

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.

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Login to MySJSU

To login to MySJSU:

1. Go to [MySJSU](http://my.sjsu.edu) (<http://my.sjsu.edu>).
2. Click the **Login to MySJSU** button.



Quick Links

- [Class Search](#)
- [Browse Catalog](#)
- [My Password/Sign In Help](#)
- [System Downtime](#)

MySJSU SIGN IN

ABOUT MYSJSU

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

NEWS, EVENTS & ANNOUNCEMENTS

Contact Us

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

The Login page displays.

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

ORACLE
PEOPLESOFT ENTERPRISE

SJSU ID:

Password:

Sign In

General Information

The Main Menu displays.

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

The screenshot shows the San José State University Self Service interface. On the left is a 'Menu' sidebar with a search bar and a tree view of options. The 'Benefits' section is expanded, and 'Benefits Enrollment' is highlighted. On the right, the 'Benefits Enrollment' page is displayed. It includes a title, explanatory text about enrollment changes, an information icon, and a table of 'Open Benefit Events'. The table has columns for Event Description, Event Date, Event Status, and Job Title. One row shows 'Open Enrollment' with an event date of 01/01/2008 and a 'Select' button. Below the table, there is text explaining the 'Select' button and contact information for the Benefits Service Representative.

The **Benefits Enrollment** page displays with an **Open Enrollment** event.

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 **i** 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**.

Event Description	Event Date	Event Status	Job Title	
Open Enrollment	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 [HR Website](#).

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 [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

Enrollment 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.

	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

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.

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
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

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.

[Add/Review Dependents](#)

Choose a Primary PMI Office Number

Enrollment in this plan requires that you select a primary PMI office ID number.

Specify a Primary PMI Office ID Number:

[Select a Provider](#)



Check here if you have previously visited this office.

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

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.

→ **Your 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

Enrollment 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 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.

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

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

The Submit Benefit Choices page displays.

16. To make any changes to your 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 [Declaration of Domestic Partnership](#) must be provided to your Benefits Service Representative. Family Code Section 297 defines domestic partners as individuals of the same sex or one/for 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 financial support will be required at the time of enrollment.

Disclosures 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. I consent to the use of Electronic Signature. *Note: Your electronic signature has the same legal and binding effect as signing your name.*

Sign

Submit 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, click the **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**.

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.

Disclosures 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. 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 final choices to the Benefits Department.

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

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 information 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.

Save and Print Home

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 [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

Enrollment 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.

	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

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.

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
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

[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.

[Add/Review Dependents](#)

Choose a Primary PMI Office Number

Enrollment in this plan requires that you select a primary PMI office ID number.

Specify a Primary PMI Office ID Number: [Select a Provider](#)

Check here if you have previously visited this office.

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on 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.

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 PMI Deltacare (Enhanced) with Employee Only coverage.

→ **Your 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.

- 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 [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

Enrollment 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			
Edit	Dental Flex Cash	Before Tax	After Tax
Current: Flex Cash - Dental:Empl Only			
New: Waive			
Edit	Medical Flex Cash	Before Tax	After Tax
Current: Flex Cash - Medical:Empl Only			
New: Flex Cash - Medical:Empl Only			
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	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

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 [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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
Current: Kaiser HMO: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 table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	700.76	0.00	700.76

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

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:

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

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

Add/Review Dependents

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

5. Click the **Add a dependent or beneficiary** link.

**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.

Enrollment Dependent/Beneficiary Summary

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

[Add a dependent or beneficiary](#)



[Return to Event Selection](#)

OK

Cancel

Apply

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:

Name Suffix:

*Gender: Male

*Date of Birth:

SSN: (Social Security Number)

*Relationship to Employee:

→ **Address and Telephone**

Same Address as Employee

Country:

Address:

Same Phone as Employee

Phone:

* Required Field

Save

[Return to Enrollment Dependent/Beneficiary Summary](#)

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 Information

*First Name:	<input type="text" value="John"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text" value="Smith"/>
Name Prefix:	<input type="text"/>
Name Suffix:	<input type="text"/>
*Gender:	<input type="text" value="Male"/>
*Date of Birth:	<input type="text" value="09/01/2007"/>
SSN:	<input type="text"/> (Social Security Number)
*Relationship to Employee:	<input type="text" value="Son"/>

Address and Telephone

Same Address as Employee

Country: United States
Address: 34 Nan Crmn
San Jose, CA 94550

Same Phone as Employee

Phone: 408/924/1000

* Required Field

[Return to Enrollment Dependent/Beneficiary Summary](#)

The Save Confirmation page displays.

10. Click the OK button.

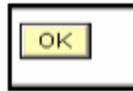
The Dependent Personal Information summary page displays.

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

Personal Information

Save Confirmation

 The Save was successful.



Dependent Personal Information

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

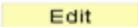
Address and Telephone

Same Address as Employee

Country:	United States
Address:	34 Nan Cmn San Jose, CA 94550

Same Phone as Employee

Phone: 408/924/1000



[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.

→ [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

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.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	John Smith	Son

[Add/Review Dependents](#)

Choose a Primary PMI Office Number

Enrollment in this plan requires that you select a primary PMI office ID number.

Specify a Primary PMI Office ID Number: [Select a Provider](#)

Check here if you have previously visited this office.

[Continue](#) Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

[Cancel](#) Click **Cancel** to ignore all entries made on this page 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 Cost: \$0.00

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

→ **Your Covered Dependents**

Name	Relationship	Office ID Number
John Smith	Son	54545

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 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.

