

# 2025 FSA HSA Open Enrollment Instructions

Full-Time | ACA Eligible Team Members (US Only)



**Welcome to the 2025 FSA HSA Open Enrollment!** This is your opportunity to make pre-tax contributions to an FSA and or HSA that you can use to pay for eligible medical, prescription drug, dental, vision, and child care expenses. When you choose to contribute to these accounts, you reduce the amount of taxable income allowing you to pocket more of your earnings. The enrollment period is from **Oct 14 through Oct 25, 2024**. FSA and HSA Open Enrollment changes are effective January 1 to December 31, 2025. This guide will walk you through completing 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 [FSA & HSA Enrollment - Michaels Benefits \(mikbenefits.com\)](https://mikbenefits.com)

## *Selecting Your Benefits*

During Open Enrollment you will see an announcement on the [Workday homepage](#) and a task for Open Enrollment in your Workday inbox. The 2025 FSA HSA Open Enrollment elections will be effective January 1, 2025. FSA and HSA election changes will begin on January 10, 2025, paychecks. Throughout the enrollment process, you will have enrollment instructions along with links and resources to reference to help you make your selection that best fits your needs.

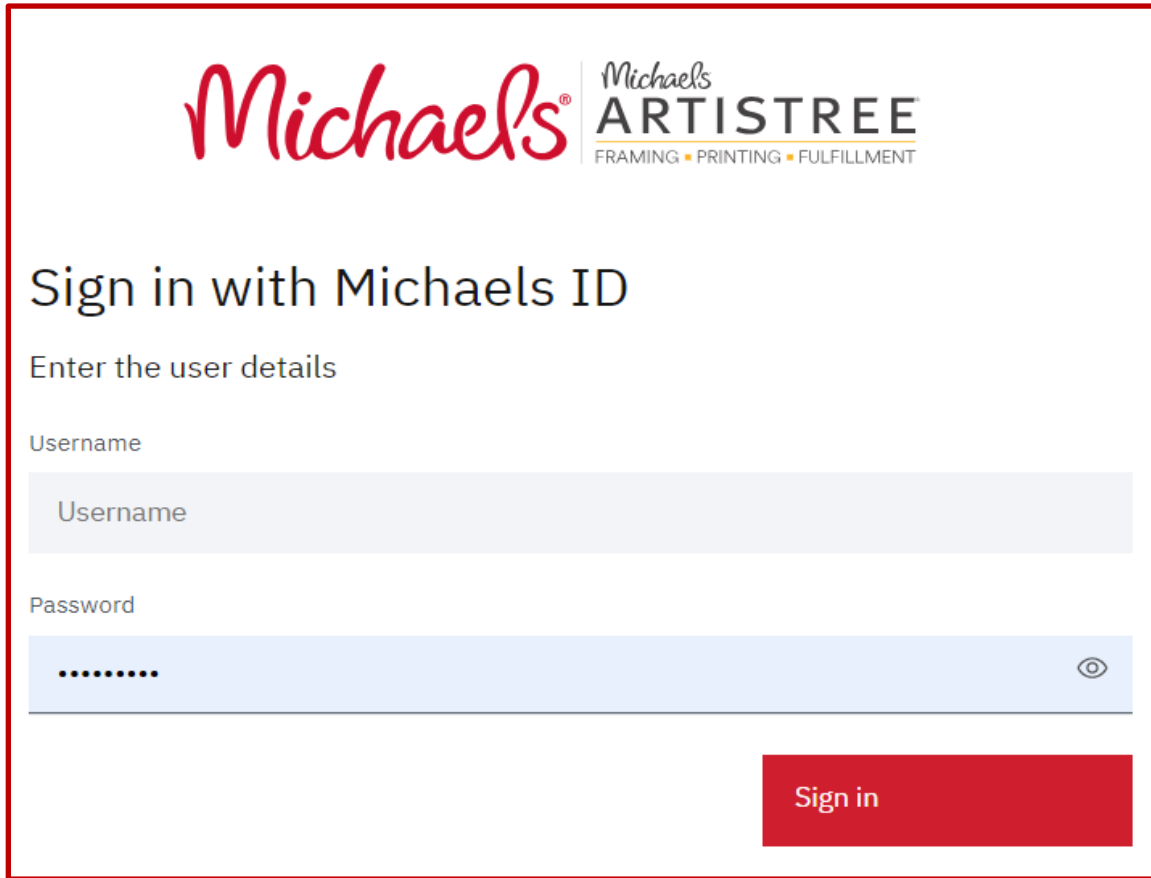
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### Begin your Enrollment

