Overview
The eBenefits functionality allows employees to use MySJSU to enroll in, change or cancel any of their eligible Benefit plans during the annual Open Enrollment period. The dates for Open Enrollment change every year. Please contact your Benefits Representative at 408-924-2250 to find out the Open Enrollment dates for this year.

The Benefit plans that can be changed during Open Enrollment are Medical, Dental, Medical Flex Cash, Dental Flex Cash, Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA). This business process guide demonstrates the basics of Open Enrollment for Medical plans.

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Login to MySJSU

To login to MySJSU:

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

The Login page displays.

3. Enter your User ID and Password.
4. Click the Sign In button.
General Information

The Main Menu displays.

5. From the Main Menu, navigate to Self Service > Benefits > Benefits Enrollment.

The Benefits Enrollment page displays with an Open Enrollment event.

Notes: The Event Date is also displayed. It will be January 1st because elections made during Open Enrollment are effective January 1st of the next year.

If you click the information icon, it will give you more details about Open Enrollment.

6. Click the Select button.

For questions regarding your benefit information please contact your Benefits Service Representative at 408-924-2250 or you can visit the HR Website.
The Open Enrollment page displays.

7. You will see all plans you are eligible for.

8. Click the Edit button next to the plan you wish to update.

9. For example, to edit Dental information, click the Edit button next to Dental.

Note: The next few pages will use Dental as an example. Medical and both Flex Cash plans will work in a similar fashion.
10. Select the plan you wish to enroll in from the available list by clicking the radio button next to its name.

11. Information: By clicking the various hyperlinks on the enrollment page, you can get more information about the plans and the providers.

12. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of plan, estimated monthly cost (if any), and provides you information on the effective date of your choice.

13. Click the **OK** button.
The system returns you to the Enrollment summary page.

14. Note your newly selected dental plan.

Note: In this example, we selected PMI Deltacare (Enhanced) for employee only.

15. If you are satisfied with your selection, click the Submit button.

Note: You may come back at any time during the Open Enrollment period to make additional elections or changes.
The Submit Benefit Choices page displays.

16. To make any changes to your elections, click the **Cancel** button.

17. If you are satisfied with your elections, then continue with the steps below.

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

19. **Disclosures and Privacy Notice**: Click the hyperlink to read the disclosures and privacy information about the Benefits plan you have elected.

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

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

21. Click the **Sign** button to electronically authorize your elections.
Disclosures and Privacy Notice

The hyperlink mentioned in step 15 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 the Disclosures and Privacy Notice hyperlink displayed on the final submit page.

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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-DD-29 or HBD-DD-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.

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

The Submit Confirmation page displays.

23. Click the Save and Print button.

Note: The remaining pages of this document will walk you through specific scenarios related to Dental Elections. Steps 1 and 2 and steps 12 through 19 in this section are the same no matter what you do, so they will not be shown again.
How do I change my dental plan?

The Open Enrollment page displays.

1. Navigate to the Open Enrollment page (as described on page 3).

2. Click the Edit button next to Dental.
The Dental enrollment page displays.

3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

4. Click the **Continue** button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost (if any), and provides you information on the effective date of your choice.

5. Click the OK button.
6. Note the change you made to your dental plan.

Note: In this example, we selected PMI Deltacare (Enhanced) for employee only.

7. If you are satisfied with your selection, click the Submit button.

8. Proceed through the final submit process (as described on pages 8 - 10).

Benefits Enrollment

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Important: Your enrollment will not be complete until you click the "Submit" button

The system returns you to the Enrollment summary page.

Enrollment Summary

<table>
<thead>
<tr>
<th>Edit</th>
<th>Medical</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edit</th>
<th>Dental</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>PMI Deltacare (Enhanced):Empl Only</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edit</th>
<th>Dental Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>Flex Cash - Dental:Empl Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edit</th>
<th>Medical Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>Flex Cash - Medical:Empl Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Flex Cash - Medical:Empl Only</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edit</th>
<th>Flex Spending Health</th>
<th>Before Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edit</th>
<th>Flex Spending Dependent</th>
<th>Before Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

<table>
<thead>
<tr>
<th>Your Costs</th>
<th>Before Tax</th>
<th>After Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

These costs do not include certain choices that are based on variable earnings.

