Dental, Vision, Medical Flex Cash, Dental Flex Cash, Flexible Benefit eligible employees may enroll themselves and their Spending Health (HCRA) and Flexible Spending Dependent family members, in the following benefit plans: Medical,  

1. 2. 3. 4.  

Once signed in, select the New Enrollment or Decline Coverage radio button.  

5.  

1. It is a voluntary benefit plan which allows you to pay eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents.  

6.  

7.  

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10. 11. 12.  

Life Events/Family Status Change  

Details regarding Life Events and qualified Family Status Changes can be found here. Similar to that of your initial enrollment, all Life Events/Family Status Changes MUST be reported within 60 days of the event.
3. Use the drop-down list to indicate your LifeEvent Type
4. Use the drop-down list to provide details regarding the specific Life Event
5. Enter the appropriate Event Date
6. Click [Continue]
7. Please review the Life Event Rules page for details regarding plan change eligibility for the most commonly reported life events. Please contact the Benefits Office for details regarding life events not listed.
8. Click [Continue]
9. Use the drop-down list to provide current Marital Status
10. Medical Plan Selection: click the appropriate radio button based on life event:
   a. No Change: no changes to current plan
   b. Add/Del Dependent: add or delete dependent
   c. New Enrollment: plan enrollment
   d. Cancel Enrollment: cancel coverage
   e. Decline Coverage: forgo benefit option
11. Eligible employees may wish to decline medical coverage and enroll in Flex Cash. Please review the FlexCash Plan document for information regarding eligibility.
   a. No Change: no change to current plan
   b. New Enrollment: plan enrollment
   c. Cancel Enrollment: cancel coverage
   d. Decline Coverage: forgo benefit option
12. Dental Plan Selection: click the appropriate radio button based on life event:
   a. No Change: no changes to current plan
   b. Add/Del Dependent: add or delete dependent
   c. New Enrollment: plan enrollment
   d. Cancel Enrollment: cancel coverage
   e. Decline Coverage: forgo benefit option
13. Eligible employees may wish to decline dental coverage and enroll in Flex Cash. Please review the FlexCash Plan document for information regarding eligibility.
   a. No Change: no change to current plan
   b. New Enrollment: plan enrollment
      i. Enter the SSN, Insurance Carrier and Policy Number of plan holder.
   c. Cancel Enrollment: cancel coverage
   d. Decline Coverage: forgo benefit option
14. Vision Plan: Eligible employees will be automatically enrolled in the employer paid basic plan. Employees have the option of enrolling in the VSP Premium Plan which involves a monthly premium. To enroll in the VSP Premium Plan, please visit the VSP website.
15. Flex Spending Accounts: Health Care Reimbursement Account (HCRA)
   Select the appropriate radio button based on life event:
   a. No Change: no change to existing coverage
   b. New Enrollment: establish new monthly deduction
   c. Change Monthly Amount: alter monthly deduction
   d. Cancel Enrollment: cancel monthly deduction
16. Flex Spending Accounts: Dependent Care Reimbursement Account (DCRA)
   Select the appropriate radio button based on life event:
   a. No Change: no change to existing coverage
   b. New Enrollment: establish new monthly deduction
   c. Change Monthly Amount: alter monthly deduction
   d. Cancel Enrollment: cancel monthly deduction
15. Add Dependent(s): Click the Add New Dependent hyperlink
   a. Enter the Personal Information of the dependent
   b. Select the Same Address as Employee checkbox or use the Edit Address hyperlink to provide current address
   c. Select the Same Phone as Employee checkbox or enter Phone number in text field
   d. Click [OK]
   e. The dependent summary displays
      i. Select the appropriate plan action from the drop-down list for relevant plan(s).
      - Add
      - No Change
      - Remove
16. Click [Continue] to proceed
17. Review Effective Date of Coverage overview.
18. Review, Complete and Submit any required Supporting Documentation to Human Resources, SA 2600 in order to finalize elections.
19. After you have read the Disclosure and Privacy statement, please populate the checkbox.
20. Review the Electronic Signature to Authorize Elections statement
   a. Click [Sign]
   b. Click [Submit] to submit election request
   c. Information regarding the review period displays, please click [OK] to be redirected to Summary page

If you have questions regarding benefits please contact Josie Robles Gonzales at (510) 885-7503 or send your health benefit related email to HR@csueastbay.edu