

Benefits Enrollment

Two days after your Date of Hire, a task will be automatically created within Workday that will allow you to **enroll in benefits**. Before enrolling, you must complete the initial set of onboarding tasks that have been assigned to you. Once you have completed all the initial onboarding tasks, two new onboarding tasks will appear in your Inbox.

1. Click on the **Benefit Change – New Hire** inbox item from your Workday homepage.



2. You will be prompted to start with **Step 1** of your Benefit Elections. Click **Elect** or **Waive** under the **Health Care Elections** plans that you wish to elect or waive. You may also **Enroll Dependents**, if applicable, by selecting existing dependents from the drop down menu. Note that the **Total Cost** in the top-right hand corner will update based on the amounts entered.



Please note that the Benefit Department must approve your dependent(s) before they will appear as an option to enroll in benefit elections. Please see the [Manage Your Dependents](#) Quick Reference Guide for more information regarding how to create or edit your dependent(s).

Change Benefit Elections
New Hire for Little Bo-Peep - Step 1 of 8 (Active)

Event Date: 03/27/2020
Initiated On: 05/11/2020
Submit Elections By: 04/25/2020
4 minute(s) ago - Due 05/18/2020, Effective 03/27/2020

Total Cost: \$83.93 Biweekly Cost
Total Credits: \$0.00 Biweekly Credit
Total Employee Net Cost/Credit: \$83.93 Biweekly Cost

Health Care Elections: 7 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Biweekly)	Employer Contribution (Biweekly)	Benefit Credit (Biweekly)
Medical - UMR Consumer Choice Advantage	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Medical - UMR Consumer Choice Basic	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Medical - UMR Consumer Choice Value	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	X Sheriff Woody	Employee + Spouse	\$83.93	\$230.88	0.00
Dental - MetLife DPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Vision - MetLife VIS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Voluntary Accident Coverage - Unum	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
Voluntary Hospital Indemnity - Unum	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00
				\$83.93	230.88	\$0.00

3. Once finished, click **Continue** to move to Step 2, or **Save for Later** to complete at a later time.

Continue

Save for Later

Cancel

4. In **Step 2, Elect** or **Waive** contributions to the **Health Savings Account** plan. If you click **Elect**, you must fill out the **“How much do you want to contribute for the total year?”** field. The **“How much do you want to contribute per paycheck (Biweekly)?”** field will autofill based on the number of payroll deductions remaining. Note that the **Total Cost** in the top-right hand corner will update based on the amounts entered.

Total Cost: \$163.28 Biweekly Cost
Total Credits: \$0.00 Biweekly Credit
Total Employee Cost/Credit: \$163.28 Biweekly Cost

If you complete your wellbeing survey through the Empower Portal within 30 days of hire or becoming benefit eligible, Nebraska Medicine will make an employer contribution to your HSA. The full annual contribution is \$500 single and \$1,000 family. This amount will be prorated based on date of hire or becoming benefit eligible. Remember to take the employer funding amount in consideration when determining your contributions.

2020 annual contribution limit for individual coverage: \$3,550
2020 annual contribution limit for family coverage: \$7,100
Additional catch-up contribution for those 55+ \$1,000

> **Health Savings Account Plan Dependencies**

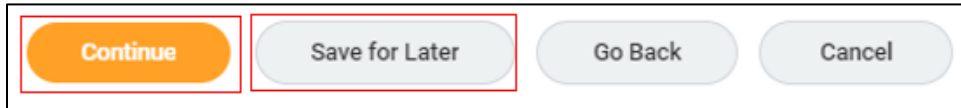
Health Savings Election: 1 item

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
Health Savings Account - Optum Bank Lifestyle Credit 0	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year: 19 Your estimated contributions made this year: 0.00 <input type="text" value="750.00"/> How much do you want to contribute for the total year? <input type="text" value="39.47"/> How much do you want to contribute per paycheck (Biweekly)?	Maximum Contribution (Annual): \$999,999.00



Please note this will only appear as an option if you have elected for the *Medical – UMR Consumer Choice Value* or *Medical – UMR Consumer Choice Advantage* plans in Step 1. If you have elected for the *Medical – UMR Consumer Choice Basic* plan, Workday will automatically waive the Health Savings Elections and the form will appear greyed out.

