

## 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/) (<http://my.sjsu.edu/>).
2. Click the **Login to MySJSU** button.



### Quick Links

- [Class Search](#)
- [Browse Catalog](#)
- [My Password/Sign In Help](#)
- [System Downtime](#)

**MySJSU SIGN IN**

### ABOUT MYSJSU

MySJSU is for current and former students, applicants for admission, job applicants and all SJSU employees.

### NEWS, EVENTS & ANNOUNCEMENTS

### Contact Us

MySJSU is supported by the Common Management Systems (CMS) Project Office and its Project Team.

***The Login page displays.***

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

*Note: If you have difficulty logging in, please contact the [CMS Help Desk](#) via email ([cmshelp@sjsu.edu](mailto:cmshelp@sjsu.edu)) with your full name, department and SJSU ID.*

**ORACLE®**  
**PEOPLESOFT ENTERPRISE**

SJSU ID:

Password:

**Sign In**

# General Information

Navigate to the Benefits Enrollment page.

1. Navigate to **Self Service > Benefits > Open 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.*

2. Click the **Select** button.

The screenshot shows the San José State University Self Service portal. On the left is a navigation menu with categories like Alert-SJSU, Campus Info, Self Service, Time Reporting, Payroll and Compensation, Benefits, Learning and Development, Recruiting Activities, Campus Finances, and Campus Personal Information. The 'Benefits' section is expanded, showing options like Benefits Information, Dependents, Insurance Summary, Pension Estimates, TSA Enroll / Update, New Enrollment, Life Events, and Open Enrollment. The 'Open Enrollment' option is highlighted. The main content area is titled 'Benefits Enrollment' and contains text explaining that after initial enrollment, benefit choices can only be changed during Open Enrollment or when a family status change occurs. It also notes that to enroll in a Tax Sheltered Annuity (TSA) 403(b) account, users should navigate to Self Service > Benefits > TSA Update / Enroll. An information icon (i) is described as providing additional enrollment details, and a 'Select' button is highlighted as the action to begin enrollment. Below this text is a table titled 'Open Benefit Events' with columns for Event Description, Event Date, Event Status, Job Title, and a 'Select' button. The table contains one row: 'Open Enrollment' with an information icon, '01/01/2009', 'Submitted', 'Admin Support Assistant 12 Mo', and a highlighted 'Select' button.

## Benefits Enrollment

After your initial enrollment, the only time you may change your benefit choices is during Open Enrollment or when a qualified family status change occurs.

To enroll in a **Tax Sheltered Annuity (TSA) 403(b)** account, navigate back to Self Service > Benefits > TSA Update / Enroll.

The Information icon **i** provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. To begin your enrollment, click **Select**.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	<b>i</b> 01/01/2009	Submitted	Admin Support Assistant 12 Mo	<b>Select</b>

Once you click Select, it will take a few seconds for your benefits enrollment information to load.

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.**

Note: You will see all plans you are eligible for.

3. Click the **Edit** button next to the plan you wish to update.
4. For example, to edit Medical information, click the **Edit** button next to Medical.

*Note: The next few pages will use Medical as an example. Dental and both Flex Cash plans will work in a similar fashion.*

**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			
<a href="#">Edit</a>	Medical	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
<a href="#">Edit</a>	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<a href="#">Edit</a>	Dental Flex Cash	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	Medical Flex Cash	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	Flex Spending Health	Before Tax	
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	Flex Spending Dependent	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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 Medical enrollment page displays.**

5. Select the plan you wish to enroll in from the available list by clicking the radio button next to its name.

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

6. Click the Continue button.

**Benefits Enrollment**

**Medical**

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important! Your current coverage is: Blue Shield HMO with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.**

**Select an Option**

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

[PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

[Waive](#)

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

[Add/Review Dependents](#)

**Choose a Primary Care Provider**

Enrollment in this plan requires that you select a primary care provider.

Specify a Primary Care Provider:  [Select a Provider](#)

- Check here if you have previously seen this provider.  
 Check here to use the same provider for all your dependents.

[Dependent Provider List](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

**The Medical 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.*

7. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

→ **Your Choice**

You have chosen Blue Shield HMO with Employee Only coverage.

→ **Your Estimated Monthly Cost**

**Your Cost:      \$27.02**

The Primary Care Provider is YOU DR.. You have not seen this provider before.

→ **Notes**

Once submitted, this choice will take effect on 01/01/2009.

 **OK** Click OK to store your choices.

**Edit** Click Edit to go back and change your choices.

**The system returns you to the Open Enrollment summary page.**

Notes: Notice your newly selected medical plan.

*In this example, we selected Blue Shield HMO for employee only.*

8. 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.

