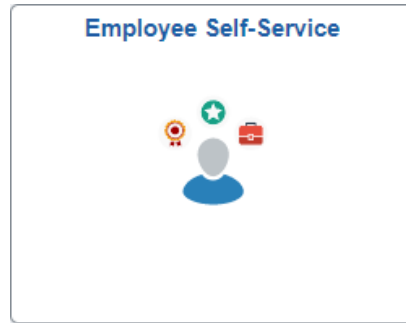Open Enrollment Employee Help sheet
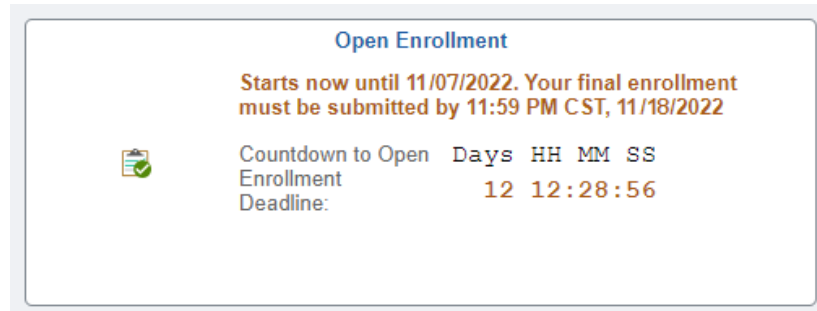
This guide will walk you through submitting an Open Enrollment Event.

1. Log into PeopleSoft. For help with logging into PeopleSoft, refer to Employee Self Service Password.
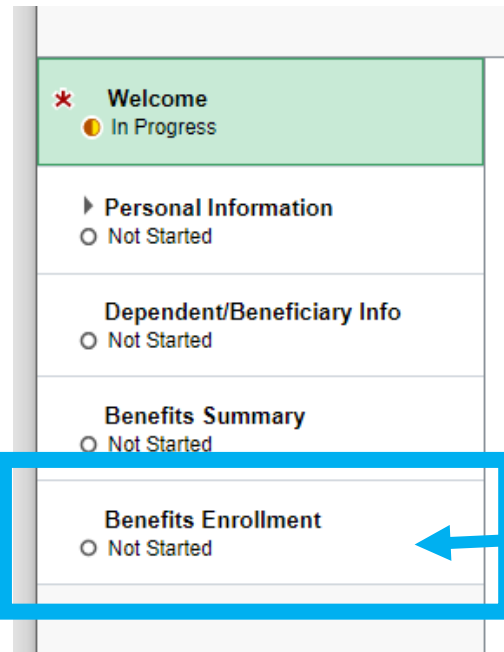
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2. Select the Employee Self-Service tile.

Employee Self-Service

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3. Select the big Open Enrollment tile.

Open Enrollment

Starts now until 11/07/2022. Your final enrollment must be submitted by 11:59 PM CST, 11/18/2022

Countdown to Open Enrollment Deadline: Days HH MM SS
                                          12 12:28:56

Welcome
🔴 In Progress

▶ **Personal Information**
○ Not Started

Dependent/Beneficiary Info
○ Not Started

Benefits Summary
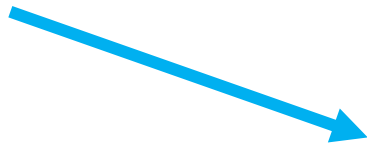○ Not Started

Benefits Enrollment
○ Not Started

4. Please review the following Tabs on the Left side:

      a. Personal Information – View Personal Information

      b. Dependent/Beneficiary Info – View/add dependents.

      c. Benefits Summary – View your current Benefits.

      d. Benefits Enrollment – To elect next year's Benefits.

5. When you are ready to start electing your benefits, click on Benefits Enrollment.

6. Click on each tile to change the benefits. Also add/remove dependents from a plan.

Benefits Enrollment

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 $0.00   Full Cost $0.00

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

Medical	Dental
Current No Coverage	Current No Coverage
New Waive	New Dental Insurance
Status Pending Review	Status Pending Review
👥 0 Dependents	👥 0 Dependents
Pay Period Cost $0.00	Pay Period Cost $0.00
Review	Review

Vision	Accident
Current No Coverage	Current No Coverage
New Waive	New Waive
Status Pending Review	Status Pending Review
👥 0 Dependents	👥 0 Dependents
Pay Period Cost $0.00	Pay Period Cost $0.00
Review	Review

Hospital Indemnity   Additional Life Insurance

For Each Tile

Current: This is the benefit plan that is currently in effect. This will plan will end 12/31/2022.

