

# Completing Open Enrollment

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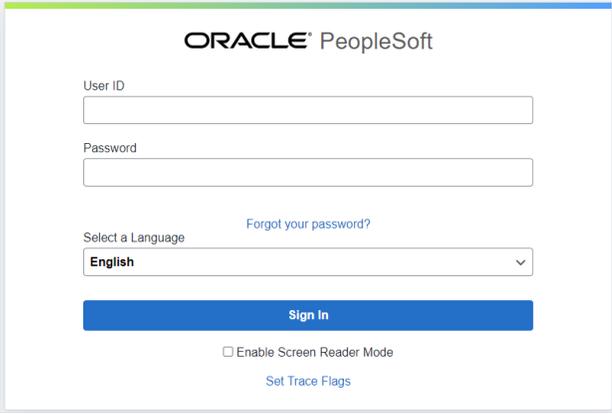
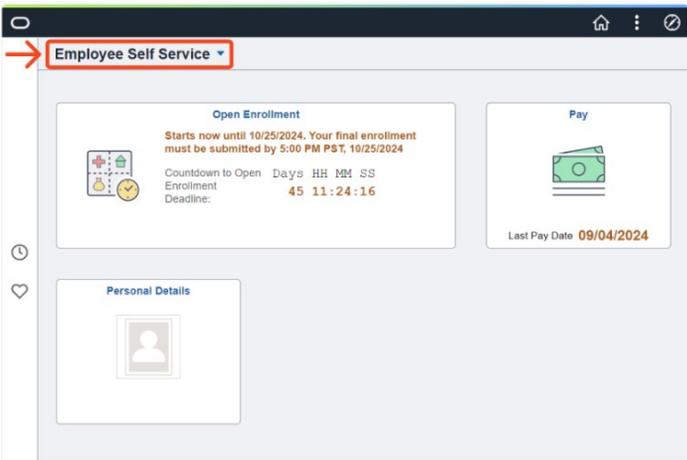
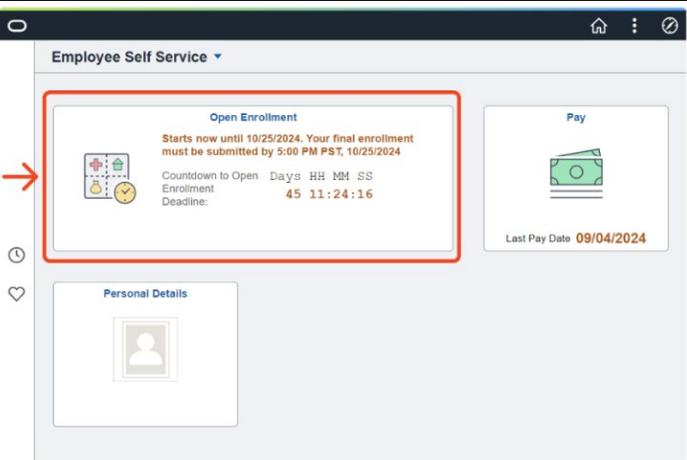
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## Navigation to Open Enrollment

