

# 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

The screenshot shows the San Diego Unified School District website. The browser address bar displays [sandiegounified.org](http://sandiegounified.org). The main navigation menu includes: Home, About, Academics, Schools, Newscenter, Enrollment, Departments, Parent and Student Resources, COVID-19 Information, Staff Portal, and Employment. A yellow callout box labeled "Select Staff Portal" points to the "Staff Portal" link in the navigation menu. Below the main navigation, the "San Diego Unified SCHOOL DISTRICT" logo is visible. A second screenshot shows the "STAFF PORTAL" page. The top navigation bar includes: Select a School, Language, a plus sign, Login, and Search... The main navigation menu includes: Home, Our District, News & Info, Resources, Curriculum, Departments, Applications & Support, COVID-19, and A-Z Index. A yellow callout box labeled "Select Applications & Support" points to the "Applications & Support" link in the main navigation menu.

# PeopleSoft Employee Self-Service Open Enrollment Instructions

**STAFF PORTAL**

Home Our District News & Info Resources Curriculum Departments Applications & Support COVID-19 A-Z Index

San Diego Unified SCHOOL DISTRICT

Staff Portal / Applications & Support

## APPLICATIONS & SUPPORT

Applications & Support

- Applications: Log-In
- Canvas
- Email
- i21 Interactive Classroom

- [Applications: Log-In](#)
- [Canvas](#)
- [Email](#)
- [i21 Interactive Classroom](#)
- [Instructional Technology \(formerly EdTech\)](#)
- [Integrated Classroom Technology Support](#)
- [IT Department](#)
- [Password Reset](#)
- [SDUSD Systems Status](#)
- [Tech Support/ Help Desk](#)
- [Website Support](#)

INTEGRATED TECHNOLOGY

Home I Want To Log-In IT Resources About Us Self Help

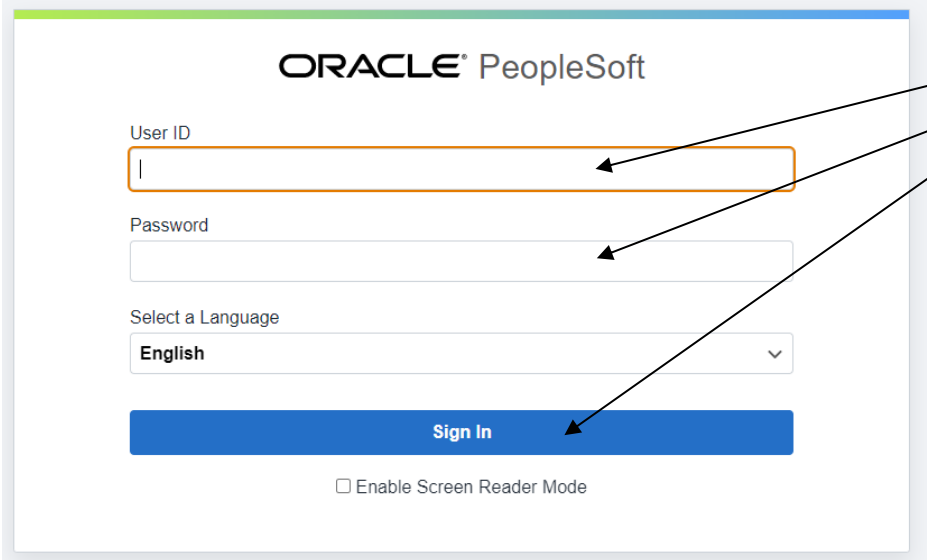
[IT Department](#) / [I Want To](#) / [Log in to a district application](#)

## 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](#)
- [Clever](#)
- [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