- Once finished, click **Continue** to move to Step 3, or **Save for Later** to complete at a later time.

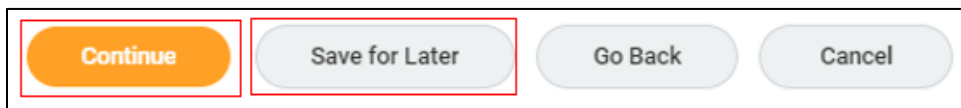


- In **Step 3, Elect** or **Waive** contributions to the **Spending Account** plans. If you click **Elect**, you must fill out the **“How much do you want to contribute for the total year?”** field. The **“How much do you want to contribute per paycheck (Biweekly)?”** field will autofill based on the number of payroll deductions remaining. Note that the **Total Cost** in the top-right hand corner will update based on the amounts entered.



The Healthcare FSA – UMR plan is not an option if you have elected the *Medical – UMR Consumer Choice Value* or *Medical – UMR Consumer Choice Advantage* plans in Step 1. **Please note** that you must enter an amount of \$260 or greater (Minimum Contribution amount) in the **“How much do you want to contribute for the total year?”** fields

- Once finished, click **Continue** to move to Step 4, or **Save for Later** to complete at a later time.



8. In **Step 4**, complete the **Health Information** section by indicating if you have used tobacco in any form in the past 12 months.

Health Information

Tobacco Use

Question Have you used tobacco in any form in the past 12 months?

Answer * Yes No

9. In the **Insurance Elections** section, indicate whether you would like to **Elect** or **Waive** each of the different **Benefit Plans**. If you click **Elect**, input the appropriate **Coverage Level** and identify the dependent(s) using the **Covers Dependents** field, as required. Note that the **Total Cost** will update in the top right-hand corner as you update your contribution.

Insurance Plan Dependencies and Coverage Limitations				Total Cost \$163.28 Biweekly Cost	Total Credits \$0.00 Biweekly Credit	Total Employee Net Cost/Credit \$163.28 Biweekly Cost	
Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Biweekly)	Employer Contribution (Biweekly)	Benefit Credit (Biweekly)
Basic Life and AD&D - Reliance Standard Full-Time (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1 X Salary		\$70,000.00		\$1.78	0.00
Short Term Disability - Reliance Standard (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary		\$807.69			0.00
Basic Long Term Disability - Reliance Standard Basic (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary		\$3,500.00		\$6.46	0.00
Supplemental Long Term Disability - Reliance Standard Supplemental Full-Time (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00
Supplemental Life and AD&D - Reliance Standard Full-Time (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00
Spouse Life and AD&D - Reliance Standard (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00



Please note that Workday will automatically elect the *Basic Life and AD&D – Reliance Standard Full-Time or Part Time (Employee)*, *Short Term Disability – Reliance Standard (Employee)* and if you are full-time the *Basic Long Term Disability – Reliance Standard Basic (Employee)* plans for you and will appear greyed out.

10. Once finished, click **Continue** to move to Step 5, or **Save for Later** to complete at a later time.

Continue


Save for Later


Go Back


Cancel

11. **Step 5** presents you with your **Retirement Savings Elections**. Workday will automatically elect this for you and the fields will appear greyed out. Click **Continue** to move to Step 6, or **Save for Later** to complete at a later time.

Benefit Plan	*Elect / Waive	Employer Contribution
401(a) - Prudential Base	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Percent 3

12. In **Step 6**, add any **Beneficiary Designations**. Click the **Add Row** icon () to insert a row to add a beneficiary. Under **Beneficiary**, you may add **Beneficiary Persons, Trusts** or **Create** a beneficiary. Refer to the **Manage Your Beneficiaries** Quick Reference Guide for more information. In the **Primary Percentage/Contingent Percentage** column, indicate whether you are designating a **Primary Percentage** or a **Contingent Percentage** and enter the percentage amount.

