Overview
The eBenefits functionality allows employees to use MySJSU to enroll in various benefit plans. You must enroll in benefit plans within 60 days of employment/eligibility. For questions regarding your benefits information, please call your Benefits Service Representative at 408-924-2250 or visit Human Resources (http://www.sjsu.edu/hr/index.htm). Depending on your job classification, you may be eligible to enroll yourself, and in many instances your family, in the following benefit plans: Medical, Dental, Medical Flex Cash, Dental Flex Cash, Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA).

This business process guide demonstrates how to submit your benefit elections as a New Hire or Newly Benefits-Eligible employee.

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Login to MySJSU

The MySJSU homepage displays.

1. Go to MySJSU (http://my.sjsu.edu/).
2. Click the MySJSU SIGN IN button.

The Login page displays.

3. Enter your SJSU ID and Password.
4. Click the Sign In button.

Note: If you have difficulty logging in, contact the CMS Help Desk by email (cmshelp@sjsu.edu) with your full name, department and SJSU ID.
Navigate to New Enrollment

*The Main Menu displays.*

1. From the **Main Menu**, navigate to **Self Service > Benefits > New Enrollment**.
The New Enrollment page displays.

Note: If you click the information icon, it will display more details about various Benefit programs, eligibility and enrollment.

The other hyperlinks on this page provide more information about each highlighted item.
Current Marital Status:

2. If your Life Event was Marriage, use the dropdown menu to select your current marital status.
How do I enroll in a Medical plan?

**The New Enrollment page displays.**

3. Follow steps 1 and 2 in the Navigate to New Enrollment section.

   Note: The Medical Plan Selection defaults with the New Enrollment radio button selected.

4. Use the drop-down menu to select the Medical Plan you wish to enroll in.

5. **Information:** Click the Staff, Faculty or MPP/Confidential hyperlinks, as appropriate to your job classification, to get more information about the medical plans and the providers.

   Notes: If you select Blue Shield HMO, the Primary Care Provider field is required.

   Steps on how to enroll your eligible dependents in your medical plan are provided on page 11.

6. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process.
How do I enroll in a Medical Flex Cash plan?

1. Follow steps 1 and 2 in the Navigate to New Enrollment section.

2. Information: Click the FlexCash Plan hyperlink to get more information about this plan.

3. Select the Decline Coverage radio button to decline medical coverage.

4. To enroll in Medical Flex Cash plan, select the New Enrollment radio button.

5. Provide your alternate medical insurance policy information including the following:
   - Social Security number of the person who holds the alternate policy under which you are covered
   - Alternate medical insurance carrier name
   - Policy number

After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process.
How do I enroll in a Dental plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section.

Note: The Dental Plan Selection defaults with New Enrollment radio button selected.

2. Use the dropdown menu to select the Dental Plan in which you wish to enroll.

3. Information: Click Staff, Faculty or MPP/Confidential hyperlink, as appropriate to your job classification, to get more information about the dental plans and the providers.

Notes: If you select DeltaCare USA-Enhanced, the Primary Office ID Number field is required. Use the Select a Provider hyperlink to search for a Primary Dental Office ID.

Steps on how to enroll your eligible dependents in your dental plan are provided on page 11.

4. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process.
How do I enroll in a Dental Flex Cash plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section.

2. Under the Dental Plan Selection section, read the Flex Cash coverage eligibility information to find out if you are eligible for the Flex Cash plan.

3. Select the Decline Coverage radio button to decline dental coverage.

4. To enroll in Dental Flex Cash plan, select the New Enrollment radio button under the Dental Flex Cash.

5. Information: Click the FlexCash Plan hyperlink to get more information about this plan.

6. Provide your alternate dental insurance policy information including the following:
   - Social Security number of the person who holds the alternate policy under which you are covered
   - Alternate dental insurance carrier name
   - Policy number

After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process.
How do I enroll in a Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) plan?

The New Enrollment page displays.

1. Follow steps 1 and 2 in the Navigate to New Enrollment section.

2. Under the Flex Spending Accounts section, read the information about the following voluntary benefit plans:
   - Health Care Reimbursement Account (HCRA): Select the New Enrollment radio button to enroll in the HCRA plan.
   - Dependent Care Reimbursement Account (DCRA): Select the New Enrollment radio button to enroll in DCRA plan.

