

# Open Enrollment Instructions

Full-Time Team Members (US Only)



**Open Enrollment is here from May 3<sup>rd</sup> to May 17<sup>th</sup>!** It's that time of year when you can add, drop, or change your benefit elections. This guide will walk you through the process of completing your Open Enrollment in Workday. You can access Workday through the SharePoint Intranet, by visiting <https://wd5.myworkday.com/michaels>, or on a mobile device using the QR code above.

For detailed information about the different benefit options available to you as a Michaels Team Member, please visit [www.MIKBenefits.com](http://www.MIKBenefits.com)

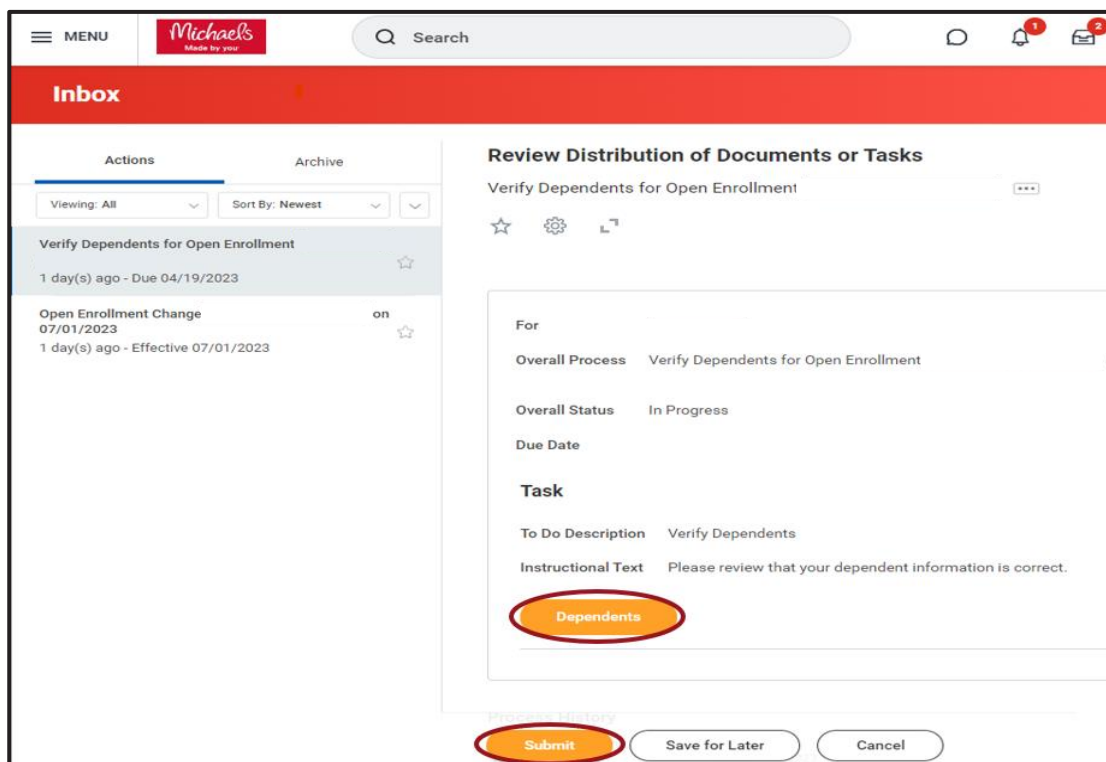
## Selecting Your Benefits

When it is time for Open Enrollment on May 3<sup>rd</sup> you will see an Announcement on the Workday homepage and two tasks for Open Enrollment in your Workday inbox. The first task is to **“Verify Dependents for Open Enrollment”** and the second is **“Open Enrollment Change.”**

### Verify Dependents

To begin, start with the **“Verify Dependents for Open Enrollment”** task. **Please Note: You cannot add dependents or beneficiaries within the “Open Enrollment” task. You will need to add them using the “Verify Dependents” task.**

- If you do not have Dependents to add/edit, click **“Submit”** for this task and go to page 2.
- If you do have Dependents to add/edit, click **“Dependents”** within the task in the inbox and you will be routed to the Add/Edit Dependent page. Once you are done updating your dependents, you have to navigate back to your Workday Inbox and then click **“Submit.”**



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After submitting the “**Verify Dependents for Open Enrollment**” task, click the “**Open Enrollment Change**” task in your Workday Inbox and click “**Let’s Get Started.**”

## Tobacco Use

When you begin your enrollment, the **Tobacco Use** question will appear first. All Full-Time eligible Team Members and their enrolled spouse/domestic partner must answer this question. If you do not have a spouse/domestic partner enrolled, you will only see the tobacco question for yourself. If you have just added a spouse/domestic partner, you will be asked to answer their tobacco question before being able to continue.

