2026 Open Enrollment

Open Enrollment is your yearly opportunity to...

Enroll in new Benefit plans | Designate or update your beneficiaries | Make changes to your current coverage | Add or remove dependents

⚠️ **Important:** Once the period ends, you will only be able to make changes if you experience a qualifying life event (e.g., marriage, birth, loss of coverage).

For more information about the Annual Open Enrollment in Workday, please contact MyHR.HelpDesk@carle.com.

Get ready: What You'll Need

Before starting your enrollment, gather the following information from any new **dependents**:

- Official documents (birth certificate, marriage license, legal guardianship)
- Social Security Number (SSN)
- Date of birth
- Current address (if different from yours)

You should also determine your **beneficiary designations for life insurance**. This can include individuals, charities, and/or trusts. Trust or charity details, if applicable.

💡 **Missing documents?** You may upload supporting documentation and have 5 business days to provide the official versions.

View current 2025 benefit elections

To view your current 2025 benefit elections, in Workday, navigate to the menu click **Benefits and Pay**, then click **Benefits**, and then **Benefits by Date**. This will allow you to view your elections by date. If you want to see your current benefits, use today's date and click **Ok**. If you would like to print this screen, please click the PDF button in the upper right hand corner of your Workday screen. You can then download the document and print.

Updating your benefit elections after submission

You can make changes to your benefit elections through the end of the open enrollment period (11/4-11/20) from the Benefits and Pay worklet. See Updating Your Enrollment on page 14 for specific instructions.

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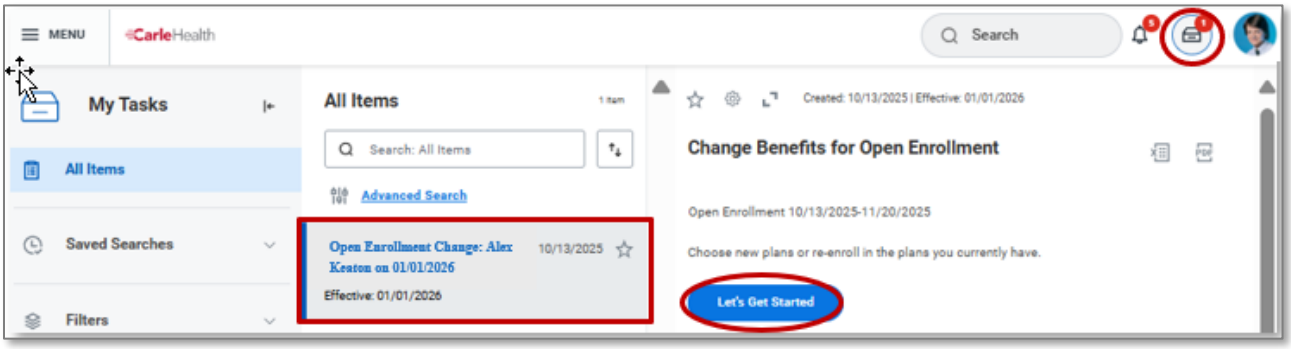
How to Access Open Enrollment

Open Enrollment can be launched from the **My Tasks Inbox** or from the **Benefits and Pay** Worklet.

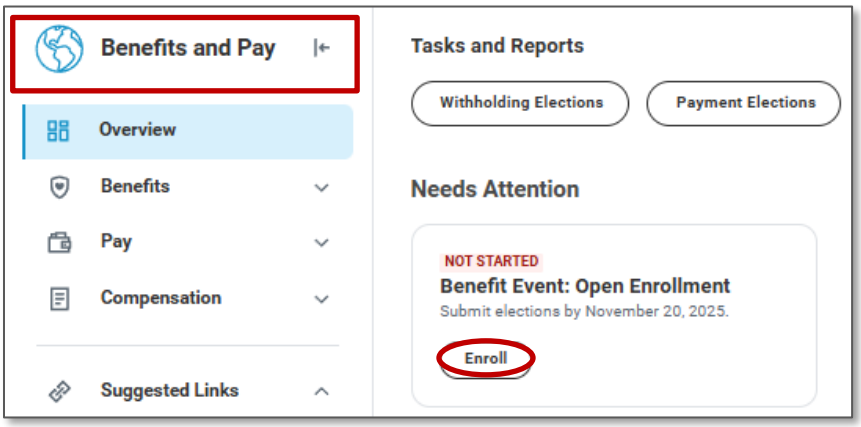
Task inbox

1. Go to your Workday **My Tasks** inbox.
2. Locate the task: "Open Enrollment Change"
3. Select **Let's Get Started**.

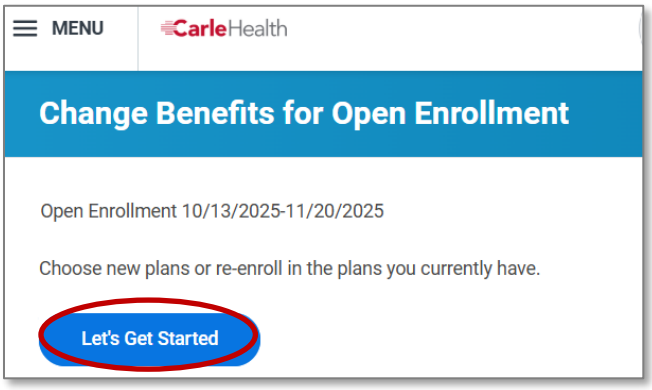


Benefits and Pay

1. Go to your Workday **Menu** and select **the Benefits and Pay** worklet.
2. Locate the task: "Benefit Event: Open Enrollment"



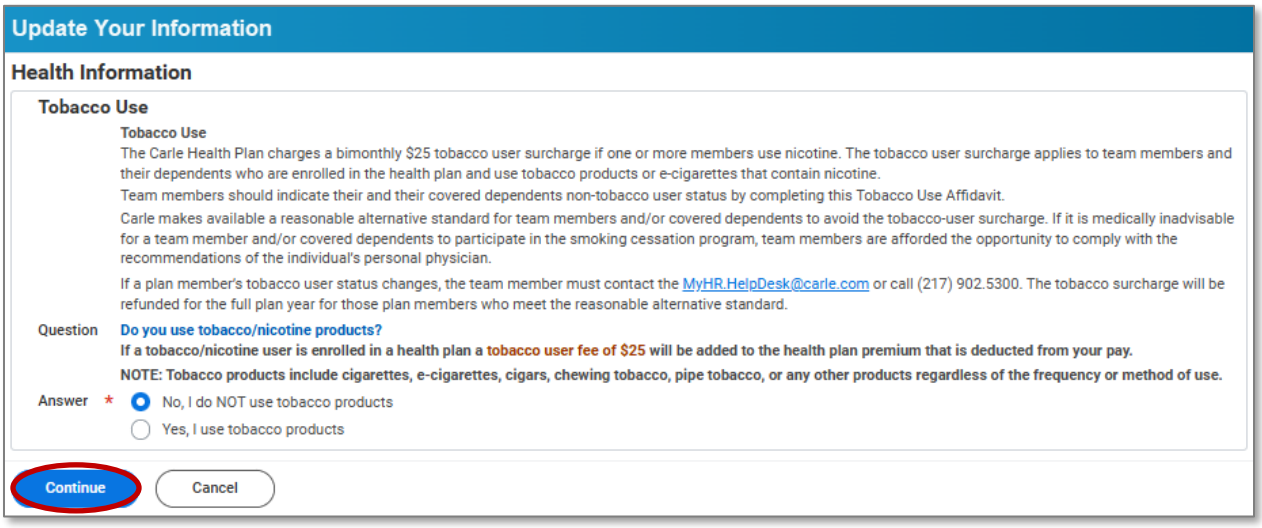
3. Select **Enroll**.
4. Once in the enrollment task, select **Let's Get Started**.



