

INFORMATION TECHNOLOGY SERVICES

### Overview

The eBenefits functionality allows employees to use MySJSU to enroll in, change or cancel any of their eligible Benefit plans during the annual Open Enrollment period. The dates for Open Enrollment change every year. Please contact your Benefits Representative at 408-924-2250 to find out the Open Enrollment dates for this year.

The Benefit plans that can be changed during Open Enrollment are Medical, Dental, Medical Flex Cash, Dental Flex Cash, Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA). This business process guide demonstrates the basics of Open Enrollment for Medical plans.

### **Table of Contents**

Login to MySJSU	2
General Information	3
Disclosures and Privacy Notice	9
How do I change my dental plan?	11
How do I change my dental plan and add a dependent?	15
How do I change my dental plan and delete a dependent?	23
How do I add a dependent? (No change to dental plan provider)	27
How do I delete a dependent? (No change to dental plan provider)	
How do I cancel my dental plan?	
How do I cancel my dental plan and enroll into dental flex cash?	

### Login to MySJSU

To login to MySJSU:

- 1. Go to MySJSU (http://my.sjsu.edu).
- 2. Click the Login to MySJSU button.



#### ABOUT MYSISU

NEWS, EVENTS & ANNOUNCEMENTS

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

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

MySJSU SIGN IN

### The Login page displays.

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



### PEOPLESOFT ENTERPRISE

SJ SU ID:	
Password:	
	Sign In

### **General Information**

The Main Menu displays.

 From the Main Menu, navigate to Self Service > Benefits > Benefits Enrollment.



Notes: The Event Date is also displayed. It will be January 1st because elections made during Open Enrollment are effective January 1st of the next year.

If you click the information icon, it will give you more details about Open Enrollment.

6. Click the **Select** button.



### **Benefits Enrollment**

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

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.

TO De	giri your	enroliment, tittk select.	

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment	0	01/01/2008	Open		Select

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

For questions regarding your benefit information please contact your Benefits Service Representative at 408-924-2250 or you can visit the <u>HR Website</u>.

## The Open Enrollment page displays.

- 7. You will see all plans you are eligible for.
- 8. Click the **Edit** button next to the plan you wish to update.
- 9. For example, to edit Dental information, click the **Edit** button next to Dental.

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

### Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

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

Enrollmer	nt Summary		
Edit	Medical	Before Tax	After Tax
Current	No Coverage		
New	No Coverage		
Edit	Dental 🗲	Before Tax	After Tax
Current	No Coverage		
New:			0.00
Edit	Dental Flex Cash	Before Tax	After Tax
Current	Flex Cash - Dental:Empl Only		
New:	Waive		0.00
Edit	Medical Flex Cash	Before Tax	After Tax
Current	Flex Cash - Medical:Empl Only		
New:	Flex Cash - Medical:Empl Only	0.00	
Edit	Flex Spending Health	Before Tax	
Current	No Coverage		
New:	No Coverage		
Edit	Flex Spending Dependent	Before Tax	
Current:	No Coverage		
New:	No Coverage		

This table summarizes estimated costs for your new benefit choices.

Submit

	Before Tax	After Tax	Total
Your Costs	0.00	0.00	0.00
These costs do not include earnings.	e certain choices	that are based or	n variable

Click Submit to send your final choices to your Benefits Representative

## The Dental enrollment page displays.

- 10. Select the plan you wish to enroll in from the available list by clicking the radio button next to its name.
- 11. **Information:** By clicking the various hyperlinks on the enrollment page, you can get more information about the plans and the providers.
- 12. Click the **Continue** button.

### Benefits Enrollment

### Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

Important! Your current coverage is: No Coverage. You will continue with this coverage unless you elect to make a change.

Her			
	re are your available options with your monthly cos	its:	
<u>Ove</u>	erview of all Plans		
Sele	ect one of the following plans:		
0	Delta Enhanced II		
	Coverage Level	Your Costs	Tax Class
	Employee Only	\$0.00	Nontaxable
	Employee + 1	\$0.00	Benefit Nontaxable
	Employee + Dependents	\$0.00	Benefit Nontaxable Benefit
••	PMI Deltacare (Enhanced)		Denem
	Coverage Level	Your Costs	Tax Class
	Employee Only	\$0.00	Nontaxable Benefit
	Employee + 1	\$0.00	Nontaxable
	Employee + Dependents	\$0.00	Nontaxable Benefit
0	Waive		
	Employees who have non-CSU Dental coverage of <u>Plan</u> to obtain cash in lieu of CSU coverage. The in Benefit Service Representative at 408.024.2250 fr	can elect to participate in th money is taxed. Please con or more information.	e <u>FlexCash</u> tact your
A	Add/Review Dependents		
A	Add/Review Dependents		
A Choo Enr	Add/Review Dependents ose a Primary PMI Ofice Number rollment in this plan requires that you select a prim	ary PMI office ID number.	
A Choo Enro Spe	Add/Review Dependents Ose a Primary PMI Office Number foilment in this plan requires that you select a prime cify a Primary PMI Office ID Number: DEN007	aary PMI office ID number. <u>Se</u>	lect a Provider
A Choo Enro Spe	Add/Review Dependents open a Primary PMI Office Number follment in this plan requires that you select a prime cify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office	aary PMI office ID number. Se	lect a Provider
A Enro Spe Co	Add/Review Dependents add/Review Dependents add/Re	any PMI office ID number. Se e. ou are ready to submit your fina	elect a Provider
A Enro Spe	Add/Review Dependents add/Review Dependents	ary PMI office ID number. Se e. ou are ready to submit your fin	elect a Provider
A Choo Enro Spe Co	Add/Review Dependents add/Review Dependents add/Re	enary PMI office ID number. Se e. bu are ready to submit your fine	elect a Provider
A Enro Spe Co	Add/Review Dependents pose a Primary PMI Office Number collment in this plan requires that you select a prim cotify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this offic ontinue Click Continue to store your choice until yo Enrollment Summary.	any PMI office ID number. Se e.	elect a Provider
A Choo Enro Spe Co	Add/Review Dependents ose a Primary PMI Ofice Number rollment in this plan requires that you select a prim recify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office ontinue Click Continue to store your choice until you Enrollment Summary.	ary PMI office ID number. Se e.	elect a Provider

## The Dental recap page displays.

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

13. Click the **OK** button.

### Benefits Enrollment

### Dental

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

→Your Choice

You have chosen PMI Deltacare (Enhanced) with Employee Only coverage.

→ĭ	our Estimated Monthly Cost	
	-	-

Your Cost: \$0.00

The PMI office ID number is DEN007. You have not visited this office before.

Notes

Once submitted, this choice will take effect on 01/01/2008. Any deductions for this choice will start with the pay period beginning 01/01/2008.

OK Click OK to store your choices.

Edit Click Edit to go back and change your choices.

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

14. Note your newly selected dental plan.

Note: In this example, we selected PMI Deltacare (Enhanced) for employee only.

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

Note: You may come back at any time during the Open Enrollment period to make additional elections or changes.

### Benefits Enrollment

### Open Enrollment

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending Programs next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

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

Enrollme	nt Summary		
Edit	Medical	Before Tax	After Tax
Current:	No Coverage		
New:	No Coverage		
Edit	Dental +	Before Tax	After Tax
Current:	No Coverage		
New:	PMI Deltacare (Enhanced):Empl Only		0.00
Edit	Dental Flex Cash	Before Tax	After Tax
Current:	Flex Cash - Dental:Empl Only		
New:	Waive		0.00
Edit	Medical Flex Cash	Before Tax	After Tax
Current:	Flex Cash - Medical:Empl Only		
New:	Flex Cash - Medical:Empl Only	0.00	
Edit	Flex Spending Health	Before Tax	
Current:	No Coverage		
New:	No Coverage		
Edit	Flex Spending Dependent	Before Tax	
Current:	No Coverage		
New:	No Coverage		
This tabl	a summarizes estimated casts for your new henefit choices		

e summarizes estimated costs for your new penetit choices

		Before Tax	After Tax	<u>Total</u>
	Your Costs	0.00	0.00	0.00
	These costs do not include earnings.	e certain choices	that are based or	n variable
Submit Click S	Submit to send your fina	l choices to you	r Benefits Repr	esentative

### The Submit Benefit Choices page displays.

- 16. To make any changes to vour elections, click the Cancel button.
- 17. If you are satisfied with your elections, then continue with the steps below.

### 18. Eligibility

**Documentation:** Review this section to find out if any additional documentation is needed by your Benefits Representative before your elections can be finalized.

19. Disclosures and Privacy **Notice:** Click the hyperlink to read the disclosures and privacy information about the Benefits plan you have elected.

Note: See next page to understand the disclosures and privacy page.

- 20. After reading the **Disclosures and Privacy** information, mark the checkbox to affirm that you have read it and understand it.
- 21. Click the Sign button to electronically authorize your elections.

#### Benefits Enrollment

#### Submit Benefit Choices

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

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

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



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

#### **Eligibility Documentation**

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

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

In order to enroll a spouse for the first time, a marriage certificate and the spouse's social security number must be provided to your Benefits Service Representative. If you cannot provide a copy of your marriage certificate, you will be required to complete an Affidavit of Marriage

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

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

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



es and Privacy

I affirm I have reviewed and understand the Disclosures and Privacy Notice information about my elections.

#### Electronic Signature to Authorize Elections

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



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

Cancel Click Cancel if you are not ready to submit your choices and wish to return to the

### **Disclosures and Privacy Notice**

The hyperlink mentioned in step 15 of the previous page provides legal disclosures and privacy information about various benefit plans such as Health (Medical & Dental), Flex Cash and Flexible Spending. The information is applicable to you only for the benefit plans you have elected. It is recommended that you read all the information to gain a better understanding of the legal aspects of the benefit plans you are electing to enroll in. Below is a sample of the Disclosures & Privacy Information section. To read the entire Disclosures and Privacy Notice hyperlink displayed on the final submit page.

### **Disclosures and Privacy Information**

Read below the Disclosures & Privacy information for the Benefits Plan you have elected. The information is not applicable to you if you have not elected that Benefit Plan.

### 1) HEALTH BENEFITS PLAN:

If you have elected for Medical or Dental Plan, you authorize applicable deductions to be made from your salary to cover your share of the cost of enrollment as it is now or as it may be in the future. You also certify that the names of the persons listed as dependents are eligible family members as defined by the State of California and are not enrolled in another State of California medical or dental plan. You authorize your Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

Medical Plan Privacy Information: Submissions of the requested information on the Benefits election pages is mandatory. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer), but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

Section 7(b), of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency which requests an individual to disclose his Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System request each enrollee's Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other agencies for identification purposes, the Office of Employer and Member Health Services may be unable to verify eligibility for benefits without the Social Security account number.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System uses Social Security account numbers for the following purposes:

- 1. Enrollee identification for eligibility processing and eligibility verification
- 2. Payroll deduction and state contribution for state employees
- 3. Billing of contracting agencies for employee and employer contributions
- 4. Reports to the California Public Employees' Retirement System and other state agencies
- 5. Coordination of benefits among carriers

Binding Arbitration: Enrollment in certain plans constitutes an agreement to have any issue of medical malpractice decided by neutral arbitration and waiver of any right to a jury or court trial. Refer to the HBD-DO-29 or HBD-DO-22 to determine if this provision is applicable to your plan or contact your Benefits Service Representative at 408-924-2250

### Your name displays in the Sign field as an electronic signature.

22. Click the Submit button to send your final choices to the Benefits Department. Disclosures and Privacy



I affirm I have reviewed and understand the <u>Disclosures and Privacy Notice</u> information about my elections.

