



During Open Enrollment, all benefited employees will enroll in the benefits they choose for the following plan year. Changes made during open enrollment will take effect on 1/1/20.

Even if you are continuing the same coverage as the previous year, you still should **review and confirm** your elections.

 Dates of open enrollment are **October 7 – 18, 2019.**

The effective date for coverage is January 1, 2020.

 If you have a life event that changes your medical/dental/vision benefits **DURING OR AFTER** the deadline for Open Enrollment, but **BEFORE** the changes that take effect January 1, 2020, you will need to **REENTER in Open Enrollment Choices. This will come to your Workday Inbox.**

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What You Need to Begin

During open enrollment, you will verify/update and submit these things:

1. Modify medical, dental, vision benefits: elect or waive coverage, change plans and/or add/drop dependents.
2. Enrolling in Flexible Spending / Health Savings Account.
3. Confirming beneficiaries for Life insurance.
4. Modify long term disability coverage, if applicable to you.

You will see options that are available to you. If you have questions about your eligibility, contact the Benefits team by emailing AskHR@virginia.edu or by calling 434-243-3344.

If you are adding dependents, you will need his/her name, date of birth and social security number, and if adding a spouse to medical coverage you will also need to **complete a spousal affidavit** that you will receive in your **Workday Inbox**.

If you are not finished, but would like to save your progress, click **Save for Later**. You must come back and **Submit** before the 10/18/19 deadline. If you do not, any changes you intended to make will be lost.

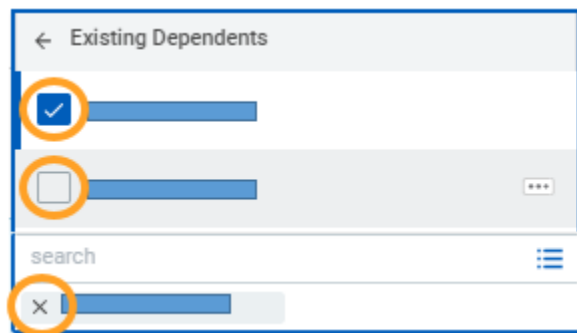
Elect / Waive Medical, Dental, Vision Insurance

1. Sign into Workday and go to your Workday Inbox.
2. Go to the message titled **Open Enrollment Change: Your name on 01/01/2020** and click on that item. This will open up a message.
 - Scroll down to see the benefit plans available to you, radio buttons to elect or waive coverage, the dependents enrolled, coverage type, your cost and the employer contribution.

If you are changing plans for medical, dental or vision, you must re-select each dependent you want to cover on those plans.

| Benefit Plan | *Elect / Waive | Enroll Dependents | Coverage | Employee Cost (Biweekly (Benefits)) | Employer Contribution (Biweekly (Benefits)) |
|---------------------------------------|---|-------------------------------|-----------------------|--|--|
| Medical - Aetna POS - Basic Health | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | | | |
| Medical - Aetna POS - Choice Health | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | | | |
| Medical - Aetna POS - Value Health | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | <input type="text" value=""/> | Employee + Child(ren) | \$70.13 | \$416.63 |
| Dental - United Concordia DPO - Basic | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | <input type="text" value=""/> | Employee + Child(ren) | \$1.00 | \$19.75 |

3. To make changes to coverage level, add or drop the dependents in each plan in their **Enroll Dependents** column.



Define who should be covered by clicking on the menu button under Enroll Dependents.

If you are adding someone already listed as a dependent, click **Existing Dependents** and put a check in box beside those who should be covered by plan.

Check or uncheck the box next to the name. If you are removing them from coverage, you can click the x beside the name.

- If the person you want to add to coverage is not listed, you can click **Add My Dependent From Enrollment**. See the section below on adding a dependent for more details (starting with Step 3).

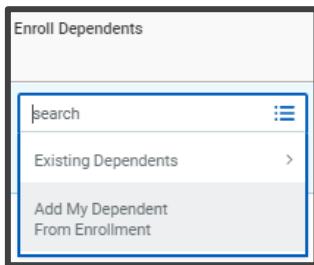


If you make any changes to your **plan**, you will need to re-select your dependents.