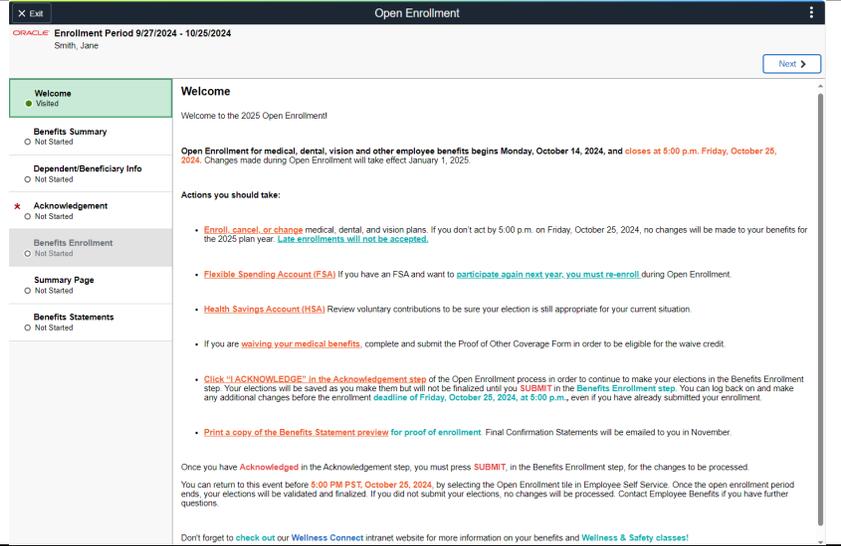
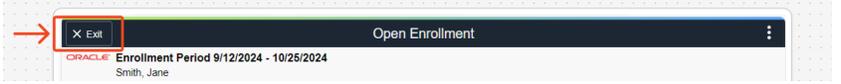
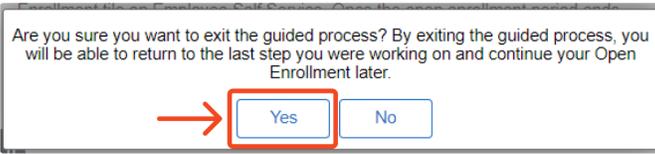
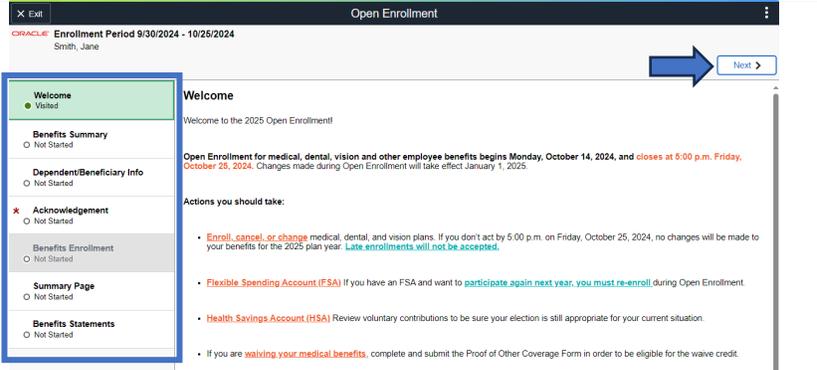
**Description:** Accessing the Open Enrollment forms allow you to verify, edit, and submit your elections for the new enrollment period.

**Prerequisites:** PeopleSoft credentials are assigned after CEO HR has entered/updated the employee's information into the system and PeopleSoft IT has completed the New User process.

**Additional Notes:** For specific questions, contact Benefits at [CountyBenefits@stancounty.com](mailto:CountyBenefits@stancounty.com). For technical assistance, please email [peoplesoft-tech@stancounty.com](mailto:peoplesoft-tech@stancounty.com).

<p>Log in to PeopleSoft: <a href="#">PROD - PeopleSoft</a></p>	
<p>On the top left corner of PeopleSoft select "Employee Self Service".</p>	
<p>Click on the "Open Enrollment Tile".</p>	

# Welcome Page

<p>Please read the welcome page in your PeopleSoft account before you start your open enrollment.</p>	
<p><b>Note:</b> Steps that you have not visited will appear as “Not Started”.</p>	
<p><b>Note:</b> Visited steps will appear as “Visited”.</p>	
<p><b>Note:</b> To pause and resume your open enrollment for a later time (during the open enrollment process), please follow these steps:</p>	<p>1) Click the exit button:</p>  <p>2) Read the message and click ‘Yes’ if you want to exit.</p> 
<p><b>Note:</b> To navigate to the next items, either use the “Next” button or use the left navigation column to click on each step.</p>	

# Benefits Summary

On this step, you can see a summary of your benefits.

Click on each plan to review your benefit elections in detail.

**Open Enrollment**  
Enrollment Period 9/16/2024 - 10/25/2024  
Smith, Jane

Navigation: < Previous, Next >

Left sidebar menu:  
 - Welcome (Visited)  
 - **Benefits Summary (Visited)**  
 - Dependent/Beneficiary Info (Not Started)  
 - Benefits Enrollment (Not Started)  
 - Benefits Statements (Not Started)  
 - \* Acknowledgement (Not Started)

**Benefits Summary**  
As Of: 09/17/2024 [Calendar icon] [Refresh]

Type of Benefit	Plan Description	Coverage or Participation
Medical	Health Partners HDHP	Employee Only >
Dental	Delta Dental Core Plan	Employee Only >
Vision	Vision Service Plan	Employee Only >
Accident Insurance		Waived
Life	Basic Life Regular	\$10000 >
Supplemental Life		Waived
Dependent Life		Waived
Spousal Life		Waived
Employee Critical Illness		Waived
Spouse Critical Illness		Waived
Child Critical Illness		Waived
Deferred Comp 457	Nationwide 457	5% Before Tax >
Health Savings Account	HPNC HSA	\$2,000 Pledge
Health Savings Account	HPNC HSA	\$2,000 Pledge

Every plan will look like this where you can review the details of each individual plan.

