dental Delta Dental HMO Cost per paycheck: \$3.37 Coverage: Employee Only Manage	 Vision VSP Buy-Up Plan Cost per paycheck: \$4.86 Coverage: Employee Only Manage
 Accident Waived Enroll	 Hospital Indemnity Waived Enroll	 Critical Illness MetLife 20000 Cost per paycheck: \$22.40 Coverage: Employee Only Manage
 Surcharge CHOC Spouse Cost per paycheck: Included Coverage: Spouse/DP is not a dependent. Manage	 Health Savings Account Waived Enroll	 FSA Medical Wageworks UPDATED Contribution per paycheck: \$117.31 Manage
 FSA Dependent Care Waived	 FSA Limited Purpose Waived Enroll	

[Review and Sign](#) [Save for Later](#)





Surcharge

Projected Total Cost Per Paycheck
\$404.34

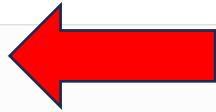
Projected Total Credits
\$0.00

Plans Available

You must select a plan. The displayed cost of waived plans assumes coverage for Spouse/DP is not a dependent..

2 items

Benefit Plan	*Selection	You Pay (Biweekly)
CHOC Domestic Partner	<input type="radio"/> Select <input checked="" type="radio"/> Waive	Included
CHOC Spouse	<input checked="" type="radio"/> Select <input type="radio"/> Waive	Included



Health Care Instructions

General Instructions

All associates must select spousal surcharge, as it may not be waived. Please pick the option from the drop-down menu which applies to your situation.

Definitions:

Spouse/DP was offered medical coverage by employer but declined to enroll - \$50 surcharge will be applied.
Spouse/DP is not eligible for or was not offered coverage from employer - No surcharge will be applied.
Spouse/DP enrolled in their employer's medical plans - No surcharge will be applied.
Do not have a spouse - No surcharge will be applied.

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



Confirm and Continue

Cancel

You must first select if you have either a Spouse or Registered Domestic Partner. If you do not have a Spouse or Registered Domestic Partner, you must still make a selection to move to the next screen. Click "Confirm and Continue".

Surcharge - CHOC Spouse

Projected Total Cost Per Paycheck
\$404.34

Projected Total Credits
\$0.00

Coverage

*

× Spouse/DP enrolled in their employer's medical plans.



Plan cost per paycheck

From the drop-down menu,
select the appropriate reason
and click "Save".

Health Care Instructions

General Instructions

All associates must select spousal surcharge, as it may not be waived. Please pick the option from the drop-down menu which applies to your situation.

Definitions:

Spouse/DP was offered medical coverage by employer but declined to enroll - \$50 surcharge will be applied.

Spouse/DP is not eligible for or was not offered coverage from employer – No surcharge will be applied.

Spouse/DP enrolled in their employer's medical plans – No surcharge will be applied.

Do not have a spouse – No surcharge will be applied.

To find information about CHOC Benefits Plans and Programs go to:

<https://benefits.choc.org/>



Save

Cancel



Finalizing Open Enrollment



Finalizing Open Enrollment


Open Enrollment



Projected Total Cost Per Paycheck
\$404.34

Projected Total Credits
\$0.00

Health Care and Accounts


 **Medical**
Cigna HMO Full Network
UPDATED

Cost per paycheck \$215.75

Coverage Employee + Spouse

Dependents 1


[Manage](#)

 **Dental**
Delta Dental HMO

Cost per paycheck \$3.37

Coverage Employee Only


[Manage](#)

 **Vision**
VSP Buy-Up Plan


Cost per paycheck \$4.86

Coverage Employee Only


[Manage](#)

 **Accident**
Waived

[Enroll](#)

 **Hospital Indemnity**
Waived


[Enroll](#)

 **Critical Illness**
MetLife 20000

Cost per paycheck \$22.40


Coverage Employee Only

[Manage](#)


 **Surcharge**
CHOC Spouse
UPDATED

Cost per paycheck Included

Coverage Spouse/DP enrolled in their employer's medical plans.

 **Health Savings Account**
Waived

[Enroll](#)

 **FSA Medical**
Wageworks
UPDATED

Contribution per paycheck \$117.31

[Manage](#)



[Review and Sign](#)

[Save for Later](#)



To finalize Open Enrollment, start by clicking "Review and Sign".

