

Use this process to **select your Benefits** elections during the Open Enrollment period:

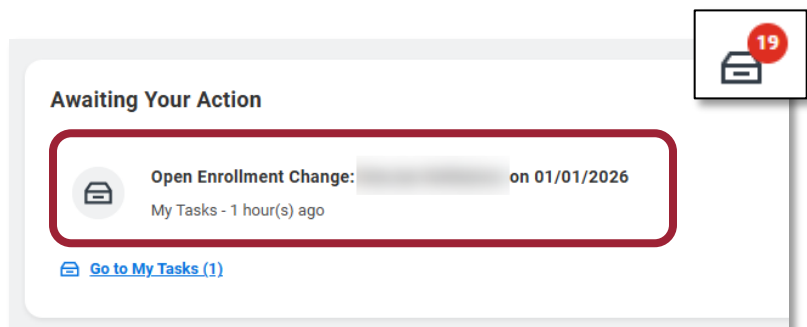
What do I need to know about Benefits Enrollment?

Open enrollment is an annual Benefits enrollment period, launched in October, for all eligible employees to enroll in benefits for the next calendar year (January 1)—during this time Employees can enroll in programs such as health insurance, dental and vision coverage.

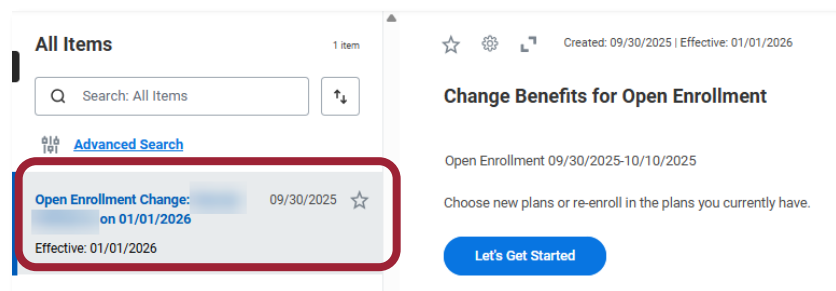
Key points:

- **Act quickly:** Eligible Employees can only enroll during the scheduled enrollment period. If an Employee does not enroll in benefits during this time, the Employee and their dependents will not receive benefits for the next calendar year.
- **Choose from available options:** Employees can choose benefits that best meet their needs and those of their families. Pricing is available for each option during enrollment.
- **Add dependents:** Employees can include eligible family members in their coverage. Dependent verification is required for any new dependents added to benefits and required documentation must be submitted as part of the annual open enrollment process.
- **Make timely decisions:** After the enrollment window closes, employees can only make changes if they experience a Qualifying Life Event.

- 1 All eligible Employees will be assigned an **Open Enrollment Change** task in Workday at the start of the Open Enrollment period. Click to open the task from Awaiting Your Action or your task inbox.

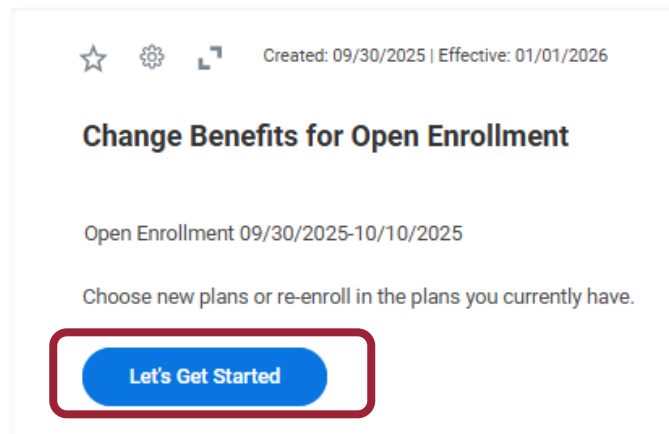


- 2 Review the **Change Benefits for Open Enrollment** task.



3 Click **Let's Get Started**.

*Clicking **Let's Get Started** will initiate an enrollment process. If you choose not to complete your enrollment, you must **submit a ticket** to the **HR Service Desk** for a Home Office Benefits member to **cancel the task**.*