**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			
<a href="#">Edit</a>	<b>Medical</b>	Before Tax	After Tax
Current: No Coverage			
New: Blue Shield HMO:Empl Only		27.02	
<a href="#">Edit</a>	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
<a href="#">Edit</a>	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<a href="#">Edit</a>	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00		100.00	
<a href="#">Edit</a>	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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 Submit Benefits Choices page displays.**

9. To make any changes to your elections, click the **Cancel** button.
10. If you are satisfied with your elections, then continue with the steps below.
11. **Eligibility Documentation:** Review this section to find out if any additional documentation is needed by your Benefits Representative before your elections can be finalized.
12. **Disclosures and Privacy Notice:** Click this 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.*
13. After reading the **Disclosures and Privacy information**, mark the checkbox to affirm that you have read it and understand it.
14. Click the Sign button to electronically authorize your elections.

**Benefits Enrollment**

**Submit Benefit Choices**

You have almost completed your enrollment. If you have no further changes, review the information below and prepare to submit your choices. You must read the disclosure and privacy information and electronically sign before final submission.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to your Benefits Service Representative for processing.

Your enrollment choices will be effective beginning the next calendar year and will remain in effect through the end of that year. Any applicable payroll deductions for the benefits you selected, or cash payments if you choose to participate in the FlexCash Plan, will be listed on your January Pay Warrant. You will not be able to make any further benefit changes until the next Open Enrollment period or if you experience a qualified change in status.

**Cancel** Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

**→ Eligibility Documentation**

You may need to certify your dependent's eligibility for coverage by providing verifying documentation (as described below). Dependent benefit elections are not finalized until you provide the necessary documentation to your Benefits Service Representative, located in Human Resources, University Police Department Building, Third Floor, on the corner of 7th and San Salvador Street.

Eligible family members include spouses, domestic partners and dependent children under the age of 23.

In order to **enroll a spouse for the first time**, all CSU employees must complete and submit an [Affidavit for Employees-Gender Verification of Married Persons and Notice of Imputed Tax form](#), marriage certificate and the spouse's social security number to your Benefits Service Representative. If you cannot provide a copy of your marriage certificate, you will be required to complete an [Affidavit of Marriage](#).

When **enrolling a domestic partner**, a [Declaration of Domestic Partnership](#) must be provided to your Benefits Service Representative. Family Code Section 297 defines domestic partners as individuals of the same sex or one/or both is/are over the age of 62. Currently, health and dental benefits are subject to domestic partner imputed tax liability. Please visit the [Domestic Partner Registry](#) for more information.

In order to **enroll a new child under the age of 23**, a copy of the birth certificate, adoption decree, proof of legal custody and/or guardianship, or copy of Qualified Medical Support Order must be provided to your Benefits Service Representative.

**Dependent children who are not the employee's natural children** must live with the employee in a regular parent/child relationship and be economically dependent upon the employee. A completed [Affidavit of Eligibility for Economically Dependent Children](#) stating the employee is in a parent/child relationship and the child is economically dependent upon the employee for 50% of the child's financial support will be required at the time of enrollment.

**→ Disclosures and Privacy**

I affirm I have reviewed and understand the [Disclosures and Privacy Notice](#) information about my elections.

**Electronic Signature to Authorize Elections**

I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize my Benefits Service Representative to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. *Note: Your electronic signature has the same legal and binding effect as signing your name.*

**Sign**

**Submit** Click **Submit** to send your final choices to the Benefits Department.

**Cancel** Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

## Disclosures and Privacy Notice

The hyperlink mentioned in step 12 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 and Privacy Information section. To read the entire Disclosures and Privacy notice, click 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.**

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

#### Disclosures and Privacy

I affirm I have reviewed and understand the [Disclosures and Privacy Notice](#) information about my elections.

#### Electronic Signature to Authorize Elections

I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize my Benefits Service Representative to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. *Note: Your electronic signature has the same legal and binding effect as signing your name.*

**Sign** Buddy Guy

**Submit** Click **Submit** to send your final choices to the Benefits Department.

**Cancel** Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

**The Submit Confirmation page displays.**

16. Click the **Save and Print** button.

*Note: The remaining pages of this document will walk you through specific scenarios related to Medical Elections. Steps 1 and 2 and steps 9 through 16 in this section are the same no matter what you do, so they will not be shown again.*

#### Benefits Enrollment

### Submit Confirmation

You have successfully completed your enrollment and your choices have been submitted to your Benefits Service Representative.

Your enrollment choices will remain in effect through the next calendar year until the next Open Enrollment period or if you experience a qualified change in status.