3. Information: Click the Health Care Reimbursement Account or Dependent Care Reimbursement Account hyperlink to get more information about these plans.

4. As appropriate, type in your deduction amount in the Monthly HCRA Amount field and/or the Monthly DCRA Amount field.

5. After selecting all changes, skip to the Complete New Enrollment Elections section (on page 14) to complete the process.
How do I enroll my eligible dependents in my Medical and/or Dental plan?

*The New Enrollment page displays.*

1. Follow steps 1 and 2 in the Navigate to New Enrollment section.

At the bottom section of the New Enrollment page, you can add New Dependents and cover them in your Medical and/or Dental plan.

2. To add a new dependent, click the **Add New Dependent** button.

*The Dependent Personal Information page displays.*

3. Enter the **Personal Information** of the dependent.

*Note: Fields marked with an asterisk are required. If the dependent you are entering is a spouse or a domestic partner, you will be required to enter their Social Security Number.*

4. Enter the **Address & Telephone** information.

5. If address and phone are the same as the employee, then mark the **Same Address as Employee** checkbox.

- Use the section below to add new dependents and/or enroll existing eligible dependents in your Medical and/or Dental plans. Supporting documents are required when enrolling dependents, please click the information icon at the top of this page to view them.

  - **Add New Dependent**

  Click **Continue** to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

### Personal Information

- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Name Prefix:**
- **Name Suffix:**
- **Gender:** Select from options.
- **Date of Birth:**
- **SSN:** (Social Security Number)
- **Relationship to Employee:**

### Address and Telephone

- **Same Address as Employee**
- **Country:**
- **Address:**

- **Same Phone as Employee**
- **Phone:**

* Required Field

[Save]

[Return to Enrollment Dependent/Beneficiary Summary]
Note: In this example, we have added a son as a new dependent.

6. Click the OK button to save the new dependent in the database and return to the New Enrollment page.

The dependents you added in the database will appear at the bottom section of the New Enrollment page.

Note: In this example, we have added a spouse and a son.
Note: You must have a medical or dental plan selected for yourself before you can cover your eligible dependents in the same plan.

7. Use the drop-down menu to select **Add** from the **Medical Coverage**.

Note: You must provide the Primary Care Physician when enrolling dependents in Blue Shield HMO.

8. Use the drop-down menu to select **Add** or **Remove** from **Dental Coverage**.

9. After selecting all changes, skip to the **Complete New Enrollment Elections** section (on page 14) to complete the process.
Complete New Enrollment Elections

The New Enrollment page displays.

1. After you have made all your elections on the New Enrollment page, click the Continue button at the bottom of the page.

**Medical Plan Selection**

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium.

For detailed information regarding the CSU medical plans and providers, please visit the SJSU Information Support Services New Hire/Newly Eligible Benefits Enrollment Page 14.

- New Enrollment
- Decline Coverage

- Medical Plan: Blue Shield HMO
- Primary Care Provider: DR. JIM HANSEN

Alternatively, if you are on non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you select the FlexCash plan, you are required to provide the alternate medical insurance carrier’s name and policy number, as well as the Social Security Number of the person holding the policy. For more information, view the FlexCash Plan document.

- New Enrollment
- Decline Coverage

**Dental Plan Selection**

You have a comprehensive program of dental benefits available to you, and in many instances, your family.

The CSU pays the full cost of your dental premium. For detailed information regarding the CSU dental plans and providers, please visit the SJSU Information Support Services New Hire/Newly Eligible Benefits Enrollment Page 14.

- New Enrollment
- Decline Coverage

- Dental Plan: DeltaCare USA - Enhanced
- Primary Office ID Number: 90090

Alternatively, if you are on non-CSU dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you select the FlexCash plan, you are required to provide the alternate dental insurance carrier’s name and policy number, as well as the Social Security Number of the person holding the policy. For more information, view the FlexCash Plan document.

- New Enrollment
- Decline Coverage

**Flex Spending Accounts**

The Health Care Reimbursement Account (HRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re-enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is $20.00, and the maximum is $416.68. Contributions to the HRA must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a $2.00 monthly administrative fee charged for each account.

- New Enrollment
- No Enrollment

- Monthly HRA Amount: 65

The Dependent Care Reimbursement Account (DCRA) is also a voluntary benefit plan which allows you to pay for dependent care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc.

