



Your Benefits

Learn-Plan-Choose

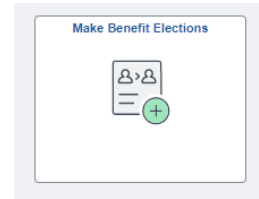
New Hire Enrollment – Quick Reference Guide

Employee Self Service

Click on the **Benefits Detail Tile**



Then click on **Make Benefit Elections**



And **Start**

Your Benefit Events

Event Description	Event Date	Event Status	Job Title	
Birth	05/05/2023	Open	Human Resources Analyst	Start

Click on **Review** for the plan(s) you want to update

Plan Type	Current	New	Dependents	Pay Period Cost	Status	Actions
Medical	Kaiser Permanente HMO Plan	Kaiser Permanente HDHP	1 Dependents	\$-130.28	✓ Changed	Review
Dental	Delta Dental DHMO	Delta Dental PPO	2 Dependents	\$71.75	✓ Changed	Review
Vision	Vision Service Plan	Waive	0 Dependents	\$0.00	✓ Changed	Review

Click on the box for **Dependents** you want added

Or

If you are adding a new **Dependent** click here

Enroll	Dependents	Relationship
<input checked="" type="checkbox"/>	[Redacted]	Child
<input type="checkbox"/>	[Redacted]	Child
<input type="checkbox"/>	[Redacted]	Spouse
Add/Review Dependent		

To add a **new Domestic Partner**, submit a [Domestic Partner Affidavit](#) or a Registered Domestic Partner Certificate to the Benefits Division at DHRBENEFITS.FGG@sdcounty.ca.gov or through [Document Upload](#).

Select Plan

	Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	Kaiser Permanente HMO Plan	\$933.05		\$-33.45
Select	Kaiser Permanente HDHP	\$728.33		\$-238.17
✓	UHC SigValue Perf HMO NW1	\$1047.73		\$81.23

NOTE: Medical Plans will ask you to click the slider at the bottom of the page

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.

☐ No

Cancel

Medical

Done

Click **Done** to update and save

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.

No more changes to make?

Click **Next** at the bottom of the page

< Benefit Details Benefits Enrollment

▼ Enrollment Summary

To submit your elections, click on the Next button below.

Status Pending Review

By saving your benefit elections you are authorizing the County to take deductions from your paycheck. You are also authorizing Employee Benefits to send necessary personal information to your selected providers to initiate and support your benefit elections.

By saving your benefit elections you are acknowledging that all benefit documents are posted electronically on the [Benefit Website](#). You agree to receive these documents electronically by selecting Next below. If you have questions, you understand you can call the Benefits Division at 858-505-2203 or email at DHRBenefits.FGG@sdcounty.ca.gov to receive paper copies of plan documents.

A summary of plan costs and flex credits is provided on the following page.

Next

Click **Done** on the Popup

Management Basic Life \$86,071

Done Benefits Alerts

Your benefit choices have been successfully submitted to the Benefits Department.

Select Done to return to the Benefits Enrollment Summary.

Click **Print** at the top of the page

Benefits Enrollment Summary

Empl ID: 056720 Name: Garcia Ali Celina M

Event: Birth Event Date: 05/05/2023 Effective Date: 06/01/2023

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

Enrollment Summary

Print

Close Tab to Return to Enrollment Page

Benefits Enrollment x Benefits Enrollment Summary x

Click the '**House**' to Return to main Self Service page

Benefits Enrollment

House Search Notifications Menu Settings