Please view the confirmation summary of the elections you just made. Review the information carefully. In the event you need to make a change or correction to any area please contact your Benefits Service Representative at 408-924-2250.

**Save and Print**

Home

# How do I enroll into a medical plan? (No current coverage)

The Medical enrollment page displays.

1. Navigate to the **Medical Enrollment** page as described on page 3.
2. Select the medical plan that you wish to enroll in by clicking the radio button next to the plan provider.

*Note: In this example, we have selected Blue Shield HMO.*

3. **Choose a Primary Care Provider:** This is only required for Blue Shield plans (Click the **Select a Provider** link to select your Primary Care Provider).
4. Mark the checkbox if you have previously visited this office.
5. Click the **Continue** button.

## Benefits Enrollment

### Medical

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important! Your current coverage is: Blue Shield HMO with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.**

#### Select an Option

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

[PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

[Waive](#)

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

[Add/Review Dependents](#)

#### Choose a Primary Care Provider

Enrollment in this plan requires that you select a primary care provider.

Specify a Primary Care Provider:

YOU DR.

[Select a Provider](#)

Check here if you have previously seen this provider.

Check here to use the same provider for all your dependents.

[Dependent Provider List](#)

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

**The Medical recap page displays.**

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

6. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

→ **Your Choice**

You have chosen Blue Shield HMO with Employee Only coverage.

→ **Your Estimated Monthly Cost**

**Your Cost:      \$27.02**

The Primary Care Provider is YOU DR.. You have not seen this provider before.

→ **Notes**

Once submitted, this choice will take effect on 01/01/2009.

 **OK** Click OK to store your choices.

**Edit** Click Edit to go back and change your choices.

The system returns you to the Enrollment summary page.

7. Note the newly selected medical plan.

Note: In this example, we selected Blue Shield HMO for employee only.

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			
<a href="#">Edit</a>	<b>Medical</b>	Before Tax	After Tax
Current: No Coverage			
New: Blue Shield HMO:Empl Only		27.02	
<a href="#">Edit</a>	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
<a href="#">Edit</a>	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<a href="#">Edit</a>	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00		100.00	
<a href="#">Edit</a>	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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 medical 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 Medical.

## 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

<b>Edit</b>	<b>Medical</b>	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
<b>Edit</b>	<b>Dental</b>	Before Tax	After Tax
	Current: Delta Enhanced II:Empl+Deps		
	New: Delta Enhanced II:Empl+Deps		
<b>Edit</b>	<b>Vision</b>	Before Tax	After Tax
	Current: Vision Service Plan:Emp+Deps		
	New: Vision Service Plan:Emp+Deps		
<b>Edit</b>	<b>Dental Flex Cash</b>	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
<b>Edit</b>	<b>Medical Flex Cash</b>	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
<b>Edit</b>	<b>Flex Spending Health</b>	Before Tax	
	Current: No Coverage		
	New: No Coverage		
<b>Edit</b>	<b>Flex Spending Dependent</b>	Before Tax	
	Current: No Coverage		
	New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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 Medical enrollment page displays.**

3. Select the medical 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 PERS Choice PPO to Kaiser HMO.

4. Click the **Continue** button.

**Benefits Enrollment**

**Medical**

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important! Your current coverage is: Blue Shield HMO with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.**

**Select an Option**

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

[PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

[Waive](#)

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input type="checkbox"/>		

[Add/Review Dependents](#)

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

[Cancel](#)

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

**The Medical recap page displays.**

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

5. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

→ **Your Choice**

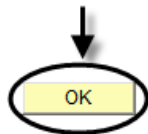
You have chosen Kaiser HMO with Employee Only coverage.

→ **Your Estimated Monthly Cost**

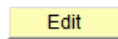
Your Cost: \$0.00

**Notes**

Once submitted, this choice will take effect on 01/01/2009.



Click OK to store your choices.



Click Edit to go back and change your choices.

**The system returns you to the Enrollment summary page.**

- Note the change you made to your medical plan.