### Electronic Signature to Authorize Elections

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

Sign	Tom Hanks	
Submit	Click Submit to send your f	Inal 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 Submit Confirmation page displays.

### 23. Click the Save and Print button.

Note: The remaining pages of this document will walk you through specific scenarios related to Dental Elections. Steps 1 and 2 and steps 12 through 19 in this section are the same no matter what you do, so they will not be shown again.

### **Benefits Enrollment**

### Submit Confirmation

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

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

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



### How do I change my dental plan?

## *The Open Enrollment page displays.*

- 1. Navigate to the **Open Enrollment** page (as described on page **3**).
- 2. Click the Edit button next to Dental.

### Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrolime	nt Summary				
Edit	Medical			Before Tax	After Tax
Current	No Coverage				
New:	No Coverage				
Edit	Denital			Before Tax	After Tax
Current	No Coverage				
New:	Dentel Flow Coast			Defens Terr	0.00
Ealt	Dental Hex Cash			Before Tax	Anter Tax
Current	Flex Cash - Dental:Empl Only				0.00
Edit	Medical Flex Cash			Before Tax	After Tax
Current	Flex Cash - Medical Empl Only				
New:	Flex Cash - Medical:Empl Only			0.00	
Edit	Flex Spending Health			Before Tax	
Current	No Coverage				
New:	No Coverage				
Edit	Flex Spending Dependent			Before Tax	
Current:	No Coverage				
New:	No Coverage				
This tab	e summarizes estimated costs for y	your new benefit ch	oices.		
		Before Tax	After Tax	Total	5
	Your Costs	0.00	0.00	0.00	
	These costs do not includ earnings.	de certain choices the	at are based on va	ariable	
Subr	it Click Submit to send your fina	al choices to your E	enefits Repres	entative	
Importa	it: Your enrollment will not be com	plete yntil you clici	k the "Submit"	button	
		_			

## The Dental enrollment page displays.

- 3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.
- 4. Click the **Continue** button.

### **Benefits Enrollment**

### Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

Important! Your current coverage is: No Coverage. You will continue with this coverage unless you elect to make a change.

Here are your available options with your monthly costs	x.	
Overview of all Plans	· ·	
Select one of the following plans:		
O Delta Enhanced II		
Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Nontaxable Benefit
Employee + 1	\$0.00	Nontaxable Benefit
Employee + Dependents	\$0.00	Nontaxable Benefit
PMI Deltacare (Enhanced)		
Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Nontaxable Benefit
Employee + 1	\$0.00	Nontaxable Benefit
Employee + Dependents	\$0.00	Nontaxable Benefit
O Waive		
Employees who have non-CSU Dental coverage ca <u>Plan</u> to obtain cash in lieu of CSU coverage. The m Benefit Service Representative at 408-924-2250 for	on elect to participate in the oney is taxed. Please cont more information.	act your
Add/Review Dependents		
Add/Review Dependents Choose a Primary PMI Ofice Number		
Add/Review Dependents Choose a Primary PMI Ofice Number Enrollment in this plan requires that you select a prima	ry PMI office ID number.	4
Add/Review Dependents Choose a Primary PMI Office Number Enrollment in this plan requires that you select a prima Specify a Primary PMI Office ID Number: DEN007	ry PMI office ID number. Se	Lect a Provider
Add/Review Dependents Choose a Primary PMI Office Number Enrollment in this plan requires that you select a prima Specify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office.	ry PMI office ID number. <u>Se</u>	lect a Provider
Add/Review Dependents Choose a Primary PMI Ofice Number Enrollment in this plan requires that you select a prima Specify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office. Continue Click Continue to store your choice until you Enrollment Summary.	ry PMI office ID number. Se are ready to submit your fine	lect a Provider
Add/Review Dependents Choose a Primary PMI Ofice Number Enrollment in this plan requires that you select a prima Specify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office. Continue Click Continue to store your choice until you Enrollment Summary.	ry PMI office ID number. Se are ready to submit your fine	lect a Provider
Add/Review Dependents Choose a Primary PMI Ofice Number Enrollment in this plan requires that you select a prima Specify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office. Continue Click Continue to store your choice until you Enrollment Summary	ny PMI office ID number. <u>Se</u> are ready to submit your fine	lect a Provider
Add/Review Dependents Choose a Primary PMI Office Number Enrollment in this plan requires that you select a prima Specify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office. Continue Click Continue to store your choice until you Enrollment Summary.	ry PMI office ID number. Se are ready to submit your fine	lect a Provider
Add/Review Dependents Choose a Primary PMI Ofice Number Enrollment in this plan requires that you select a prima Specify a Primary PMI Office ID Number: DEN007 Check here if you have previously visited this office. Continue Click Continue to store your choice until you Enrollment Summary.	ry PMI office ID number. Se	lect a Provider

## The Dental recap page displays.

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

5. Click the **OK** button.

### **Benefits Enrollment**

### Dental

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

\$0.00

→Your Choice

You have chosen PMI Deltacare (Enhanced) with Employee Only coverage.

1	Vaur	Eati		ad II			-
~	Tour	ESU	mat	ea n	ionth	iy co	st

Your Cost:

The PMI office ID number is DEN007. You have not visited this office before.



# The system returns you to the Enrollment summary page.

6. Note the change you made to your dental plan.

Note: In this example, we selected PMI Deltacare (Enhanced) for employee only.

- If you are satisfied with your selection, click the Submit button.
- Proceed through the final submit process (as described on pages 8 -10).

### Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrollme	nt Summary				
Edit	Medical			Before Tax	After Tax
Current:	No Coverage				
New:	No Coverage				
Edit	Dental <del>Contraction</del>			Before Tax	After Tax
Current:	No Coverage				
New:	PMI Deltacare (Enhanced):Empl On	ily 🔶 🛁	-		0.00
Edit	Dental Flex Cash			Before Tax	After Tax
Current:	Flex Cash - Dental:Empl Only				
New:	Waive				0.00
Edit	Medical Flex Cash			Before Tax	After Tax
Current:	Flex Cash - Medical:Empl Only				
New:	Flex Cash - Medical:Empl Only			0.00	
Edit	Flex Spending Health			Before Tax	
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Dependent			Before Tax	
Current:	No Coverage				
New:	No Coverage				
This tabl	e summarizes estimated costs for yo	our new benefit ch	oices.		
		Before Tax	After Tax	Total	
	Your Costs	0.00	0.00	0.00	
	These costs do not include earnings.	certain choices that	t are based on ve	ariable	
Subm	it Click Submit to send your final	choices to your B	enefits Repres	entative	
Importar	nt: Your enrollment will not be comp	lete until you clici	k the "Submit"	button	

### How do I change my dental plan and add a dependent?

## The Open Enrollment page displays.

- 1. Navigate to the Open Enrollment page (as described on page 3).
- 2. Click the **Edit** button next to **Dental**.

Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

IMO:Empl Only hanced II:Empl Only lex Cash rage rage Flex Cash rage rage rage rage rage rage rage rage		Befi Befi Befi Befi	ore Tax After ore Tax After ore Tax After ore Tax After
IMO:Empl Only hanced II:Empl Only lex Cash rage rage Flex Cash rage rage rage rage rage rage rage rage	~	Befi Befi Befi	ore Tax After ore Tax After ore Tax After
hanced II:Empl Only		Befi Befi Befi	ore Tax After ore Tax After ore Tax After
hanced II:Empl Only		Befi Befi Befi	ore Tax After ore Tax After ore Tax After
hanced II:Empl Only		Befi Befi Befi	ore Tax After ore Tax After
lex Cash rage rage Flex Cash rage rage ending Health rage rage		Befi Befi Befi	ore Tax After ore Tax After
lex Cash rage rage Flex Cash rage rage ending Health rage rage		Befi Befi Befi	ore Tax After ore Tax After
rage rage Flex Cash rage rage ending Health rage rage		Befi	ore Tax After
rage Flex Cash rage rage ending Health rage rage		Bef	ore Tax After
Flex Cash rage rage rading Health rage rage		Befi	ore Tax After
rage rage Inding Health rage rage		Bef	ore Tay
rage Inding Health rage rage		Bef	ore Tay
nding Health rage rage rage		Bef	ore Tay
rage rage			Die lan
rage			
nding Dependent			
inding Dependent		Bef	ore Tax
rage			
rage			
rizes estimated sosts	for your new honefit of	hoices	
inzes estimated costs	tor your new benefit th	loices.	
	Before Tax	After Tax	Total
Your Costs	700.76	0.00	700.76
These costs do not in earnings	nclude certain choices the	at are based on variable	
k Submit to send you	r final choices to your E	enefits Representativ	ve
nrollment will not be a	complete until vou clic	k the "Submit" butto	n
	rage rizes estimated costs Your Costs These costs do not in earnings. K Submit to send your	rage rizes estimated costs for your new benefit cl Before Tax Your Costs 700.76 These costs do not include certain choices th earnings. k Submit to send your final choices to your B	rage rizes estimated costs for your new benefit choices.           Before Tax         After Tax           Your Costs         700.76         0.00         7           These costs do not include certain choices that are based on variable earnings.         send your final choices to your Benefits Representation

## The Dental enrollment page displays.

3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

Note: In this example, we have changed the plan from Delta Enhanced II to PMI Deltacare (Enhanced).

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

### **Benefits Enrollment**

### Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

Important! Your current coverage is: Delta Enhanced II with Employee Only coverage. You will continue with this coverage unless you elect to make a change.

### Select an Option

Here are your available options with your monthly costs: Overview of all Plans

Select one of the following plans:

0	Delta Enhanced II		
	Coverage Level Employee Only Employee + 1 Employee + Dependents	Your Costs \$0.00 \$0.00 \$0.00	Tax Class Nontaxable Benefit Nontaxable Benefit Nontaxable Benefit
<b>&gt;</b>	PMI Deltacare (Enhanced)		
	Coverage Level	Your Costs	Tax Class
	Employee + 1	\$0.00	Benefit Nontaxable
	Employee + Dependents	\$0.00	Benefit Nontaxable Benefit

### Waive

Employees who have non-CSU Dental coverage can elect to participate in the <u>FlexCash</u> <u>Plan</u> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.

### Enroll Your Dependents

Add/Review Dependents

### The Enrollment Dependent/Beneficiary Summary page is displayed.

5. Click the Add a dependent or beneficiary link.

### Enrollment Dependent/Beneficiary Summary

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



### **Dependent Personal Information**

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Information	
'First Name:	
Middle Name:	
'Last Name:	
Name Prefix:	Q
Name Suffix:	Q
'Gender:	Male 💙
'Date of Birth:	<b>B</b>
SSN:	(Social Security Number)
'Relationship to Employee:	~
Address:	
Same Phone as Employ	ee
Same Phone as Employ Phone:	ee
Same Phone as Employ Phone: * Required Field	ee
Same Phone as Employ Phone: * Required Field Save	ee
Same Phone as Employ Phone: * Required Field Save Return to Enrollment Depend	ee ent/Beneficiary Summary

### The Dependent Personal Information page displays.

6. Enter the **Personal Information** of the dependent.

Note: Fields marked with an asterisk are required. If the dependent you are entering is a spouse or a domestic partner, you will be required to enter their Social Security Number.