Click Submit to send your final choices to your Benefits Representative.

Important: Your enrollment will not be complete until you click the "Submit" button.
How do I change my dental plan and add a dependent?

The Open Enrollment page displays.

1. Navigate to the Open Enrollment page (as described on page 3).
2. Click the Edit button next to Dental.
The Dental enrollment page displays.

3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

Note: In this example, we have changed the plan from Delta Enhanced II to PMI Deltacare (Enhanced).

4. Click the Add/Review Dependents button to add a new dependent.
The Enrollment Dependent/Beneficiary Summary page is displayed.

5. Click the Add a dependent or beneficiary link.

The Dependent Personal Information page displays.

6. 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.

7. Enter the Address & Telephone information.

8. If address and phone number are the same as the Employee, and then mark the Same Address as Employee checkbox.
The Dependent Personal Information recap page displays.

Note: In this example, we have added a son as a new dependent.

9. Click the **Save** button to save the new dependent in the database.
The **Save Confirmation page displays.**

10. Click the OK button.

The **Dependent Personal Information summary page displays.**

11. Click the **Return to Event Selection** link at the bottom to enroll the new dependent in your dental plan.

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**Dependent Personal Information**

Dependent/Beneficiary’s personal information as of Jan 1, 2008

<table>
<thead>
<tr>
<th>Personal Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>John</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Smith</td>
</tr>
<tr>
<td>Name Prefix:</td>
<td></td>
</tr>
<tr>
<td>Name Suffix:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>09/01/2007</td>
</tr>
<tr>
<td>SSN:</td>
<td></td>
</tr>
<tr>
<td>Relationship to Employee:</td>
<td>Son</td>
</tr>
</tbody>
</table>

**Address and Telephone**

- Same Address as Employee: Yes
  - Country: United States
  - Address: 34 Nan Crnn, San Jose, CA 94550

- Same Phone as Employee: Yes
  - Phone: 408/924/1000

[Edit]

[Return to Event Selection]
The Dental enrollment page displays.

12. At the bottom of this page, mark the Enroll checkbox next to the new dependent’s name to add this dependent to your dental coverage.

13. Specify a Primary PMI Office ID number: This number is only required for PMI plans. (Click the Select a Provider link to select your Primary PMI Office ID number).

14. Mark the checkbox if you have previously visited this office.

15. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.

16. Click the OK button.
The Enrollment Summary page displays.

17. Note the change you made to your dental plan.

Note: In this example, we changed from Delta Enhanced II employee only to PMI Deltacare (Enhanced) for employee plus one dependent.

18. If you are satisfied with your selection, click the Submit button.

19. Proceed through the final submit process (as described on pages 8 - 10).
How do I change my dental plan and delete a dependent?

*The Open Enrollment page displays.*

1. Navigate to the Open Enrollment page (as described on page 3).
2. Click the **Edit** button next to **Dental**.

---

**Benefits Enrollment**

**Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

**Enrollment Summary**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current: Kaiser Foundation Empi+1</td>
<td>Edit</td>
<td>New:</td>
</tr>
<tr>
<td>Current: Delta Enhanced II Empi+1</td>
<td>Dental</td>
<td>New:</td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
<td>New:</td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
<td>New:</td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
<td>New:</td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

<table>
<thead>
<tr>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Tax</td>
</tr>
</tbody>
</table>

These costs do not include certain choices that are based on variable earnings.

| Submit | Click Submit to send your final choices to your Benefits Representative |

**Important:** Your enrollment will not be complete until you click the “Submit” button.
The Dental enrollment page displays.

3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

Note: In this example, we have changed the plan from Delta Enhanced II to PMI Deltacare (Enhanced) and deleted the coverage of the current dependent.

4. Uncheck the Enroll checkbox to delete/remove the current dependent from the new dental coverage.

5. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost (if any), and provides you information on the effective date of your choice.

6. Click the OK button.
The system returns you to the Enrollment summary page.

7. Note the changes you made to your dental plan and the cost associated with your new election.

Note: In this example, we changed from Delta Enhanced II with employee plus one to PMI Deltacare (Enhanced) with employee only coverage. The dependent is deleted/removed from the new coverage.