*Note: In this example, we changed from PERS Choice PPO to Kaiser HMO for employee only.*

- If you are satisfied with your selection, click the **Submit** button.
- 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			
Edit	Medical	Before Tax	After Tax
	Current: Blue Shield HMO:Empl+1		
	New: Kaiser HMO:Empl Only		0.00
Edit	Dental	Before Tax	After Tax
	Current: Delta Enhanced II:Empl+Deps		
	New: DeltaCare USA - Enhanced:Empl Only		
Edit	Vision	Before Tax	After Tax
	Current: Vision Service Plan:Emp+Deps		
	New: Vision Service Plan:Emp+Deps		
Edit	Dental Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: Flex Cash - Dental:Empl Only		0.00
Edit	Medical Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
Edit	Flex Spending Health	Before Tax	
	Current: No Coverage		
	New: Flex Spending Health: \$1,200.00		
Edit	Flex Spending Dependent	Before Tax	
	Current: No Coverage		
	New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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**

# How do I change my medical 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 Medical.

## 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

<b>Edit</b>	<b>Medical</b>	Before Tax	After Tax
Current: Kaiser HMO:Empl Only			
New:		0.00	
<b>Edit</b>	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: DeltaCare USA - Enhanced:Empl Only			
<b>Edit</b>	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<b>Edit</b>	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: Flex Cash - Dental:Empl Only		0.00	
<b>Edit</b>	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<b>Edit</b>	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
<b>Edit</b>	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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 Medical enrollment page displays.**

3. Select the medical 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 Kaiser HMO to PERS Care PPO.

4. Click the **Add/Review Dependents** button to add a new dependent.

**Benefits Enrollment**

**Medical**

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important! Your current coverage is: Blue Shield HMO with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.**

Select an Option

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

[PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

Waive

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

Enroll Your Dependents

Add/Review Dependents

**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.

## Enrollment Dependent/Beneficiary Summary

Click the Dependent's name if you would like to review or change personal information.

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

OK






Cancel

Apply

## Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2009. Remember, a Social Security Number is required for a spouse or domestic partner.

### Personal Information

\*First Name:   
Middle Name:   
\*Last Name:   
Name Prefix:    
Name Suffix:    
\*Gender:    
\*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

[Return to Enrollment Dependent/Beneficiary Summary](#)

Save

**The Dependent Personal Information 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.

## Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2009. Remember, a Social Security Number is required for a spouse or domestic partner.

### Personal Information

*First Name:	<input type="text" value="John"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text" value="Smith"/>
Name Prefix:	<input type="text"/>
Name Suffix:	<input type="text"/>
*Gender:	<input type="text" value="Male"/>
*Date of Birth:	<input type="text" value="09/01/2007"/>
SSN:	<input type="text"/> (Social Security Number)
*Relationship to Employee:	<input type="text" value="Son"/>

### Address and Telephone

Same Address as Employee

Country: United States

Address:

Same Phone as Employee

Phone:

\* Required Field


[Return to Enrollment Dependent/Beneficiary Summary](#)

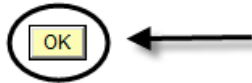
The Save Confirmation page displays.

10. Click the **OK** button to proceed.

## Personal Information

### Save Confirmation


 The Save was successful.



The Dependent Personal Information summary page displays.

11. Click the **Return to Enrollment Dependent/Beneficiary Summary** link at the bottom to enroll the new dependent in your medical plan.

## Dependent Personal Information

Dependent/Beneficiary's personal information as of Jan 1, 2009. 

### Personal Information

First Name: John  
Middle Name:  
Last Name: Smith  
Name Prefix:  
Name Suffix:  
Gender: Male  
Date of Birth: 09/01/2007  
SSN: (Social Security Number)  
Relationship to Employee: Son

### Address and Telephone


Same Address as Employee

Country: United States

Address:

Same Phone as Employee

Phone:

[Return to Enrollment Dependent/Beneficiary Summary](#) 

[Edit](#)

**The Enrollment  
Dependent/Beneficiary  
Summary page displays.**

12. Click the **Return to Event Selection** link to continue.

**The system returns you to  
the Medical enrollment page.**

13. At the bottom of this page,  
mark the **Enroll** checkbox  
next to the new  
dependent's name to add  
this dependent to your  
medical coverage.

14. Click the **Continue** button.

## Enrollment Dependent/Beneficiary Summary

Click the Dependent's name if you would like to review or change personal information.

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

PERS Care PPO

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

PERS Choice PPO

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

Waive

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

### Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	John Smith	Son

Add/Review Dependents

Continue

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Cancel

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

**The medical recap page displays.**

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

15. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

→ **Your Choice**

You have chosen PERS Care PPO with Employee + 1 coverage.

→ **Your Estimated Monthly Cost**


Your Cost: **\$575.82**

→ **Your Covered Dependents**

Name	Relationship
John Smith	Son

**Notes**

Once submitted, this choice will take effect on 01/01/2009.