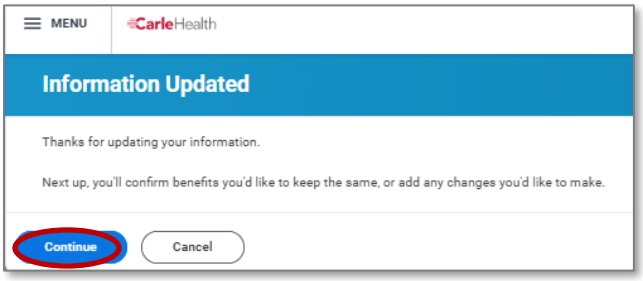
Updating Tobacco Use

Once Open Enrollment is launched after you click **Let's Get Started**, the **Update Your Information** page opens to update your tobacco use.

1. Review the notice about the tobacco user fee and the smoking-cessation program.
2. Under "**Do you use tobacco/nicotine products?"**, select an option:
   a. No, I do NOT use tobacco products.
   b. Yes, I use tobacco products.
3. Click **Continue** to save and proceed.



4. Click **Continue** again on the Information Updated window.



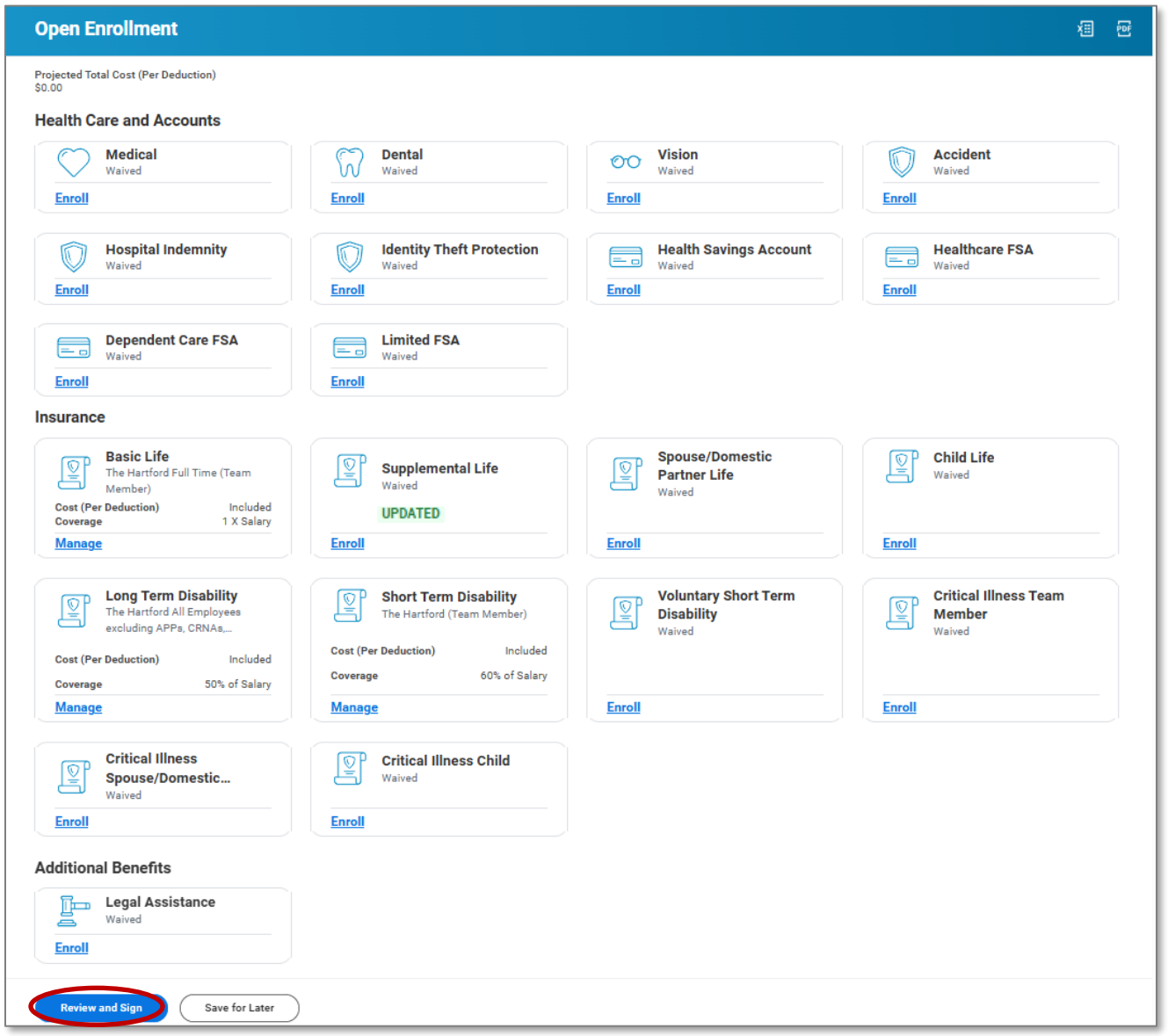
Enrolling in or Managing a Plan

When you arrive at the Open Enrollment page, most tiles will show **Waived** by default.

- Prior-year elections for **Basic Life** and **Supplemental Life** will carry over and appear pre-populated.
- A tile shows **REVIEWED** after you open it and view details without making a change.
- A tile shows **UPDATED** after you select or change a plan and save.

