

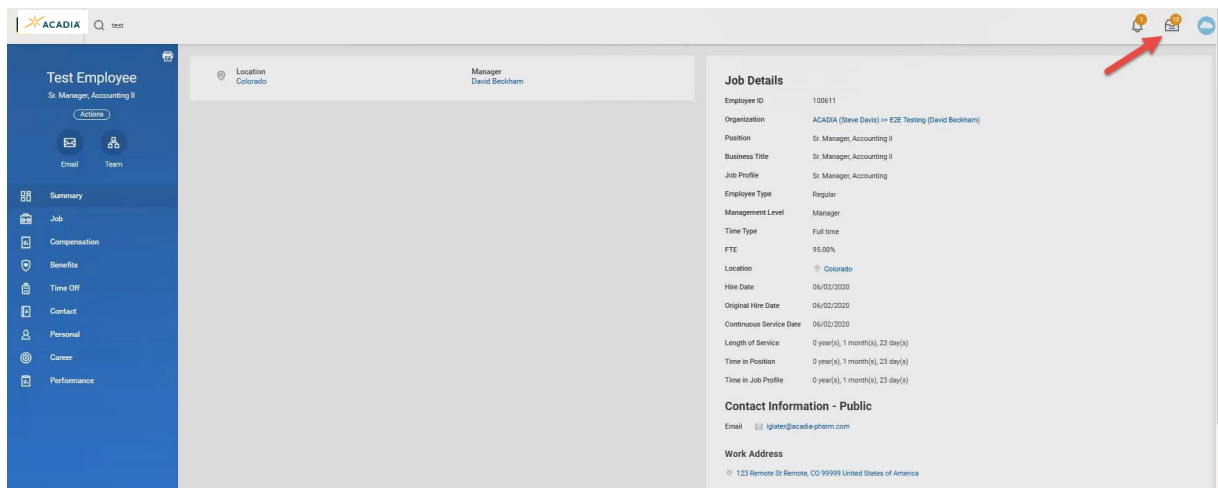
Workday – New Hire Benefit Enrollment Guide

OVERVIEW

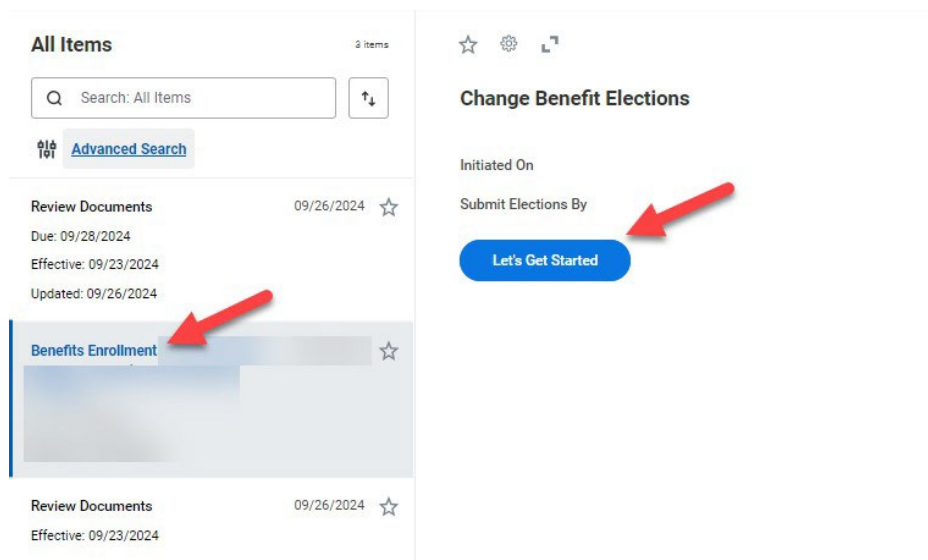
This guide will help new employees complete the benefit enrollment process in Workday. Prior to enrolling, new employees should review the plan information available on [Acadia's Benefit site](#).

STEP 1: CHECK YOUR INBOX

After registering for a Workday account, users should log in and look for the Inbox icon at the top right of the screen.



