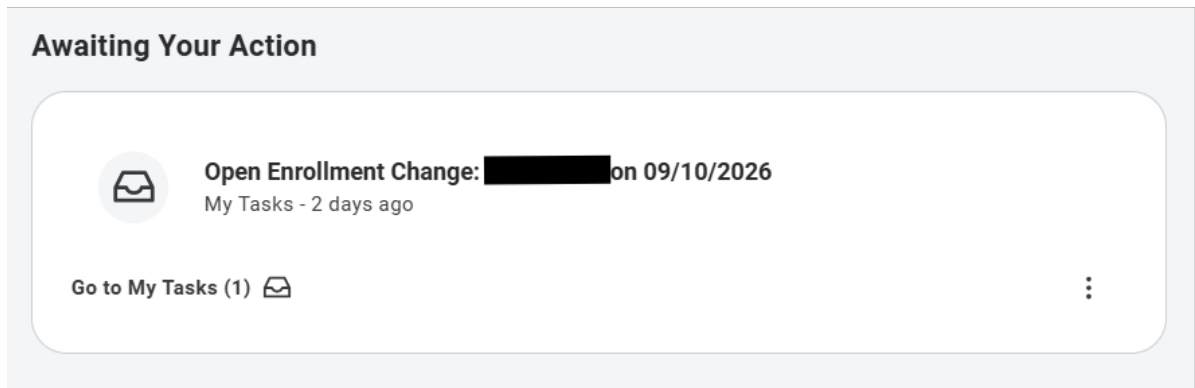
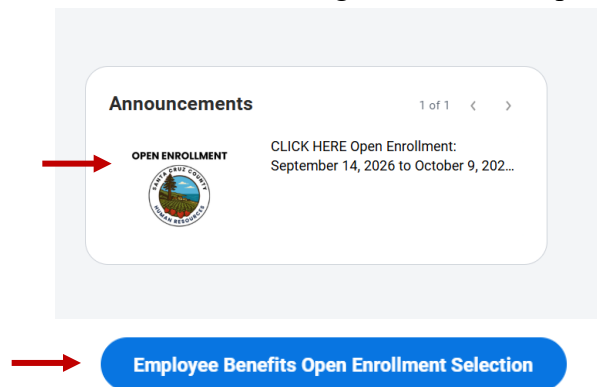


How to Complete your Open Enrollment Elections in Workday

1. Login to Workday using this link: [Workday cosantacruz - Sign in to Workday](#)
2. Upon logging in, you will be directed to the Workday home screen. There are a few ways to get to your “Open Enrollment Change” task.
 - a. Under the greeting, you will see an “Open Enrollment Change” task in the “Awaiting Your Action” section.



- b. On your Home Page, Locate the “Announcements” section on the right side, Click the announcement, read and scroll to the bottom of the message and click “Employee Benefits Open Enrollment Selection”



- c. Go to your Inbox by clicking on the inbox icon in the top right-hand corner.



Select the “Open Enrollment Change” task and click “Let’s Get Started” to begin.

Change Benefits for Open Enrollment



Open Enrollment [redacted]

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started



3. You will be redirected to the Open Enrollment selections page. Note that each benefit will have a separate tile, displaying your current elections or waived benefits. Please review each benefit carefully, even if you do not intend to make any changes.

▼ Enrollment Instructions

To **Enroll**, **Manage**, or **View** your benefit options, click the applicable benefit tile.