Open Enrollment Overview (tile grid) scroll down to view all

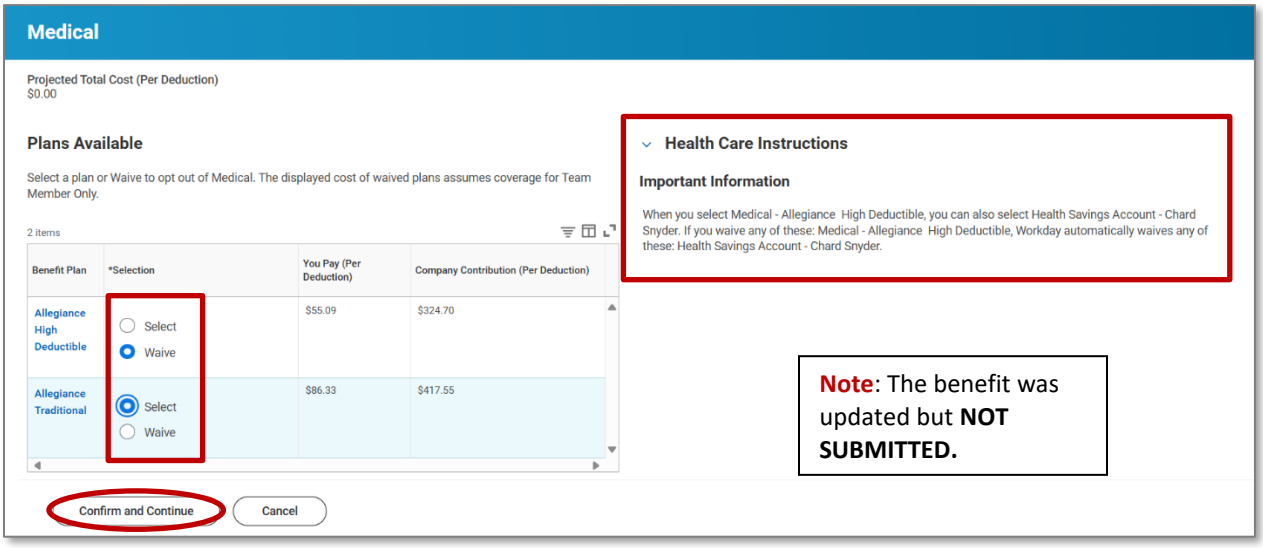
Click **Enroll** to select the benefit you want to review, or **Manage** to edit an existing plan.



Select Your Plan (example: medical plan)

Inside each plan, you'll see a grid with the following information: Benefit Plan name, Select or Waive option, You Pay (Per Deduction), and Company Contributions:

1. Choose **Select** for the plan you want (or **Waive** to opt out).
2. Review the right-hand **Health Care Instructions** panel for important notes about related plans (e.g., HSA eligibility with HDHPs).
3. Click **Confirm and Continue** to proceed to coverage.

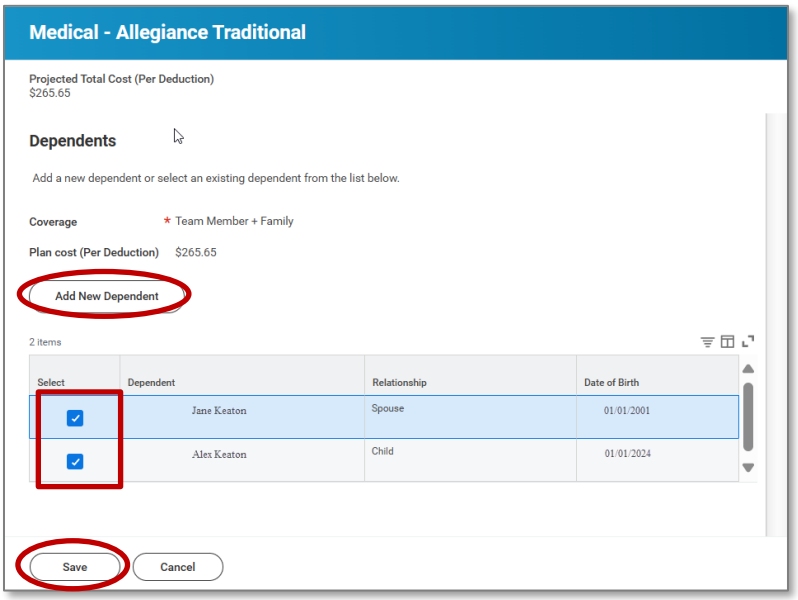


Choose Coverage and Dependents

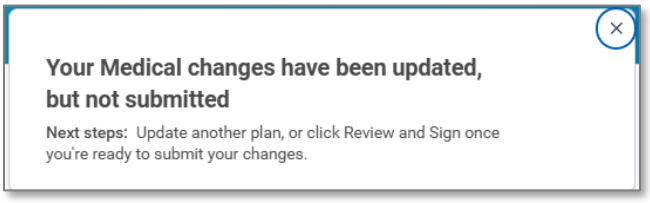
1. **Check the box** next to each dependent you want to cover, or
2. Add new dependents, if needed (more information about this process on next page).
3. If prompted, provide any missing information and click **Save**.

Your coverage level will be updated automatically depending on the number of dependents that you include, and your relationship with them.

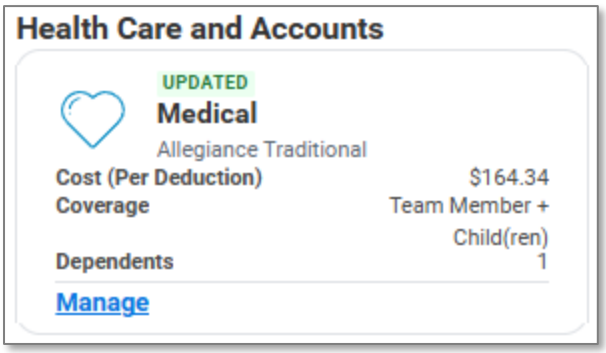
Each plan only allows **certain dependent types** and **coverage tiers** (for example, some plans may have child age limits). Check the instructions within each plan tile for the specific rules.



After selecting **Save**, a reminder will display to indicate changes were updated, but not submitted. Once you have reviewed the reminder, you can click the X in the upper right-hand corner of the reminder.

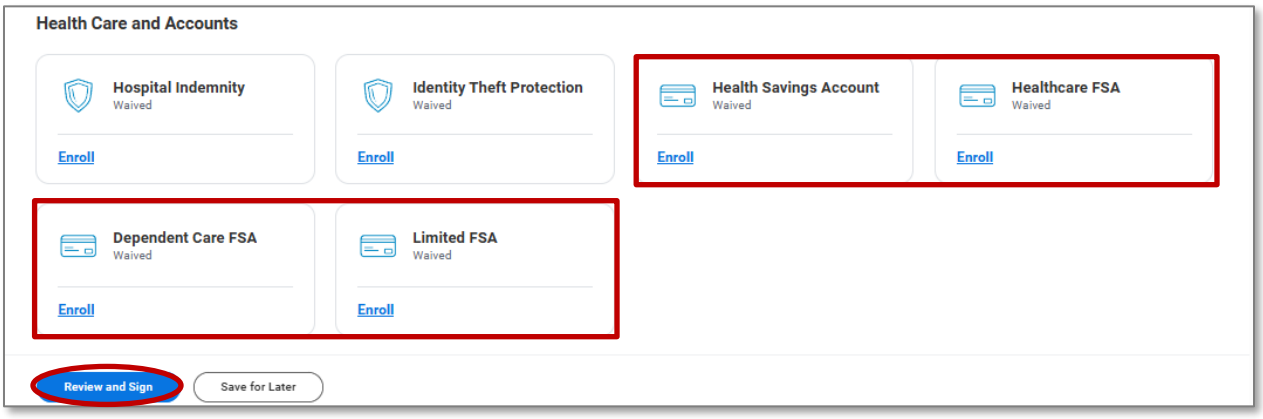


The benefit tiles will update to indicate which selections were made. **Note**: You must click Enroll for each tile to select an option or to waive the benefit option. Once a selection is made, the **Enroll** button will change to **Manage**.



