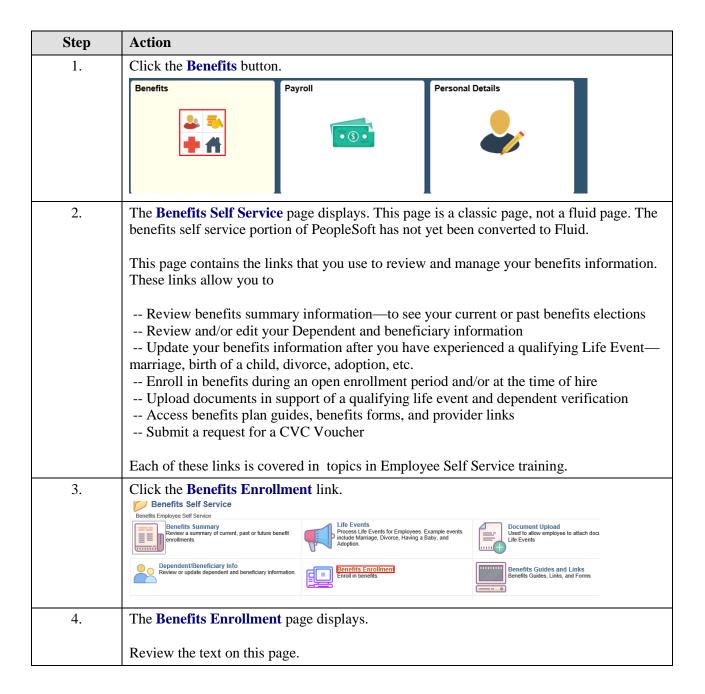


## **Enrolling/modifying enrollment during an Open Enrollment Period**





Step	Action		
5.	This text reminds you that:  - Benefit elections are for a full year and cannot be changed unless you experience a qualifying life event  - You must re orrell in Health Core Spending Accounts and the Dependent Core		
	<ul> <li>You must re-enroll in Health Care Spending Accounts and the Dependent Care         Assistance program each year; enrollment from the current year does not automatically         carry over to the next year.     </li> <li>Your contributions to deferred compensation remain in effect until you submit a request         to change them</li> </ul>		
6.	You can use the <b>Information</b> icon to view additional information about enrollment.		
7.	Click the Event Information button.  Note: John Events Indy be temporarily closed unit you have completed emornment it.  Open Benefit Events  Event Date Event Status Job Title		
	Open Enrollment 01/01/2018 Open MH Specialist II  After you click the "Select" button, it will take a few seconds for your benefits informat		
8.	Click the OK button.  Open Benefits Event This benefits event is currently open for enrollment. To make your benefit choices, go back to the Benefits Enrollment page and use the Select button to access your benefit event.  OK		
9.	The <b>Open Benefit Events</b> section displays your enrollment events, the <b>Event Description</b> , the <b>Event Date</b> , <b>Event Status</b> , and your <b>Job Title</b> .  If there is a <b>Select</b> button for the event, the event is open for enrollment. Click the <b>Select</b> button to start enrollment.		
10.	Click the Select button.  Open Benefit Events  Event Description Event Date Event Status Job Title		
	Open Enrollment 1 01/01/2018 Open MH Specialist II Select		

