

OPEN ENROLLMENT 2025 – 2026

How to Complete Open Enrollment in Workday

1.) **Login** to Workday

2.) **Click** on the **inbox icon** at the top of the right-hand corner of your workday home screen.





3.) On the left-hand side **click** on “Open Enrollment Change” Then **click** “Let’s get Started”

Open Enrollment Change: Riley MacDermott on 07/23/2025

Due: 07/20/2025

Effective: 07/23/2025

Change Benefits for Open Enrollment

Open Enrollment 07/22/2025-07/28/2025

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

Let's Get Started

4.) Review the full instructions on your screen.

▼ **Enrollment Instructions**

Please review the benefits offered to you and your dependents and complete the Open Enrollment Benefits Event in Workday. Changes need to be made by Friday, September 5. Changes can only be made during open enrollment or within 31 days of a qualifying life event or employment status change.


If you are not making changes to your health, dental or vision plans, there is no action required. However, you must make a positive election to enroll or re-enroll in the flexible spending accounts (FSA) each year during the open enrollment period.


Our benefits offerings include:


- Medical – You have the choice between two PPO-style plans.
- Dental & Vision
- Life Insurance – Don't miss out on the opportunity to elect supplemental coverage without medical questions.
- Voluntary Benefits – Includes accident, critical illness, hospital indemnity, disability, and additional life insurance.
- Flexible Spending Accounts – **You must make a positive election to enroll or re-enroll in the flexible spending accounts (FSA) each year during the open enrollment period.**
- 401K – You are eligible after 90 days from your hire date. To elect 401(k), please reach out to Empower Retirement - 800-338-4015 or visit www.empowermyretirement.com
- PayActiv – Access your earned wages before payday. Please see more details by clicking [THIS](#).


5.) Then **scroll down** and **click** on each plan where it says “**Enroll**” to begin.


Health Care and Accounts


Medical
Waived
[Enroll](#)


Dental
Waived
[Enroll](#)


Vision
Waived
[Enroll](#)


Healthcare FSA
Waived
[Enroll](#)


Dependent Care FSA
Waived
[Enroll](#)

6.) **Click** “**Select**” for the plan you want to enroll in. **Select** “**Waive**” to decline coverage.

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

2 items

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
United HealthCare Choice Plus 1000 plan	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$123.08	\$384.02
United HealthCare Choice Plus 2500 plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$52.25	\$347.43

General Instructions

Medical

United HealthCare Choice Plus 1000 Plan - Higher rates, lower deductible

United HealthCare Choice Plus 2500 Plan - Lower rates, higher deductible

Please review your medical plan options available to you and make changes if desired. To decline coverage in a plan, select “Waive”.

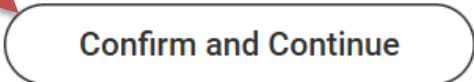

After selecting a plan, click the **Confirm and Continue** button. You can then add or remove dependents, if applicable.

Please note that you cannot make changes to your elections after Open Enrollment unless you are eligible and experience a qualifying event. Please reach out to the Benefits Team at BenefitsQuestions@5ssl.com with any question.

[Medical Plan Comparison](#) - Please use link to find plan details.

[Medical Plan 1000](#) - Summary of Benefits and Coverage

7.) Then **Click** “**Confirm and Continue**” once you have made your selection.

8.) Next you will be prompted to add a dependent. If you already have dependent enrolled. Please click the check box to add the dependent again. If you want to add a new dependent, please **click** on “Add New Dependent” and fill out dependents information.

Dependents

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

Coverage ★ Employee Only

Plan cost per paycheck \$123.08

 **Add New Dependent**

Health Care Instructions

Provider Website <http://www.myuhc.com>

General Instructions

Medical

United HealthCare Choice Plus 1000 Plan - Hi

United HealthCare Choice Plus 2500 Plan - Lo

Please review your medical plan options available. To decline coverage in a plan, select “Waive”.

After selecting a plan, click the **Confirm and Continue** button, if applicable.

Please note that you cannot make changes to

9.) **Repeat** these steps for each plan.

Plans Available

Select a plan or Waive to opt out of Dental. The displayed cost of waived plans assumes coverage for Employee Only.

1 Item

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
MetLife DPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$9.36	\$3.98

1 Item

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
VSP VIS Vision Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$2.90	\$0.00

Health Care Instructions

General Instructions

Dental

Please review your current benefits elections and make changes if desired. Your current benefit elections will continue into the next plan year if no changes are made.

To decline coverage in a plan, select “Waive”. After selecting a plan, click the Confirm and Continue button. From there, you may Add New Dependent or add / remove existing dependents to/from coverage.

Please note that you cannot make changes to your elections after Open Enrollment unless you are eligible and experience a qualifying event. Please contact the WeReallyCare Team with any questions or reach out to BenefitsQuestions@5ssl.com.

[Dental Plan Summary](#) - Please use link to find plan details

Vision

AlerisLife currently offers one consolidated vision plan.

Please review your current benefits elections and make changes if desired. Your current benefit elections will continue into the next plan year if no changes are made.

To decline coverage in a plan, select “Waive”.