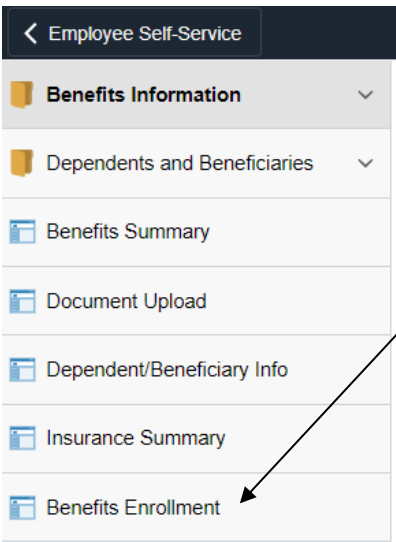


The image shows the Oracle PeopleSoft login interface. At the top, it says "ORACLE PeopleSoft". Below that are three input fields: "User ID" (with a cursor), "Password", and "Select a Language" (with "English" selected). A blue "Sign In" button is at the bottom. Below the button is a checkbox labeled "Enable Screen Reader Mode".

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



The image shows the "Employee Self-Service" dashboard. At the top, there is a dark header with a dropdown arrow and the text "Employee Self-Service". Below the header are four main tiles: "Benefits" (with a grid of icons including a person, a hand, a cross, and a house), "Human Resource" (with a person icon), "Manager Dashboard" (with the Oracle PeopleSoft logo), and "Payroll and Compensation" (with a stack of money icon). A yellow callout box labeled "Select Benefits" has an arrow pointing to the "Benefits" tile.



The image shows a sidebar menu for "Employee Self-Service". The menu items are: "Benefits Information" (with a dropdown arrow), "Dependents and Beneficiaries" (with a dropdown arrow), "Benefits Summary", "Document Upload", "Dependent/Beneficiary Info", "Insurance Summary", and "Benefits Enrollment". A yellow callout box labeled "Select Benefits Enrollment" has an arrow pointing to the "Benefits Enrollment" item.

# PeopleSoft Employee Self-Service Open Enrollment Instructions

## Benefits Enrollment

San Diego Unified School District Employees:


**PEOPLESOFT WILL BE AVAILABLE FOR 2023 OPEN ENROLLMENT CHANGES FROM OCTOBER 17 THROUGH NOVEMBER 14, 2022.**

Eligible employees have the opportunity to use PeopleSoft to enroll for new health coverage, change existing plans and make Flexible Spending Account (FSA) elections. Changes made during Open Enrollment become effective January 1, 2023.

Dependents cannot be added using PeopleSoft. To add a dependent(s) complete a Benefits Enrollment/Change Form and provide proof of eligibility for the new family member(s) added. The form and a list of dependent verification requirements is available on the Benefits department website under Benefit Forms.

**IMPORTANT:** You should receive an immediate system generated confirmation email after successfully submitting any benefit changes using PeopleSoft.

Click on the Select button below to begin. Welcome!

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2023	Submitted		<input type="button" value="Select"/>

**Click 'Select' to start your 2024 Open Enrollment online session.**

# PeopleSoft Employee Self-Service Open Enrollment Instructions

## SECTION B: Make a Medical Plan Change

Enrollment Summary			
<b>Medical</b>	Your Costs		<input type="button" value="Edit"/>
Current: Kaiser Active Full Coverage:Family			
New: Kaiser Active Full Coverage:Family	0.00		
<b>Dental</b>	Your Costs		<input type="button" value="Edit"/>
Current: DeltaCare USA Actives:Family			
New: DeltaCare USA Actives:Family	0.00		
<b>Vision</b>	Your Costs		<input type="button" value="Edit"/>
Current: Vision Services Plan Actives:Family			
New: Vision Services Plan Actives:Family			
<b>FSA Health Spending Sec 125</b>	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: No Coverage			
New: No Coverage			
<b>FSA Dependent Day Care Sec 125</b>	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: No Coverage			
New: No Coverage			

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

### 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.

**i** 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
- UMR PPO-California
- Kaiser Active Full Coverage
- Waive

Select the new Medical plan you would like to enroll in.

# 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 (619) 725-8130 or send us a message at [employeebenefits@sandi.net](mailto:employeebenefits@sandi.net).

Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child

**If you are selecting a UnitedHealthcare HMO plan, you will need to select a Primary Care Provider (PCP) by clicking on the magnifying glass.**

## 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](mailto:employeebenefits@sandi.net).

Select a Primary Care Provider for the Employee

Check here if you have previously seen this provider

Check here to use the same provider for all your dependents

Select a Primary Care Provider for your dependent(s)

### Look Up Select a Primary Care Provider for the Employee

Provider ID

Medical Group

Doctor's Last Name

Doctor's Zip Code

[Basic Lookup](#)

Search Results

Only the first 300 results can be displayed.

View 100 First 1-300 of 300 Last

Net Work	Provider ID	Medical Group	Doctor's Last Name	Doctor's Zip Code
4	0036820022	SCRIPPS CLINIC	BEKO	92108
4	0036820022	SCRIPPS CLINIC	REMBA	92108
4	0036820022	SCRIPPS CLINIC	CORNWELL	92108
4	0036820022	SCRIPPS CLINIC	CAMPOS	92037
4	0036820022	SCRIPPS CLINIC	WOLINSKI	92037
4	0036820022	SCRIPPS CLINIC	CHIN-SANDERS	92075

**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 (619) 725-8130 or send us a message at [employeebenefits@sandi.net](mailto:employeebenefits@sandi.net).

Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child

## 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](mailto:employeebenefits@sandi.net).

Select a Primary Care Provider for the Employee

Check here if you have previously seen this provider

Check here to use the same provider for all your dependents

Select a Primary Care Provider for your dependent(s)

Indicate if you have seen this Primary Care Provider (PCP) before. Make PCP selection(s) if you have covered dependent(s).

Benefits Enrollment

Medical

**i** 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)

Dependent Information		
Name	Health Provider ID	Previously Seen
	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>

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

Return

Cancel

# PeopleSoft Employee Self-Service Open Enrollment Instructions

Benefits Enrollment

## Medical

**i** 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)

Dependent Information		
Name	Health Provider ID	Previously Seen
[Redacted]	<input type="text"/>	<input type="checkbox"/>
[Redacted]	<input type="text"/>	<input type="checkbox"/>
[Redacted]	<input type="text"/>	<input type="checkbox"/>

After selecting a provider for each dependent, select Return.

### 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](mailto:employeebenefits@sandi.net).

Select a Primary Care Provider for the Employee

Check here if you have previously seen this provider

Check here to use the same provider for all your dependents

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

UnitedHealthcare 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 UnitedHealthcare of California, UnitedHealthcare 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

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

### Your Estimated Per-Pay-Period Cost

Your Cost      \$0.00



# PeopleSoft Employee Self-Service Open Enrollment Instructions

UnitedHealthcare 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 UnitedHealthcare of California, UnitedHealthcare 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
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### Notes

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

Update Elections

Discard Changes

Select Update Elections

# PeopleSoft Employee Self-Service Open Enrollment Instructions

## SECTION C: Make a Dental Plan Change

**Enrollment Summary**

<b>Medical</b>	Your Costs	<input type="button" value="Edit"/>	
Current: Kaiser Active Full Coverage:Family New: Kaiser Active Full Coverage:Family	0.00		
<b>Dental</b>	Your Costs	<input type="button" value="Edit"/>	
Current: DeltaCare USA Actives:Family New: DeltaCare USA Actives:Family	0.00		
<b>Vision</b>	Your Costs	<input type="button" value="Edit"/>	
Current: Vision Services Plan Actives:Family New: Vision Services Plan Actives:Family			
<b>FSA Health Spending Sec 125</b>	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: No Coverage New: No Coverage			
<b>FSA Dependent Day Care Sec 125</b>	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: No Coverage New: No Coverage			

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

### Benefits Enrollment

#### Dental

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

**i** Your current coverage is: DeltaCare USA Actives 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:

- DeltaCare USA Actives
- Delta PPO Dental Active
- Western Dental Actives
- Waive

Select the new Dental plan you would like to enroll in. Then select Update and Continue.

#### 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 (619) 725-8130 or send us a message at [employeebenefits@sandi.net](mailto:employeebenefits@sandi.net).

Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child

# PeopleSoft Employee Self-Service Open Enrollment Instructions

**II. Authorization to Obtain or Release Medical Information (Confidentiality of Medical Information Act, effective January 1, 1980, Section 56 et.seq. of the California Civil Code):** I hereby authorize my dentist, physician, health care practitioner, hospital, clinic, or other medical or medically-related facility to furnish an agent, designee, or representative of the dental plan in which I am enrolling as indicated above, any and all records pertaining to medical/dental history, services rendered, or treatment given to anyone enrolled hereunder or added hereunder for purpose of review, investigation, or evaluation of an application or a claim. I authorize such carriers or their agents, designees, or representatives to disclose to a hospital or health care service plan, self-insurer or insurer any such medical/dental information obtained, if such disclosure is necessary, to allow the processing of any claim. This authorization shall become effective immediately and shall remain in effect as long as is necessary to allow the processing of any claim.

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

**III. Arbitration Agreement:** I understand that any dispute or controversy that may arise regarding the performance, interpretation, or breach of the agreement between myself (and/or any enrolled eligible dependent) and the Delta Dental PPO Plan, Delta Care USA Dental or Western Dental whether arising in contract, tort, or otherwise, must be submitted to arbitration in lieu of a jury or court trial.

**IV. Dependent Coverage:** I have read and understand the provisions on this form pertaining to dependents who are eligible to be included in my dental, and/or vision coverage. I hereby certify that the individuals listed on this enrollment form, if any, meet those provisions. Additionally, I understand that dependents not listed on this enrollment form may be added only by submitting appropriate forms to the Employee Benefits Department within 31 days of the date the dependent becomes eligible for coverage or during the annual open enrollment period held in the fall.

Accept Your Choice

**IV. Dependent Coverage:** I have read and understand the provisions on this form pertaining to dependents who are eligible to be included in my dental, and/or vision coverage. I hereby certify that the individuals listed on this enrollment form, if any, meet those provisions. Additionally, I understand that dependents not listed on this enrollment form may be added only by submitting appropriate forms to the Employee Benefits Department within 31 days of the date the dependent becomes eligible for coverage or during the annual open enrollment period held in the fall.

Accept Your Choice

## Your Estimated Per-Pay-Period Cost

Your Cost      \$0.00

## Your Covered Dependent(s)

**Select Update Elections**

Dependent Information	
Name	Relationship
	Spouse
	Child
	Child

## Notes

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

# PeopleSoft Employee Self-Service Open Enrollment Instructions

## SECTION D: Flexible Spending Account Elections - FSA

**Enrollment Summary**

<b>Medical</b>	Your Costs	<input type="button" value="Edit"/>
Current: Kaiser Active Full Coverage:Family	0.00	
New: UHC HMO Network 1:Empl Only	Your Costs	<input type="button" value="Edit"/>
<b>Dental</b>	0.00	
Current: DeltaCare USA Actives:Family	Your Costs	<input type="button" value="Edit"/>
New: DeltaCare USA Actives:Family	0.00	
<b>Vision</b>	Your Costs	<input type="button" value="Edit"/>
Current: Vision Services Plan Actives:Family	0.00	
New: Vision Services Plan Actives:Family	Your Costs	<input type="button" value="Edit"/>
<b>Covered Spouse Deduction</b>	0.00	
Current: No Coverage	Before Tax	After Tax
New: No Coverage		<input type="button" value="Edit"/>
<b>FSA Health Spending Sec 125</b>	Before Tax	After Tax
Current: No Coverage		<input type="button" value="Edit"/>
New: No Coverage		
<b>FSA Dependent Day Care Sec 125</b>	Before Tax	After Tax
Current: No Coverage		<input type="button" value="Edit"/>
New: No Coverage		

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.

### Benefits Enrollment

#### FSA Health Spending Sec 125

The Health Care Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans.