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

### The Dependent Personal Information recap page displays.

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

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

### **Dependent Personal Information**

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Informatio	n
'First Name:	John
Middle Name:	
'Last Name:	Smith
Name Prefix:	Q
Name Suffix:	Q
Gender:	Male 💌
Date of Birth:	09/01/2007 🔟
SSN:	(Social Security Number)
Relationship to Emp	oloyee: Son 👻
Came Address	as Employee
Same Address a	as Employee
Country:	United States
Address:	34 Nan Cmn
Same Phone as	s Employee
	- Inproyee
Phone: 408/924	/1000
* Required Field	
Save	
Peturn to Enrollment	Dependent@eneficiarySummary

## The Save Confirmation page displays.

10. Click the OK button.

### Personal Information

### Save Confirmation



### The Dependent Personal Information summary page displays.

11. Click the **Return to Event Selection** link at the bottom to enroll the new dependent in your dental plan.

Depend	ent P	ersonal	Info	rmation
-				

Dependent/Beneficiary's personal information as of Jan 1, 2008.

### Personal Information First Name: John Middle Name: Last Name: Smith Name Prefix: Name Suffix: Gender: Male Date of Birth: 09/01/2007 SSN: (Social Security Number) Relationship to Employee: Son Address and Telephone Same Address as Employee Country: United States Address: 34 Nan Cmn San Jose, CA 94550 Same Phone as Employee Phone: 408/924/1000 Edit Return to Event Selection

## The Dental enrollment page displays.

- 12. At the bottom of this page, mark the **Enroll** checkbox next to the new dependent's name to add this dependent to your dental coverage.
- 13. Specify a Primary PMI Office ID number: This number is only required for PMI plans. (Click the Select a Provider link to select your Primary PMI Office ID number).
- 14. Mark the checkbox if you have previously visited this office.
- 15. Click the **Continue** button.



Coverage Level Employee Only Employee + 1 Employee + Dependents	Your Costs \$0.00 \$0.00 \$0.00	Tax Class Nontaxable Benefit Nontaxable Benefit Nontaxable Benefit
--	--	--

### Waive

Employees who have non-CSU Dental coverage can elect to participate in the <u>FlexCash</u> <u>Plan</u> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.

### Enroll Your Dependents

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

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

<u>Enroll</u>	Name	Relationship
▶ 🔽	John Smith	Son
Add/Review	v Dependents	
Choose a Prim Enrollment in	ary PMI Ofice Number this plan requires that you select a primary Pf	MI office ID number.
Specify a Prin	nary PMI Office ID Number: 54545	Select a Provider
🖌 🗹 Check he	re if you have previously visited this office.	
Continue Cancel	Click <b>Continue</b> to store your choice until you are Enrollment Summary. Click <b>Cancel</b> to ignore all entries made on this pay	ready to submit your final enrollment on ge and return to the Enrollment Summary
Cancel	Click Cancel to ignore all entries made on this pay	ge and return to the Enrollment Summary

## The Dental recap page displays.

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

16. Click the **OK** button.

### Benefits Enrollment

### Dental

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

→Your Choice

You have chosen PMI Deltacare (Enhanced) with Employee + 1 coverage.

Your Estimated Monthly Cost

Your Covered Dependents

Your Cost: \$0.00

The PMI office ID number is 54545. You have visited this office before.

Relationship	Office ID Number
Son	54545
	Relationship Son

Notes

0K

Edit

Once submitted, this choice will take effect on 01/01/2008. Any deductions for this choice will start with the pay period beginning 01/01/2008.

Click OK to store your choices.

Click Edit to go back and change your choices.

## *The Enrollment Summary page displays.*

17. Note the change you made to your dental plan.

Note: In this example, we changed from Delta Enhanced II employee only to PMI Deltacare (Enhanced) for employee plus one dependent.

- If you are satisfied with your selection, click the Submit button.
- Proceed through the final submit process (as described on pages 8 -10).

### **Benefits Enrollment**

### Open Enrollment

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Edit	in summary		
	Medical	Before Tax	After Ta
Current: New:	Kaiser HMO:Empl Only		
Edit	Dental	Before Tax	After Ta
Current:	Delta Enhanced II:Empl Only		
New:	PMI Deltacare (Enhanced):Empl+1		0.0
Edit	Dental Flex Cash	Before Tax	After Ta
Current:	No Coverage		
New:	No Coverage		
Edit	Medical Flex Cash	Before Tax	After Ta
Current:	No Coverage		
New:	No Coverage		
Edit	Flex Spending Health	Before Tax	
Current:	No Coverage		
New:	No Coverage		
Edit	Flex Spending Dependent	Before Tax	
Current:	No Coverage		
New:	No Coverage		
This tab	le summarizes estimated costs for your new benefit choice	s.	
	Before Tax A	tter Tax Total	
	Your Costs		
	Your Costs These costs do not include certain choices that are earnings.	based on variable	
Subr	Your Costs These costs do not include certain choices that are earnings.	based on variable	
Subm	Your Costs These costs do not include certain choices that are earnings. nit Click Submit to send your final choices to your Benef	based on variable its Representative	
Subm	Your Costs These costs do not include certain choices that are earnings. nit Click Submit to send your final choices to your Benef nt: Your enrollment will not be complete until you click the	based on variable its Representative "Submit" button	
Subrr	Your Costs These costs do not include certain choices that are earnings. Click Submit to send your final choices to your Benef Int: Your enrollment will not be complete until you click the	based on variable its Representative ."Submit" button	
Subr Importa	Your Costs These costs do not include certain choices that are earnings. nit Click Submit to send your final choices to your Benef nt: Your enrollment will not be complete until you click the	based on variable its Representative "Submit" button	
Subrr	Your Costs These costs do not include certain choices that are earnings. Click Submit to send your final choices to your Benef Int: Your enrollment will not be complete until you click the	based on variable its Representative "Submit" button	
Subrr Importa	Your Costs These costs do not include certain choices that are earnings. nit Click Submit to send your final choices to your Benef nt: Your enrollment will not be complete until you click the	based on variable its Representative • <b>"Submit" button</b>	
Subm	Your Costs These costs do not include certain choices that are earnings. nit Click Submit to send your final choices to your Benef nt: Your enrollment will not be complete until you click the	based on variable its Representative "Submit" button	

### How do I change my dental plan and delete a dependent?

## *The Open Enrollment page displays.*

- 1. Navigate to the Open Enrollment page (as described on page 3).
- 2. Click the **Edit** button next to **Dental**.

**Benefits Enrollment** 

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrollme	nt Summary				
Edit	Medical			Before Tax	After Tax
Current:	Kaiser Foundation:Empl+1				
New:					
Edit	Dental 🧲			Before Tax	After Tax
Current:	Delta Enhanced II:Empl+1				
New:					0.00
Edit	Dental Flex Cash			Before Tax	After Tax
Current:	No Coverage				
New:	No Coverage				
Edit	Medical Flex Cash			Before Tax	After Tax
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Health			Before Tax	
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Dependent			Before Tax	
Current:	No Coverage				
New:	No Coverage				
This tab	e summarizes estimated costs for yo	our new benefit	choices.		
		D-6 T	40 7	7.1.1	
	Your Costs	Before Tax	After Tax	<u>I otal</u>	
	These costs do not include	certain choices	that are based on t	variable	
	earnings.				
Subm	It Click Submit to send your final	choices to you	r Benefits Repre	sentative	
hanasta	t Your our ollmost will not be come	late until unu el	ick the "Cubmit	" hutton	
Importa	it: rour enroinnent will not be comp	iete unui you c	iick the Submit	button	

## The Dental enrollment page displays.

3. Select the dental plan that you wish to enroll in by clicking the radio button next to the plan provider.

Note: In this example, we have changed the plan from Delta Enhanced II to PMI Deltacare (Enhanced) and deleted the coverage of the current dependent.

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

### Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

Important! Your current coverage is: Delta Enhanced II with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.

#### Select an Option Here are your available options with your monthly costs: Overview of all Plans Select one of the following plans: Delta Enhanced II Coverage Level Your Costs Tax Class Nontaxable Employee Only \$0.00 Benefit Nontaxable Employee + 1 \$0.00 Benefit \$0.00 Nontaxable Employee + Dependents Benefit PMI Deltacare (Enhanced) Coverage Level Your Costs Tax Class Nontaxable Employee Only \$0.00 Benefit Employee + 1 Nontaxable \$0.00 Benefit Nontaxable Employee + Dependents \$0.00 Benefit Waive

Employees who have non-CSU Dental coverage can elect to participate in the <u>FlexCash</u> <u>Plan</u> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.

### Enroll Your Dependents

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

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

Enroll	Name		Relationship
$\rightarrow$	Ryan Red		Spouse
Add/Re	view Dependents		
Choose a P Enrollmen	rimary PMI Ofice Number It in this plan requires that yo	u select a primary PMI off	ice ID number.
Specify a	Primary PMI Office ID Numb	er: XYZ007	Select a Provider
-> Check	chere if you have previously v	visited this office.	
Continue	Click Continue to store yo Enrolment Summary.	our choice until you are read	y to submit your final enrolment on the
Cancel	Click Cancel to ignore all e	ntries made on this page an	d return to the Enrollment Summary.

## The Dental recap page displays.

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

6. Click the **OK** button.

### **Benefits Enrollment**

### Dental

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

→ Your Choice

You have chosen PMI Deltacare (Enhanced) with Employee Only coverage.

Your Estimated Monthly Cost

Your Cost: \$0.00

The PMI office ID number is XYZ007. You have not visited this office before.

Notes
Once submitted, this choice will take effect on 01/01/2008. Any deductions for this choice will
start with the pay period beginning 01/01/2008.
OK
Click OK to store your choices.

Edit

Click Edit to go back and change your choices.

# The system returns you to the Enrollment summary page.

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

Note: In this example, we changed from Delta Enhanced II with employee plus one to PMI Deltacare (Enhanced) with employee only coverage. The dependent is deleted/removed from the new coverage.

- 8. If you are satisfied with your selection, click the **Submit** button.
- Proceed through the final submit process (as described on pages 8 -10).

### **Benefits Enrollment**

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the Flexible Spending <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrollmer	nt Summary				
Edit	Medical			Before Tax	After Tax
Current:	Kaiser Foundation:Empl+1				
New:					
Edit	Dental 🗲			Before Tax	After Tax
Current:	Delta Enhanced II:Empl+1		-		
New:	PMI Deltacare (Enhanced):Empl On	nly 🖌			0.00
Edit	Dental Flex Cash			Before Tax	After Tax
Current:	No Coverage				
New:	No Coverage				
Edit	Medical Flex Cash			Before Tax	After Tax
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Health			Before Tax	
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Dependent			Before Tax	
Current:	No Coverage				
New:	No Coverage				
This tabl	e summarizes estimated costs for y	our new benefit	choices.		
		Before Tax	After Tax	Total	
	Your Costs		1		
	These costs do not include	e certain choices f	that are based on va	ariable	
	earnings.				
Subm	it Click Submit to send your final	l choices to you	r Benefits Represe	entative	
have exten		late until unu ol	Saletha "Codora"	hutton	
importar	it: Your enrollment will not be comp	nete until you ci	ick the "Submit"	Dutton	

### How do I add a dependent? (No change to dental plan provider)

## *The Open Enrollment page displays.*

- 1. Navigate to the **Open Enrollment** page (as described on page 3).
- 2. Click the **Edit** button next to **Dental**.

Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrollme	nt Summary				
Edit	Medical			Before Tax	After Tax
Current:	PERS Choice PPO:Empl Only				
New:					
Edit	Dental 🗲			Before Tax	After Tax
Current:	Delta Enhanced II:Empl Only 🗲				
New:					
Edit	Dental Flex Cash			Before Tax	After Tax
Current:	No Coverage				
New:	No Coverage				
Edit	Medical Flex Cash			Before Tax	After Tax
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Health			Before Tax	
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Dependent			Before Tax	
Current:	No Coverage				
New:	No Coverage				
This tabl	e summarizes estimated costs for y	our new benefit	choices.		
		Defore Tex	ABas Tax	Total	
	Your Costs	Derore rax	AILEI TAA	1004	
	These costs do not include	e certain choices	that are based or	n variable	
	earnings.				
Subm	it Click Submit to send your fina	l choices to vou	r Benefits Repr	esentative	
Importar	t: Your enrollment will not be comp	lete until vou c	lick the "Subm	t" button	
importai	a. rota en onnen warnot be comp	nete until you c	ICK UIE SUDIII	a batton	

## The Dental enrollment page displays.

3. Note that your current plan is shown next to the selected radio button.

Note: In this example, we are only adding a dependent and keeping the current dental plan provider Delta Enhanced II.

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

### **Benefits Enrollment**

### Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

Important! Your current coverage is: Delta Enhanced II with Employee Only coverage. You will continue with this coverage unless you elect to make a change.

#### Select an Option

Here are your available options with your monthly costs: Overview of all Plans

Select one of the following plans:

≻⊙	Delta Enhanced II		
	Coverage Level Employee Only Employee + 1 Employee + Dependents	Your Costs \$0.00 \$0.00 \$0.00	Tax Class Nontaxable Benefit Nontaxable Benefit Nontaxable Benefit
0	PMI Deltacare (Enhanced)		
	Coverage Level Employee Only Employee + 1 Employee + Dependents	Your Costs \$0.00 \$0.00 \$0.00	Tax Class Nontaxable Benefit Nontaxable Benefit Nontaxable Benefit
0	Waive		
	Employees who have non-CSU Dental coverage can elect to p <u>Plan</u> to obtain cash in lieu of CSU coverage. The money is taxe Benefit Service Representative at 408-924-2250 for more infor	articipate in the ed. Please con mation.	e <mark>FlexCash</mark> tact your
Enro	Il Your Dependents		

Add/Review Dependents



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

Cancel

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

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

5. Click the Add a dependent or beneficiary link.

### Enrollment Dependent/Beneficiary Summary

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



### Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

'First Name:	
Middle Name:	
'Last Name:	
Name Prefix:	Q
Name Suffix:	Q
'Gender:	Male 🔽
'Date of Birth:	Ē
SSN:	(Social Security Number)
'Relationship to Employee:	✓
Address:	
Same Phone as Employ	ee
Same Phone as Employ Phone:	ee
Same Phone as Employ Phone: * Required Field	ee
Same Phone as Employ Phone: * Required Field Save	ee

### The Dependent Personal Information page displays.

6. Enter the **Personal Information** of the dependent.

Note: Fields marked with an asterisk are required. If the dependent you are entering is a spouse or a domestic partner, you will be required to enter their Social Security Number.

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

### The Dependent Personal Information recap page displays.

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

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

### **Dependent Personal Information**

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Informatio	n
First Name:	John
Middle Name:	
'Last Name:	Smith
Name Prefix:	Q
Name Suffix:	Q
'Gender:	Male 🗸
'Date of Birth:	09/01/2007 🛐
SSN:	(Social Security Number)
'Relationship to Emp	loyee: Son 👻
🗹 Same Address a	is Employee
Country:	United States
Address:	34 Nan Cmn San Jose, CA 94550
🗹 Same Phone as	Employee
Phone: 408/924	/1000
* Required Field	
Save	
Return to Enrollment	Dependent/Reneficiary Summary
Contraction and an and the second	

## The Save Confirmation page displays.

10. Click the OK button to proceed.

### Personal Information

### Save Confirmation





### **Dependent Personal Information**

Dependent/Beneficiary's personal information as of Jan 1, 2008.

First Name:       John         Middle Name:       Smith         Last Name:       Smith         Name Prefix:       Smith         Name Suffix:       09/01/2007         Gender:       Male         Date of Birth:       09/01/2007         SSN:       (Soci         Relationship to Employee:       Son	al Security Number)
First Name:     John       Middle Name:     Smith       Last Name:     Smith       Name Prefix:     Smith       Name Suffix:     Male       Date of Birth:     09/01/2007       SSN:     (Soci       Relationship to Employee:     Son	al Security Number)
Middle Name: Last Name: Smith Name Prefix: Name Suffix: Gender: Male Date of Birth: 09/01/2007 SSN: (Soci Relationship to Employee: Son Address and Telephone Same Address as Employee Country: United States	al Security Number)
Last Name:     Smith       Name Prefix:	al Security Number)
Name Prefix: Name Suffix: Gender: Male Date of Birth: 09/01/2007 SSN: (Soci Relationship to Employee: Son Address and Telephone Same Address as Employee Country: United States	al Security Number)
Name Suffix:       Male         Gender:       Male         Date of Birth:       09/01/2007         SSN:       (Soci         Relationship to Employee:       Son         Address and Telephone       V         Same Address as Employee       Country:         United States       V	al Security Number)
Gender:     Male       Date of Birth:     09/01/2007       SSN:     (Soci       Relationship to Employee:     Son   Address and Telephone       Same Address as Employee       Country:     United States	al Security Number)
Date of Birth:     09/01/2007       SSN:     (Social Relationship to Employee:       Relationship to Employee:     Son         Address and Telephone         Same Address as Employee       Country:     United States	al Security Number)
SSN: (Soci Relationship to Employee: Son Address and Telephone Same Address as Employee Country: United States	al Security Number)
Relationship to Employee: Son Address and Telephone Same Address as Employee Country: United States	
Image: Country:       United States	
ddress and Telephone Same Address as Employee Country: United States	
Same Address as Employee Country: United States	
Country: United States	
Address: 34 Nan Cmn	
San Jose, CA 94550	
✓ Same Phone as Employee	
Phone: 408/024/1000	
Phone: 408/924/1000	
Edit	
active to Event Colorian	

### The Dependent Personal Information summary page displays.

11. Click the Return to Event Selection link to enroll the new dependent in your dental plan.

## The Dental enrollment page displays.

- 12. At the bottom of this page, mark the **Enroll** checkbox next to the new dependent's name to enroll this dependent in your dental coverage.
- 13. Click the **Continue** button.

→⊙	Delta Enhanced II		
	Coverage Level Employee Only	Your Costs \$0.00	Tax Class Nontaxable
	Employee + 1	\$0.00	Benefit Nontaxable
	Employee + Dependents	\$0.00	Benefit Nontaxable Benefit
0	PMI Deltacare (Enhanced)		
	Coverage Level	Your Costs	Tax Class
		\$0.00	Benefit
	Employee + Dependents	\$0.00	Benefit Nontaxable
~			Benefit
0	Waive		
	Employees who have non-CSU Dental coverage can elect to p <u>Plan</u> to obtain cash in lieu of CSU coverage. The money is taw Benefit Service Representative at 408-924-2250 for more infor	participate in th ed. Please con rmation.	e <u>FlexCash</u> itact your
Enro	Il Your Dependents		
may	y use the Add/Review Dependents button to add new dependent	its to your list.	ritative. You
Enr	box next to the dependent's name.	nis plan by che	ecking the
Enro	box next to the dependent's name.	nis plan by che lationship	cking the
	I box next to the dependent's name.           Name         Ref           John Smith         Sol	nis pian by che I <u>ationship</u> N	ocking the
	I box next to the dependent's name.  I bli Name John Smith Sol	nis plan by che I <u>ationship</u> N	cking the
	Image endor any of the dependent's name.	nis plan by crie I <u>ationship</u> n submit your final	enrolment on the
	Items       Ref         John Smith       So         Id/Review Dependents       So         Click Continue to store your choice until you are ready to service incomment.       So         Intinue       Click Continue to store your choice until you are ready to service incomment.         Click Continue to information.       So         Intinue       Click Continue to store your choice until you are ready to service information.         Click Continue to information.       So         Click Continue to store your choice until you are ready to service information.       So	nis plain by crie I <mark>ationship</mark> n submit your final urn to the Enrolin	enrolment on the
	It is a more than any endormary endormage didential and it is only box next to the dependent's name.         It is a more that is a more than	Intionship Intionship N submit your final urn to the Enrolin	enrolment on the
	It is a more than any endormary endormage didential and it is one of the dependent's name.         It is a more that is a more than a more th	Inis plain by che Inis plain by che n submit your final urn to the Enrolin	enrolment on the
	It is a series of the dependent's name.         It is a series of	Intionship Intionship N submit your final urn to the Enrolm	enrolment on the

## The Dental recap page displays.

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

14. Click the **OK** button.

### **Benefits Enrollment**

### Dental

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

→ Your Choice

You have chosen Delta Enhanced II with Employee + 1 coverage.

Tour Estimated Month	ycost	
	Your Cost:	\$0.00
Your Covered Depend	ents	
Name		Relationship
John Smith		Son
Notes		
Once submitted, this c start with the pay perio	noice will take effect o d beginning 01/01/20	on 01/01/2008. Any deductions for this choice w 08.
OK Click OK to	store your choices.	

# The system returns you to the Enrollment summary page.

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

Note: In this example, we added a dependent without changing the dental plan provider. We changed from Delta Enhanced II with employee only coverage to PERS Choice PPO with employee plus one coverage.

- 16. If you are satisfied with your selection, click the **Submit** button.
- Proceed through the final submit process (as described on pages 8 10).

### Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

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

Medical     Befor       rent:     PERS Choice PPO:Empl Only       rc     .       ft     Dental	re Tax After Ta
rent: PERS Choice PPO:Empl Only r. fit Dental Befor	
it Dental Befor	
it Dental 🔶 Befor	
	re Tax After Ta
rent: Delta Enhanced II:Empl Only	
/ Delta Enhanced II:Empl+1	0.0
Jit Dental Flex Cash Befor	re Tax After Ta
rent: No Coverage	
r. No Coverage	
Jit Medical Flex Cash Befor	re Tax After Ta
rent: No Coverage	
r. No Coverage	
Sit Flex Spending Health Before	re Tax
rent: No Coverage	
r. No Coverage	
Sit Flex Spending Dependent Befor	re Tax
rent: No Coverage	
r. No Coverage	
table cummarizes actimated note for your new henefit choices	
have summarized costs for your new penelit choices.	
Before Tax After Tax	Total
Your Costs	
These costs do not include certain choices that are based on variable	

Submit Click Submit to send your final choices to your Benefits Representative

### How do I delete a dependent? (No change to dental plan provider)

## *The Open Enrollment page displays.*

- 1. Navigate to the **Open Enrollment** page (as described on page **3**).
- 2. Click the **Edit** button next to **Dental**.

