eBenefits

How to Make Open Enrollment Elections Using eBenefits

Summary: This is a tutorial on how to access eBeneifts and to make your benefit elections online.

To access eBenefits you can use a computer, tablet, mobile device or smart phone. Screens may look different from your mobile device.

- 1. Log into the Myapps Dashboard
 - a. Open a web browser For compatibility, Chrome,
 Firefox, Safari or Microsoft
 Edge are recommended.
 Do not use Internet Explorer.
 - b. Go to https://myapps.sfgov.org
 - c. Enter your Employee ID/DSW #
 - d. Enter your password
 - e. Click on Agree & Sign In

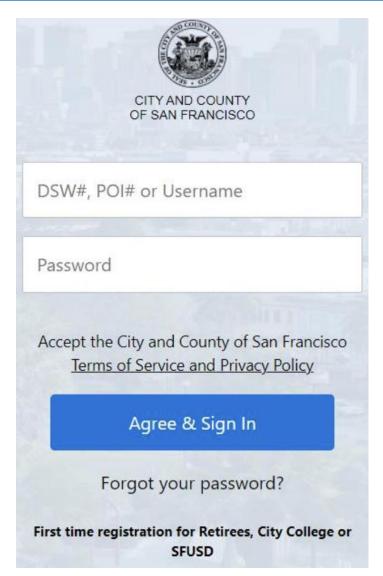
*Note: If your DSW is a length of 6 and has a leading zero, do not include the leading zero, but include the remaining 5 digits. If your DSW with a length of 5 has a leading zero, keep the zero when you enter your DSW.

For Community College and SFUSD employees this ID is your ID from the benefits system and not your employer's ID.

If you are unable to log into the Employee Portal, please contact the City and County of San Francisco's Department of Technology Help Desk at **(628) 652-5000**.

You will be asked to provide your DSW Number and some additional information to validate your identity.

If you do not know your DSW Number or if your Open Enrollment link does not work, contact SFHSS directly at **(628) 652-4700**.



- 2. Access SF Employee Portal
 - a. Click on the SF Employee Portal Tile



SF Employee Portal

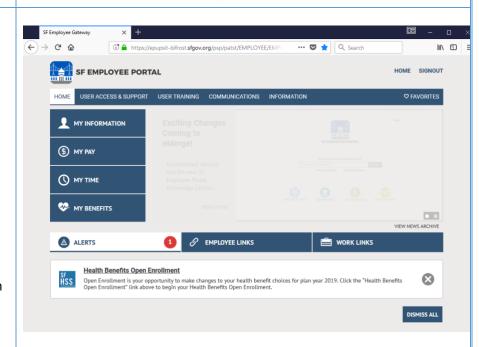
- Click on the link for Health Benefits Open Enrollment. Several links are available.
 - a. Link under Alert tab (shown)
 - b. Article on portal
 - c. Link under the eBenefits headin on the Employee Links tab.

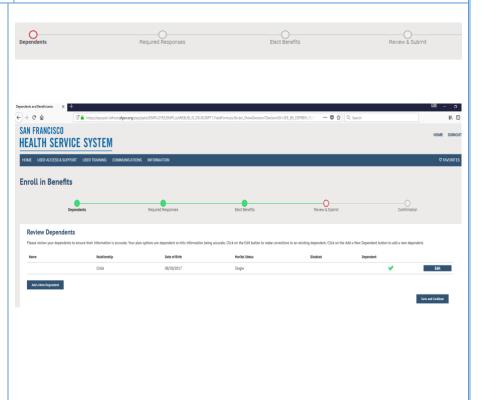
*Note: if you do not have a link for Open Enrollment or your link does not initiate an online benefit elections session, please contact SFHSS at (628) 652-4700.

Under the "Enroll in Benefits" title, is a navigation bar which identifies where you are in the process. As you complete steps the circles (bread crumbs) under "Dependents", "Required Responses", "Elect Benefits", "Review & Submit" and "Confirmation" will fill in with green.

To navigate through, click on the Save and Continue button to page through the screens. If you return to make additional changes, you can use the bread crumbs to navigate to the different sections.