1. Navigate to: [Sign in - Michaels](#) and log into your Workday profile.



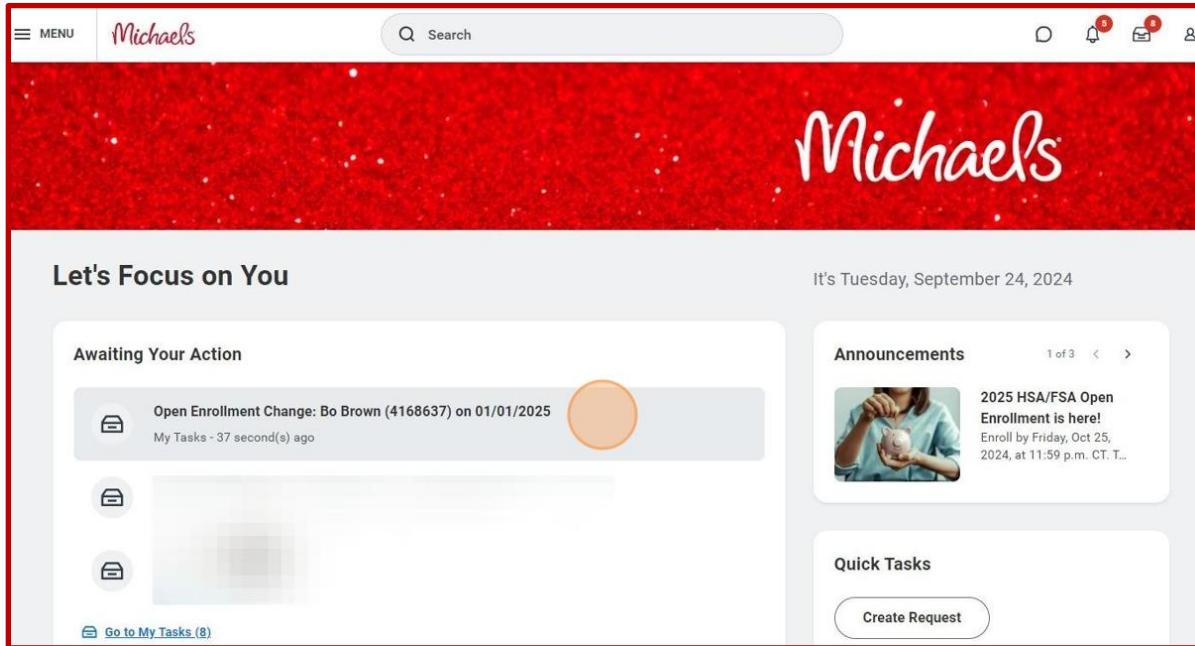
The screenshot shows the Michaels sign-in interface. At the top, the Michaels logo is on the left, and the 'Michaels ARTISTREE' logo is on the right, with 'FRAMING • PRINTING • FULFILLMENT' below it. The main heading is 'Sign in with Michaels ID'. Below this is the instruction 'Enter the user details'. There are two input fields: 'Username' and 'Password'. The 'Username' field contains the placeholder text 'Username'. The 'Password' field contains a series of dots and a toggle icon on the right. A red 'Sign in' button is located at the bottom right of the form.

