

Benefits | Open Enrollment



2024 OPEN ENROLLMENT

PLEASE REVIEW THE INSTRUCTIONS TO COMPLETE YOUR OPEN ENROLLMENT

LOG IN TO WORKDAY - [CLICK HERE](#)

Go to <https://myapps.oakgov.com> from an Internet connected computer or download the Workday mobile app available in iOS and Android for tablets and smartphones. Organization id: oakgov

For difficulty signing into Workday (Workday mobile) or MFA/OKTA, please contact IT Self-Service or (248) 858-8812.

If you have additional questions about how to use Workday, click on the HELP application from your Workday homepage menu list and create a case or contact workday@oakgov.com

Questions? Email benefits@oakgov.com
Benefits website: OakGov.com/benefits




2024 OPEN ENROLLMENT WILL BE IN WORKDAY.

Please review the instructions to complete your open enrollment



1. From your Workday Dashboard, click on your Inbox.
2. Review and complete the 2024 Open Enrollment Required Notices and 2024 Dependent Verification tasks by checking the I AGREE boxes

Document

 2024 Health and Welfare Benefit Notices

Signature Statement


By checking the **I AGREE** box below, I designate that I have received an electronic copy of the 2024 Health and Welfare Benefits Notice.

Required Health and Welfare Benefits notices are also posted online at:
https://www.oakgov.com/hr/benefits/Documents/2023%20Health%20and%20Welfare%20Benefits%20Notices_FINAL.pdf

I Agree

☐

Document

 2024 Benefits Guide

Signature Statement

By checking the **I AGREE** box below, I acknowledge that dependents on my plan are qualified dependents and meet eligibility criteria.

A qualified dependent is defined as (refer to page 31 in the attached 2024 Benefit Guide):

- A legal spouse (not eligible if legally separated)
- A stepchild from a qualified legal spouse
- A child by birth or legal adoption

If you experience a qualifying life event, such as divorce or legal separation, you are required to remove former dependents. Contact benefits@oakgov.com or 248-202-0476.

I Agree


☐

3. Click Submit
4. Click Open
5. Click Let's Get Started

Changing Elections for Health, Dental, and Vision or Adding/Removing Dependents

1. Click Manage under Medical
2. Click Select next to your elected plan
Note: Click on each benefit plan provider to view plan details
3. Click Confirm and Continue
4. In the Coverage box, click the options icon to select the appropriate coverage level (employee, employee + 1, or employee + family)
Note: If you are changing medical providers AND you have dependents, you will need to re-click the box under Select next to the dependents name
5. To add or remove a dependent, follow steps below, if no changes click Save
6. To add a dependent, click Add New Dependent
7. Choose to Use an Existing Beneficiary or Emergency Contact or Create Dependent
8. Click Use as Beneficiary if you would like to use this person as a beneficiary for your life insurance plans
9. Click Ok
10. Enter your dependents information (required fields marked with a red asterisk*)
11. Click Add to enter National ID (SSN)
12. Click Save
13. To remove a dependent, unclick the box under Select next to the dependents name you wish to remove
14. Click Save
15. An alert will notify you that when you that your dental and vision will update to the same dependents and coverage level
16. Click Save
17. Click Manage under Dental and Vision options to Select or Waive Buy-Up options (if applicable)
Note: Standard and High plans are listed under separate Dental and Vision applications

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Medical
 Blue Cross/Blue Shield of Michigan HDHP

Cost per paycheck \$10.00

Coverage Employee only

[Manage](#)

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*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Blue Cross/Blue Shield of Michigan HDHP	\$10.00	\$582.04

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☒ Employee only
☐ Emp + 1
☐ Emp + Family

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Name
 Country United States of America
 Prefix
 First Name
 Middle Name
 Last Name
 Suffix
 Allow Duplicate Name ☐
Check this box only when there is more than one dependent with the same name.

Personal Information
 Relationship
 Date of Birth MM/DD/YYYY
 Age (empty)
 Gender select one
 Full-time Student ☐
 Student Status Start Date
 Student Status End Date
 Disabled ☐


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

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Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Name ^{mg}	Child	

Enroll in Flexible Spending Accounts (FSA) or Health Savings Account (HSA)

1. Click Enroll under Health FSA and/or Dependent FSA to re-enroll or enroll in FSA accounts (if you're enrolled in the PPO1, PPO2, HMO, Traditional, or No Coverage Plans)
Note: If you elected a flexible spending account in 2023, you need to re-elect for the 2024 plan year.
Note: Per IRS updates, Health FSA limits increased to \$3,050 and Dependent FSA limits to \$5,000
Click Enroll under Health Savings Account to enroll (if you're enrolled in the HDHP Plan)
Note: Per IRS updates, Health Savings Account limits are \$4,150 for single coverage, And \$8,300 for family coverage
2. Click Select
3. Click Confirm and Continue
4. Enter a per Paycheck or Annual amount
5. Click Save




Healthcare FSA
 Waived



Dependent Care FSA
 Waived

Enroll



Health Savings Account HSA
 Waived

Enroll

Enroll

Elect Buy-Up Options for Life Insurance and AD&D and/or Change Beneficiaries

1. Click Manage under Basic Life to change/update your beneficiaries (if applicable)
2. Click Confirm and Continue
3. Use the options icon to update Beneficiaries; also select primary and contingent beneficiary allocations (if applicable)
4. Click Save
5. Click Manage under Life Buy-Up, AD&D Buy-Up, or Life Buy Down to change your life insurance options
6. Click Select or Waive
7. Click Confirm and Continue
8. If you clicked Select: Click in the Coverage box, click the options icon to select the appropriate coverage level
9. Click Save

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Beneficiaries
 Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

Beneficiary	Percentage
	100

Secondary Beneficiaries 1 item

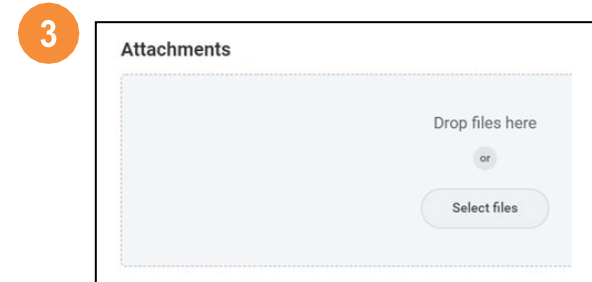
Beneficiary	Percentage
	100

6

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Unum (Employee)	\$9.66	

Ready to Submit

1. Click Review and Sign
2. Review a summary of your benefits, click Cancel if any changes need to be made
3. If you are adding a dependent, scroll down to Attachments and click Select Files to upload required documentation (if applicable). Required documentation is required if:
 - Adding a spouse, upload marriage certificate
A marriage license will not be accepted
 - Adding a child or stepchild, upload birth certificate
Verification of birth will not be accepted
4. Click Submit
5. Click View 2024 Benefits Statement to save or print your beneficiary statement
Note: You do not need to sign the summary page or submit to HR. The is for your records only.
6. Click Done



VIEW CURRENT BENEFIT ELECTIONS

1. From the Workday menu, click on View All Apps
2. Click on the Benefits Application
3. Under view, click Benefit Elections

VIEW/EDIT 2024 BENEFIT ELECTIONS (AFTER COMPLETING OPEN ENROLLMENT)

1. From the Workday menu, click on View All Apps
2. Click on the Benefits Application
3. Scroll down to the bottom and click Change Open Enrollment
4. Click Let's Get Started
5. You may review and edit Open Enrollment elections for 2024 until 11/8/2023
6. Click Review and Sign
7. Click Submit