☆ ⚙️ 📄 Created: 09/30/2025 | Effective: 01/01/2026

Change Benefits for Open Enrollment

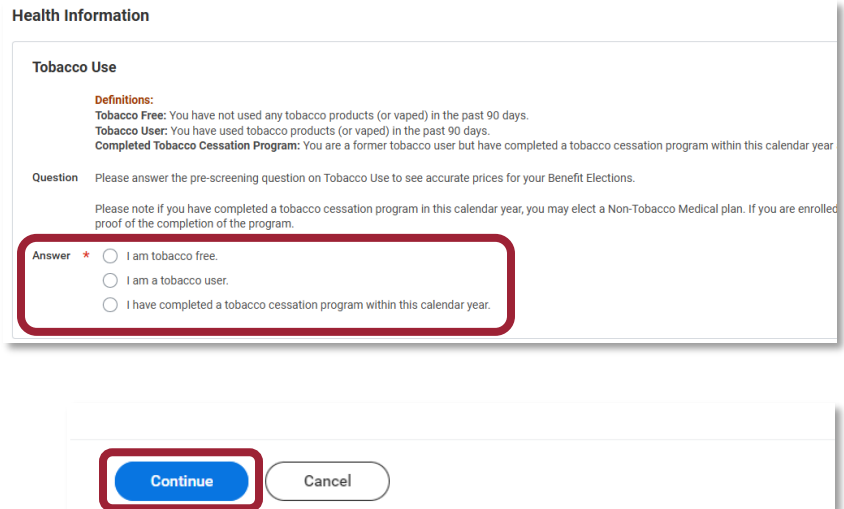
Open Enrollment 09/30/2025-10/10/2025

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

4 Answer the pre-screening question on **Tobacco Use** to see accurate prices for your Benefit Elections.

Click **Continue**.



Health Information

Tobacco Use

Definitions:
Tobacco Free: You have not used any tobacco products (or vaped) in the past 90 days.
Tobacco User: You have used tobacco products (or vaped) in the past 90 days.
Completed Tobacco Cessation Program: You are a former tobacco user but have completed a tobacco cessation program within this calendar year.

Question Please answer the pre-screening question on Tobacco Use to see accurate prices for your Benefit Elections.

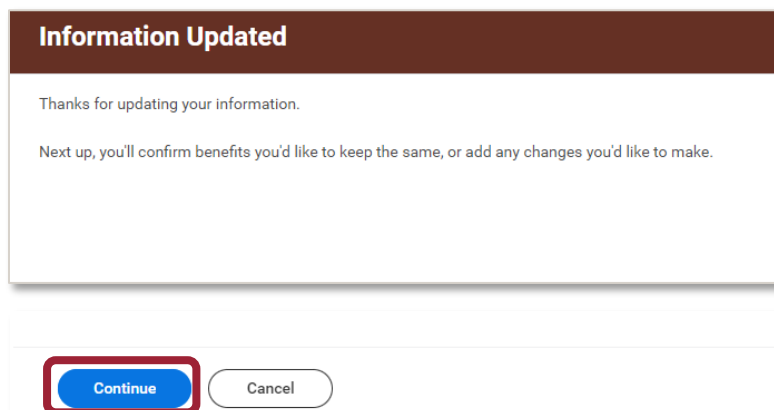
Please note if you have completed a tobacco cessation program in this calendar year, you may elect a Non-Tobacco Medical plan. If you are enrolled proof of the completion of the program.

Answer *

- ☐ I am tobacco free.
- ☐ I am a tobacco user.
- ☐ I have completed a tobacco cessation program within this calendar year.

Continue Cancel

5 Click **Continue**.



Information Updated

Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

Continue Cancel

6 Carefully review all onscreen Enrollment Instructions.

Click each tile to View, Enroll, or Manage your Benefit Elections.

7 For each tile, select the coverage that best fits your situation. If your updated coverage involves a **Dependent** or **Spouse**, you will be prompted to enter their information and complete **Dependent Verification** on subsequent screens.

When selecting Life Coverage, you will need to choose a Beneficiary.

For full details on each available plan, please review your Benefits Enrollment Guide.

After each plan selection, click **Confirm and Continue**.

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
American Worker Limited Plan Core Health - Non-Tobacco	☐ Select ☒ Waive	\$27.05	\$20.22
American Worker Limited Plan Core Health - Tobacco	☐ Select ☒ Waive	\$38.86	\$8.40
BCBSTN HDHP Health Savings Advantage - Non-Tobacco	☐ Select ☒ Waive	\$54.78	\$290.98
BCBSTN HDHP Health Savings Advantage - Tobacco	☐ Select ☒ Waive	\$141.23	\$204.53

8 If not adding a Dependent, skip to **Step 12**.

TO ADD A DEPENDENT DURING ENROLLMENT:

Click **Add New Dependent**.

Medical - BCBSTN HDHP Health Savings Advantage

Projected Total Cost Per Paycheck
\$352.18

Dependents

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

Coverage *

Plan cost per paycheck

☐ Employee Only

☐ Employee + Spouse

☒ Employee + Child(ren)

☐ Employee + Family

☐ Employee + Spouse (Spouse can be covered elsewhere)

☐ Employee + Family (Spouse can be covered elsewhere)

Add New Dependent

Save **Cancel**

9 Choose to **Create Dependent** or use an existing Beneficiary or Emergency Contact, then click **OK**.

Add My Dependent From Enrollment

☐ Use an Existing Beneficiary or Emergency Contact

☒ Create Dependent

Use as Beneficiary ☐

1. Check this box if you want your dependent to be a beneficiary and a dependent.
2. Click **OK** to add a new dependent.
3. On the next page, please complete all required information such as Relationship, Date of Birth, Gender, Name and Contact Information for your dependent - all required fields are marked with a **red asterisk**.

For a list of Eligible Dependents, please click the following link. Dependent verification is required for all dependents. Your dependent will not be enrolled until verification is received and verified.