**i** Your current coverage is: No Coverage. You will continue with this coverage if no change is made.

Your annual election must not exceed \$2,850.00, which is the maximum amount allowed for this account for the plan year. You must not exceed \$7,850.00 when you add up your annual election amounts for all Flexible Spending Accounts.

#### Select an Option

- No, I do not want to enroll
- Flex Spending Health

This plan requires that you specify an annual election amount.

Enrollment in the Health Care Flexible Spending Account (FSA) includes the option of using a Flex Debit Card. The debit card is not available with a Dependent Care FSA.

FOR HEALTH FSA ONLY: If you are interested in using this debit card, please check the box below marked "I wish to use a debit card as part of my enrollment". By checking that box, you understand that American Fidelity will: (1) Contact new participants that wish to use a debit card for eligible expenses or (2) Continue debit card enrollment for participants who currently use the card for expenses. Debit cards may be requested for dependents over age 18 by sending a message to American Fidelity at flex@americanfidelity.com.

Annual Election  [Worksheet](#) Select the Worksheet button to help calculate your annual election for the plan year.

I wish to use a debit card as part of my enrollment.

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.

# PeopleSoft Employee Self-Service Open Enrollment Instructions

Benefits Enrollment

## FSA Health Spending Sec 125

### Flexible Spending Accounts Worksheet

Use this worksheet to determine your Annual Election. Once you enter your New Annual Election, select the Calculate button to estimate your per-pay-period contributions.

Estimate from Per-Pay-Period Contributions

Your New Annual Election	<input type="text" value="0.00"/>
Minus Your Year-To-Date Contributions	0.00
Divided by Pay Periods Remaining	10
Estimated Per-Pay-Period Contribution	<input type="text" value="0.00"/>

[Return to Benefits Enrollment - Health Flexible Spending](#)

Calculate

This shows the Worksheet screen. Enter a new annual election amount to calculate the per pay period contribution.

Click on this link when finished.

Benefits Enrollment

## FSA Health Spending Sec 125

The Health Care Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans.

**1** Your current coverage is: No Coverage. You will continue with this coverage if no change is made.

Your annual election must not exceed \$2,850.00, which is the maximum amount allowed for this account for the plan year. You must not exceed \$7,850.00 when you add up your annual election amounts for all Flexible Spending Accounts.

### Select an Option

- No, I do not want to enroll
- Flex Spending Health

This plan requires that you specify an annual election amount.

Enrollment in the Health Care Flexible Spending Account (FSA) includes the option of using a Flex Debit Card. The debit card is not available with a Dependent Care FSA.

FOR HEALTH FSA ONLY: If you are interested in using this debit card, please check the box below marked "I wish to use a debit card as part of my enrollment". By checking that box, you understand that American Fidelity will: (1) Contact new participants that wish to use a debit card for eligible expenses or (2) Continue debit card enrollment for participants who currently use the card for expenses. Debit cards may be requested for dependents over age 18 by sending a message to American Fidelity at flex@americanfidelity.com.

Annual Election  [Worksheet](#) Select the **Worksheet** button to help calculate your annual election for the plan year.

I wish to use a debit card as part of my enrollment.

Update and Continue

Discard Changes

Click Update and Continue

# PeopleSoft Employee Self-Service Open Enrollment Instructions

## Benefits Enrollment

### FSA Health Spending Sec 125

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

#### Your Choice

You have chosen to enroll in the Flex Spending Health plan with an annual election of \$1,000.00.

#### Your Contributions

Your per-pay-period contribution will be \$100.00.

#### Notes

Once submitted, this choice will take effect on 01/01/2023.

Deductions for this choice will start with the pay period beginning 01/01/2023.

Update Elections

Discard Changes

Select the Update Elections button to store your choices.

Select the Discard Changes button to go back and change your choices.

Click Update Elections

## Benefits Enrollment

### FSA Dependent Day Care Sec 125

The Dependent Care Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

**i** Your current coverage is: No Coverage. You will continue with this coverage if no change is made.

Your annual election must not exceed \$5,000.00, which is the maximum amount allowed for this account for the plan year. You must not exceed \$7,850.00 when you add up your annual election amounts for all Flexible Spending Accounts.

