


OPEN ENROLLMENT STEPS



Once a year, open enrollment allows you to update your benefit elections. During this period, you will receive a task in your Inbox. Based on your organization's configuration, approvals may be necessary to complete this task. Review this job aid for steps on completing your open enrollment.

SELECT YOUR BENEFITS

From your Home page:

1. Click the **Inbox**  icon.
2. Click the **Open Enrollment Change** task.
3. Click **Let's Get Started**.
4. Click **Manage** to update your medical elections. Click **Enroll** if you are not currently enrolled in a plan.

Health Care and Accounts

 Medical Harvard PPO	 Dental Blue Cross Blue Shield DEN Enhanced
Cost (Monthly) \$528.97	Cost (Monthly) \$91.81
Coverage Family	Coverage Family
Dependents 2	Dependents 2
Manage	Manage

5. Choose **Select** or **Waive** for each Medical election. Your current elections default.
6. Modify your coverage, if needed.
7. Click **Confirm and Continue**.

ADD DEPENDENTS

If you select or modify a benefit plan during open enrollment, you can also add dependents.

After clicking **Confirm and Continue** in the previous step:

1. If a dependent already exists, they are selected automatically.

Dependents

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

Coverage * EE + 1 Dependent

Plan cost (Monthly) \$186.00

[Add New Dependent](#)

1 item ☰ ☐ ↗

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Jianyu Liu	Spouse	02/18/1959

2. Click the **Add New Dependent** button to add a new dependent. Complete all required information.

MODIFY DEPENDENTS

From the Dependents section for medical elections:

1. Select the **checkbox** next to the name of your dependents.
2. Click **Save**.

Medical - Harvard HMO

Projected Total Cost (Monthly) \$228.76

Dependents

Designate the Provider ID (Primary Care Physician) for any covered dependents based on your health care elections. Select the Provider website link to find the doctor's Provider ID.

Coverage * Employee

Plan cost (Monthly) \$228.76

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth	Provider ID
<input type="checkbox"/>	Jianyu Liu	Spouse	02/18/1959	
<input type="checkbox"/>	Henry Liu	Child	12/25/2017	

Your Provider ID

Designate the Provider ID (Primary Care Physician) for yourself based on your health care elections. Select the Provider website link to find your doctor's Provider ID.

Health Care Instructions

Provider Website Harvard

General Instructions

- Please make your benefit selections.
- If you do not make a change to this benefit election, your current election will carry over through the next plan year.
- **Once you have made all of your elections please ensure to click "Review and Sign" on the Open Enrollment home screen to finalize all of your elections.**

Please note:







- **All open enrollment elections will be effective July 1, 2023.**
- You will be asked to supply a Social Security Number for all of your dependents, please have that information available.
- The next opportunity you will have to change your benefit elections is within 30 days of experiencing a qualifying life event or during next year's open enrollment. Additional information can be found about [qualifying life events](#) on the Benefits website.
- As you select benefits and make enrollment selections in Workday, you will notice your monthly total adjusting.

Visit the [Benefits website](#) for a Summary of Benefits Coverage (SBC) that outlines the benefits coverage.

Use the Add New Dependent to create dependents you wish to cover under your Health plans. You will see the Coverage automatically change based on your selection of Dependents to cover. Some combinations are not supported for Coverage, for example Ex-Spouse and Spouse, or Ex-Spouse and Domestic Partner. Please reselect your Dependents combination if Coverage

GO THROUGH EACH BENEFIT ELECTION YOU WANT TO NEWLY ELECT, NEWLY CANCEL OR MODIFY




Health Care and Accounts

 Medical Waived Enroll	 Dental Waived Enroll	 Vision Waived Enroll
 HSA Waived Enroll	 Medical FSA Waived Enroll	 Limited Purpose FSA Waived Enroll

ENSURE TO DESIGNATE LIFE INSURANCE BENEFICIARIES

If your life insurance plan requires beneficiaries, the option to add primary and secondary beneficiaries will appear. This means that you must designate one or more beneficiaries for each plan.

From the Beneficiaries section:

1. Click **Manage** in the Group Term Life box
2. Click Confirm and Continue and review your beneficiaries on the next screen. If you need to add/change a beneficiary please see below instructions.
3. Click the **Add Row**  icon to add a beneficiary.
4. Click the **prompt**  icon in the Beneficiary field to select from a list of existing beneficiaries. Or, select **Add New Beneficiary or Trust** to add a new beneficiary. To remove a beneficiary, click the **Remove Row**  icon next to that beneficiary.
5. Enter the percentage of benefits for each beneficiary in the Percentage column.

