

2016 Open Enrollment

eBenefits Instruction Guide

10/5/2015

The County of San Diego

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2016 Open Enrollment eBenefits Instruction Guide

Changing Your Benefit Choices during Open Enrollment

Open enrollment is the time period in which County employees can enroll in, modify or cancel any of their benefits. This year's Open Enrollment period begins on October 5 and closes on October 29. The benefit choices you make during Open Enrollment will take effect from January 1, 2016 through December 31, 2016. After Open Enrollment, you can only make changes if you have a [Qualifying Life Event](#).

Some plan changes may require that you submit documentation. You can upload the documentation directly into eBenefits.

Remember that the benefit plans that appear in eBenefits are determined by your bargaining unit.

Accessing eBenefits

You can access Open Enrollment through Employee self-service:

Self Service > Benefits > CoSD eBenefits Instructions

<p>Click Open Enrollment.</p>	
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Click **Select**.

[Favorites](#) > [Main Menu](#) > [Self Service](#) > [Benefits](#) > [CoSD eBenefits Instructions](#)

ORACLE

Benefits Enrollment

Ben E Fitz

Open enrollment is your chance to review and make changes to your existing benefits. If you are not making any changes to any of your plans everything will carry over to 2016 with the exception of your Flexible Spending Accounts. To continue participating in the Flexible Spending Accounts next year you MUST re-enroll in this plan during the Open Enrollment period. After your initial enrollment, the only time you may change your benefits choices is due to a life event change.

To begin your Open Enrollment, click on the Select button.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	01/01/2016	Open	Disease Research Scientist	<input type="button" value="Select"/>

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

This is your Enrollment Summary. Your current benefit elections are listed on this page. You can make changes by clicking the **Edit** button next to the plan that you want to change.

You can:

- Change plans
- Waive coverage
- Change your coverage level. (For some changes you may be required to upload additional documentation)
- Add or remove dependents or beneficiaries who are covered under the plan
- Enroll in a health care flexible spending account or a dependent care flexible spending account.
- If you elect a Kaiser or Anthem High Deductible plan, you can enroll in a Health Savings Account

[Related Content](#) | [New Window](#) | [Help](#) | [Per](#)

Benefits Enrollment

Open Enrollment

Ben E Fitz

Listed below are the benefit selections you have available for 2016. Select the "Edit" button to the right of the plan for which you are making changes.

If you are not making any changes to your existing plans for 2016, scroll down and select the "Submit" button. This will take you to the Submit Benefit Choices and click on Submit to send your final choices to the Benefits Department. Your benefit plans will carry over to 2016 with the exception of the Flexible Spending Accounts.

Important: Your enrollment will not be complete until you click Submit.

Enrollment Summary					
Medical	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Kaiser High Deductible Plan:Empl Only					
New: Kaiser High Deductible Plan:Empl Only	179.53	255.00	0.00		
Dental	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Delta Dental PPO:EE+ 2+Deps					
New: Delta Dental PPO:EE+ 2+Deps	61.31	0.00	61.31		
Vision	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Vision Service Plan:Empl+Dep					
New: Vision Service Plan:Empl+Dep	10.28	0.00	10.28		
Critical Illness	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Critical Illness \$10K:EE+ 2+Deps					
New: Critical Illness \$10K:EE+ 2+Deps	0.50	0.00		0.50	
Life	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Basic Life Insurance: \$10,000					
New: Basic Life Insurance: \$10,000	0.00	0.00			

Medical Plans

Most employees have a choice of several medical plans.

<p>To edit your medical plans, click Edit.</p>																																																													
<p>The eBenefits system shows you a list of your medical plan options.</p>	<p>Select an Option</p> <p>Please choose an option with the desired level of coverage. (Your cost = Full benefit cost - Credits)</p> <p>Overview of all Plans</p> <p>Select one of the following plans:</p> <p><input type="radio"/> Kaiser HMO</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$229.98</td> <td>\$255.00</td> <td>\$-25.02</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + (1) Dependent</td> <td>\$459.95</td> <td>\$388.00</td> <td>\$71.95</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + (2+) Dependents</td> <td>\$650.83</td> <td>\$564.50</td> <td>\$86.33</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> Kaiser High Deductible Plan</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$179.53</td> <td>\$255.00</td> <td>\$-75.47</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + (1) Dependent</td> <td>\$359.05</td> <td>\$388.00</td> <td>\$-28.95</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + (2+) Dependents</td> <td>\$508.06</td> <td>\$564.50</td> <td>\$-56.44</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input checked="" type="radio"/> Anthem - Select/HMO</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$285.76</td> <td>\$255.00</td> <td>\$30.76</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + (1) Dependent</td> <td>\$571.44</td> <td>\$388.00</td> <td>\$183.44</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + (2+) Dependents</td> <td>\$808.55</td> <td>\$564.50</td> <td>\$244.05</td> <td>Before-Tax</td> </tr> </tbody> </table>	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$229.98	\$255.00	\$-25.02	Before-Tax	Employee + (1) Dependent	\$459.95	\$388.00	\$71.95	Before-Tax	Employee + (2+) Dependents	\$650.83	\$564.50	\$86.33	Before-Tax	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$179.53	\$255.00	\$-75.47	Before-Tax	Employee + (1) Dependent	\$359.05	\$388.00	\$-28.95	Before-Tax	Employee + (2+) Dependents	\$508.06	\$564.50	\$-56.44	Before-Tax	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$285.76	\$255.00	\$30.76	Before-Tax	Employee + (1) Dependent	\$571.44	\$388.00	\$183.44	Before-Tax	Employee + (2+) Dependents	\$808.55	\$564.50	\$244.05	Before-Tax
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<p>You can waive medical coverage, but the County requires that you have other insurance.</p> <p>If you wave, select one of the three options for waiving. You must submit a waiver form and proof of other coverage.</p>	<p><input type="radio"/> Waive - Individual Plan</p> <p>I am covered under an individual medical plan outside the County (TRICARE, Medicare/Medical, Covered CA, Individual Plan)</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$279.50</td> <td>\$-279.50</td> <td>After-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> Waive - Enrolled in HD Plan</p> <p>I am covered under a High Deductible plan (either under my Spouse's County High Deductible Plan or a High Deductible Plan outside the County)</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$279.50</td> <td>\$-279.50</td> <td>After-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> Waive - I'm covered under a Group Medical Plan provided by another employer or my spouse's pl</p>	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$0.00	\$279.50	\$-279.50	After-Tax	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$0.00	\$279.50	\$-279.50	After-Tax																																								
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If you have dependents currently covered under the plan, you will see a checkmark next to their names.

