

Benefits Enrollment: Open Enrollment 10/19/2020 – 11/6/2020

- 2020 benefits will continue to 2021 unless you make changes.
- Open Enrollment ends on Friday, 11/6/2020 at midnight, MST. You can make changes to your 2021 benefits during open enrollment up until this deadline.
- PLEASE NOTE that there are changes to Workday enrollment for 2021. **Please click through each desired coverage tile to Enroll or Manage** (waive or make changes to) **that coverage.**

From the Benefits Team

Welcome to open enrollment for 2021 benefits! Open enrollment starts 10/19/2020 and ends 11/6/2020. Click th...

[Benefits Open Enrollment](#)



Inbox
1 item

Open Enrollment Change: John Doe on 01/01/2021
5 day(s) ago - Effective 01/01/2021

Step 1

Access Workday online or via your mobile device.

Click on the **Benefits Open Enrollment** Announcement at the top of your screen OR on the **Open Enrollment Change** task in your Workday Inbox.

Health Information

Tobacco Use

Question Have you used tobacco in any form in the past 12 months?

Answer * Yes
 No

Continue

Step 2

Click to answer the Tobacco Use question.

Click to **Continue** twice to get to the Open Enrollment screen.



USA - Medical
Aetna CDHP

Cost (Semimonthly) \$163.50
Coverage Family
Dependents 2

[Manage](#)



USA - Supplemental Life
Waived

[Enroll](#)



USA - Dental
Waived

[Enroll](#)

Plans Available

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

2 items

*Selection	Benefit Plan	You Pay (Semimonthly)	Company Contribution (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Delta Basic	\$4.57	\$9.70
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Delta Buy Up	\$10.13	\$9.70

[Confirm and Continue](#)

[Cancel](#)

Step 3

You must click on each coverage tile on the Open Enrollment screen to **Enroll** or **Manage** (change or waive) that coverage.

Workday will not prompt you to click each tile so please be sure to click on each tile, as desired.

Each tile will reflect your 2020 coverage, if enrolled.

(Changes will not be recorded until you Review and Sign and then Submit your changes.)

Step 4

To enroll in a coverage, click **Enroll** on the appropriate tile.

Click **Select** by the desired plan. Then **Confirm and Continue**.

Dependents

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

Coverage * Family

Plan cost (Semimonthly) \$17.73

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Jane Doe	Spouse	04/01/1976
<input checked="" type="checkbox"/>	Johnny Jr Doe	Child	06/10/2010

Add My Dependent From Enrollment

John Doe Actions

Use an Existing Beneficiary or Emergency Contact

Create Dependent

Use as Beneficiary

Instructional Text
Click OK to add dependents.

OK

Step 4

Choose who you want to cover on that plan.

If just yourself, click **Save**.

Click to **Select** to add a dependent from the list of existing dependents. Then click **Save**.

Proceed to Step 10.

To add a new dependent, click **Add New Dependent**. (See Steps 5 – 9.)

Step 5

Once you click Add New Dependent, click to **Create Dependent**. Then click **OK**.

You may also indicate here if that dependent will also be **Used as a Beneficiary** on any plan.

← Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Personal Information

Relationship *

Date of Birth *

Age 21 years, 5 months, 6 days

Gender *

Country of Birth

City of Birth

Tobacco Use Uses Tobacco

* Yes

No

Step 6

Enter the new dependents **Name** and **Personal Information**.

National IDs

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



Country *

National ID Type *

Current ID (empty)

Add/Edit ID *

Step 7

Scroll down and click on **Add** under **National IDs** to enter the dependents social security number.

Enter the required SSN information or indicate why it is not available.

Address

Use Existing Address

✕ 1 Main Street for Jane Doe, John Doe, Sally Doe

Country

* United States of America

Address Line 1 1 Main Street

Address Line 2

City Napa

State California

Postal Code 94599

Save

Step 8

Scroll down to confirm or add the **Address**.

Then click **Save**.