# 2025 FSA HSA Open Enrollment Instructions

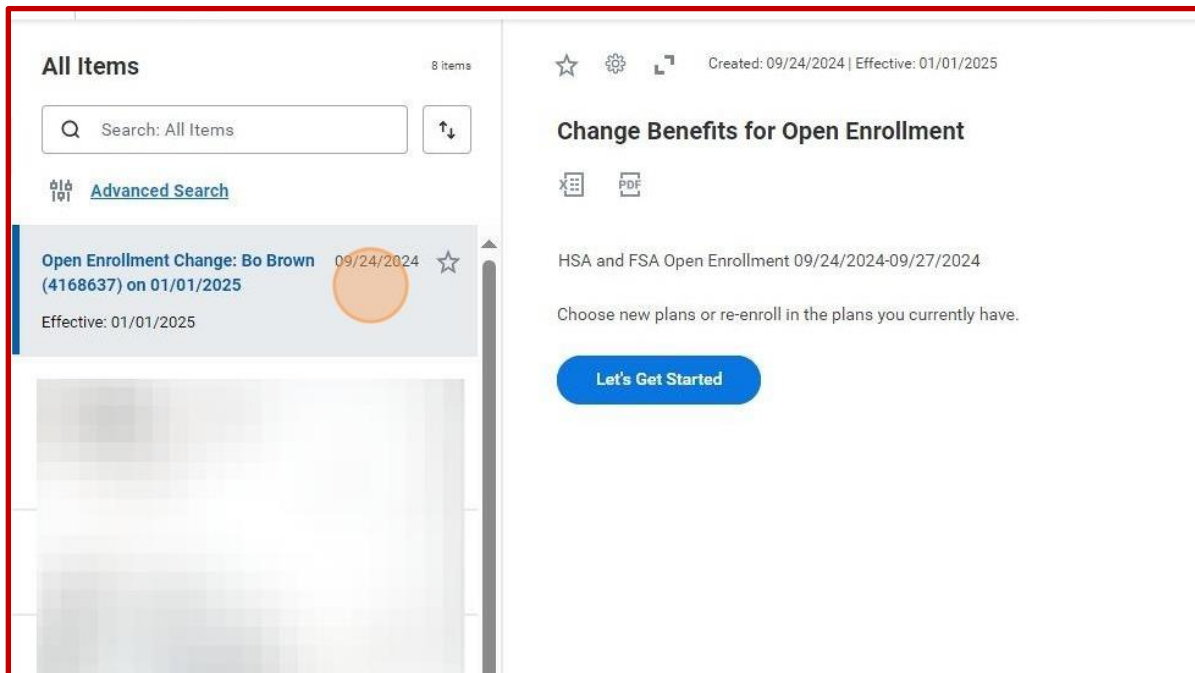
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2. Click on “Open Enrollment Change.” You will be directed to your Workday inbox.



3. From your Workday inbox, click on “Open Enrollment Change.”

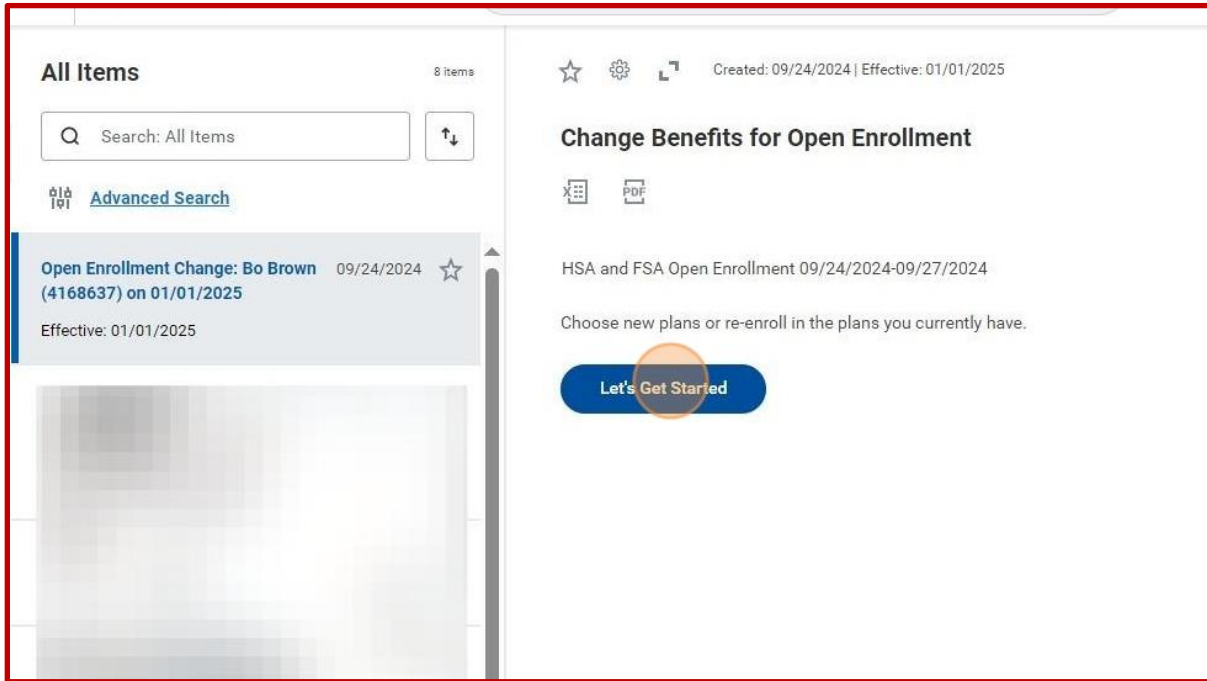


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4. Click on "Let's Get Started."