Deselect the checkmark to remove the dependent's coverage under the plan. NOTE: If you are waiving coverage, please deselect the checkmark next to all of your dependents.

See Adding a New Dependent, Beneficiary or Domestic Partner

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

** If you would like to enroll a domestic partner you and your domestic partner will need to sign an [Affidavit of Domestic Partnership](#)

** If you are enrolling a new domestic partner, you will need to contact the Benefits division via email: DHRBenefits.FGG@sdcounty.ca.gov

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

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Ally Fitz	Spouse

[Add/Review Dependents](#)

Dental Plans

You have the option of two types of dental insurance plans, or you can waive dental coverage.

To edit your dental plans, click **Edit**.

Dental	Full Cost	Credits	Before Tax	After Tax	Edit
Current: Delta Care USA DHMO:Empl+Dep New: Delta Care USA DHMO:EE+ 2+Deps	15.83	0.00	15.83		

The eBenefits system shows your dental plan options.

Select an Option

Please choose an option with the desired level of coverage.
(Your cost = Full benefit cost - Credits)

[Overview of all Plans](#)

Select one of the following plans:

Delta Care USA DHMO

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$6.84	\$0.00	\$6.84	Before-Tax
Employee + (1) Dependent	\$12.36	\$0.00	\$12.36	Before-Tax
Employee + (2+) Dependents	\$15.83	\$0.00	\$15.83	Before-Tax

Delta Dental PPO

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$21.47	\$0.00	\$21.47	Before-Tax
Employee + (1) Dependent	\$42.93	\$0.00	\$42.93	Before-Tax
Employee + (2+) Dependents	\$61.31	\$0.00	\$61.31	Before-Tax

Waive

If you have dependents currently covered under the plan, you will see a checkmark next to their names.

Deselect the checkmark to remove the dependent's coverage under the plan.

Enroll Your Dependents

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

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Ally Fitz	Spouse

[Add/Review Dependents](#)

When you've made your selection, click **Continue** to return to the enrollment summary.

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

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Ally Fitz	Spouse

[Add/Review Dependents](#)

[Continue](#) [Cancel](#)

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

Vision Plan

You can elect coverage in the County's vision plan.

To edit your vision plan, click **Edit**.

Vision	Full Cost	Credits	Before Tax	After Tax	Edit
Current: Vision Service Plan:Empl+Dep					
New: Vision Service Plan:EE+ 2+Depts	13.93	0.00	13.93		

The eBenefits system shows your vision plan options.

Select one of the following plans:

Vision Service Plan

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$4.45	\$0.00	\$4.45	Before-Tax
Employee + (1) Dependent	\$10.28	\$0.00	\$10.28	Before-Tax
Employee + (2+) Dependents	\$13.93	\$0.00	\$13.93	Before-Tax

Waive

If you have dependents currently covered under the plan, you will see a checkmark next to their names.

Deselect the checkmark to remove the dependent's coverage under the plan.

See Adding a New Dependent, Beneficiary or Domestic Partner

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The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

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** If you are enrolling a new domestic partner, you will need to contact the Benefits division via email: DHRBenefits.FGG@sdcountry.ca.gov

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

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Ally Fitz	Spouse

Add/Review Dependents

When you've made your selection, click **Continue** to return to the enrollment summary.

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

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Ally Fitz	Spouse

Add/Review Dependents

Continue **Cancel**

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

Critical Illness

Critical Illness is a new plan that is available for the first time to County employees.

To elect coverage under the critical illness plan, click **Edit**.

Critical Illness		Full Cost	Credits	Before Tax	After Tax	Edit
Current: No Coverage						
New: Waive		0.00	0.00			

The eBenefits system shows your Critical Illness plan options. There are three levels of coverage that correspond to the lump sum payment amount that you would receive if you had a covered incident.

Select one of the following plans:

AllState Critical Illness 10K

AllState Critical Illness Basic Plan - 10,000

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$5.39	\$0.00	\$5.39	After-Tax
Employee + Child	\$5.39	\$0.00	\$5.39	After-Tax
Employee + (2+) Children	\$5.39	\$0.00	\$5.39	After-Tax
Employee + Spouse	\$9.46	\$0.00	\$9.46	After-Tax
Employee + (2+) Dependents	\$9.46	\$0.00	\$9.46	After-Tax

AllState Critical Illness 20K

AllState Critical Illness Enhanced Plan - 20,000

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$8.03	\$0.00	\$8.03	After-Tax
Employee + Child	\$8.03	\$0.00	\$8.03	After-Tax
Employee + (2+) Children	\$8.03	\$0.00	\$8.03	After-Tax
Employee + Spouse	\$13.42	\$0.00	\$13.42	After-Tax
Employee + (2+) Dependents	\$13.42	\$0.00	\$13.42	After-Tax

AllState Critical Illness 30K

AllState Critical Illness Enhanced Plan - 30,000

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$10.66	\$0.00	\$10.66	After-Tax
Employee + Child	\$10.66	\$0.00	\$10.66	After-Tax
Employee + (2+) Children	\$10.66	\$0.00	\$10.66	After-Tax
Employee + Spouse	\$17.36	\$0.00	\$17.36	After-Tax
Employee + (2+) Dependents	\$17.36	\$0.00	\$17.36	After-Tax

Waive

When you've made your selection, click **Continue** to return to complete your election.

Waive

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.

Click **OK** to return to the enrollment summary.

Benefits Enrollment

Critical Illness

Ben E Fitz

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen to Waive coverage.

Notes

Once submitted, this choice will take effect on 01/01/2016. .

Click **OK** to store your choices.

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

Life and Disability Insurances

County of San Diego employees are provided a Basic Life Insurance policy, a Basic Accidental Death & Dismemberment policy and a \$2,000 Dependent Life Policy. You are automatically enrolled in these plans. You can also elect to purchase Supplemental Life Insurance (Subject to a medical history review) and Supplemental AD&D. Depending on your benefit plan, you may have the ability to elect Short-Term and Voluntary Long-Term disability. The eBenefits system will display the plans that you are eligible to purchase.

For each of your life insurance plans, please review and update your beneficiaries in the new eBenefits system.