Step	Action
11.	The Open Enrollment page displays.
	This page lists each of the benefits types for which you can enroll and indicates your current enrollments.
	You will use the scroll bar to review this information.
12.	Notice, you are currently enrolled in <b>Dental PPO</b> and have waived coverage for <b>Non PERS Medical</b> , <b>Dental HMO</b> (you cannot enroll in both a <b>Dental PPO</b> and a <b>Dental HMO</b> at the same time), and for <b>Voluntary Vision Plan</b> .
13.	Click the scrollbar.
14.	Notice, you are currently enrolled in <b>Basic Life</b> .
	You have waived coverage for: Health Savings Account, Health Care Spending Account, Flex Spending Dependent Care, Supplemental Life and AD&D, Spouse Life and AD & D.
15.	Click the scrollbar.
16.	Notice you have also waived coverage for <b>Child Life</b> and <b>Section 457</b> .
17.	Click the scrollbar to return to the top of the page.
18.	You are now ready to begin your enrollment for the coming year. You will start with NonPERS Medical.  Currently you are not enrolled in a NonPERS Medical plan. You want to enroll in one for
	the coming year and to include your wife and children in its coverage.
19.	Click the <b>Edit</b> button.
	Enrollment Summary
	NonPERS Medical Before Tax After Tax Employer Cost Edit
	Current: Waive
	New: Waive 0.00
20.	The <b>NonPERS Medical</b> page displays. This page lists all of your enrollment opens and their associated costs.
	The page notes that you have currently waived coverage and that this will remain in effect unless you chose to enroll in a plan during this enrollment period.
	The page also notes that, depending on the choice of plans, your options under <b>Health Saving Accounts</b> may change. For this example you will not enroll in a <b>Health Savings Account</b> . You will enroll in a <b>Health Care Spending Account</b> .
21.	You can use the <b>Cost Comparison for All Plans</b> link to view information about how different plans compare in cost.
	For this example, you will not use this link.



Step	Action
22.	Next, you will review the plans on this page, using the scroll bar to move down the page.
23.	Click the scrollbar.
24.	Click the scrollbar.
25.	Click the scrollbar.
26.	Click the scrollbar.
27.	Click the scrollbar.
28.	Notice the <b>Waive</b> option is currently selected.  You have decided to enroll in the <b>Contra Costa Health Plan A</b> . You will scroll to the top of the page and select this option. When you do so, the <b>Waive</b> option will be deselected automatically.
29.	Click the scrollbar.
30.	You are back at the top of the <b>NonPERS Medical</b> page.  The <b>Contra Costa Health Plan A</b> option is visible. You will select this option.
31.	Click the Yes option.  Select an Option Here Are Your Available Options With Your Costs: (Your cost = Full benefit cost - County Subsidy)  Cost Comparison for all Plans  Select one of the following plans:  Contra Costa Health Plan A  Contra Costa Health Plan A Information
32.	Notice the <b>Contra Costa Health Plan A</b> option is now selected. The page still indicates that you have waived coverage, because you have not yet updated your enrollment.  You will first add your dependents and then update and save your enrollment.
33.	Click the scrollbar.
34.	The <b>Enroll Your Dependents Section</b> displays.  The <b>Dependent Beneficiary</b> section lists your current dependents and beneficiaries. You can use the <b>Add/Review Dependents</b> button to review information about your current dependents/beneficiaries or to add new dependent beneficiaries.  Reviewing, editing, and adding Dependent/beneficiaries are covered in other parts of eBenefits training. For this topic you will not user this button.



Step	Action			
35.	For this exar	nple, you will	enroll your wife and	l each of your children.
36.	Click the En		<del>-</del>	
	Dependent Ber			
	Enroll	Name	Relationship	
		Thomas Greyer	Child	
		Tammy . Greyer	Child	
		Mary Greyer	Child	
		Patrice Greyer	Spouse	
37.	Click the <b>En</b>	roll option.		
37.				
	Dependent Bene Enroll	ficiary Name	Relationship	
		Thomas Greyer	Child	
		Tammy . Greyer	Child	
		Mary Greyer	Child	
		Patrice Greyer	Spouse	
38.	Click the En	roll option.		
	Dependent Ben	eficiary		
	Enroll	Name	Relationship	
	✓	Thomas Greyer	Child	
	<b>3</b>	Tammy . Greyer	Child	
		Mary Greyer	Child	
		Patrice Greyer	Spouse	
39.	Click the <b>En</b>	roll ontion		
37.				
	Dependent Bene Enroll	Name	Relationship	
	✓	Thomas Greyer	Child	
	✓	Tammy . Greyer	Child	
		Mary Greyer	Child	
	Second	Patrice Greyer	Spouse	
40.	You are now	ready to upda	ate your enrollment.	
41.	Click the <b>Up</b>	date and Cor	ntinue button.	
			_	
	Add/Review Dependents			
	Update an	d Continue	Discard Changes	
42.	The Your C	hoice section	indicates that you ba	ve selected Contra Costa Health Plan A
74.			pendents coverage.	TO SCIECTED COINTA COSTA HEATHI I IAII A