 **OK** | Click OK to store your choices.

**Edit** | Click Edit to go back and change your choices.

**The system returns you to the Enrollment summary page.**

16. Note the changes you made to your medical plan and the cost associated with your new election.

*Note: In this example, we changed from Kaiser HMO employee only to PERS Care PPO for employee plus one dependent.*

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

18. 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			
Edit	Medical	Before Tax	After Tax
	Current: Blue Shield HMO:Empl+1		
	New: PERS Care PPO:Empl+1	575.82	
Edit	Dental	Before Tax	After Tax
	Current: Delta Enhanced II:Empl+Deps		
	New: DeltaCare USA - Enhanced:Empl Only		
Edit	Vision	Before Tax	After Tax
	Current: Vision Service Plan:Emp+Deps		
	New: Vision Service Plan:Emp+Deps		
Edit	Dental Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: Flex Cash - Dental:Empl Only	0.00	
Edit	Medical Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
Edit	Flex Spending Health	Before Tax	After Tax
	Current: No Coverage		
	New: Flex Spending Health: \$1,200.00	100.00	
Edit	Flex Spending Dependent	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	<b>675.82</b>	<b>0.00</b>	<b>675.82</b>

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**

# How do I change my medical 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 Medical.

## 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

<b>Edit</b>	<b>Medical</b>	Before Tax	After Tax
Current: Kaiser HMO:Empl Only			
New:		0.00	
<b>Edit</b>	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: DeltaCare USA - Enhanced:Empl Only			
<b>Edit</b>	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<b>Edit</b>	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: Flex Cash - Dental:Empl Only		0.00	
<b>Edit</b>	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<b>Edit</b>	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
<b>Edit</b>	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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 Medical enrollment page displays.**

3. Select the medical 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 Kaiser HMO to PERS Choice PPO and deleted the coverage of the current dependent.

4. Uncheck the **Enroll** checkbox to delete/remove the current dependent from the new medical coverage.
5. Click the **Continue** button.

**Benefits Enrollment**

**Medical**

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important!** Your current coverage is: **Blue Shield HMO with Employee + 1 coverage.** You will continue with this coverage unless you elect to make a change.

**Select an Option**

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

→  [PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

[Waive](#)

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input type="checkbox"/>	John Smith	Son

[Add/Review Dependents](#)

→  Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

**The Medical recap page displays.**

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

6. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

→ **Your Choice**

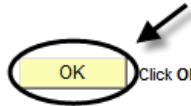
You have chosen PERS Choice PPO with Employee Only coverage.

→ **Your Estimated Monthly Cost**

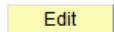
Your Cost: **\$0.00**

**Notes**

Once submitted, this choice will take effect on 01/01/2009.



Click **OK** to store your choices.



Click **Edit** to go back and change your choices.

**The system returns you to the Enrollment summary page.**

- Note the changes you made to your medical plan and the cost associated with your new election.

*Note: In this example, we changed from Kaiser with employee plus one coverage to PERS Care PPO with employee only coverage. The dependent is deleted/removed from the new coverage.*

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

- 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			
Edit		Before Tax	After Tax
	<b>Medical</b>		
Current: Blue Shield HMO:Empl+1			
New: PERS Choice PPO:Empl Only		0.00	
	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: DeltaCare USA - Enhanced:Empl Only			
	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Empl+Deps			
New: Vision Service Plan:Empl+Deps			
	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: Flex Cash - Dental:Empl Only		0.00	
	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	0.00	0.00	0.00

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**

## How do I add a dependent? (No change to medical 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 Medical.

### 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

<b>Edit</b>	<b>Medical</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<b>Edit</b>	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: Delta Enhanced II:Empl+Deps			
<b>Edit</b>	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<b>Edit</b>	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<b>Edit</b>	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<b>Edit</b>	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: No Coverage			
<b>Edit</b>	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>			

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 Medical enrollment page displays.

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 medical plan provider PERS Choice PPO.

3. Click the **Add/Review Dependents** button to add a new dependent.

## Benefits Enrollment

### Medical

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important! Your current coverage is: Blue Shield HMO with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.**

#### Select an Option

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

→  [PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

[Waive](#)

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

#### Enroll Your Dependents

[Add/Review Dependents](#)

**The Enrollment  
Dependent/Beneficiary  
Summary page displays.**

4. Click the **Add a dependent or beneficiary** link.

**The Dependent Personal  
Information page displays.**

5. 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.*

6. Enter the **Address & Telephone** information.
7. If address and phone are the same as the Employee, then mark the **Same Address as Employee** checkbox.

## Enrollment Dependent/Beneficiary Summary

Click the Dependent's name if you would like to review or change personal information.

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

OK






Cancel

Apply

## Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2009. Remember, a Social Security Number is required for a spouse or domestic partner.

### Personal Information

\*First Name:   
Middle Name:   
\*Last Name:   
Name Prefix:    
Name Suffix:    
\*Gender:    
\*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

[Return to Enrollment Dependent/Beneficiary Summary](#)

Save

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

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

8. Click the **Save** button to save the new dependent in the database.

## Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2009. Remember, a Social Security Number is required for a spouse or domestic partner.

