Workday: New Hire Enrollment to Benefits

Rady Children's Health

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CHOC

Welcome to RCH!

As a benefits-eligible associate, you are eligible for RCH benefits. You will have 31 days from your hire date to enroll in benefits. Your benefits coverage starts on the 1st of the month following your hire date.

To learn about all the benefits RCH has to offer, visit the benefits website https://benefits.radychildrens.org/

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How to Enroll in Benefits in Workday

Step 1: Log in to Workday and find the benefit change Hire/Re-Hire task

Step 2: Click "Let's Get Started"

Step 3: Click "Enroll" to begin
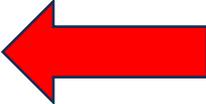
Step 4: Click "Select" to make your selection

Medical

Projected Total Cost Per Paycheck
$0.00

Projected Total Credits
$0.00

Plans Available

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

5 items

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Cigna HDHP 2000	○ Select ● Waive	$107.93	$276.22
Cigna HDHP 6000	○ Select ● Waive	$18.10	$236.46
Cigna HMO Full Network	○ Select ● Waive	$71.41	$302.56
Cigna HMO Select Network	○ Select ● Waive	$24.65	$312.75
Cigna PPO	● Select ○ Waive	$138.84	$366.56

Click "Confirm and Continue"

(Confirm and Continue)   (Cancel)

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8

Step 5: To add a dependent to the plan

Medical - Cigna PPO

Projected Total Cost Per Paycheck
$138.84

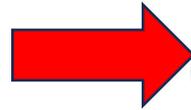Projected Total Credits
$0.00

Dependents

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

Coverage   * Employee Only

Plan cost per paycheck $138.84

Add New Dependent

Click "Add New Dependent"

Save   Cancel

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Step 6: Add a Dependent

Click "Create Dependent"

Then, click "OK"

Add My Dependent From Enrollment Choco Bear (123456) ⋯

○ Use an Existing Beneficiary or Emergency Contact [   ] ☰

● Create Dependent

Use as Beneficiary ☐

To find information about CHOC Benefits Plans and Programs go to:
http://benefits.choc.org

[OK] (Cancel)

below.

lans, you may als
in the Health Sav

nt that works with

penses.
enses and may or
ses for qualifying

ny as dependents on your federal tax return or 2) spouse or dependents of a
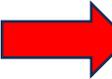and who qualify as dependents on your Federal tax return.

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☺ CHOC

Step 7: Enter the required fields marked with an asterisk (*)

Add My Dependent From Enrollment

Name

Country * | × United States of America
Prefix |
st Name * |
Middle Name |
st Name * |
Suffix |

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

(Add)

Address

(Save) (Cancel)

Personal Information

Relationship * |
Date of Birth * | MM/DD/YYYY 📅
Age | (empty)
Gender * |
Full-time Student ☐
Student Status Start Date
Student Status End Date
Disabled ☐

Phone & Email

Then, click "Save"

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Step 8: Select the Dependent(s) to Enroll in Coverage

Medical - Cigna PPO ⚙️

Projected Total Cost Per Paycheck
$289.71

Projected Total Credits
$0.00

Dependents

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

Coverage   * Employee + Child(ren)

Plan cost per paycheck $284.00

[Add New Dependent]

Select the dependent you wish to enroll

1 item

Select	Dependent	Relationship	Date of Birth
☑	Daisy Duck	Child	11/04/2023

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers   1 item

Dependent	*Social Security Number
Daisy Duck	○ Social Security Number (SSN) [- -] ○ Reason SSN is Not Available [ ]

**Enter dependent's SSN if available.
Or, click "Reason SSN is Not Available"**

[Save]

Then, click "Save"

Health Care Instructions

General Instructions

When you select the Cigna HMO Select, HMO Full or PPO plans, you may also enroll in the Health Care Flexible Spending Account (FSA).
When you select the Cigna HDHP plan, you may also enroll in the Health Savings Account (HSA) and the Limited Purpose FSA.
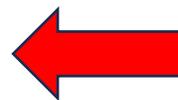
Definitions:
Health Savings Account (HSA) is a tax-free savings account that works with the Cigna HDHP plan to help you pay for the cost of out-of-pocket health care and pre-scription expenses.
Health Care FSA reimburses medical, dental, and vision expenses.
Limited Purpose FSA reimburses for dental and vision expenses and may only be used with the Cigna HDHP plan.
Dependent Care FSA reimburses for day/night care expenses for qualifying dependents which include 1) children under the age of 13 who qualify as dependents on your federal tax return or 2) spouse or dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your Federal tax return.

To find information about CHOC Benefits Plans and Programs go to:
https://benefits.choc.org/

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Step 9: Repeat the same process to enroll in other benefits

Step 10: Click "Review and Sign"

MENU | CHOC | Search

Hire/Re-Hire

Projected Total Cost Per Paycheck
$337.91

Projected Total Credits
$0.00

Health Care and Accounts

Medical
Cigna PPO
UPDATED

Cost per paycheck	$337.91
Coverage	Employee + Spouse
Dependents	1

Manage

Dental
Waived

Enroll

Vision
Waived

Enroll

Accident
Waived

Enroll

Hospital Indemnity
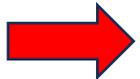Waived

Enroll

Critical Illness
Waived

Enroll

Surcharge
CHOC Spouse

Included

Health Savings Account
Waived

FSA Medical
Waived

Review and Sign | Save for Later

Step 11: Review your elections under View Summary

View Summary

Projected Total Cost Per Paycheck
$337.91

Projected Total Credits
$0.00

To find information about CHOC Benefits Plans and Programs go to:
http://benefits.choc.org

Please note, you have not completed your enrollment until you select, "I Agree" and "Submit" at the bottom of this page.

Selected Benefits 4 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Cigna PPO	04/01/2024	04/01/2024	Employee + Spouse	Choco Bear2		$337.91
Surcharge CHOC Spouse	04/01/2024	04/01/2024	Spouse/DP is not a dependent.			Included
Basic Life The Hartford (Employee)	04/01/2024	04/01/2024	1 X Salary			Included
Basic AD&D The Hartford (Employee)	04/01/2024	04/01/2024	1 X Salary			Included

Waived Benefits 15 items

Submit   Save for Later   Cancel

Step 12: Scroll to the bottom of the page

**Attachments**

Drop files here

or

Select files

Electronic Signature

I acknowledge that I have been given the opportunity to enroll myself and/or eligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying any start, stop, increase, decrease or change in deduction amount.
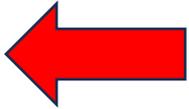
I Accept ☐ ← **Click the "I Accept" box to acknowledge**

enter your comment

Process History

Choco Bear (123456)
Change Benefits for Life Event– Awaiting Action

Submit   Save for Later   Cancel   **Then, click "Submit"**

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Step 13: Congratulations! You have completed the enrollment

Click "View Benefits Statement" to print a copy of your elections

LONG LIVE CHILDHOOD

Have Questions or Need Help?
Submit a Workday- Benefit
Elections Help Case

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