**Open Enrollment**  
Enrollment Period 9/16/2024 - 10/25/2024  
Smith, Jane

Navigation: < Previous, Next > | New Window | Help | Personalize Page

Left sidebar menu:  
 - Welcome (Visited)  
 - **Benefits Summary (Visited)**  
 - Dependent/Beneficiary Info (Not Started)  
 - Benefits Enrollment (Not Started)  
 - Benefits Statements (Not Started)  
 - \* Acknowledgement (Not Started)

**Medical**  
Smith, Jane  
To view your benefits as of another date, enter the date and select Go.  
09/17/2024 [Calendar icon] [Go]

**Medical**  
 Plan Name: Health Partners HDHP  
 Plan Provider: Stanislaus County Partners in Health  
 Coverage: Employee Only  
 Group Number: [Redacted]

**Covered Dependents**  
No dependent/beneficiary enrollments were found.

**Additional Information**  
[Find a Health Care Provider](#)

# Dependent/Beneficiary Info

Review your beneficiaries and make any changes as needed.

To add a new individual as dependent and/or beneficiary click the button "Add Individual".

Fill in the information on the red area and click "Save".

When you select the 'Relationship to Employee', the dependent and beneficiary fields will populate as shown on this example.

Note: If you want to cancel this action, click the "Cancel" button.

To modify an existing individual, click the '>' button.

**Open Enrollment**  
Enrollment Period 9/27/2024 - 10/25/2024  
Smith, Jane

Dependent/Beneficiary Info

Name	Relationship	Beneficiary	Dependent
Smith, John	Child	✓	

Modify the information on the red area as needed and click "Save".

Note: If you want to cancel this action, click the "Cancel" button.

**Update Individual Dependent/Beneficiary Information**

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on 9/10/2024.

**Name**  
John Smith

**Personal Information**

Date of Birth: 03/20/2005  
 \*Gender: Male  
 \*Relationship to Employee: Child  
 Dependent: Yes  
 Beneficiary: Yes  
 \*Marital Status: Single  
 \*Student: No  
 \*Disabled: No  
 \*Smoker: Non Smoker

**Address**

Address	Address Type	Same Address as mine
1213 Main Street City, CA 95326 Stanislaus County	Home	Same as mine

**National ID**

Country	National ID Type	National ID	Primary

# Acknowledgement

Read the Acknowledgement section. To acknowledge, click the “Acknowledge” box in the bottom of the page and click “Save”.

If you have any questions, please contact Benefits at [CountyBenefits@stancounty.com](mailto:CountyBenefits@stancounty.com).

**Open Enrollment**

ORACLE Enrollment Period 9/27/2024 - 10/25/2024  
Smith, Jane

◀ Previous    Next ▶

**Welcome**  Visited

**Benefits Summary**  Visited

**Dependent/Beneficiary Info**  Visited

**\* Acknowledgement**  In Progress

**Benefits Enrollment**  Not Started

**Summary Page**  Not Started

**Benefits Statements**  Not Started

**Acknowledgement**

Please read the information on this page and then select the "I ACKNOWLEDGE" button at the bottom of the page in order to continue to the next Benefits Enrollment step and submit benefit elections.

You may update/save/submit your choices as many times as you'd like until the Open Enrollment deadline of 5:00 p.m. on October 25, 2024. You will not be able to make any further benefit changes after the deadline until the next Open Enrollment period unless you have a Qualifying Life Event (QLE). This is a passive Open Enrollment, meaning if you do not submit changes in the Benefits Enrollment step during this Open Enrollment period, your benefits will remain the same for the next plan year.

**Authorize Elections**

I hereby apply for group benefits provided under my employer's group benefit plan(s) for myself and for the eligible dependents/beneficiaries as elected in this Benefit Enrollment Session. I understand that I have made an election for my benefits package for the Plan Year indicated. Any choices I have made may only be altered prior to the Open Enrollment deadline or as the result of a Qualifying Life Event (QLE).

I have read and understand the provisions outlined throughout this Benefit Enrollment Session and by submitting these benefit elections acknowledge my understanding and acceptance of these terms. All information that was submitted is correct and true to the best of my knowledge. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded.

I declare for myself and/or my dependent(s) that I am eligible to enroll in these plans and request to be covered. Should changes take place affecting these statements or eligibility for this enrollment, I will immediately inform my employer of the change. I understand an agent cannot guarantee coverage or revise rates, benefits, or plan provisions without written approval from the specific carrier. I understand that employee personal information is protected under Federal HIPAA Law.

I understand that if the group plan requires that contributions be made by me, I authorize Stanislaus County to deduct them from my pay. I further understand that the County will continue to establish medical insurance premium rates each year based on actuarial and underwriting recommendations and the County reserves the right to adjust medical insurance premium rates based on these recommendations. I understand I am responsible for paying any increase in monthly premium rates made due to these recommendations.

