

Open Enrollment Benefit Changes

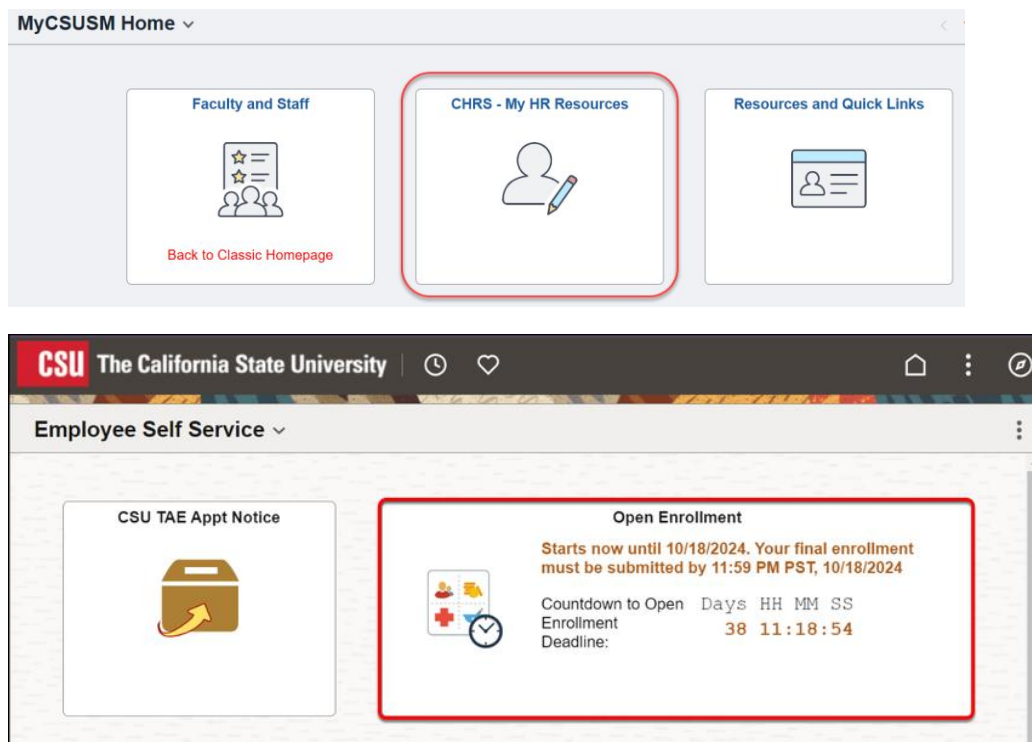
[CHRS Employee Self Service Knowledge Base](#)

Use these steps during an active Open Enrollment period to review or change your benefits and to re-enroll in Flexible Spending Accounts (FSAs).

If your employment status is unchanged and you do not want to change your health, dental, or vision coverage, no action is required; your coverage continues automatically. Healthcare (HCRA) and dependent care (DCRA) reimbursement accounts do **not** continue automatically. Re-enroll each year you wish to participate.

1. Open the Open Enrollment tile

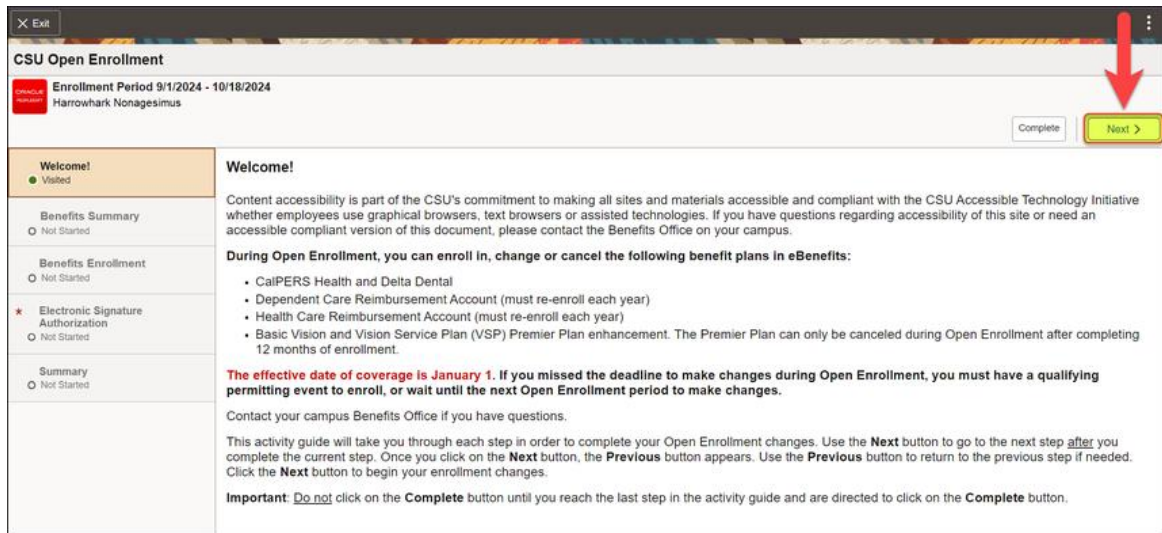
1. Sign in to my.csusm.edu and select **CHRS - My HR Resources**. If you cannot sign in, clear your browser cache and cookies, then restart the browser.
2. From Employee Self Service, select **Open Enrollment**. The tile shows the enrollment deadline and countdown when Open Enrollment is active.



