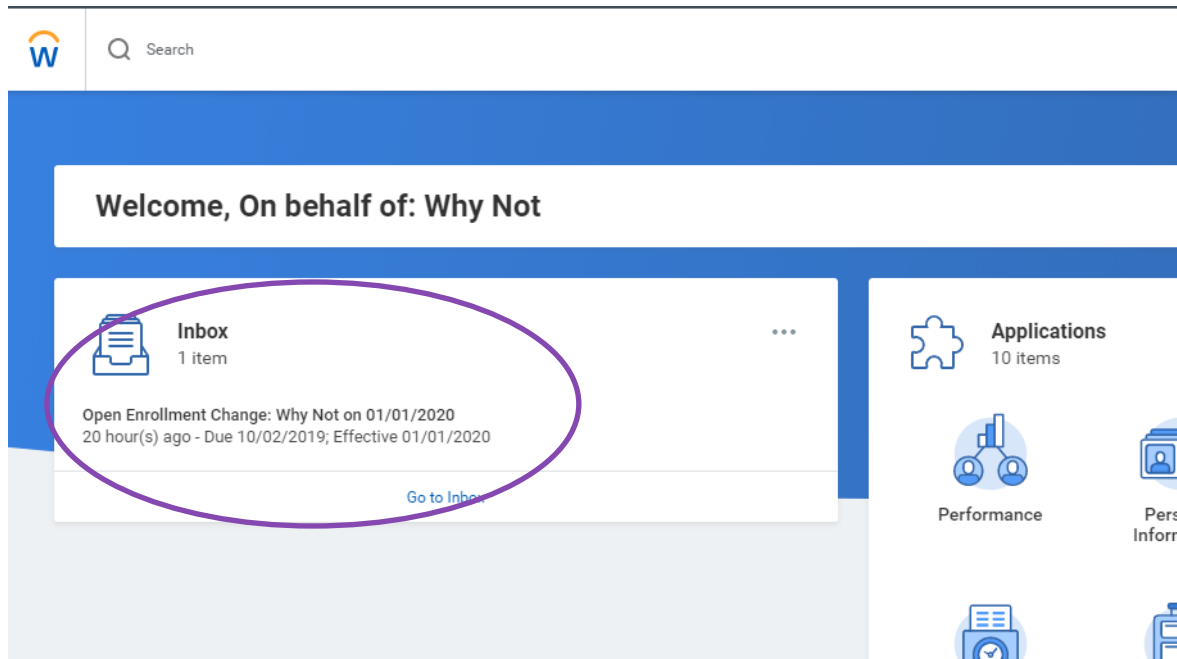
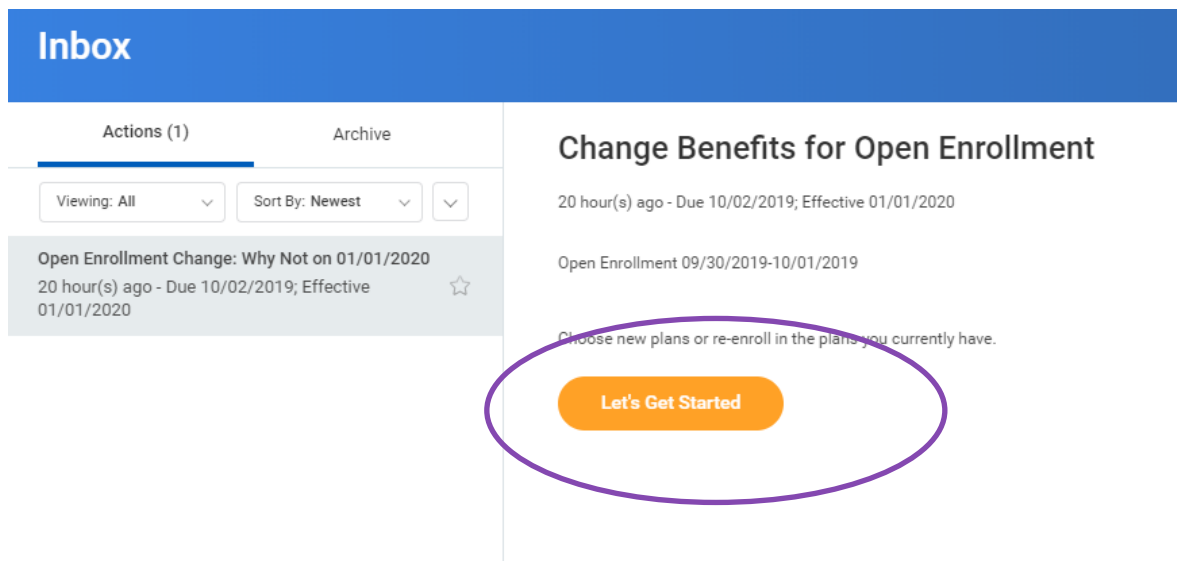