**Benefits Enrollment** 

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrollme	nt Summary		
Edit	Medical	Before Tax	After Tax
Current:	Kaiser HMO:Empl+1		
New:		0.00	
Edit	Dental 🗲	Before Tax	After Tax
Current:	Delta Enhanced II:Empl+1		
New:			0.00
Edit	Dental Flex Cash	Before Tax	After Tax
Current:	No Coverage		
New:	No Coverage		
Edit	Medical Flex Cash	Before Tax	After Tax
Current:	No Coverage		
New:	No Coverage		
Edit	Flex Spending Health	Before Tax	
Current:	No Coverage		
New:	No Coverage		
Edit	Flex Spending Dependent	Before Tax	
Current:	No Coverage		
New:	No Coverage		
This tab	e summarizes estimated costs for your new benefit choi	ces.	
	Befere Tax	Afflor Tox Total	
	Your Costs 0.00	0.00 0.00	
	These costs do not include certain choices that a	re based on variable	
	earnings.		
Subm	nit Click Submit to send your final choices to your Ber	efits Representative	
Importa	nt: Your enrollment will not be complete until you click t	he "Submit" button	

## The Dental enrollment page displays.

3. Note that your current plan is shown next to the selected radio button.

Note: In this example, we are only deleting a dependent and keeping the current dental plan provider Delta Enhanced II.

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

### **Benefits Enrollment**

### Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

### Important! Your current coverage is: Delta Enhanced II with Employee + 1 coverage. You will continue with this coverage unless you elect to make a change.

#### Select an Option

Here are your available options with your monthly costs: Overview of all Plans

Select one of the following plans:

Coverage Level         Your Costs         Tax Class           Employee Only         \$0.00         Nontaxable Benefit           Employee + 1         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           PMI Deltacare (Enhanced)         Your Costs         Tax Class           Coverage Level         Your Costs         Tax Class           Employee Only         \$0.00         Nontaxable Benefit           Employee Only         \$0.00         Nontaxable Benefit           Employee + 1         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           Waive         Valve         Valve           Deltacare sequences         The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.           Port Obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.           Courting list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.           Vu may enroll any of the following individuals for coverage under this plan by checking the Enrol bor nexit to the dependent's name. <t< th=""><th>Coverage Level         Your Costs         Tax Class           Employee Only         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           PMI Deltacare (Enhanced)         Your Costs         Tax Class           Coverage Level         Your Costs         Tax Class           Employee Only         \$0.00         Nontaxable Benefit           Employee Only         \$0.00         Nontaxable Benefit           Employee + 1         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           Marce         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           Marce         \$0.00         Nontaxable Benefit           Employee + 1         \$0.00         Nontaxable Benefit           Benefit         \$0.00         Nontaxable           Benefit         \$0.0</th><th></th><th></th><th></th><th></th></t<>	Coverage Level         Your Costs         Tax Class           Employee Only         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           PMI Deltacare (Enhanced)         Your Costs         Tax Class           Coverage Level         Your Costs         Tax Class           Employee Only         \$0.00         Nontaxable Benefit           Employee Only         \$0.00         Nontaxable Benefit           Employee + 1         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           Marce         \$0.00         Nontaxable Benefit           Employee + Dependents         \$0.00         Nontaxable Benefit           Marce         \$0.00         Nontaxable Benefit           Employee + 1         \$0.00         Nontaxable Benefit           Benefit         \$0.00         Nontaxable           Benefit         \$0.0				
Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         PMI Deltacare (Enhanced)       Your Costs       Tax Class         Employee Only       \$0.00       Nontaxable Benefit         Employee Only       \$0.00       Nontaxable Benefit         Employee Only       \$0.00       Nontaxable Benefit         Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Maive       Standard Standard       Benefit         Vaive       Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Enroll Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enrol box next to the dependent's name.         Incidi liame       Relationship         Ryan Red       Spouse         Add/Review Dependents       Spouse         Add/Review Dependents       Spouse	Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         PMI Deltacare (Enhanced)       Your Costs       Tax Class         Employee Only       \$0.00       Nontaxable Benefit         Employee + 1       \$0.00       Nontaxable Benefit         Employee + 2       \$0.00       Nontaxable Benefit         Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Vaive       Employees who have non-CSU Dental coverage can elect to participate in the ElexCash Plan to obtain cash in lieu of CSU coverage. The money is taxied. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Encol Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your its.         Vu may enroll any of the following individuals for coverage under this plan by checking the Eurol box next to the dependent's name.         Image: Marked Benefits       Spouse         Add/Review Dependents       Spouse         Add/Review Dependents       Spouse         Continue       Citc: Continue to store your choice until you are ready to submit your final enroliment on Enroliment Summary.	Cove	erage Level bloyee Only	Your Costs \$0.00	Tax Class Nontaxable
Employee + Dependents       \$0.00       Nontaxable Benefit         PMI Deltacare (Enhanced)       Your Costs       Tax Class         Coverage Level       Your Costs       Tax Class         Employee Only       \$0.00       Nontaxable Benefit         Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Waive       Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Encol Your Dependents       Tan individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Imroli Marme       Relationshie         Ryan Red       Spouse         Add/Review Dependents       Spouse         Add/Review Dependents       Individuals for coverage under this plan by checking the Enroli box next to the dependent's name.         Imroli Cick Continue to store your choice until you are ready to submit your final enroliment on Enroliment Summary.	Employee + Dependents       \$0.00       Nontaxable Benefit         PMI Deltacare (Enhanced)       Your Costs       Tax Class         Coverage Level       \$0.00       Nontaxable Benefit         Employee Only       \$0.00       Nontaxable Benefit         Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Traployees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in ileu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Fuel Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         Vou may enroll any of the following individuals for coverage under this plan by checking the Erroll box next to the dependent's name.         Immediate Relationship Ry an Red       Spouse         Add/Review Dependents       Spouse         Add/Review Dependents       Continue to store your choice until you are ready to submit your final enroltment on Errolment Summary.	Emp	bloyee + 1	\$0.00	Nontaxable
PMI Deltacare (Enhanced)         Cover age Level       Your Costs       Tax Class         Employee Only       \$0.00       Nontaxable         Employee +1       \$0.00       Nontaxable         Employee + Dependents       \$0.00       Nontaxable         Benefit       Benefit       Benefit         Waive       Waive       Benefit       Benefit         Continue       CSU Dental coverage can elect to participate in the FlexCash Benefit         Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Encol Your Dependents       If an individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enrol any of the following individuals for coverage under this plan by checking the Encol         Introl box next to the dependent's name.         Introl box next to the dependent's name.         Introl Market         Ryan Red       Spouse         Add/Review Dependents         Introl box next to the store your choice until you are ready to submit your final enrolment on Enrolment Summary.	PHI Deltacare (Enhanced)     Cover age Level	Emp	oloyee + Dependents	\$0.00	Benefit Nontaxable Benefit
Coverage Level       Your Costs       Tax Class         Employee Only       \$0.00       Nontaxable         Employee + 1       \$0.00       Nontaxable         Employee + Dependents       \$0.00       Nontaxable         Waive       \$0.00       Nontaxable         Waive       Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit         Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Encol Your Dependents       Main dividuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Immediate Relationship       Relationship         Ry an Red       Spouse         Add/Review Dependents       Spouse         Add/Review Dependents       Continue         Continue       Click Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	Coverage Level       Your Costs       Tax Class         Employee Only       \$0.00       Nontaxable         Employee + 1       \$0.00       Nontaxable         Employee + Dependents       \$0.00       Nontaxable         Waive       Waive       Waive       Waive         Coverage Level       Kour Coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Encol Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         Value       Your May Coverage under this plan by checking the troll box next to the dependent's name.         Image: Add/Review Dependents       Spouse         Continue       Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.		Deltacare (Enhanced)		
Employee Only       \$0.00       Nontaxable Benefit         Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Vaive         Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Enroll Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Image: Ryan Red       Spouse         Add/Review Dependents         Image: Continue       Citck Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	Employee Only       \$0.00       Nontaxable Benefit         Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Waive       Waive         Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Enroll Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Image: Add/Review Dependents       Spouse         Add/Review Dependents         Image: Add/Review Dependents         Image: Continue         Click Continue to store your choice until you are ready to submit your final enrollment on Enrolment Summary.	Cove	erage Level	Your Costs	Tax Class
Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Enroll Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Image: Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	Employee + 1       \$0.00       Nontaxable Benefit         Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Maine       Waive         Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Erroll Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Image: Ryan Red       Bpouse         Add/Review Dependents         Continue       Cick Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	Emp	loyee Only	\$0.00	Nontaxable Repetit
Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Enroll Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Image: Continue Relationship         Ryan Red       Spouse         Add/Review Dependents         Continue       Cick Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	Employee + Dependents       \$0.00       Nontaxable Benefit         Waive       Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.         Erroll Your Dependents       The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.         You may enroll any of the following individuals for coverage under this plan by checking the Erroll box next to the dependent's name.         Image: Relationship Ry an Red       Spouse         Add/Review Dependents         Continue       Click Continue to store your choice until you are ready to submit your final enrollment on Errollment Summary.	Emp	loyee + 1	\$0.00	Nontaxable Benefit
<ul> <li>Waive         Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.     </li> <li>Enroll Your Dependents         The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.     </li> <li>You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.</li> <li>Inroll Name Relationship Ryan Red Spouse</li> <li>Add/Review Dependents</li> <li>Continue Cick Continue to store your choice until you are ready to submit your final enrollment on Errollment Summary.</li> </ul>	Waive           Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information.           Encol Your Dependents         Encol Your Dependents           The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list.           You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.           Fircel Name         Relationship           Ryan Red         Spouse           Add/Review Dependents         Continue           Cick Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	Emp	loyee + Dependents	\$0.00	Nontaxable Benefit
Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information. Enroll Your Dependents The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list. You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Forcel Name Relationship Ryan Red Spouse Add/Review Dependents Continue Click Continue to store your choice until you are ready to submit your final enrollment on Errollment Summary.	Employees who have non-CSU Dental coverage can elect to participate in the FlexCash Plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for more information. <b>Errol Your Dependents</b> The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact your Benefits Services Representative. You may use the Add/Review Dependents button to add new dependents to your list. You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Incoll Name Relationship Ryan Red Spouse Add/Review Dependents Continue Click Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	VValv	e		
Enroll       Name       Relationship         Ryan Red       Spouse         Add/Review Dependents         Continue       Click Continue to store your choice until you are ready to submit your final enrolment on Enrolment Summary.	Enroll       Name       Relationship         Ryan Red       Spouse         Add/Review Dependents       Add/Review Dependents         Continue       Click Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.				
Ryan Red Spouse      Add/Review Dependents      Continue     Click Continue to store your choice until you are ready to submit your final enrollment on Enrollment Summary.	Ryan Red     Spouse       Add/Review Dependents	The follo individua may use You may <b>Enroll</b> bo	wing list displays all individuals who are eligible to be al is missing from this list, please contact your Benefits the Add/Review Dependents button to add new depen enroll any of the following individuals for coverage un- ex next to the dependent's name.	your dependents s Services Repres ndents to your list der this plan by ch	. If an sentative. You necking the
Add/Review Dependents Click Continue to store your choice until you are ready to submit your final enrolment on Enrolment Summary.	Add/Review Dependents Click Continue to store your choice until you are ready to submit your final enrollment on Enrolment Summary.	The follo individua may use You may Enroll bo	wing list displays all individuals who are eligible to be al is missing from this list, please contact your Benefits the Add/Review Dependents button to add new depen enroll any of the following individuals for coverage un- ext to the dependent's name.	your dependents s Services Repres ndents to your list der this plan by ch <u>Relationship</u>	. If an sentative. You lecking the
		The folio individua may use You may Enroll bo	wing list displays all individuals who are eligible to be al is missing from this list, please contact your Benefits the Add/Review Dependents button to add new depen renroll any of the following individuals for coverage un- tox next to the dependent's name.	your dependents s Services Repres ndents to your list der this plan by ch Relationship Spouse	. If an sentative. You ecking the
		The follo individua may use You may Enroll bo Enroll Add/Re Continu	wing list displays all individuals who are eligible to be al is missing from this list, please contact your Benefits the Add/Review Dependents button to add new depen- enroll any of the following individuals for coverage un- tox next to the dependent's name. Name Ry an Red eview Dependents Click Continue to store your choice until you are read Enrolment Summary.	your dependents s Services Repres ndents to your list der this plan by ch <u>Relationship</u> Spouse	. If an sentative. You hecking the al enrollment on
		The follo individua may use You may Enroll bo Enroll Add/Re Continu	wing list displays all individuals who are eligible to be al is missing from this list, please contact your Benefits the Add/Review Dependents button to add new depen- renroll any of the following individuals for coverage un- tox next to the dependent's name. Name Ryan Red eview Dependents Click Continue to store your choice until you are read Enrolment Summary.	your dependents s Services Repres ndents to your list der this plan by ch <u>Relationship</u> Spouse	. If an sentative. You lecking the al enrollment on
		The follo individua may use You may Enroll bo Enroll Add/Re Continu	wing list displays all individuals who are eligible to be al is missing from this list, please contact your Benefits the Add/Review Dependents button to add new depen- enroll any of the following individuals for coverage un- tox next to the dependent's name. Name Ry an Red eview Dependents Click Continue to store your choice until you are read Enrolment Summary.	your dependents s Services Repres ndents to your list der this plan by ch <u>Relationship</u> Spouse	. If an sentative. You hecking the al enrollment on
		The follo individua may use You may Enroll bo Enroll Add/Re Continu	wing list displays all individuals who are eligible to be al is missing from this list, please contact your Benefits the Add/Review Dependents button to add new depen- renroll any of the following individuals for coverage un- to the dependent's name. Name Ry an Red eview Dependents Click Continue to store your choice until you are read Enrolment Summary.	your dependents s Services Repres ndents to your list der this plan by ch <u>Relationship</u> Spouse	. If an sentative. You hecking the al enrollment on