Healthcare FSA and Dependent Care FSA

FSAs let you set aside pre-tax money for eligible expenses. Elections are made for the full plan year and are deducted each paycheck. For more information on Flexible Spending Accounts, review the Benefits Enrollment Guide on Benefits.Carle.com



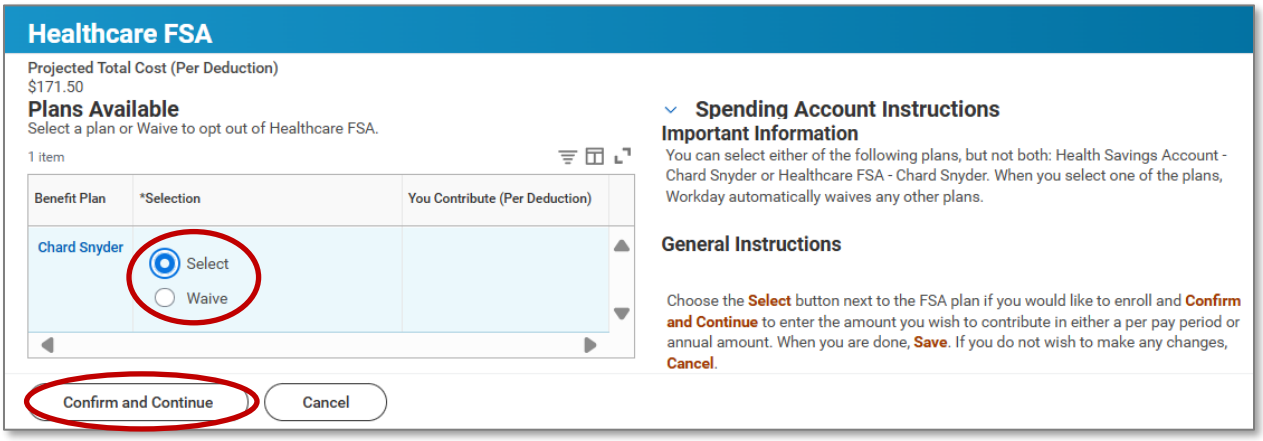
Important

You can enroll in either a HSA or a Healthcare FSA, but not both. If you elect an HSA, only a Limited FSA (post-deductible dental/vision) is allowed.

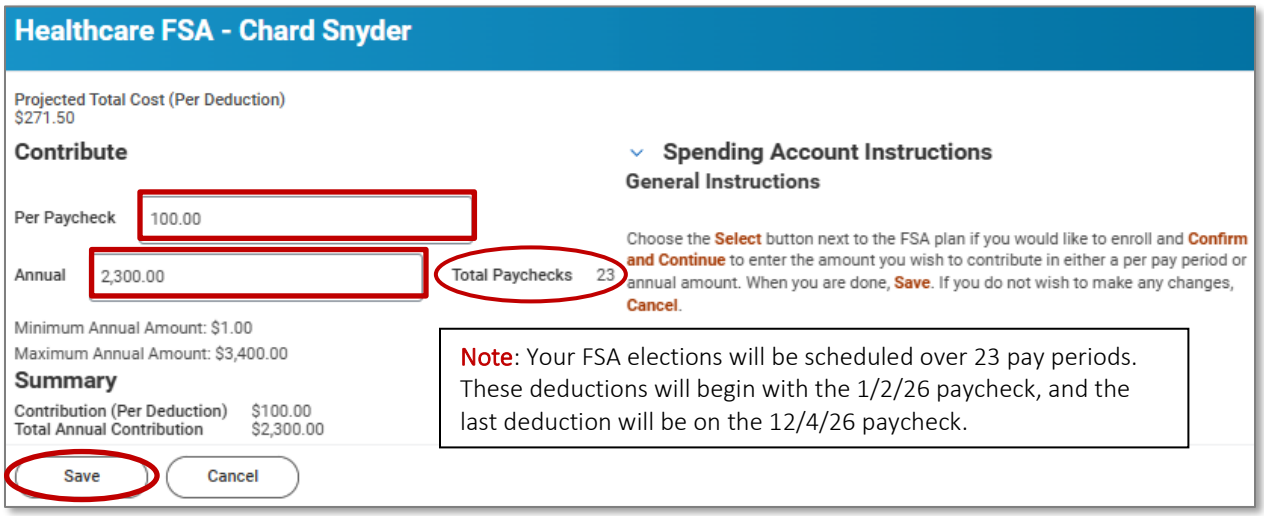
Enrolling in HCFSA / DCFSA

On the Open Enrollment page, click **Enroll** on Healthcare FSA or Dependent Care FSA

1. On the plan screen, choose **Select** and click **Confirm and Continue**.



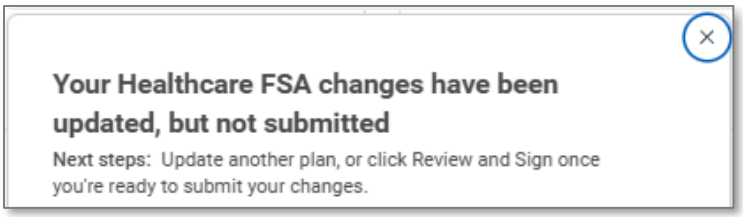
2. Enter either a **Per Paycheck** or **Annual** amount; Workday calculates the other box automatically.



Note: Your FSA elections will be scheduled over 23 pay periods. These deductions will begin with the 1/2/26 paycheck, and the last deduction will be on the 12/4/26 paycheck.

3. Click **Save**. Your tile will show UPDATED.

Note: The contributions specified have been updated but not yet submitted.