Adding Dependent During Open Enrollment

During Open Enrollment, you can add or drop dependents from coverage for the plan year. After Open Enrollment, you can only make changes to dependents if there is a qualifying life event.

1. Open the **Open Enrollment** message from **Inbox**.



2. From the menu button under **Enroll Dependents**, click **Add My Dependent From Enrollment**.

3. Fill out the required fields denoted with *****. (Name, relationship, date of birth, gender, National ID (Social Security Number))

- If you miss adding the National ID (Social Security Number), you will be prompted on the next page for this information. If you do not yet have a Social Security Number, type the reason in the **Reason ID is Not Available**.

4. Continue the process through **Submit**.

| Dependent IDs 1 item | | |
|----------------------|------------------------------|---|
| Dependent | National ID Type Name | *Identifier ID Entered / Reason ID is Not Available |
| Lisa Test | Social Security Number (SSN) | <input type="radio"/> Identifier ID Entered <input type="text" value="____-__-__"/> <input checked="" type="radio"/> Reason ID is Not Available <input type="text" value="newborn"/> |



Once you **Submit** changes to open enrollment, and add a spouse to cover for medical benefits, you will receive an **Inbox** task to complete. This will be the spousal affidavit and it **must be completed in order to finalize your benefit elections for Open Enrollment**.

Spouses who have access to affordable health care coverage that provides minimum value through his/her employer, and spouses who are employed in a benefits-eligible position by UVA cannot be added as dependents for medical insurance. **Employees who want to cover their eligible spouse on the Health Plan must complete the Spousal Affidavit.**

Elect / Waive Health Saving Account

If you are eligible for a Health Savings Account (see notes outlining the requirements), you will see the choices next.

You can elect enrollment in a Health Savings Account if you are eligible. Click **Continue** to move forward if the choices are grayed out.

If you answer YES to any of these 7 questions, you are NOT eligible for the Health Savings Account (HSA) benefit and will need to enroll in either the Choice Health or Value Health options in the previous step.

1. Will you be enrolled in Medicare or Medicaid when the HSA begins?
2. Will you be enrolled in another healthcare plan as a dependent, spouse, or subscriber that is not a high deductible health plan when the HSA begins?
3. Will you or your spouse have a balance in a Health FSA when the HSA begins?
4. Will you have received healthcare benefits (other than dental, vision, or preventive) from TRICARE within three months prior to the start of the HSA?
5. Are you a wage employee?
6. Do you hold a J-1 Visa?
7. Have you already reached the IRS HSA limit?

To enroll in your HSA, you must have chosen a Basic Health plan as your medical coverage.

Medical - Aetna POS - Basic Health

Elect
 Waive

Choose the total amount you want for the year. This will automatically populate how much will be taken out of your check. Please make note of minimum and maximums on the page.

| Benefit Plan | *Elect / Waive | Contribution Range (Annual) | Supporting Information |
|---------------------------------------|---|---|---|
| Health Savings Account - Chard Snyder | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? <input style="border: 2px solid red;" type="text" value="500.00"/> How much do you want to contribute per paycheck (Biweekly)? <input type="text" value="20.83"/> Your contribution (Biweekly (Benefits)) \$22.57 | Maximum Contribution (Annual) \$3,550.00 |

Review the rules and restrictions written at the top of the page very carefully to ensure you fully understand your benefits.

If you only want the employer amount, choose \$0. See notes on the Workday screen for details.

Once you **Submit** changes to HSA open enrollment, you will receive an **Inbox** task to complete. This will be the HSA affidavit and it **must be completed in order to finalize your benefit elections for Open Enrollment.**

Elect / Waive Flexible Spending Accounts

You can elect or waive enrollment in a Health Care FSA, and/or Dependent Care FSA. Limited FSA is only eligible to you if you who have chosen a Basic Health plan as your medical coverage. Please note the minimum and maximum ranges.

| Benefit Plan | *Elect / Waive | Contributions | Supporting Information |
|-----------------------------------|---|--|--|
| Health Care FSA - Chard Snyder | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? 360.00 How much do you want to contribute per paycheck (Biweekly)? 13.85 Your contribution (Biweekly (Benefits)) \$15.00 | Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual) \$2,500.00 |
| Dependent Care FSA - Chard Snyder | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? 500.00 How much do you want to contribute per paycheck (Biweekly)? 20.83 | Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual) \$5,000.00 |

5. Select **Elect** or **Waive** radio button.
6. If you select **Elect**, you will define how much you want to contribute for the year.
2. If you **Waive** coverage, you don't need to do anything else.
3. Click **Continue**.