If the tile says **No Enrollment Available at This Time**, you cannot make changes through this process. For qualifying life events, use the CSU Life Events tile and review the [Life Events user guides](#). For help, contact hrbenefits@csusm.edu.

2. Review the welcome and benefits summary pages

1. Read the Welcome screen for the deadline, coverage effective date, and available changes. Click **Next**. Do not select **Complete** until you finish all steps.



CSU Open Enrollment
Enrollment Period 9/1/2024 - 10/18/2024
Harrowhark Nonagesimus

Complete **Next >**

Welcome!
● Visited

Benefits Summary
○ Not Started

Benefits Enrollment
○ Not Started

Electronic Signature Authorization
○ Not Started

Summary
○ Not Started

Welcome!

Content accessibility is part of the CSU's commitment to making all sites and materials accessible and compliant with the CSU Accessible Technology Initiative whether employees use graphical browsers, text browsers or assisted technologies. If you have questions regarding accessibility of this site or need an accessible compliant version of this document, please contact the Benefits Office on your campus.

During Open Enrollment, you can enroll in, change or cancel the following benefit plans in eBenefits:

- CalPERS Health and Delta Dental
- Dependent Care Reimbursement Account (must re-enroll each year)
- Health Care Reimbursement Account (must re-enroll each year)
- Basic Vision and Vision Service Plan (VSP) Premier Plan enhancement. The Premier Plan can only be canceled during Open Enrollment after completing 12 months of enrollment.

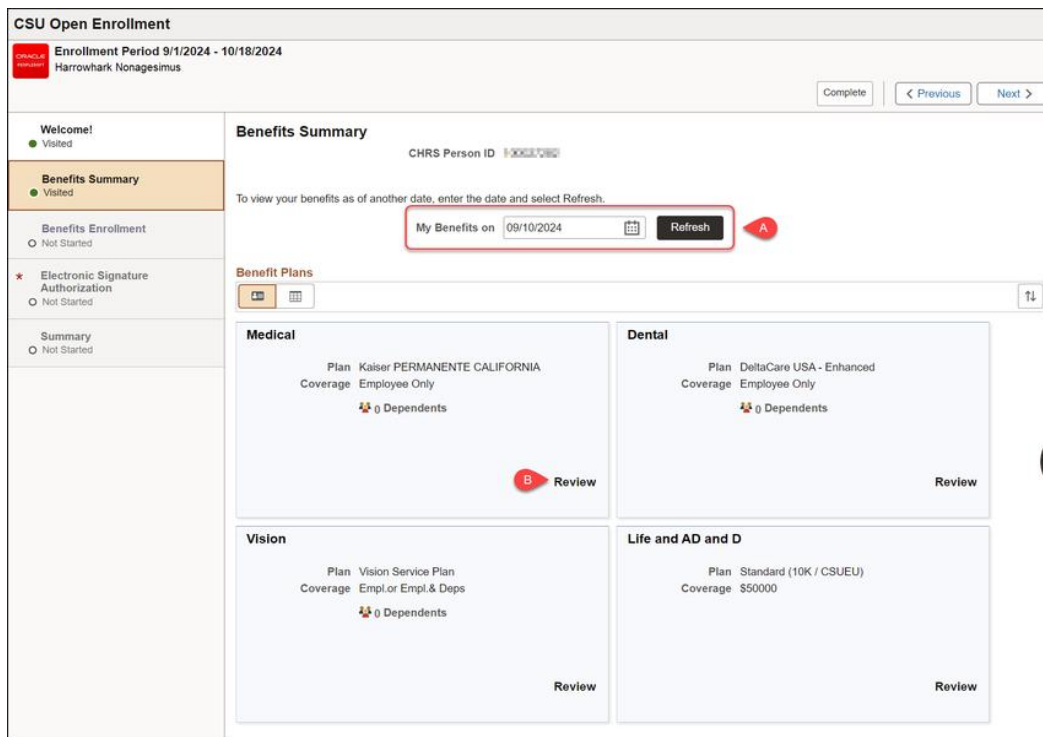
The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

