



# Open Enrollment

Team Member

Open Enrollment is when eligible AlerisLife team members can elect, change, or waive benefit coverage for the upcoming benefit plan year.

Open Enrollment for the 2024-2025 benefit plan year is from August 19th through September 6th.

## This training aid will show you how to:

Access your Open Enrollment Task

- Complete your Open Enrollment in Workday



## Accessing Open Enrollment

1) Click on the **Inbox** icon at the top right-hand corner of your Workday home screen







# Open Enrollment

Team Member

## Accessing the event

2) Your open enrollment event will appear on the left side of your screen. Click on **Let's Get Started** as listed below

 MENU



### Change Benefits for Open Enrollment


Open Enrollment 03/22/2024-03/28/2024


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


**Let's Get Started**


3) Click on each plan that says **Enroll** or **Manage** to make your selections


#### Health Care and Accounts

**Medical**  
Waived  
[Enroll](#)


**Dental**  
MetLife DPO  
Cost per paycheck \$9.00  
Coverage Employee Only  
[Manage](#)


**Vision**  
VSP V15 Vision Plan  
Cost per paycheck \$2.90  
Coverage Employee Only  
[Manage](#)


**Healthcare FSA**  
Waived  
[Enroll](#)


**Dependent Care FSA**  
Waived  
[Enroll](#)


#### Insurance


**Basic Life and Accidental Death and Dismemberment (AD&D)**  
NY Life (Employee)  
Cost per paycheck Included  
Coverage 1 X Salary  
[Manage](#)


**Long Term Disability (LTD)**  
NY Life (Employee)  
Cost per paycheck Included  
Coverage 60% of Salary  
[Manage](#)


**Short Term Disability (STD)**  
NY Life (Employee)  
Cost per paycheck Included  
Coverage 60% of Salary  
[Manage](#)

**Supplemental Life / AD&D (Employee)**  
NY Life (Employee)  
Cost per paycheck \$18.74  
Coverage \$140,000  
[Review and Sign](#) [Save for Later](#)

**Supplemental Life / AD&D (Spouse)**  
Waived  
[Enroll](#)

**Supplemental Life / AD&D (Child/ren)**  
Waived  
[Enroll](#)

 **workday.** | **EDUCATION**





# Open Enrollment

Team Member

4) **Select a plan or waive to opt out of each plan.** To decline coverage in a plan, select **“Waive”**. After electing a plan click the **Confirm and Continue**

## Medical

Projected Total Cost Per Paycheck  
\$50.64

### Plans Available

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

2 items

*Selection	Benefit Plan Details	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	United HealthCare HMO Choice Plus 1000 plan	\$90.64	\$250.45
<input type="radio"/> Select <input checked="" type="radio"/> Waive	United HealthCare HMO Choice Plus 2500 plan	\$50.11	\$250.45

### Health Care Instructions

#### 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. In order to have medical coverage for October 1, 2022, you must make an election. 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 your community Benefits Partner/HR Representative with any questions or reach out to [DL-HR-Benefits@sssl.com](mailto:DL-HR-Benefits@sssl.com)

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

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

[Medical Plan 2500](#) - Summary of Benefits and Coverage

Confirm and Continue

Cancel



# Open Enrollment

Team Member

5) If you have dependents listed already in your current benefits you should see them below and click the **box** to add a dependent. If you want to add a new dependent, please click the **ADD New Dependent** and add all their information.

## Medical - United HealthCare HMO Choice Plus 1000 plan

Projected Total Cost Per Paycheck  
\$226.04

### Dependents

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

Coverage \* Employee + Child(ren)

Plan cost per paycheck \$195.40

**Add New Dependent**

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	JARLEY CRUZ	Child	04/16/1997

### Health Care Instructions

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

### 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. In order to have medical coverage for October 1, 2022, you **must** make an election. 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 your community Benefits Partner/HR Representative with any questions or reach out to [DL-HR-Benefits@5ssl.com](mailto:DL-HR-Benefits@5ssl.com)

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

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

[Medical Plan 2500](#) - Summary of Benefits and Coverage

Save

Cancel

## 6) Repeat these steps for each plan.

Medical Open Enrollment for [REDACTED]

Projected Total Cost Per Paycheck  
\$23.46

### Plans Available

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

2 items

*Selection	Benefit Plan Details	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	United HealthCare HMO Choice Plus 1000 Plan	\$90.64	\$250.45
<input type="radio"/> Select <input checked="" type="radio"/> Waive	United HealthCare HMO Choice Plus 2500 Plan	\$50.11	\$250.45

