You received a Workday Inbox item on November 1st for an “Health (Newly Eligible - NWH/UWP Conversion).” Review the important text at the top of the page before you proceed down to the elections area.

PRO TIP
Use the arrow button at the top right of the table to make this table full screen. This will be an easier way to view and fill out the form.

WHAT YOU’LL SEE
You will see the elections related to your enrollment in this table. This decision tree will take you through all choices you can make.

Feel free to skip around by focusing on “Major Decision Points” throughout this document.

NAVIGATION
These four columns will be your primary focus while making changes and decisions.

MAJOR DECISION POINT AHEAD! KEEP SCROLLING.
Are you enrolling in or declining medical coverage?

Declining

You may only waive medical coverage if you are covered by another employer-based group medical insurance, TRICARE or Medicare. Even if you decline medical coverage, you will still need to make some other decisions. We’ll show you how to do that next.

Enrolling

Are you enrolling yourself, or yourself and your dependent(s)?

WHO WILL YOU COVER?

Just me

MEDICAL COVERAGE?

ME & my dependent(s)

WHO WILL YOU COVER?

Are you enrolling yourself, or yourself and your dependent(s)?

JUST ME

Step 1: Medical Plan
A. In the Benefit Plan column, find the plans that begin with “Medical.”
B. Select the Elect option in the Elect/Waive column next to the plan you want.

Note: This will auto-waive all of the other medical plans.

Step 2: Spousal Surcharge
A. In the Benefit Plan column, find the “Spouse or State-Registered Domestic Partner (Partner) Premium Surcharge - PEBB - Does this apply to you?” This must be set to Elect. Even though it is just you, you will need to attest here.
B. In the Coverage column, select “No. I have not enrolled a spouse or state-registered domestic partner (partner) in medical coverage.”

Step 3: Tobacco surcharge
A. In the Benefit Plan column, find the “Tobacco - PEBB Required Attestation” line item that is auto-elected.
B. In the Coverage column, select the correct response:
   - “Yes; I’ve recently used tobacco.”
   - “Or, “No; no one covered on my medical plan has recently used tobacco.”

How to decline medical coverage

To decline medical coverage, you must complete all three steps below:

Step 1
A. In the Benefit Plan column, find “Medical - PEBB Decline Medical Coverage.”
B. Select the Elect option in the Elect/Waive column. This means you are electing to decline medical coverage.
C. In the Coverage column, select “Not Applicable - Declined Medical Coverage.”

Note: This will auto-waive all of the medical plans.

Step 2
A. In the Benefit Plan column, find “Spouse or State-Registered Domestic Partner - (Partner) Premium Surcharge - PEBB - Does this apply to you?”
B. Select the Elect option in the Elect/Waive column.
C. In the Coverage column, select “Not Applicable – Declined Medical Coverage.”

Step 3
A. In the Benefit Plan column, find the “Tobacco - PEBB Required Attestation” line item that is auto-elected.
B. In the Coverage column, select “N/A; waived medical coverage.”

SEE ME & MY DEPENDENT(S) ON THE NEXT PAGE!
KEEP SCROLLING. :)

SKIP AHEAD TO MAJOR DECISION POINT #2 (DENTAL COVERAGE)
ME + MY DEPENDENT(S)

Step 1: Medical Plan
A. In the Benefit Plan column, find the plans that begin with “Medical.”
B. Select the Elect option in the Elect/Waive column next to the plan you want.
C. To add dependent(s): In the Enroll Dependents column, select the white box and select the menu icon on the right of the box. For more help on this, we recommend checking out our dependent verification page: https://isc.uw.edu/your-benefits/dependent-verification/
   ➞ From the white box, select Add My Dependent From Enrollment. Finish the Add My Dependent process and return to your enrollment elections to see that they have been added as a dependent in the line plan you were working on.

IMPORTANT: Each time you select a different medical plan, you will need to re-add dependents from Existing Dependents, so be sure you are careful as you make changes on this page.

Step 2: Spousal Surcharge
A. In the Benefit Plan column, find the “Spouse or SRDP (Partner) Surcharge - PEBB - Does this Apply to You?” plan.
B. You will need to attest here even if it’s just you.
C. In the Coverage column, select the most correct response from the list.

Step 3: Tobacco Surcharge
A. In the Benefit Plan column, find the “Tobacco - PEBB Required Attestation” line item that is auto-elected.
B. In the Coverage column, select the most correct response from the list.
C. If you chose one of the options below in the last step, you will need to select which dependent(s) have used tobacco in the Enroll Dependents column.
   1. Yes; my covered family member(s) and I have recently used tobacco.
   2. Yes; my covered family member(s) have recently used tobacco.

YOU’RE NOT DONE YET!
MAJOR DECISION POINT #2
(DENTAL COVERAGE) AHEAD.
KEEP SCROLLING.
Dental coverage cannot be waived. Are you enrolling yourself, or you and your dependent(s)?

**JUST ME**

1. In the Benefit Plan column, find the plans that begin with “Dental.”
2. Select the Elect option in the Elect/Waive column next to the plan you want.

**ME & MY DEPENDENTS**

1. In the Benefit Plan column, find the plans that begin with “Dental.”
2. Select the Elect option in the Elect/Waive column next to the plan you want.
3. To add dependent(s): In the Enroll Dependents column, select the white box and select the menu icon on the right of the box.