- New Enrollment
- No Enrollment

- Monthly DCRA Amount: 416.68

Use the section below to add new dependents and/or enroll existing eligible dependents in your Medical and/or Dental plans. Supporting documents are required when enrolling dependents. Please click the information icon at the top of the page to learn more.

**Note:** When enrolling dependents in Blue Shield, you must identify a Primary Care Physician. This is not required by any other plan.

### Add New Dependent

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthday</th>
<th>Relation</th>
<th>Medical Coverage</th>
<th>Blue Shield Primary Care Provider</th>
<th>Dental Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elaine Smith</td>
<td>07-AUG-88</td>
<td>Spouse</td>
<td>Add</td>
<td>Dr. John Hansen</td>
<td>Add</td>
</tr>
<tr>
<td>John Smith</td>
<td>01-SEP-07</td>
<td>Son</td>
<td>Add</td>
<td>Dr. Pham Nguyen</td>
<td>Add</td>
</tr>
</tbody>
</table>

Click Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.
2. Effective Date of Coverage: Review this section to understand when your new elections will be effective.

3. Eligibility Documentation: Review this section to find out if any additional documentation is needed by your Benefits Representative before your elections can be finalized.

4. Disclosures and Privacy Notice: Click this hyperlink to read the disclosures and privacy information about the benefit plans you have selected.

   Note: See next page to understand the disclosures and privacy page.

5. After reading the Disclosures and Privacy Information, mark the checkbox to affirm that you have read it and understand it.

6. Click the Sign button to electronically authorize your elections.
Disclosures and Privacy Notice
The hyperlink mentioned in step 5 of the previous page provides legal disclosures and privacy information about various benefit plans such as Health (Medical & Dental), Flex Cash and Flexible Spending. The information is applicable to you only for the benefit plans you have elected. It is recommended that you read all the information to gain a better understanding of the legal aspects of the benefit plans you are electing to enroll in. Below is a sample of the Disclosures & Privacy Information section. To read the entire Disclosures and Privacy notice, click on the Disclosures and Privacy Notice hyperlink displayed on the final submit page.

Disclosures and Privacy Information
Read below the Disclosures & Privacy information for the Benefits Plan you have elected. The information is not applicable to you if you have not elected that Benefit Plan.

1) HEALTH BENEFITS PLAN:
If you have elected for Medical or Dental Plan, you authorize applicable deductions to be made from your salary to cover your share of the cost of enrollment as it is now or as it may be in the future. You also certify that the names of the persons listed as dependents are eligible family members as defined by the State of California and are not enrolled in another State of California medical or dental plan. You authorize your Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

Medical Plan Privacy Information: Submissions of the requested information on the Benefits election pages is mandatory. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board’s duties under the Retirement Law, the Social Security Act, and the Public Employees’ Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer), but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

Section 7(b), of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency which requests an individual to disclose his Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The Office of Employer and Member Health Services of the California Public Employees’ Retirement System request each enrollee’s Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other agencies for identification purposes, the Office of Employer and Member Health Services may be unable to verify eligibility for benefits without the Social Security account number.

The Office of Employer and Member Health Services of the California Public Employees’ Retirement System uses Social Security account numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and state contribution for state employees
3. Billing of contracting agencies for employee and employer contributions
4. Reports to the California Public Employees’ Retirement System and other state agencies
5. Coordination of benefits among carriers

Binding Arbitration: Enrollment in certain plans constitutes an agreement to have any issue of medical malpractice decided by neutral arbitration and waiver of any right to a jury or court trial. Refer to the HBD-DO-29 or HBD-DO-22 to determine if this provision is applicable to your plan or contact your Benefits Service Representative at 408-924-2250
Your name displays in the Sign field as an electronic signature.

7. Click the Submit button to send your final choices to the Benefits Department.

The submit confirmation page displays.

8. After reading the information on this page, click the OK button.

Notes: You and your Benefits Service Representative will receive an email notification indicating that you have submitted your benefits enrollment. Within 2 business days, your Benefits Service Representative will process and finalize your elections and send you another email notification indicating that your benefits enrollment is completed by the Benefits department.

The email notifications are sent to your preferred email address on your MySJSU account. If you have not saved your preferred email address in MySJSU, update it under Self Service > Personal Information > Email Addresses.

Employees without a preferred email address in MySJSU will be contacted by phone by their Benefits Service Representative.