View Summary

Projected Total Cost Per Paycheck
\$404.34

Projected Total Credits
\$0.00

Scroll to the bottom of the webpage to “finalize” your benefit elections.

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 8 items



Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Cigna HMO Full Network	01/01/2024	01/01/2024	Employee + Spouse	John Adams		\$215.75
Dental Delta Dental HMO	05/01/2021	04/18/2021	Employee Only			\$3.37
Vision VSP Buy-Up Plan	05/01/2021	04/18/2021	Employee Only			\$4.86
Critical Illness MetLife 20000	01/01/2021	01/01/2021	Employee Only			\$22.40
Surcharge CHOC Spouse	01/01/2024	01/01/2024	Spouse/DP enrolled in their employer's medical plans.			Included
FSA Medical Wageworks	01/01/2024	01/01/2024	\$3,050.00 Annual			\$117.31
Optional Employee Life The Hartford (Employee)	01/01/2024	01/01/2024	\$250,000		John Adams	\$32.42
STD	01/01/2024	01/01/2024	70% of Salary			\$8.23

Submit

Cancel



Messages

2 items



Plan	Information
Optional Employee Life - The Hartford (Employee)	You must submit evidence of insurability for the \$250,000 election. Your election will be reduced to \$10,000 until evidence of insurability is received and approved.
STD - The Hartford (Employee)	You must submit evidence of insurability for the 70% of Salary election. Your election will be reduced to \$0 until evidence of insurability is received and approved. Your election will be waived if you are denied coverage.

Total Benefits Cost 1 item



Company Contribution	Employee Cost	Credits	Net Cost
\$586.36	\$404.34	\$0.00	\$404.34

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

Submit

Cancel

Associates must click "I accept" and "Submit" to finalize benefit elections.



Submitted



You've submitted your elections.

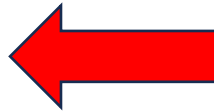
To print a copy of your benefit elections, click on "View Benefits Statement" and select the "Print" button at the bottom of your page.

Important Dates:

Benefits go into effect 01/01/2024

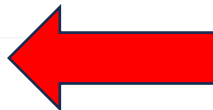
Final day to update benefits 11/20/2023

View 2024 Benefits Statement



Click "View 2024 Benefits Statement" to print your benefit elections.

Done



Click "Done" before exiting out of Workday. Your Open Enrollment benefit elections are now complete.



Acknowledgment of “To Do” Notifications

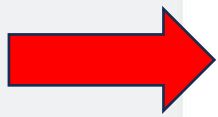




Hello There

It's Tuesday, October 17, 2023

Awaiting Your Action



Complete Hartford Evidence of Insurability: Open Enrollment Change: Choco Bear (123456) on 01/01/2024

Inbox - 3 minute(s) ago
DUE 10/24/2023



Update Your Workday Profile
7 required steps remaining

[Go to All Inbox Items \(1\)](#)

Quick Tasks

[My Payslips](#)

[Time Off Balance](#)

[View Printable Employee Review](#)

[View All Apps](#)

After Open Enrollment selections have been made, associates will receive a "To Do" task in their In-Box is EOI is required.

Timely Suggestions



Keep Your Work Contact Information Updated

We would like you to review your Contact Information and ensure it's up to date

[Update Contact Info](#)

Announcements



Introducing the Jobs Hub!

Looking for the next step in your career journey at CHOC? Our new...



By donating to CHOC

Associate Giving through pa...

Hi Choco Bear! I'm Workday Assistant
I can help you find information, navigate Workday, and get things done.



Inbox

Actions

Archive

Viewing: All

Sort By: Newest

Complete Hartford Evidence of Insurability: Open Enrollment Change: Choco Bear (123456) on 01/01/2024

6 minute(s) ago - Due 10/24/2023; Effective 01/01/2024

Complete To Do Complete Hartford Evidence of Insurability



6 minute(s) ago - Due 10/24/2023; Effective 01/01/2024

For Choco Bear (123456)

Overall Process Open Enrollment Change: Choco Bear (123456) on 01/01/2024

Overall Status Successfully Completed

Instructions Please use the link below to complete your evidence of insurability for your Hartford Insurance.

[Evidence of Insurability](#)



To complete your Evidence of Insurability, click the link here to get started.

enter your comment



Submit

Save for Later

Close

After completing the EOI form on The Hartford portal, come back to this To-Do step and click "Submit".