6. Click **Save**.

Basic Group Life - Liberty Mutual (Employee)

Projected Total Cost (Monthly)
\$421.00
Projected Total Credits
\$55.50

Coverage

Coverage \$75,000

Calculated Coverage \$75,000.00

Plan cost (Monthly) Included

Insurance Instructions

Plan Description [Liberty Life Insurance Summary](#)

Provider Website [Liberty Mutual](#)

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
<input type="text" value="Jianyu Liu"/>	<input type="text" value="100"/>

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save
Cancel

ADD ADDITIONAL BENEFITS IN THE VOLUNTARY LIFE AND ADD SECTION, SPOUSE LIFE AND/OR CHILD LIFE

These sections are where you can elect optional life coverage at an additional cost.

From the Additional Benefits section:

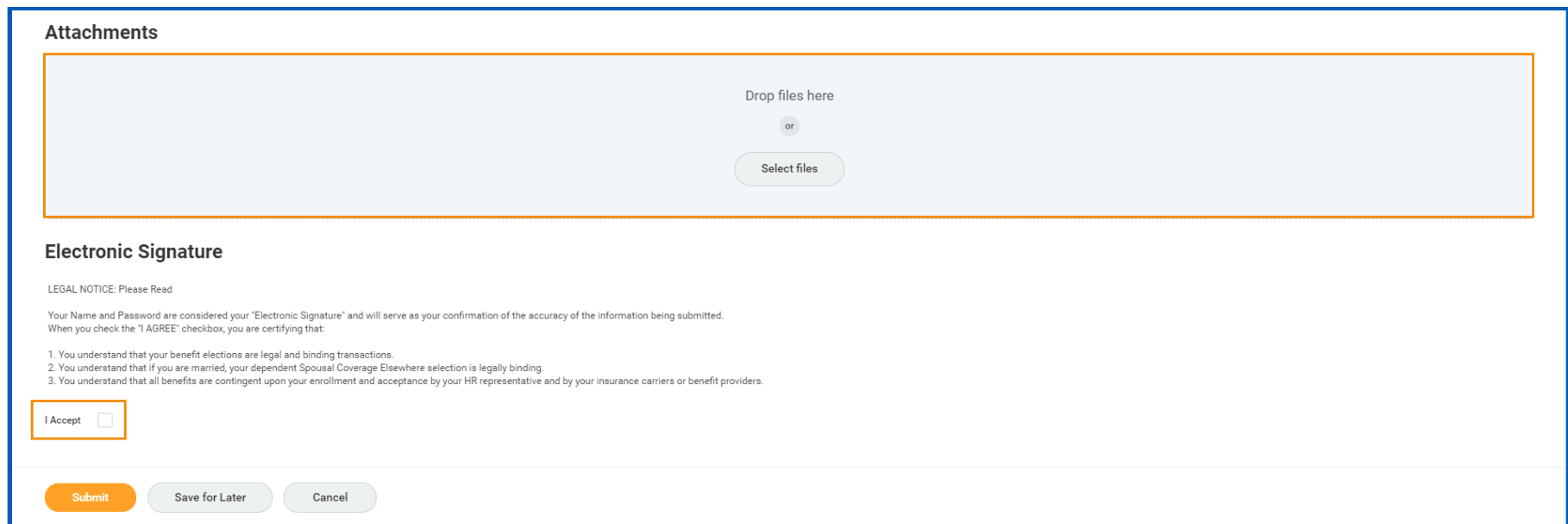
1. Click **Manage** or **Enroll** for each additional benefit you would like to enroll in.
2. Click **Select or Waive** and then **Confirm and Continue** at bottom of page
3. If new electing coverage or increasing/decreasing coverage, ensure to enter a **Coverage Amount** at the top of the page
4. Review your elections for accuracy and update any Beneficiaries as needed
5. Click **Save**.

REVIEW BENEFITS LISTED UNDER “ADDITIONAL BENEFITS”, THESE ARE SIMMONS SPONSORED BENEFITS. THEN REVIEW ALL YOUR BENEFITS FOR ANY ADDITIONAL CHANGES.

1. Click the **Review and Sign** button once completed.

COMPLETE YOUR ENROLLMENT

1. Select the **I Accept** checkbox to confirm your electronic signature, if required.



Attachments

Drop files here

or

Select files

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:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that if you are married, your dependent Spousal Coverage Elsewhere selection is legally binding.
3. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.

I Accept

Submit Save for Later Cancel

2. Click **Submit**. A confirmation page displays.
3. Click **Done** to complete the task. Optionally, click the **View 2023 Benefits Statement** button to view the benefits statement.
4. Click **Print** to generate a PDF version for your records.