This activity guide will take you through each step in order to complete your Open Enrollment changes. Use the **Next** button to go to the next step after you complete the current step. Once you click on the **Next** button, the **Previous** button appears. Use the **Previous** button to return to the previous step if needed. Click the **Next** button to begin your enrollment changes.

Important: Do not click on the **Complete** button until you reach the last step in the activity guide and are directed to click on the **Complete** button.

2. On **Benefits Summary**, review your current coverage. To view coverage as of another date, enter the date and select **Refresh**. Select **Review** on any tile for plan, provider, and dependent details. When you're done reviewing current coverage, click **Next**.



CSU Open Enrollment
Enrollment Period 9/1/2024 - 10/18/2024
Harrowhark Nonagesimus

Complete < Previous Next >

Welcome!
● Visited

Benefits Summary
● Visited

Benefits Enrollment
○ Not Started

Electronic Signature Authorization
○ Not Started

Summary
○ Not Started

Benefits Summary

CHRS Person ID 1000000000

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

My Benefits on 09/10/2024 Refresh

Benefit Plans

Medical

Plan Kaiser PERMANENTE CALIFORNIA
Coverage Employee Only
0 Dependents

Dental

Plan DeltaCare USA - Enhanced
Coverage Employee Only
0 Dependents

Vision

Plan Vision Service Plan
Coverage Empl. or Empl. & Deps
0 Dependents

Life and AD and D

Plan Standard (10K / CSUEU)
Coverage \$50000

Review

3. Update health, dental, vision, and Flex Cash benefits

On the **Benefits Enrollment** page, select a Medical, Dental, or Vision tile to view its enrollment options.

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

▼ **Enrollment Summary**

Your Pay Period Cost **\$0.00**

Full Cost **\$0.00**

Status **Pending Review**

[Review Enrollment](#)

[Submit Enrollment](#)

Benefit Plans

Medical

Current Kaiser PERMANENTE CALIFORNIA
New Kaiser PERMANENTE CALIFORNIA
Status **Pending Review**
👤 0 Dependents

Pay Period Cost **\$0.00**

[Review](#)

Dental

Current DeltaCare USA - Enhanced
New DeltaCare USA - Enhanced
Status **Pending Review**
👤 0 Dependents

Pay Period Cost **\$0.00**

[Review](#)

Vision

Current Vision Service Plan
New Vision Service Plan
Status **Pending Review**
👤 0 Dependents

Pay Period Cost **\$0.00**

[Review](#)

1. Select the dependents to include. If a dependent is not listed, choose **Add/Update Dependent**; see [instructions for adding dependents](#).
2. Select **Waive** to leave a plan or **Select** your preferred plan to enroll or switch plans. Click **Done**.
3. Confirm the green banner and updated benefit tile. Repeat for other benefits as needed.

Cancel

Medical

Done

E

The CSU provides a choice of various medical insurance plans. CSU contracts with California Public Employees' Retirement System (CalPERS) for all of our medical plan options. The cost of the medical plan premiums are shared between the CSU and the employee. If you elect a medical plan, you are automatically enrolled in the Tax Advantage Premium Plan (TAPP) unless you opt out. This provides for payment of the required medical plan premiums on a pretax basis.

Resources

ESS Handbook Medical

Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
☒ Gideon Nav	Spouse

Add/Update Dependent

Enroll in Your Plan

The Employee + 1 cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select Waive			\$0.00
Select ANTHEM BLUE CROSS SELECT HMO		\$4.42	\$4.42
Select ANTHEM BLUE CROSS TRADITIONAL		\$579.14	\$579.14
Select BLUE SHIELD ACCESS+ CALIFORNIA			\$0.00
Select Blue Shield Trio			\$0.00
Select HEALTH NET SALUD Y MAS CA			\$0.00
<input checked="" type="button" value="Select"/> Kaiser PERMANENTE CALIFORNIA		\$51.40	\$51.40
Select PERS Gold			\$0.00
Select PERS Platinum		\$631.60	\$631.60
Select UNITEDHEALTHCARE Alliance HMO			\$0.00
Select United Healthcare Harmony			\$0.00

Overview of All Plans

Flex Cash

You may choose Medical or Dental Flex Cash. To enroll in Flex Cash, first waive the corresponding medical or dental plan. To enroll in medical or dental coverage, first waive the corresponding Flex Cash election. Vision benefits cannot be waived.