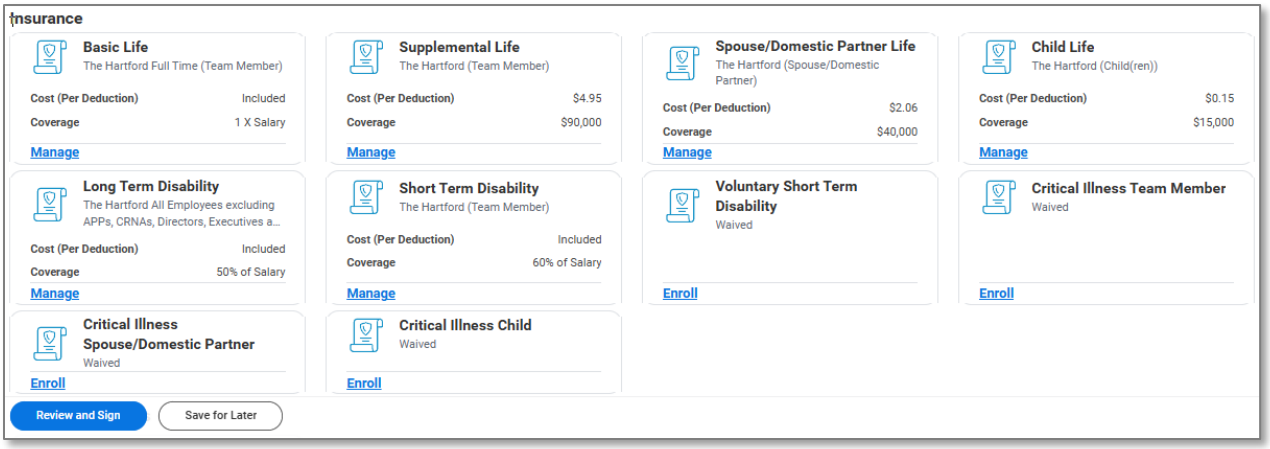
Contribution Limits for 2026 (per IRS)

Healthcare FSA	$3,400 annual maximum
Dependent Care FSA – Not HCE	$7,500 annual maximum
Dependent Care FSA – HCE	$1,500 annual maximum

HCE threshold: If your prior-year compensation is $160,000 or more, you are considered Highly Compensated (HCE) and your DCFSA maximum is $1,500.

Insurance Plans

You are automatically enrolled in Basic Group Life at no cost to you.
You can also elect additional insurance to increase your coverage for yourself and your family.



Eligibility "Rule of Thumb"

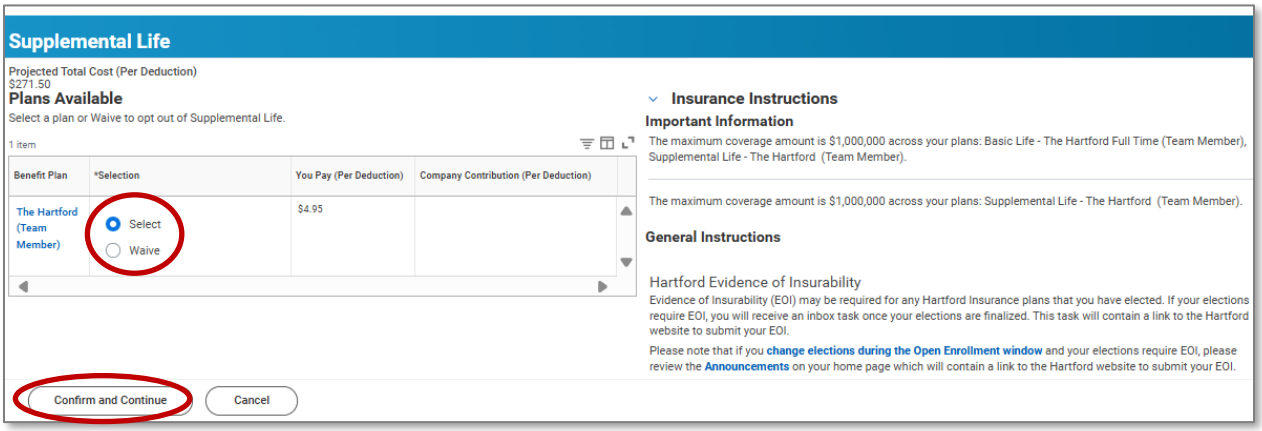
Plans can vary by employee group, but in general:

- To enroll a **Spouse/Domestic Partner** or a **Child** in a plan, you must first be enrolled in the **corresponding Team Member** plan.
- Example (Life Insurance):
  - Enroll **yourself** in **Supplemental Life** → then you can enroll **Spouse/DP Life** and **Child Life**.

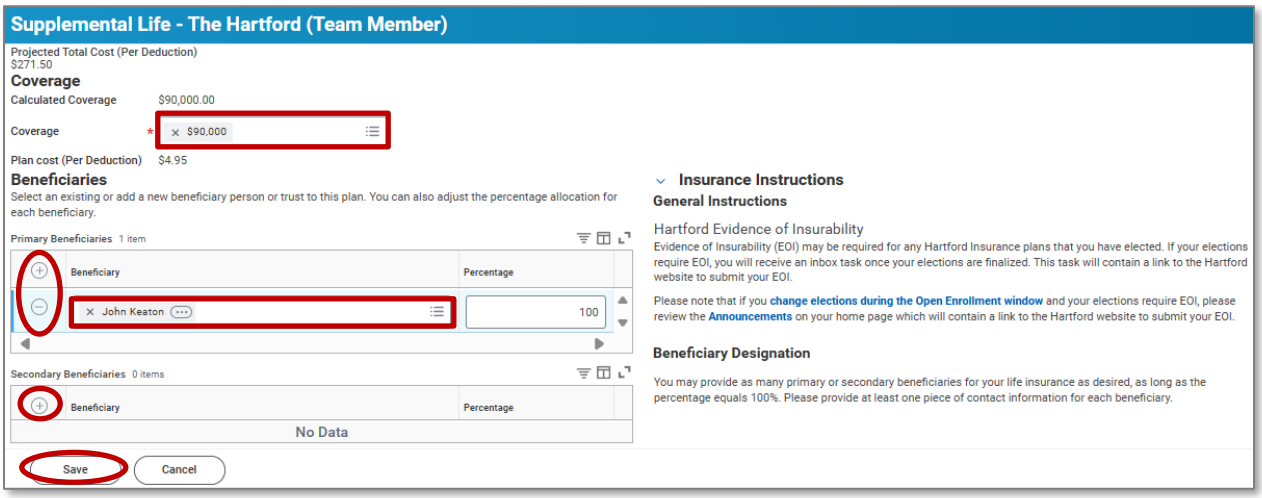
How to Enroll (example: Supplemental Life)

On the Open Enrollment page, click **Enroll** on **Supplemental Life**.

1. Choose **Select** and click **Confirm and Continue**.



2. Enter or pick your desired **Coverage** amount (Workday shows your **cost per deduction**).
3. Under **Beneficiaries**, add (+) or select your beneficiaries and set **percentages totaling 100%** for Primary (and optionally Secondary) beneficiaries. To delete, use the minus sign (-).