Changing your elections





Hello There

It's Tuesday, October 17, 2023

Awaiting Your Action



Update Your Workday Profile

7 required steps remaining

Quick Tasks

My Payslips

Time Off Balance

View Printable Employee Review

[View All Apps](#)



To change your benefit elections prior to Open enrollment closing, click "View all Apps".

Timely Suggestions



Keep Your Work Contact Information Updated

We would like you to review your Contact Information and ensure it's up to date

[Update Contact Info](#)



Keep Your Emergency Contacts Updated

We would like you to review your Emergency Contact Information and ensure it's up to date

[Update Contacts](#)

Announcements



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Hi Choco Bear! I'm Workday Assistant
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Menu

Apps Shortcuts

Your Saved Order

- Jobs Hub
- Benefits and Pay
- Learning
- Help
- Meal Period Waiver Election
- Talent and Performance
- Pay
- Associate Giving
- Absence
- Directory
- Favorites
- Benefits

There

It's Tuesday, October 17, 2023

ng Your Action

Update Your Workday Profile
7 required steps remaining

Quick Tasks

- My Payslips
- Time Off Balance
- View Printable Employee Review

View All Apps

Suggestions

Keep Your Work Contact Information Updated
We would like you to review your Contact Information and ensure it's up to date
[Update Contact Info](#)

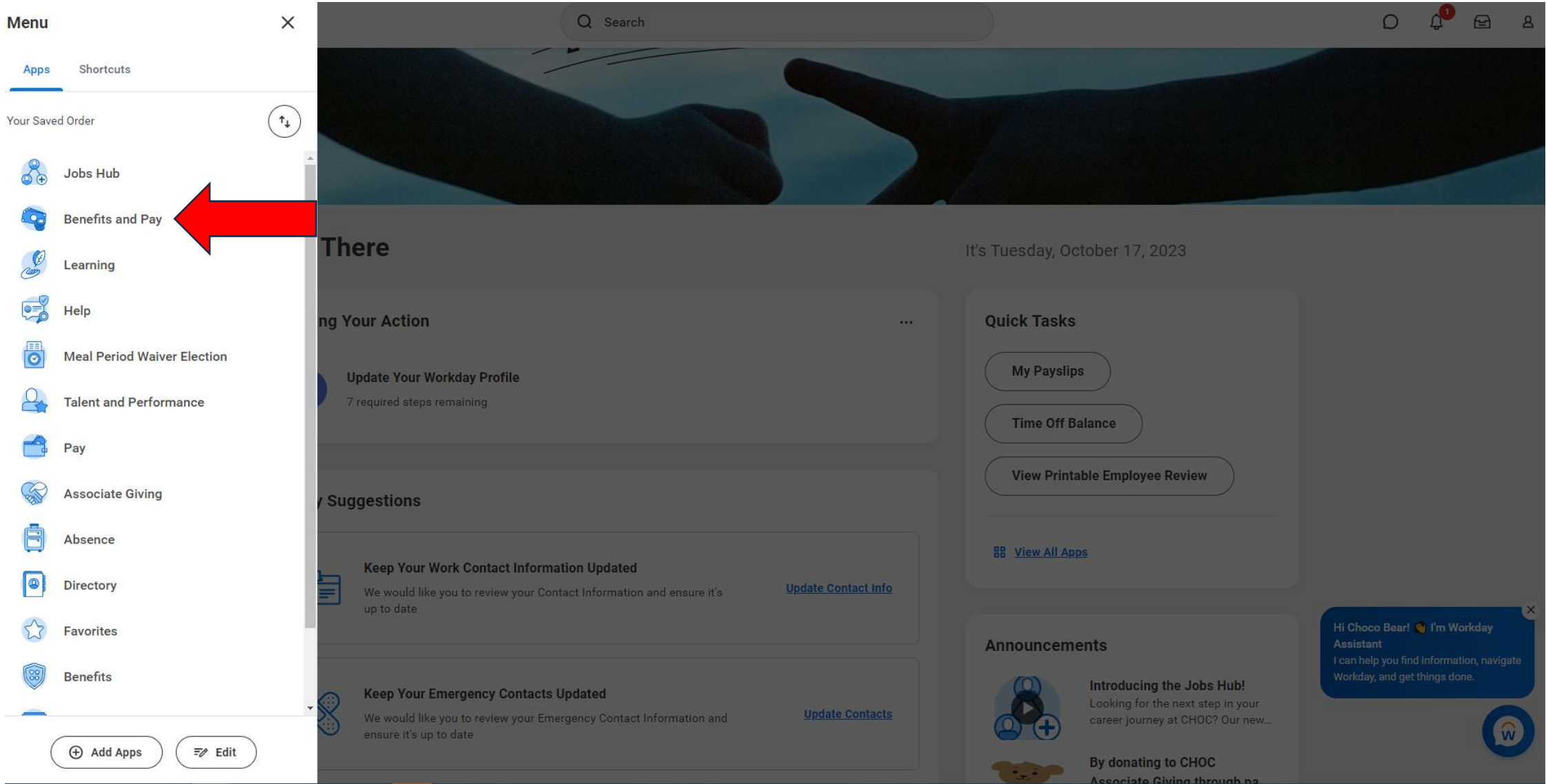
Keep Your Emergency Contacts Updated
We would like you to review your Emergency Contact Information and ensure it's up to date
[Update Contacts](#)