### Health Savings Account (HSA) Enrollment

#### Notes:

- You must be enrolled in the BCBS Choice HSA medical plan to be eligible for a Health Savings Account (HSA). If you are enrolled in the BCBS Choice HSA medical plan, you must enroll in the Health Savings Account (HSA).
- While you are required to enroll in the HSA, you are not required to contribute to your HSA. You may choose to contribute \$0.
- If you choose to contribute to your HSA, you are required to make at least a \$50 annual contribution.
- If you are enrolled in the BCBS Basic PPO, Enhanced PPO, Kaiser HRA, or not enrolled in a Michaels Medical plan, the HSA option will be greyed out. See example below:

#### Plans Available

Select a plan or Waive to opt out of Health Savings Account (HSA) (US).

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)	Company Contribution (Biweekly)
HealthEquity	<input type="radio"/> Select <input checked="" type="radio"/> Waive		

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### 5. Under the Health Savings Account enrollment card, click on “Enroll.”

Welcome to the 2025 FSA HSA Open Enrollment! This is a great opportunity to review your options and make choices that best fit your healthcare needs for 2025.

Enrollment Period: October 14, 2024 – October 25, 2024

Benefit Effective Date: January 1, 2025 – December 31, 2025

FSA/HSA Open enrollment is a valuable opportunity to save pre-tax money, plan for healthcare needs, customize your benefits, manage costs, and stay informed about available options. Make the most of your benefits during this period!

For more information, please visit [FSA & HSA Enrollment - Michaels Benefits \(mkbenefits.com\)](https://mkbenefits.com).

Health Equity Links:

- [HSA - Health Savings Account | HealthEquity](#)
- [Flexible Spending Account \(FSA\) Guide | HealthEquity®](#)
- [Limited Purpose FSA \(LPFSA\) Guide | HealthEquity®](#)
- [Dependent Care Flexible Spend Account \(DCFSA\) | HealthEquity](#)

Have questions or need help enrolling? Call Team Member Services at 1-855-432-MIKE (1-855-432-6453), option 2 (7:30 a.m. – 6:00 p.m. CST), or email [HRTeam@michaels.com](mailto:HRTeam@michaels.com). You can also submit a [Knowledge Zone ticket](#).

#### Accounts

 <b>Health Savings Account (HSA) (US)</b> Waived  <input checked="" type="radio"/> Enroll	 <b>Health Care Flexible Spending Account (FSA) (US)</b> Waived  <input type="radio"/> Enroll	 <b>Limited-Use Flexible Spending Account (FSA) (US)</b> Waived  <input type="radio"/> Enroll
 <b>Dependent Care Flexible Spending Account (FSA) (US)</b> Waived  <input type="radio"/> Enroll		

### 6. Click on “Select.”

30.00

#### Plans Available

Select a plan or Waive to opt out of Health Savings Account (HSA) (US).

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)	Company Contribution (Biweekly)
HealthEquity	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

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7. Click on "Confirm and Continue."

HealthEquity

Select

Waive

contribution  
year and ea  
expenses ne  
Savings Acc

You must be  
Account (HS  
Health Savi

**HSA Contrib**

**2024 Curre**  
Employee O  
Employee +  
55 Years old

**2025 Open**  
Employee O  
Employee +  
55 Years old

**Confirm and Continue** Cancel

8. Enter in the contribution amount you would like to contribute. Otherwise, leave the amount at \$0.00 if you only want to receive the Michaels HSA contribution.

**Health Savings Account (HSA) (US) - HealthEquity** HSA and FSA Open Enrollment for J

Projected Total Cost Per Paycheck  
\$100.00

**Contribute**

Actual contributions from payroll \$0.00

Per Paycheck  Annual

Total Paychecks 26

Use Paycheck Override:

Minimum Annual Amount: \$50.00

Maximum Annual Amount: \$4,299.00

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9. Click on "Save."

Annual  Total Paychecks 26

Minimum Annual Amount: \$50.00  
Maximum Annual Amount: \$4,299.00

**Summary**

Annual Company Contribution	\$500.00
Total Annual HSA Contribution	\$500.00

**Save** **Cancel**

## Health Care Flexible Spending Account (HCFSA) Enrollment

### Notes:

- The Health Care FSA is reserved for those who are enrolled in the BCBS Basic PPO, Enhanced PPO, Kaiser HRA, or not enrolled in a Michaels Medical plan.

### HSA Participants:

- The HCFSA is not available to you if you are enrolled in the BCBS Choice HSA medical plan.
- If you attempt to enroll into HCFSA if you are enrolled in the BCBS Choice HSA medical plan you will receive the error below when you try to submit your enrollment:

**Additional Changes**

When you select Health Savings Account (HSA) (US) - HealthEquity, you must also select . If you waive any of these: Health Savings Account (HSA) (US) - HealthEquity, Workday automatically waives any of these: .