New: This is the benefit plan elected for next year. This plan will start 01/01/2023.

Status: This will let you know if you have looked at this benefit.

Dependents: The number of Dependents listed on the benefit for next year (2023).

Pay Period Cost: Cost per Paycheck

Medical

Current CoPay Plan Open Access
New Waive
Status **Pending Review**
👥 0 Dependents

Pay Period Cost $0.00

Review

If you are part of the Teachers union or the School and Community Service Professionals union, your District contribution will not be calculated into your Pay Period Cost during Open Enrollment. This is because you are on a Cafeteria plan.

7. If your dependent/s are not showing up here, you will need to click on Add/Update Dependent.

Skip to step 11 if you do not need to add additional dependents.

Dental

Cancel | **Dental** | Done

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

▼ 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
✓ Dental Insurance ⓘ			$0.00

Overview of All Plans

---

8. Then click Add Individual

Dependent and Beneficiary Information ✕

Add Individual

Name	Relationship	Beneficiary	Dependent

---

9. Enter the information required to add a dependent for benefits enrollment. The red boxes show the minimum requirements. Click Save in the top right corner when you are done.

Cancel | **Add Individual Dependent/Beneficiary Information** | Save

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on the effective date of the Life Event.

Name

Add Name

Personal Information

*Date of Birth	📅
*Gender	▾
*Relationship to Employee	▾

Dependent

Beneficiary

*Marital Status	Single ▾	As of	📅
*Student	No ▾	As of	📅
*Disabled	No ▾	As of	📅
*Smoker	Non Smoker ▾	As of	📅

Address

Address	Address Type	Same as mine	
Address	Home	Same as mine	>

National ID

No data exists

10. After adding the information for your dependent, they will show up here. Click the X in the top right corner to return back to the previous page where you were selecting the benefit.

Dependent and Beneficiary Information   ✕

Add Individual

Name	Relationship	Beneficiary	Dependent	
FirstName LastName (First)	Child	✓	✓	›

---

11. Follow this process to select a Benefit Plan.

A. For each benefit plan select the plan you want. If Waive is check marked, there will be no coverage.

B. If you are adding dependents. Check the box next to their name.

C. You will need to enter your Primary Care Provider/Clinic before completing your benefit

If you don't know how to pick a Primary Care Provider/Clinic. Refer to this guide and open the Primary Care Provider List for 2023 and the PEIP Medical Comparison chart.

D. Click Done when you are complete.

If you are part of the Teachers union or the School and Community Service Professionals union, your District Contribution will <mark>not</mark> be calculated into your Pay Period Cost during Open Enrollment. This is because you are on a Cafeteria plan.

Cancel   **Medical**   Done

SPPS Medical choices available to you are determined by your union. SPFE members and SUTR options with PEIP. Other employee groups have options under Medica.

▼ **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
☑ Elizab... alsey	Child
☑ Jack ...	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Family 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	PEIP - HP - Advantage HSA	ⓘ	$876.94		$876.94
Select	PEIP - HP - Advantage HSA	ⓘ	$876.94		$876.94
Select	PEIP - HP - Advantage High	ⓘ	$1281.97		$1281.97
Select	PEIP - HP - Advantage Value	ⓘ	$1151.51		$1151.51
Select	PEIP - BCBS - Advantage High	ⓘ	$1281.97		$1281.97
Select	PEIP - BCBS - Advantage Value	ⓘ	$1151.51		$1151.51
✓	PEIP - BCBS - Advantage HSA	ⓘ	$876.94		$876.94
Select	PEIP - PreferOne - Advan High	ⓘ	$1281.97		$1281.97
Select	PEIP - PreferOne - Advan Value	ⓘ	$1151.51		$1151.51
Select	PEIP - PreferOne - Advan HSA	ⓘ	$876.94		$876.94

Overview of All Plans

▼ **Select Primary Care Provider**

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. The primary care provider list link will provide a list of providers, if you are unsure of the provider.

