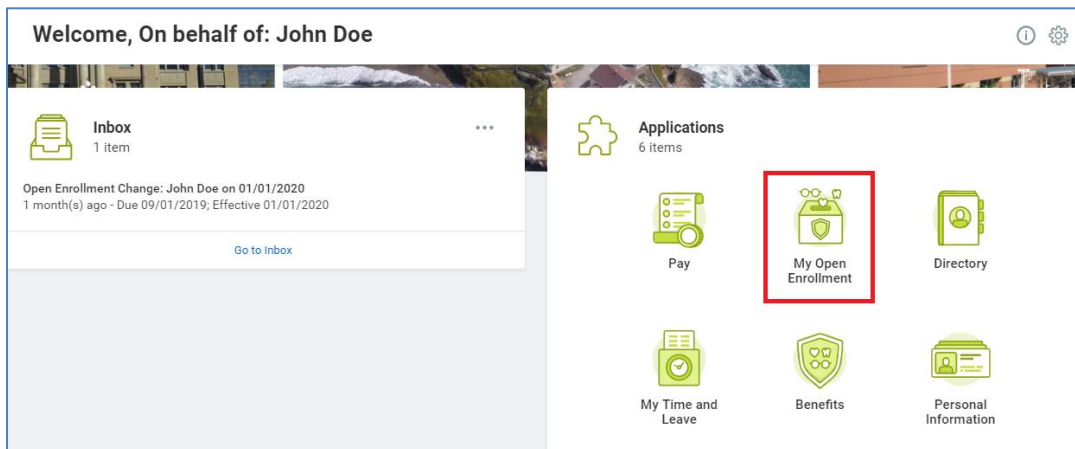


Selecting Your Benefits

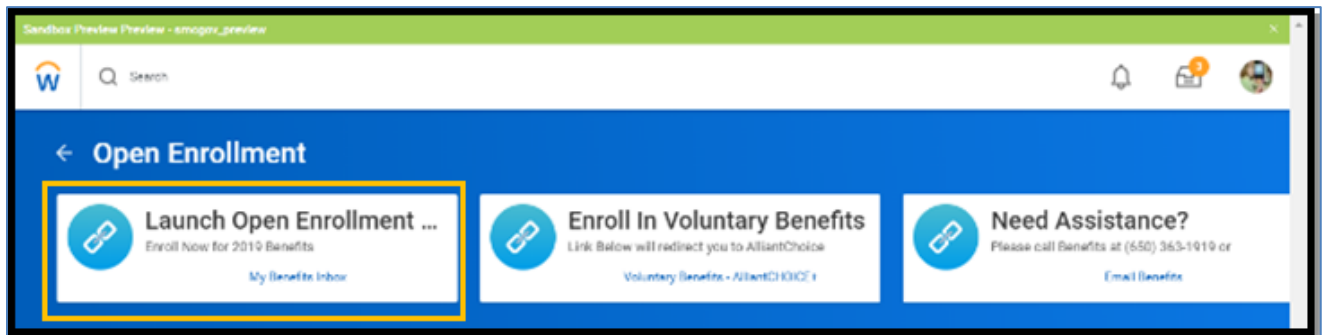
When it is time for open enrollment, you will receive an Open Enrollment task in your Workday Inbox. To complete your open enrollment:



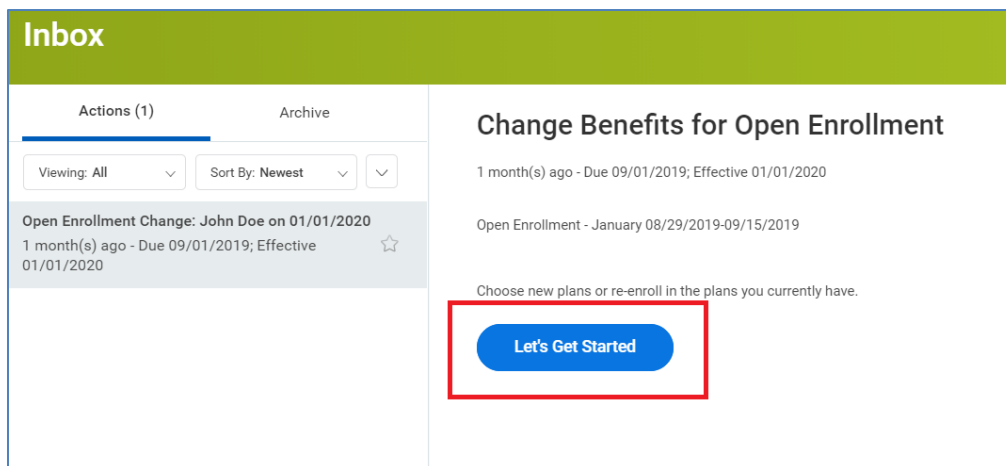
1. Go to your Workday homepage and click on your **My Open Enrollment** icon



2. Click on the first tab called **Launch Open Enrollment**.



3. Click on **Let's Get Started**



4. **You no longer need to go through each benefit screen.** Each benefit type is listed separately. Click on **“Manage”** under each tile to change an existing benefit or add a dependent, Click on **Enroll** to elect and/or “Re-enroll” for those plans that do NOT carry over each benefit year. Please note that Health Savings Accounts, Flexible Spending and Dependent Care **DO NOT CARRY OVER** each year.