View Insurances

Life insurance is displayed to you as view only. If you wish to make a change to any life insurance policy, use the appropriate vendor sites linked at the top of the Workday page.

[The Standard Life Coverage Information, and Forms \(including Guarantee Issue\):](#)
[The Standard Submit Evidence of Insurability Page](#)

[VRS Life Coverage Information, and Forms \(including Guarantee Issue\):](#)
[VRS Life Insurance Forms](#)

For more information on Life Insurance Benefits:
[Life Insurance for UVA Employees](#)

For more information on Disability Benefits:
[Disability Insurance for UVA Employees](#)

> **Insurance Plan Dependencies and Coverage Limitations**

| Benefit Plan | *Elect / Waive | Coverage Level | Covers Dependents | Calculated Coverage | Employee Cost (Biweekly (Benefits)) | Employer Contribution (Biweekly (Benefits)) |
|--|---|----------------|-------------------|---------------------|-------------------------------------|---|
| Basic Life - The Standard - Life AD&D - ORP MED (Employee) | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | 1 X Salary | | \$29,000.00 | | \$1.54 |

Based on your vendor, use these links to request changes.

Links also available on the Benefits website: <https://hr.virginia.edu/benefits/life-insurance>.

If you are eligible for additional long-term disability (Medical Center Team Members), you will make those elections here.

[Life Insurance for UVA Employees](#)

For more information on Disability Benefits:
[Disability Insurance for UVA Employees](#)

> **Insurance Plan Dependencies and Coverage Limitations**

Insurance Elections 8 items 🗪

| Benefit Plan | *Elect / Waive | Coverage Level | Covers Dependents |
|--|---|------------------|-------------------|
| | <input type="radio"/> Waive | | |
| Long Term Disability - 6 - Unum - MED (Employee) | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | |
| Long Term Disability - 6 - Unum - MED - Buyup (Employee) | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | 66.67% of Salary | |
| Flex Credit - UVA Med Center (Employee) | <input type="radio"/> Elect | 1 X Salary | |

Continue
Save for Later
Go Back
Cancel

4. Elect or Waive your selections. If your disability plan is grayed out, you do not need to do anything to continue coverage.
5. Click **Continue**.

Beneficiaries

These steps are for Standard Life members only. VRS Life Insurance Members will [use this form instead](#). If you are in VRS Life (Securian/Minnesota Life), you will **fill out all sections, sign the form, and mail it directly to VRS** using the address on top of the form. **If you are a VRS Life Member: Skip to the [View Elections, Accept & Submit](#) section.**

If you are a Standard Life Member, you will now designate beneficiaries to each of your life plans using the following steps.

Repeat these steps for any/all plans in which you are enrolled.

Change Benefits for Open Enrollment

Open Enrollment for Gregory D Crites - Step 6 of 7 Actions

Event Date: 01/01/2020
 Initiated On: 09/24/2019
 Submit Elections By: 10/18/2019
 2 day(s) ago - Effective 01/01/2020

Total Employee Net Cost/Credit
\$479.76 Biweekly (Benefits) Cost

[We hear you. How can we help?](#)
 Contact the Solution Center at AskHR@virginia.edu or call 434-243-3344.

[The Standard Life Beneficiary Workday Instructions:](#)
 Beneficiary Job Aid Goes Here

[VRS Life Insurance Beneficiary Form \(Must Print and Submit\):](#)
 VRS requires a paper form to update beneficiaries.
[VRS Designation of Beneficiary Form](#)

Beneficiary Designations 2 items

| Benefit Plan | Requires Beneficiary | Beneficiaries | | |
|---|--------------------------|---------------|---|--|
| | | *Beneficiary | *Primary Percentage / Contingent Percentage | |
| Supplemental Life - The Standard - Life AD&D - ORP - MED (Employee) | <input type="checkbox"/> | + | | |
| Basic Life - The Standard - Life AD&D - ORP MED (Employee) | <input type="checkbox"/> | + | | |

Continue
Save for Later
Go Back
Cancel

- Click the **+** button to see a field to add a person or trust in the beneficiary column. If you have more than one beneficiary to name, click the plus sign for each beneficiary.

