



# CONTRA COSTA COUNTY PEOPLESOFT TRAINING

## QUICK REFERENCE: BENEFITS ENROLLMENT

### Prior to Enrolling in Benefits

Prior to beginning the enrollment process, it is a good idea to

1. Review your current benefits elections and coverage using the **Benefits Summary** page and the **Dependent /Beneficiary Coverage Summary** page.

### Benefits Summary page

Navigation: Employee Self Service Home page > Benefits Tile > Benefits Summary

#### Benefits Summary

David Grey

To view your benefits as of another date, enter the date and select Go.

10/10/2017 

#### Benefits Summary

| Type of Benefit              | Plan Description             | Coverage or Participation |
|------------------------------|------------------------------|---------------------------|
| NonPERS Medical              | Contra Costa Health Plan A   | Employee Only             |
| Dental PPO                   | Delta Dental PPO w/CCHP Plan | Family                    |
| CVC Vision Voucher           | CVC Vision Plan              | Employee Only             |
| Voluntary Vision Plan        |                              | Waived                    |
| Dental HMO                   |                              | Waived                    |
| Basic Life                   | Basic Life 10000 ER          | \$10,000                  |
| Spouse Life and AD & D       |                              | Waived                    |
| Child Life                   |                              | Waived                    |
| Supplemental Life and ADD    |                              | Waived                    |
| Section 457                  |                              | Waived                    |
| Health Care Spending Account |                              | Waived                    |
| Flex Spending Dependent Care |                              | Waived                    |
| Health Savings Account       |                              | Waived                    |
| CCC Retirement               | RET414                       | CCCERA                    |



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### Dependent/Beneficiary Coverage Summary page

Navigation: Employee Self Service home page > Benefits tile > Dependent/Beneficiary Info > Dependent/Beneficiary Coverage Summary

#### Dependent and Beneficiary Coverage Summary

David Grey

To view your benefits as of another date, enter the date and select Go.

10/10/2017 

#### Dep/Ben Details

| Dependent/Beneficiary Name | Relationship | Type of Benefit | Description                  |
|----------------------------|--------------|-----------------|------------------------------|
| Michelle Grey              | Child        |                 |                              |
|                            |              | Dental PPO      | Delta Dental PPO w/CCHP Plan |
|                            |              | Basic Life      | Basic Life 10000 ER          |
| Susan Grey                 | Spouse       |                 |                              |
|                            |              | Dental PPO      | Delta Dental PPO w/CCHP Plan |
|                            |              | Basic Life      | Basic Life 10000 ER          |
| Tracy Grey                 | Child        |                 |                              |
|                            |              | Dental PPO      | Delta Dental PPO w/CCHP Plan |
| Megan Grey                 | Child        |                 |                              |
|                            |              |                 |                              |

These pages are covered in topics in eBenefits training: *Using the Benefits Summary Page* and *Reviewing Dependent/Beneficiary Coverage Summary*

2. Review information related to benefits enrollment that is available on the **Benefits Reference Materials and Forms** page.

Navigation: Employee Self Service home page > Benefits Tile > Benefits Guides and Links



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- a. Review information available by clicking the links in the **Benefits Guides** section: **Health Plan Comparison Guide**, the **Mass Mutual Plan Guide**, and the **Open Enrollment Guide**

| Benefit Guides                               |
|--|
| <a href="#">Computer Vision Care (CVC)</a>   |
| <a href="#">Health Plan Comparison Guide</a> |
| <a href="#">Mass Mutual Plan Guide</a>       |
| <a href="#">Open Enrollment Guide</a>        |

- b. Review information for the various plans that are available to you using the links in the **Plan Highlights** section

| Plan Highlights                             |
|---|
| <a href="#">CALPers Long Term Care</a>      |
| <a href="#">Catastrophic Leave</a>          |
| <a href="#">Contra Costa Health Plan A</a>  |
| <a href="#">Contra Costa Health Plan B</a>  |
| <a href="#">Health Net HMO Plan A</a>       |
| <a href="#">Health Net HMO Plan B</a>       |
| <a href="#">Health Net PPO Plan A</a>       |
| <a href="#">Health Net PPO Plan B</a>       |
| <a href="#">Kaiser HMO Plan A</a>           |
| <a href="#">Kaiser HMO Plan B</a>           |
| <a href="#">Kaiser High Deductible Plan</a> |
| <a href="#">Kaiser Teamsters 856 Trust</a>  |
| <a href="#">Life Insurance Plan Booklet</a> |

- c. Use the links in the **Provider** links section to review information available on provider websites

| Benefits Forms                                 |
|--|
| <a href="#">Benefit Election at Age 70-1/2</a> |
| <a href="#">Dependent Care Reimbursement</a>   |
| <a href="#">Evidence of Insurability Form</a>  |
| <a href="#">Fill Out Online CVC Voucher</a>    |
| <a href="#">Life Insurance Beneficiary Des</a> |
| <a href="#">Mass Mutual Beneficiary Design</a> |
| <a href="#">Mass Mutual Info/Forms</a>         |



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- d. Use the **Other Helpful Links** section to access the County's Employee Benefits web page

| Other Helpful Links                            |
|--|
| <a href="#">Contra Costa Employee Benefits</a> |
| <a href="#">FAQ's</a>                          |
| <a href="#">FAQ's for Supplemental Life</a>    |
| <a href="#">Health care Reform</a>             |

CONTRA COSTA County

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County Home > Government > Departments > Departments E-Z > Human Resources > Employee Benefits

### Employee Benefits

#### Available Employee Benefits, Plans, and Programs

Contra Costa County values its employees' health and welfare and is pleased to offer full-range benefits plans and programs that assist in maintaining health and financial security.