Must elect a Health Savings Account (HSA) (US) - HealthEquity when electing a .



# 2025 FSA HSA Open Enrollment Instructions

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- You will not be able to submit your enrollment if you select the HCFSA. Be sure you are only enrolling into the HSA, LPFSA, and or the DCFSA.

## 10. Click on "Enroll."

Enrollment Period: October 14, 2024 – October 25, 2024

Benefit Effective Date: January 1, 2025 – December 31, 2025

FSA/HSA Open enrollment is a valuable opportunity to save pre-tax money, plan for healthcare needs, customize your benefits, manage costs, and stay informed about available options. Make the most of your benefits during this period!

For more information, please visit [FSA & HSA Enrollment - Michaels Benefits \(mikbenefits.com\)](#)

Health Equity Links:

- [HSA - Health Savings Account | HealthEquity](#)
- [Flexible Spending Account \(FSA\) Guide | HealthEquity®](#)
- [Limited Purpose FSA \(LPFSA\) Guide | HealthEquity®](#)
- [Dependent Care Flexible Spend Account \(DCFSA\) | HealthEquity](#)

Have questions or need help enrolling? Call Team Member Services at 1-855-432-MIKE (1-855-432-6453), option 2 (7:30 a.m. – 6:00 p.m. CST), or email [HRTeam@michaels.com](mailto:HRTeam@michaels.com). You can also submit a [Knowledge Zone ticket](#).

### Accounts

<p><b>UPDATED</b></p> <p><b>Health Savings Account (HSA) (US)</b> HealthEquity</p> <p>Contribution per paycheck: \$100.00</p> <p><a href="#">Manage</a></p>	<p><b>Health Care Flexible Spending Account (FSA) (US)</b> Waived</p> <p><a href="#">Enroll</a></p>	<p><b>Limited-Use Flexible Spending Account (FSA) (US)</b> Waived</p> <p><a href="#">Enroll</a></p>
<p><b>Dependent Care Flexible Spending Account (FSA) (US)</b> Waived</p>		

## 11. Click "Select."

### Plans Available

Select a plan or Waive to opt out of Health Care Flexible Spending Account (FSA) (US).

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)
HealthEquity	<input checked="" type="radio"/> Select <input type="radio"/> Waive	

# 2025 FSA HSA Open Enrollment Instructions

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12. Enter in the amount you would like to contribute to your HCFSA.

Health Care Flexible Spending Account (FSA) (00) Health Equity

Projected Total Cost Per Paycheck  
\$100.00

### Contribute

Actual contributions from payroll \$0.00

Per Paycheck  Annual

Total Paychecks 26

Use Paycheck Override

Minimum Annual Amount: \$100.00  
Maximum Annual Amount: \$3,199.00

13. Click "Save."



### Limited Purpose Flexible Spending Account (LPFSA) Enrollment

#### Notes:

- The LPFSA is available to you if you are enrolled in the BCBS Choice HSA medical plan only.
- If you are enrolled in the BCBS Basic PPO, Enhanced PPO, Kaiser HRA, or not enrolled in a Michaels Medical plan, the LPFSA option will be greyed out. See example below:

Projected Total Cost Per Paycheck  
\$100.00

#### Plans Available

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)
HealthEquity	<input type="radio"/> Select <input checked="" type="radio"/> Waive	

# 2025 FSA HSA Open Enrollment Instructions

## Full-Time | ACA Eligible Team Members (US Only)



14. Under the Limited-Use Flexible Spending Account, click on “Enroll.”

Enrollment Period: October 14, 2024 – October 25, 2024

Benefit Effective Date: January 1, 2025 – December 31, 2025

FSA/HSA Open enrollment is a valuable opportunity to save pre-tax money, plan for healthcare needs, customize your benefits, manage costs, and stay informed about available options. Make the most of your benefits during this period!

For more information, please visit [FSA & HSA Enrollment - Michaels Benefits \(mikbenefits.com\)](#)

Health Equity Links:

- [HSA - Health Savings Account | HealthEquity](#)
- [Flexible Spending Account \(FSA\) Guide | HealthEquity®](#)
- [Limited Purpose FSA \(LPFSA\) Guide | HealthEquity®](#)
- [Dependent Care Flexible Spend Account \(DCFSA\) | HealthEquity](#)

Have questions or need help enrolling? Call Team Member Services at 1-855-432-MIKE (1-855-432-6453), option 2 (7:30 a.m. – 6:00 p.m. CST), or email [HRTeam@michaels.com](mailto:HRTeam@michaels.com). You can also submit a [Knowledge Zone ticket](#).

