You received a Workday Inbox task on November 1st for an “Open Enrollment Change.” Review the important help text at the top of the page before you proceed down to the elections area.

PRO TIP
Use the arrow button at the top right of the table to make this table full screen. This will be an easier way to view and fill out the form.

WHAT YOU’LL SEE
If you have current coverage for 2018, you will see the elections related to Open Enrollment in this table. This is where you can make changes. This decision tree will take you through all potential changes you can make.

Feel free to skip around by focusing on “Major Decision Points” throughout this document.

NAVIGATION
These four columns will be your primary focus while making changes and decisions.

MAJOR DECISION POINT AHEAD! KEEP SCROLLING.
MAJOR DECISION POINT #1:

MEDICAL COVERAGE

MEDICAL COVERAGE?
Are you making changes to or declining medical coverage for 2019?

Declining

No changes? Skip ahead to major decision point 2.

WHO WILL YOU COVER?
Are you making changes just for yourself, or yourself and your dependent(s)?

Just me

Med & My Dependent(s)

Making changes

You may only waive medical coverage if you are covered by another employer-based group medical insurance: TRICARE or Medicare. Even if you decline medical coverage, you will still need to make some other decisions. We’ll show you how to do that next.

HOW TO DECLINE MEDICAL COVERAGE
To decline medical coverage, you must complete all three steps below:

Step 1
A. In the Benefit Plan column, find “Medical - PEBB Decline Medical Coverage.”
B. Select the Elect option in the Elect/Waive column. This means you are electing to decline medical coverage.
C. In the Coverage column, select “Not Applicable - Declined Medical Coverage.”

Note: This will auto-waive all of the medical plans.

Step 2
A. In the Benefit Plan column, find “Spouse or SRDP (Partner) Surcharge - PEBB - Does This Apply to You?” Even though it is just you, you will need to attest here.
B. In the Coverage column, select “Not applicable. I am declining medical coverage.”

Step 3
A. In the Benefit Plan column, find the “Tobacco - PEBB Required Attestation” line item that is auto-elected.
B. In the Coverage column, select “N/A; waived medical coverage.”

SEE ME & MY DEPENDENT(S) ON THE NEXT PAGE! KEEP SCROLLING. :)

SKIP AHEAD TO MAJOR DECISION POINT #2 (DENTAL COVERAGE)
Step 1: Medical Plan
A. In the Benefit Plan column, find the plans that begin with “Medical.”
B. Select the Elect option in the Elect/Waive column next to the plan you want.
C. To remove dependent(s): In the Enroll Dependents column, select the white box, and then select the x next to each dependent’s name you wish to remove.
D. To add dependent(s): In the Enroll Dependents column, select the white box and select the menu icon on the right of the box. For more help on this, watch the video: https://isc.uw.edu/open-enrollment-videos/
   • If the dependent has already been added, select “Existing Dependents” to view who you have already added and select each name you want on your plan.
   • If the dependent is new, if you need to add someone new who is not on the list, from the white box select Add My Dependent From Enrollment. Finish the Add My Dependent process and return to your Open Enrollment changes to see that they have been added as a dependent in the line plan you were working on.

Note: This will auto-waive all of the other medical plans. Do not elect any other medical plan or it will undo what you just did. IMPORTANT: If you are changing to a different medical plan than one previous, you will always need to re-add dependents from Existing Dependents, they do not automatically transfer over.

Step 2: Spousal Surcharge
A. In the Benefit Plan column, find the “Spouse or SRDP (Partner) Surcharge - PEBB - Does This Apply to You?” plan.
B. You will need to attest here even if it’s just you.
C. In the Coverage column, select the most correct response from the list.

Step 3: Tobacco Surcharge
A. Find the “Tobacco - PEBB Required Attestation” line item that is auto-elected.
B. In the Coverage column, select the most correct response from the list.
C. If you chose one of the options below in the last step, you will need to select which dependent(s) have used tobacco in the Enroll Dependents column.
   1. Yes; my covered family member(s) and I have recently used tobacco.
   2. Yes; my covered family member(s) have recently used tobacco.

YOU’RE NOT DONE YET!
MAJOR DECISION POINT #2
(DENTAL COVERAGE) AHEAD.
KEEP SCROLLING.
DENTAL COVERAGE

DENTAL COVERAGE?
Dental coverage cannot be waived. Do you need to make changes?

No, leave it as it is.

Yes

WHO WILL YOU COVER?
Are you making changes to your plan, your dependent(s), or your plan and dependent(s)?

JUST ME
1. In the Benefit Plan column, find the plans that begin with “Dental.”
2. Select the Elect option in the Elect/Waive column next to the plan you want.

Note: This will auto-waive all of the other dental plans.