### Personal Information

*First Name:	<input type="text" value="John"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text" value="Smith"/>
Name Prefix:	<input type="text"/>
Name Suffix:	<input type="text"/>
*Gender:	<input type="text" value="Male"/>
*Date of Birth:	<input type="text" value="09/01/2007"/>
SSN:	<input type="text"/> (Social Security Number)
*Relationship to Employee:	<input type="text" value="Son"/>

### Address and Telephone

Same Address as Employee

Country: United States

Address:

Same Phone as Employee

Phone:

\* Required Field


[Return to Enrollment Dependent/Beneficiary Summary](#)

The Save Confirmation page displays.

9. Click the **OK** button to proceed.

## Personal Information

### Save Confirmation


 The Save was successful.



The Dependent Personal Information summary page displays.

10. Click the **Return to Enrollment Dependent/Beneficiary Summary** link to enroll the new dependent in your medical plan.

## Dependent Personal Information

Dependent/Beneficiary's personal information as of Jan 1, 2009. 

### Personal Information

First Name: John  
Middle Name:  
Last Name: Smith  
Name Prefix:  
Name Suffix:  
Gender: Male  
Date of Birth: 09/01/2007  
SSN: (Social Security Number)  
Relationship to Employee: Son

### Address and Telephone


Same Address as Employee

Country: United States

Address:

Same Phone as Employee

Phone:

[Return to Enrollment Dependent/Beneficiary Summary](#) 



**The Enrollment  
Dependent/Beneficiary  
Summary page displays.**

11. Click the **Return to Event Selection** link to continue.

**The Medical 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 medical coverage.

13. Click the **Continue** button.

## Enrollment Dependent/Beneficiary Summary

Click the Dependent's name if you would like to review or change personal information.

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

→  [PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

Waive

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

### Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

→

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	John Smith	Son

[Add/Review Dependents](#)

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

[Cancel](#)

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

**The Medical recap page displays.**

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

14. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

→ **Your Choice**

You have chosen PERS Choice PPO with Employee + 1 coverage.

→ **Your Estimated Monthly Cost**

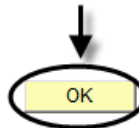
Your Cost: **\$46.40**

→ **Your Covered Dependents**

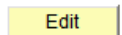
Name	Relationship
John Smith	Son

**Notes**

Once submitted, this choice will take effect on 01/01/2009.



Click OK to store your choices.



Click Edit to go back and change your choices.

**The system returns you to the Enrollment summary page.**

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

Note: In this example, we added a dependent without changing the medical plan provider. We changed from PERS Choice PPO 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).

## 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			
Edit	Benefit	Before Tax	After Tax
	<b>Medical</b>		
	Current: Blue Shield HMO:Empl+1		
	New: PERS Choice PPO:Empl+1	46.40	
	<b>Dental</b>		
	Current: Delta Enhanced II:Empl+Deps		
	New: DeltaCare USA - Enhanced:Empl Only		
	<b>Vision</b>		
	Current: Vision Service Plan:Emp+Deps		
	New: Vision Service Plan:Emp+Deps		
	<b>Dental Flex Cash</b>		
	Current: No Coverage		
	New: Flex Cash - Dental:Empl Only	0.00	
	<b>Medical Flex Cash</b>		
	Current: No Coverage		
	New: No Coverage		
	<b>Flex Spending Health</b>		
	Current: No Coverage		
	New: Flex Spending Health: \$1,200.00	100.00	
	<b>Flex Spending Dependent</b>		
	Current: No Coverage		
	New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	<b>146.40</b>	<b>0.00</b>	<b>146.40</b>

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**

# How do I delete a dependent? (No change to medical 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 Medical.

## 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

<a href="#">Edit</a>	<b>Medical</b>	Before Tax	After Tax
Current: PERS Choice PPO:Empl+1			
New:			
<a href="#">Edit</a>	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: DeltaCare USA - Enhanced:Empl Only			
<a href="#">Edit</a>	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Empl+Deps			
New: Vision Service Plan:Empl+Deps			
<a href="#">Edit</a>	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: Flex Cash - Dental:Empl Only			
		0.00	
<a href="#">Edit</a>	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
<a href="#">Edit</a>	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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 Medical enrollment page displays.**

- 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 medical plan provider PERS Choice PPO.*

- Uncheck the **Enroll** checkbox to delete/remove the dependent from your medical coverage.
- Click the **Continue** button.