   - If the dependent has already been added to medical, select “Existing Dependents” to view who you have already added and select each name you want on your plan.
   - If the dependent is new, from the white box select Add My Dependent From Enrollment. Finish the Add My Dependent process and return to your enrollment elections to see that they have been added as a dependent in the line plan you were working on.

**IMPORTANT:** Each time you select a different dental plan, you will need to re-add dependents from Existing Dependents, so be sure you are careful as you make changes on this page.

In Workday, minimize full screen mode if you opened it, select continue, and move to major decision point #3 (HSA) on the next page.
MAJOR DECISION POINT #3:
HEALTH SAVINGS ACCOUNT (HSA)

CDHP?
Was the medical plan you chose in the first step a CDHP plan?

No, it was not a CDHP plan.
SELECT CONTINUE. NON-CDHP PLANS ARE INELIGIBLE FOR HSAs.

Yes

ENROLL/CONTRIBUTE?
Do you wish to make an employee contributions to an HSA account with your CDHP plan?

Yes

ENROLL IN HSA
1. Select elect next to the option that applies to you:
   - Amount for the total year
2. Enter a contribution that is either:
   - Amount for the total year
   - Amount per paycheck (semimonthly)

Note: When you fill in one of the options above, the other auto-populates.

No

EMPLOYER CONTRIBUTION ONLY
1. Select Elect next to the option that applies to you.
2. Enter $0.00 into the contribution field. Employer HSA contributions will still occur.

SELECT CONTINUE, AND MOVE TO MAJOR DECISION POINT #4 (FSA) ON THE NEXT PAGE.
Was the medical plan you chose in the first step a CDHP plan?

Yes

CDHP AGAIN?

No, it was not a CDHP plan.

MEDICAL FSA

That means you qualify for a Medical FSA if you want. Do you want to enroll/contribute to one?

Yes

Yes

SELECT CONTINUE, AND MOVE TO MAJOR DECISION POINT #5 (DCAP) ON THE NEXT PAGE.

No

WAIVE MEDICAL FSA

The IRS does not allow CDHP plan holders to enroll in Medical FSAs. Select Waive next to Medical FSA.

ENROLL IN FSA

1. Select Elect next to the Medical FSA – Navia Benefit Solutions.
2. Enter a contribution that is either:
   - Amount for the total year
   - Amount per paycheck (semimonthly)

Note: When you fill in one of the options above, the other auto-populates.
MAJOR DECISION POINT #5:

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

**DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)?**

Do you wish to enroll in and contribute to the Dependent Care Assistance Program?

- **Yes**

  **ENROLL IN DCAP**
  
  1. In the Benefit Plan column, select Elect next to the Dependent Care Assistance Program – Navia Benefit Solutions option.
  2. Enter a contribution that is either:
     - Amount for the total year
     - Amount per paycheck (semimonthly)

  **Note:** When you fill in one of the options above, the other auto-populates.

- **No**

  **WAIVE DCAP**
  
  Select Waive next to the DCAP option.

**SELECT CONTINUE, AND MOVE TO MAJOR DECISION POINT #6 (LTD) ON THE NEXT PAGE.**
MAJOR DECISION POINT #6:

OPTIONAL LONG-TERM DISABILITY (LTD) INSURANCE

**OPTIONAL LONG-TERM DISABILITY (LTD) INSURANCE?**

Do you wish to enroll in Optional LTD?

Yes

**ENROLL IN LTD**

1. In the Benefit Plan Column, find “Optional LTD – The Standard” and select Elect under the Elect/Waive Column.
2. In the Coverage column, select the Waiting Period that you would like for your Optional LTD coverage. The Waiting Period determines the rate you pay for coverage.

No

**WAIVE LTD**

In the Benefit Plan Column, find “Optional LTD – The Standard” and ensure the Waive option is selected.

**ENROLL IN PEBB EMAIL SUBSCRIPTION SERVICE?**

Elect “PEBB – Email Subscribe/Unsubscribe to Service” to receive Email PEBB communications. If waived, paper PEBB communications will be sent.

UW employees are strongly encouraged to sign up for electronic delivery of all PEBB communications.

**SELECT CONTINUE, AND MOVE TO THE REVIEW AND ATTACH STEP ON THE NEXT PAGE.**
You’re almost done! You should now be at the Review page for Health (Newly Eligible—NWH/UWP Conversion). This page is long, we know. But it’s long for a reason! Some really vital, “hey you could mess things up or slow things down yourself if you don’t…” type of information is on this page. Please read everything carefully.

Make sure everything you signed up for is correct for each of the “Elected Coverages” options.

- Are the medical/dental plans elections correct?
- Did you enroll dependent(s) in all intended plan(s)?
- Is your LTD waiting period correct?
- Are your attestations correct?

If an alert is displayed, make sure to read and resolve the error, it’s likely going to prevent you from being able to submit your elections. If you need to change anything, simply use the “Go Back” button at the bottom of the page.

If you added a new dependent to your medical or dental plan, you must attach very specific proof of eligibility. Select the link to the right to understand what documents you need to attach. If you do not attach this proof, your newly added dependent(s) will not be enrolled. When you have your document(s) ready, select “Select files to attach your document(s).”

What do I need to attach? Click here to find out!

If you added a spouse to your coverage, you’ll also need to add the date of your marriage into the comments field below the “I agree” box.

Read and check the “I agree” box on the legal notice.

Click submit!!!

Please note: If you don’t submit your enrollment elections by 7p PST on November 27, you will have to wait until January 2020 to enroll and may have a gap in Life/LTD coverage.