




## Benefits: Open Enrollment

Once a year, Open Enrollment allows you to update your benefit elections. During this period, you will receive a task in your My Tasks inbox. Follow the steps below to complete your enrollment.

### Open Enrollment

From your homepage:

1. Select the **My Tasks** icon .
2. Action items can be found in your My Tasks inbox. Select the **Open Enrollment** task.
3. Select **Let's Get Started**.
4. Answer the Health Questionnaire for Tobacco Use and select **Continue**. Select **Continue** again to proceed with benefit selection.
5. Select **Manage** for each benefit tile you require updates to.

#### Notable Mentions:

A blue “**Reviewed**” shows you have reviewed the information, and a green “**Updated**” indicated your benefits have been updated.

If you have selected a Health plan, you will need to complete the spousal surcharge tile.

If you have selected the Health Savers Plan you will need to complete the Health Savers Account tile.

If you are adding an eligible disabled child over the age of 26, contact the Benefits teams.

Take the time to ensure your beneficiary(ies) are set up for basic and supplement life insurance.

**All Items** 1 item

Search: All Items

[Advanced Search](#)

**2** Open Enrollment Change: Anita Knapp (1234567) on 01/01/2025 09/10/2024 ☆

Effective: 01/01/2025

**Change Benefit Elections**

**3** Let's Get Started

**Health Information**

**Tobacco Use**

The purpose of this acknowledgment is to document whether you qualify for the \$20 tobacco-free health plan premium credit. To qualify for the credit, you and/or your covered dependents must be tobacco-free or willing to end your tobacco use.

Question What is your tobacco use status?

Answer **4** ☒ I and, if applicable, all of my covered dependents, are tobacco-free (credit is received).

☐ I and, if applicable, all of my covered dependents, is a tobacco user. However, I/we are committed to ending our tobacco use. Resources to help us end our tobacco use are available online (credit is received).

☐ I and/or, if applicable, one or more of my covered dependents, is a tobacco user. I/we do not intend to end our tobacco use at this time (credit not received).

**5** **Continue** **Cancel**

**Health Care and Accounts**

**Health**  
Vanderbilt PPO Plus

Cost per paycheck \$262.00

Coverage Employee + Spouse

Dependents 1

**5** **Manage**



## Benefits: Open Enrollment (con't)

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### Open Enrollment

From your homepage:

6. Choose **Select** or **Waive** for each medical election.

**Note:** If you want to know more about each plan, choose the **Plan Details** links (in blue) to review.

**Note:** Remember to **Confirm and Continue** as you page through your benefit elections and make your selections.

7. Proceed to review all benefit tiles available. Once you have completed making your coverage selections, select **Review and Sign**.

**Note:** If you **Save for Later** or want to make changes before the Open Enrollment window closes, return to the Workday homepage and click on the **Open Enrollment** announcement and resubmit your selections. You must select **Review and Sign** for your selection to save for 2025 benefits.

8. Now that your coverage elections are confirmed select the **Check Box** and proceed by selecting **Submit**. A confirmation statement will appear on the screen. Save the statement or print it for your confirmation of your enrollment.

3 items

Benefit Plan	*Selection
<a href="#">Vanderbilt HDHP Health Savers Plan</a>	<input type="radio"/> Select <input checked="" type="radio"/> Waive
<a href="#">Vanderbilt PPO Plus</a>	<input checked="" type="radio"/> Select <input type="radio"/> Waive
<a href="#">Vanderbilt PPO Select</a>	<input type="radio"/> Select <input checked="" type="radio"/> Waive

7

8

#### Electronic Signature

I understand that:

I am making an election concerning the above described benefits. I authorize

I cannot revoke or change this election during the plan year unless there is a then revoke my earlier election.

I verify and affirm that the dependents enrolled for Health, Dental and/or Vision and including termination. By checking this box, this serves as my electronic

I Accept ☒

### QUESTIONS?

Please email [BusinessEducation@vumc.org](mailto:BusinessEducation@vumc.org).