- [Health Plans](#)
- [Deferred Compensation](#)
- [Life Insurance](#)

#### Flexible Spending Accounts

- [Health Care Spending Account \(HCSA\)](#)
- [Dependent Care Assistance Program \(DCAP\)](#)

#### Other Benefits

- [Computer Vision Care \(CVC\)](#)
- [Catastrophic Leave Bank](#)

#### Long Term Disability

- [Physicians and Dentists Long Term Disability](#)
  - for members of 1P, 1R Bargaining Units

#### NEW Commuter Benefits

- 2018 CalPERS Open Enrollment
- New Hires
- County Health Plans
- CalPERS Medical and County Dental Plans
- Retiree Medical and Dental Plan Rates 2017
- 2017 Plan Highlights and Summary of Benefits (SBC)
- Retiree Health Plans/New Retiree
- Deferred Compensation
- Dependent Care Assistance Program
- Voluntary Vision Plan
- Computer Vision Care (CVC)
- [Catastrophic Leave](#)

#### Contact Us

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#### Hours

Monday - Friday  
8 a.m. - 5 p.m.

#### FAQs

- [How often does Catastrophic Committee meet?](#)

Your goal is to have a good idea of which benefits types you want to enroll in, what plans you want to select, and what level of coverage you want prior to starting the enrollment process in PeopleSoft. This preparation will also help you determine what changes you may want to make to your current enrolments and coverages.

### Enrolling in Benefits during Open Enrollment

When you are ready to begin enrollment during an open enrollment period:

1. Sign in to PeopleSoft and navigate to the **Employee Self Service** home page if you did not land there



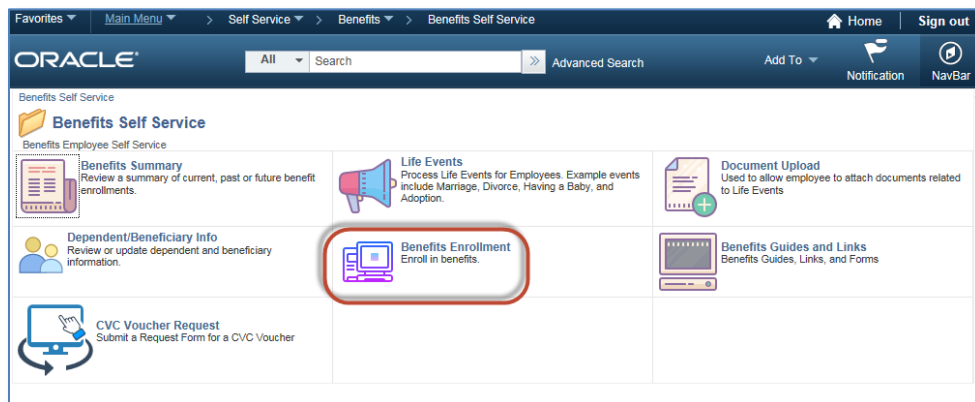
# CONTRA COSTA COUNTY PEOPLESOFT TRAINING

## QUICK REFERENCE: BENEFITS ENROLLMENT

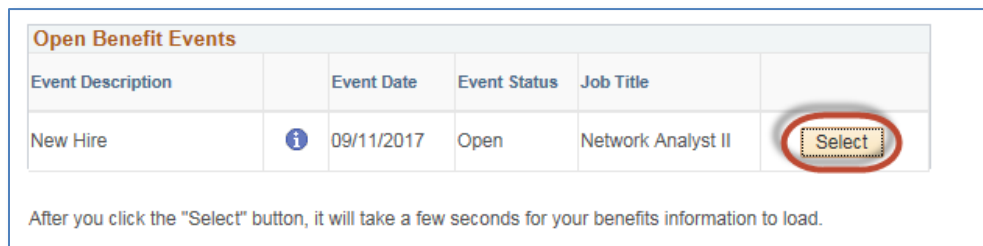
2. Click the **Benefits** tile



3. Click the **Benefits Enrollment** link on the **Benefits Self Service** page



4. Click the **Select** button for the event listed in the **Open Benefits Event** section of the **Benefits Enrollment** page





# CONTRA COSTA COUNTY PEOPLESOFT TRAINING

## QUICK REFERENCE: BENEFITS ENROLLMENT

5. The **Enrollment Summary** section will display

Benefits Enrollment

New Hire

James Bell

As a new hire you must enroll in benefits within 30 days from your date of hire.  
If you do not enroll it may result in no coverage for yourself and any dependents.

The only time you can change your benefit choices is during Open Enrollment or if you have a qualified family status change.

