Sign in to **MYCSUEB**

1. Open your internet browser (Firefox is recommended) and Log in to **MYCSUEB** 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 a plan. It is your once-a-year opportunity for employees to make changes to their health plans for the coming year.

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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 Add Review Dependents to Add a dependent or beneficiary link to Add a new dependent. 
   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 to confirm Entry
   III. Click Continue to proceed
   IV. Select the Return to Dependent/Beneficiary Summary hyperlink
   V. Select the Return to Event Selection hyperlink to continue

19. Populate the Enroll checkbox to enroll one or more of your dependents.

20. Click Continue to proceed

21. Changes will be summarized for employee review

22. Click OK 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.
   a. Current and New coverage details are visible for employee review.
   b. 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.
      I. Enter the SSN, Insurance Carrier and Policy Number of plan holder.
      II. Click Continue 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.
   a. Current and New coverage details are visible for employee review.
   b. 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.
      I. Enter the SSN, Insurance Carrier and Policy Number of plan holder.
      II. Click Continue to proceed
      III. Changes will summarize for employee review
      IV. Click OK 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.**
   a. Click Edit located next to Flex Spending Health
   b. Select the radio button located next to Flex Spending Health
      I. Enter total Annual contribution or
      II. Select the Worksheet hyperlink for assistance, enter pledge and click Calculate
      III. Click Return
      IV. Click Continue to proceed
      V. Changes will be summarized for employee.
      VI. Click OK to confirm entry

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.**
   a. Click Edit located next to Flex Spending Dependent
   b. Select the radio button located next to Flex Spending Dependent
      I. Enter total Annual contribution or
      II. Select the Worksheet hyperlink for assistance, enter pledge and click Calculate
      III. Click Return
      IV. Click Continue to proceed
      V. Changes will be summarized for employee.
      VI. Click OK to confirm entry

27. Once elections have been submitted, Click Proceed to Save 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**
   a. Click Sign to populate e-signature

31. Click Proceed to Save to proceed

32. Click Save to finalize submission