

Workday-Pro-Benefits Online Praxisprüfung & Workday-Pro-Benefits Zertifizierungsfragen



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Eine geeignete Ausbildung zu wählen stellt eine Garantie für den Erfolg dar. Aber die Wahl ist von großer Bedeutung. Pass4Test hat einen guten Ruf und breite Beliebtheit. Man hat keine Gründe, den Pass4Test einfach zu weigern. Dennoch ist es nicht wirksam, wenn die vollständigen Schulungsunterlagen zur Workday Workday-Pro-Benefits Prüfung Ihnen nicht passen. So können Sie vor dem Kauf die Demo als Probe herunterladen. Auf diese Weise können Sie sich gut auf die Prüfung vorbereiten und die Workday Workday-Pro-Benefits Prüfung ohne Schwierigkeit bestehen. Das ist ein wichtiger Grund dafür, warum viele Kandidaten uns wählen. Wir bieten die besten, kostengünstigsten und vollständigsten Schulungsunterlagen, um den Kandidaten beim Bestehen der Workday Workday-Pro-Benefits Prüfung helfen.

>> Workday-Pro-Benefits Online Praxisprüfung <<

Workday-Pro-Benefits Zertifizierungsfragen - Workday-Pro-Benefits Zertifizierung

Als ein Mitglied der IT-Branche, machen Sie sich noch Sorgen um die Workday Workday-Pro-Benefits IT-Zertifizierungsprüfungen? Es ist nicht so leicht, die Workday Workday-Pro-Benefits IT-Zertifizierungsprüfung, die Ihre relevanten Fachkenntnisse und Fähigkeiten überprüft, zu bestehen. Für die Kandidaten, die sich zum ersten Mal an der Workday Workday-Pro-Benefits IT-Zertifizierungsprüfung beteiligen, ist ein zielgerichtetes Schulungsprogramm von großer Notwendigkeit. Pass4Test stellt den Kandidaten die zielgerichteten Programme, die Simulationsprüfung, zielgerichtete Lernhilfe und die Prüfungsfragen und Antworten, die 95% der realen Prüfung ähnlich sind, zur Verfügung. Schicken Sie doch schnell Pass4Test in den Warenkorb.

Workday Pro Certification exam Workday-Pro-Benefits Prüfungsfragen mit Lösungen (Q18-Q23):

18. Frage

You must create a rate for a client's medical plan based on an employee's age, tobacco usage, and the coverage target the employee selects. What rate type will meet these requirements?

- **A. Calculated Health Care Rate**
- B. Flat Health Care Rate
- C. Benefit Surcharge
- D. Benefit Annualized Rate

Antwort: A

Begründung:

The correct answer is B because a Calculated Health Care Rate is designed for medical plan pricing that depends on multiple worker-specific and election-specific factors. In this scenario, the rate must vary based on the employee's age, tobacco usage, and the coverage target selected during enrollment. That combination requires a configurable rate structure capable of evaluating demographic factors and enrollment choices together, which is exactly what a calculated health care rate supports in Workday. Option A is incorrect because a flat health care rate applies a fixed amount and does not dynamically adjust based on employee attributes or selected coverage targets. Option C is not the best fit because a Benefit Annualized Rate is intended to standardize cost presentation or annualization logic rather than drive complex medical pricing based on multiple eligibility and rating factors. Option D is also incorrect because a benefit surcharge is generally used to add an extra charge for a specific condition, such as tobacco use, but it does not by itself represent the full rate structure for the medical plan. A calculated health care rate is the appropriate configuration when several variables determine the employee's cost.

19. Frage

What is true about setting up coordination of events in benefits?

- A. You should turn it off for all your HR-related events.
- B. You should turn it off for passive events.
- **C. You should turn it off for mass events.**
- D. You should turn it off for all your events.

Antwort: C

Begründung:

The correct answer is C because coordination of events in Workday Benefits is designed to manage how multiple benefit events interact with each other, especially when they overlap in timing or impact similar coverage types. While coordination is useful for handling standard life events and ensuring proper sequencing, it is generally recommended to turn off coordination for mass events, such as Open Enrollment or large-scale administrative events.

Mass events typically involve a large population of employees and are intended to process uniformly without being impacted by other concurrent or prior events. If coordination is left enabled, it can introduce unnecessary complexity, delays, or unintended dependencies between events, potentially preventing mass processing from completing efficiently. Disabling coordination ensures that mass events run independently and consistently across all eligible employees.

Option A is incorrect because HR-related events often benefit from coordination to ensure proper sequencing and data integrity.

Option B is not correct because passive events may still require coordination depending on configuration. Option D is incorrect because coordination is an important feature and should not be universally disabled. Therefore, the best practice is to turn off coordination specifically for mass events.