8. If you are satisfied with your selection, click the Submit button.

9. Proceed through the final submit process (as described on pages 8 - 10).
How do I add a dependent? (No change to dental plan provider)

The Open Enrollment page displays.

1. Navigate to the Open Enrollment page (as described on page 3).
2. Click the Edit button next to Dental.
**The Dental enrollment page displays.**

3. Note that your current plan is shown next to the selected radio button.

*Note: In this example, we are only adding a dependent and keeping the current dental plan provider Delta Enhanced II.*

4. Click the **Add/Review Dependents** button to add a new dependent.
The Enrollment Dependent/Beneficiary Summary page displays.

5. Click the Add a dependent or beneficiary link.

The Dependent Personal Information page displays.

6. 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.

7. Enter the Address & Telephone information.

8. If address and phone number are the same as the employee, and then mark the Same Address as Employee checkbox.
The Dependent Personal Information recap page displays.

Note: In this example, we have added a son as a new dependent.

9. Click the Save button to save the new dependent in the database.
The Save Confirmation page displays.

10. Click the OK button to proceed.

The Dependent Personal Information summary page displays.

11. Click the Return to Event Selection link to enroll the new dependent in your dental plan.
The Dental enrollment page displays.

12. At the bottom of this page, mark the Enroll checkbox next to the new dependent’s name to enroll this dependent in your dental coverage.

13. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.

14. Click the OK button.
The system returns you to the Enrollment summary page.

15. Note the changes you made to your dental plan and the cost associated with your new election.

Note: In this example, we added a dependent without changing the dental plan provider. We changed from Delta Enhanced II with employee only coverage to PERS Choice PPO with employee plus one coverage.

16. If you are satisfied with your selection, click the Submit button.

17. Proceed through the final submit process (as described on pages 8 - 10).
How do I delete a dependent? (No change to dental plan provider)

The Open Enrollment page displays.

1. Navigate to the Open Enrollment page (as described on page 3).
2. Click the Edit button next to Dental.
The Dental enrollment page displays.

3. Note that your current plan is shown next to the selected radio button.

Note: In this example, we are only deleting a dependent and keeping the current dental plan provider Delta Enhanced II.

4. Uncheck the Enroll checkbox to delete/remove the dependent from your dental coverage.

5. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.

6. Click the OK button.
The system returns you to the Enrollment summary page.

7. Note the changes you made to your dental plan.

Note: In this example, we deleted a dependent without changing the dental plan provider. We changed from Delta Enhanced II with employee plus one coverage to Delta Enhanced II with employee only coverage.

8. If you are satisfied with your selection, click the Submit button.

9. Proceed through the final submit process (as described on pages 8 - 10).

### Benefits Enrollment

#### Open Enrollment

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

**Important:** Your enrollment will not be complete until you click the "Submit" button.

#### Enrollment Summary

<table>
<thead>
<tr>
<th></th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current:</td>
<td>Kaiser HMO: Empl +1</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current:</td>
<td>Delta Enhanced II: Empl +1</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Delta Enhanced II: Empl Only</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Dental Flex Cash</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Flex Cash</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Flex Spending Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Flex Spending Dependent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

<table>
<thead>
<tr>
<th>Your Costs</th>
<th>Before Tax</th>
<th>After Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

These costs do not include certain choices that are based on variable earnings.

Click **Submit** to send your final choices to your Benefits Representative.

**Important:** Your enrollment will not be complete until you click the "Submit" button.
How do I cancel my dental plan?

*The Open Enrollment page displays.*

1. Navigate to the **Open Enrollment** page (as described on page 3).
2. Click the Edit button next to Dental.

---

The following table shows the current and new selections for each benefit category:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Current</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Delta Enhanced II</td>
<td>Delta Enhanced II</td>
</tr>
<tr>
<td>Flex Cash</td>
<td>No Coverage</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Medical Cash</td>
<td>No Coverage</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Flex Spending Health</td>
<td>No Coverage</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Flex Spending Dependent</td>
<td>No Coverage</td>
<td>No Coverage</td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

**Important:** Your enrollment will not be complete until you click the "Submit" button.

[Submit] Click Submit to send your final choices to your Benefits Representative

**Important:** Your enrollment will not be complete until you click the "Submit" button.
The Dental enrollment page displays.