Click on the icon, and a list of action items will appear on the left side of the screen. Review the list and locate the Benefit Enrollment action item and click on it to begin. After selecting the enrollment task from the list, click on the blue "Let's Get Started" button.





STEP 2: ENROLL IN OR WAIVE HEALTH CARE BENEFITS

After clicking on the action item, the “Let’s Get Started” screen will display. If waiving coverage, users should click on the “Waive” button under the appropriate coverage options. If enrolling, click on the “Enroll” button in each of the coverage options listed. Ensure that you either waive or enroll in each of the available coverage options on the screen

If electing health care coverage, new hires may opt to also enroll eligible dependents. If adding dependents, click in the dependent box and select the option “Dependents Name(s)”.

Health Care and Accounts

Medical Waived REVIEWED <input type="button" value="Enroll"/>	Dental Waived <input type="button" value="Enroll"/>	Vision Waived <input type="button" value="Enroll"/>
Accident Injury Insurance Waived <input type="button" value="Enroll"/>	Critical Illness Waived <input type="button" value="Enroll"/>	Health Savings Account Waived <input type="button" value="Enroll"/>
FSA Health Care Spending Account Waived <input type="button" value="Enroll"/>	FSA Dependent Care Spending Account Waived <input type="button" value="Enroll"/>	FSA Limited Purpose Waived <input type="button" value="Enroll"/>

Insurance

Basic Life/AD&D Cigna NY Life (Employee) Cost per paycheck: Included Coverage: 2 X Salary <input type="button" value="Manage"/>	Short Term Disability 2 Plans Cigna New York Life NJ TDI (Employee) Cigna NY Life (Employee) Cost per paycheck: Included Coverage: Included <input type="button" value="Manage"/>	Long Term Disability Cigna NY Life \$5.67 (Employee) Cost per paycheck: Included Coverage: Included <input type="button" value="Manage"/>
Voluntary Employee Life Waived <input type="button" value="Enroll"/>	Voluntary Employee AD&D Waived <input type="button" value="Enroll"/>	Voluntary Spouse Life Waived <input type="button" value="Enroll"/>
Voluntary Spouse AD&D Waived <input type="button" value="Enroll"/>	Voluntary Child Life Waived <input type="button" value="Enroll"/>	Voluntary Child AD&D Waived <input type="button" value="Enroll"/>

STEP 3: ADD ELIGIBLE DEPENDENTS (please review eligibility verification process info on Page 11)

Many of the coverages allow dependents to be covered. To add dependents, first select the coverage you want to enroll in, then click on the “Confirm and Continue” button at the bottom of the screen.

Medical

Projected Total Cost Per Paycheck
\$0.00

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

2 Items

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Cigna CDHP PPO with HSA	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$91.50	\$366.56
Cigna PPO OAP	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$104.00	\$414.86



Click on the “Add New Dependent” button on the next screen to enter dependent information.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee Only

Plan cost per paycheck

Add My Dependent From Enrollment ✕

Use an Existing Beneficiary or Emergency Contact

Create Dependent

Use as Beneficiary

Instructional Text
Click OK to add dependents.

Enter dependent information in the text boxes with red asterisks. Boxes without red asterisks are optional to complete, with the exception of the National ID number (Social Security number), which is required by insurance carriers. Users will need to use the scroll bars found on the left side to view and enter additional dependent information. Click the “Use as Beneficiary” button for the dependent, if appropriate, to save yourself time later in the process when beneficiary information must be added.

By clicking in the text box next to “Use Existing Address”, enrollees will have the option to use the same home address for the dependent, or to add a different address.

Add My Dependent From Enrollment ✕

Name

Country *

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.

National IDs

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

Address

Use Existing Address

Country *

Address Line 1

Address Line 2

City

State

Postal Code

County

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Phone & Email

Use Existing Phone

Country Phone Code

Phone Number

Phone Extension

Email Address



Click on the “Save” button to save dependent information. Click on the “Add New Dependent” button again if adding more than one dependent. Repeat as often as needed to add all eligible dependents.

