PeopleSoft Employee Self-Service Open Enrollment Instructions

Make plan changes and FSA elections easily online through Benefits Enrollment in PeopleSoft Employee Self-Service. Receive a confirmation email for all changes. Dependents cannot be added in PeopleSoft. To add a dependent, download and complete the Benefits Enrollment/Change form and include documents to verify dependent eligibility.

These instructions are divided into the following sections:

Section A: How to Access PeopleSoft Employee Self-Service for Benefits Enrollment (Pages 1 – 4)
Section B: Make a Medical Plan Change (Pages 5 – 9)
Section C: Make a Dental Plan Change (Pages 10 – 11)
Section D: Flexible Spending Account Elections – FSA (Pages 12 – 14)
Section E: How to submit your final plan changes and/or FSA elections to the Employee Benefits Dept (Pages 15 – 16)

SECTION A: How to Access PeopleSoft Employee Self-Service for Benefits Enrollment
PeopleSoft Employee Self-Service Open Enrollment Instructions

Select Applications: Log-In

Select PeopleSoft - HCM

LOG IN TO A DISTRICT APPLICATION

Select an application from the list below to login. Click the information icon to find out more about the application and access online resources.

- Canvas
- Clover
- Destiny
- Edgenuity
- Email
- eTeams
- Hoonuit
- Illuminate
- J.P. Morgan P-Card
- Online Student Profile System
- Password Self Service
- PeopleSoft - Financial
- PeopleSoft - HCM
PeopleSoft Employee Self-Service Open Enrollment Instructions

User ID = Employee ID #
Password = District email password
Click Sign-In

Select Benefits

Select Benefits Enrollment
Click ‘Select’ to start your 2023 Open Enrollment online session.
### SECTION B: Make a Medical Plan Change

<table>
<thead>
<tr>
<th>Enrollment Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
</tr>
<tr>
<td>Current: Kaiser Active Full Coverage Family</td>
</tr>
<tr>
<td>New: Kaiser Active Full Coverage Family</td>
</tr>
<tr>
<td>Dental</td>
</tr>
<tr>
<td>Current: DeltaCare USA Actives-Family</td>
</tr>
<tr>
<td>New: DeltaCare USA Actives-Family</td>
</tr>
<tr>
<td>Vision</td>
</tr>
<tr>
<td>Current: Vision Services Plan Actives Family</td>
</tr>
<tr>
<td>New: Vision Services Plan Actives Family</td>
</tr>
</tbody>
</table>

**FSA Health Spending Sec 125**

<table>
<thead>
<tr>
<th>Current</th>
<th>Before Tax</th>
<th>After Tax</th>
<th><strong>Edit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FSA Dependent Day Care Sec 125**

<table>
<thead>
<tr>
<th>Current</th>
<th>Before Tax</th>
<th>After Tax</th>
<th><strong>Edit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Coverage</td>
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<tr>
<td>No Coverage</td>
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</tr>
</tbody>
</table>

**Benefits Enrollment**

**Medical**

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.

Your current coverage is: Kaiser Active Full Coverage with Family coverage. You will continue with this coverage if no change is made.

**Select an Option**

**Here Are Your Available Options With Your Costs:**

(Your cost = Full benefit cost - Credits)

**Overview of all Plans**

Select one of the following plans:

- UHC HMO Network 1
- UHC HMO Network 2
- UHC HMO Network 3
- [UHC HMO Alliance](#)
- UHC HMO Journey-Harmony
- UHC PPO-California
- Kaiser Active Full Coverage
- Waive

Select the Edit button on the Medical row to begin a medical plan change.

Select the new Medical plan you would like to enroll in.
If you are selecting a UnitedHealthcare HMO plan, you will need to select a Primary Care Provider (PCP) by clicking on the magnifying glass.

You can search by several criteria to find a Primary Care Provider (PCP) under the new plan.
PeopleSoft Employee Self-Service Open Enrollment Instructions

Enroll Your Dependents
The following list displays all individuals in district record. If an individual is missing or should be removed, please contact Employee Benefits at (819) 725-8130 or send us a message at employeebenefits@sandi.net.

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Enroll</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑</td>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑</td>
<td>Child</td>
<td></td>
</tr>
</tbody>
</table>

Choose a Primary Care Provider
Enrollment in this plan requires that you select a primary care provider (PCP). You must indicate whether or not you have seen this provider before as some providers are not accepting new patients. If your provider is not listed, please contact the Employee Benefits Department at employeebenefits@sandi.net.

Select a Primary Care Provider for the Employee 1234567890

- Check here if you have previously seen this provider
- Check here to use the same provider for all your dependents

Benefits Enrollment
Medical

Important: Enrollment changes will not be complete until you submit your choices to the Employee Benefits Department.

Provide the Primary Care Provider for your dependent(s)

Use the magnifying glass to select a Primary Care Provider (PCP) for each dependent.

Indicate if you have seen this Primary Care Provider (PCP) before. Make PCP selection(s) if you have covered dependent(s).
After selecting a provider for each dependent, select Return.

After selecting providers for you and any dependents, click Update and Continue.

Review the carrier agreement and click the Accept Your Choice box (you may have to scroll down to see this).
Select Update Elections

United Healthcare is only seeking to collect information about the current health status of those persons listed on the application. You should not include any genetic information. Please do not include any family medical history information related to genetic services or genetic diseases for which you believe you or your dependents may be at risk.

Binding Arbitration Agreement: I agree and understand that any and all disputes, including claims related to the delivery of services under the plan and claims of medical malpractice (that is, as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), except for claims subject to ERISA, between myself and my dependents enrolled in the plan (including any heirs or assigns) and United Healthcare of California, United Healthcare or any of its parents, subsidiaries or affiliates shall be determined by submission to binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as the Federal Arbitration Act provides for judicial review of arbitration proceedings. All parties to this agreement are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

Accept Your Choice

Your Estimated Per Pay Period Cost

Your Cost: $0.00

Notes

Once submitted, this choice will take effect on 01/01/2023. Deductions for this choice will start with the pay period beginning 01/15/2023.

Update Elections  Discard Changes
**SECTION C: Make a Dental Plan Change**

Select the Edit button on the Dental row to begin a dental plan change.

Select the new Dental plan you would like to enroll in. Then select Update and Continue.
Review the carrier agreement and click the Accept Your Choice box (you may have to scroll down to see this).

Select Update Elections
SECTION D: Flexible Spending Account Elections - FSA

Click on the Edit Button next to the account(s) you would like to elect. The screenshots below provide examples of both Health and Dependent Care elections.

Click on the Flex Spending Health Option. Then, enter an Annual Election. You may click on Worksheet for assistance in calculating the election amount.

If you would like the annual Health Care FSA election loaded to a debit card, click this box.
This shows the Worksheet screen. Enter a new annual election amount to calculate the per pay period contribution.

Click on this link when finished.

Click Update and Continue
Click Update Elections

Click Flex Spending Dependent Option.
Enter an Annual Election. Click Worksheet for assistance in calculating the per pay period contribution amount.

Click Update and Continue when finished.
SECTION E: How to Submit Final Changes and/or FSA Elections to Employee Benefits

Click Save and Continue once you have made all plan changes and/or FSA election(s) for 2023

Review Benefits Summary
Congratulations! You have finished submitting your Open Enrollment selections for 2023!

Thank you for using PeopleSoft Employee Self-Service.