4. Click **Save**. The tile will show **UPDATED**.

Important

Increase in coverage amounts will require **Evidence of Insurability (EOI)** with the carrier. If required, you will receive a Workday inbox task after you submit your Open Enrollment changes with a link to complete EOI. If the EOI is declined or not completed, your election may be reduced or waived per plan rules.

Enroll Your Dependents (Spouse/DP or Child)

After you save your own elections:

1. Open **Spouse/Domestic Partner Life** and/or **Child Life** and click **Enroll**.
2. Select coverage and choose the dependent(s) to cover (only eligible types will be available).
3. Click **Save**.

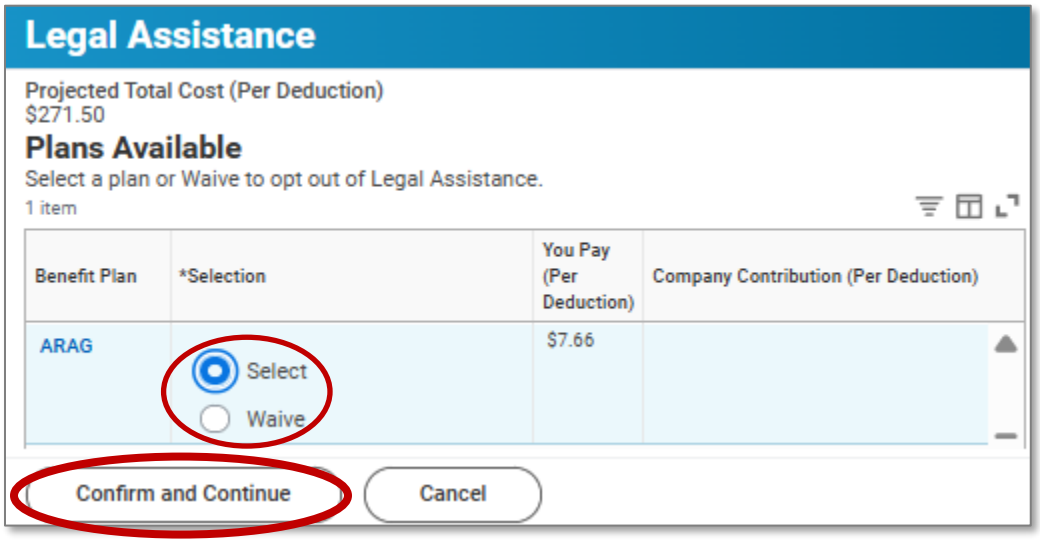
The same sequence applies to all plan types (for example, for Critical Illness: enroll Team Member first, then Spouse/DP or Child).

Legal Assistance

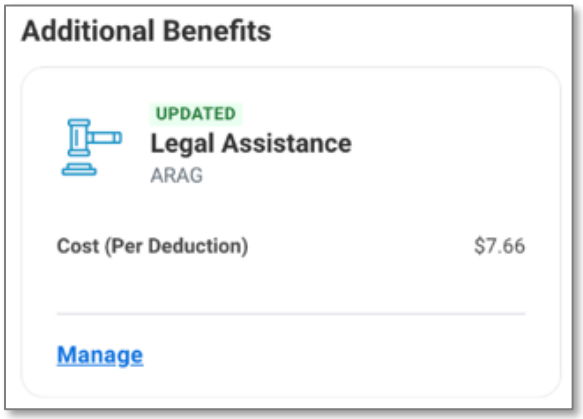
Legal Assistance provides access to a network of attorneys and covered legal services for a low, per-paycheck cost.

How to enroll

1. On the **Additional Benefits** tiles, click **Enroll** on **Legal Assistance**.
2. On the plan screen, choose **Select** for the provider and review the **You Pay (Per Deduction)** amount.



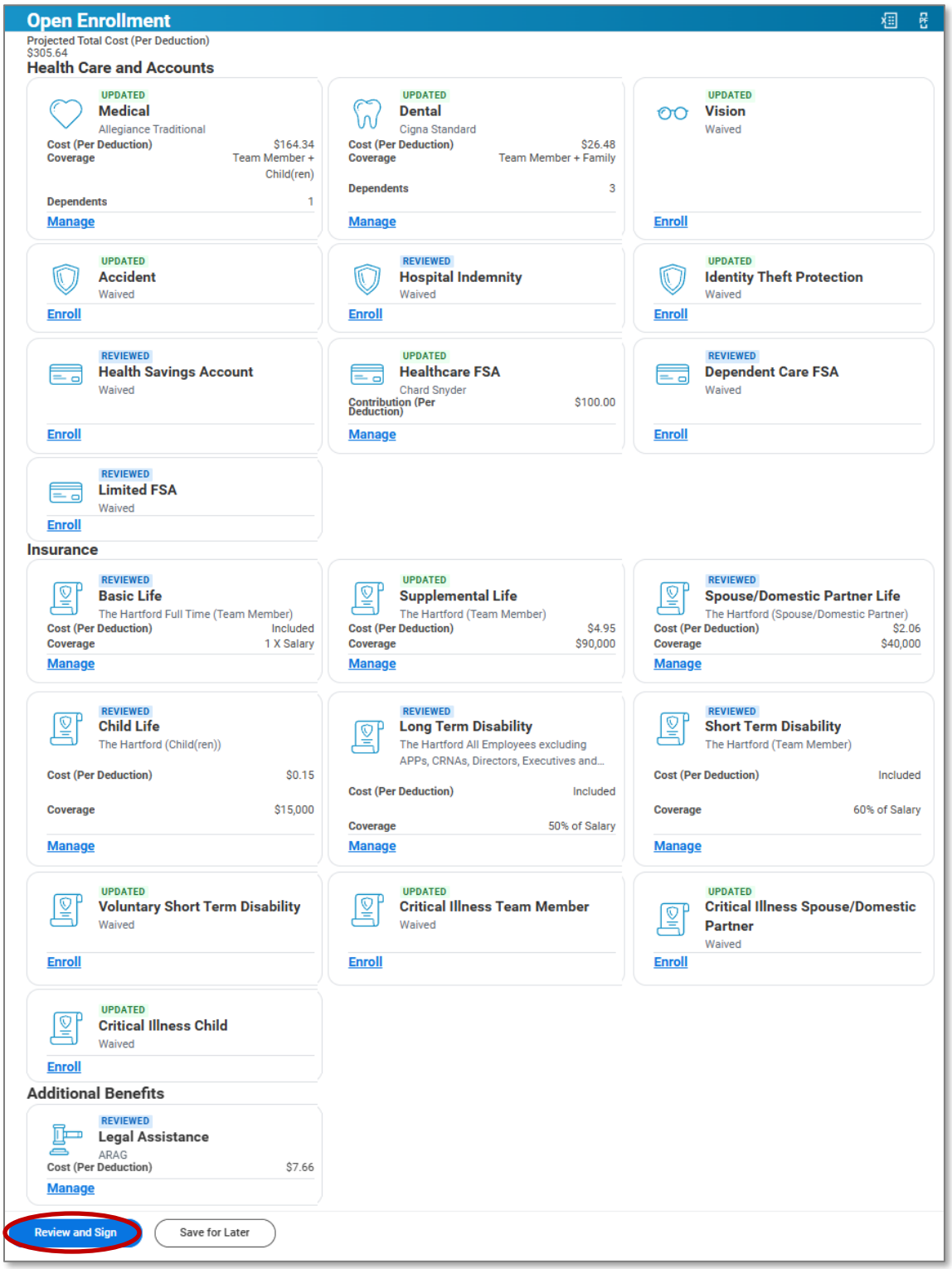
3. Click **Confirm and Continue**, then **Save**. The tile will show **UPDATED**.