Once dependents have been added for the first benefit type (i.e.: medical), enrollees will be able to access dependent names by checking the box next to the dependents’ names for all other applicable benefit type (i.e.: dental, vision, voluntary life, etc.). If you do not wish to enroll the dependent(s) in a specific benefit, do not check the box next to their name(s).

Dental - Cigna DPPO 01/01

Projected Total Cost Per Paycheck
\$219.00

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Child(ren)

Plan cost per paycheck \$12.00

[Add New Dependent](#)

2 items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Joe Smith	Spouse	01/01/1990
<input checked="" type="checkbox"/>	Baby Smith	Child	01/01/2020

STEP 4: HEALTH SAVINGS ACCOUNT DEDUCTIONS

If a medical plan other than the Choice Fund PPO with HSA was elected, skip this section and proceed to Step 5.

BEFORE ELECTING A CONTRIBUTION AMOUNT:

[Click here](#) for HSA Plan Information and IRS contribution maximum limits. **It is each participant’s responsibility to ensure compliance with IRS rules regarding participation in the Choice Fund with HSA Plan, as well and contribution maximum limits.** Be sure to review IRS Publications 502 and 969 for details about eligibility to participate in HSA plans and expenses eligible for reimbursement.

Enrollees should consider all HSA account contributions previously made during the calendar year, including their own and those from former employers, as well as future quarterly company funding from Acadia. **Please disregard the “Maximum Contribution (Annual)” amount on the screen.** See the current IRS maximum amounts by clicking the link in the paragraph above.

New hires electing the Choice Fund PPO with HSA, also known as the Cigna HDHP PPO plan, **MUST elect the Health Savings Account – HSA Bank enrollment.** This will prompt HSA Bank to open an HSA Bank account for the new participant. **If an account is not opened, the participant will not receive company funding.**




Health Savings Account

Projected Total Cost Per Paycheck
\$226.00


Plans Available

Select a plan or Waive to opt out of Health Savings Account.

1 item ☰ ☰

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

NOTE: In order to enter your HSA contribution amount, you must click on the “Confirm and Continue” button at the bottom of the HSA election screen. You’ll then see the option to enter your HSA contribution amount on the next screen.



Participants have the option of whether or not to contribute pre-tax dollars to the HSA account via payroll deductions; it is not a requirement. If electing not to contribute from paychecks, users should enter “\$0.00” under the “Contribution Range (Annual)” section, and proceed to Step 5.

Participants wishing to contribute pre-tax amounts from their paychecks should enter either the total amount they wish to contribute for the remainder of the year, or the amount per pay period that they wish to contribute.

Enrollees of Choice Fund with HSA plan may update contribution amounts on a monthly basis, if desired. Some participants prefer to contribute equal amounts over the course of the entire year and others prefer to “front-load” larger contributions from the paycheck in a shorter period of time, and then cease contributions prior to the end of the year.

If electing to contribute in equal amounts over the course of the remainder of the year, participants should determine the total amount they wish to contribute over the course of the year (i.e.: \$1500.00 annually), and enter that amount into the “Annual” text box. The Workday system will automatically calculate the per pay period amount. No change will be needed until the next open enrollment period.

Health Savings Account - HSA Bank

Projected Total Cost Per Paycheck

Contribute

Your estimated contributions made this year 0.00

Per Paycheck Annual  Remaining Paychecks

Maximum Annual Amount: \$1,000,000.00

Summary

Annual Company Contribution

Total Annual HSA Contribution



On the other hand, if electing to front-load, participants should determine the number of pay periods they want to achieve their elected total annual contribution within (i.e.: 3 months = 6 pay periods), and the total amount the participant wishes to contribute during that period of time (i.e.: \$3,000.00). Divide the amount by the number of pay periods (i.e. $\$3,000/6 = \500.00), and enter that figure into the “Per Pay Period” text box.

