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Workday Pro Certification exam Sample Questions (Q33-Q38):

NEW QUESTION # 33

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

Answer: C

Explanation:

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.

NEW QUESTION # 34

A consultant is setting up a health care benefit plan that allows employees to enroll spouses and children during a qualifying event. The consultant needs to ensure that children who are ineligible due to age are not allowed to enroll. Where should the consultant configure the dependent eligibility rule?

- **A. In the Coverage Dependent Eligibility field of the healthcare plan**
- B. In the health care coverage targets, which includes the dependent type child
- C. In the dependent eligibility field of the healthcare plan
- D. In the Maintain Related Persons Relationship task under the child relationship

Answer: A

Explanation:

The correct answer is B because Workday controls whether dependents such as spouses and children can be enrolled in a health care plan through the Coverage Dependent Eligibility configuration on the plan. This is the field used to apply eligibility logic specifically to covered dependents. When a consultant needs to prevent children over a certain age from enrolling, the age-based rule should be attached at this plan-level dependent coverage eligibility point so the system evaluates the child's eligibility at the time of enrollment.

Option A is too general and does not identify the specific field used for dependent coverage evaluation in the health care plan setup. Option C is incorrect because the Maintain Related Persons Relationship task defines relationship types, such as child or spouse, but it does not enforce benefit plan age-based eligibility rules.

Option D is also incorrect because coverage targets determine cost-sharing or coverage structure, not whether a dependent satisfies enrollment eligibility conditions. To ensure only eligible children can be covered, the consultant must configure the rule in the Coverage Dependent Eligibility field of the health care plan.

NEW QUESTION # 35

The company would like to ensure that all benefit events go to the benefits team when an employee goes out on a leave of absence. You added the Change Benefit Elections step to the Leave of Absence business process, but the event is still not routing to the benefits team. What configuration do you need in the Enrollment Event Type?

- A. Select the Route to Benefit Partner checkbox, and select the Employee Cannot Report After Days to Enroll checkbox.
- **B. In the Events and Reasons section, map the Leave Event type, and select the Route to Benefits Partner checkbox.**
- C. In the Events and Reasons section, map the Leave Event type, and select the Worker Selectable checkbox.
- D. Select the Reinstatement Event checkbox, and specify Reinstatement Period Time Units.

Answer: B

Explanation:

The correct answer is C because for a benefit event to both trigger from a Leave of Absence business process and route to the benefits team, two key configurations must be present within the Enrollment Event Type.

First, the event must be properly linked to the Leave of Absence business process in the Events and Reasons section so that Workday recognizes the staffing action as a trigger. Second, the Route to Benefits Partner checkbox must be selected so that once the event is initiated, it is automatically routed to the benefits team for review or processing.

Option A is incorrect because reinstatement configuration applies to rehire scenarios, not leave events. Option B is incorrect because Worker Selectable controls employee self-service visibility, not routing. Option D is partially correct regarding routing but incomplete, as without mapping the Leave event in Events and Reasons, the event will not trigger at all. Therefore, both mapping the Leave event and enabling routing are required to ensure proper event initiation and processing by the benefits team.

NEW QUESTION # 36

What must you configure prior to creating an insurance plan?

- A. Electronic signature, health care classification, and provider ID.
- **B. Insurance coverage levels, insurance coverage, and insurance rate.**
- C. Benefit provider, benefit plan year definition, and enrollment instructions.
- D. Levels of Change tabs within the Enrollment Event Rule.

Answer: B

Explanation:

The correct answer is A because Workday insurance plan setup depends on several foundational insurance-specific components being in place before the plan itself can be configured. These prerequisites include insurance coverage levels, insurance coverage, and the applicable insurance rate. Together, these elements define how the plan will structure enrollment options, what level of protection or election is available, and how the associated cost is calculated. Without these core building blocks, the insurance plan cannot be created correctly because the plan requires a predefined coverage framework and rate structure.

Option B is incorrect because Enrollment Event Rule configuration is related to how and when workers can make benefit changes, not to the foundational setup required before creating the plan. Option C is not correct because those items are not the standard prerequisite configuration components for insurance plan creation.

Option D includes items that may be relevant later in overall benefits administration, but they are not the essential insurance setup components required prior to creating the plan itself. For insurance plan configuration in Workday, the primary prerequisite is the definition of coverage levels, coverage structure, and rates.

NEW QUESTION # 37

Which rates can include demographic factors such as Age in Years and Length of Service in Months?

- A. Flat healthcare rates
- B. Additional benefits rates
- C. Benefits annualized rates (BAR) and additional benefits rates
- **D. Insurance rates and calculated healthcare rates**

Answer: D

Explanation:

The correct answer is C because Workday allows insurance rates and calculated healthcare rates to incorporate demographic factors such as age and length of service when determining employee contributions or employer costs. These types of rates are designed to be dynamic and flexible, enabling organizations to apply tiered or variable pricing structures based on worker-specific attributes. For example, insurance plans often vary premiums based on age bands, while calculated healthcare rates can use formulas that consider service duration or other demographic criteria.

Option A is incorrect because flat healthcare rates apply a fixed cost regardless of employee characteristics, meaning demographic factors are not considered. Option B is incorrect because Benefits Annualized Rates (BAR) primarily standardize cost calculations over time and do not inherently support demographic-based variations. Option D is also incorrect because additional benefits rates are typically used for supplemental offerings and do not provide the same level of demographic-driven calculation capability. Therefore, insurance and calculated healthcare rates are the appropriate rate types for incorporating demographic factors in Workday Benefits configuration.

NEW QUESTION # 38

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