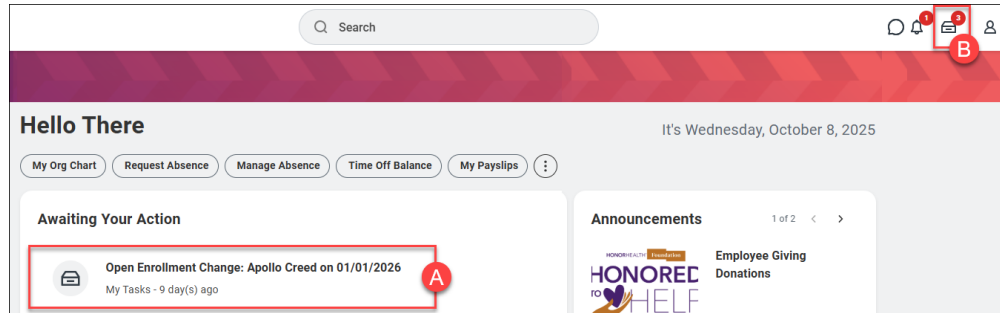
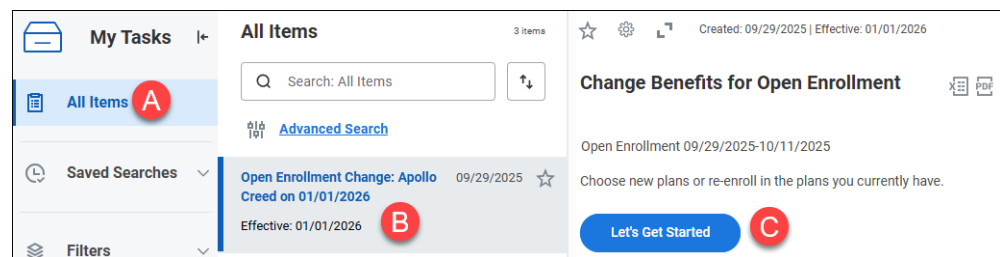


In this tipsheet, you will learn how to complete an Open Enrollment task in Workday.

1. From your Workday homepage, select the **Open Enrollment Change** task from the **Awaiting Your Action** section (A) or from your **My Tasks** (B) to initiate Open Enrollment.



2. From your My Tasks, **All Items** (A), locate the **Open Enrollment Change** task (B) and in the preview pane, select **Let's Get Started** (C).



3. The *Open Enrollment* screen will launch.

Take a moment to review the Instructions at the top of the screen.

Open Enrollment

Projected Total Cost Per Paycheck

Enrollment Instructions

Welcome to 2026 Open Enrollment. Open enrollment is November 1-15.

All current 2025 elections will roll over to the 2026 plan year EXCEPT flexible spending accounts. Flexible spending will cancel 12/31/2025 and must be elected during open enrollment if you want this benefit for 2026.

Elections made in this open enrollment session will be effective January 1, 2026.

During this open enrollment session, you will have the opportunity to review and make changes to the following benefits: Medical, Dental, Vision, Health Savings Account (if enrolled in the HDHP medical plan), Healthcare FSA, Dependent Care FSA, Limited Purpose FSA (if enrolled in the HDHP medical plan), MetLife Legal, and Financial Planning.

ALL other benefits you are currently enrolled in such as retirement, long term and short term disability, voluntary life, accident, critical illness, hospital indemnity, whole life, etc WILL carry over to the 2026 plan year.

If you are adding a dependent, please be sure to submit the appropriate documentation for them to be added. Appropriate documents include:

- Children – birth certificates
- Spouse – marriage license, federal tax form within the past 2 years with both your and your spouse's name shown (please black out social security #s).

If you do not complete open enrollment, all current 2025 elections will roll over to 2026, and you will only be able to make a change with a Qualifying Life Event (QLE) such as marriage, divorce, having a baby, loss of coverage, gain other coverage, etc. A QLE must be submitted within 30 days of the event date.

VERY IMPORTANT: once you start the open enrollment session, if you elect Save for Later, and do not go back in to complete the session, all benefits elected or waived will be processed as-is.