# OPEN ENROLLMENT WORKDAY USER INTERFACE UPDATE

All Benefit Eligible employees will receive a Workday Inbox item when Open Enrollment is launched and available. Please click on the Inbox link from the Workday landing page to view the Open Enrollment Inbox page.



Users then need to select the "Let's Get Started" button to launch the Open Enrollment selections page.









The Open Enrollment page displays a separate work area for each benefit plan item: Medical, Dental, Vision, etc. Users should start with the **Spouse Eligible for Medical and/or Dental Coverage Elsewhere, if applicable**, then proceed to the Medical selection and work left to right across the page by line. All employees should start with the Medical plan and click on the Enroll link. **Biometric Screening and Tobacco Surcharges will be uploaded by the Benefits Administrator so please ignore these work areas.**

**Open Enrollment** 🗒️ 🖨️

Projected Total Cost (Bi-weekly)  
\$0.00

### Health Care and Accounts

 <b>Medical</b> Waived <a href="#">Enroll</a>	 <b>Biometric Screening Surcharge</b> Waived <a href="#">Enroll</a>	 <b>Tobacco Surcharge</b> Waived <a href="#">Enroll</a>
 <b>Spouse Eligible for Medical and/or Dental Coverage Elsewhere?</b> Waived <a href="#">Enroll</a>	 <b>Dental</b> Waived <a href="#">Enroll</a>	 <b>Vision</b> Waived <a href="#">Enroll</a>

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

Employees must **SELECT**, spouse is eligible elsewhere, or **WAIVE**, spouse NOT eligible elsewhere. Then select the Continue button at the bottom of the page. If Waive option is chosen then employee will be directed back to the Main Open Enrollment page but if SELECT is chosen then employee must answer outside eligibility questions. Employees must choose the answer that describes their spouse’s insurance eligibility. There are five eligibility descriptions to choose from.

## Spouse Eligible for Medical and/or Dental Coverage Elsewhere?

### Plans Available

Select a plan or you can waive to opt out of Spouse Eligible for Medical and/or Dental Coverage Elsewhere?. The displayed cost of waived plans assumes coverage for I am not covering a spouse on my medical OR dental plan.

1 item

*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	A.H. Belo Benefits

### Health Care Instruction

#### Important Information

When you select Dental - Delta Dental DPPO HDHP, Medical - Blue Cross and Blue Shield Dental Coverage Elsewhere? - A.H. Belo Ben Metlife DHMO, Medical - Blue Cross and Blu PPO, Workday automatically waives any of t A.H. Belo Benefits.

#### General Instructions

The screenshot shows the enrollment page with a dropdown menu open for spouse eligibility. The dropdown options are:

- I am not covering a spouse on my medical OR dental plan
- Spouse IS eligible for medical coverage (but NOT dental coverage) at own employer
- Spouse IS eligible for dental (but NOT medical coverage) at own employer
- Spouse IS eligible for medical AND dental coverage at own employer
- Spouse NOT eligible for medical NOR dental coverage at own employer


The page title is "Spouse Eligible for Medical and/or Dental Coverage Elsewhere? - A.H. Belo Benefits". The projected total cost is \$164.54. There are sections for "Health Care Instructions" and "General Instructions".

Once the Spouse Eligibility is established, then employees can begin enrolling in benefits. Employees must Select only one Medical coverage type either the **HDHP**, High Deductible Plan, or **PPO**, Co Pay Plan and then click the Continue button.