## The Dental recap page displays.

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

6. Click the **OK** button.

### Benefits Enrollment

### Dental

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

→Your Choice

You have chosen Delta Enhanced II with Employee Only coverage.

Your Estimated Monthly	Cost	
	Your Cost:	\$0.00
Notes		
Once submitted, this cho start with the pay period i	ice will take effect on 0 beginning 01/01/2008.	1/01/2008. Any deductions for this choice will
OK Click OK to stor	e your choices.	
Edit Click Edit to go	back and change your ch	loices.

# The system returns you to the Enrollment summary page.

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

Note: In this example, we deleted a dependent without changing the dental plan provider. We changed from Delta Enhanced II with employee plus one coverage to Delta Enhanced II with employee only coverage.

- 8. If you are satisfied with your selection, click the Submit button.
- Proceed through the final submit process (as described on pages 8 -10).

### **Benefits Enrollment**

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrolime	nt Summary					
Edit	Medical			Before Tax	After Ta	
Current:	Kaiser HMO:Empl+1					
New:	-			0.00		
Edit	Dental 🗲			Before Tax	After Ta	
Current:	Delta Enhanced II:Empl+1					
New:	Delta Enhanced II:Empl Only				0.0	
Edit	Dental Flex Cash			Before Tax	After Ta	
Current:	No Coverage					
New:	No Coverage					
Edit	Medical Flex Cash			Before Tax	After Ta	
Current:	No Coverage					
New:	No Coverage					
Edit	Flex Spending Health			Before Tax		
Current:	No Coverage					
New:	No Coverage					
Edit	Flex Spending Dependent			Before Tax		
Current:	No Coverage					
New:	No Coverage					
This tab	e summarizes estimated costs for y	our new benefit c	hoices.			
Before Tax After Tax Total						
	Your Costs	0.00	0.00	0.00		
	These costs do not include	e certain choices th	at are based on v	ariable		
	connigs.					
Subm	hit Click Submit to send your fina	I choices to your	Benefits Repres	entative		
Importa	nt: Your enrollment will not be comp	lete until you cli	ck the "Submit"	button		

### How do I cancel my dental plan?

## *The Open Enrollment page displays.*

- 1. Navigate to the **Open Enrollment** page (as described on page **3**).
- 2. Click the Edit button next to Dental.

### Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Edit       Medical       Before Tax       After Tax         Current:       PERS Choice:Empl Only       Before Tax       After Tax         Dental       Dental flex       After Tax       After Tax         Current:       Dental Flex Cash       Before Tax       After Tax         Current:       No Coverage       0.00       0.00         Edit       Dental Flex Cash       Before Tax       After Tax         Current:       No Coverage       Edit       Hex Spending Dependent       Before Tax         Current:       No Coverage       Edit       Hex Spending Dependent       Before Tax         Current:       No Coverage       Edit       Total         Now:       No Coverage       Edit       Total         Now:       No Coverage       Dout Costs       0.00       0.00         Now:       No Coverage<	Edit       Medical       Before Tax       After         Current       PERS Choice.Empl Only       Before Tax       After         Dental       O       Dental       Before Tax       After         Current       Deltal Enhanced II.Empl Only       0       0       0         Mew.       Dental Flex Cash       Before Tax       After       0         Edit       Dental Flex Cash       Before Tax       After       0         Current       No Coverage       Before Tax       After       1         Current       No Coverage       Before Tax       After       1         Current       No Coverage       Before Tax       After       1         Current       No Coverage       Edit       Before Tax       After       1         Current       No Coverage       Edit       Before Tax       After Tax       1         Current       No Coverage       Edit       Before Tax       After Tax       1         Current       No Coverage       Edit       Before Tax       1       1         Current       No Coverage       Defore Tax       1       1       1         Current       No Coverage       Do       0.00       <	Enrollme	nt Summary					
Current:       PERS Choice:Empl Only       0.0         Dental       Defore Tax       After Tax         Current:       Detta Enhanced II:Empl Only       0.0         New:       0.0       0.0       0.0         Edit       Dental Flex Cash       Defore Tax       After Tax         Current:       No Coverage       0.0       0.0         Edit       Medical Flex Cash       Defore Tax       After Tax         Current:       No Coverage       0.0       0.0         Edit       Medical Flex Cash       Defore Tax       After Tax         Current:       No Coverage       0.0       0.0       0.0         Edit       Flex Spending Health       Before Tax       After Tax         Current:       No Coverage       0.0       0.0       0.0         Edit       Flex Spending Dependent       Before Tax       0.0       0.00         Current:       No Coverage       0.0       0.00       0.00       0.00         No Coverage       0.0       0.00       0.00       0.00       0.00       0.00       0.00         No Coverage       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	Current: PERS Choice Empl Only           New         Waive         0           Edit         Dental          Before Tax         After           Current:         Delta Enhanced II:Empl Only         0         0           New:         0         Edit         Dental Flex Cash         Before Tax         After           Current:         No Coverage         0         0         0         0         0           Edit         Medical Flex Cash         Before Tax         After         0 <td>Edit</td> <td>Medical</td> <td></td> <td></td> <td></td> <td>Before Tax</td> <td>After Ta</td>	Edit	Medical				Before Tax	After Ta
New       Waive       0.0         Edit       Dental Enhanced II:Empl Only       0.0         New       0.0         Edit       Dental Flex Cash       Before Tax       After Ta         Current:       No Coverage       0.0         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       0.0       0.0         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       0.0       0.0         Edit       Flex Spending Health       Before Tax       After Ta         Current:       No Coverage       0.0       0.0       0.0         No:       No Coverage       0.0       0.0       0.0       0.0         Current:       No Coverage       0.0       0.00       0.00       0.00       0.00         No:       Coverage       0.00       0.00       0.00       0.00       0.00       0.00         No:       Coverage       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0	New       Waive       0         Edit       Dental       Before Tax       After         Current       Delta Enhanced II:Empl Only       0       0         New:       0       Edit       Dental Flex Cash       Before Tax       After         Current       No Coverage       8	Current:	PERS Choi	ce:Empl Only				
Edit       Dental       Before Tax       After Ta         Current:       Detta Enhanced II:Empl Only       0.0         Edit       Dental Flex Cash       Before Tax       After Ta         Current:       No Coverage       0.0         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       0.0       0.0         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       0.0       0.0         Edit       Flex Spending Health       Before Tax       After Ta         Current:       No Coverage       0.0       0.0         Edit       Flex Spending Dependent       Before Tax       0.0         Current:       No Coverage       0.0       0.00       0.00         New:       No Coverage       0.00       0.00       0.00       0.00         New:       No Coverage       No Coverage       0.00       0.00       0.00       0.00         New:       No Coverage       No Cover	Edit       Dental       Before Tax       After T         Current       Delta Enhanced II:Empl Only       0       0         New:       0       Edit       Dental Flex Cash       Before Tax       After T         Current       No Coverage       0       0       0       0         No       Coverage       0       0       0       0       0         No       Coverage       0	New	Waive					0.0
Current:       Detta Enhanced II:Empl Only       0.0         New:       0.0         Edit       Dental Flex Cash       Before Tax       After Ta         Current:       No Coverage       Before Tax       After Ta         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       Before Tax       Medical Flex Spending Health       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         No Coverage       No Coverage       Dout Specosta so not include certain choicesthat are based on va	Current:       Detta Enhanced II:Empl Only       0         New:       0       Edit       Dental Flex Cash       Before Tax       After T         Current:       No Coverage       0       Edit       Medical Flex Cash       Before Tax       After T         Current:       No Coverage       0       0       0       0       0       0         Edit       Medical Flex Cash       Before Tax       After T       0	Edit	Dental 🗲				Before Tax	After Ta
New:       0.0         Edit       Dental Flex Cash       Before Tax       After Ta         Current:       No Coverage       Before Tax       After Ta         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       Before Tax       After Ta         Current:       No Coverage       Before Tax       After Ta         Current:       No Coverage       Before Tax       Image: Common table         Edit       Flex Spending Health       Before Tax       Image: Common table         Current:       No Coverage       Before Tax       Image: Common table         Edit       Flex Spending Dependent       Before Tax       Image: Common table         Current:       No Coverage       Image: Common table       Image: Common table         No:       No Coverage       Image: Common table       Image: Common table         No:       No Coverage       Image: Common table       Image: Common table         Submit       Click Submit to send your final choices to your Benefits Representative       Important: Your enrollment will not be complete until you click the "Submit" button	New:       0         Edit       Dental Flex Cash       Before Tax       After         Current:       No Coverage       8 <td>Current:</td> <td>Delta Enha</td> <td>nced II:Empl Only</td> <td></td> <td></td> <td></td> <td></td>	Current:	Delta Enha	nced II:Empl Only				
Edit       Dental Flex Cash       Before Tax       After Ta         Current:       No Coverage       Before Tax       After Ta         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       Before Tax       After Ta         Current:       No Coverage       Before Tax       After Ta         Current:       No Coverage       Before Tax       Image: Current:         No Coverage       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Image: Current:         No Coverage       Before Tax       Image: Current:       Image: Coverage         New:       No Coverage       Before Tax       Image: Coverage         New:       No Coverage       Image: Coverage       Image: Coverage	Edit       Dental Flex Cash       Before Tax       After T         Current:       No Coverage       Before Tax       After T         Edit       Medical Flex Cash       Before Tax       After T         Current:       No Coverage       Before Tax       After T         Current:       No Coverage       Before Tax       After T         Edit       Flex Spending Health       Before Tax       Before Tax         Current:       No Coverage       Before Tax       Current:         No Coverage       Before Tax       Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Current:         Current:       No Coverage       Before Tax       Current:         No Coverage       Before Tax       After Tax       Current:         No Coverage       Before Tax       Medical Flex Costs       Current:         No Coverage       Before Tax       Medical Flex Costs       Current:       Current:       No Coverage         New:       No Coverage       Before Tax       After Tax       Total         New:       No Coverage       Before Tax       After Tax       Total         No:       No Coverage       D.00       0.00       0.00<	New:						0.0
Current: No Coverage   New: No Coverage   Edit Medical Flex Cash Before Tax   Current: No Coverage   No Coverage   Edit Flex Spending Health Before Tax   Current: No Coverage   Edit Flex Spending Dependent Before Tax   Current: No Coverage   Edit Flex Spending Dependent Before Tax   Current: No Coverage   Edit Flex Spending Dependent Before Tax   Current: No Coverage   No Coverage Before Tax   No Coverage Before Tax   Current: No Coverage   No Coverage Before Tax   Your Costs 0.00   Out Costs 0.00   No Coverage	Current:       No Coverage         Edit       Medical Flex Cash       Before Tax       After         Current:       No Coverage       Before Tax       Before Tax         Edit       Flex Spending Health       Before Tax       Before Tax         Current:       No Coverage       Before Tax       Current:         Modi Coverage       Before Tax       Before Tax         Current:       No Coverage       Before Tax       Current:         Mod Coverage       Before Tax       Before Tax       Current:         Mod Coverage       Before Tax       Defore Tax       Current:         No Coverage       Before Tax       Medical Flex Costs       Defore Tax         Current:       No Coverage       Before Tax       Total         Now:       No Coverage       No Coverage       Defore Tax       Total         New:       No Coverage       No Coverage       Defore Tax       Total         Now:       No Coverage	Edit	Dental Flex	Cash			Before Tax	After Ta
New:       No Coverage         Edit       Medical Flex Cash       Before Tax       After Ta         Current:       No Coverage       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Health       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Image: Current:       Image:	New:       No Coverage         Edit       Medical Flex Cash       Before Tax       After 1         Current:       No Coverage       Before Tax       Edit         Edit       Flex Spending Health       Before Tax       Edit         Current:       No Coverage       Before Tax       Edit         Current:       No Coverage       Before Tax       Edit         Edit       Flex Spending Dependent       Before Tax       Edit         Current:       No Coverage       Before Tax       Edit         Current:       No Coverage       Before Tax       Edit         Flex Spending Dependent       Before Tax       Edit       Current:         No Coverage       Submit       No Coverage       No Coverage         New:       No Coverage       No Coverage       Total         New:       No Coverage       Total       Total         No:       Submit Costs       0.00       0.00       0.00         These costs do not include certain choices to your Benefits Rep	Current:	No Coverag	je				
Edit       Medical Flex Cash       Before Tax       After Tax         Current:       No Coverage       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Health       Before Tax       Image: Current:       No Coverage         New:       No Coverage       Before Tax       Image: Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax       Image: Current:       No Coverage         New:       No Coverage       Image: Current:       No Coverage       Image: Current:       Image: Current:       Image: Current:       Image: Current:       No Coverage       Image: Current:       Image: Current: <td>Edit       Medical Flex Cash       Before Tax       After T         Current:       No Coverage       Before Tax       Before Tax         Edit       Flex Spending Health       Before Tax       Before Tax         Current:       No Coverage       Before Tax       Current:         No Coverage       Before Tax       Before Tax       Before Tax         Current:       No Coverage       Before Tax       Defore Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       No Coverage       No Coverage       No Coverage         This table summarizes estimated costs for your new benefit choices.       Important Zotal Your Costs       Joan On On</td> <td>New:</td> <td>No Coverag</td> <td>ge</td> <td></td> <td></td> <td></td> <td></td>	Edit       Medical Flex Cash       Before Tax       After T         Current:       No Coverage       Before Tax       Before Tax         Edit       Flex Spending Health       Before Tax       Before Tax         Current:       No Coverage       Before Tax       Current:         No Coverage       Before Tax       Before Tax       Before Tax         Current:       No Coverage       Before Tax       Defore Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       Before Tax       Medical Flex Spending Dependent       Before Tax         Current:       No Coverage       No Coverage       No Coverage       No Coverage         This table summarizes estimated costs for your new benefit choices.       Important Zotal Your Costs       Joan On	New:	No Coverag	ge				
Current No Coverage          Edit       Flex Spending Health       Before Tax         Current:       No Coverage         New:       No Coverage         Edit       Flex Spending Dependent         Before Tax         Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         New:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Important:       Your Costs         No       0.00       0.00         These costs do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important:       Your enrollment will not be complete until you click the "Submit" button	Current:       No Coverage         Edit       Flex Spending Health       Before Tax         Current:       No Coverage         New:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Image: State of the summarizes estimated costs for your new benefit choices.         Image: State of the summarizes estimated costs for your new benefit choices.         Image: State of the summarizes estimated costs for your new benefit choices.         Image: State of the summarizes estimated costs for your new benefit choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Edit	Medical Fle	ex Cash			Before Tax	After Ta
New:       No Coverage         Edit       Flex Spending Health       Before Tax         Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Important:       Your Costs         Outor Costs       0.00       0.00         These costs do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important:       Your enrollment will not be complete until you click the "Submit" button	New:       No Coverage         Edit       Flex Spending Health       Before Tax         Current:       No Coverage         New:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         New:       No Coverage         New:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         No Coverage       No Coverage         This table summarizes estimated costs for your new benefit choices.         No Coverage       No Coverage         This table summarizes estimated costs for your new benefit choices.         These costs do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Current:	No Coverad	1e				
Edit       Flex Spending Health       Before Tax         Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         New:       No Coverage         New:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         No Coverage         This table summarizes estimated costs for your new benefit choices.         No Coverage         This table summarizes do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Edit       Flex Spending Health       Before Tax         Current:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         New:       No Coverage         New:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         No Coverage         This table summarizes estimated costs for your new benefit choices.         Your Costs       0.00       0.00       0.00         These costs do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	New:	No Coverag	je				
Current: No Coverage New: No Coverage Edit Flex Spending Dependent Before Tax Current: No Coverage New: No Coverage This table summarizes estimated costs for your new benefit choices. $\frac{Before Tax \ After Tax \ Total}{Your Costs \ 0.00 \ 0.00 \ 0.00}$ These costs do not include certain choices that are based on variable earnings. Submit Click Submit to send your final choices to your Benefits Representative Important: Your enrollment will not be complete until you click the "Submit" button	Current:       No Coverage         New:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Your Costs       0.00         Outrent:       New:         No Coverage         This table summarizes estimated costs for your new benefit choices.         Your Costs       0.00         Outre Costs       0.00         Outre Costs       0.00         These costs do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important:       Your enrollment will not be complete until you click the "Submit" button	Edit	Flex Spend	ling Health			Before Tax	
No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Image: Submit Submit to send your final choices to your Benefits Representative         Important:       Your enrollment will not be complete until you click the "Submit" button	New:       No Coverage         Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Image: Costs       0.00         Your Costs       0.00         These costs do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Current	No Coverad	10				
Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your new benefit choices.         Image: table summarizes estimated costs for your final choices to your Benefits Representative.         Important: Your enrollment will not be complete until you click the "Submit" button	Edit       Flex Spending Dependent       Before Tax         Current:       No Coverage         New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Image: Costs of the summarizes of t	New:	No Coverac	10				
Current: No Coverage New: No Coverage This table summarizes estimated costs for your new benefit choices. Before Tax       After Tax       Total         Your Costs       0.00       0.00       0.00         These costs do not include certain choices that are based on variable earnings.       Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Current: No Coverage         New: No Coverage         This table summarizes estimated costs for your new benefit choices.         Image: Costs do not include certain choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Edit	Flex Spend	ing Dependent			Before Tax	
No Coverage         This table summarizes estimated costs for your new benefit choices.         Before Tax       After Tax       Total         Your Costs       0.00       0.00       0.00         These costs do not include certain choices that are based on variable earnings.       Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	New:       No Coverage         This table summarizes estimated costs for your new benefit choices.         Image: Costs and the summarizes estimated costs for your new benefit choices.         Image: Costs and the summarizes estimated costs for your new benefit choices.         Image: Costs and the summarizes estimated costs for your new benefit choices.         Image: Costs and the summarizes estimated costs for your new benefit choices.         Image: Costs and the summarizes estimated costs for your choices that are based on variable earnings.         Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Current	No Coverad	10				
This table summarizes estimated costs for your new benefit choices.           Before Tax         After Tax         Total           Your Costs         0.00         0.00         0.00           These costs do not include certain choices that are based on variable earnings.         Submit         Click Submit to send your final choices to your Benefits Representative           Important: Your enrollment will not be complete until you click the "Submit" button         Submit         Submit	Before Tax       After Tax       Total         Your Costs       0.00       0.00       0.00         These costs do not include certain choices that are based on variable earnings.       Submit       Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button       Submit       Submit	New	No Coverag	ye Ye				
Before Tax         After Tax         Total           Your Costs         0.00         0.00         0.00           These costs do not include certain choices that are based on variable earnings.         Submit         Click Submit to send your final choices to your Benefits Representative           Important: Your enrollment will not be complete until you click the "Submit" button         Submit         Submit	Before Tax         After Tax         Total           Your Costs         0.00         0.00         0.00           These costs do not include certain choices that are based on variable earnings.         Submit         Click Submit to send your final choices to your Benefits Representative           Important: Your enrollment will not be complete until you click the "Submit" button	This tabl	le summariz	es estimated costs for y	our new benefit ch	ioices.		
Before Tax         After Tax         Total           Your Costs         0.00         0.00         0.00           These costs do not include certain choices that are based on variable earnings.         Submit         Click Submit to send your final choices to your Benefits Representative           Submit         Click Submit to send your final choices to your Benefits Representative         Important: Your enrollment will not be complete until you click the "Submit" button	Before Tax         After Tax         Total           Your Costs         0.00         0.00         0.00           These costs do not include certain choices that are based on variable earnings.         Submit         Click Submit to send your final choices to your Benefits Representative           Important: Your enrollment will not be complete until you click the "Submit" button							
Your Costs     0.00     0.00     0.00       These costs do not include certain choices that are based on variable earnings.     Submit     Click Submit to send your final choices to your Benefits Representative       Submit     Click Submit to send your final choices to your Benefits Representative       Important: Your enrollment will not be complete until you click the "Submit" button	Your Costs     0.00     0.00     0.00       These costs do not include certain choices that are based on variable earnings.     Submit     Click Submit to send your final choices to your Benefits Representative       Submit     Click Submit to send your final choices to your Benefits Representative       Important: Your enrollment will not be complete until you click the "Submit" button				Before Tax	After Tax	<u>Total</u>	
Inese costs do not include certain choices that are based on variable earnings.  Submit Click Submit to send your final choices to your Benefits Representative Important: Your enrollment will not be complete until you click the "Submit" button	Inese costs do not include certain choices that are based on variable earnings.  Click Submit to send your final choices to your Benefits Representative Important: Your enrollment will not be complete until you click the "Submit" button			Your Costs	0.00	0.00	0.00	
Submit Click Submit to send your final choices to your Benefits Representative Important: Your enrollment will not be complete until you click the "Submit" button	Submit Click Submit to send your final choices to your Benefits Representative Important: Your enrollment will not be complete until you click the "Submit" button			earnings.	e certain choices the	nt are based on v	ariable	
Important: Your enrollment will not be complete until you click the "Submit" button	Important: Your enrollment will not be complete until you click the "Submit" button	Subm	nit Clicks	Submit to send your fina	I choices to vour B	enefits Repres	sentative	
important: Your enrollment will not be complete until you click the "Submit" button	Important: Your enrollment will not be complete until you click the "Submit" button							
		Importa	nt: Your enro	liment will not be comp	viete until you clic	k the "Submit"	button	

## The Dental enrollment page displays.

3. Click the radio button next to the **Waive** option to cancel your dental coverage.

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

4. Click the **Continue** button.

### **Benefits Enrollment**

### Dental

As an employee of the The California State University (CSU), you have a comprehensive program of dental benefits available to you, and in many instances, your family. The Dental Program is offered by Delta Dental of California and offers the ultimate in flexibility and savings. Currently, the CSU pays the full dental premium for you and your eligible dependents.