### Accounts

<p><b>UPDATED</b></p> <p><b>Health Savings Account (HSA) (US)</b> HealthEquity</p> <p>Contribution per paycheck: \$100.00</p> <p><a href="#">Manage</a></p>	<p><b>REVIEWED</b></p> <p><b>Health Care Flexible Spending Account (FSA) (US)</b> Waived</p> <p><a href="#">Enroll</a></p>	<p><b>Limited-Use Flexible Spending Account (FSA) (US)</b> Waived</p> <p><a href="#">Enroll</a></p>
<p><b>Dependent Care Flexible Spending Account (FSA) (US)</b> Waived</p>		

15. Click, “Select.”

### Plans Available

Select a plan or Waive to opt out of Limited-Use Flexible Spending Account (FSA) (US).

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)
HealthEquity	<input checked="" type="radio"/> Select <input type="radio"/> Waive	

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16. Click “Confirm and Continue.”

Benefit Plan	*Selection	You Contribute (Biweekly)
HealthEquity	<input checked="" type="radio"/> Select <input type="radio"/> Waive	

Annual FSA HSA 1/1/2025  
Limited Purpose F...  
**dental and vision**  
[Eligible Expenses](#)  
You can enroll in a BCBS Choice HSA  
LPFSA Contributio  
**2024 Current Plan**  
Minimum: \$100  
Maximum: \$3,200  
\*Up to \$640 (Mini  
by 12/31/2025 of  
2024, to Decembe  
unused FSA funds  
**2025 Open Enroll**  
Minimum: \$100  
Maximum: \$3,200

**Confirm and Continue** Cancel

17. Enter in the amount you would like to contribute towards your LPFSA.

**Limited-Use Flexible Spending Account (FSA) (US) - HealthEquity** HSA and FSA

Projected Total Cost Per Paycheck  
\$200.00

**Contribute**

Actual contributions from payroll \$0.00

Per Paycheck  Annual

Total Paychecks 26

Use Paycheck Override:

Minimum Annual Amount: \$100.00  
Maximum Annual Amount: \$3,199.00

# 2025 FSA HSA Open Enrollment Instructions

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18. Click “Save.”

Minimum Annual Amount: \$100.00  
Maximum Annual Amount: \$3,199.00

**Summary**

Total Annual Contribution \$0.00

1/1/2025

Limited Purpose Flexible Spending Account (LPFSA) for  **dental and vision expenses**.  
[Eligible Expenses | HealthEquity](#)

You can enroll in a Limited Purpose Flexible Spending Account (LPFSA) for dental and vision expenses. You can also enroll in a BCBS Choice HSA Medical Savings Account (MSA).

LPFSA Contribution Limits

**2024 Current Plan Year:**  
Minimum: \$100  
Maximum: \$3,200 \*

\*Up to \$640 (Minimum of \$100) for dental and vision expenses by 12/31/2025 otherwise for dental and vision expenses to December 31, 2024. You cannot use FSA funds over \$640. Other expenses are not limited.

**2025 Open Enrollment:**  
Minimum: \$100

**Save** Cancel

## Dependent Care Flexible Spending Account (DCFSA) Enrollment

### Notes:

- The DCFSA is available for eligible dependent care expenses.
- A qualifying ‘dependent’ may be a child under age 13, a disabled spouse, or an older parent in eldercare.

19. Under the Dependent Care Flexible Spending Account, click on “Enroll.”

Have questions or need help enrolling? Call Team Member Services at 1-855-432-MIKE (1-855-432-6453), option 2 (7:30 a.m. – 6:00 p.m. CST), or email [HRTeam@michaels.com](mailto:HRTeam@michaels.com).  
[Knowledge Zone ticket](#).

Accounts

**Health Savings Account (HSA) (US)**  
HealthEquity  
Contribution per paycheck \$100.00  
[Manage](#)

**Health Care Flexible Spending Account (FSA) (US)**  
Waived  
[Enroll](#)

**Limited-Use Flexible Spending Account (FSA) (US)**  
HealthEquity  
Contribution per paycheck  
[Manage](#)

**Dependent Care Flexible Spending Account (FSA) (US)**  
Waived  
[Enroll](#)

# 2025 FSA HSA Open Enrollment Instructions

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20. Click "Select."

**Plans Available**

Select a plan or Waive to opt out of Dependent Care Flexible Spending Account (FSA) (US).