Health Savings Account - HSA Bank

Projected Total Cost Per Paycheck

Contribute

Your estimated contributions made this year 0.00

Per Paycheck Annual Remaining Paychecks

Maximum Annual Amount: \$1,000,000.00

Summary

Annual Company Contribution

Total Annual HSA Contribution

****Participants are responsible for keeping track of when they need to log back into Workday to reduce their contribution amounts in order not to exceed the IRS maximum limits. Any updates to contribution amounts will not take effect until the first payroll period of the month following the update (i.e.: if a contribution amount is updated in the system on July 1, the change will be reflected during the August 15th payroll).**

STEP 5: FLEXIBLE SPENDING ACCOUNT (FSA) ELECTIONS

Enrollees in the Cigna Open Access PPO or HMO plans may elect to contribute pre-tax dollars via payroll deduction toward a Health Care Flexible Spending Account (FSA).

Before enrolling, enrollees should understand the IRS rules regarding participation in FSA plans. [Click here](#) to learn important information about FSA plans. It is the responsibility of participants to understand FSA rules and to ensure compliance with all IRS regulations.

Participants may enter either the annual amount or the per pay period amount they wish to contribute to the account. First, **click on the “Select” button of the FSA plan you wish to enroll in, then click on the “Confirm and Continue” button to enter your contribution amount on the next screen and click on the “Save Button”.**


The IRS maximum annual limits are built into the system calculation.

FSA Health Care Spending Account

Projected Total Cost Per Paycheck
\$726.00

Plans Available

Select a plan or Waive to opt out of FSA Health Care Spending Account.

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



Confirm and Continue Cancel

FSA Health Care Spending Account - WEX

Projected Total Cost Per Paycheck

Contribute

Your estimated contributions made this year 0.00

Per Paycheck: 0.00 Annual: 0.00 Remaining Paychecks

Maximum Annual Amount

Summary

Total Annual Contribution

Save Cancel

STEP 6: INSURANCE ELECTIONS

Acadia auto-enrolls all employee in basic insurance coverages at no cost to the employee. Additionally, employees may elect to enroll in voluntary life, voluntary accidental death and dismemberment insurance. [Click here](#) for more information about available coverages.

Voluntary Employee Life

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of Voluntary Employee Life.

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Cigna NY Life (Employee)	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Confirm and Continue Cancel

Click in the text box next to "Coverage" and select the desired coverage amount.

Voluntary Employee Life - Cigna NY Life (Employee)

Projected Total Cost Per Paycheck \$44.00

Coverage

Calculated Coverage

Coverage * Search

Plan cost per paycheck

Beneficiaries

Select an existing or add a

*Primary Beneficiaries 0/10

Secondary Beneficiaries 0/10

\$10,000
 \$20,000
 \$30,000
 \$40,000
 \$50,000
 \$60,000
 \$70,000
 \$80,000
 \$90,000
 \$100,000
 \$110,000
 \$120,000
 \$130,000
 \$140,000

You can also adjust the percentage allocation for each beneficiary.

Beneficiary	Percentage
No Data	
No Data	



Enter beneficiary information for all insurances. If the “Use as Beneficiary” button was checked for any dependent entered into the Workday platform, users will have the option to choose the name(s) from the drop down menu under the “Beneficiary” column.

If a beneficiary will be someone other than a dependent, select the “Create” option from the drop down menu. On the subsequent screen enter information in all required fields indicated with a red asterisk.

Primary and contingent beneficiaries may be entered. The percentages for each of these designations must add up to 100 percent.

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
Joe Smith	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

If an employee enrolls in either or both of these options, they may also enroll their spouse, domestic partner and/or eligible dependent children for the same plan(s) by clicking on the appropriate spouse and/or child coverage options.

STEP 8: ADDITIONAL BENEFITS

Acadia provides an Employee Assistance Program (EAP) for all employees and their household members. Please [click here](#) to obtain more information about this free and confidential service. No action is needed, as employees are automatically enrolled.

Employees may also contribute pre-tax dollars from their paycheck to pay for qualified work-related transit and/or parking costs. [Click here](#) to learn more about these pre-tax savings accounts and the associated IRS rules.

If electing either or both types of Commuter Benefits, click on the elect button and then enter the per pay period contribution amount. Unlike FSAs, commuter benefit contribution amounts may be changed on a monthly basis, with the change taking effect on the 15th of the month following the contribution update in the Workday system.