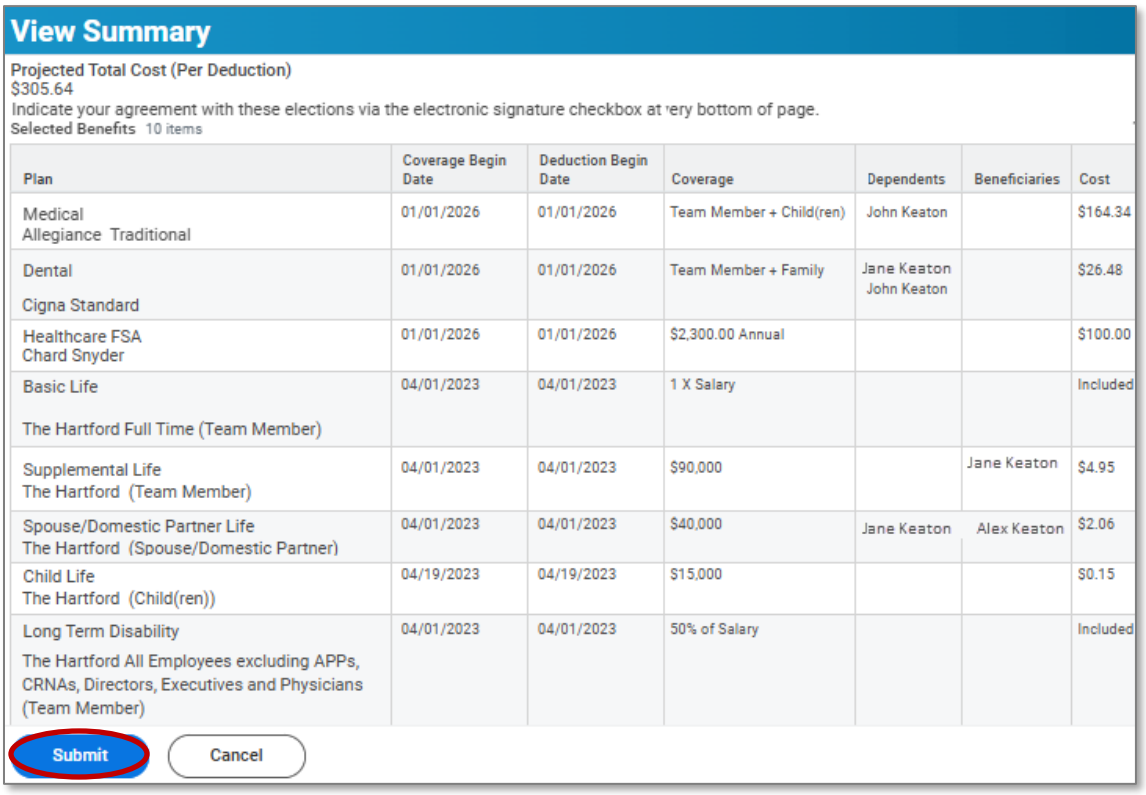
Submit Your Elections and View Summary

When you're finished making selections, submit them to finalize your Open Enrollment.

1. Review and Sign
    a. On the Open Enrollment page, click **Review and Sign**.



2. Review your Summary
    a. The View Summary page lists your Selected Benefits (coverage, dependents, beneficiaries, and cost) and all Waived Benefits.
    b. Review carefully. If you need to change anything, close the window and reopen the relevant tile to update it.



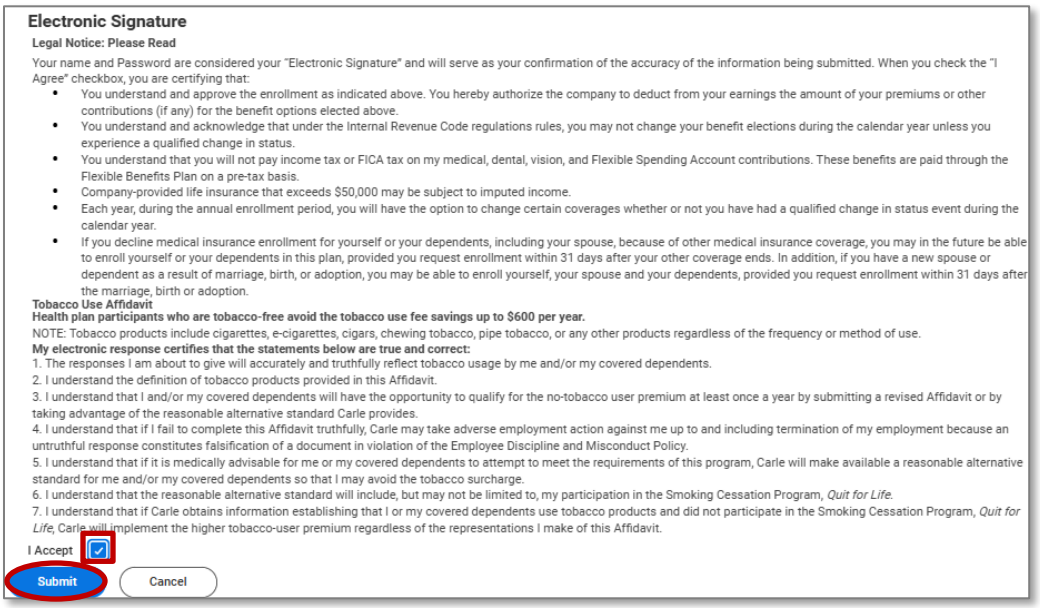
View Summary

Projected Total Cost (Per Deduction)
$305.64
Indicate your agreement with these elections via the electronic signature checkbox at very bottom of page.
Selected Benefits 10 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Allegiance Traditional	01/01/2026	01/01/2026	Team Member + Child(ren)	John Keaton		$164.34
Dental Cigna Standard	01/01/2026	01/01/2026	Team Member + Family	Jane Keaton John Keaton		$26.48
Healthcare FSA Chard Snyder	01/01/2026	01/01/2026	$2,300.00 Annual			$100.00
Basic Life The Hartford Full Time (Team Member)	04/01/2023	04/01/2023	1 X Salary			Included
Supplemental Life The Hartford (Team Member)	04/01/2023	04/01/2023	$90,000		Jane Keaton	$4.95
Spouse/Domestic Partner Life The Hartford (Spouse/Domestic Partner)	04/01/2023	04/01/2023	$40,000	Jane Keaton	Alex Keaton	$2.06
Child Life The Hartford (Child(ren))	04/19/2023	04/19/2023	$15,000			$0.15
Long Term Disability The Hartford All Employees excluding APPs, CRNAs, Directors, Executives and Physicians (Team Member)	04/01/2023	04/01/2023	50% of Salary			Included