Cancel **OK**

10 Enter all required information in the form, then *scroll down* to add a **National ID**.

The screenshot shows the 'Add My Dependent From Enrollment' form. It is divided into two main sections: 'Name' and 'Personal Information'. The 'Name' section includes fields for Country (dropdown menu showing 'United States of America'), Prefix, First Name (with a red asterisk), Middle Name, Last Name (with a red asterisk), and Suffix. The 'Personal Information' section includes fields for Relationship (dropdown menu showing 'Child'), Date of Birth (calendar icon showing '07/07/2025'), Age (displaying '0 years, 0 months, 7 days'), Gender (dropdown menu showing 'Female'), Citizenship Status (dropdown menu showing 'Citizen (United States of America)'), Tobacco Use (with a note to review definitions and answer appropriately), and a radio button selection for 'My spouse is tobacco free' (selected) or 'My spouse is a tobacco user'. There is also a 'Disabled' checkbox. At the bottom, there is an 'Allow Duplicate Name' checkbox and 'Save' and 'Cancel' buttons.

11 Click **Add**, then enter all required information for your Dependent.

Then, click **Save**.

The screenshot shows the 'National IDs' form. It starts with a heading 'National IDs' and a sub-heading 'Click the Add button to enter one or more National Identifiers for this dependent.' Below this is a form with fields for Country (dropdown menu showing 'United States of America'), National ID Type (dropdown menu showing 'Social Security Number (SSN)'), Current ID (displaying '(empty)'), Add/Edit ID (with a red asterisk and an orange border around the input field containing '000-00-0000'), Issued Date (calendar icon showing '07/07/2025'), Expiration Date (calendar icon showing 'MM/DD/YYYY'), Issued By, Series, Verification Date (displaying '07/14/2025'), and Verified By. An alert message states: 'Alert: This national identifier you entered is already in use. Verify that the information is accurate.' Below the form is a 'Remove' button and an 'Add' button (highlighted with a red border). At the bottom, there is an 'Address' section with a 'Save' button (highlighted with a red border) and a 'Cancel' button, and a 'Phone & Email' section.

- 12** Ensure your desired Coverage is selected and the Dependent(s) you would like covered are checked off.

Medical - BCBSTN HDHP Health Savings Advantage

Projected Total Cost Per Paycheck
\$352.18

Dependents

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

Coverage *

Employee + Child(ren)

Plan cost per paycheck \$171.92

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
☒	First Last	Child	07/07/2025

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Health Care

General Instructions

1. Click the **Select** button to enroll. To review coverage, click the **Review** button.
2. Click **Confirm and Enroll** to complete enrollment.
3. You will enroll dependent(s) if you select them.
4. Click the **Save** button to save your selections.
5. Click the **Cancel** button to return to the selection page.

For more information, click the **Help** button. If your spouse is eligible for enrollment in your Cracker Barrel Health Savings Account (HSA), you must enroll in your Cracker Barrel HSA (\$225 per month. Select **Yes** or **No** (if you are not enrolling elsewhere) or the Employer will automatically enroll your spouse.

- 13** Review the summary of all your Elections, then click **Submit**.

Once your election is submitted you will not be able to change it without a Qualifying Life Event or until annual Open Enrollment.

View Summary

Projected Total Cost Per Paycheck
\$0.00

Review your elections below for accuracy and scroll to review any messages and errors as well as the **Total Benefits Cost** – both the company contribution and your cost per pay period.

Scroll to the bottom and read and check the electronic signature. Click the **Submit** button when complete. Please note if you click **Cancel** on this page, this does NOT cancel the event, only returns you to the election page. You may only cancel events that you initiated – to do so, return to your **Inbox** and select this event; using the gear icon, select **Cancel**.

Selected Benefits 0 items

Plan	Calculated Coverage Begin Date	Coverage Begin Date	Calculated Deduction Begin Date
No items available.			

Waived Benefits 12 items

Medical	Waived
Dental	Waived
Vision	Waived
Accident	Waived

Submit

Save for Later

Cancel

14 Important: *Dependent documentation for newly added dependents must be attached to submit enrollment. Any enrollment submitted without appropriate documentation will receive a red error message preventing completion of the enrollment.*

The screenshot shows the 'Attachments' section with a 'Drop files here' area and a 'Select files' button. Below this is the 'Electronic Signature' section, which includes a 'LEGAL NOTICE: PLEASE READ' link and a list of terms and conditions. At the bottom, there is an 'I Accept' checkbox, a comment field, and 'Submit' and 'Cancel' buttons.

14 Click Done.

The Benefits Team will review your documentation and reach out if they need further information.

The screenshot shows a 'Submitted' confirmation screen with a dark header. The main text states: 'You've submitted your elections. You have submitted your benefit elections. If they require approval, they have been routed to the Benefits Department. You may want to print these elections for your own records.' Below this is a button labeled 'View 2025 Benefits Statement'. At the bottom, there is a blue 'Done' button highlighted with a red border.