Open Enrollment Guide for New Graduate Assistants, Graduate Fellows and Graduate Trainees

Navigating to Workday

After your background check is complete, you will receive an email notification (in your Penn State email

inbox) that there is an action waiting for you in Workday. Visit <u>Workday</u> (workday.psu.edu) and log in.

This will take you to the WorkLion portal. Once logged in, you will see the landing page below. Click on the Workday graphic (circled in orange) in the center of the page.

Next, you will see that you have messages in your Workday Inbox.

Click on the **Inbox** icon in the top right-hand corner or on the Inbox card below the announcements to view your messages.





Enrolling in Individual Coverage

If you wish to enroll in individual coverage (e.g. if you only need medical, vision and dental insurance for yourself and you have no dependents), **you do not need to take any further action.** You will be automatically enrolled in the Student Health Insurance Plan.

Changing Your Benefit Elections

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In your inbox, select the message titled, **Benefit Change – Hire Change Benefit Elections**. You will then see the screen below where you can elect/waive coverage and add dependents.

Note: The screen below displays the inbox item if you were being reappointed, not for hire.

To waive coverage, continue to the next page. To enroll dependents, skip to page 5.

How to Waive SHIP Coverage

If you wish to waive enrollment in the Student Health Insurance Plan, please follow the steps below. Please be aware that there are certain <u>health insurance</u> <u>requirements for international</u> <u>students</u>.

To waive coverage, select **Waive** in the **Elect/Waive** column on the table below for the medical, dental and vision benefit plans, and click **Continue**.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - United Healthcare PPO Student Health	Elect Vaive		6
Dental - United Concordia PPO Student	Elect Waive		
Vision - Highmark Blue Shuld VSP Student	Elect Waive		
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Note: **Elect** is selected as a default on the page.

Benefit Elections R	eview for Add Graduate	Assistant Health Insurance - Step 2 of	2 Actions
Total Employee Net Cost/Credi	t		
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Details			
Below is a summary of the below. These elections do	benefits you have elected. Befor not begin until you click the Subn	e you can submit, complete the electronic signature by c nit at the bottom of the page.	hecking the "I Agre
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You will then see a confirmation page that will include a summary of the benefit plans that you elected to waive.

Scroll to the bottom of
the confirmation page,
where you will see a
check box.

Click I Agree and then click Submit.

This serves as your electronic signature for your benefit elections.

	Drop files here
	or
	Select files
Electronic Signature	
Your submission of this form will be used a	is an electronic signature.
I have chosen to waive medical, dental and or if I experience a Qualifying Life Event.	vision coverage. I will not be eligible to re-enroll in coverage until such time as an Open Enrollment p
If I elect to waive coverage, I will be legally	responsible for all medical, dental, or vision expenses I incur.
Your submission of this form will be used a elected.	is an electronic signature. This signature certifies that I will be covered by the insurance plans I have
If I elect to waive coverage, I will be legally	responsible for all medical, dental, or vision expenses I incur in the waived plans.
1 Agree	

Next is a screen that provides a summary of your benefit elections and will include orange text that says, "You have successfully submitted your benefit enrollment." This is the default text. It will say this even when you waive coverage.

You will **not** receive a confirmation email when you complete your benefit elections, but you do have the option to **print** this screen out and can access the information in Workday anytime.

Open Enrollment: G	aduate A	ssistant, I	Fellow, Trainee		Actions	
Total Employee Cost/Credit \$228.75 Monthly Cost						
Initiated On 04/12/2	019					
Submit Elections By 05/12/2	019					
Event Date 04/12/2	019					
29 minut	te(s) ago - Effe	tive 04/12/2019				
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How to Enroll Dependents

In the **Health Care Elections** table, click on the box in the **Enroll Dependents** column for the **Medical Benefits Plan**. A menu will pop-up where you can add a new dependent. Click **Add My Dependent from Enrollment**.