Submit Cancel

3. Accept and Submit
    a. Scroll to the bottom of the Summary page.
    b. Check the electronic signature box (**I Accept)** and click **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:

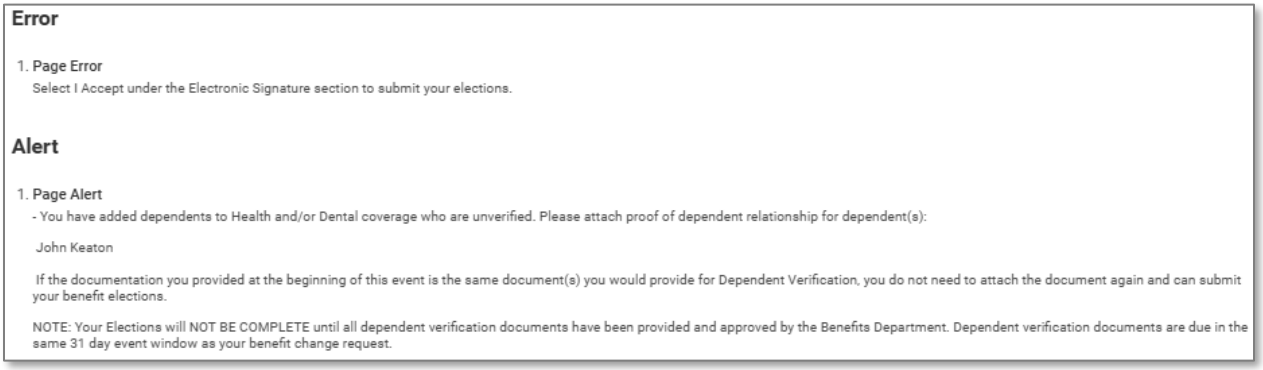
- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds $50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

Tobacco Use Affidavit
Health plan participants who are tobacco-free avoid the tobacco use fee savings up to $600 per year.
NOTE: Tobacco products include cigarettes, e-cigarettes, cigars, chewing tobacco, pipe tobacco, or any other products regardless of the frequency or method of use.
My electronic response certifies that the statements below are true and correct:
1. The responses I am about to give will accurately and truthfully reflect tobacco usage by me and/or my covered dependents.
2. I understand the definition of tobacco products provided in this Affidavit.
3. I understand that I and/or my covered dependents will have the opportunity to qualify for the no-tobacco user premium at least once a year by submitting a revised Affidavit or by taking advantage of the reasonable alternative standard Carle provides.
4. I understand that if I fail to complete this Affidavit truthfully, Carle may take adverse employment action against me up to and including termination of my employment because an untruthful response constitutes falsification of a document in violation of the Employee Discipline and Misconduct Policy.
5. I understand that if it is medically advisable for me or my covered dependents to attempt to meet the requirements of this program, Carle will make available a reasonable alternative standard for me and/or my covered dependents so that I may avoid the tobacco surcharge.
6. I understand that the reasonable alternative standard will include, but may not be limited to, my participation in the Smoking Cessation Program, *Quit for Life.*
7. I understand that if Carle obtains information establishing that I or my covered dependents use tobacco products and did not participate in the Smoking Cessation Program, *Quit for Life,* Carle will implement the higher tobacco-user premium regardless of the representations I make of this Affidavit.

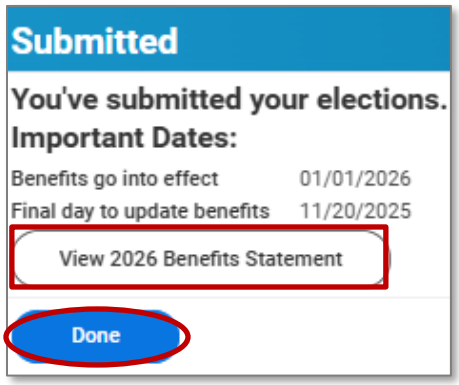
I Accept ☑

Submit Cancel

Note: An error will display if the electronic box is not checked or required documentation is not attached.



4. Confirmation and next steps
    a. Click **View 2026 Benefits Statement**. You'll see a **Submit Elections Confirmation** page with your final elections. Click **Print** to open a printable copy of your summary for your records.



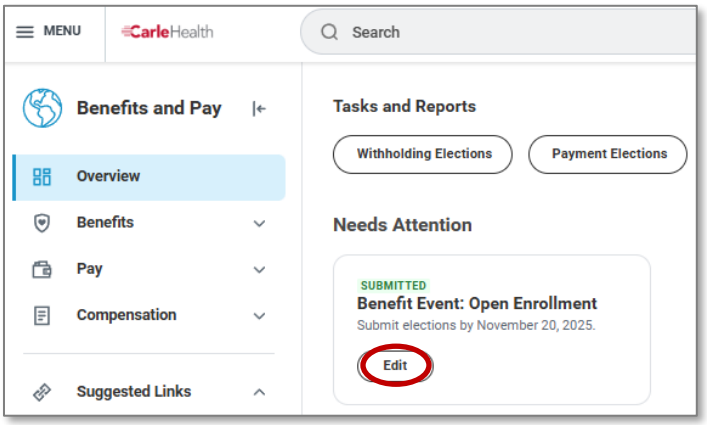
    b. If any plan requires **Evidence of Insurability (EOI)**, you will receive a **Workday Inbox task** with a link to complete it. Your coverage may be limited or pending until EOI is approved.

Updating Your Enrollment

You can update your Open Enrollment choices any time until the last day of the enrollment window (between 11/4-11/20).

How to reopen your event

1. Open the **Menu** and select **Benefits and Pay**.



2. On the **Overview** tab, locate the **Benefit Event: Open Enrollment** card (you will see the **Submit elections by** date).
3. Click **Edit** to reopen the event.

Finish up

- Update any plans you need, then click **Review and Sign** again.
- Scroll to the bottom, check **I Accept**, and click **Submit** to resubmit your elections.