**i** Important: Your changes will not be complete until you Submit your choices to the Benefits Department.

**Enrollment Summary**

|                        | Before Tax                                | After Tax | Employer Cost | Edit |
|------------------------|---|-----------|---------------|------|
| <b>NonPERS Medical</b> |   |           |               |      |
| Current:               | No Coverage                               |           |               |      |
| New:                   | <b>Contra Costa Health Plan A:Sgt/Emp</b> |           |               |      |
|                        | 156.76                                    |           | 560.81        |      |
| <b>Dental PPO</b>      |   |           |               |      |
| Current:               | No Coverage                               |           |               |      |
| New:                   | <b>Waive</b>                              |           |               |      |
|                        |   |           | 0.00          |      |
| <b>Dental HMO</b>      |   |           |               |      |
| Current:               | No Coverage                               |           |               |      |
| New:                   | <b>Waive</b>                              |           |               |      |
|                        |   |           | 0.00          |      |

To enroll in and/or modify your current benefits elections

1. Click the **Edit** button for the benefit that you want to enroll in and/or modify your enrollment

|                   | Before Tax   | After Tax | Employer Cost | Edit |
|-------------------|--------------|-----------|---------------|------|
| <b>Dental PPO</b> |              |           |               |      |
| Current:          | No Coverage  |           |               |      |
| New:              | <b>Waive</b> |           |               |      |
|                   |              |           | 0.00          |      |



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## QUICK REFERENCE: BENEFITS ENROLLMENT

2. Select the plan you want to enroll in (to waive coverage, select the Waive radio button)

Benefits Enrollment

### Dental PPO

James Bell

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

**i** Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

**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:

☒ Delta Dental PPO w/CCHP Plan

| Coverage Level            | Your Costs | Tax Class                   |
|---------------------------|------------|-----------------------------|
| Employee Only             |            | \$3.99 Before-Tax           |
| Employee + 1 Dependent    |            | \$9.00 Before-Tax           |
| Employee + Two Dependents |            | \$9.00 Before-Tax           |
| Employee + DP             |            | \$9.00 Before and After Tax |

3. Scroll to the **Enroll Your Dependents** section and review your dependent/beneficiaries

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this 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 |
|-------------------------------------|---------------|--------------|
| <input checked="" type="checkbox"/> | Michelle Grey | Child        |
| <input checked="" type="checkbox"/> | Susan Grey    | Spouse       |
| <input checked="" type="checkbox"/> | Tracy Grey    | Child        |
| <input checked="" type="checkbox"/> | Megan Grey    | Child        |

[Add/Review Dependents](#)

[Update and Continue](#) [Discard Changes](#)

- a. Add dependent/beneficiaries if necessary
  - b. Select the **Enroll** check box for each dependent/beneficiary you want to enroll
4. Click the **Update and Continue** button



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## QUICK REFERENCE: BENEFITS ENROLLMENT

- Review the information that displays in the **Your Choice**, **Your Estimated Per-Pay-Period Cost**, **Your Covered Dependents** (will display if you selected dependents for coverage), and the **Notes** sections.

**Your Choice**

You have chosen Delta Dental PPO w/CCHP Plan with Employee + Two Dependents coverage.

**Your Estimated Per-Pay-Period Cost**

Your Cost      \$9.00

**Your Covered Dependents**

| Dependent Information |              |
|-----------------------|--------------|
| Name                  | Relationship |
| Michelle Grey         | Child        |
| Susan Grey            | Spouse       |
| Tracy Grey            | Child        |
| Megan Grey            | Child        |

**Notes**

Once submitted, this choice will take effect on 10/01/2017. Deductions for this choice will start with the pay period beginning 09/01/2017.

**Update Elections**      Discard Changes

- Click the **Update Elections** button

**Repeat these steps for each benefit that you want to enroll in and/or modify. After you have finished enrolling in and/or modifying all benefit types you want to include in this open enrollment,**

- Scroll to the bottom of the **Enrollment Summary** section
- Review the information in the **Election Summary** section

**Election Summary**

| Summarized estimates for new Benefit Elections | Total  | Before Tax | After Tax | Employer |
|--|--------|------------|-----------|----------|
| Costs  | 165.76 | 165.76     | 0.00      | 655.06   |
| Your Costs                                     | 165.76 | 165.76     | 0.00      |          |

These costs do not include certain choices that are based on variable earnings.

**Save and Continue**

- Click the **Save and Continue** button
- Click the **Submit** button on the **Submit Benefit Choices** page





# CONTRA COSTA COUNTY PEOPLESOFT TRAINING

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### Benefits Enrollment

#### Submit Benefit Choices

David Grey

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

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

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 select the Submit button your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualifying event such as a family status change.

#### Authorize Elections

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

**Submit**

**Cancel**

5. Click the **OK** button on the **Submit Confirmation** page

**Note: if you do not click the Submit button, your benefits elections are not complete. If you do not click the Submit button, the changes you made to enrollment will not go into effect. You must click the Submit button to complete the enrollment process.**

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### Benefits Enrollment

#### Submit Confirmation

David Grey

**OK**