Announcements

Introducing the Jobs Hub!
Looking for the next step in your career journey at CHOC? Our new...

By donating to CHOC
Associate Giving through na

Hi Choco Bear! 🐻 I'm Workday Assistant
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Changing Your Benefit Elections After Submitting

- Benefits and Pay |←
- Overview
- Benefits ▾
- Pay ▾
- Compensation ▾
- Suggested Links ^
- CHOC Benefits Web... ↗
- CHOC Fit Enrollment ↗

Tasks and Reports

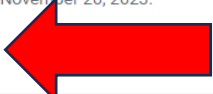
[Payment Elections](#) [Change Benefits](#) [My Tax Documents](#)

Needs Attention

SUBMITTED

Benefit Event: Open Enrollment
Submit elections by November 20, 2023.

[Edit](#)



Overview

Most Recent Pay
Your next pay day is August 10, 2023.

\$1,886.04
Take Home Pay

Gross Pay \$2,424.96

[View Most Recent Pay](#)

Deductions
Taxes and deductions from your most recent payslip.

\$538.92
Total

Federal Withholding (Federal)	\$165.81
OASDI (Federal)	\$146.88
State Tax (California)	\$72.21
Medical Pretax	\$67.72

[More \(5\)](#)

Current Benefit Costs

\$98.35
Employee Cost (Biweekly)

[View Benefit Details](#)

Annual Total Rewards Package
A summarization of your annual Total Rewards package.

Bonus & One-Time Payments

PAID: 07/27/2023 Non Cash Taxable Gift/Bonus	\$20.00
PAID: 12/15/2022 Discretionary Bonus	\$500.00



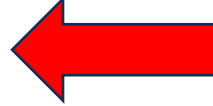
Change Open Enrollment



Open Enrollment 09/18/2023-11/20/2023

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started



Click “Let’s Get Started” to revise your Open Enrollment elections. Changes must be submitted by Nov. 20.



Open Enrollment

Projected Total Cost Per Paycheck
\$404.34

Projected Total Credits
\$0.00

You may revise any benefit options you choose. Make sure to finalize open enrollment a previously shown.



Health Care and Accounts

Medical
Cigna HMO Full Network
UPDATED

Cost per paycheck \$215.75

Coverage Employee + Spouse

Dependents 1

[Manage](#)

Dental
Delta Dental HMO

Cost per paycheck \$3.37

Coverage Employee Only

[Manage](#)

Vision
VSP Buy-Up Plan

Cost per paycheck \$4.86

Coverage Employee Only

[Manage](#)

Accident
Waived

[Enroll](#)

Hospital Indemnity
Waived

[Enroll](#)

Critical Illness
MetLife 20000

Cost per paycheck \$22.40

Coverage Employee Only

[Manage](#)

Surcharge
CHOC Spouse
UPDATED

Cost per paycheck Included

Coverage Spouse/DP enrolled in their employer's medical plans.

Health Savings Account
Waived

[Enroll](#)

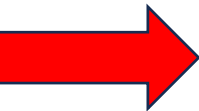
FSA Medical
Wageworks
UPDATED

Contribution per paycheck \$117.31

[Manage](#)

[Review and Sign](#)

[Save for Later](#)



LONG LIVE CHILDHOOD

**Have questions or Need Help? Submit a
Workday-Open Enrollment Help Case**