*Your Primary Care Provider ID [   ]

I have visited this provider before   No

Use the same provider for all dependents   No

Primary Care Provider List

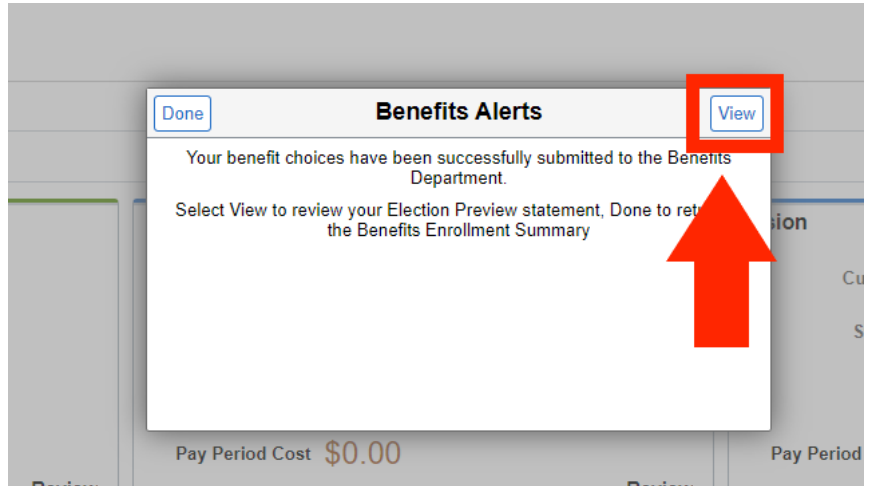| Dependents	Primary Care Provider ID	Visited this provider before
Elizabeth (Elizabeth) Halsey	[ ]	No
Jack (Jack) Griffin	[ ]	No

13. After you click Done, you will see the change on the Benefit Enrollment page. The border of the tile will turn <mark>green</mark> once you have completed the tile. The Tile will only turn <mark>green</mark> if you click Done inside each tile, even if you did not change anything.

<mark>If you do not elect anything for a tile, you risk losing that coverage. Make sure that you re-elect Medical, Dental, and any Flex-Spending or HSA Spending Accounts before submitting, or you will default to core/no coverage.</mark>

Please refer to your Bargain Units [Benefits Summary](#) for Core Coverage.

| Cancel | **Dental** | Done |

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

Cancel | ‹ Previous | Next ›

Benefit Enrollment

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 | $41.35 | | Full Cost | $41.35 |

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment

Dental

Benefit Plans

Medical

Current Waive
New Waive
Status Visited
👥 0 Dependents

Pay Period Cost $0.00

Review

Dental

Current Dental Insurance
New Dental Insurance
Status ✅ Changed
👥 1 Dependents

Pay Period Cost $41.35

Review

Vision

Accident

---

15. After reviewing your elected benefits, click Submit Enrollment to complete your Open Enrollment.

Benefits Enrollment

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 | $975.07 | | Full Cost | $975.07 |

Status **Pending Review**

Submit Enrollment

LTD STD
Medical

Benefit Plans

Medical

Current PEIP - HP - Advantage HSA
New PEIP - HP - Advantage HSA

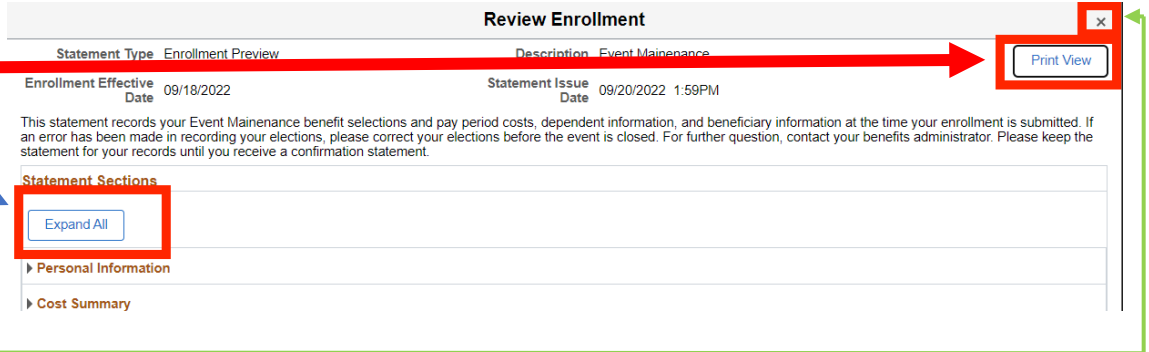**Dental**

Current Dental Insurance
New Dental Insurance

16. After you click Submit Enrollment, You can get a print out of your elected benefits on this page. Click View.

Benefits Alerts

Done | View

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

Select View to review your Election Preview statement, Done to return the Benefits Enrollment Summary
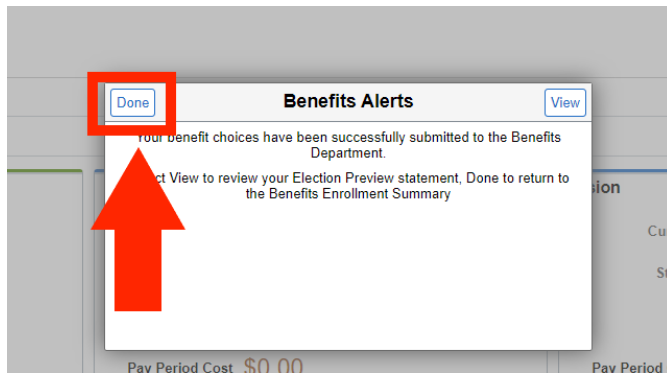
Pay Period Cost $0.00

17. To get a Printable view, click Print View in the top right.

Click expand all to view all of the benefits elected.