4. Enroll in or renew Flexible Spending Accounts

1. Select a Flex Spending tile and choose the applicable FSA option, if it is not already selected.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/15/2024

Harvey Stark Nonprofits

Complete [Previous](#)

Welcome! [View](#)

Benefits Summary [View](#)

Benefits Enrollment [View](#)

Electronic Signature Authorization ☐ Not Started

Summary ☐ Not Started

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying pending event to enroll, or wait until the next Open Enrollment period to make changes. Contact your campus Benefits Office if you have questions.

Enrollment Summary

Your Pay Period Cost: \$0.00 Full Cost: \$0.00

Status: **Valid**

[Review Enrollment](#)

[Submit Enrollment](#)

Benefits Plans

Medical	Dental	Vision
Current: Kaiser Permanente California New: Kaiser Permanente California Status: Pending Review Pay Period Cost: \$0.00 Review	Current: DeltaCare USA - Enhanced New: DeltaCare USA - Enhanced Status: Pending Review Pay Period Cost: \$0.00 Review	Current: Vision Service Plan New: Vision Service Plan Status: Pending Review Pay Period Cost: \$0.00 Review
Dental Flex Cash Current: No Coverage New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	Medical Flex Cash Current: No Coverage New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	Life and AD and D Current: Standard (2014) (CSU/CS) New: Standard (2014) (CSU/CS) \$50,000 Status: Not Available Pay Period Cost: \$0.00
Flex Spending Health - U.S. Current: No Coverage New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	Flex Spending Dependent Care Current: No Coverage New: No Coverage Status: Pending Review Pay Period Cost: \$0.00 Review	

[Cancel](#) **Flex Spending Health - U.S.** [Done](#)

With a Health Care Reimbursement Account, employees can set aside a portion of their pay, on a pretax basis, to reimburse themselves for eligible health care expenses. Each year, they may contribute up to the specified maximum allowed by the IRS and the plan through payroll deduction. Neither contributions nor reimbursements are taxed. An optional debit card is available, which allows an employee to use the card to pay for eligible health care expenses, eliminating out-of-pocket costs. Re-enrollment is required annually.

[Resources](#)

[ESS Handbook FSA Medical](#)

Enroll in Your Plan

Plan Name
✓ Waive
Select Health Care Flex Spending

2. Enter your **Annual Pledge**. To estimate your contribution, select **Flexible Spending Account Worksheet**.
3. Optional worksheet tool - In the worksheet, choose one of the following, select **Calculate**, then select **Done**:
 - **Annual Pledge**: enter the annual amount to view the estimated per-pay-period contribution.
 - **Per Pay Period**: enter the per-pay-period amount to view the annual pledge.

Cancel
Flex Spending Health - U.S.
Done

With a Health Care Reimbursement Account, employees can set aside a portion of their pay, on a pretax basis, to reimburse themselves for eligible health care expenses. Each year, they may contribute up to the specified maximum allowed by the IRS and the plan through payroll deduction. Neither contributions nor reimbursements are taxed. An optional debit card is available, which allows an employee to use the card to pay for eligible health care expenses, eliminating out-of-pocket costs. Re-enrollment is required annually.

Resources
ESS Handbook FSA Medical

Enroll in Your Plan

Plan Name	
Select	Waive
✓	Health Care Flex Spending

Contribution Amount

Annual Pledge

*Minimum \$20.00 Maximum \$3,200.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,200.00.*

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Worksheet, annual pledge calculation option:

Cancel
Flexible Spending Account Worksheet
Done

Estimate Contribution from

Your New Annual Pledge

Minus Your Year To Date Contributions

Divided by Pay Periods Remaining

Estimated Per Pay Period Contribution

[Calculate](#)

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Worksheet, per pay period calculation option:

Cancel
Flexible Spending Account Worksheet
Done

Estimate Contribution from

Estimated Per Pay Period Contribution

Multiplied by Pay Periods Remaining

Plus Your Year To Date Contributions

Your New Annual Pledge

[Calculate](#)

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

4. Select **Done** on the Flex Spending page. Confirm the green banner and updated account tile, then repeat for another account if needed.