Benefit Plan	*Elect / Waive	Add My Dependent From Enrollment	Coverage	
Medical - United Healthcare PPO Student Health	Elect Waive	search	:= Student Only	
Dental - United Concordia PPO Student	Elect Waive		Student Only	
Vision - Highmark Blue Shield VSP Student	Elect Waive		Student Only	
4				•

Add My Dependent From Enrollment	Actions
29 minute(s) ago - Effective 04/12/2019 Use your new dependent as a beneficiary? Yes No	
ОК Cancel	

Please note: When you select Add My Dependent from Enrollment, you will then be prompted to add a beneficiary on the next screen (pictured below). This question is unnecessary, but the function cannot be turned off.

You must select an answer, either Yes or No and then click OK. Please understand it does not matter which answer you select, as the information is not being collected.

On the next screen, you will be asked to provide information about your dependent.

The **red asterisk** denotes required information. When you are finished entering the information, click the **OK** button to continue.

29 minute(s) ago - Effective 04/12/2019		
Name	Personal Information	
Country * X United States of America	Relationship *	:=
Prefix 📰	Date of Birth * MM / DD / YYYY	
First Name *	Age (empty)	
Viddle Name	Gender * select one	
.ast Name *	Citizenship Status	\equiv
Suffix :=	Full-time Student	
	Student Status Start Date	
	Student Status End Date	
	Disabled	

On the next page, you will be asked to provide a social security number (SSN) for your dependent. YOU DO NOT NEED TO ENTER A SSN.

However, you **ARE REQUIRED** to enter a reason in the text box next to **Reason ID is not available**.

If you are an international student **or** if you do not wish to enter a SSN for your dependent, please enter **Not applicable** in the **Reason ID is not available** field and then click the **Continue** button.

Open Enrollm Total Employee Net Co \$210.37 Mont	ent: Gradua ost/Credit hly Cost	te Assistant, Fellow, Trainee ゆ	Step 2 of 3 (Actions)	
vent Date	04/12/2019			
nitiated On	04/12/2019			
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You have Dependents	29 minute(s) ago covered under your ir SSN at this time.	- Effective 04/12/2019 Health Care plans without a Social Security N You must follow up with the Benefits Departm	umber. You must enter their Social Security Number or choose Not Available ent to update this missing information.	e if you do
You have Dependents of have access to the Dependent IDs 1 iter Dependent	29 minute(s) ago covered under your ir SSN at this time. m	- Effective 04/12/2019 Health Care plans without a Social Security N You must follow up with the Benefits Departm National ID Type Name	umber. You must enter their Social Security Number or choose Not Available ent to update this missing information. 	e if you do = 🖬 🖬 📭
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After you've added your dependent to your medical coverage plan, you will need to click on the **Enroll Dependents** box on the **Vision** and **Dental** rows to add your dependents to both of those benefit plans. Your dependent will be listed under the **Existing Dependents** section, highlighted below. When you are finished, click **Continue.**

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nitiated On 04/12	/2019			~	
ubmit Elections By 05/12	/2019				
29 mir	uute(s) ago - Effective 04/12/2019			Existing Dependents	>
ou have elected to chang	ge your benefit elections for the a	cademic year 2018/2019.			
'our <mark>medical</mark> coverage ef	fective date will be 8/13/18 for a	ny changes you wish to make.		Add My Dependent	
our dental and vision co our current coverage wil	rerage effective date will be 9/1/ remain the same until the above	18 for any changes you wish to make. effective dates pass.		From Enrollment	
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lealth Care Elections 3 iter	ns			acarah	
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Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage		
Medical - United Healthcare	Elect	Shannon LeBeau	Student + Spouse		
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Student	O Elect		Student Only		
	Waive				
Vision - Highmark Blue Shiel VSP Student	d Delect		Student Only		
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Then, you will see a confirmation page that provides an overview of you and your dependents' benefits.