**Tobacco Use**

If Tobacco user (Team Member) – I acknowledge and understand that if I am a tobacco user or have been in the past 6 months, I will be charged a tobacco surcharge of \$650 annually in my premiums under the Michaels Medical Plan to be deducted from my regular paycheck. If you do not satisfy the standards to avoid the surcharge (i.e. you have used tobacco products within the last 6 months), you still have an opportunity to avoid the tobacco surcharge by a different means. Contact Team Member Services at 1-855-432-MIKE(6453), option 2 and we will work with you (and if you wish, with your physician) to develop another way to qualify and avoid the surcharge that is right for you and your health in light of your health status.

Question Please make the appropriate selection indicating your tobacco use

Answer \*  Yes  
 No

## Open Enrollment Homepage

On the Open Enrollment Homepage, you will see all eligible plans with the option to **Enroll** beneath each plan. When you’re ready to update the coverage, click on **Enroll** for the appropriate plan.

Health Care and Accounts

<b>Medical &amp; Prescription Drug (US)</b> Waived <b>Enroll</b>	<b>Dental (US)</b> Waived <b>Enroll</b>	<b>Vision (US)</b> Waived <b>Enroll</b>
<b>Accident (US)</b> Waived <b>Enroll</b>	<b>Health Care Flexible Spending Account (FSA) (US)</b> Waived <b>Enroll</b>	<b>Limited-Use Flexible Spending Account (FSA) (US)</b> Waived <b>Enroll</b>

Insurance

<b>Basic Employee Life &amp; Accidental Death &amp; Dismemberment (AD&amp;D) (US)</b> Reliance Standard (Employee Only) Coverage \$25,000 <b>Manage</b>	<b>Basic Spouse Life (US)</b> Waived <b>Enroll</b>	<b>Basic Domestic Partner Life (US)</b> Waived <b>Enroll</b>
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## Medical & Prescription Drug

The first plan listed is **Medical & Prescription Drug**. After clicking **Enroll**, you will be able to **Select** or **Waive** coverage.

If you decide to enroll in a specific Coverage, click on the **Select** Benefit Plan option in the first column. At the bottom of the screen, click **Confirm and Continue**.

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BCBS PPO - Basic PPO	\$38.93	\$216.71
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BCBS PPO - Choice HSA	\$51.88	\$216.28
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BCBS PPO - Enhanced PPO	\$99.36	\$180.30

Coverage ★ Employee + Spouse

Plan cost per paycheck

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Test Spouse	Spouse	04/01/1990

After clicking **Confirm and Continue**, you will be routed to a page where you will be able to select the dependents you want covered. Coverage Level and biweekly cost will be updated after selecting your dependents with the check box next to their name.

Once you have selected your dependents, click **Save** at the bottom of the page.

After clicking **Save**, you will be taken back to the Open Enrollment homepage where your elections will update as you complete each benefit selection.

Health Care and Accounts

- Medical & Prescription Drug (US)** (UPDATED) - BCBS PPO - Basic PPO. Cost per paycheck: \$104.99. Coverage: Employee + Spouse. Dependents: 1. [Manage](#)
- Dental (US)** (Cigna DPPO). Cost per paycheck: \$14.52. Coverage: Employee Only. [Manage](#)
- Vision (US)** - Waived. [Enroll](#)
- Accident (US)** - Waived. [Enroll](#)
- Health Savings Account (HSA) (US)** - Waived. [Enroll](#)
- Health Care Flexible Spending Account (FSA) (US)** (REVIEWED) - Waived. [Enroll](#)
- Limited-Use Flexible Spending Account (FSA) (US)** - Waived. [Enroll](#)
- Dependent Care Flexible Spending Account (FSA) (US)** - Waived. [Enroll](#)

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## Dental and Vision

The next enrollment options available are the **Dental** and **Vision** sections. After clicking **Enroll**, you will be able to choose **Select** or **Waive** coverage.