Health Care and Accounts

**Medical**
Waived

**Opt Out of County Medical**
County of Santa Cruz

**Dental**
Delta DPO - Basic

**Vision**
Vision Service Plan (VSP) VIS - Post-Tax

**Health Care FSA**
Waived

Cost (Semimonthly)
Coverage
Dependents
Enroll >

Included
I have group coverage through

Cost (Semimonthly)
Coverage
Dependents
Manage >

Included
Employee + Family (SP)
2

Cost (Semimonthly)
Coverage
Manage >

Included
Employee Only

Enroll >

**Dependent Care FSA**
Waived

Enroll >

Review and Sign

Save for Later

4. Here is an example of how your health care elections will look. Click the “select” button to select a specific plan, or keep all options at “waive” if you do not wish to elect coverage

Plans Available

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

20 items

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Anthem Blue Cross HMO - Select (Dignity Health Medical Network) - Post-Tax	☐ Select ☒ Waive	\$129.93	\$538.22
Anthem Blue Cross HMO - Select (Dignity Health Medical Network) - Pre-Tax	☐ Select ☒ Waive	\$129.93	\$538.22
Anthem Blue Cross HMO - Traditional (Sutter Health)	☐ Select ☒ Waive	\$267.82	\$538.22

▼ Health Care Instructions

General Instructions

MEDICAL PLAN BENEFITS

The cost displayed for the plans reflect *Employee Only* coverage. [Refer to the rate sheet for employee plus dependent\(s\) coverage cost.](#)

Each Medical Benefit Plan is available in both a Post-Tax and a Pre-Tax option.

Health Care (H-Care) Pre-Tax Medical Premium Option allows you to pay for health care premiums before taxes are applied to your earnings, reducing your overall taxable income. If H-Care is applied to Medical, H-Care can also be applied to Delta Dental PPO Buy-up and/or VSP Dependent Vision on a pre-tax basis. Pre-tax benefit plan selections can only be initiated as a new enrollment or during an open enrollment period.

Note:

If an employee goes on a Leave of Absence Without Pay, the H-Care pre-tax option will end, and coverage will default to the post-tax option. Employees may re-enroll in the pre-tax option during the next open enrollment period.

USE COUNTY ZIP CODE FOR PLAN ELIGIBILITY

Some health plans are only available in specific counties and/or ZIP codes. You may choose to use your work ZIP code to determine health plan eligibility. For more information, refer to the [County of Santa Cruz Employee Benefits website](#).

OPT-OUT OF COUNTY MEDICAL

To opt out, you must provide proof of alternate medical coverage. You will have an opportunity to upload documentation before submitting your enrollment.

Employees **must recertify annually** during open enrollment to remain eligible for the opt-out stipend.

5. Note that there is help text to the right. Please ensure you review this information carefully prior to making your selections.
6. Once you have confirmed your plan elections, select the “Confirm and Continue” button at the bottom of the screen.



This will take you to the next page, which will prompt you to select who will be covered, under your insurance.

7. If you have previously enrolled dependents, you will see them listed. If you are adding a new dependent, you will be prompted to enter their information separately by selecting the “Add New Dependent” button. Note: adding a new dependent will require you to upload supporting documentation for dependent verification before you submit your final elections. Each dependent requires **two** documents. [Click here to view the dependent eligibility requirements.](#)

Dependents

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

Coverage * Employee Only

Plan cost (Semimonthly) \$28.08



1 item

Select	Dependent	Relationship	Date of Birth
 ☐	Current Dependent	Spouse	[REDACTED]

8. Once you have reviewed all of your elections and made any desired changes, you will select the “Review and Sign” button at the bottom of the elections page. You can also save your work for later if you need to revisit your elections but would like to save your progress with any changes you have already made.



9. When you select “Review and Sign”, you will be directed to a summary page, which will include your elections, cost, and a selection for attachments.
10. Use the “Select files” button to attach the appropriate documentation. [Click here to view the required dependent documentation](#) when adding a new dependent.

Attachments

Drop files here

or



11. Review the acknowledgement statement and select the box “I accept” before selecting ‘Submit’.

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:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit

I Accept ☐

enter your comment



Submit

Cancel

12. Now that your selections have been submitted, you can review them by clicking on the “View 2027 benefits statement”. To print this statement, use the PDF button in the top right-hand corner to export, download, save or print for your personal records.



*If you have questions or need additional assistance, please contact the Human Resources Employee Benefits Unit: (831) 454–2241
benefits.questions@santacruzcountyca.gov*