



Open Enrollment Quick Reference Guide




STEP 1

At a County computer, log onto [PeopleSoft Self Service](#)

STEP 2

Click on the
**Open
Enrollment
Tile**



Open Enrollment

Starts now until 10/30/2025. Your final enrollment must be submitted by 11:59 PM PST, 10/30/2025

Countdown to Open Enrollment
Days HH MM SS
Deadline: 55 07:08:07

STEP 3

Follow the Prompts to Make Your Updates

- Review/update your Personal Information
- Review/update your Dependent Information
- Upload required documents

Navigate [This Way](#) or [This Way](#) to Begin Your Open Enrollment

Welcome
● Visited

► Personal Information
● Visited

Dependent Info
● Visited

Document Upload
● Visited

Benefits Enrollment
● Visited

Open Enrollment

ORACLE Enrollment Period 8/29/2022 - 5/19/2023
Carley Rittberg

Welcome
● Visited

Welcome
Open enrollment is your annual opportunity to modify your benefit choices.

Cancel Mark Complete Next >

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
✓ Kaiser Permanente HMO Plan	\$424.72		\$-79.78

Select

Kaiser Everyday Care HMO

\$389.72

\$-114.78

visited

Personal Information
○ Not Started

Dependent Info
○ Not Started

Document Upload
○ Not Started

Benefits Enrollment
● Visited

On the **Benefit Enrollment** tab

4.1 Click on **Review** for the plan 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

4.2 Click on the box for the **Dependent(s)** you want added to this plan

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 your Registered Domestic Partner Certificate to the Benefits Division by email at DHRBENEFITS.FGG@sdcounty.ca.gov or through [Document Upload](#).

4.3 **Select the Plan You Want**

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
✓ Kaiser Permanente HMO Plan	\$424.72		\$-79.78
Select Kaiser Everyday Care HMO	\$389.72		\$-114.78

4.3a **Bottom of Medical Page Only**

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

4.4 Click **Done** to update and save

Cancel **Medical** Done

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.

More plan information is available on the [Benefit Website](#).

Repeat Step 4 as many times as needed to make changes for each plan

STEP 5

5.1 All Done? Click **Next** at the bottom of the page

Exit Open Enrollment

ORACLE Enrollment Period 8/29/2022 - 5/19/2023

Cancel < Previous Next >

Welcome ● Visited	Long-Term Disability	Long-Term Disability	Long-Term Disability	\$0.00	Not Available	
Personal Information ○ Not Started	Health Care Flex Spending Acct	Health Care Flex Spending Acct	Health Care Flex Spending Acct \$2,000	\$89.77	● Changed	Review
Dependent Info ○ Not Started	Dep Care Flex Spending Acct	Dep Care Flex Spending Acct	Dep Care Flex Spending Acct \$2,000	\$81.82	● Changed	Review
Document Upload ○ Not Started	Health Savings Account	Waive	Waive	\$0.00	● Changed	Review

Benefits Enrollment
● Visited

Open Enrollment Summary
● Visited

▼ Enrollment Summary

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

Status **Submitted** 05/16/2023 4:42PM

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 DHREBenefits.FGO@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

5.2 Click **Done** on the Pop up

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.

5.3 Click **Next** at the top of the page

Exit Open Enrollment

ORACLE Enrollment Period 8/29/2022 - 5/19/2023

Cancel < Previous **Next >**

Welcome ● Visited	Long-Term Disability	Long-Term Disability	Long-Term Disability	\$0.00	Not Available	
Personal Information ○ Not Started	Health Care Flex Spending Acct	Health Care Flex Spending Acct	Health Care Flex Spending Acct \$2,000	\$89.77	● Changed	Review
Dependent Info ○ Not Started	Dep Care Flex Spending Acct	Dep Care Flex Spending Acct	Dep Care Flex Spending Acct \$2,000	\$81.82	● Changed	Review
Document Upload ○ Not Started	Health Savings Account	Waive	Waive	\$0.00	● Changed	Review

Benefits Enrollment
● Visited

▼ Enrollment Summary

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

STEP 6

- 6.1** A New “Open Enrollment Summary” Tab Shows. Click on the [new tab](#).

Welcome
● Visited
▶ Personal Information
○ Not Started
Dependent Info
○ Not Started
Document Upload
○ Not Started
Benefits Enrollment
● Complete
Open Enrollment Summary
● Visited

- 6.2** [Review](#) Enrollment Summary

OPEN ENROLLMENT SUMMARY

These are your 2026 Elections.

Print or save this Open Enrollment Summary now!

You will not receive an email confirmation.

This page lists the total cost for your elections, your flex credit amount and your out of pocket costs. Excess flex credits are applied according to IRS regulations based on your medical plan election.

* These benefits are County Paid

[Print](#)

- 6.3** Click [Print](#) to save choices

OPEN ENROLLMENT SUMMARY

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[Print](#)

