

New Hire Enrollment Instructions



NEW HIRE ENROLLMENT INSTRUCTIONS

Enrolling in Benefits

The benefit choices you make will be effective until December 31. After your New Hire enrollment period ends, you may only make changes during the plan year due to a qualifying life event within 60 days of the event or during Open Enrollment typically held in October.

To initiate your benefit enrollment changes in PeopleSoft eBenefits, go to the Main Menu >Self Service >Benefits >Benefits Enrollment. Click the "Select" button to open the benefits enrollment screen.

Benefits Enrollment

Ben E Fits



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

The Information icon provides you with additional information about your enrollment.

The Select button next to an event means it is currently open for enrollment.


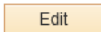

To begin your enrollment, click **Select**.

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	
Enrollment		11/16/2018	Open	Office As sistant	

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

Your plan choices will vary depending on your benefit program. An "Edit" button will appear to the right of the benefit plan. Click the "Edit" button for each plan you want to change or enroll in. Follow the instructions on the screen to complete your changes and return to the Benefit Enrollment Summary page.

Enrollment Summary	
Medical Current: Kaiser Permanente Health Plan:Empl Only New: Kaiser Permanente Health Plan:Empl Only	
Dental Current: Delta Dental DHMO:Empl Only New: Delta Dental PPO:Empl Only	
Vision Current: Vision Service Plan:Empl Only New: Vision Service Plan:Empl Only	

MEDICAL PLAN

After clicking “Edit”, choose your medical or waiver election by clicking on the radio button next to the plan.

Tip! Medical plan information is available on the [Employee Benefits Website](#).

Select an Option

Please choose one of the plans listed below and add your dependents at the bottom of this page. The system will assign the correct Coverage Level.

If you waive medical coverage, you are required to elect the waive reason when continuing through the enrollment process. No other wavier documents are required.

Kaiser Permanente HMO Plan

Kaiser Permanente Traditional HMO

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$265.39	\$307.00	\$-41.61	Before-Tax
Employee + (1) Dependent	\$530.79	\$466.50	\$64.29	Before-Tax
Employee + (2+) Dependents	\$751.06	\$678.50	\$72.56	Before-Tax

Kaiser High Deductible Plan

Kaiser Permanente High Deductible Health Plan

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$207.18	\$307.00	\$-99.82	Before-Tax
Employee + (1) Dependent	\$414.36	\$466.50	\$-52.14	Before-Tax
Employee + (2+) Dependents	\$586.28	\$678.50	\$-92.22	Before-Tax

If you want to waive the County’s insurance, you will be given the option at the bottom of the page.

Waive - Individual Plan

I am covered under an individual medical plan outside the County (TRICARE, Medicare/Medi-Cal, Covered CA, Individual Plan or I decline coverage for reasons other than listed below. I understand my excess flex credits may be forfeited.)

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$0.00	\$307.00	\$-307.00	After-Tax

Waive - Enrolled in HD Plan

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) I understand my excess flex credits may be directed to a Health Savings Account (HSA).

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$0.00	\$307.00	\$-307.00	After-Tax

Waive - I am covered under a Group Medical Plan provided by another employer or my spouse's plan.

Once you select your waive option, you will need to confirm the reason you are waiving.

Waiver Form



On behalf of myself and my eligible dependents (if any), I waive the option to enroll in the County of San Diego's Group Health Care insurance for the following reasons:



- I am covered under Medicare or Medi-Cal
- I am covered under a Veterans or Tri-Care coverage
- I am covered under an individual policy purchased through Covered CA or through other means that is not a High Deductible Health Plan or a Group health plan or I decline coverage for other reasons.

I understand that my elections will determine how excess Flex Credits will be distributed among the Flexible Spending Accounts, Health Reimbursement Account, and/or Health Savings Account according to IRS rules and regulations.



I certify that the above information is true. I certify that I have been given the opportunity to participate in a County sponsored medical plan. I understand all of the above information, and I wish to decline/terminate the medical benefits provided to me by the County of San Diego.