Commuter
Waived

Enroll

Commuter

Projected Total Cost Per Paycheck
\$49.88

Plans Available

Select a plan or Waive to opt out of Commuter.

2 Items

Benefit Plan	*Selection
WEX Parking	<input type="radio"/> Select <input checked="" type="radio"/> Waive
WEX Transit	<input checked="" type="radio"/> Select <input type="radio"/> Waive

Confirm and Continue

Cancel

Commuter - IGOE Transit

Projected Total Cost Per Paycheck

Contribute

Enter an amount that you will contribute to this plan.

Per Paycheck Contribution (\$)

Minimum Amount: \$5.00

Maximum Amount: \$170.00

Save

Cancel

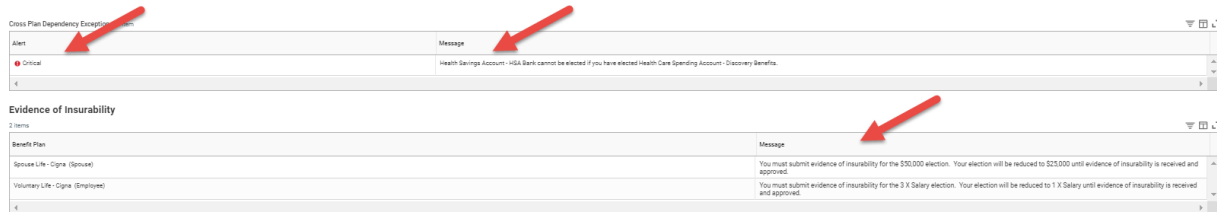
STEP 9: DETAILS

ALERTS:

Pay attention if there is an alert box at the top of the screen. Any ineligible elections will display there and enrollees will need to adjust their elections accordingly before submitting.

EVIDENCE OF INSURABILITY:

Enrollees electing voluntary insurance coverages will see information about any evidence of insurability for coverage levels elected over the guaranteed issue. Shortly after your enrollment is received by Cigna, you will receive an Evidence of Insurability form to complete. **Complete the 1-page form upon receipt in order to be considered for pending coverage amounts. Cigna will close out pending amounts if the form is not received within 30 days after being sent to the enrollee.**



Cross Plan Dependency Exception

Alert

Message

Health Savings Account - HSA Bank cannot be elected if you have elected Health Care Spending Account - Discovery Benefits.

Evidence of Insurability

2 Items

Benefit Plan

Spouse Life - Cigna (Spouse)

Voluntary Life - Cigna (Employee)

Message

You must submit evidence of insurability for the \$50,000 election. Your election will be reduced to \$25,000 until evidence of insurability is received and approved.

You must submit evidence of insurability for the 3 X Salary election. Your election will be reduced to 1 X Salary until evidence of insurability is received and approved.

Once you have clicked in each of the enrollment options available to either enroll or waive coverage, you should click on the blue "Review and Sign" button at the bottom of the screen.



Review and Sign

Save for Later

REVIEW ELECTED COVERAGES:

Carefully examine elected enrollments for per pay period cost information and accuracy. Click the "Save For Later", then "Save Without Submitting" buttons if any changes are required. You'll then be presented with a "Back To Event" button and you'll be able to modify enrollments.