Life Insurance

To edit your Life Insurance beneficiaries, click Edit .	Life	Full Cost	Credits	Before Tax	After Tax	Edit
	Current: Basic Life Insurance: \$10,000					
	New: Basic Life Insurance: \$10,000	0.00	0.00			

Review your beneficiaries. The total for all beneficiaries must add up to 100%. To make changes to your beneficiaries, see *Adding and Updating Beneficiaries*.

Benefits Enrollment

Life

Ben E Fitz

i Basic Life Insurance: \$10,000.

The County provides basic Life Insurance coverage to you at no cost

Notes

Coverage in this plan is automatic. However you will need to designate your beneficiaries.

Option Style 4 (Automatic)

- Basic Life Insurance (\$10,000)
You are automatically enrolled in the Basic Life Insurance (\$10,000) plan.

Designate Your Beneficiaries

The following list displays your eligible beneficiaries.

To add new beneficiaries, please ensure you have the following information: beneficiary name, date of birth, address.

Please note: you may not edit beneficiary information. If you have made an error, please contact Benefits at 888-550-2203

Add/Review Beneficiaries

If you have beneficiaries in eBenefits, you may designate them as Primary or Secondary beneficiaries. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased. You can also add beneficiaries.

If you divide your life insurance benefit among more than one beneficiary, you must designate a specific percentage that goes to each person. You may have both primary and secondary beneficiaries. Please remember that when you designate percentages of the life insurance for your beneficiaries, the percentages for your primary beneficiaries must equal 100%. The percentages for your secondary beneficiaries must also equal 100%.

*Enter Primary Allocations as
*Enter Secondary Allocations as

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	50		<input type="text" value="50"/>	<input type="text"/>
Junior Fitz	Child	50		<input type="text" value="50"/>	<input type="text"/>
Total				100	0

Continue Cancel

Click **Continue** to return to the enrollment summary.

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		<input type="text" value="100"/>	<input type="text"/>
Total				100	0

Continue Cancel

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.

AD&D

To edit your Supplemental AD&D insurance beneficiaries, click **Edit**.

Supplemental AD and D	Full Cost	Credits	Before Tax	After Tax	Edit
Current: VADD 3x F: Salary X 3					
New: VADD 3x F: Salary X 3 : \$161,616	2.02	0.00	2.02		

Review your beneficiaries. The total for all beneficiaries must add up to 100%. To make changes to your beneficiaries, see *Adding and Updating Beneficiaries*.

Benefits Enrollment

AD and D

Ben E Fitz

Accidental Death & Dismemberment (AD&D) insurance provides a financial benefit to you or your beneficiaries if you lose a limb or your life by accident.

i Important! Your current coverage is: Basic AD&D: \$10,000.

The County provides basic Accidental Death & Dismemberment insurance coverage to you at no cost.

Notes

The County provides basic life insurance coverage to you at no cost. Coverage in this plan is automatic. However you will need to designate your beneficiaries.

Option Style 4 (Automatic)

Basic ADD (\$10,000)
You are automatically enrolled in the Basic AD&D (\$10,000) plan.

Designate Your Beneficiaries

The following list displays your eligible beneficiaries.

To add beneficiaries, please ensure you have the following information: beneficiary name, date of birth, address.

Please note: you may not edit beneficiary information. If you have made an error, please make another entry with all necessary information.

Add/Review Beneficiaries

You may designate the following individuals as Primary or Secondary beneficiaries. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.

*Enter Primary Allocations as

*Enter Secondary Allocations as

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		<input type="text" value="100"/>	<input type="text"/>
Total				100	0

Continue **Cancel**

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

Click **Continue** to return to the Life Insurance summary.

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		<input type="text" value="100"/>	<input type="text"/>
Total				100	0

Continue **Cancel**

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.

Click **OK** to return to the enrollment summary.

Your Secondary Beneficiary Allocations

You have not designated any secondary beneficiaries.

Notes

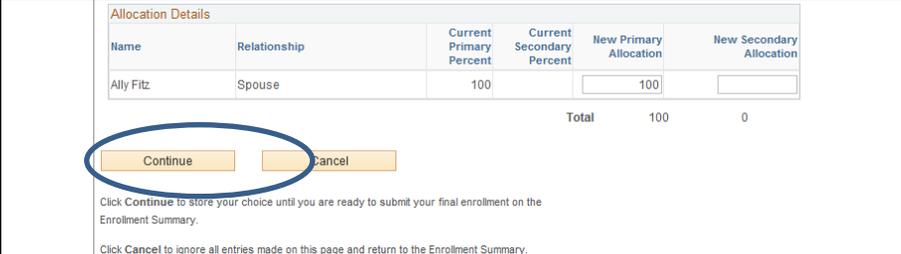
The actual amount of coverage for this plan is based upon your salary, and will vary in accordance with any changes to your salary over time. Once submitted, this choice will take effect on 01/01/2016.

OK **Cancel**

Click **OK** to store your choices.