Step	Action
43.	The <b>Your Estimated Per-Pay-Period Cost</b> section indicates that you cost is \$456.01.
44.	The <b>Your Covered Dependents Section</b> indicates that all of your dependents are included in coverage under this plan.
45.	Next, you will update your elections.
	If you have changed your mind, you can use the <b>Discard Changes</b> button and the system will discard your choice.
	You can then, if you want go back and make another selection or decide to keep your current election of waive for NonPERS medical.
	For this example you will update your elections.
46.	Click the <b>Update Elections</b> button.
	Notes
	Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with
	the pay period beginning 12/01/2017.  Update Elections Discard Changes
47.	You are now back at the top of the <b>Open Enrollment</b> page.
	Notice the row for NonPERS Medical now indicates that your new enrollment is Contra Costa Health Plan A: Emp+2 Deps.
48.	Currently you are enrolled in a Delta Dental PPO w/CCHP Plan. You have coverage for yourself, your wife and two children.
	Your third child is too old (26) to be covered on this plan.
	You will not change plans. All of your eligible dependents are currently covered.
	Remember, you can not enroll in both <b>Dental PPO</b> and <b>Dental HMO</b> at the same time. The system will generate an error message when you attempt to save your enrollments.
49.	Click the Edit button.  New: Contra Costa Health Plan A:Emp+2 Deps 456.01 1,778.56
	Dental PPO Before Tax After Tax Employer Cost Edit
	Current: Delta Dental PPO w/CCHP Plan:Emp+2 Deps
	New: Delta Dental PPO w/CCHP Plan:Emp+2 Deps 9.00 93.00
50.	The <b>Dental PPO</b> page displays. There is only one plan listed on this page, the Delta Dental PPO w/CCHP Plan. You are currently covered under this plan.
	If you wanted to waive coverage for <b>Dental PPO</b> , you could select the <b>Waive</b> option. For this example, you do not want to waive coverage.
51.	Click the scrollbar.

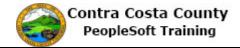
Step	Action
52.	The Enroll Your Dependents section displays.
	Currently all of your eligible dependents are covered under this plan. You will not make any changes to enrolled dependents.
	You will not use the <b>Add/Review Dependents</b> button.
53.	Click the Update and Continue button.  Add/Review Dependents
	Update and Continue Discard Changes
54.	The <b>Your Choice</b> section displays your current choice: Delta Dental PPO w/CCHP Plan: Employee + Two Dependents.
	The <b>Your Estimated Per-Pay-Period Cost</b> section indicates a cost of \$9.00.
	The <b>Your Covered Dependents</b> section indicates that your wife, and two children are covered.
55.	If you have changed your mind, you can use the <b>Discard Change</b> button to discard your changes. If you do not make new selections, you current enrollment would continue.
	For this example, you will not use the <b>Discard Changes</b> button.
	You are ready to update your elections.
56.	Click the Update Elections button.  Patrice Greyer Spouse
	Notes  Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with
	the pay period beginning 12/01/2017.  Update Elections  Discard Changes  Select the Update Elections button to store your choices.  Select the Discard Changes button to go back and change your choices.
57.	Notice, The <b>Current</b> and <b>New</b> fields for <b>Dental PPO</b> contain the same values. Adding your two other children does not change the version of the plan in which you have enrolled: Emp+2 Deps includes all the dependents you have enrolled, even if the number of enrolled dependents is greater than 2.
58.	Next, you will enroll in a <b>Health Care Spending Account</b> .
	You use the scrollbar to move to the section of the <b>Open Enrollment</b> page that displays <b>Health Care Spending Account</b> .
59.	Click the scrollbar.