Elected Coverages - 18 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semimonthly)	Employer Contribution (Semimonthly)
Medical - Cigna CDHP PPO	06/02/2020	07/01/2020	Employee + Family		John Test Sally Test		\$185.67	\$742.67
Dental - Cigna DPO	06/02/2020	07/01/2020	Employee + Family		John Test Sally Test		\$17.34	\$69.34
Vision - VSP VIS	06/02/2020	07/01/2020	Employee Only					\$5.24
Health Savings Account - HSA Bank	07/01/2020	07/01/2020	\$8,025.00 Annual				\$275.00	
Dependent Care Spending Account - Discovery Benefits	07/01/2020	07/01/2020	\$2,000.00 Annual				\$181.82	
Basic Life/AD&D - Cigna (Employee)	06/02/2020	06/02/2020	2 X Salary	\$235,000.00		John Test Sally Test Test Family Trust		\$11.63
Short Term Disability - Cigna (Employee)	06/02/2020	06/02/2020	60% of Salary	\$1,353.27				\$6.80
Long Term Disability - Cigna (Employee)	06/02/2020	06/02/2020	60% of Salary	\$5,864.16				\$13.28
Voluntary Life - Cigna (Employee)	06/02/2020	07/01/2020	3 X Salary	\$352,000.00		John Test Sally Test	\$31.68	
Voluntary AD&D - Cigna (Employee)	06/02/2020	07/01/2020	5 X Salary	\$500,000.00		John Test Sally Test	\$7.50	
Voluntary LTD Buy-Up - Cigna (Employee)	06/02/2020	07/01/2020	6.67% of Salary	\$651.90			\$5.88	
Spouse Life - Cigna (Spouse)	06/02/2020	07/01/2020	\$50,000	\$50,000.00	John Test		\$4.50	
Spouse AD&D - Cigna (Spouse)	06/02/2020	07/01/2020	\$200,000	\$200,000.00	John Test		\$3.00	
Child Life - Cigna (Child(ren))	06/02/2020	07/01/2020	\$10,000	\$10,000.00	Sally Test		\$1.20	
Child AD&D - Cigna (Child(ren))	06/02/2020	07/01/2020	\$10,000	\$10,000.00	Sally Test		\$0.15	
Travel Accident - CHUBB (Employee)	06/02/2020	06/02/2020	1 X Salary	\$117,283.20		John Test Sally Test		
Employee Assistance Plan - Cigna	06/02/2020	06/02/2020						
Commuter - Discovery Benefits Transit	07/01/2020	07/01/2020	\$50.00				\$50.00	



Done

Back To Event



Ensure you review the Waived Coverages section to ensure the coverage listed are ones you don't wish to enroll in.

Waived Coverages	
Waived Coverages: 2 items	
Plan Type	
Health Care Spending Account	
Limited Purpose FSA	
4	

Beneficiary Designations			
Beneficiary Designations: 9 items			
Benefit Plan	Requires Beneficiary	Beneficiaries	
		*Beneficiary	*Primary Percentage / Contingent Percentage
Travel Accident - CHUBB (Employee)	<input checked="" type="checkbox"/>	Sally Test	Primary Percentage Contingent Percentage 100
		John Test	Primary Percentage 100 Contingent Percentage
Voluntary AD&D - Cigna (Employee)	<input checked="" type="checkbox"/>	John Test	Primary Percentage 100 Contingent Percentage
		Sally Test	Primary Percentage Contingent Percentage 100
Basic Life/AD&D - Cigna (Employee)	<input checked="" type="checkbox"/>	Sally Test	Primary Percentage Contingent Percentage 50
		John Test	Primary Percentage 100 Contingent Percentage
Voluntary Life - Cigna (Employee)	<input checked="" type="checkbox"/>	Test Family Trust	Primary Percentage Contingent Percentage 50
		John Test	Primary Percentage 100 Contingent Percentage
		Sally Test	Primary Percentage Contingent Percentage 100
4			

DEPENDENT VERIFICATION:

If you are enrolling dependents (spouse, domestic partner, and/or child(ren) in Acadia benefit plans, you are required to upload documentation supporting their dependency. This process is required in order to ensure compliance with Federal and carrier regulations. Please review the Dependent Verification Information Sheet that includes a list of acceptable dependent eligibility documents.

To enroll your dependents (spouse, domestic partner, or child/ren), please upload copies of acceptable dependent verification documents into "Attachment" box.

The Acadia Benefits Team will review the uploaded documentation and will notify you if additional information is needed. **Please note that your enrollments will not be processed and coverage does not begin until appropriate eligibility documentation has been reviewed and approved by the Benefits Team.**

Attachments

Drop files here

or

Select files



ELECTRONIC SIGNATURE:

Scroll to below the “Attachments” (typically, no attachments are required for new hire enrollments).