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> Details						
Below is a summary of the b	enefits you ha	ve elected. Bet	fore you can submit, co	omplete the electronic sig	nature by checking the	e <mark>"I Agree"</mark> box below.
hese elections do not begin	n until you clicl	k the Submit at	the bottom of the pag	e.		
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Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee ((Moni
Medical - United Healthcare	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$201 1
PPO Student Health		04/12/2019	Student Family	Shannon LeBeau		\$23
PPO Student Health Dental - United Concordia PPO Student	04/12/2019					
PPO Student Health Dental - United Concordia PPO Student Vision - Highmark Blue Shield VSP Student	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$3
PPO Student Health Dental - United Concordia PPO Student Vision - Highmark Blue Shield VSP Student	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$3 Total: \$228

Attachments							
Drop files here or Select files	S p c						
Electronic Signature							
Your submission of this form will be used as an electronic signature.	У						
have chosen to waive medical, dental and vision coverage. I will not be eligible to re-enroll in coverage until such time as an Open Enrollment period or if I experience a Qualifying Life Event.	f						
f I elect to waive coverage, I will be legally responsible for all medical, dental, or vision expenses I incur.	Y						
four submission of this form will be used as an electronic signature. This signature certifies that I will be covered by the insurance plans I have elected.	A						
f I elect to waive coverage, I will be legally responsible for all medical, dental, or vision expenses I incur in the waived plans.	У						
Agree	а						
enter your comment							
Submit Save for Later Go Back Cancel							

croll to the bottom of the page, where you will see a heck box.

Click I agree and then click Submit. This serves as your electronic signature for your benefit elections.

You can ignore the **Attachments**' section, as you do not need to upload any documents or files. You will then see a screen that provides a summary of your benefit elections and will include orange text that says, "You have successfully submitted your benefits enrollment." You will not receive a confirmation email when your benefit elections are completed, but you do have the option to print this screen out and can access the information in Workday anytime.

Submit Elections Confirmation Open Enrollment: Graduate Assistant, Fellow, Trainee Actions \$228.75 Monthly Cost Initiated On 04/12/2019 Submit Elections By 05/12/2019 04/12/2019 Event Date 29 minute(s) ago - Effective 04/12/2019 You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records. ◙ ╤┉ ◻ ╴ Elected Coverages 3 items Employee (Coverage Deduction Benefit Plan Beneficiaries Coverage Dependents Begin Date Begin Date (Mont \$201 ^ Medical - United Healthcare 04/12/2019 04/12/2019 Student + Spouse Shannon LeBeau PPO Student Health \$23 Dental - United Concordia PPO 04/12/2019 04/12/2019 Student Family Shannon LeBeau Student Vision - Highmark Blue Shield 04/12/2019 \$3 04/12/2019 Student + Spouse Shannon LeBeau VSP Student Print Done

There is a final summary page where you can view your current elections and future benefit elections.

Benefit Plan		Coverage Begin	Coverage Begin Date		e Cove	rage	Dependents	Beneficiaries
Medical - United Healthcare PPO Student Health		08/10/2017	08/10/2017		Stud	lent Only		
Dental - United Concordia PPO Student		09/01/2017	09/01/2017		Stud	ent Only		
Vision - Highmark Blue Shield VSP Student		09/01/2017	09/01/2017		Stud	lent Only		
4								•
uture Benefit Elections and Costs 3 items								
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Emplo	yee Cost Monthly)	Employer Contribution (Monthly)
Medical - United Healthcare PPO Student Health	08/13/2018	08/13/2018	Student + Ch	ild Baby Baby			\$159.63	\$549.87
Dental - United Concordia PPO Student	09/01/2018	09/01/2018	Student Fam	ily Baby Baby			\$14.42	\$40.82
/ision - Highmark Blue Shield VSP Student	09/01/2018	09/01/2018	Student + Ch	ild Baby Baby			\$2.37	\$7.25

Questions?

- If you have questions about the Student Health Insurance Plan or about how to complete your benefit elections, please contact University Health Services Student Health Insurance Office at 814-865-7467 or <u>uhs-insurance@psu.edu</u>.
- Questions about the terms and conditions of your graduate assistantship, graduate fellowship or graduate traineeship appointment should be directed to your graduate program staff.