Step	Action
60.	Notice, you current have waived coverage for <b>Health Care Spending Account</b> .
	You will use the <b>Edit</b> button to begin enrollment in this benefit.
61.	Click the <b>Edit</b> button.
	Health Care Spending Account  Before Tax After Tax Employer Cost  Current: Waive  New: No Coverage
62.	The Health Care Spending Account page displays.
	You can elect to contribute up to \$2600 per year to this account. Currently you have waived coverage.
63.	You want to enroll in this benefit.  Click the Yes option for Health Care Spending Account.
	Select an Option  No, I do not want to enroll  Health Care Spending Account
64.	Notice the system now displays a new section.
	You can use the <b>Annual Pledge</b> field to enter the amount, up to a maximum of \$2600, that you want to contribute to this plan.
	You can also use the <b>Worksheet</b> link to access a worksheet that will help you determine how much you will contribute.
	For this example, you will use the <b>Worksheet</b> link.
65.	Click the Worksheet link.
	This plan requires that you specify an annual pledge amount.
	Annual Pledge Worksheel Select the Worksheet button to help calculate your annual pledge for this plan year.



Step	Action
66.	The Flexible Spending Accounts worksheet page.
	Currently this page is set up to calculate per pay period contributions based on a specified annual contribution amount.  The <b>Estimate from Per-Pay-Period</b> button is a toggle. Use it to change the worksheet to a display that enables you to calculate the annual contribution based on a per pay period
	contribution.
67.	Click the Estimate from Per-Pay-Period Contributions button.  Steve Greyer  Flexible Spending Accounts Worksheet  Use this worksheet to determine your desired Annual Pledge. Once you enter your New Ann Pledge, select the Calculate button to estimate your per-pay-period contributions.  Estimate from Per-Pay-Period Contributions
	Your New Annual Pledge
	Minus Your Year-To-Date Contributions
68.	Notice the fields that display allow you to calculate based on per pay period contributions.  You will now toggle back and use the worksheet to calculate based on an annual contribution.
69.	Click the Estimate from Annual Pledge button.  Steve Greyer  Flexible Spending Accounts Worksheet  Use this worksheet to enter your estimated Per-Pay-Period Contribution. Once you enter your Per-Pay-Period Contribution, select the Calculate button to determine your annual pledge amount.  Estimate from Annual Pledge  Estimated Per-Pay-Period Contribution 0.00  Multiplied by Pay Periods Remaining 12
70.	You are now ready to use the worksheet.  First you will perform a calculation based on an annual contribution of \$2000.
71.	Click in the <b>Your New Annual Pledge</b> field.
/1.	Minus Your Year-To-Date Contributions 0.00  Divided by Pay Periods Remaining 12  Estimated Per-Pay-Period Contribution 0.00
	Esumateu Pet-Pay-Penou Continuuton 0.00



Step	Action
72.	Enter the desired information into the <b>Your New Annual Pledge</b> field. Enter a valid value e.g. "2000".
	od Contributions
	Your New Annual Pledge 000 ×
	Minus Your Year-To-Date Contributions 0.00
	Divided by Pay Periods Remaining 12
	Estimated Per-Pay-Period Contribution 0.00
73.	Click the Calculate button.
	Minus Your Year-To-Date Contributions 0.00
	Divided by Pay Periods Remaining 12
	Estimated Per-Pay-Period Contribution 0.00
	s Enrollment - Health Flexible Spending  Calculate
74.	Notice the system calculated a per pay period contribution of \$166.67based on an annual contribution of \$2000.
	For this example you want to reduce the per pay period amount. You will use the worksheet to calculate the per pay period cost based on an annual contribution of \$1500.
75.	Click in the Your New Annual Pledge field.
	our desired Annual Pledge. Once you enter your New Annual n to estimate your per-pay-period contributions.
	ontributions
	Your New Annual Pledge 2000.0d
	Minus Your Year-To-Date Contributions 0.00
	Divided to Dec Beside Description 40
76.	Enter the desired information into the <b>Your New Annual Pledge</b> field. Enter a valid value e.g. " <b>1500</b> ".
	Your New Annual Pledge 2000.00 ×
77.	Click the Calculate button.
	Minus Your Year-To-Date Contributions 0.00
	Divided by Pay Periods Remaining 12
	Estimated Per-Pay-Period Contribution 166.67
	Iment - Health Flexible Spending  Calculate



