



CAL STATE EAST BAY

HUMAN RESOURCES & PAYROLL SERVICES

Sign in to **MYHR**

1. Open your internet browser (Firefox is recommended) and Log in to **MyHR** using your NetID and Password.
2. Click the **SIGN IN** button

Open Enrollment

The Annual Open Enrollment period provides an opportunity for employees to make changes to their health plans. It is your once-a-year opportunity to review new offerings and make additions, changes or deletions to your health plans for the coming year.

During this time, you may add or delete dependents, change your health or dental plan, and enroll or cancel [FlexCash](#). If you are currently a [Flexible Spending Account participant \(HCRA/DCRA\)](#), you must re-enroll in the plan for next year as this plan requires an annual enrollment. If you are not a current HCRA/DCRA participant, and wish to enroll, you may do so during Open Enrollment.

1. Once signed in, select the **Employee** tab
2. Click the **Open Enrollment** link in the Benefits section
3. Click the **Select** button located next to your Job Title
4. **Medical Plan:** Current and New Medical plan details are visible for employee review. To initiate a change, click the **Edit** button located next to Medical
 - a. Employees are encouraged to utilize the [CalPERS Health Plan Chooser](#) link to assist with obtaining additional information regarding plans available in your area.
 - b. Click the **Overview of all Plans** hyperlink for plan costs at-a glance

- I. Click **Return** to Select an Option
 - c. If you are enrolling in medical benefits, you must select a **Medical Plan** by populating the radio button located next to the plan in which you wish to enroll, **Flex Cash** enrollees should select the **Waive** option.
5. Click **Add/Review Dependents** to Add new dependents to your list or review bio-demo details regarding existing dependents.
 - a. Click the Add a dependent or beneficiary link to Add a new dependent
 - I. You must provide the following information: First, Middle and Last Name, Gender, SSN, Relationship, Address
 - II. Click **Save**
 - III. Click **OK** to confirm Entry
 - IV. Select the **Return to Dependent/Beneficiary Summary** hyperlink
 - V. Select the **Return to Event Selection** hyperlink to continue
 6. Populate the **Enroll checkbox** to enroll one or more of your dependents
 7. Click **Continue** to proceed
 8. Changes will be summarized for employees, click **OK** to continue
 9. **Dental Plan:** Current and New Dental plan details are visible for employee review. To initiate a change, click the **Edit** button located next to Dental
 - a. Click the **Overview of all Plans** hyperlink for plan costs at-a glance
 - I. Click **Return** to Select an Option

- b. If you are enrolling in Dental benefits, you must select a **Dental Plan** by populating the radio button located next to the plan in which you wish to enroll, **Flex Cash** enrollees should select the **Waive** option.
10. Click **Add/Review Dependents** to Add new dependents to your list or review bio-demo details regarding existing dependents.
 - a. Click the Add a dependent or beneficiary link to Add a new dependent
 - I. You must provide the following information: First, Middle and Last Name, Gender, SSN, Relationship, Address
 - II. Click **Save**
 - III. Click **OK** to confirm Entry
 - IV. Select the **Return to Dependent/Beneficiary Summary** hyperlink
 - V. Select the **Return to Event Selection** hyperlink to continue
 11. Populate the **Enroll checkbox** to enroll one or more of your dependents
 12. Click **Continue** to proceed
 13. Changes will be summarized for employees
 14. Click **OK** to continue
 15. **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.*
 16. Current and New plan details are visible for employee review
 17. Click **Edit** located next to Vision

18. Click to Add new dependents to your list or review bio-demo details regarding existing dependents.
- Click the Add a dependent or beneficiary link to Add a new dependent
 - You must provide the following information: First, Middle and Last Name, Gender, SSN, Relationship, Address
 - Click
 - Click to confirm Entry
 - Select the **Return to Dependent/Beneficiary Summary** hyperlink
 - Select the **Return to Event Selection** hyperlink to continue
19. Populate the **Enroll checkbox** to enroll one or more of your dependents
20. Click to proceed
21. Changes will be summarized for employee review
22. Click to continue
23. **Dental Flex Cash:** *Eligible employees may wish to decline medical coverage and enroll in Flex Cash.* Please review the [FlexCash Plan](#) document for information regarding eligibility.
- Current and New coverage details are visible for employee review.
 - If you are enrolling in dental flex benefits, Select the radio button located next to **Flex Cash –Dental**, existing *Flex Cash – Dental* participants wishing to enroll in a **Dental** plan must select the **Waive** option.
 - Enter the **SSN, Insurance Carrier and Policy Number of plan holder.**
 - Click to proceed
24. **Medical Flex Cash:** *Eligible employees may wish to decline medical coverage and enroll in Flex Cash.* Please review the [FlexCash Plan](#) document for information regarding eligibility.
- Current and New coverage details are visible for employee review.
 - If you are enrolling in medical flex benefits, Select the radio button located next to **Flex Cash –Medical**, existing *Flex Cash – Medical* participants wishing to enroll in a **Medical** plan must select the **Waive** option.
 - Enter the **SSN, Insurance Carrier and Policy Number of plan holder.**
 - Click to proceed
 - Changes will summarize for employee review
 - Click to confirm entry
25. **Flex Spending Health Care Reimbursement Account (HCRA):** *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. Annual re-enrollment during Open Enrollment is required.*
- Click located next to Flex Spending Health
 - Select the radio button located next to Flex Spending Health
 - Enter total **Annual** contribution or
 - Select the **Worksheet** hyperlink for assistance, enter pledge and click
 - Click **Return**
 - Click to proceed
26. **Flex Spending Dependent Care Reimbursement Account (DCRA)** *is a voluntary benefit plan which allows you to pay day care expenses for children under 13, an incapacitated spouse or other dependent adult that lives with you. Annual re-enrollment during Open Enrollment is required.*
- Click located next to Flex Spending Dependent
 - Select the radio button located next to Flex Spending Dependent
 - Enter total **Annual** contribution or
 - Select the **Worksheet** hyperlink for assistance, enter pledge and click
 - Click **Return**
 - Click to proceed
 - Changes will be summarized for employee.
 - Click to confirm entry
27. Once elections have been submitted, Click to authorize enrollment request(s)
28. **Eligibility Documentation:** Dependent benefit elections are not finalized until you provide the necessary documentation to Human Resources, located in the Student Administration building, room 2600
29. Review and populate **Disclosure and Privacy** checkbox
30. Review **Electronic Signature to Authorize Elections information**
- Click to populate e-signature
31. Click to proceed
32. Click to finalize submission
- III. Changes will summarized for employees, click to continue
- V. Changes will be summarized for employee.
- VI. Click to confirm entry