Return

Agree to the Arbitration language (even if waiving) by selecting "OK".

By clicking the **OK** button below, I understand that this action will serve as my electronic signature of agreement to the conditions provided in the Health Plan Arbitration Agreement (above) and that by law this electronic signature will have the same effect as a signature on a paper form. Note: If you do not wish to accept the arbitration agreement above you must click on the **Cancel** button below to go back to the plan selection screen and make a new Health Plan selection.

Your Choice

You have chosen to Waive coverage.

Notes

Deductions and/or Credits for this choice will start with the first pay period that includes deductions on your paycheck.

OK

Cancel

Click **OK** to store your choices.

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

ADDING A NEW DEPENDENT OR A DOMESTIC PARTNER TO YOUR PLANS

Adding a Domestic Partner

If you would like to add a new **Domestic Partner**, you will need to submit a Domestic Partner Affidavit or your Registered Domestic Partner Certificate to the Benefits Division by email to the New Hire Administrator or to DHRBENEFITS.FGG@sdcountry.ca.gov or through Document Upload. Please indicate that you are a New Hire

- Once your record is updated by the Benefits Division, you will be able to enroll your Domestic Partner.

Adding a Dependent

If you need to add a new dependent that is not a Domestic Partner, click on the “Add/Review Dependent” button.

Reminder! If adding dependents on to your plan, the appropriate documentation to verify your relationship (marriage or birth certificate, etc.) is required by uploading your document into the system.

Add/Review Dependents

Enroll Your Dependents

The following list displays all individuals who are currently in eBenefits and can be enrolled in this plan. If an individual is missing from this list, click Add/Review Dependents.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. To un-enroll a dependent, uncheck the box next to the name.

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

Add/Review Dependents

Tip! When adding new dependents, be sure to have their Date of Birth and Social Security Number available

Dependent/Beneficiary Personal Information

Ben E Fits

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2019.

Personal Information

*First Name

Middle Name

*Last Name

Name Prefix

Name Suffix

Date of Birth

*Gender **Male**

S SN (Social Security Number)

*Relationship to Employee

Status Information

*Marital Status **Single** As of

Address and Telephone

Same Address as Employee

Country **United States**

Address **5530 Flower Lane**
San Diego, CA 92114-1111

Same Phone as Employee

Phone

Save

Select "Save" once you have added your Dependent Personal Information.



Click "OK" and a summary screen will appear. Repeat the same process to add more dependents. When you have completed this section, click on "Return to Event Selection".

Add/Review Dependent/Beneficiary

Ben E Fits

The people listed below may be eligible for Benefit Coverage. * To modify an existing dependent or beneficiary, contact benefits at 888-550-2203. * To add a new domestic partner, please contact Benefits via email: DHRBenefits.FGG@sdcounty.ca.gov.

Dependent Information					
Name	Relationship to Employee	Date of Birth	Disabled	Dependent	Beneficiary
Aly Fits	Spouse		No	Yes	Yes
Junior Fits	Child	07/21/2014	No	Yes	Yes
Ashley Fits	Child	11/21/2011	No	Yes	Yes

Return to Event Selection

Scroll down and you will see the updated list of eligible dependents. Check the box next to the names of the dependents you wish to enroll in the plan. Click "Continue"

Enroll Your Dependents

The following list displays all individuals who are currently in eBenefits and can be enrolled in this plan. If an individual is missing from this list, click Add/Review Dependents.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. To un-enroll a dependent, uncheck the box next to the name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Ally Fits	Spouse
<input checked="" type="checkbox"/>	Junior Fits	Child
<input type="checkbox"/>	Ashley Fits	Child

Add/Review Dependents

Continue **Cancel**

Click "Continue" to save your selection, or "Cancel" to make changes.

Your Choice

You have chosen Kaiser Permanente HMO Plan with Employee + (2+) Dependents coverage.