**Plans Available**

Select a plan or Waive to opt out of Dental (US). The displayed cost of waived plans assumes coverage for E

2 items

*Selection	Benefit Plan	You Pay (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna DHMO	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna DPPO	

**Plans Available**

Select a plan or Waive to opt out of Vision (US). The displayed cost of waived plans assumes coverage f

1 item

*Selection	Benefit Plan	You Pay (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	EyeMed VIS	

After clicking **Confirm and Continue**, you will be routed to the next page where you will be able to select the dependents you want covered. Coverage Level and biweekly cost will be updated after selecting your desired dependents with the check box next to their name just as it did for **Medical & Prescription Drug**.

## Spending Accounts

There are four spending account options available: Health Savings Account (HSA), Healthcare FSA, Limited-Use FSA, and Dependent Care FSA. **Please Note: You may only enroll in the HSA and/or Limited-Use FSA if you are enrolled in the BCBS Choice plan. If you're enrolled in the BCBS Choice plan, Michaels automatically makes contributions to your HSA (you are not required to contribute to the HSA to receive Michaels' contribution).**

### Health Care Flexible Spending Account (FSA) (US)

**Contribute**

Your estimated contributions made this year

Actual contributions from payroll \$0.00

Per Paycheck  Annual

Remaining Paychecks 13

Use Paycheck Override

Minimum Annual Amount: \$100.00  
Maximum Annual Amount: \$1,524.00

**Summary**

Total Annual Contribution \$0.00

### Health Savings Account (HSA) (US) - HealthEquity

**Contribute**

Your estimated contributions made this year

Actual contributions from payroll \$0.00

Per Paycheck  Annual

Remaining Paychecks 13

Use Paycheck Override

Minimum Annual Amount: \$100.00  
Maximum Annual Amount: \$3,850.00

**Summary**

Annual Company Contribution \$423.17  
Total Annual HSA Contribution \$423.17

Enter your desired annual or biweekly goal amount, and Workday will automatically calculate your bi-weekly contribution. Click **Save** at the bottom of the page when done.

**Please note: Your current FSA and HSA elections will not automatically roll over; you must re-enroll in the plans each year.**

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## Insurance Elections

There are several Insurance options to choose from, and all are offered through Reliance Standard. All Full-Time eligible Team Members will automatically be enrolled in the company Basic Life/AD&D Insurance options. You can elect Basic Insurance options for spouse/domestic partners and children. There are additional plan options for Optional Life, Accidental Death & Dismemberment (AD&D), Critical Illness, STD, and LTD.

Insurance

 <b>Basic Employee Life &amp; Accidental Death &amp; Dismemberment (AD&amp;D) (US)</b> Reliance Standard (Employee Only) Coverage: \$25,000 <a href="#">Manage</a>	 <b>Basic Spouse Life (US)</b> Waived <a href="#">Enroll</a>	 <b>Basic Domestic Partner Life (US)</b> Waived <a href="#">Enroll</a>
 <b>Basic Child Life (US)</b> Waived <a href="#">Enroll</a>	 <b>Optional Employee Life (US)</b> Waived <a href="#">Enroll</a>	 <b>Optional Employee Accidental Death &amp; Dismemberment (AD&amp;D)</b> Waived <a href="#">Enroll</a>
 <b>Optional Spouse Life (US)</b> Waived <a href="#">Enroll</a>	 <b>Optional Domestic Partner Life (US)</b> Waived <a href="#">Enroll</a>	 <b>Optional Spouse Accidental Death &amp; Dismemberment (AD&amp;D)</b> Waived <a href="#">Enroll</a>

**Please note: If you are newly eligible to enroll, you can elect coverage up to the Guarantee Issue amount without answering any health questions. Otherwise, you will be required to provide Evidence of Insurability (EOI) and your coverage request will need to be approved by Reliance Standard before coverage begins.**

## Designate a Beneficiary

At the bottom of the screen, you will be able to designate beneficiaries for the plan(s) you just selected. By clicking the plus icon, a new row appears. By clicking on the prompt icon, you will then be able to select a beneficiary (or a dependent marked as beneficiary within the add/edit dependent page). **Please Note: You can add as many beneficiaries as you like, but the total percentage must equal 100%.**

**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 0 items

Beneficiary	Percentage
No Data	

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

**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
	0

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

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A pop-up window will appear giving you the option to **add an existing Beneficiary** or **add an existing Trust**. Once you have selected your desired option, click **Save** at the bottom of the page. You will be routed back to the Open Enrollment homepage. You can update beneficiaries during Open Enrollment and at any time during the plan year through Workday.