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

Supplemental Life

<p>To edit your Supplemental Life insurance beneficiaries, click Edit.</p>	 <p>Supplemental Life</p> <table border="1"> <thead> <tr> <th></th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current: SLIDx Salary X 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: SLIDx Salary X 2: \$107,744</td> <td>1.78</td> <td>0.00</td> <td></td> <td>1.78</td> </tr> </tbody> </table>		Full Cost	Credits	Before Tax	After Tax	Current: SLIDx Salary X 2					New: SLIDx Salary X 2: \$107,744	1.78	0.00		1.78															
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Current: SLIDx Salary X 2																															
New: SLIDx Salary X 2: \$107,744	1.78	0.00		1.78																											
<p>If you are enrolling for the first time, or if you are increasing your coverage, you may be required to complete a medical history statement. Your coverage will not take effect until it is approved by MetLife.</p> <p>Review your beneficiaries. The total for all beneficiaries must add up to 100%. To make changes to your beneficiaries, see <i>Adding and Updating Beneficiaries</i>.</p>	<p>Benefits Enrollment</p> <h3>Supplemental Life</h3> <p>Ben E Fitz</p> <p>Supplemental Life insurance allows you to purchase coverage in addition to the basic life insurance provided by the County. You may make an election of 1x, 2x, or 3x your annual salary up to a maximum of 1 million in coverage.</p> <p>i Important! Your current coverage is: Supp. Life Insurance - 2x Sal: Salary X 2.</p> <p>You are required to make a choice for this benefit plan. If you do not make an election, coverage for this plan will be waived.</p> <p>WARNING! If you have previously waived coverage and are opting to enroll or if you are increasing your coverage level you are required to complete a medical history statement. Your coverage will not take effect until approved by MetLife. Contact Benefits for a copy of Medical History Statement form at (888) 550-2203.</p> <p>Select an Option</p> <p>Please choose an option with the desired level of coverage. (Your cost = Full benefit cost - Credits)</p> <p>Select one of the following plans:</p> <table border="1"> <thead> <tr> <th></th> <th>Coverage Level</th> <th>Full Cost</th> <th>Credits</th> <th>Your Cost</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td>Supp. Life Insurance - 1x Sal (\$53,872)</td> <td>0.89</td> <td></td> <td>0.89</td> <td>After-Tax</td> </tr> <tr> <td><input checked="" type="radio"/></td> <td>Supp. Life Insurance - 2x Sal (\$107,744)</td> <td>1.78</td> <td></td> <td>1.78</td> <td>After-Tax</td> </tr> <tr> <td><input type="radio"/></td> <td>Supp. Life Insurance - 3x Sal (\$161,616)</td> <td>2.67</td> <td></td> <td>2.67</td> <td>After-Tax</td> </tr> <tr> <td><input type="radio"/></td> <td>Waive</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Designate Your Beneficiaries</p> <p>The following list displays your eligible beneficiaries.</p> <p>To add beneficiaries, please ensure you have the following information: beneficiary name, date of birth, address.</p> <p>Please note: you may not edit beneficiary information. If you have made an error, please make another entry with all necessary information.</p> <p>Add/Review Beneficiaries</p> <p>You may designate the following individuals as Primary or Secondary beneficiaries. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.</p> <p>If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.</p> <p>*Enter Primary Allocations as <input type="text" value="Percent"/></p> <p>*Enter Secondary Allocations as <input type="text" value="Percent"/></p>		Coverage Level	Full Cost	Credits	Your Cost	Tax Class	<input type="radio"/>	Supp. Life Insurance - 1x Sal (\$53,872)	0.89		0.89	After-Tax	<input checked="" type="radio"/>	Supp. Life Insurance - 2x Sal (\$107,744)	1.78		1.78	After-Tax	<input type="radio"/>	Supp. Life Insurance - 3x Sal (\$161,616)	2.67		2.67	After-Tax	<input type="radio"/>	Waive				
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<input type="radio"/>	Waive																														
<p>Click Continue to return to the Supplemental Life summary.</p>	 <p>Allocation Details</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Current Primary Percent</th> <th>Current Secondary Percent</th> <th>New Primary Allocation</th> <th>New Secondary Allocation</th> </tr> </thead> <tbody> <tr> <td>Ally Fitz</td> <td>Spouse</td> <td>100</td> <td></td> <td><input type="text" value="100"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="4" style="text-align: right;">Total</td> <td>100</td> <td>0</td> </tr> </tbody> </table> <p>Continue Cancel</p> <p>Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p>Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.</p>	Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation	Ally Fitz	Spouse	100		<input type="text" value="100"/>	<input type="text"/>	Total				100	0												
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation																										
Ally Fitz	Spouse	100		<input type="text" value="100"/>	<input type="text"/>																										
Total				100	0																										

Click **OK** to return to the enrollment summary.

Your Secondary Beneficiary Allocations
 You have not designated any secondary beneficiaries.

Notes
 The actual amount of coverage for this plan is based upon your salary, and will vary in accordance with any changes to your salary over time.
 Once submitted, this choice will take effect on 01/01/2016. .

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

Supplemental AD and D

To edit your Supplemental AD and D insurance beneficiaries, click **Edit**.

Supplemental AD and D	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: VADD 3x F: Salary X 3					
New: VADD 3x F: Salary X 3 : \$161,616	2.02	0.00	2.02		

Review and change your elections as necessary.

Review your beneficiaries. The total for all beneficiaries must add up to 100%. To make changes to your beneficiaries, see *Adding and Updating Beneficiaries*.

Benefits Enrollment

Supplemental AD and D

Ben E Fitz

Supplemental Accidental Death & Dismemberment (AD&D) insurance allows you to purchase coverage in addition to the basic AD&D insurance provided by the County. You may make an election of 1x, 2x, and 3x your annual salary, up to a maximum of 1 million in coverage for you and your eligible dependents.

i Important! Your current coverage is: Voluntary AD&D 3X Sal Family: Salary X 3.

You are required to make a choice for this benefit plan. If you do not make an election, coverage for this plan will be waived.

WARNING!
If you are married to another County employee or if you are a domestic partner of another County employee you can not be covered as a dependent and an employee nor can there be a duplication of coverage.

Notes

Select an Option

Please choose an option with the desired level of coverage. (Your cost = Full benefit cost - Credits)

Select one of the following plans:

	Coverage Level	Full Cost	Credits	Your Cost	Tax Class
<input type="radio"/>	Voluntary ADD 1x Sal Employee (\$53,872)	0.41		0.41	Before-Tax
<input type="radio"/>	Voluntary ADD 2x Sal Employee (\$107,744)	0.81		0.81	Before-Tax
<input type="radio"/>	Voluntary ADD 3x Sal Employee (\$161,616)	1.21		1.21	Before-Tax
<input type="radio"/>	Voluntary ADD 1X Sal Family (\$53,872)	0.68		0.68	Before-Tax
<input type="radio"/>	Voluntary ADD 2X Sal Family (\$107,744)	1.35		1.35	Before-Tax
<input checked="" type="radio"/>	Voluntary ADD 3X Sal Family (\$161,616)	2.02		2.02	Before-Tax
<input type="radio"/>	Waive				

Designate Your Beneficiaries

The following list displays your eligible beneficiaries.

To add beneficiaries, please ensure you have the following information: beneficiary name, date of birth, address.

Click **Continue** to return to the Supplemental Life summary.

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		100	
Total				100	0

Continue **Cancel**

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.

Click **OK** to return to the enrollment summary.

Benefits Enrollment

Supplemental AD and D

Ben E Fitz

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen Voluntary AD&D 3X Sal Family (\$161,616) coverage.

Your Estimated Per-Pay-Period Cost

Full Cost \$2.02
Credits \$0.00

Your Cost \$2.02

Your Primary Beneficiary Allocations

Primary Allocation Details

Name	Relationship	Percent of Benefit
Ally Fitz	Spouse	100

Your Secondary Beneficiary Allocations

You have not designated any secondary beneficiaries.

Notes

The actual amount of coverage for this plan is based upon your salary, and will vary in accordance with any changes to your salary over time.
Once submitted, this choice will take effect on 01/01/2016 .