**Benefits Enrollment**

**Medical**

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important! Your current coverage is: Blue Shield HMO with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.**

**Select an Option**

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

[PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

[Waive](#)

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input type="checkbox"/>	John Smith	Son

[Add/Review Dependents](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

**The Medical recap page displays.**

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

6. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

→ **Your Choice**

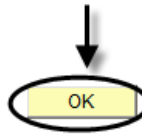
You have chosen PERS Choice PPO with Employee Only coverage.

→ **Your Estimated Monthly Cost**

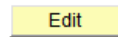
Your Cost: **\$0.00**

**Notes**

Once submitted, this choice will take effect on 01/01/2009.



Click OK to store your choices.



Click Edit to go back and change your choices.

The system returns you to the Enrollment summary page.

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

Note: In this example, we deleted a dependent without changing the medical plan provider. We changed from PERS Choice PPO with employee plus one coverage to PERS Choice PPO 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.

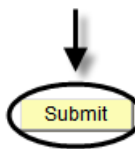
**Important: Your enrollment will not be complete until you click the "Submit" button**

Enrollment Summary			
Edit		Before Tax	After Tax
	<b>Medical</b>		
Current:	Blue Shield HMO:Empl+1		
New:	PERS Choice PPO:Empl Only	0.00	
	<b>Dental</b>		
Current:	Delta Enhanced II:Empl+Deps		
New:	DeltaCare USA - Enhanced:Empl Only		
	<b>Vision</b>		
Current:	Vision Service Plan:Empl+Deps		
New:	Vision Service Plan:Empl+Deps		
	<b>Dental Flex Cash</b>		
Current:	No Coverage		
New:	Flex Cash - Dental:Empl Only	0.00	
	<b>Medical Flex Cash</b>		
Current:	No Coverage		
New:	No Coverage		
	<b>Flex Spending Health</b>		
Current:	No Coverage		
New:	Flex Spending Health: \$1,200.00		
	<b>Flex Spending Dependent</b>		
Current:	No Coverage		
New:	No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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 medical 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 Medical.

## 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			
<a href="#">Edit</a>	Medical	Before Tax	After Tax
Current: PERS Choice PPO:Empl Only			
New: 0.00			
<a href="#">Edit</a>	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: DeltaCare USA - Enhanced:Empl Only			
<a href="#">Edit</a>	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<a href="#">Edit</a>	Dental Flex Cash	Before Tax	After Tax
Current: No Coverage			
New: Flex Cash - Dental:Empl Only			
<a href="#">Edit</a>	Medical Flex Cash	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	Flex Spending Health	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
<a href="#">Edit</a>	Flex Spending Dependent	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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

**The Medical enrollment page displays.**

3. Click the Radio button next to the **Waive** option to cancel your medical coverage.

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

4. Click the **Continue** button.

**Benefits Enrollment**

**Medical**

As an employee of The California State University (CSU), you have a comprehensive program of health benefits available to you, and in many instances, your family. You have a choice of several Health Maintenance Organizations (HMOs), depending on location, or Preferred Plan Provider (PPO) insurance plans through the California Public Employees Retirement System (CalPERS). You and the CSU share the cost of coverage with the CSU paying the greater portion of the monthly premium.

While the CSU provides a variety of health plans, only you can decide which is best for you and your family. Employees can go to CalPERS and use the [Health Plan Chooser](#). It will provide information on the health plans, costs, doctors and member ratings.

**Important! Your current coverage is: Blue Shield HMO with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.**

**Select an Option**

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

[Blue Shield HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$27.02	Before-Tax
Employee + 1	\$101.04	Before-Tax
Employee + Dependents	\$146.05	Before-Tax

[Kaiser HMO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$34.74	Before-Tax
Employee + Dependents	\$59.86	Before-Tax

[PERS Care PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$264.41	Before-Tax
Employee + 1	\$575.82	Before-Tax
Employee + Dependents	\$763.27	Before-Tax

[PERS Choice PPO](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + 1	\$46.40	Before-Tax
Employee + Dependents	\$75.02	Before-Tax

[Waive](#)

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

**Continue** Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

**Cancel** Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

**The medical recap page displays.**

*Notes: This page summarizes your choice of medical plan and provides you information on the effective date of your choice.*

*In this example, the medical coverage is waived / cancelled.*

5. Click the **OK** button.

**Benefits Enrollment**

**Medical**

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

**Your Choice**

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

**Notes**

Once submitted, this choice will take effect on 01/01/2009.