Beneficiary Persons >

Trusts >

Create >

search

To select a person, click **Beneficiary Persons**, then select the beneficiary.

search

X Peter Parker

Primary Percentage

Contingent Percentage

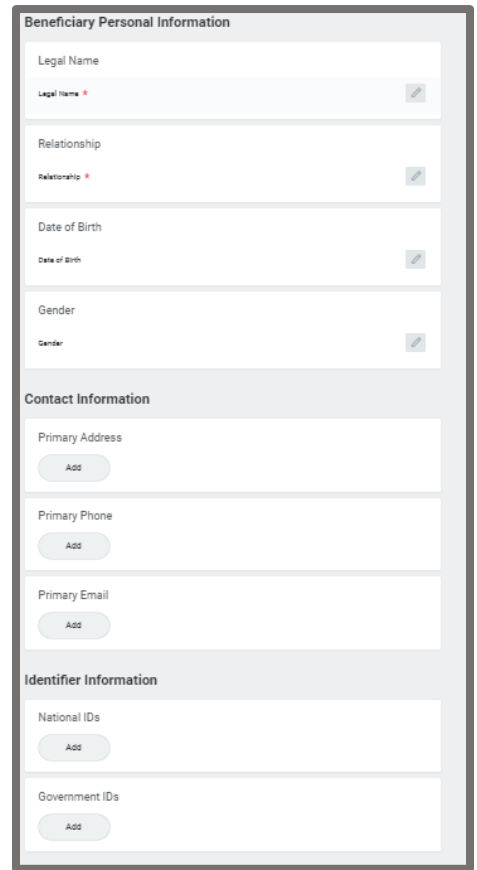
All primary percentages must add to 100 and all contingent percentages must add to 100.

The ensures that 100% of the benefit is paid to the named beneficiary(ies).

Create New Beneficiary

7. Choose **Create a New Beneficiary** and click **OK**
8. Fill out all required pieces:
 - Legal Name
 - Relationship
 - Date of Birth
 - Gender
 - Fill out contact information as completely as possible (phone number and address at minimum)
 - At least one identifier (National ID – i.e., Social Security Number, or Government ID)
9. Click **Continue**

This will add beneficiaries that will be shared with the vendor(s).



The screenshot shows a web form titled "Beneficiary Personal Information". It is divided into several sections:

- Beneficiary Personal Information:** Contains four input fields: "Legal Name", "Relationship", "Date of Birth", and "Gender". Each field has a small "Add" button and a checkmark icon to its right.
- Contact Information:** Contains three input fields: "Primary Address", "Primary Phone", and "Primary Email". Each field has a small "Add" button below it.
- Identifier Information:** Contains two input fields: "National IDs" and "Government IDs". Each field has a small "Add" button below it.

Create a New Trust as Beneficiary

5. Choose **Create a New Trust as Beneficiary** and click **OK**
6. Fill out all required pieces:
 - Trust Name
 - Trust ID
 - Trust Date
 - You can also fill out Beneficiary Trustee Names, and Contact Information.
7. Click **Continue**

Beneficiary Trust Information

Beneficiary Trust Data

Trust Name * ✎

Trust ID

Trust Date

Beneficiary Trustee Names

Add

Primary Address

Add

Primary Phone

Add

Primary Email

Add

Edit or Delete Beneficiary

To edit or delete an existing beneficiary, you will navigate to Beneficiaries button under the Change column of the Benefits application. Then follow these steps:

8. Click **Edit** or **Delete**, depending on your desired action.
9. If you selected **Delete**, enter the **Effective Date** you would like the beneficiary to be removed. **Note:** today's date will default.
10. Click **Submit**.
11. If you selected **Edit**, review and change the existing information for the beneficiary.
12. Click **Continue**.

| | | |
|--|--------------|---|
| | Relationship | |
| | Child | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
| | | |

View Elections, Accept & Submit

If you see this screen on the submission page, it means you have elected plans that are not allowed together. The message will tell you what plans have the conflict. You will NOT be able to submit until the any cross-plan dependency errors are fixed and everything is updated.