## Open Enrollment


Projected Total Cost (Bi-weekly)  
 \$0.00

### Health Care and Accounts




**Medical**  
Waived

Enroll




**Biometric Screening Surcharge**  
Waived

Enroll




**Tobacco Surcharge**  
Waived

Enroll




**Spouse Eligible for Medical and/or Dental Coverage Elsewhere?**  
Waived

Enroll



**Dental**  
Waived

Enroll



**Vision**  
Waived

Enroll

Review and Sign
Save for Later

## Medical

Projected Total Cost (Bi-weekly)  
 \$0.00

### Plans Available

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

2 items ☰ ☐ 🔍

*Selection	Benefit Plan	You Pay (Bi-weekly)	Company Contri
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Blue Cross and Blue Shield of Texas HDHP	\$43.29	\$276.48
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross and Blue Shield of Texas PPO	\$43.29	\$276.48

### Health Care Instructions

#### Important Information

When you select Dental - Delta Dental DPPO, Dental - Metlife DHMO, Medical - Blue Cross and Blue Shield of Texas HDHP, Medical - Blue Cross and Blue Shield of Texas PPO, you must also select Spouse Eligible for Medical and/or Dental Coverage Elsewhere? - A.H. Belo Benefits. If you waive any of these: Dental - Delta Dental DPPO, Dental - Metlife DHMO, Medical - Blue Cross and Blue Shield of Texas HDHP, Medical - Blue Cross and Blue Shield of Texas PPO, Workday automatically waives any of these: Spouse Eligible for Medical and/or Dental Coverage Elsewhere? - A.H. Belo Benefits.

When you select Medical - Blue Cross and Blue Shield of Texas HDHP, you can also select Health Savings Account - Fidelity. If you waive any of these: Medical - Blue Cross and Blue Shield of Texas HDHP, Workday automatically waives any of these: Health Savings Account - Fidelity.

#### General Instructions

Eligible dependents include your spouse and children (up to age 26 or any age if disabled). If your spouse is employed and is eligible for medical and/or dental coverage at their own employer, your spouse is not eligible for coverage here. You are required to attach dependent documentation, such as a marriage license for a spouse and a

The Medical Plan coverage type page will then allow users to select coverage type: Employee only, Employee + Child(ren), Employee + Spouse and Employee + Family.

The screenshot shows the 'Medical - Blue Cross and Blue Shield of Texas HDHP' page. The 'Dependents' section is active, with a dropdown menu open showing options: Employee Only, Family, Employee + Spouse, and Employee + Child(ren). The 'Coverage' field is set to 'search'. The 'Plan cost (Bi-weekly)' is \$0.00. There are 'Save' and 'Cancel' buttons at the bottom. The 'Health Care Instructions' and 'General Instructions' sections are also visible.

If an employee does not currently have Dependents in Workday or new dependents need to be added then select the **Add New** Dependent button to launch the Dependent page.

The screenshot shows the 'Medical - Blue Cross and Blue Shield of Texas HDHP' page. The 'Dependents' section is active, with a dropdown menu open showing options: Employee Only, Family, Employee + Spouse, and Employee + Child(ren). The 'Coverage' field is set to 'search'. The 'Plan cost (Bi-weekly)' is \$120.56. The 'Add New Dependent' button is highlighted with a purple oval. The 'Health Care Instructions' and 'General Instructions' sections are also visible.

# Add My Dependent From Enrollment

Why Not [Actions](#)

Use as Beneficiary

Instructional Text  
Click OK to add dependents.

OK

Cancel

## ← Add My Dependent From Enrollment

### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

### Personal Information

Relationship \*

Date of Birth \*

Age 0 years, 2 months, 27 days

Gender \*

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Save

Cancel

Do not add a dependent with the same name.

Employees should continue enrolling in their preferred benefits.

**Health Care and Accounts**

**Medical**  
Blue Cross and Blue Shield of Texas HDHP

Cost (Bi-weekly) \$120.56

Coverage Employee + Child(ren)

Dependents 1

Manage

**Biometric Screening Surcharge**  
Waived

Enroll

**Tobacco Surcharge**  
Waived

Enroll

**Spouse Eligible for Medical and/or Dental Coverage Elsewhere?**  
Waived

Enroll

**Dental**  
Delta Dental DPPO

Cost (Bi-weekly) \$19.00

Coverage Employee + Child(ren)

Dependents 1

Manage

**Vision**  
Vision Service Plan VIS

Cost (Bi-weekly) \$14.20

Coverage Family

Dependents 2

Manage

Health Savings Accounts, General or Limited Purpose Healthcare FSA's, and Dependent Care FSA's deduction amounts can be entered with yearly or bi-weekly amounts..