OK Cancel

Click OK to store your choices.

Click Edit to go back and change your choices.

Short Term Disability

To edit your Short Term Disability election, click **Edit**.

Short-Term Disability
Current: No Coverage

Full Cost Credits Before Tax After Tax

Edit

Review and change your elections as necessary.

Benefits Enrollment

Short-Term Disability

Ben E Fitz

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to non-work related injury or illness.

The STD levels shown below are the options you are eligible for.

i Important! Your current coverage is: No Coverage.

Select an Option

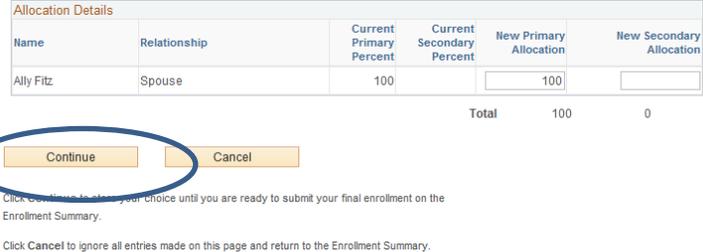
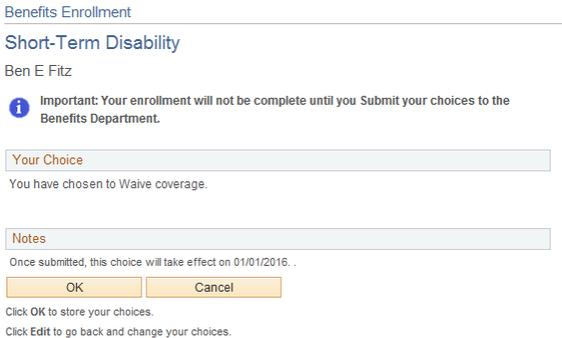
Cigna Voluntary STD Class 4 (24 weeks) - 25% of weekly salary up to max of \$1000
The cost for this plan is \$8.03.

- No, I do not want to enroll.
- Cigna Voluntary STD Class 4

Continue Cancel

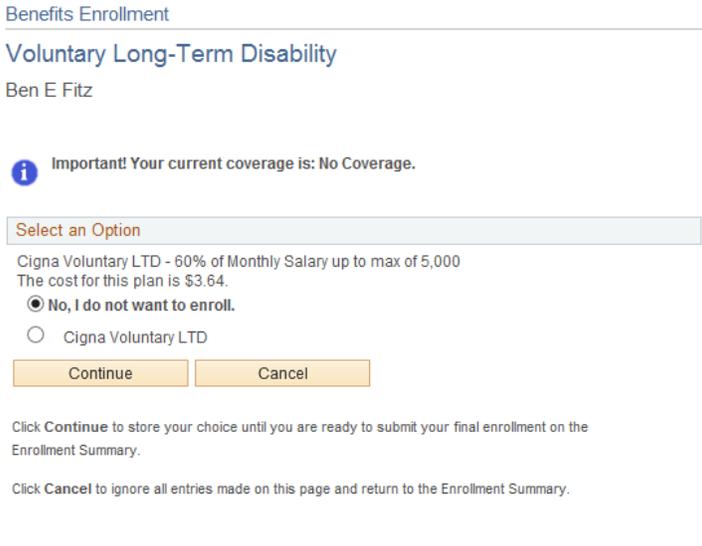
Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

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

<p>Click Continue to return to the enrollment summary.</p>	 <p>Allocation Details</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Current Primary Percent</th> <th>Current Secondary Percent</th> <th>New Primary Allocation</th> <th>New Secondary Allocation</th> </tr> </thead> <tbody> <tr> <td>Ally Fitz</td> <td>Spouse</td> <td>100</td> <td></td> <td>100</td> <td></td> </tr> <tr> <td colspan="4">Total</td> <td>100</td> <td>0</td> </tr> </tbody> </table> <p>Continue Cancel</p> <p>Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p>Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.</p>	Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation	Ally Fitz	Spouse	100		100		Total				100	0
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation														
Ally Fitz	Spouse	100		100															
Total				100	0														
<p>Click OK to return to the enrollment summary.</p>	 <p>Benefits Enrollment</p> <p>Short-Term Disability</p> <p>Ben E Fitz</p> <p>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</p> <p>Your Choice</p> <p>You have chosen to Waive coverage.</p> <p>Notes</p> <p>Once submitted, this choice will take effect on 01/01/2016 .</p> <p>OK Cancel</p> <p>Click OK to store your choices.</p> <p>Click Edit to go back and change your choices.</p>																		

Voluntary Long Term Disability

This benefit is available to employees in bargaining units who do not have Long Term Disability coverage.

<p>To edit your Short Term Disability election, click Edit.</p>	 <table border="1"> <thead> <tr> <th>Voluntary Long-Term Disability</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table> <p>Edit</p>	Voluntary Long-Term Disability	Full Cost	Credits	Before Tax	After Tax	Current: No Coverage					New: Waive	0.00	0.00		
Voluntary Long-Term Disability	Full Cost	Credits	Before Tax	After Tax												
Current: No Coverage																
New: Waive	0.00	0.00														
<p>Review and change your elections as necessary.</p>	 <p>Benefits Enrollment</p> <p>Voluntary Long-Term Disability</p> <p>Ben E Fitz</p> <p>i Important! Your current coverage is: No Coverage.</p> <p>Select an Option</p> <p>Cigna Voluntary LTD - 60% of Monthly Salary up to max of 5,000 The cost for this plan is \$3.64.</p> <p><input checked="" type="radio"/> No, I do not want to enroll.</p> <p><input type="radio"/> Cigna Voluntary LTD</p> <p>Continue Cancel</p> <p>Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p>Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.</p>															

Click **Continue** to return to the enrollment summary.

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		100	
Total				100	0

Continue **Cancel**

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.

Click **OK** to return to the enrollment summary.

Benefits Enrollment

Voluntary Long-Term Disability

Ben E Fitz

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen to Waive coverage.

Notes

Once submitted, this choice will take effect on 01/01/2016. .

OK **Cancel**

Click **OK** to store your choices.

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

Adding a New Dependent, Beneficiary or Domestic Partner

During Open Enrollment you can add dependents and beneficiaries to your plans. If you would like to add a new Domestic Partner, please contact the Benefits Division by email at DHRBENEFITS.FGG@sdcounty.ca.gov to request the addition of a Domestic Partner.