#### Select an Option

No, I do not want to enroll

Flex Spending Dependent

This plan requires that you specify an annual election amount.

Enrollment in the Health Care Flexible Spending Account (FSA) includes the option of using a Flex Debit Card. The debit card is not available with a Dependent Care FSA.

FOR HEALTH FSA ONLY: If you are interested in using this debit card, please check the box below marked "I wish to use a debit card as part of my enrollment". By checking that box, you understand that American Fidelity will: (1) Contact new participants that wish to use a debit card for eligible expenses or (2) Continue debit card enrollment for participants who currently use the card for expenses. Debit cards may be requested for dependents over age 18 by sending a message to American Fidelity at flex@americanfidelity.com.

Annual Election

Worksheet

Select the Worksheet button to help calculate your annual election for the plan year.

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.

Update and Continue

Discard Changes

# PeopleSoft Employee Self-Service Open Enrollment Instructions

## SECTION E: How to Submit Final Changes and/or FSA Elections to Employee Benefits

**Enrollment Summary**

**Medical** Your Costs

Current: Kaiser Active Full Coverage Family  
 New: UHC HMO Network 1:Empl Only 0.00

**Dental** Your Costs

Current: DeltaCare USA Actives Family  
 New: DeltaCare USA Actives Family 0.00

**Vision** Your Costs

Current: Vision Services Plan Actives Family  
 New: Vision Services Plan Actives Family 0.00

**Covered Spouse Deduction** Your Costs

Current: No Coverage  
 New: No Coverage 0.00

**FSA Health Spending Sec 125** Before Tax After Tax

Current: No Coverage  
 New: No Coverage 0.00

**FSA Dependent Day Care Sec 125** Before Tax After Tax

Current: No Coverage  
 New: Flex Spending Dependent: \$0.00 0.00

**Click Save and Continue once you have made all plan changes and/or FSA election(s) for 2024**

This table summarizes the costs for your new benefit choices.

**Election Summary**

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

### Benefits Enrollment Submit Benefit Choices

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

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

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to this Enrollment Summary screen as many times as you'd like up until 11:59 pm on November 14, 2022. However, once you select the **Submit** button below, your benefit choices will be sent to the Employee Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or until you have an applicable Qualified Life Event.

By submitting your benefit choices you are authorizing San Diego Unified to take deductions from your paycheck (if applicable) to pay for your benefit costs. You are also authorizing the Employee Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

**Review Benefits Summary**

**Your new Benefits changes**

Plan Description	Benefit Plan Description	Coverage Code Descr
Medical	UHC HMO Network 1	Employee Only
Flex Spending Health - U.S.	Flex Spending Health	1000

**Your Current and New Benefits Summary**

Plan Description	Benefit Plan Description	Coverage Code Descr
Medical	UHC HMO Network 1	Employee Only
Dental	DeltaCare USA Actives	Employee Only
Vision	Vision Services Plan Actives	Employee Only
Flex Spending Health - U.S.	Flex Spending Health	1000

# PeopleSoft Employee Self-Service Open Enrollment Instructions

Your Current and New Benefits Summary		
Plan Description	Benefit Plan Description	Coverage Code Descr
Medical	UHC HMO Network 1	Employee Only
Dental	DeltaCare USA Actives	Employee Only
Vision	Vision Services Plan Actives	Employee Only
Flex Spending Health - U.S.	Flex Spending Health	1000

Your Dependent Benefits Summary				
Name	Relationship	Medical	Dental	Vision

Confirmation email sent to the address you provide here.

Click Submit to finalize all entries and send the information to the Employee Benefits Department

Please provide an email address to have the above Benefits Summary sent to your email account.

Use District Email Account  
 Use Other Email Account

Email Address:

Select the Submit button to send your final choices to the Employee Benefits Department.

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

**Congratulations! You have finished submitting your Open Enrollment selections for 2024!**

**Thank you for using PeopleSoft Employee Self-Service.**