1 item

Benefit Plan	*Selection	You Contribute (Biweekly)
HealthEquity	<input checked="" type="radio"/> Select <input type="radio"/> Waive	

21. Click "Confirm and Continue."

HealthEquity

Select  
 Waive

for eligib  
are rende  
[Expense](#)  
Any bene  
(DCFSA)  
**DCFSA C**  
**2024 Cu**  
Minimum  
Maximur  
\*You can  
will have  
remainin  
**2025 Op**  
Minimum  
Maximur  
...

**Confirm and Continue** Cancel

# 2025 FSA HSA Open Enrollment Instructions

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22. Enter in the amount you would like to contribute to your DCFSA.

### Dependent Care Flexible Spending Account (FSA) (US) - HealthEquity

Projected Total Cost Per Paycheck  
\$300.00

#### Contribute

Actual contributions from payroll \$0.00

Per Paycheck  Annual

Total Paychecks 26

Use Paycheck Override

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$4,999.00

23. Click "Save."

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$4,999.00

#### Summary

Total Annual Contribution \$0.00

**Annual FSA HSA Open 1/1/2025**

The Dependent Care Flexible Spending Account is available to eligible dependent and rendered. For a full list of eligible expenses, see [Expenses \(QME\) \(health\)](#).

Any benefits eligible to be used for dependent care expenses (DCFSA).

**DCFSA Contribution Limits**

**2024 Current Plan Year**  
Minimum: \$100  
Maximum: \$5,000 (\$2,500 per dependent)

\*You can incur eligible expenses until March 31st, 2025, or until remaining funds left in your account are used.

**2025 Open Enrollment**  
Minimum: \$100





### Completing your Enrollment

24. Click “Review and Sign.”

25. Review your elections and scroll down.

**View Summary**

Projected Total Cost Per Paycheck  
\$300.00

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 later.

Selected Benefits 3 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Health Savings Account (HSA) (US) HealthEquity	01/01/2025	01/01/2025	\$2,600.00 Annual			\$100.00
Limited-Use Flexible Spending Account (FSA) (US) HealthEquity	01/01/2025	01/01/2025	\$2,600.00 Annual			\$100.00
Dependent Care Flexible Spending Account (FSA) (US) HealthEquity	01/01/2025	01/01/2025	\$2,600.00 Annual			\$100.00

Waived Benefits 1 item

Health Care Flexible Spending Account (FSA) (US)	Waived
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Total Benefits Cost 1 item

# 2025 FSA HSA Open Enrollment Instructions

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26. Read the acknowledgement and click "Accept."

[Right to a Paper Copy](#). You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact Team Members to request a paper copy.

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**HSA/FSA**  
In addition, with respect to the Health Savings, Health Care Flexible Spending, Limited Purpose Health Care Flexible Savings and Dependent Care Savings Accounts, I authorize Michaels to deduct the amounts owed from my paycheck, and in the event, I fail to repay such claims, I authorize Michaels to deduct the amounts owed from my paycheck.

I Accept

---

**Process History**

[Redacted] 7 minutes ago

- Change Benefits for Open Enrollment- Not Required
- Bo Brown (4168637)  
Change Benefits for Open Enrollment- Awaiting Action

27. Click "Submit."

**HSA/FSA**  
In addition, with respect to the Health Savings, Health Care Flexible Spending, Limited Purpose Health Care Flexible Savings and Dependent Care Savings Accounts, I authorize Michaels to deduct the amounts owed from my paycheck, and in the event, I fail to repay such claims, I authorize Michaels to deduct the amounts owed from my paycheck.