5. Submit and complete enrollment

1. Select **Submit Enrollment** after making all changes. **Important, the complete button does not finalize your enrollment request. You must select the Submit Enrollment button and electronically sign first.**

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

▼ **Enrollment Summary**

Your Pay Period Cost	\$0.00	Full Cost	\$0.00
Status	Visited		

[Review Enrollment](#)

Submit Enrollment

Benefit Plans

Medical	Dental	Vision
Current Kaiser PERMANENTE CALIFORNIA New BLUE SHIELD ACCESS+ CALIFORNIA Status Changed 1 Dependents	Current DeltaCare USA - Enhanced New Delta Enhanced II Status Changed 1 Dependents	Current Vision Service Plan New Vision Service Plan Status Changed 1 Dependents
Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00 Review

2. Review the Benefits Alerts and select **Done**, then select **Next**.

Benefits Alerts

[Done](#) [View](#)

Your benefit choices have been successfully submitted to the Benefits Department.

Please email using MOVEit or bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to the Benefits office for newly added dependents. We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates.

You will receive a confirmation of your elections once processed. To return to the Benefits Enrollment page, click the Done button.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/18/2024

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Next >

Welcome!

Visited

Benefits Summary

Visited

Benefits Enrollment

Complete

Electronic Signature Authorization

Not Started

Summary

Not Started

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you may have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

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Enrollment Summary

Your Pay Period Cost

\$0.00

Status

Submitted

Full Cost

\$0.00

Review Enrollment

Submit Enrollment

- Read the Electronic Signature Authorization, select the acknowledgment checkbox, and click **Save**. When your electronic signature appears, click **Next**.

Electronic Signature Authorization

B

Save

I CERTIFY that the information provided herein (no change, new enrollment or changes to my current enrollment) is accurate and listed dependents are eligible family members as communicated by the campus Benefits Office defined in the Public Employees' Medical and Hospital Care Act (PEMHCA).

I AFFIRM I have reviewed and understand the [Disclosures and Privacy Notices](#) regarding information about my elections provided to me by my campus Benefits Office. I confirm will contact my campus Benefits Office if I have any questions about benefits enrollment. I understand my elections are saved until I return to complete my final Submission, up until the enrollment deadline.

I AUTHORIZE the California State Controller's Office to take payroll deductions (if any) for by benefits.

I AUTHORIZE the CSU to transmit personal information to benefit providers to initiate and support coverage.

I agree that my user ID and password constitute my electronic signature and I understand that any information submitted using eBenefits Self-Service is electronically certifying my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as I would be by my handwritten signature. I agree that I will protect my electronic signature from unauthorized use, and that I will contact the CSU immediately upon discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other individual.

A

☒ By selecting this checkbox, I agree to the above paragraph.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/18/2024

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< Previous

Next >

Welcome!

Visited

Benefits Summary

Visited

Benefits Enrollment

Complete

Electronic Signature Authorization

Complete

Summary

Not Started

Electronic Signature Authorization

Save

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☒ By selecting this checkbox, I agree to the above paragraph.

Electronic Signature

User ID

Name

Harrowhark Nonagesimus

Date/Time Stamp

09/11/2024 3:29:16PM

IP Address

4. Review the summary, note any required supporting documents, and select **Complete**. Provide required documents to Human Resources by the Open Enrollment deadline:
 - Electronically through MOVEit or encrypted email; see [How to Submit Supporting Documentation](#).
 - In person at Human Resources, Administrative Building, fourth floor, Suite 4800.

Step	Status	Date Completed	Required	Go to Step
Welcome!	Visited		No	Go to Step
Benefits Summary	Visited		No	Go to Step
Benefits Enrollment	Complete	09/11/2024	No	Go to Step
Electronic Signature Authorization	Complete	09/11/2024	Yes	Go to Step

5. Select **Yes** to mark the action complete. To leave Open Enrollment, open the three-dots menu and select **Home**.

Step	Status	Date Completed	Required	Go to Step
Welcome!	Visited		No	Go to Step
Benefits Summary	Visited		No	Go to Step
Benefits Enrollment	Complete	09/11/2024	No	Go to Step
Electronic Signature Authorization	Complete	09/11/2024	Yes	Go to Step

[Return Home](#)