### Health Care Instructions

### 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. In order to have medical coverage for October 1, 2022, you **must** make an election. 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 your community Benefits Partner/HR Representative with any questions or reach out to [DL-HR-Benefits@5ssl.com](mailto:DL-HR-Benefits@5ssl.com)

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

**Confirm and Continue**

Cancel



### Flexible Spending Account Elections

To elect the Health Care or Dependent Care plans follow the same steps listed below

- 1) Click the **circle** next to **Elect or Waive** if you choose to enroll in a Spending Account
- 2) After selecting the plan, click the **Confirm and Continue** to select an amount
- 3) Follow the same steps for the **Dependent Care plan**

#### Healthcare FSA

Projected Total Cost Per Paycheck  
\$229.04

#### Plans Available

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

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

#### Spending Account Instructions

##### General Instructions

##### 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 **\$2,850** per year, deducted from your paycheck on a pre-tax basis.

If you would like to enroll in the Healthcare FSA as of October 1, 2022, you must make elections **now**.

After selecting a plan, click the Confirm and Continue button. From there, you will select the amount to contribute, either per pay or annually. The other 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 to your elections after Open Enrollment unless you are eligible and experience a qualifying event. Please contact your community Benefits Partner/HR Representative with any questions or reach out to [DL-HR-Benefits@5ssi.com](mailto:DL-HR-Benefits@5ssi.com)

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

**Confirm and Continue** Cancel

- 4) Once you elect coverage enter an amount in the Paycheck or Annual box. (Only enter one, and the other will automatically calculate), then click Save.

#### Healthcare FSA - United HealthCare

Projected Total Cost Per Paycheck  
\$339.66

#### Contribute

**Per Paycheck** 109.82 **Annual** 2,850.00

Total Paychecks 26

Minimum Annual Amount: \$250.00

Maximum Annual Amount: \$2,850.00

#### Summary

Total Annual Contribution \$2,850.00

#### Spending Account Instructions

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

##### General Instructions

##### 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 **\$2,850** per year, deducted from your paycheck on a pre-tax basis.

If you would like to enroll in the Healthcare FSA as of October 1, 2022, you must make elections **now**.

After selecting a plan, click the Confirm and Continue button. From there, you will select the amount to contribute, either per pay or annually. The other 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 to your elections after Open Enrollment unless you are eligible and experience a qualifying event. Please contact your community Benefits Partner/HR Representative with any questions or reach out to [DL-HR-Benefits@5ssi.com](mailto:DL-HR-Benefits@5ssi.com)

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

**Save** Cancel



# Open Enrollment

Team Member

## Review and Electronic Signature

- 7) Once all your plans have been selected or waived you can click the **Review and Sign**
- 8) Scroll down and Click in the **box** next to I Agree.
- 9) Click Submit at the bottom

**Change Benefits for Open Enrollment** Benefit Elections Review for Open Enrollment - Step 4 of 4 (Actions)

> Details

Please review your elections for the October 1, 2019 – September 30, 2020 below carefully. If you need to make any change to the elections, click the "Go Back" button to the appropriate screen. If you have any questions, click "Go" to remain in your Workday Inbox for completion.

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

Elected Coverages: 2 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries
Medical - Value Plan - United HealthCare CDHP	10/01/2019	10/01/2019	Employee + Spouse	Tammy Swanson	
Healthcare FSA - United HealthCare	10/01/2019	10/01/2019	\$2,500.00 Annual		

<

> Waived Coverages

Attachments

Drop files here  
or  
Select files

**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 Five Star Senior Living Inc. Health Insurance Enrollment and Change Form. I have agreed to submit this Health Insurance Enrollment and Change Form electronically. I hereby warrant that I have read and understood the information provided in the Five Star Senior Living Inc. Health Insurance Enrollment and Change Form and have opted to make the elections set forth therein. I hereby attest that my appointment is within 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 based on 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 to the Acknowledgement. By checking the above-referenced box, I consent to be legally bound by Five Star Senior Living Inc.'s Health Insurance Enrollment and Change Form's terms and conditions.

I Agree ☐

enter your comment

Submit Cancel

Note: You will need to agree to the electronic signature for coverage



- 10) After you've submitted, you will be given the option to Print your elections.

Print

Done