**Note to Cubic Creative employees – please enter a yearly amount.**

**Health Savings Account**

Projected Total Cost (Bi-weekly)  
\$153.76

**Plans Available**

Select a plan or you can waive to opt out of Health Savings Account.

1 item

*Selection	Benefit Plan	You Contribute (Bi-weekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Fidelity	

**Health Savings Account Instructions**

**Important Information**

When you select Health Savings Account - Fidelity, you can also select Limited Purpose Healthcare FSA - TaxSaver Plan. If you waive any of these: Health Savings Account - Fidelity, Workday automatically waives any of these: Limited Purpose Healthcare FSA - TaxSaver Plan.

You can select either of the following plans, but not both: Health Savings Account - Fidelity or Regular Purpose Healthcare FSA - TaxSaver Plan. When you select one of the plans, Workday automatically waives any other plans.

When you select Medical - Blue Cross and Blue Shield of Texas HDHP, you can also select Health Savings Account - Fidelity. If you waive any of these: Medical - Blue Cross and Blue Shield of Texas HDHP, Workday automatically waives any of these: Health Savings Account - Fidelity.

**General Instructions**

If you are eligible for the HSA, you must elect the HSA in order to receive the Company contribution. You do not have to contribute your own funds in order to receive the Company contribution.

The Company will make contributions if your salary/commissions are less than \$100,000.

# Health Savings Account - Fidelity

Projected Total Cost (Bi-weekly)  
\$153.76

## Contribute

Per Paycheck

Annual

Contribution (Bi-weekly) \$0.00

Total Annual HSA Contribution \$5,000.00

Maximum Annual Amount: \$7,100.00

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

## Health Savings Account Instructions

Provider Website [HSA & 401k](#)

### General Instructions

If you are eligible for the HSA, you must elect the HSA in order to receive the Company contribution. You do not have to contribute your own funds in order to receive the Company contribution.

The Company will make contributions if your salary/commissions are less than \$100,000.

### IMPORTANT:

Healthcare Savings Account (HSA) only available to participants in the high deductible health plan (CDHP). IRS regulation states that you are not eligible to contribute to an HSA if:

- you are enrolled in Medicare (Parts A, B, D, or C) or Tricare
- or you are covered under another medical plan that is not a high deductible health plan
- or you are covered under any health care Flexible Spending Account that reimburses medical

After all benefit enrollment selections have been completed then employees will need to **Review and Sign** to confirm their Open Enrollment.

The screenshot displays the Open Enrollment interface with the following options:

- Health Savings Account** (Waived) - Enroll
- Regular Purpose Healthcare FSA** (Waived) - Enroll
- Limited Purpose Healthcare FSA** (Waived) - Enroll
- Dependent Care FSA** (Waived) - Enroll
- Insurance and Retirement**
  - Basic Life** (Lincoln Financial (Employee)) - Cost (Bi-weekly) [circled in purple], Included, [Review and Sign](#) [circled in purple], [Save for Later](#), X Salary
  - Supplemental Employee Life** (Waived) - Enroll
  - Supplemental Employee AD&D** (Waived) - Enroll



The **I Accept** checkbox at the bottom of the page **MUST** be selected to save and submit Open Enrollment selections.

## View Summary

Projected Total Cost (Bi-weekly)  
\$164.54

If you attempt to submit your elections, and there are errors, you must correct them. Click the "Go Back" button until you reach the page regarding the error. Then click "Continue" after correcting the error(s) until you reach the Submission page.

If you changed coverage to include a new dependent you must attach documentation, such as a marriage license for a spouse and a birth certificate for a child. Enrollment for dependents is conditional based on review by A. H. Belo Benefits

Click the "I Agree" authorization, then click "Submit" below to finalize the process and receive your confirmation statement. Print a copy for your records.

**REVIEW ALL SELECTIONS THOROUGHLY PRIOR TO CLICKING SUBMIT.**

Once you click Submit, your elections are considered finalized (read the fine print). Changes thereafter will require you to have a qualifying event (marriage, birth, adoption, etc.).

Selected Benefits 13 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Blue Cross and Blue Shield of Texas HDHP	01/01/2020	01/01/2020	Employee + Child(ren)	New Niot		\$120.56

## 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 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 on a pre-tax basis.
- You also understand that providing false, misleading or incomplete statements in this enrollment process, including but not limited to statements regarding dependent eligibility or the availability of other medical plan coverage and other relevant information will result in disciplinary action, up to and including termination of my employment.
- 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