Benefit Plan	Requires Beneficiary	*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life and AD&D - Reliance Standard Full-Time (Employee)	<input checked="" type="checkbox"/>		
		<input type="text" value="X Sheriff Woody ..."/>	<input checked="" type="radio"/> Primary Percentage <input type="text" value="0"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>



Please note that:

- 1) You must provide a beneficiary for each benefit plan
- 2) Primary percentage(s) for each benefit plan must equal or add up to 100%
- 3) If you have multiple beneficiaries under the same type of percentage (primary or contingent), percentages must equal to 100%.

13. Once finished, click **Continue** to move to Step 7, or **Save for Later** to complete at a later time.

14. In **Step 7, Elect or Waive Additional Benefits Elections** for the **Legal – MetLife** plan. If you click **Elect**, select **Metlaw** or **Metlaw + FraudScout Coverage**. Note that the **Total Cost** in the top-right hand corner will update based on the amounts entered.

Providing coverage in key benefit areas, voluntary benefits offer additional financial security. The premiums are payable through the convenience of payroll deductions. You can customize your coverage by choosing from a range of plans that offer a combination of benefits and features, helping to secure your insurance needs.

Auto/Home and Pet Insurance - The Auto/Home and Pet Insurance program allows you to receive no-obligation quotes from MetLife. To enroll in Auto/Home and or Pet Insurance call 1-800-438-4388 or go to www.metlife.com/nebraskamedicine

MetLife Legal Plan - Hyatt Group Legal Services - The MetLaw Plan provides you, your spouse and dependents with covered legal services from attorney experienced in estate planning documents, civil suite, adoption, identity theft issues and much more. You can consult with an attorney by phone or in person. MetLaw plus FraudScout includes the MetLaw Plan plus identity monitoring and protection services through CyberScout, LLC.

Additional information and a list of covered services is available on MyHR under MyBenefits. Your enrollment election remains in effect for the entire benefit plan year as long as you remain benefit eligible. Please note that the MetLife Legal Plan coverage cannot be dropped mid-year, even if you have a qualifying life event change. Coverage can be dropped or changed during the next annual enrollment period.

Whole Life Insurance - UNUM - While life insurance protects your family for an entire lifetime. Coverage is available for colleagues, colleague's spouse and/or colleague's children. Please visit with a Benefit Communication Specialist to enroll in Whole Life Insurance Coverage.

Additional Benefits Elections 1 Item

Benefit Plan	*Elect / Waive	Coverage	Amount (Biweekly)	Percent	Employee Cost (Biweekly)	Employer Contribution (Biweekly)	Benefit Credit (Biweekly)
Legal - MetLife	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	MetLaw	0.00	0	\$7.62		
					7.62	0	0

Total Cost: \$214.55 Biweekly Cost | Total Credits: \$0.00 Biweekly Credit | Total Employee Net Cost/Credit: \$214.55 Biweekly Cost

15. Once finished, click **Continue** to move to Step 8, or **Save for Later** to complete at a later time.

Continue | Save for Later | Go Back | Cancel

16. In **Step 8**, review the information for your **Elected Coverages** and the **Total Cost**. Scroll down to view **Waived Coverages**, **Beneficiary Designations** and to add any **Attachments**.

Elected Coverages 10 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Biweekly)	Employer Contribution (Biweekly)	Benefit Credit (Biweekly)
Medical - UMR Consumer Choice Basic	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$153.37	\$358.95	
Dental - MetLife DPO	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$22.77	\$9.31	
Vision - MetLife VIS	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$9.42		
Voluntary Accident Coverage - Unum	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$7.69		
Healthcare FSA - UMR	04/01/2020	04/01/2020	\$260.00 Annual				\$13.68		
Basic Life and AD&D - Reliance Standard Full-Time (Employee)	04/01/2020	04/01/2020	1 X Salary	\$70,000.00		Sheriff Woody		\$1.78	
Short Term Disability - Reliance Standard (Employee)	04/01/2020	04/01/2020	60% of Salary	\$807.69					
Basic Long Term Disability - Reliance Standard Basic (Employee)	04/01/2020	04/01/2020	60% of Salary	\$3,500.00					\$6.46
401(a) - Prudential Base	03/27/2020	03/27/2020							
Legal - MetLife	04/01/2020	04/01/2020	MetLaw + FraudScout Coverage				\$8.65		
Total:							\$215.58	\$376.50	

Total Cost: \$215.58 Biweekly Cost | Total Credits: \$0.00 Biweekly Credit | Total Employee Net Cost/Credit: \$215.58 Biweekly Cost

17. Review the **Legal Notice** in the **Electronic Signature** section. If you agree, click **I Agree** to give your electronic signature.