I understand that under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), I can continue medical, dental and vision insurance benefits for myself and my covered eligible dependents, upon termination of my employment with Stanislaus County. In order to qualify, I know that I, and/or my dependents, cannot be covered by another group health plan through another source. Premium payment obligation begins when County sponsored group coverage ends. I also understand that by acknowledging below I am acknowledging notification of my continuation rights under COBRA.

I have read and understand the terms and conditions of my employer's group benefit plan(s) as outlined above.

I Acknowledge

**Save**

# Benefits Enrollment

Go to each benefit plan, by clicking on each tile, to review your plan options and costs.

**Open Enrollment**

Enrollment Period 9/27/2024 - 10/25/2024

Welcome | Benefits Summary | Dependent/Beneficiary Info | Acknowledgement | **Benefits Enrollment** | Summary Page | Benefits Statements

**Enrollment Summary**

Your Pay Period Cost: \$117.58 | Full Cost: \$117.58 | Status: Pending Review

**Benefit Plans**

Medical	Dental	Vision
Current: Health Partners HDHP New: Health Partners HDHP Status: Pending Review	Current: Delta Dental Core Plan New: Delta Dental Core Plan Status: Pending Review	Current: Vision Service Plan New: Vision Service Plan Status: Pending Review
Pay Period Cost: \$31.00	Pay Period Cost: \$2.75	Pay Period Cost: \$0.50
<a href="#">Review</a>	<a href="#">Review</a>	<a href="#">Review</a>

On this example, we are exploring the tile "Medical".

On this page you will be able to review and take actions on your individual plans such as selecting a plan name or waive.

Once you have completed your review and any changes, click the button "Done".

**Medical** [Cancel](#) [Done](#)

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. Enrollment in this benefit may require proof of coverage.

**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.

You have no dependent registered

[Add/Update Dependent](#)

**Enroll in Your Plan**

The Employee Only 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
✓ Health Partners HDHP	\$31.00		\$31.00
Select Health Partners EPO	\$112.50		\$112.50
Select Waive			-\$23.75

[Overview of All Plans](#)

**Resources**

MEDICAL PLAN ENROLLMENT INFO

Your tiles will provide you information about the status, for example:

Status: Changed  
Status: Visited  
Status: Pending Review

**Benefit Plans**

Medical	Dental	Vision
Current: Health Partners HDHP New: Health Partners HDHP Status: <b>Changed</b>	Current: Delta Dental Core Plan New: Delta Dental Core Plan Status: <b>Visited</b>	Current: Vision Service Plan New: Vision Service Plan Status: <b>Pending Review</b>
Pay Period Cost: \$31.00	Pay Period Cost: \$2.75	Pay Period Cost: \$0.50
<a href="#">Review</a>	<a href="#">Review</a>	<a href="#">Review</a>

Accident Insurance | Admin Fee for FSA | Life

**Submit:**

Once you are done reviewing and making any changes, you will submit your benefits enrollment to benefits by clicking the "Submit" button.

You will see your status will change from "Pending Review" to "Submitted".

**Benefits Enrollment** \* Indicates required field

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

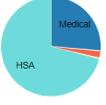
▼ **Enrollment Summary**

Your Pay Period Cost **\$117.58** Full Cost **\$117.58**

Status **Submitted** 09/17/2024 12:13PM

[Preview Statement](#)

[Submit](#)



**Benefit Plans**

## Summary Page

On the summary page you will be able to review the status of each step, when it was completed, if it is required, and a “Go to Step” button to go to any step that you need to revisit.

Step	Status	Date Completed	Required	Go to Step
Welcome	● Visited		No	Go to Step
Benefits Summary	● Visited		No	Go to Step
Dependent/Beneficiary Info	● Visited		No	Go to Step
Acknowledgement	● Complete	09/27/2024	Yes	Go to Step
Benefits Enrollment	● Visited		No	Go to Step
Benefits Statements	○ Not Started		No	Go to Step

## Benefits Statements

On this step, you will be able to view your benefit statement. To review your submission, select the statement type ‘Submitted Enrollment’ and click the ‘>’ button.

Event Date	Issue Date	Enrollment Event	Statement Type
01/01/2025	10/01/2024 9:57:06AM	Open Enrollment 2025	Submitted Enrollment

This will allow you to view your submitted enrollment as well as have a print view version by clicking the button ‘Print View’.

Statement Type Submitted Enrollment Description Open Enrollment 2025

Enrollment Effective Date 01/01/2025 Statement Issue Date 10/01/2024 9:57AM

This statement records your submission of the Open Enrollment 2025 benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, you can return to this event before the enrollment period ends. Contact County Benefits if you have further questions. Please keep the statement for your records.

**Statement Sections**

- Expand All
- Personal Information
- Cost Summary
- Election Summary
- Dependents and Beneficiaries
- Dependent Enrollments
- Beneficiary Designations