Your Estimated per-pay-period Cost

Full Cost	\$751.06
Credits	\$678.50
Your Cost	\$72.56

Your Covered Dependents

Primary Care Provider Details	
Name	Relationship
Ally Fits	Spouse
Junior Fits	Child

Notes

OK **Cancel**

Click OK to save your choices.
Click Cancel to go back and change your choices.

Repeat this process for all of your elections.

LIFE INSURANCES

County of San Diego employees are provided a Basic Life Insurance policy, a Basic Accidental Death & Dismemberment (AD&D) policy and a \$2,000 Dependent Life Policy. You will also be given the opportunity to purchase Supplemental Life Insurance (subject to Medical History review) and Supplemental AD&D.

While you do not need to elect the Basic coverages (they are County paid), you will need to designate beneficiaries at www.metlife.com/mybenefits.

FLEX SPENDING DEPENDENT CARE (DCFSA)

The following illustrates the steps after clicking “Edit” for the Flex Spending Dependent Care

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

Current: No Coverage
New: No Coverage

Once you click “Edit”, select the option “Flex Spending Dependent Care” or to go back, select “No, I do not want to enroll” and “Continue”.

Benefits Enrollment

Flex Spending Dependent Care

Ben E Fits

The Dependent Care Flexible Spending Account (DCFSA) allows you to use pre-tax dollars to pay for eligible dependent daycare expenses so that you and your spouse can work.

i 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**

You will need to enter the amount you wish to allocate for the year in the “Annual Pledge” box, then click “Continue” or “Cancel”.

Benefits Enrollment

Flex Spending Dependent Care

Ben E Fits

The Dependent Care Flexible Spending Account (DCFSA) allows you to use pre-tax dollars to pay for eligible dependent daycare expenses so that you and your spouse can work.

i No Coverage. You will continue with this coverage if you do not make a choice.

Your annual pledge must be between \$120.00 and \$5,000.00, which are the limits established for this plan.

Please note: If you are married and filing jointly, the combined maximum you can contribute to a Dependent Care FSA between both spouses is \$5,000. If you are married and you and your spouse file separate federal income tax returns, the most each of you can contribute to a Dependent Care FSA is \$2,500 (for a combined total of \$5,000).

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**

A confirmation page will appear summarizing your elections. Click “OK” to save your choices, or “Cancel” to make changes.

Benefits Enrollment

Flex Spending Dependent Care

Ben E Fits

i Important: Your enrollment will not be complete until you submit your elections on the final page.

Your Choice

You have chosen to enroll in the Dep Day Care Spending Acct plan with an annual pledge of \$1,000.00.

Your Contributions

Your approximate per-pay-period contribution will be \$41.67.

Notes

OK Cancel

COMPLETING YOUR ENROLLMENT

Once you have completed and are satisfied with your elections, please click on “Next” at the bottom of the benefits enrollment page.

This table summarizes estimated costs **per pay period** for your new benefit choices. (The “Employer” column displays the amount the County is contributing to subsidize the cost of your benefits.)

Election Summary				
Row Label	Total	Before Tax	After Tax	Employer
Costs	500.00	500.00	0.00	0.59
Credits	-287.00	-287.00		
Your Costs	213.00	213.00	0.00	

If you have elected to contribute money into your Health Care Flexible Spending Account (HCFSA), please note that the amount listed under 'Your Costs' may not be correct. Any amount that you have elected to contribute to your HCFSA is out-of-pocket. As required by the IRS, any excess flex credits will be deposited into a new, Health Reimbursement Account (HRA) or Health Savings Account (HSA) depending on which Medical Plan you have chosen.

Next

Select “Next” to authorize your elections.

Benefits Enrollment

Submit Benefit Choices

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.

By selecting **Next** your elections will be submitted and you will be taken to a summary page to review your elections.

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

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 the open enrollment period ends, you will not be able to make any further benefit changes until the next Open Enrollment period unless you have a qualified family status change.

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 Employee Benefits to send necessary personal information to your selected providers to initiate and support your benefit elections.