Electronic Signature

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 have reviewed and understand the terms of the employee benefit plans sponsored and maintained by Nebraska Medicine and in which you are a participant (hereinafter referred to as the "Plans").
- Any previous election and agreement under the Plans relating to the same benefits options elected above, including any prior election form or salary reduction agreement, is hereby rescinded.
- You understand and approve the enrollment as indicated above. You hereby authorize Nebraska Medicine to deduct from your earnings each pay period, until your election is amended or terminated, the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Federal Reserve Code regulations rules, you may not change or revoke your benefit elections during the calendar year unless you experience a qualified change in status as defined in the Plans.
- You understand that you will not pay income tax or FICA tax on your contributions to the medical, dental, vision, and Flexible Spending Account plans. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis. This means that your Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.
- Company-provided life insurance that exceeds \$50,000 may be subject to insured income.
- Each calendar year, during the annual enrollment period, you will have the option to elect, change, or revoke certain coverages whether or not you have had a qualified change in status event during such calendar year. If you do not complete and return a new election form or salary reduction agreement at that time, your current elections will carry over into the next calendar year beginning January 1.
- 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 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.

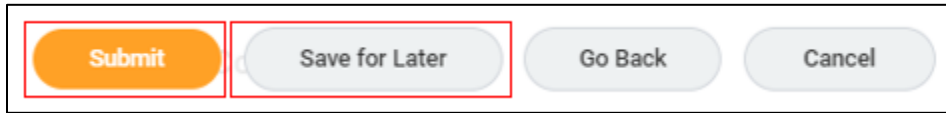
If electing accident or hospital indemnity coverage, I am confirming that I am actively at work. If electing spouse coverage, I am also confirming that my spouse currently lives in the U.S.

If electing critical illness coverage, I confirm I have received and read the linked or previously provided enrollment materials, including statements regarding eligibility for coverage, possible delayed effective dates, benefit provisions, costs, exclusions, limitations, terminations and benefit reductions, offsets and any required outlines of coverage and I acknowledge and agree to them.

Furthermore, I confirm that I have reviewed all required legal and compliance documents.

I Agree

18. Once you have finished reviewing, click **Submit** or **Save for Later** to complete at a later time.



19. Upon successful completion, you will be brought to a **Submit Elections Confirmation** page detailing your **Elected Coverages**, **Waived Coverages**, **Beneficiary Designations** and **Electronic Signature**. Click the **Print** button to download a PDF of the confirmation for your records. When you are finished, click **Done** to be automatically redirected to your **Workday Inbox**.

Submit Elections Confirmation
[New Hire for Little Bo-Peep](#) (Actions)

Initiated On: 05/11/2020
 Submit Elections By: 04/25/2020
 Event Date: 03/27/2020

4 minute(s) ago - Due 05/18/2020; Effective 03/27/2020

Total Employee Cost/Credit
\$215.58 Biweekly Cost

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

Elected Coverages 10 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Biweekly)	Employer Contribution (Biweekly)	Benefit Credit (Biweekly)
Medical - UMR Consumer Choice Value	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$83.93	\$230.88	
Dental - MetLife DPO	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$22.77	\$9.31	
Vision - MetLife VIS	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$9.42		
Voluntary Accident Coverage - Unum	04/01/2020	04/01/2020	Employee + Spouse		Sheriff Woody		\$7.69		
Healthcare FSA - UMR	04/01/2020	04/01/2020	\$250.00 Annual				\$13.68		
Basic Life and AD&D - Reliance Standard Full-Time (Employee)	04/01/2020	04/01/2020	1 X Salary	\$70,000.00		Sheriff Woody		\$1.78	
Short Term Disability - Reliance Standard (Employee)	04/01/2020	04/01/2020	60% of Salary	\$807.69					
Basic Term Life - Reliance Standard (Employee)	04/01/2020	04/01/2020	60% of Salary	\$3,000.00					

Print **Done**