Important! Your current coverage is: Delta Enhanced II with Employee Only coverage. You will continue with this coverage unless you elect to make a change.

### Select an Option

Here are your available options with your monthly costs: Overview of all Plans

Select one of the following plans:

0	Delta Enhanced II		
	Coverage Level Employee Only	Your Costs \$0.00	Tax Class Nontaxable
	Employee + 1	\$0.00	Benefit Nontaxable Benefit
	Employee + Dependents	\$0.00	Nontaxable Benefit
0	PMI Deltacare (Enhanced)		
	Coverage Level	Your Costs	Tax Class
	Employee Only	\$0.00	Nontaxable Benefit
	Employee + 1	\$0.00	Nontaxable Benefit
	Employee + Dependents	\$0.00	Nontaxable Benefit
<b>→</b>	Waive		
C	Plan to obtain cash in lieu of CSU coverage. The money is ta: Benefit Service Representative at 408-924-2250 for more info Ontinue Click Continue to store your choice until you are ready to Enrolment Summary.	o submit your fina	tact your
0	Click Cancel to ignore all entries made on this page and r	eturn to the Enroll	ment Summary.

## The Dental recap page displays.

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

Note: For the purpose of this example, the dental coverage is waived / cancelled.

5. Click the **OK** button.

### **Benefits Enrollment**

### Dental

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

→ Your Choice

You have chosen to waive coverage. Employees who have non-CSU Dental coverage can elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 or view the <u>FlexCash Plan</u> document.



Once submitted, this choice will take effect on 01/01/2008. Any deductions for this choice will start with the pay period beginning 01/01/2008.



Edit

Click OK to store your choices.

Click Edit to go back and change your choices.

# The system returns you to the Enrollment summary page.

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

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

- If you are satisfied with your selection, click the Submit button.
- Proceed through the final submit process (as described on pages 8 -10).

### **Benefits Enrollment**

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

	c Summary				
Edit	Medical			Before Tax	After Ta
Current	PERS Choice:Empl Only				
New:					0.0
Edit	Dental 🗲			Before Tax	After Ta
Current	Delta Enhanced II:Empl Only 🖌				
New:	Waive 🗲				0.0
Edit	Dental Flex Cash			Before Tax	After T
Current	No Coverage				
New:	No Coverage				
Edit	Medical Flex Cash			Before Tax	After Ta
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Health			Before Tax	
Current	No Coverage				
New:	No Coverage				
Edit	Flex Spending Dependent			Before Tax	
Current	No Coverage				
New:	No Coverage				
New: This table	No Coverage summarizes estimated costs for	your new benefit ch	noices.		
New: This table	No Coverage summarizes estimated costs for	your new benefit ch	noices. <u>After Tax</u>	Total	
New: This table	No Coverage summarizes estimated costs for Your Costs	your new benefit ch Before Tax 0.00	noices. <u>After Tax</u> 0.00	<u>Total</u> 0.00	
New: This table	No Coverage summarizes estimated costs for Your Costs These costs do not inclu	your new benefit ch Before Tax 0.00 ude certain choices the	noices. After Tax 0.00 at are based on vi	Total 0.00 ariable	
New: This table	No Coverage summarizes estimated costs for Your Costs These costs do not inclu earnings.	your new benefit ch Before Tax 0.00 Ide certain choices the	noices. After Tax 0.00 at are based on va	Total 0.00 ariable	
New: This table Submit	No Coverage summarizes estimated costs for Your Costs These costs do not inclu earnings.	your new benefit ch Before Tax 0.00 ude certain choices the nal choices to your B	After Tax 0.00 at are based on vi Benefits Repres	<u>Total</u> 0.00 ariable entative	
New: This table Submit	No Coverage summarizes estimated costs for Your Costs These costs do not inclue earnings. Click Submit to send your fir Your enrollment will not be com	your new benefit ch Before Tax 0.00 ude certain choices the nal choices to your B plete until you click	noices. After Tax 0.00 at are based on vi Denefits Repres (the "Submit" I	Total 0.00 ariable entative putton	
New: This table Submit	No Coverage summarizes estimated costs for Your Costs These costs do not inclue earnings. Click Submit to send your fir Your enrollment will not be com	your new benefit ch Before Tax 0.00 ude certain choices the nal choices to your E plete until you click	After Tax 0.00 at are based on vi Genefits Repres	<u>Total</u> 0.00 ariable entative putton	
New: This table Submit	No Coverage summarizes estimated costs for Your Costs These costs do not inclue earnings. Click Submit to send your fir Your enrollment will not be com	your new benefit ch <u>Before Tax</u> 0.00 ude certain choices the nal choices to your E plete until you click	After Tax 0.00 at are based on va Benefits Repres at the "Submit" I	<u>Total</u> 0.00 ariable entative putton	
New: This table Submit	No Coverage summarizes estimated costs for Your Costs These costs do not inclu earnings. Click Submit to send your fir Your enrollment will not be com	your new benefit ch <u>Before Tax</u> 0.00 ude certain choices the nal choices to your B <b>plete until you click</b>	After Tax 0.00 at are based on vi denefits Repres	Total 0.00 ariable entative putton	
New: This table Submit	No Coverage summarizes estimated costs for Your Costs These costs do not inclue earnings. Click Submit to send your fir Your enrollment will not be com	your new benefit ch <u>Before Tax</u> 0.00 ude certain choices the nal choices to your E plete until you click	noices. After Tax 0.00 at are based on vi Benefits Repres the "Submit" I	<u>Total</u> 0.00 ariable entative putton	

### How do I cancel my dental plan and enroll into dental flex cash?

## *The Open Enrollment page displays.*

- 1. Navigate to the Open Enrollment page (as described on page 3).
- 2. Cancel/waive the dental plan (as described on pages 39 41).
- 3. After waiving/canceling the dental plan, click the **Edit** button next to **Dental Flex Cash** to proceed.

### **Benefits Enrollment**

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

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

Enrolime	nt Summary		
Edit	Medical	Before Tax	After Tax
Current:	PERS Choice PPO:Empl Only		
New:			0.00
Edit	Dental	Before Tax	After Tax
Current:	Delta Enhanced II:Empl Only		
New:	Waive		0.00
Edit	Dental Flex Cash	Before Tax	After Tax
Current:	No Coverage		
New:		0.00	
Edit	Medical Flex Cash	Before Tax	After Tax
Current:	No Coverage		
New:	Flex Cash - Medical:Empl Only	0.00	
Edit	Flex Spending Health	Before Tax	
Current:	No Coverage		
New:	No Coverage		
Edit	Flex Spending Dependent	Before Tax	
Current:	No Coverage		
New:	No Coverage		

This table summarizes estimated costs for your new benefit choices.

		Before Tax	After Tax	<u>Total</u>
	Your Costs	0.00	0.00	0.00
	These costs do not include earnings.	e certain choices	that are based or	variable
Submit	Click Submit to send your fina	l choices to you	r Benefits Repr	esentative

## The Dental Flex Cash enrollment page displays.

 Click the radio button next to the Flex Cash-Dental option to enroll in Dental flex cash coverage.

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

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

### 6. Alternate Policy

**Information:** If you are eligible, then provide your alternate dental insurance policy information including the following:

- Alternate dental
   insurance carrier name
- Policy number
- Social Security number of the person who holds the alternate policy under which you are covered
- 7. Click the **Continue** button.

**Benefits Enrollment** 

### Dental Flex Cash

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

### Select an Option

Here are your available options with your monthly costs:

### Overview of all Plans

Select one of the following plans:

Flex Cash - Dental	•••	Cash - Dental
--------------------	-----	---------------

#### Coverage Level

Employee Only

Employees who have non-CSU Dental coverage can elect to participate in the <u>FlexCash Plan</u> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact your Benefit Service Representative at 408-924-2250 for information or view the <u>FlexCash Plan</u> document.

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

Waive

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

### Alternate Policy Information

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

Insurance Carrier	PUD		90999
Social Security Number	999999999		
Continue Click Com	tinue to store your choice until Summary.	you are ready to submit your fir	al enrolment on th



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

## The Dental Flex Cash recap page displays.

Note: This page summarizes your choice for dental flex cash, the alternate policy information, and provides you information on the effective date of your choice.

8. Click the **OK** button.

### **Benefits Enrollment**

### Dental Flex Cash

Important: Your enrollment will not be complete until you click the "Submit" button on the Enrollment Summary page.

Your Choice

You wave chosen Flex Cash - Dental with Employee Only coverage.

Please contact your Benefits Service Representative at 408-924-2250 for information or view the <u>FlexCash Plan</u> document.

Policy Number 90999

#### Alternate Policy Information

You have indicated that you are covered under the following insurance policy:

Insurance Carrier PUD

Social Security Number 999999999

### Notes



Click OK to store your choices.

Edit

0K

Click Edit to go back and change your choices.

# The system returns you to the Enrollment summary page.

9. Note the changes you made to your dental and dental flex cash plans.

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

- 10. If you are satisfied with your selection, click the **Submit** button.
- Proceed through the final submit process (as described on pages 8 -10).

### Benefits Enrollment

### **Open Enrollment**

Open Enrollment happens once a year. During Open Enrollment, you can review your benefit options and add, drop, or change your benefits coverage. To continue participating in the <u>Flexible Spending</u> <u>Programs</u> next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary. All costs shown are monthly estimates.

Enrollmer	nt Summary				
Edit	Medical			Before Tax	After Ta
Current:	PERS Choice PPO:Empl Only				
New:					0.00
Edit	Dental 🗲 🚽			Before Tax	After Ta
Current:	Delta Enhanced II:Empl Only 🗲				
New:	Waive 🗲				0.00
Edit	Dental Flex Cash			Before Tax	After Ta
Current:	No Coverage	>			
New:	Flex Cash - Dental:Empl Only 🕊			0.00	
Edit	Medical Flex Cash			Before Tax	After Ta
Current:	No Coverage				
New:	Flex Cash - Medical:Empl Only			0.00	
Edit	Flex Spending Health			Before Tax	
Current:	No Coverage				
New:	No Coverage				
Edit	Flex Spending Dependent			Before Tax	
Current:	No Coverage				
New:	No Coverage				
This tabl	e summarizes estimated costs for yo	our new benefit ch	oices.		
	Vour Costo	Before Tax	After Tax	Total 0.00	
	These costs do not include	certain choices the	t are based on vi	0.00	
	earnings.				
Qubm	it Click Submit to cond your final	choices to your B	onofite Donroe	ontativo	
odbin	Check Sabina to send your innai			eritative	
Importar	it: Your enrollment will not be comp	lete until you clici	k the "Submit"	button	