### Coverage

Coverage \$20,000  
Calculated Coverage \$20,000.00  
Plan cost per paycheck

### 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
Test Parent	100

## End of Enrollment

At this point you have made it to the end of the benefit enrollment options. You can either click **Review and Sign** or **Save for Later** at the bottom of the page. **Important: If you click Save for Later, you will need to submit your elections before the enrollment period ends May 17th in order for your benefit elections to be finalized and accepted. If you don't finalize your elections, they will not be recorded, and you will have to wait until next year's Open Enrollment to make any changes.**

## View Summary and Submit

The final screen will give you a breakdown of your chosen benefit elections, and the total bi-weekly cost.

### View Summary

Projected Total Cost Per Paycheck

Please review your enrollments below. If you are satisfied with your choices, please select the "I Agree" checkbox at the bottom of the page and then click the "Submit" button to finalize your enrollment.

You may also select the "Go Back" button to make additional changes or the "Save for Later" button to return to this enrollment at a later time.

Turn on the new tables view

Selected Benefits: 18 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical & Prescription Drug (US)			Employee + Spouse			
Aetna POS - Select HRA			Employee + Spouse			
Dental (US)			Employee + Spouse			
Cigna DPPPO			Employee + Spouse			
Vision (US)			Employee + Spouse			
EyeMed VIS						
Basic Employee Life (US)			\$25,000			Included
Reliance Standard (Employee Only)						
Basic Employee Accidental Death & Dismemberment (AD&D) (US)			\$25,000			Included

If you are satisfied with your enrollments, please read the Electronic Signature details, and then select **I Agree** at the bottom of the screen. Then Click **Submit**.

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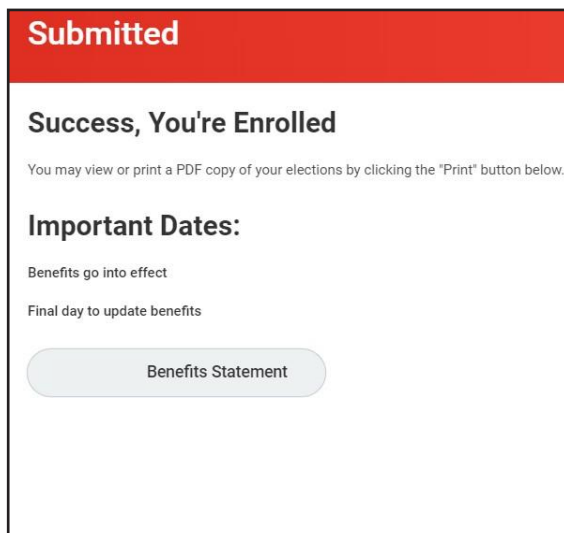
I Agree

Submit

**Your elections will not be finalized until you check “I Agree” located at the bottom of the screen, click Submit, and then see the confirmation page. If you don’t check “I Agree” and “Submit” your elections, then they will not be recorded, and you will have to wait until next year’s Open Enrollment to make any changes.**

## Benefit Statement

Once submitted, your 2023 Benefits Statement button will be displayed. Click the button and from there you can download a copy. It is highly recommended that you **Save a Copy** or **Print** for your records. **This is your proof of your enrollment.**



**Important: Once the Open Enrollment window closes, you will not be able to add, drop, or change your elections until next year’s Open Enrollment, unless you experience a Qualifying Life Event. If you need to make any changes to your elections after you clicked submit within the Open Enrollment window of May 3<sup>rd</sup> - May 17<sup>th</sup>, Call Team Member Services at 1-855-432-MIKE (6453), option 2, or open a ticket in Knowledge Zone.**

Your Open Enrollment elections will become effective at the beginning of the new Plan Year, July 1<sup>st</sup>. The first payroll deduction with the new rates will begin July 14<sup>th</sup>, 2023.

**For questions about enrolling or need to make changes to your submitted your elections? Call Team Member Services at 1-855-432-MIKE (6453), option 2, or open a ticket in Knowledge Zone.**