Step	Action
78.	Notice, the per period pay period cost is now estimated at \$125.
	For this example, you are happy with that amount.
	Use the Return to <b>Benefits Enrollment - Health Flexible Spending</b> link to return to the <b>Health Care Spending Account</b> page.
79.	Click the Return to Benefits Enrollment - Health Flexible Spending link.
	Estimate from Per-Pay-Period Contributions  Your New Annual Pledge 1500.00
	Minus Your Year-To-Date Contributions 0.00
	Divided by Pay Periods Remaining 12
	Estimated Per-Pay-Period Contribution 125.00
	Return to Benefits Enrollment - Health Flexible Spending  Calculate
80.	The Health Care Spending Account page displays.
	Notice the <b>Annual Pledge</b> field is populated with 1500, the amount you had last specified on the worksheet. You can edit this value if you want and/or return to the worksheet and experiment with the effects of other annual contribution amounts.
	For this example, you are happy with the current amount.
81.	You are now ready to begin updating your enrollment for <b>Health Care Spending Account.</b>
82.	Click the Update and Continue button.
	This plan requires that you specify an annual pledge amount.
	Annual Pledge 1500.00 Worksheet butto annual pledge for this plan y
	Update and Continue Discard Changes
83.	The <b>Your Choice</b> section indicates that you have elected to enroll in the Health Care Spending Account with an annual contribution of \$1500.
	The <b>Your Contributions</b> section indicates that you per pay period contribution is estimate at \$125.
	The <b>Notes</b> section indicates when this choice will take effect and when deductions from your pay will begin.
84.	To accept these changes, click the <b>Update Election</b> button.
	To discard the changes, click the <b>Discard Changes</b> button.



Step	Action		
85.	Click the Update Elections button.  Your Contributions  Your approximate per-pay-period contribution will be \$125.00.  Notes  Once submitted, this choice will take effect on 01/01/2018.  Deductions for this choice will start with the pay period beginning 01/01/2018.  Update Elections  Discard Changes  Select the Update Elections button to store your choices.  Select the Discard Changes button to go back and change your choices.		
86.	You have now completed the editing and/or adding enrollments for the upcoming year. You do not want to enroll in any additional benefit types or change your <b>Basic Life</b> enrollment.  You have enrolled in  - A <b>NonPERS Medical</b> plan (a new enrollment) - Added your children to your <b>Dental PPO</b> plan - Added enrollment in a <b>Health Care Spending Account</b> plan  You have kept your current enrollments in <b>Basic Life</b> and <b>CCC Retirement</b> .  You are now ready to save your choices.		
87.	Click the scrollbar.		
88.	Review information in the <b>Election Summary</b> section. This displays your total before and after tax costs per pay period and the County's contribution.		
89.	Click the Save and Continue button.  Election Summary Summarized estimates for new Benefit Elections  Total Before Tax After Tax Employer  Costs  590.01 590.01 0.00 1,872.36  Your Costs  590.01 590.01 0.00  These costs do not include certain choices that are based on variable earnings.  Save and Continue		
90.	The <b>Submit Benefits Choices</b> page displays.  Review the text that appears on this page. This text reminds you that you should not submit your elections until you have enrolled in all benefits for which you want to enroll and that you are satisfied with your choices.  It also tells you that you can still go back and make changes. To do so click the Cancel button. You will be returned to the <b>Enrollment Summary</b> page and from there you can review and/or edit your elections.  The page also reminds you that once your submission is processed by Benefits, you may not be able to make further changes until the next open enrollment period or until you experience a qualifying life event.		



Step	Action
91.	For this example, you are ready to submit your elections to Benefits.
92.	Click the Submit button.
	Authorize Elections  By submitting your benefit choices you are authorizing the County to take deductions from your paycheck
	to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.  Submit  Cancel
93.	The <b>Submit Confirmation</b> page displays.
	This page indicates that your submission was successful and indicates that you will receive a confirmation state within a week after the open enrollment period has closed.
94.	Click the <b>OK</b> button.
	Benefits Enrollment Submit Confirmation
	Steve Greyer
	Your benefit choices have been successfully submitted to the Benefits Department. You will receive a confirmation statement within one week after Open Enrollment has ended. To return to the Benefits Enrollment page, use the OK button.  OK
95.	Benefits Enrollment page displays.
	The <b>Open Benefits Events</b> section indicates that your selections for this open enrollment period have been submitted to Benefits.
96.	Click the <b>Home</b> link.
	To V Notification NavBar
	dow   Help   Personalize Page   📰
97.	End of Procedure.