Health Care and Accounts

Benefit Type	Plan Name	Cost (Monthly)	Coverage	Action
Medical	Kaiser Permanente HMO SMC	\$102.78	Employee	Manage
Dental	Delta Dental DHMO	\$4.50	Employee	Manage
Vision	Vision Service Plan	Included	Employee	Manage
Health Savings Account	Waived			Enroll

5. Modify your level of coverage as needed on any eligible plan by clicking on **Manage/Enroll**.

Adding Dependents

Once you have clicked on the Benefit Tile (as note in step 4 above) for the specific Benefit Plan:

6. Select the new plan and/or click **Confirm & Continue** to remain with the current plan you are enrolled in..

Medical

Projected Total Cost (Monthly) \$107.28

Plans Available

Select a plan or you can waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee.

*Selection	Benefit Plan	You Pt (Montl)
<input checked="" type="radio"/> Select	Blue Shield HMO	\$171.
<input type="radio"/> Waive		
<input type="radio"/> Select	Blue Shield HMO TRIO	\$146.
<input checked="" type="radio"/> Waive		

Confirm and Continue Cancel

Health Care Instructions

Important Information

When you select Medical - Blue Shield HDHP, Medical - Kaiser Permanente HDHP SMC, you can also select Health Care FSA - Benefit Coordinators Corporation Limited. If you waive any of these: Medical - Blue Shield HDHP, Medical - Kaiser Permanente HDHP SMC, Workday automatically waives any of these: Health Care FSA - Benefit Coordinators Corporation Limited.

You can select either of the following plans, but not both: Medical - Blue Shield HDHP, Medical - Kaiser Permanente HDHP SMC or Health Care FSA - Benefit Coordinators Corporation Traditional. When you select one of the plans, Workday automatically waives any other plans.

When you select Medical - Blue Shield HDHP, Medical - Kaiser Permanente HDHP SMC, you must also select Health Savings Account - Optum. If you waive any of these: Medical - Blue Shield HDHP, Medical - Kaiser Permanente HDHP SMC, Workday automatically waives any of these: Health Savings Account - Optum.

General Instructions

7. Select the name of the dependent you wish to include and/or click the **Add New Dependent** icon to create a new dependent. Press **Save** when complete.

Dependents

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

Coverage * Employee + 1

Plan cost (Monthly) \$343.30

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Jane Doe	Spouse	09/04/1997
<input type="checkbox"/>	John Doe Jr	Child	10/01/2019

Save **Cancel**

Health Care Instructions

Provider Website <https://www.blueshieldca.com>

General Instructions

It's that time of year again – Open Enrollment! For a short time, you can make changes to your benefits, add or remove dependents at the time when the County announces changes to the County's health plans.

You and your family's health and well-being are important. The County's health and medical benefits offer 100% coverage for preventive care and for the rare, exceptional instances when it is needed.

Extra Help Employees

You are eligible for the County's Kaiser High Deductible Account. The [Extra Help Benefits Guide](#) can assist you in understanding your options. **Regular and Extra Help/Term Employees**

You have several health plan options through the County. The County's website contains plan comparisons and eligibility information for each plan.

[2019 Employee Benefits Guide \(Regular Employees\)](#)

[2019 Limited Term Benefits Guide \(Limited Term Only\)](#)

Regular dental care is an important part of your health. There are seven dental plans. You must select one of the dental plans.

8. When adding a **NEW DEPENDANT** only, a series of Dependent screens will enable. Click the **Use as Beneficiary** checkbox if you wish to add the new dependent as a life insurance beneficiary or leave this blank if you are not using the new dependent as a beneficiary. Click **OK** to continue.

Add My Dependent From Enrollment

John Doe **Actions**

Use as Beneficiary

Instructional Text
Click OK to add dependents.

OK **Cancel**

9. Complete all required fields for your new dependent and click **Save**.

If you add new dependents, you need to attach proof of eligibility before submitting your enrollment. See instructions on [Attaching Supporting Documents](#).

← Add My Dependent From Enrollment

Name	Personal Information
Country * <input type="text" value="United States of America"/>	Relationship * <input type="text" value="Spouse"/>
Prefix <input type="text"/>	Date of Birth * <input type="text" value="09 / 04 / 1997"/>
First Name * <input type="text" value="Jane"/>	Age 22 years, 0 months, 29 days
Middle Name <input type="text"/>	Gender * <input type="text" value="Female"/>
Last Name * <input type="text" value="Doe"/>	Citizenship Status <input type="text"/>
Suffix <input type="text"/>	Full-time Student <input type="checkbox"/>
	Student Status Start Date
	Student Status End Date
	Disabled <input type="checkbox"/>

Completing Your Enrollment

Benefit changes will not be reflected unless you have reviewed and finalized your elections as indicated below:

1. Click on **Review & Sign** at the bottom of the Open Enrollment screen.

2. Scroll down to the bottom of the review page to attach any supporting documentation. Click on: **I Agree** checkbox to complete your electronic signature. Click **Submit**. (clicking on **save for later** will not finalize your elections.) **You must click "Submit" to finalize**

- Supporting documentation may include marriage or birth certificates for newly added dependents.