Adding A Dependent or Beneficiary

At the bottom of each page, the system lists your dependents. If you have dependents covered under the plan, you will see a checkmark next to their names.

Deselect the checkmark to remove the dependent's coverage under the plan.

To add a new dependent, click **Add/Review Dependents**.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

** If you would like to enroll a domestic partner you and your domestic partner will need to sign an [Affidavit of Domestic Partnership](#)

** If you are enrolling a new domestic partner, you will need to contact the Benefits division via email: DHRBenefits.FGG@sdcounty.ca.gov

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

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Ally Fitz	Spouse

Add/Review Dependents

Click **Add a dependent or beneficiary**.

Add/Review Dependent/Beneficiary
Ben E Fitz

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Aly Fitz	Spouse	04/13/1978	Single		No	No	Yes	Yes

[Add a dependent or beneficiary](#)
[Return to Event Selection](#)

Enter your dependent's Personal Information.

*Date of Birth and SSN are required.

Dependent/Beneficiary Personal Information
Ben E Fitz

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2016.

Personal Information

*First Name
 Middle Name
 *Last Name
 Name Prefix
 Name Suffix
 Date of Birth
 *Gender
 SSN (Social Security Number)
 *Relationship to Employee

You do not need to make any entries in the Status Information section.

Status Information

*Marital Status As of
 Student As of
 Disabled As of
 Smoker As of

Update your dependent's address if necessary.

If the dependent's phone number is the same as your number, select the **Same Phone as Employee** checkbox. Otherwise, enter the dependent's phone number.

Click **Save** to save your changes.

Click **Return to Dependent\Beneficiary Summary** to go back to the Add/Review Dependent/Beneficiary page.

Address and Telephone

Same Address as Employee

Country
 Address

Same Phone as Employee

Phone

[Save](#)

[Return to Dependent/Beneficiary Summary](#)

If you need to add more dependents or beneficiaries, click **Add a dependent or beneficiary** button.

Add/Review Dependent/Beneficiary
Ben E Fitz

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Aly Fitz	Spouse	04/13/1978	Single		No	No	Yes	Yes

[Add a dependent or beneficiary](#)
[Return to Event Selection](#)

Click **Return to Event Selection** to go back to the Benefits Enrollment page.

Add/Review Dependent/Beneficiary

Ben E Fitz

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Ally Fitz	Spouse	04/13/1978	Single		No	No	Yes	Yes

[Add a dependent or beneficiary](#)
[Return to Event Selection](#)

Adding and Updating Beneficiaries

To change the allocations your beneficiaries, type the Primary or Secondary allocation for each beneficiary. The primary allocation must add up to 100%. The secondary allocation must also add up to 100%.

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		100	
Total				100	0

To add a new beneficiary, click **Add/Review Beneficiaries**.

Designate Your Beneficiaries

The following list displays your eligible beneficiaries.

To add beneficiaries, please ensure you have the following information: beneficiary name, date of birth, address.

Please note: you may not edit beneficiary information. If you have made an error, please make another entry with all necessary information.

[Add/Review Beneficiaries](#)

You may designate the following individuals as Primary or Secondary beneficiaries. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.

*Enter Primary Allocations as
 *Enter Secondary Allocations as

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Ally Fitz	Spouse	100		100	
Total				100	0

[Continue](#) [Cancel](#)

You do not need to make any entries in the Status Information section.

Status Information			
*Marital Status	<input type="text" value="Single"/>	<input type="button" value="v"/>	As of <input type="text" value=""/>
Student	<input type="text" value="No"/>	<input type="button" value="v"/>	As of <input type="text" value=""/>
Disabled	<input type="text" value="No"/>	<input type="button" value="v"/>	As of <input type="text" value=""/>
Smoker	<input type="text" value="Non Smoker"/>	<input type="button" value="v"/>	As of <input type="text" value=""/>

Update your beneficiary's address if necessary.

If the beneficiary's phone number is the same as your number, select the **Same Phone as Employee** checkbox. Otherwise, enter the dependent's phone number.

Click **Save** to save your changes.

Click **Return to Dependent/Beneficiary Summary** to go back to the Add/Review Dependent/Beneficiary page.

Address and Telephone

Same Address as Employee
Country United States
Address 2397 Alsacia Ct
San Diego, CA 92139

Same Phone as Employee
Phone

Save

[Return to Dependent/Beneficiary Summary](#)

If you need to add more dependents or beneficiaries, click **Add a dependent or beneficiary** button.

Add/Review Dependent/Beneficiary

Ben E Fitz

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Ally Fitz	Spouse	04/13/1978	Single		No	No	Yes	Yes

[Add a dependent or beneficiary](#)
[Return to Event Selection](#)

Flexible Spending, Health Savings, and Health Reimbursement Accounts

Flexible spending accounts are accounts that you can contribute out-of-pocket money into for the purpose of health care and/or dependent care. Health Savings accounts are used with a qualified High Deductible Health Plan. The County offers High Deductible plans through Kaiser and Anthem.

Health Reimbursement Accounts are employer funded accounts that can be used for out-of-pocket medical expenses. Any flex credits left over after you have made your benefit elections during open enrollment will be enrolled automatically into a Health Reimbursement Account, excluding contributions made to a Health Savings Account or Dependent Daycare Account.

All accounts follow IRS rules.

Flexible Spending Health –U.S.

To add out-of-pocket money to your flexible spending account, click **Edit**.

Flex Spending Health - U.S.
Current: No Coverage

Full Cost Credits Before Tax

After Tax [Edit](#)

To enroll in a flexible spending account, click the **Health Care Flex Spending Account** radio button.

Benefits Enrollment

Flex Spending Health - U.S.

Ben E Fitz

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans.

i Important! Your current coverage is: **No Coverage**. You will continue with this coverage if you do not make a choice.

Select an Option

No, I do not want to enroll.

Health Care Flex Spending Acct

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.

Enter the annual amount that you would like to contribute to your flex spending account. You can contribute a maximum of \$2,550 to this account.

Click the **Worksheet** link to calculate the amount that will be deducted each pay period.

Click **Continue** to view the Flexible Spending Account Enrollment Overview.

Benefits Enrollment

Flex Spending Health - U.S.

Ben E Fitz

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans.

i Important! Your current coverage is: **No Coverage**. You will continue with this coverage if you do not make a choice.

Your annual pledge must not exceed \$2,550.00, which is the maximum amount allowed for this account in the current plan year. You must not exceed \$8,050.00 when you add up your annual pledge amounts for all Flexible Spending Accounts.