Contact AskHR@virginia.edu or call 434-243-3344 with questions.

Cross Plan Dependency Exception 1 item

| Alert | Message |
|----------|--|
| Critical | Medical - Aetna POS - Basic Health cannot be |

Elected Coverages 10 items

| Benefit Plan | Coverage Begin Date | Deduction Begin Date | Coverage | Calculated Coverage |
|--------------|---------------------|----------------------|----------|---------------------|
| | | | | |

When you are finished, you need to eSign your changes (click **I agree**). On this screen, you will see all your elections, and the costs. Electronically sign at the bottom of the page, then, click **Submit**.

View Summary

Projected Total Cost (Biweekly (Benefits))
\$138.84

You are almost finished with the elections process!

- Please review your elected and waived benefits for accuracy
- Respond to any error messages that may appear below
- Attach any required documentation in the Attachments section
- Read the information in the Electronic Signature section, including any links
- Use the Go Back Later button to make any changes necessary
- Use the Save for Later button to save your options in the inbox to revisit at a later time
- If all elections look correct, click the I Agree checkbox and Submit

Your Elections will not be completed until you click SUBMIT.

| Plan | Coverage | Deduction | |
|------------------------------------|------------|------------|---------------|
| United Coverage (POS) - Basic | 01/01/2018 | 01/01/2018 | |
| Vision | 01/01/2018 | 01/01/2018 | |
| Health Care FSA | 01/01/2018 | 01/01/2018 | |
| Child Support | 01/01/2018 | 01/01/2018 | |
| Group Life | 08/01/2018 | 08/01/2018 | |
| Securon (10/1/18) - VRS (Employee) | | | Included |
| | 01/01/2018 | 01/01/2018 | 85% of Salary |

Selected Benefits 2 items

Medical: Invoiced

Health Savings Account: Invoiced

Limited FSA: Invoiced

Total Benefits Cost - 1 item

| Company Contribution | Employee Cost | Net Cost |
|----------------------|---------------|----------|
| \$77.12 | \$138.84 | \$138.84 |

Attachments

Drop File Here or

Electronic Signature

I Agree

Your enrollment is **NOT** finished until this has been submitted. When it has been successful, you will see the message “Success, You’re Enrolled”. Click **Done** to return to home page.

Submitted

Success, You're Enrolled

In order to catch up your required employee contributions to paycheck, Coverage start date on summary page is subject to change.

Lets Add Retirement Self Service Election instructions

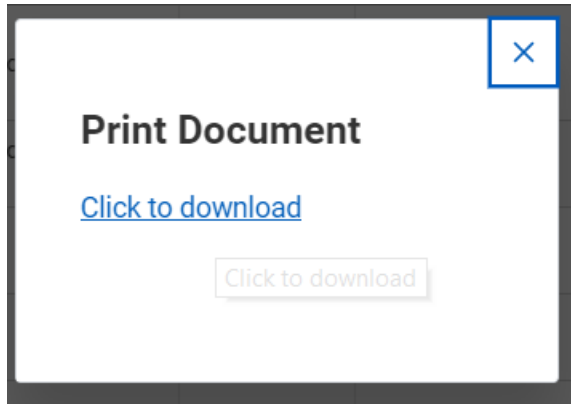
Important Dates:

Benefits go into effect: 01/01/2020

Final day to update benefits: 10/18/2019

View 2020 Benefits Statement

Print



It is a good idea to print a copy of the Elections Confirmation, to keep for your records. this will save a PDF of the document that you can either print or save.

You are finished. Click **home** to return to the home screen.

Changes Before Deadline

As long as the open enrollment period is open, you can make changes to your elections. To do this:

1. From the Benefits Application, click on **Change Open Enrollment**.

You will be making changes to what has been previously submitted. Any changes made will need to be resubmitted. If you do not resubmit, the changes will be disregarded and the previous submission will remain in effect. Click **OK**.

2. Move through the same screens to elect or waive coverage, finally submitting the changes.
3. Print the **new** confirmation of benefit elections.