**OK** Click **OK** to store your choices.

**Edit** Click **Edit** to go back and change your choices.

**The system returns you to the Enrollment summary page.**

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

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

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

8. Proceed through the final submit process (as describes 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			
<a href="#">Edit</a>	<b>Medical</b>	Before Tax	After Tax
Current: Blue Shield HMO:Empl+1			
New: Waive			
<a href="#">Edit</a>	<b>Dental</b>	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: DeltaCare USA - Enhanced:Empl Only			
<a href="#">Edit</a>	<b>Vision</b>	Before Tax	After Tax
Current: Vision Service Plan:Empl+Deps			
New: Vision Service Plan:Empl+Deps			
<a href="#">Edit</a>	<b>Dental Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: Flex Cash - Dental:Empl Only			
<a href="#">Edit</a>	<b>Medical Flex Cash</b>	Before Tax	After Tax
Current: No Coverage			
New: No Coverage			
<a href="#">Edit</a>	<b>Flex Spending Health</b>	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
<a href="#">Edit</a>	<b>Flex Spending Dependent</b>	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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 medical plan and enroll into medical flex cash?

The Open Enrollment page displays.

1. First cancel/waive your medical plan (as described in the previous section).
2. After waiving/canceling the medical plan, navigate back to the **Open Enrollment** page as described on page 3.
3. Click the **Edit** button next to Medical Flex Cash.

## 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			
<b>Edit</b>	Medical	Before Tax	After Tax
Current: Blue Shield HMO:Empl+1			
New: Waive			
<b>Edit</b>	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps			
New: DeltaCare USA - Enhanced:Empl Only			
<b>Edit</b>	Vision	Before Tax	After Tax
Current: Vision Service Plan:Emp+Deps			
New: Vision Service Plan:Emp+Deps			
<b>Edit</b>	Dental Flex Cash	Before Tax	After Tax
Current: No Coverage			
New: Flex Cash - Dental:Empl Only			
<b>Edit</b>	Medical Flex Cash	Before Tax	After Tax
Current: No Coverage			
New:			
<b>Edit</b>	Flex Spending Health	Before Tax	
Current: No Coverage			
New: Flex Spending Health: \$1,200.00			
<b>Edit</b>	Flex Spending Dependent	Before Tax	
Current: No Coverage			
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	0.00	0.00	0.00

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 Medical Flex Cash enrollment page displays.**

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

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

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

5. If you are eligible, then provide your alternate medical insurance policy information including the following:

- Alternate medical insurance carrier name
- Policy number
- Social Security number of the person who holds the alternate policy under which you are covered

6. Click the **Continue** button.

**Benefits Enrollment**

**Medical Flex Cash**

**Important! Your current coverage is: No Coverage. You will continue with this coverage unless you elect to make a change. As an employee of the CSU, you are not eligible to participate in Medical FlexCash if you are covered for Medical as a dependent of another CSU employee. You may only elect Medical FlexCash if you have alternative non-CSU Medical coverage.**

**Select an Option**

Here are your available options with your monthly costs:

[Overview of all Plans](#)

Select one of the following plans:

Flex Cash - Medical

**Coverage Level**

Employee Only

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for information or view the [FlexCash Plan](#) document.

By electing coverage, you certify that you have Medical coverage outside of the CSU and that you are not covered for Medical as a dependent of another CSU employee, or retiree.

Waive

Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefits Service Representative at 408-924-2250 for more information.

**Alternate Policy Information**

In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.

Insurance Carrier  Policy Number

Social Security Number

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.



The system returns you to the Enrollment summary page.

- Note the changes you made to your medical and medical flex cash plans.

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

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

- 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			
<a href="#">Edit</a>	<b>Medical</b>		Before Tax After Tax
	Current: Blue Shield HMO:Empl+1		
	New: Waive		
<a href="#">Edit</a>	<b>Dental</b>		Before Tax After Tax
	Current: Delta Enhanced II:Empl+Deps		
	New: DeltaCare USA - Enhanced:Empl Only		
<a href="#">Edit</a>	<b>Vision</b>		Before Tax After Tax
	Current: Vision Service Plan:Empl+Deps		
	New: Vision Service Plan:Empl+Deps		
<a href="#">Edit</a>	<b>Dental Flex Cash</b>		Before Tax After Tax
	Current: No Coverage		
	New: Flex Cash - Dental:Empl Only		0.00
<a href="#">Edit</a>	<b>Medical Flex Cash</b>		Before Tax After Tax
	Current: No Coverage		
	New: Flex Cash - Medical:Empl Only		0.00
<a href="#">Edit</a>	<b>Flex Spending Health</b>		Before Tax
	Current: No Coverage		
	New: Flex Spending Health: \$1,200.00		
<a href="#">Edit</a>	<b>Flex Spending Dependent</b>		Before Tax
	Current: No Coverage		
	New: No Coverage		

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
<b>Your Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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