Select an Option

No, I do not want to enroll.

Health Care Flex Spending Acct

This plan requires that you specify an annual pledge amount.

Annual Pledge [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

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.

Click **OK** to return to the Benefits Enrollment Summary

Benefits Enrollment

Flex Spending Health - U.S.

Ben E Fitz

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen to enroll in the Health Care Flex Spending Acct plan with an annual pledge of \$1,323.00.

Your Contributions

Your approximate per-pay-period contribution will be \$55.13.

Notes

Once submitted, this choice will take effect on 01/01/2016.

OK Cancel

Click **OK** to store your choices.

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

Flexible Spending Dependent Care

To add out-of-pocket money to your flexible spending account, click **Edit**.

Flex Spending Dependent Care Full Cost Credits Before Tax After Tax **Edit**

Current: No Coverage
New: No Coverage

To enroll in a flexible spending account, click the **Health Care Flex Spending Account** radio button.

Benefits Enrollment

Flex Spending Dependent Care

Ben E Fitz

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

Select an Option

- No, I do not want to enroll.
- Dep Day Care Spending Acct

Continue Cancel

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.

Enter the annual amount that you would like to contribute to your flex spending account. You can contribute a maximum of \$5,000 to this account.

Click the **Worksheet** link to calculate the amount that will be deducted each pay period.

Click **Continue** to view the Flexible Spending Account Enrollment Overview.

Benefits Enrollment

Flex Spending Dependent Care

Ben E Fitz

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

Your annual pledge must not exceed \$5,000.00, which is the maximum amount allowed for this account in the current plan year. You must not exceed \$8,050.00 when you add up your annual pledge amounts for all Flexible Spending Accounts.

Select an Option

- No, I do not want to enroll.
- Dep Day Care Spending Acct

This plan requires that you specify an annual pledge amount.

Annual Pledge [Worksheet](#) Click [Worksheet](#) to help calculate your annual pledge for this plan year.

Continue

Cancel

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.

Click **OK** to return to the Benefits Enrollment Summary.

Benefits Enrollment

Flex Spending Dependent Care

Ben E Fitz

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen to enroll in the Dep Day Care Spending Acct plan with an annual pledge of \$2,000.00.

Your Contributions

Your approximate per-pay-period contribution will be \$83.33.

Notes

Once submitted, this choice will take effect on 01/01/2016.

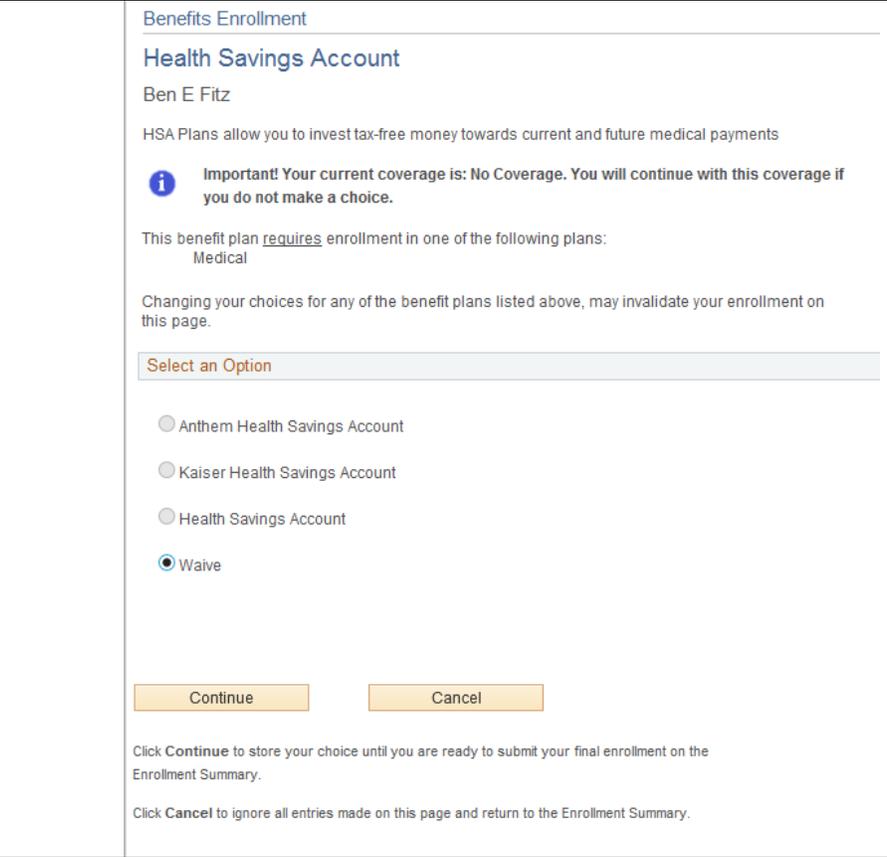
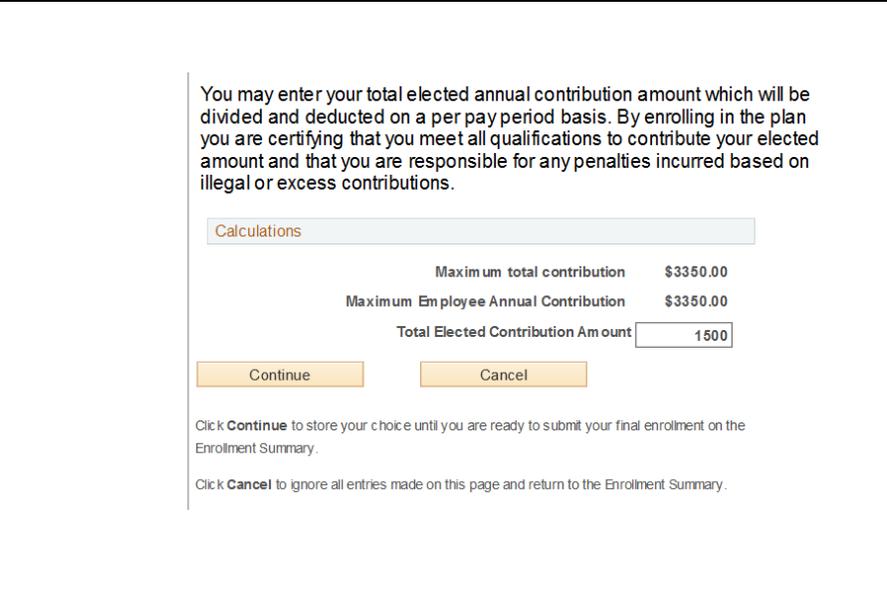
OK

Cancel

Click **OK** to store your choices.