I Accept

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**Process History**

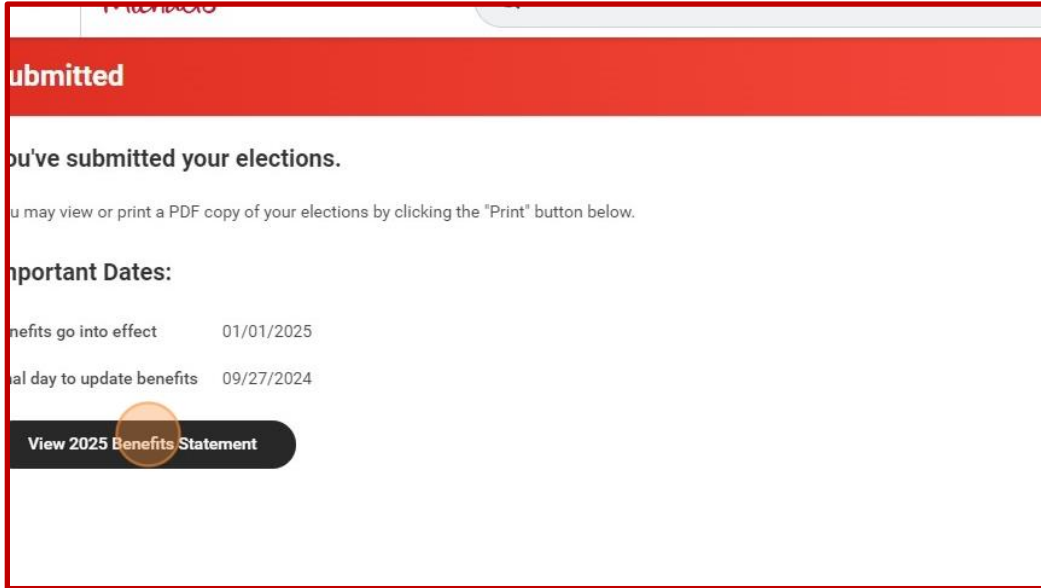
[Redacted] 7 minutes ago

- Change Benefits for Open Enrollment- Not Required
- Bo Brown (4168637)  
Change Benefits for Open Enrollment- Awaiting Action

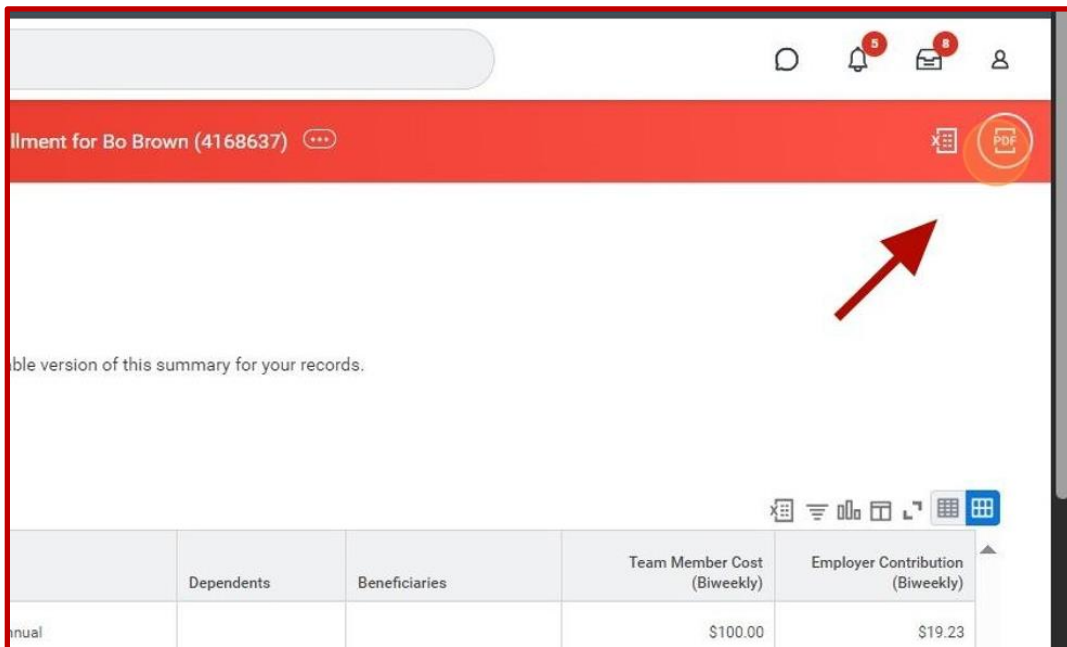


### Saving your Benefits Statement

28. Click “View 2025 Benefits Statement.”



29. On the top right corner of the screen, click “PDF” and you should be able to download a copy of your benefits statement. Then click “Download.”



# 2025 FSA HSA Open Enrollment Instructions

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## Reminders:

- You can continue to make changes to your enrollment, even after you've submitted your elections, until Open Enrollment closes on October 25, 2024. To return to your FSA HSA Open Enrollment, click on the "Benefit and Pay" icon from the Workday homepage.
- Once the FSA HSA Open Enrollment window closes, you will not be able to change your FSA and HSA elections until next year's FSA HSA Open Enrollment or you experience a Qualifying Life Event throughout the year. For more information about Qualifying Life Events, please visit: [Change in Status - Michaels Benefits \(mikbenefits.com\)](https://michaelsbenefits.com)
- Open Enrollment elections will be effective at the beginning of the new Plan Year beginning on January 1st of each year. FSA and HSA election changes will begin on January 10, 2025, paychecks.

**For questions about enrolling or need to make a change? Call Team Member Services at 1-855-432-MIKE (6453), option 2, or open a ticket through Knowledge Zone (<https://michaels.service-now.com/mik>).**