Questions on benefits? Please contact your campus benefit educator or call 480-583-4588 for assistance.

4. Within the **Health Care and Accounts** section (A) there are *benefit cards* (B) and each one contains a hyperlink to **Manage** (C) the respective benefit.

With a Passive Open Enrollment review/change (if needed) and confirm your elections by navigating through each benefit card.

Health Care and Accounts (A)

- Medical** (B): Innovation Care Partners Network EPO Coordinated Care Plan. Cost per paycheck: \$100.00. Coverage: Employee + Child(ren). Dependents: 1. [Manage](#) (C)
- Dental**: Delta Dental PPO Buy-Up Plan. Cost per paycheck: \$20.00. Coverage: Employee Only. [Manage](#)
- Vision**: VSP PPO. Cost per paycheck: \$7.42. Coverage: Employee + Child(ren). Dependents: 1. [Manage](#)
- Health Savings Account**: Waived. [Enroll](#)
- Healthcare FSA**: Waived. [Enroll](#)
- Dependent Care FSA**: Waived. [Enroll](#)
- Limited Purpose FSA**: Waived. [Enroll](#)

5. Once **Manage** is selected from the respective benefit card, the benefit form will populate.

Review the **Health Care Instructions** (A).

Your current selections will display as **Select** (B).

Other coverages will display as **Waive** (C).

Once completed, select **Confirm and Continue** at the bottom left.

Medical

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Child(ren).

3 items

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Innovation Care Partners Network EPO Coordinated Care Plan	<input checked="" type="radio"/> Select (B) <input type="radio"/> Waive	\$100.00	\$691.00
Innovation Care Partners Network EPO Standard Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive (C)	\$224.00	\$721.00
Innovation Care Partners Network HDHP Health Savings Account Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$94.00	\$635.00

[Confirm and Continue](#) [Cancel](#)

Health Care Instructions (A)

General Instructions

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

If adding a dependent, elect dependents shown or click Add New Dependent if the dependent you would like to add is not listed. To add a dependent to coverage, you must submit eligible documentation within 30 days of event.

- The plan selected in the prior step will populate in the header. Review the **Coverage (A)** and Plan cost per paycheck selected. Review **General Instructions (B)**. Choose to **Add New Dependent (C)** and existing **Dependents (D)** can be confirmed or removed by *Selecting* or *de-selecting* the check the box.

Select **Save** to continue.

Medical - Innovation Care Partners Network EPO Coordinated Care Plan

Projected Total Cost Per Paycheck
\$127.42

Dependents

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

Coverage ★ Employee + Child(ren) **A**

Plan cost per paycheck \$100.00

[Add New Dependent](#) **C**

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Adrianne Creed D	Child	09/21/2025

[Save](#) [Cancel](#)

Health Care Instructions

[Provider Website](#) [HonorHealth Benefit](#) **B**

General Instructions

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

If adding a dependent, elect dependents shown or click Add New Dependent if the dependent you would like to add is not listed. To add a dependent to coverage, you must submit eligible documentation within 30 days of event.

- You will return to the Open Enrollment screen, and a pop up message will display with directions **(A)**. The Medical card now displays **REVIEWED (B)**.

Open Enrollment

Projected Total Cost Per Paycheck
\$127.42

Enrollment Instructions

Select the appropriate benefit event in the Change Reason dropdown menu. Most qualifying life events require supporting documentation for Later, but your request and documentation must be submitted below for a list of acceptable documents. If you have questions, call 583-4588 or email employee.benefits@honorhealth.com.

Not for use for: Initiation of Marriage, Dissolution of Domestic Partnership, Update your dependent's relationship to Ex-Spouse or Ex-Domestic Partner. Go back to your profile. Click on Benefits then Manage.

Your Medical changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes. **A**

Health Care and Accounts

REVIEWED **B**

Medical

Innovation Care Partners Network EPO Coordinated Care Plan

Cost per paycheck \$100.00

[Review and Sign](#) [Save for Later](#)

Dental

Delta Dental PPO Buy-Up Plan

Cost per paycheck \$20.00

Coverage Employee Only

Vision

VSP PPO

Cost per paycheck \$7.42

Coverage Employee + Child(ren)

Dependents 1

- Continue to update the next plan by selecting the **Manage** hyperlink within the benefit card.