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

Health Savings Account

<p>If you have elected a High Deductible Health plan, click Edit to add money to your Health Savings Account.</p>	
<p>To enroll in the Health Savings Account, click radio button next to the insurance carrier that you selected for your high deductible account.</p> <p>If you are a dependent on another Health Savings account, select the radio button next to Health Savings Account.</p>	
<p>Enter the annual amount that you would like to contribute to your flex spending account. You can contribute a maximum of \$5,000 to this account.</p> <p>Click the Worksheet link to calculate the amount that will be deducted each pay period.</p> <p>Click Continue to view the Flexible Spending Account Enrollment Overview.</p>	

Click **OK** to return to the Benefits Enrollment Summary.

Benefits Enrollment

Health Savings Account

Ben E Fitz

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen to enroll in the Kaiser Health Savings Account plan with an annual pledge of \$1,500.00.

Your Contributions

Your approximate per-pay-period contribution will be \$62.50.

Notes

Once submitted, this choice will take effect on 01/01/2016.

OK Cancel

Click **OK** to store your choices.

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

Health Reimbursement Account

After the Open Enrollment period, your elections will be finalized. Flexible credits that you have not applied to your benefit elections will be applied towards a Health Reimbursement Account, unless otherwise designated to a Health Savings Account or Dependent Daycare Account. You will not see this amount in the eBenefits system.

Submitting Your Elections

Review the summary of your benefit election costs and credits.

Click **Submit** to submit these choices to the Benefits Department.

Please note that you can change your selections at any time during the Open Enrollment Period, even if you have already clicked the Submit button.

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the Company is contributing to subsidize the cost of your benefits.)

Row Label	Total	Before Tax	After Tax	Employer
Costs	976.92	975.14	1.78	0.59
Credits	-564.50	-564.50		
Your Costs	412.42	410.64	1.78	

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

If the Before Tax costs total is negative, it means the credits the company is providing for your benefits exceeds your actual benefit costs. Therefore, it results in a net earnings for you.

Submit

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

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Read the Submit Benefit Choices page.

When you are ready to submit your elections, click **Submit**.

Benefits Enrollment

Submit Benefit Choices

Ben E Fitz

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

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

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 the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Excess Flexible Credits

If the "Before Tax" costs total on the Enrollment Summary page is negative, it means the credits the County is providing for your benefits exceeds your actual benefit costs. The County applies the costs associated with all of your Health Plan elections (Medical, Dental and Vision), Spending Accounts (FSA and HSA) and Supplemental Life to the credits you received based on your Medical Plan election. Any excess can be applied to either a Health Care Flexible Spending Account or Health Savings Account. That amount will be determined when your elections are finalized and will appear on your paycheck that includes the deductions for your new elections.

Authorize Elections

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit

Cancel

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

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

The elections summary page displays your elections. Click Print to view a summary in a printable format.

Empl ID: 051707 Name: Fitz, Ben E [Print](#)

Event: Open Enrollment Event Date: 01/01/2016 Effective Date: 01/01/2016

Disclaimer: The below is a summary of your current benefits elections, subject to approval by the Benefits Division.

Enrollment Summary

Type Of Benefit	Plan Description	Coverage	Total Cost	Before Tax	After Tax	Employer	Credits						
Medical	Anthem - SelectHMO	Employee + (2+) Dependents	\$808.55	\$808.55			\$664.50						
<table border="1"> <thead> <tr> <th colspan="2">Health Dependents</th> </tr> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>Fitz, Ally</td> <td>Spouse</td> </tr> </tbody> </table>								Health Dependents		Name	Relationship	Fitz, Ally	Spouse
Health Dependents													
Name	Relationship												
Fitz, Ally	Spouse												
Dental	Delta Care USA DHMO	Employee + (2+) Dependents	\$15.83	\$15.83			\$0.00						
<table border="1"> <thead> <tr> <th colspan="2">Health Dependents</th> </tr> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>Fitz, Ally</td> <td>Spouse</td> </tr> </tbody> </table>								Health Dependents		Name	Relationship	Fitz, Ally	Spouse
Health Dependents													
Name	Relationship												
Fitz, Ally	Spouse												
Critical Illness	Waive						\$0.00						
<table border="1"> <thead> <tr> <th colspan="2">Health Dependents</th> </tr> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>								Health Dependents		Name	Relationship		
Health Dependents													
Name	Relationship												
Vision	Vision Service Plan	Employee + (1) Dependent	\$10.28	\$10.28			\$0.00						
<table border="1"> <thead> <tr> <th colspan="2">Health Dependents</th> </tr> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>Fitz, Ally</td> <td>Spouse</td> </tr> </tbody> </table>								Health Dependents		Name	Relationship	Fitz, Ally	Spouse
Health Dependents													
Name	Relationship												
Fitz, Ally	Spouse												

Save or Print this file for your records.

Benefit Enrollment Summary

Employee ID : 051707 Employee Name : Fitz Ben E
 Event Description : Open Enrollment Event Date : 01/01/2016 Effective Date : 01/01/2016 Print Date : 8 September 2015

Disclaimer: The below is a summary of your current benefit elections, subject to approval by the Benefits Division.

Health Plans

Type Of Benefit	Plan Description	Coverage	Total Cost	Before Tax	After Tax	Employee	Credits
Medical	Anthem - SelectHMO	Employee + (2+) Dependents	\$808.55	\$808.55	\$0.00	\$0.00	\$594.50

Dependent Ben Name	Relationship
Fitz Ally	Spouse

Type Of Benefit	Plan Description	Coverage	Total Cost	Before Tax	After Tax	Employee	Credits
Dental	Delta Care USA DHMO	Employee + (2+) Dependents	\$15.83	\$15.83	\$0.00	\$0.00	\$0.00

Submitting Required Documents

If you need to send waiver, forms, proof of other insurance, or any other required documentation to Benefits, there are two ways to send the information.

Navigate to **Self Service > Benefits>Document Upload**

ORACLE

Main Menu

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 - CoSD eBenefits Instructions
 - Benefits Summary
 - Document Upload
 - Dependent/Beneficiary Info
 - Insurance Summary
 - Benefits Enrollment
 - Performance Management

Or email electronic documents and scanned images to DHRBENEFITS.FGG@sdcounty.ca.gov