Click in the x in the top right corner to return back to the previous page.

Review Enrollment

Statement Type Enrollment Preview   Description Event Mainenance   Print View

Enrollment Effective Date 09/18/2022   Statement Issue Date 09/20/2022 1:59PM

This statement records your Event Mainenance benefit selections and pay period costs, dependent information, and beneficiary information at the time your enrollment is submitted. If an error has been made in recording your elections, please correct your elections before the event is closed. For further question, contact your benefits administrator. Please keep the statement for your records until you receive a confirmation statement.

Statement Sections

Expand All

▶ Personal Information

▶ Cost Summary

18. Click Done.

Done | **Benefits Alerts** | View

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

Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary

Pay Period Cost $0.00

After you click done. It will show Submitted next to Status.

Benefits Enrollment

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 $20.99   Full Cost $20.99
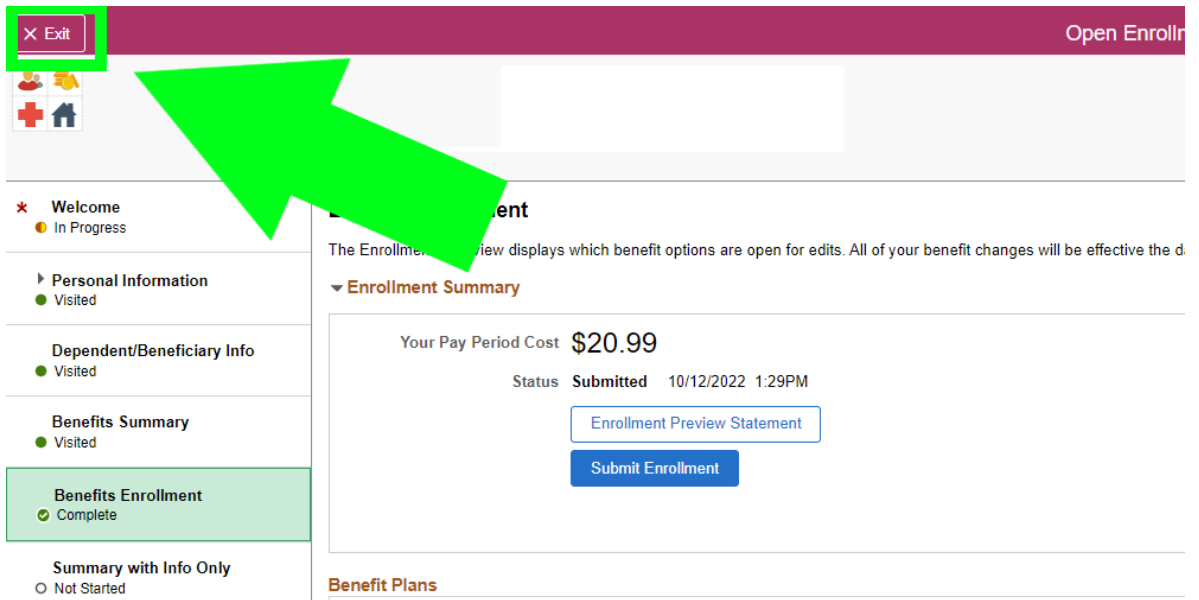
Status   **Submitted**

Enrollment Preview Statement

Submit Enrollment

Em...   Vision
Hospital

19. Click Exit.

× Exit   Open Enrollm

Welcome
● In Progress

▶ **Personal Information**
● Visited

Dependent/Beneficiary Info
● Visited

Benefits Summary
● Visited

Benefits Enrollment
⊘ Complete

Summary with Info Only
○ Not Started

ent

The Enrollme... iew displays which benefit options are open for edits. All of your benefit changes will be effective the d

▼ **Enrollment Summary**

Your Pay Period Cost $20.99

Status   **Submitted**   10/12/2022 1:29PM

Enrollment Preview Statement

Submit Enrollment

Benefit Plans