9. Next, open the Dental card. Review the **Plans Available** (A), read the **Health Care Instructions** (B) and the Benefit Plan selections (C).

We have decided to keep the same plan, but our current plan is *Employee Only*.

Select **Confirm and Continue**.

Dental

Projected Total Cost Per Paycheck
\$127.42

Plans Available (A)

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

3 Items

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Delta Dental PPO Base Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$11.00	\$5.00
Delta Dental PPO Buy-Up Plan	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$20.00	\$3.00
Delta Dental PPO Enhanced Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$25.00	\$1.00

Health Care Instructions (B)

General Instructions

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

If adding a dependent, elect dependents shown or click Add New Dependent if the dependent you would like to add is not listed. To add a dependent to coverage, you must submit eligible documentation within 30 days of event.

Confirm and Continue **Cancel**

10. The plan selected in the prior step will display in the header. The **Coverage** displays *Employee Only* (A).

To **ADD** an existing Dependent (B) *select* the checkbox next to their name (C).

To **REMOVE** an existing Dependent, *de-select* the checkbox.

To *Add a New Dependent* not listed, select **Add New Dependent**.

Select **Save** to continue and return to the Open Enrollment screen.

Dental - Delta Dental PPO Buy-Up Plan

Projected Total Cost Per Paycheck
\$150.42

Dependents

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

Coverage **Employee Only** (A)

Plan cost per paycheck \$20.00

Add New Dependent

1 Item

Select	Dependent
<input checked="" type="checkbox"/>	Adrienne Creed (B)

Save **Cancel**

Dental - Delta Dental PPO Buy-Up Plan

Projected Total Cost Per Paycheck
\$150.42

Dependents

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

Coverage **Employee + Child(ren)**

Plan cost per paycheck \$43.00

Add New Dependent

1 Item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Adrienne Creed (C)	Child	09/21/2025

Save **Cancel**

Health Care Instructions

General Instructions

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

If adding a dependent, elect dependents shown or click Add New Dependent if the dependent you would like to add is not listed. To add a dependent to coverage, you must submit eligible documentation within 30 days of event.

11. You will return to the Open Enrollment screen, and a pop up message will display (A). Since changes were made to this benefit plan; the card now displays **UPDATED** (B).

We added a Child to our Dental Plan; the Coverage displays **Employee + Child(ren)** (C).

Open Enrollment

Projected Total Cost Per Paycheck
\$150.42

Enrollment Instructions

Select the appropriate benefit event in the Change Reason dropdown menu. Changes must be entered within 30 days of the event.

Health Care and Accounts

REVIEWED Medical
Innovation Care Partners Network EPO
Coordinated Care Plan

Cost per paycheck \$100.00

Coverage Employee + Child(ren)

Dependents 1

[Manage](#)

UPDATED Dental (B)
Delta Dental PPO Buy-Up Plan

Cost per paycheck \$43.00

Coverage (C) Employee + Child(ren)

Dependents 1

[Manage](#)

Vision
VSP PPO

Cost per paycheck \$7.42

Coverage Employee + Child(ren)

Dependents 1

[Manage](#)

Health Savings Account
Waived

[Enroll](#)

Healthcare FSA
Waived

[Enroll](#)

Dependent Care FSA
Waived

[Enroll](#)

[Review and Sign](#) [Save for Later](#)

12. Continue through all other benefit plan cards.

Each card status will change as you return to the Open Enrollment page.

Updated = Changes were made within the plan.
Verify your selections.

Reviewed = Card has been opened. No changes were made.

A coverage type that has not been opened or has been waived will display **Waived**.

Plans that have never been enrolled in will display **Enroll** vs **Manage** to open the card.