Read the legal notice carefully, and if you agree with the notice, click on the “I Agree” check box. This will submit an electronic signature into the Workday system.

Click on the submit button in order to complete the benefit enrollment process.

Attachments

Drop files here
or
Select files

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 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 the marriage, birth or adoption.

I Agree

View Comments (1)

Karen Swanson
Send Back Reason: correction needed

Process History

Test Employee Change Benefits for Life Event- Step Completed	- Due 07/03/2020
Review Documents- Not Required	
[Redacted] says, 'correction needed' Approval by Benefits Partner- Sent Back	- Due 07/27/2020
Test Employee Benefits Enrollment- Awaiting Action	- Due 07/03/2020

Submit Save for Later Go Back Cancel

The “Submitted” confirmation screen will appear. Be sure to click on the “View Benefits Statement” button. Print or save to PDF a copy of your Elections Summary for your records.

NOTE: Your benefit enrollments will not appear in your Workday profile until the Benefits Team reviews and approves your enrollments (typically done within 24-48 hours after you submit your elections in Workday).

Your enrollments will be sent to our carriers on the Wednesday evening subsequent to your submission in Workday. You typically will be able to register for your accounts with the carriers (i.e.: myCigna.com or VSP.com) no later than 10 days after you submit your enrollments in Workday.

Submitted

You've submitted your elections.

Please print or save a PDF copy of your enrollment summary by clicking the "View 2024 Benefits Statement" button below. This will serve as confirmation of your 2024 benefit election submission.

NOTE: Your benefit enrollments will be reviewed and approved by People & Performance. A Benefits Partner will contact you ONLY if there are any issues with your enrollments.

View Benefits Statement



Submit Elections Confirmation

04:04 PM
07/25/2020
Page 1 of 3

New Hire for Test Employee
Initiated On: 06/02/2020
Submit Elections By: 07/02/2020
Event Date: 06/02/2020

Total Employee Cost/Credit
\$763.74 Semimonthly Cost

Note: Your benefit changes are not complete until HR has approved them.

Evidence of Insurability	
Benefit Plan	Message
Spouse Life - Cigna (Spouse)	You must submit evidence of insurability for the \$50,000 election. Your election will be reduced to \$25,000 until evidence of insurability is received and approved.
Voluntary Life - Cigna (Employee)	You must submit evidence of insurability for the 3 X Salary election. Your election will be reduced to 1 X Salary until evidence of insurability is received and approved.

Elected Coverages

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semimonthly)	Employer Contribution (Semimonthly)
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Vision - VSP VIS	06/02/2020	07/01/2020	Employee Only					\$5.24
Health Savings Account - HSA Bank	07/01/2020	07/01/2020	\$3,025.00 Annual				\$275.00	
Dependent Care Spending Account - Discovery Benefits	07/01/2020	07/01/2020	\$2,000.00 Annual				\$181.82	
Basic Life/AD&D - Cigna (Employee)	06/02/2020	06/02/2020	2 X Salary	\$235,000.00		John Test Sally Test Test Family Trust		\$11.63
Short Term Disability - Cigna (Employee)	06/02/2020	06/02/2020	60% of Salary	\$1,353.27				\$6.80
Long Term Disability - Cigna (Employee)	06/02/2020	06/02/2020	60% of Salary	\$5,864.16				\$13.28
Voluntary Life - Cigna (Employee)	06/02/2020	07/01/2020	3 X Salary	\$352,000.00		John Test Sally Test	\$31.68	
Voluntary AD&D - Cigna (Employee)	06/02/2020	07/01/2020	5 X Salary	\$500,000.00		John Test Sally Test	\$7.50	
Voluntary LTD Buy-Up - Cigna (Employee)	06/02/2020	07/01/2020	6.67% of Salary	\$651.90			\$5.88	
Spouse Life - Cigna (Spouse)	06/02/2020	07/01/2020	\$50,000	\$50,000.00	John Test		\$4.50	

Please email PeopleOperations@acadia-pharm.com with any questions regarding plans or enrollment.

Thank you for completing your new hire benefit enrollments!