Next

Cancel

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

You should now see your total Flex Credits, plan election costs, and out-of-pocket costs. Click "Print" if you do not have any changes.

Empl ID: 073054 Name: Cartwright Jacqueline J Print

Event: Enrollment Event Date: 11/16/2018 Effective Date: 12/01/2018

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

Enrollment Summary

Health Plans

Type Of Benefit	Plan Description	Coverage	Total Cost	Before Tax	After Tax	Employer	Credits
Medical	Waive						\$287.00

Health Dependents	
Name	Relationship

Life and AD/D Plans

Type Of Benefit	Plan Description	Coverage	Total Cost	Before Tax	After Tax	Employer
Supplemental Life	Waive	\$0				

Life Dependents						
Name	Relationship	Beneficiary Percentage	Flat Amount	Exerc	Contingent	

Type Of Benefit	Plan Description	Coverage	Total Cost	Before Tax	After Tax	Employer
Supplemental AD and D	Waive	\$0				

Life Dependents						
Name	Relationship	Beneficiary Percentage	Flat Amount	Exerc	Contingent	

Disability Plan

Not all job classifications are eligible for this plan. If you are not eligible, you will not see information below.

Type Of Benefit	Plan Description	Coverage	Total Cost	Before Tax	After Tax	Employer

Spending Accounts

Type Of Benefit	Plan Description	Annual Pledge	Total Cost	Before Tax
Flex Spending Dependent Care		\$1,000.00	\$500.00	\$500.00

Cost Summary

Description	Total Cost	Before Tax	After Tax	Employer
Costs	\$500.00	\$500.00		\$0
Credits	\$287.00	\$287.00		
Your Cost	\$213.00	\$213.00		

NOTE: Any Flex Credits remaining after the cost of your benefit elections are applied, except the Health Care FSA, will be allocated according to IRS regulations based on your medical plan election. Employees covered under any High Deductible Medical Plan will have excess credits added to the Health Savings Account (HSA) up to the IRS limit. Employees enrolled in any non-High Deductible Group Medical plan will have excess flex credit allocated to a Health Reimbursement Account (HRA) up to the IRS limit, unless allocated to a Dependent Day Care Account. Employees who waive and are enrolled in an Individual Medical plan (Tricare, Medicare, CA Exchange or other individual plan) will have a maximum of \$500 in annual excess flex credits allocated to the Health Care FSA per IRS regulations. The excess credit amount will be determined when your elections are finalized by the Benefits Division. Once your elections are finalized, your contributions to the HSA or the Health Care FSA may differ from the amounts indicated on this Enrollment Summary because excess flex credits are not reflected on this statement. Return to the CoSD Enrollment Summary page in Mid-November (Main Menu > Self Service > Benefits > CoSD Enrollment Summary) after this event is finalized to review the actual contribution amounts. Please contact the Benefits Division if you have any questions at 888-650-2203 or email at DHRBenefits.FGG@edcounty.ca.gov

OK

A new tab will open where you can print your elections for your records.



Benefit Enrollment Summary



Employee ID : Employee Name : Flex Amount: \$287.00
 Event Description : Enrollment Event Date : 11/16/2018 Effective Date : 12/01/2018 Print Date : 11/27/2018

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	Employee Cost	Before Tax	After Tax	Employer Cost
Medical	Waive		\$0.00	\$0.00	\$0.00	\$0.00

Dependent Ben Name	Relationship

Life and AD/D Plans

Type Of Benefit	Plan Description	Coverage	Employee Cost	Before Tax	After Tax	Employer Cost
Supplemental Life	Waive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Name	Relationship	Beneficiary Percentage	Flat Amount	Excess	Primary	Secondary

Type Of Benefit	Plan Description	Coverage	Employee Cost	Before Tax	After Tax	Employer Cost
Supplemental AD and D	Waive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Name	Relationship	Beneficiary Percentage	Flat Amount	Excess	Primary	Secondary

Disability Plan

Not all job classifications are eligible for this plan. If you are not eligible, you will not see information below.