UPDATED Dental
Delta Dental PPO Buy-Up Plan

Cost per paycheck \$43.00

Coverage Employee + Child(ren)

Dependents 1

[Manage](#)

REVIEWED Medical
Innovation Care Partners Network EPO
Coordinated Care Plan

Cost per paycheck \$100.00

Coverage Employee + Child(ren)

Dependents 1

[Manage](#)

- Once each coverage type has been addressed, select **Review and Sign** or **Save for Later** to come back to the selections.

Open Enrollment

Projected Total Cost Per Paycheck
\$150.42

Enrollment Instructions

Select the appropriate benefit event in the Change Reason field and enter the date the change occurred. Some changes may not be backdated and others must be entered within 30 days of the event. Major life events require supporting documentation. Please attach supporting documentation for your request before clicking Submit. If you do not have documentation, you can click Save for Later.

Health Care and Accounts

Benefit Type	Plan	Cost per paycheck	Coverage	Employee + Child(ren)	Dependents
REVIEWED	Medical Innovation Care Partners Network EPO Coordinated Care Plan	\$100.00	Review and Sign	Save for Later	Child(ren)
UPDATED	Dental Delta Dental PPO Buy-Up Plan	\$43.00	Coverage	Employee + Child(ren)	Dependents
	Vision VSP PPO	\$7.42	Coverage	Employee + Child(ren)	Dependents

Important:

Selections that are not addressed by November 15th will automatically enroll in what was on file. If the Save for Later button was selected, whatever changes were made will be used for Open Enrollment.

If you are currently enrolled in an FSA plan, this will NOT roll over, you will need to re-enroll in this plan type.

Once Open Enrollment closes, the only way to change a selection will be from a Life Event Change or the following Open Enrollment season.

- Take a moment in the View Summary page.

Projected Total Cost Per Paycheck (A)

Selected Benefits (B)

Waived Benefits (C)

Total Benefits Cost (D)

View Summary

Projected Total Cost Per Paycheck
\$150.42

Review your elections below for accuracy and scroll to review any messages and errors as well as the Total Benefits Cost. Some of your supplemental benefits such as VOYA will not show on your benefit statement, but will show on your pay slip. You will need to complete your beneficiary enrollments before submitting your changes.

Selected Benefits 3 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Innovation Care Partners Network EPO Coordinated Care Plan	09/21/2025	09/21/2025	Employee + Child(ren)	Adrianne Creed		\$100.00
Dental Delta Dental PPO Buy-Up Plan	01/01/2026	01/01/2026	Employee + Child(ren)	Adrianne Creed		\$43.00
Vision VSP PPO	09/21/2025	09/21/2025	Employee + Child(ren)	Adrianne Creed		\$7.42

Waived Benefits 6 items

Benefit Type	Status
Health Savings Account	Waived
Healthcare FSA	Waived
Dependent Care FSA	Waived
Limited Purpose FSA	Waived
Financial Planning	Waived
Prepaid Legal Services	Waived

Total Benefits Cost 1 item

Category	Company Contribution	Employee Cost	Net Cost
	\$68.00	\$150.42	\$150.42

15. Scroll to the bottom of the **View Summary** page, include any **Attachments** needed (A), read the **Electronic Signature** portion (B) of the form, select the **I Accept** checkbox (C) to provide an electronic signature, confirming your changes.

When you are confident your changes are complete, select **Submit** (D).

View Summary

Projected Total Cost Per Paycheck
\$150.42

Attachments A

Drop files here
or
[Select files](#)

Electronic Signature B

Legal Notice: Please Read
Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

I Accept ☐ C
enter your comment

Process History
Apollo Creed
Change Benefits for Open Enrollment – Awaiting Action

[Submit](#) [Cancel](#) D

16. You have submitted your elections!
Select **Done** to complete the task and return to your home page.

Submitted

You've submitted your elections.

Legal Notice: Please Read
Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.

You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.

You understand that you will not pay income tax or FICA tax on medical, dental, vision, Flexible Spending Account, and Health Saving Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.

Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.

Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.

If you decline insurance enrollment for yourself or your dependents, including your spouse, because of other insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 30 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 30 days after the marriage, birth or adoption.

Important Dates:
Benefits go into effect 01/01/2026
Final day to update benefits 11/15/2025

[View 2026 Benefits Statement](#)

[Done](#)