ME AND/OR MY DEPENDENTS
1. In the Benefit Plan column, find the plans that begin with “Dental.”
2. Select the Elect option in the Elect/Waive column next to the plan you want.
3. To remove dependent(s): In the Enroll Dependents column, select the white box, and then select the x next to each dependent’s name you wish to remove.
4. To add dependent(s): In the Enroll Dependents column, select the white box and select the menu icon on the right of the box.
   => If the dependent has already been added, select “Existing Dependents” to view who you have already added and select each name you want on your plan.
   => If the dependent is new, if you need to add someone new who is not on the list, from the white box select Add My Dependent From Enrollment. Finish the Add My Dependent process and return to your Open Enrollment changes to see that they have been added as a dependent in the line plan you were working on.

Note: This will auto-waive all of the other dental plans. Do not elect any other dental plan or it will undo what you just did. IMPORTANT: If you are changing to a different dental plan than one previous, you will always need to re-add dependents from Existing Dependents, they do not automatically transfer over.

MINIMIZE FULL SCREEN MODE IF YOU OPENED IT (SEE SCREENSHOT BELOW), SELECT CONTINUE, AND MOVE TO MAJOR DECISION POINT #3 (HSA).
MAJOR DECISION POINT #3:

HEALTH SAVINGS ACCOUNT (HSA)

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**CDHP?**

Was the medical plan you chose in the first step a CDHP plan?

- Yes
- No, it was not a CDHP plan.

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**SELECT CONTINUE.**

NON-CDHP PLANS ARE INELIGIBLE FOR HSAs.

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**ENROLL WITH EMPLOYEE CONTRIBUTION**

Do you wish to make an employee contribution to an HSA account with your CDHP plan?

- Yes
- No

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**ENROLL IN HSA**

1. Select elect next to the option that applies to you:
   - Health Savings Account – HealthEquity option

2. Enter a contribution that is either:
   - Amount for the total year
   - Amount per paycheck (semimonthly)

**Note:** When you fill in one of the options above, the other auto-populates.

Your # remaining payroll deductions should reflect your service period (e.g. 18 for 9 month service period, etc.)

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**EMPLOYER CONTRIBUTION ONLY**

No action needed. Employer HSA contributions will still occur.

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**SELECT CONTINUE, AND MOVE TO MAJOR DECISION POINT #4 (MEDICAL FSA) ON THE NEXT PAGE.**
MAJOR DECISION POINT #4: MEDICAL FSA

CDHP AGAIN?
Are you enrolled in a CDHP plan?

No

MEDICAL FSA
That means you may qualify for a Medical FSA if you want. Do you want to enroll/contribute to one?

Yes

WAIVE MEDICAL FSA
The IRS does not allow CDHP plan holders to enroll in Medical FSAs. Select Waive next to Medical FSA.

No

ENROLL IN FSA
1. Select Elect next to the Medical FSA – Navia Benefit Solution item.
2. Enter a contribution that is either:
   • Amount for the total year
   • Amount per paycheck (semimonthly)

Note: When you fill in one of the options above, the other auto-populates.

Your # remaining payroll deductions should reflect your service period (e.g. 18 for 9 month service period, etc.)

SELECT CONTINUE, AND MOVE TO MAJOR DECISION POINT #5 (DCAP) ON THE NEXT PAGE.
MAJOR DECISION POINT #5:
DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)?
Are you eligible for and do you wish to enroll in and contribute to the Dependent Care Assistance Program?

Yes

ENROLL IN DCAP
1. Select Elect next to the Dependent Care Assistance Program – Navia Benefit Solutions option.
2. Enter a contribution that is either:
   - Amount for the total year
   - Amount per paycheck (semimonthly)

Note: When you fill in one of the options above, the other auto-populates.
Your # remaining payroll deductions should reflect your service period (e.g. 18 for 9 month service period, etc.)

No

WAIVE DCAP
Select Waive next to the DCAP option.

SELECT CONTINUE, AND MOVE TO REVIEW AND ATTACH STEP ON THE NEXT PAGE.
You’re almost done! You should now be at the Review page for Changing Benefits for Open Enrollment. This page is long, we know. But it’s long for a reason! Some really vital, “hey, you could mess things up or slow things down if you don’t...” type of information is on this page. Please read everything carefully.

Make sure everything you signed up for is correct for each of the “Elected Coverages” options. If an alert is displayed, make sure to read and resolve the error, it’s likely going to prevent you from being able to submit your elections. If you need to change anything, simply use the “Go Back” button at the bottom of the page.

If you added a dependent to your medical or dental plan, you must attach very specific proof of eligibility. Select the link to the right to understand what documents you need to attach. If you do not attach this proof, or the proof attached is not approved/sufficient, your added dependent(s) will not be enrolled. When you have your documents ready, click the + symbol pictured below to attach your files.

**Please note:** If you don’t submit your Open Enrollment changes by midnight PST on November 30, no changes will be made to your medical and dental benefits in 2019 - but you may see a change in your spousal surcharge, and your FSA/DCAP enrollment will end.