

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

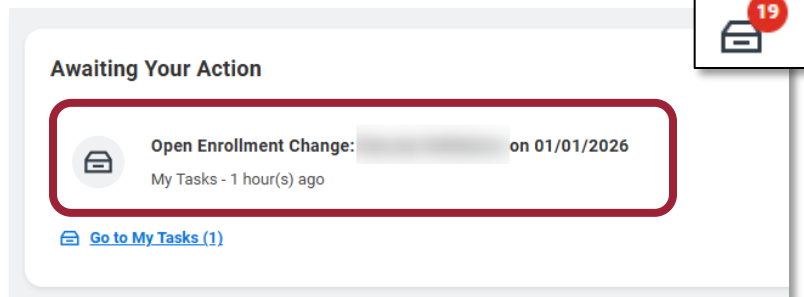
What do I need to know about Benefits Enrollment?

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.

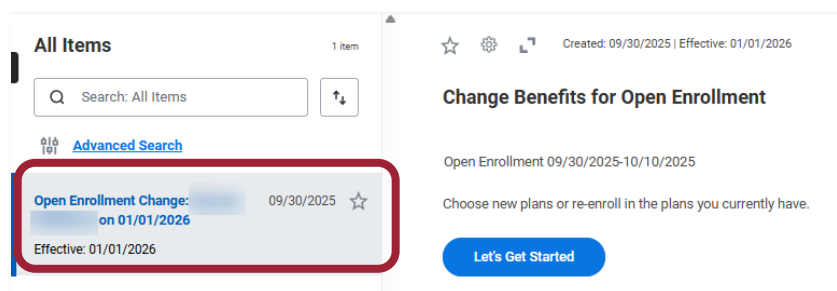
Key points:

- **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 dependents added to benefits and must be provided within 30 days.
- **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.

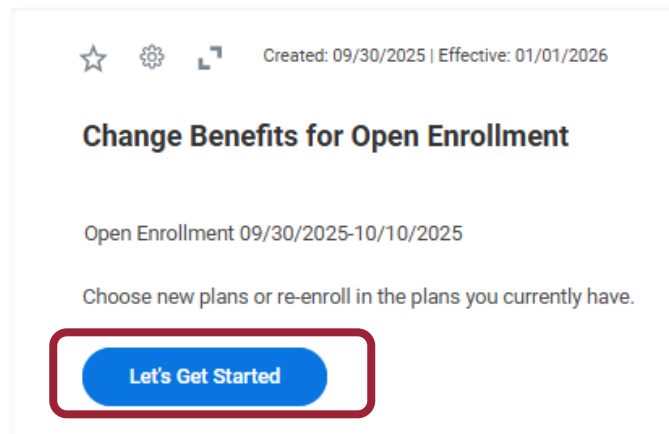


- 1 Review the **Change Benefits for Open Enrollment** task.



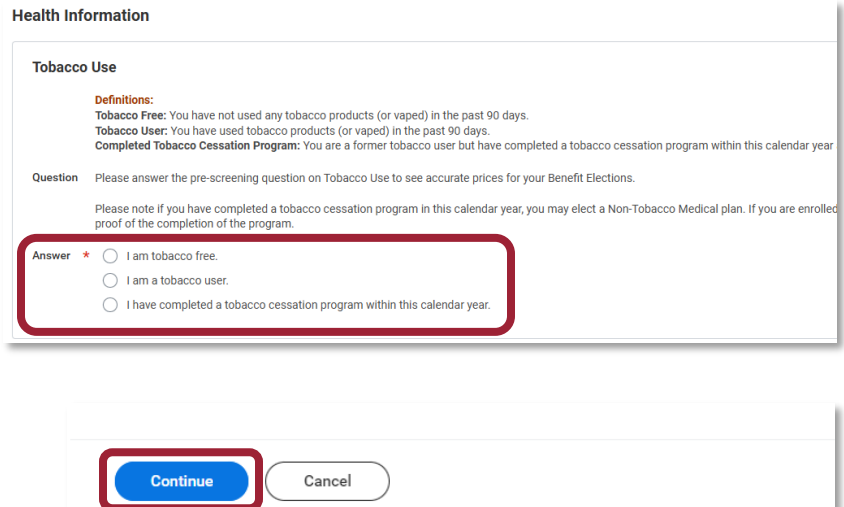
2 Click **Let's Get Started**.

*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**.*

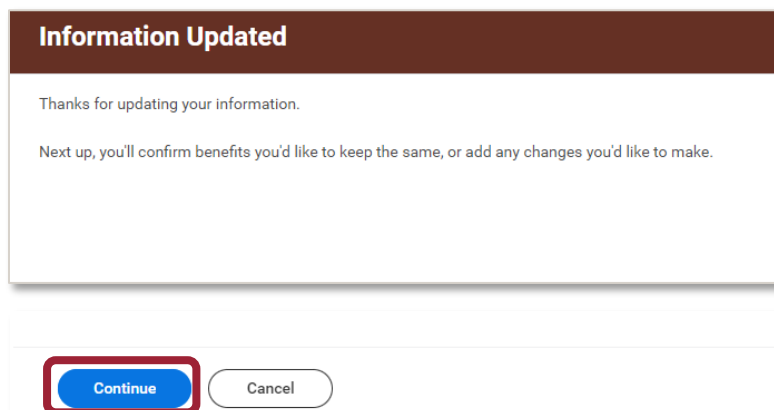


3 Answer the pre-screening question on **Tobacco Use** to see accurate prices for your Benefit Elections.

Click **Continue**.



4 Click **Continue**.



5 Carefully review all onscreen Enrollment Instructions.

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

6 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

7 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**

8 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**

- 9 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 (United States of America), Prefix, First Name (First), Middle Name, Last Name (Last), and Suffix. The 'Personal Information' section includes fields for Relationship (Child), Date of Birth (07/07/2025), Age (0 years, 0 months, 7 days), Gender (Female), and Citizenship Status (Citizen (United States of America)). There is also a 'Tobacco Use' section with a warning and two radio buttons: 'My spouse is tobacco free' (selected) and 'My spouse is a tobacco user'. A 'Disabled' checkbox is also present. At the bottom, there is an 'Allow Duplicate Name' checkbox and 'Save' and 'Cancel' buttons.

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

Then, click **Save**.

The screenshot shows the 'National IDs' form. It includes a header 'National IDs' and a sub-header 'Click the Add button to enter one or more National Identifiers for this dependent.' The form has several fields: Country (United States of America), National ID Type (Social Security Number (SSN)), Current ID (empty), Add/Edit ID (000-00-0000), Issued Date (07/07/2025), Expiration Date (MM/DD/YYYY), Issued By, Series, Verification Date (07/14/2025), and Verified By. There is an alert message: 'Alert: This national identifier you entered is already in use. Verify that the information is accurate.' At the bottom, there is a 'Remove' button, an 'Add' button (highlighted with a red box), and a 'Save' button (highlighted with a red box) next to a 'Cancel' button. The 'Address' and 'Phone & Email' sections are partially visible at the bottom.

- 11 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 confirm your selection.
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 cancel your selections.

For more information on how to enroll, click the **Help** button.

If your spouse is eligible for coverage, you must enroll in your Cracker Barrel Health Savings Account (HSA) plan (\$225 per month. Select **Yes** or **No** elsewhere) or the Employer's plan if you are enrolled in that plan.

12 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

9.30.2025

6

13 Click **Done**.

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

Submitted

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.

[View 2025 Benefits Statement](#)

Done