1. Click the radio button next to the Waive option to cancel your dental coverage.

Note: In this example, we are canceling dental coverage.

2. Click the Continue button.
The Dental recap page displays.

Note: This page summarizes your choice of dental plan, estimated monthly cost and your covered dependents and provides you information on the effective date of your choice.

Note: For the purpose of this example, the dental coverage is waived / cancelled.

5. Click the OK button.
The system returns you to the Enrollment summary page.

6. Note the changes you made to your dental plan.

Note: In this example, we waived/cancelled the dental coverage entirely.

7. If you are satisfied with your selection, click the Submit button.

8. Proceed through the final submit process (as described on pages 8 - 10).

### Benefits Enrollment

#### Open Enrollment

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

**Important:** Your enrollment will not be complete until you click the “Submit” button.

<table>
<thead>
<tr>
<th></th>
<th>Medical</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>PERS Choice: Emp Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dental</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>Delta Enhanced II: Emp Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Waive</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dental Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Medical Flex Cash</th>
<th>Before Tax</th>
<th>After Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Flex Spending Health</th>
<th>Before Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Flex Spending Dependent</th>
<th>Before Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current:</td>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

<table>
<thead>
<tr>
<th></th>
<th>Before Tax</th>
<th>After Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Costs</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

These costs do not include certain expenses that are based on variable earnings.

Click Submit to send your final choices to your Benefits Representative.

**Important:** Your enrollment will not be complete until you click the “Submit” button.
How do I cancel my dental plan and enroll into dental flex cash?

**The Open Enrollment page displays.**

1. Navigate to the Open Enrollment page (as described on page 3).
2. Cancel/waive the dental plan (as described on pages 39 - 41).
3. After waiving/canceling the dental plan, click the **Edit** button next to **Dental Flex Cash** to proceed.

---

### Benefits Enrollment

#### Open Enrollment

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the [Flexible Spending Programs](#), next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

**Important: Your enrollment will not be complete until you click the “Submit” button**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Current</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>PERS Choice PP0:Emp Only</td>
<td>0.00</td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Enhanced II:Emp Only</td>
<td>0.00</td>
</tr>
<tr>
<td>Dental Flex Cash</td>
<td>No Coverage</td>
<td>0.00</td>
</tr>
<tr>
<td>Medical Flex Cash</td>
<td>No Coverage</td>
<td>0.00</td>
</tr>
<tr>
<td>Flex Spending Health</td>
<td>No Coverage</td>
<td>0.00</td>
</tr>
<tr>
<td>Flex Spending Dependent</td>
<td>No Coverage</td>
<td>0.00</td>
</tr>
</tbody>
</table>

This table summarizes estimated costs for your new benefit choices.

Your Costs | Before Tax | After Tax | Total
---|------------|-----------|--------
0.00 | 0.00 | 0.00 |

These costs do not include certain choices that are based on variable earnings.

Click **Submit** to send your final choices to your Benefits Representative.

**Important: Your enrollment will not be complete until you click the “Submit” button.**
The Dental Flex Cash enrollment page displays.

4. Click the radio button next to the **Flex Cash-Dental** option to enroll in Dental flex cash coverage.

*Note: In this example, we first cancelled dental coverage and are now enrolling in dental flex cash.*

5. **Important!** Please read the flex cash coverage eligibility information on this page to determine whether you are eligible for the flex cash plan or not.

6. **Alternate Policy Information:** If you are eligible, then provide your alternate dental insurance policy information including the following:
   - Alternate dental insurance carrier name
   - Policy number
   - Social Security number of the person who holds the alternate policy under which you are covered

7. Click the **Continue** button.
The Dental Flex Cash recap page displays.

Note: This page summarizes your choice for dental flex cash, the alternate policy information, and provides you information on the effective date of your choice.

8. Click the **OK** button.
The system returns you to the Enrollment summary page.

9. Note the changes you made to your dental and dental flex cash plans.

Note: In this example, we waived/cancelled the dental coverage entirely and enrolled in dental flex cash plan.

10. If you are satisfied with your selection, click the Submit button.

11. Proceed through the final submit process (as described on pages 8 - 10).