Type Of Benefit	Plan Description	Coverage	Employee Cost	Before Tax	After Tax	Employer Cost

Spending Accounts

Type Of Benefit	Plan Description	Annual Pledge	Employee Cost	Before Tax
Flex Spending Dependent Care		\$1,000.00	\$500.00	\$500.00

Cost Summary

Cost Type	Employee Cost	Before Tax	After Tax	Employer Cost
Costs	\$500.00	\$500.00	\$0.00	\$0.00
Credits	\$287.00	\$287.00		
Your Cost	\$213.00	\$213.00	\$0.00	\$0.00

If you are satisfied with your New Hire Enrollment elections, click back to the Benefits Enrollment tab.

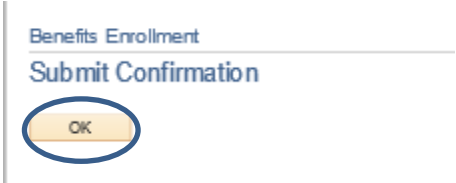
Click "OK".

Cost Summary				
Description	Total Cost	Before Tax	After Tax	Employer
Costs	\$500.00	\$500.00		\$0
Credits	\$287.00	\$287.00		
Your Cost	\$213.00	\$213.00		

NOTE: Any Flex Credits remaining after the cost of your benefit elections are applied, except the Health Care FSA, will be allocated according to IRS regulations based on your medical plan election. Employees covered under any High Deductible Medical Plan will have excess credits added to the Health Savings Account (HSA) up to the IRS limit. Employees enrolled in any non-High Deductible Group Medical plan will have excess flex credit allocated to a Health Reimbursement Account (HRA) up to the IRS limit, unless allocated to a Dependent Day Care Account. Employees who waive and are enrolled in an Individual Medical plan (Tricare, Medicare, CA Exchange or other Individual plan) will have a maximum of \$500 in annual excess flex credits allocated to the Health Care FSA per IRS regulations. The excess credit amount will be determined when your elections are finalized by the Benefits Division. Once your elections are finalized, your contributions to the HSA or the Health Care FSA may differ from the amounts indicated on this Enrollment Summary because excess flex credits are not reflected on this statement. Return to the CoSD Enrollment Summary page in Mid-November (Main Menu > Self Service > Benefits > CoSD Enrollment Summary) after this event is finalized to review the actual contribution amounts. Please contact the Benefits Division if you have any questions at 833-650-2263 or email at DHRBenefits.FGG@sdcounty.ca.gov



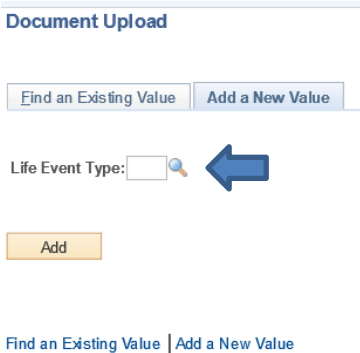
Select "OK" to exit the enrollment process.



UPLOADING DOCUMENTS INTO SELF SERVICE

Go to Self Service > Benefits > Document Upload or [Click here to upload your Open Enrollment documents](#)

The browser will open a new tab. The Life Event will be "HIR", then click "Add".



Click on "Add Attachment"

Life Events - Document Upload

Instructions

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Enrollment Documentation

Add Attachment **Add Note**

Type in the subject description and then click on “Add Attachment”. Click “Browse” to pull the document from your files. Once the file is selected, click “Upload”.

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Enrollment Documentation

*Subject A Fits Birth Certificate

Attachment **Add Attachment**

Save

Go To Life Events - Document Upload

File Attachment

Browse...

Upload **Cancel**

Click “Save” to complete the upload.

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Enrollment Documentation

*Subject A Fits Birth Certificate

Attachment 2019_Rates.pdf **View Attachment**

Save

After attaching your documents, a message will pop up, click “OK”. You will see your document uploaded.