After selecting a plan, click the Confirm and Continue button. From there, you may Add New Dependent or add / remove existing dependents to/from coverage.

Please note that you cannot make changes to your elections after Open Enrollment unless you are eligible and experience a qualifying event. Please contact the WeReallyCare Team with any questions or reach out to BenefitsQuestions@5ssl.com.

[Vision Plan Summary](#) - Please use link to find plan details

FLEXIBLE SPENDING ACCOUNT ELECTIONS

1.) To enroll in Healthcare and Dependent FSA accounts **select** “Enroll”



Healthcare FSA
 Waived

[Enroll](#)



Dependent Care FSA
 Waived

[Enroll](#)

2

2.) **Click** “Select” if you want to enroll in. **Select** “Waive” to decline coverage.

1 item

Benefit Plan	*Selection	You Contribute (Bi-weekly)	Company Contribution (Bi-week)
United HealthCare	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Health Care - Flexible Spending Account (FSA)

The FSA is a smart way to manage your share of the costs of health care for you and your eligible dependents, it allows you to save up to a maximum of **\$3,300** per year, deducted from your paycheck on a pre-tax basis.

After selecting the plan, click the **Confirm and Continue** button, then select the amount to contribute, either per pay or annually. The corresponding amount will populate based on the number of pay periods.

For example, if you enter \$50 per pay and there are 26 pays, the annual amount will populate as \$1,300 (50 x 26). Conversely, if you wanted \$2,000 for the year and there are 26 pays remaining the per pay amount would calculate as \$76.92 (2,000 / 26).

Please note that you cannot make changes after submitting your changes unless you are eligible and experience a qualifying event. Please reach out to the Benefits Team at BenefitsQuestions@5ssl.com with any questions.

[Health Care Flexible Spending Account](#) - Please use link to find plan details

3.) **Click** “Confirm and Continue”

Confirm and Continue

Cancel

4.) Then you will **enter an amount**, either by paycheck or annually. You only need to enter one and the other will automatically calculate.

Per Paycheck

100.00

Annual

2,600.00

Total Paychecks 26

Minimum Annual Amount: \$250.00
Maximum Annual Amount: \$3,300.00

Summary

Total Annual Contribution \$2,600.00

Save

Cancel

5.) Then **click** “Save”

REVIEW AND SIGN

1.) Once all your plans have been selected or waived you can **click** “Review and Sign” at the bottom.

Review and Sign

Save for Later

2.) Please **review your elections**. You will not be able to make changes once you submit.

Review your elections carefully and if correct, check the “I **Accept**” box and click “**Submit**”.

If you need to make any changes to the elections, click “**Cancel**” to go back the main Open Enrollment screen. If you have any questions, click “**Cancel**” or “**Save for Later**” and ask your **HR Partner**.

The **Open Enrollment event** will remain in your Workday **Benefits App** as long as the event is open; once closed/finalized you will not be able to make any changes.

Please do not delay as Open Enrollment is time-sensitive!

YOU WILL NOT BE ABLE TO MAKE ANY CHANGES TO THESE ELECTIONS AFTER YOUR EVENT IS FINALIZED UNLESS YOU ARE ELIGIBLE AND EXPERIENCE A QUALIFYING EVENT.

Selected Benefits 4 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Basic Life and Accidental Death and Dismemberment (AD&D)	12/01/2024	12/01/2024	1 X Salary			Included
NY Life (Employee)						
Long Term Disability (LTD)	12/01/2024	12/01/2024	60% of Salary			Included

3.) Click “I accept” in the check box and **hit** “Submit”.

Electronic Signature

HEALTH INSURANCE ENROLLMENT AND CHANGE FORM ACKNOWLEDGEMENT:

TERMS OF ACCEPTANCE AND ELECTRONIC SIGNATURE: I, the applicant, acknowledge that I have received and reviewed the AlerisLife Inc. Health Insurance Enrollment and Change Form. I have agreed to submit this Health Insurance Enrollment and Change Form Acknowledgement (“Acknowledgement”) by electronic means. By signing this Acknowledgement electronically, I hereby warrant that I have read and understood the information provided in the AlerisLife Inc. Health Insurance Enrollment and Change Form and have opted to make the elections set forth therein. I hereby attest that my spouse is not offered medical insurance through their employer. I also understand that I have thirty-one (31) days from a qualifying event to submit documentation to make a change to my existing plan elections; otherwise, I will need to wait until the next open enrollment period to make any changes. I also acknowledge that my elections for coverage shall be cancelled upon the date of my termination from AlerisLife Inc., or upon a change in my employment status, including, without limitation, from full-time to part-time, if applicable.

*By checking the box in the form attached to this Health Insurance Enrollment and Change Form, which indicates that I acknowledge and agree to the Terms of Acceptance and Electronic Signature, I agree that I am signing this Acknowledgement electronically. I agree that my electronic signature is the legal equivalent of my manual signature on this Acknowledgement. By checking the above-referenced box, I consent to be legally bound by AlerisLife Inc.’s Health Insurance Enrollment and Change Form’s terms and conditions.

I Accept ☐

Submit

Cancel

Then Open Enrollment is Complete!
Questions? Contact: benefitsquestions@5ssl.com