20. Frage

You create a cross-plan dependency to require employees to enroll in Basic Life before they can enroll in Spouse Life. The cross-plan dependency does not have a benefit group in the Benefit Group field. What is the expected behavior?

- A. You can save a cross-plan dependency without entering a benefit group but it will not be valid. You will get an alert.
- **B. The cross-plan dependency will apply to all benefit groups.**
- C. You cannot save a cross-plan dependency without entering a benefit group. You will get an error.
- D. The cross-plan dependency will not apply to any benefit groups.

Antwort: B

Begründung:

The correct answer is D because in Workday, when a configuration object such as a cross-plan dependency is created without a specific Benefit Group value, the setup is treated as broadly applicable rather than restricted to one population. In this case, leaving the Benefit Group field blank means the dependency is not limited to a single benefit group, so it is evaluated across all benefit groups where the referenced plans are available. As a result, employees must enroll in Basic Life before Spouse Life wherever that dependency is relevant.

Option A is incorrect because the system does allow the setup to be saved without populating the Benefit Group field. Option B is also incorrect because a blank group does not mean the dependency is ignored; it means it is not group-specific. Option C is not correct because this is not simply an invalid setup that generates an alert without effect. Workday commonly uses blank scoping fields to indicate global applicability. Therefore, omitting the Benefit Group causes the cross-plan dependency to apply to all benefit groups rather than none or only one.

21. Frage

Refer to the following scenario to answer the question below.

You need to configure an Open Enrollment event for your client, with these requirements:

All benefit coverages and deductions will start at the beginning of the new plan year.

Employees may select any benefit for which they are eligible.

If employees do not make changes during open enrollment, they should remain enrolled in the benefits they had prior to open enrollment.

If employees do not enroll in Health Savings Account and Flexible Spending Accounts, then those benefits should no longer be active for the employee.

On the Coverage Rules tab, what must you enter in the Defaulting Rules field to ensure employees making no changes to their medical or dental plans remain in the elections they had prior to open enrollment?

- A. Reinstate Previous Elections, Priority Coverage or Waive
- B. Default to Priority Coverage or Waive
- C. Default to Current Elections or Waive
- D. Default to Waive

Antwort: C

Begründung:

The correct answer is B because medical and dental plans typically follow a passive enrollment approach during Open Enrollment, meaning employees who take no action should automatically retain their current elections. In Workday, this behavior is controlled through the Defaulting Rules on the Coverage Rules tab of the Enrollment Event Rule. Selecting Default to Current Elections or Waive ensures that if an employee does not actively make changes, the system carries forward their existing elections into the new plan year.

This aligns with the requirement that employees remain enrolled in their prior medical and dental coverage unless they explicitly choose otherwise. Option A is incorrect because Priority Coverage is used when selecting among multiple available options rather than maintaining existing elections. Option C is not appropriate because it introduces unnecessary complexity and is not the standard configuration for passive enrollment scenarios. Option D is incorrect because Default to Waive would terminate coverage for employees who do not take action, which contradicts the requirement. Therefore, using Default to Current Elections or Waive ensures consistent continuation of coverage for passive enrollment plans like medical and dental.

22. Frage

A new benefit plan will become eligible for enrollment for employees on July 1, in the middle of the current plan year. What steps do you take to ensure the plan is implemented and eligibility is controlled correctly?

- A. Add the benefit plan to the existing plan year definition without setting any eligibility rules, as eligibility will automatically be controlled.
- B. Create a benefit plan year definition with the starting date of July 1, including the new benefit plan.
- C. Create the benefit plan as of July 1, but introduce the new plan during the next plan year.
- D. Future date the benefit plan as of July 1 and add it to the existing benefit plan year definition for employees to enroll.

Antwort: D

Begründung:

The correct answer is C because Workday allows benefit plans to be introduced mid-year by using effective dating on the plan and associating that plan with the existing benefit plan year definition. Since the plan must become available on July 1 within the current plan year, the correct approach is to configure the plan with a future effective date of July 1 and ensure it is included in the current

plan year so eligible workers can enroll when the plan becomes active.

Option A is incorrect because delaying the plan until the next plan year does not meet the stated requirement for a mid-year rollout. Option B is also incorrect because creating a separate plan year beginning July 1 is not the standard solution when the organization is already operating within an existing plan year. Option D is incorrect because eligibility is not automatically controlled simply by adding the plan to a plan year; eligibility must still be governed through the appropriate benefit group and plan eligibility configuration. Effective dating plus inclusion in the current plan year provides the correct structure for controlled mid-year implementation.

23. Frage

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