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

19. 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 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

Enrollment Summary			
Edit	Medical	Before Tax	After Tax
	Current: Kaiser HMO:Empl Only		
	New:		
Edit	Dental	Before Tax	After Tax
	Current: Delta Enhanced II:Empl Only		
	New: PMI Deltacare (Enhanced):Empl+1		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 table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs			

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

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 [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

Enrollment 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 table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs			

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

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
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

[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.

Enroll	Name	Relationship
<input type="checkbox"/>	Ryan Red	Spouse

[Add/Review Dependents](#)

Choose a Primary PMI Office Number

Enrollment in this plan requires that you select a primary PMI office ID number.

Specify a Primary PMI Office ID Number: [Select a Provider](#)

Check here if you have previously visited this office.

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

[Cancel](#)

Click **Cancel** to ignore all entries made on this page and 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.

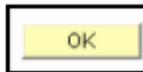
→ **Your Estimated Monthly Cost**

Your Cost: \$0.00

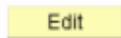
The PMI office ID number is XYZ007. You have not visited this office before.

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.



Click **OK** to store your choices.



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.

- 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 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

Enrollment 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 Only

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 table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs			

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

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 [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

Enrollment 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 table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs			

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

The Dental enrollment page displays.

- 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.

- 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	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

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

[Add/Review Dependents](#)

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment 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.

**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.

Enrollment Dependent/Beneficiary Summary

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

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

OK

Cancel

Apply

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: 
Name Suffix: 
*Gender: Male
*Date of Birth: 
SSN: (Social Security Number)
*Relationship to Employee:

→ **Address and Telephone**

Same Address as Employee
Country:
Address:

Same Phone as Employee
Phone:

* Required Field

Save

[Return to Enrollment Dependent/Beneficiary Summary](#)

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 Information

*First Name:	<input type="text" value="John"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text" value="Smith"/>
Name Prefix:	<input type="text"/>
Name Suffix:	<input type="text"/>
*Gender:	<input type="text" value="Male"/>
*Date of Birth:	<input type="text" value="09/01/2007"/>
SSN:	<input type="text"/> (Social Security Number)
*Relationship to Employee:	<input type="text" value="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

*Required Field

[Return to Enrollment Dependent/Beneficiary Summary](#)

The Save Confirmation page displays.

10. Click the OK button to proceed.

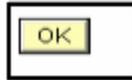
The Dependent Personal Information summary page displays.

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

Personal Information

Save Confirmation

 The Save was successful.



Dependent Personal Information

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

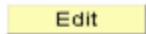
Address and Telephone

Same Address as Employee

Country: United States
Address: 34 Nan Crmn
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 enroll this dependent in your dental coverage.

13. Click the **Continue** button.

→ [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

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.

Enroll	Name	Relationship
→ <input checked="" type="checkbox"/>	John Smith	Son

[Add/Review Dependents](#)

[Continue](#) Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

[Cancel](#) Click **Cancel** to ignore all entries made on this page 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.

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.

→ **Your Estimated Monthly Cost**

Your Cost: \$0.00

→ **Your Covered Dependents**

Name	Relationship
John Smith	Son

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.

Click **OK** to store your choices.

Click **Edit** to go back and change 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.

17. 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 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

Enrollment 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: Delta Enhanced II:Empl+1			
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 table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs			

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

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 [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

Enrollment Summary

Edit		Before Tax	After Tax
	Medical		
	Current: Kaiser HMO:Empl+1		
	New:		0.00
Edit	Dental	Before Tax	After Tax
	Current: Delta Enhanced II:Empl+1		
	New:		0.00
	Dental Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
	Medical Flex Cash	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
	Flex Spending Health	Before Tax	
	Current: No Coverage		
	New: No Coverage		
	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	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

The Dental enrollment page displays.

- 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.

- Uncheck the **Enroll** checkbox to delete/remove the dependent from your dental coverage.
- 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:

→ [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

[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.

Enroll	Name	Relationship
<input type="checkbox"/>	Ryan Red	Spouse

[Add/Review Dependents](#)

[Continue](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on 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.

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 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.

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.

- 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 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

Enrollment 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: Delta Enhanced II:Empl Only		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 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.

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

Important: Your enrollment will not be complete until you click 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 [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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
Current: PERS Choice:Empl Only			
New: Waive			
			0.00
Edit	Dental	Before Tax	After Tax
Current: Delta Enhanced II:Empl Only			
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 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

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:

[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

[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.

Continue

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Cancel

Click **Cancel** to ignore all entries made on this page 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.

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 [FlexCash Plan](#) document.

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.

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 [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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
------	---------	------------	-----------

Current: PERS Choice: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: 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 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

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 [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

Enrollment 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	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

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.

- 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

- 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

Coverage Level

Employee Only

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 information or view the [FlexCash Plan](#) 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 [FlexCash Plan](#) to obtain cash in lieu of [CSU coverage](#). 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



Policy Number

90999



Social Security Number

999999999

Continue

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Cancel

Click **Cancel** to ignore all entries made on this page and return to the Enrollment 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 have chosen Flex Cash - Dental with Employee Only coverage.

Please contact your Benefits Service Representative at 408-924-2250 for information or view the [FlexCash Plan](#) document.

→ Alternate Policy Information

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

Insurance Carrier	PUD	Policy Number	90999
Social Security Number	999999999		

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 and dental flex cash plans.

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

- 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 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

Enrollment Summary

Edit	Medical	Before Tax	After Tax
	Current: PERS Choice PPO:Empl Only		0.00
	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: Flex Cash - Dental:Empl Only		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	Total
Your Costs	0.00	0.00	0.00

These 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