Dependents

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

Coverage

* Family

Plan cost (Semimonthly) \$17.73

Add New Dependent

3 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Jane Doe	Spouse	04/01/1976
<input checked="" type="checkbox"/>	Johnny Jr Doe	Child	06/10/2010
<input checked="" type="checkbox"/>	Sally Doe	Child	05/01/1999

Save

Cancel

Step 9

Click Add New Dependent to add another dependent, or click to select to add listed dependents to the coverage.

Then click Save.



Your USA - Dental changes have been updated, but not submitted ✕

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Step 10

Your updates and changes are not recorded until submitted.

Move to the next coverage tile to Enroll or Manage that coverage, as desired.



USA - Accident Insurance Hartford

Cost (Semimonthly) \$3.18

Coverage Employee Only

[Manage](#)

Step 11

To waive a coverage that you previously enrolled in, click **Mange** on that tile.

Plans Available

Select a plan or Waive to opt out of USA - Accident Insurance.

1 item

*Selection	Benefit Plan	You Pay (Semimonthly)	Company Cont
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Hartford	\$3.18	\$0.00

[Confirm and Continue](#)

Step 12

Click to **Waive** that coverage.

Then click **Confirm and Continue**.



USA - Health Savings Account Waived

[Enroll](#)

Plans Available

Select a plan or Waive to opt out of USA - Health Savings Account.

2 Items

*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Discovery Benefits
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Discovery Benefits Bronze

[Confirm and Continue](#)

Step 13

If you are enrolled in the Aetna or Kaiser CDHP medical plan, make sure you are enrolled in the Health Savings Account so that you will receive the employer contribution to this account in 2021.

Click on the **Health Savings Account** tile to **Enroll or Manage**.

Workday will direct you to your eligible plan. Click **Select** to enroll.

Then click **Confirm and Continue**.

<p>Contribute</p> <p>Per Paycheck <input type="text" value="100.00"/></p> <p>Annual <input type="text" value="2,400.00"/> Remaining Paychecks 24</p> <p>Maximum Annual Amount: \$7,200.00</p> <p>Summary</p> <p>Contribution (Semimonthly) \$100.00</p> <p>Total Annual HSA Contribution \$3,400.08</p> <p><input type="button" value="Save"/></p>	<p>Step 14</p> <p>Enter your desired 2021 contribution, by paycheck or annual amount, up to the allowed maximum annual amount.</p> <p>The company HSA contribution counts toward the maximum annual amount and is reflected in the Total Annual HSA Contribution shown.</p> <p>You may elect to contribute \$0 of your own money, if desired.</p> <p>Then click Save.</p>
<p><input type="button" value="Review and Sign"/> <input type="button" value="Save for Later"/></p>	<p>Step 14</p> <p>When you have finished reviewing <u>all desired coverage tiles</u>, click Review and Sign.</p>
<p><small>Please review your elections carefully. If you have questions regarding your elections please contact benefits@coorstek.com. Once you have reviewed and confirmed your elections, check the "I Accept" box at the bottom of the page, then click SUBMIT. Once submitted, you will have an option to PRINT your elections. NO confirmation statements will be mailed. NO CHANGES or corrections will be allowed after November 6, 2020. If you do not SUBMIT your changes, your 2020 benefit elections will continue for 2021.</small></p> <p>I Accept <input checked="" type="checkbox"/></p> <p><input type="button" value="Submit"/> <input type="button" value="Save for Later"/> <input type="button" value="Cancel"/></p>	<p>Step 15</p> <p>Carefully review each Selected Benefit, Waived Benefits, Messages (if any) and Total Benefits Cost.</p> <p>Carefully review all Legal Notices under Electronic Signature.</p> <p>If satisfied with your coverage choices and once you review the notices, click I Accept to agree and to electronically sign your enrollment.</p> <p>Then click Submit.</p> <p>If you do not Submit by 11/6/2020 at midnight MST, your changes will not be recorded.</p>

Submitted

Success, You're Enrolled

Important Dates:

Benefits go into effect 01/01/2021

[View 2021 Benefits Statement](#)

[Print](#)

Step 16

Once your 2021 enrollment is submitted, you will receive this message.

You may click to **View 2021 Benefits Statement**.

Once on that screen, you will have the option to **Print** your selections. (A confirmation statement will not be mailed to you.)