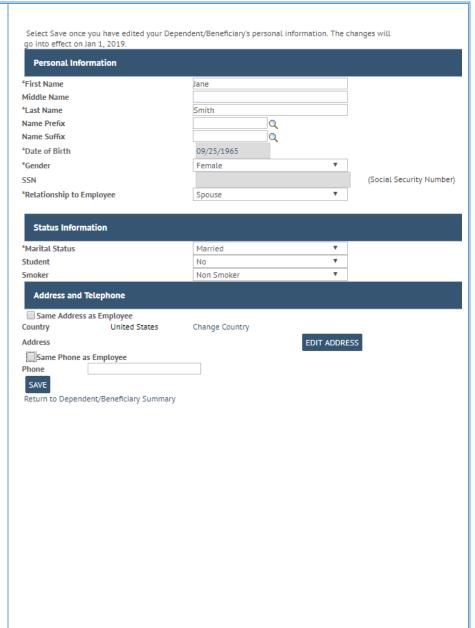
4. The first page of eBenefits is where you will review / edit your existing dependents and add new dependents.





Note: There are limitations on which fields can be edited for an existing dependent. Contact the SF Health Service System at **(628) 652-4700** for assistance.

- 5. Edit an existing Dependent
 - a. Click the Edit Button to the right of the dependent's name.
 - b. In the box that opens, click the edit button located in the lower left corner
 - After the edit button is clicked, approved fields within the box become editable
 - d. Make your changes
 - e. Click on the blue save button in the lower left hand corner (this is the same location where the edit button was located)
 - f. If your dependent's address is different from your address, uncheck the "Same Address as Employee" box which will then reveal an "Edit Address" button.
 - g. Click on the Edit Address button to make address changes
 - h. If your dependent's phone is different from your phone, unchceck the "Same Phone as Employee" box and enter the phone number into the phone field.
 - When your changes have been completed, click the Save button.

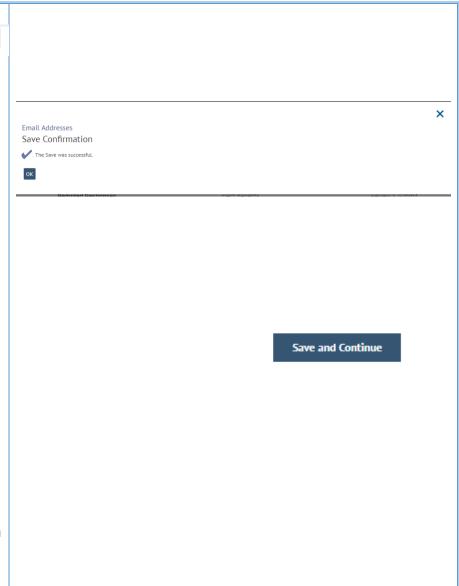


6. Add a new dependent Select Save once you have added your Dependent/Beneficiary's personal information. This information Click the Add a New Dependent Personal Information button from the Review Dependents page *First Name Middle Name b. Complete the information in the *Last Name box that opens Name Prefix c. If the dependents address is Name Suffix Q Date of Birth different from your own, de-select *Gender Male the "Same Address as Employee" (Social Security N SSN check box and click on the Edit *Relationship to Employee Address button that is revealed. Complete the fields and click OK Status Information d. Once you have completed *Marital Status Single entering information, click the Student No As of Save button located in the lower left hand corner. **Address and Telephone** e. You will return to the Review Dependents page and your newly Same Address as Employee Country United States Change Country added dependent will be listed. EDIT ADDRESS Address Same Phone as Employee Phone SAVE 7. When you have completed reviewing dependents, click on the Save and Continue button to proceed to the next screen. Save and Continue **Confirm Personal Information** 8. Confirm your personal information a. Your name, address, email and Please validate the information listed below. To make a change, click the corresponding edit icon. emergency contact information Full Name: will appear Jane D. Doe. Home Address: 1234 Anystreet Ave. b. Click the edit icon (pencil) for any San Francisco, CA 94107 of the values you would like to Mailing Address: 1234 Anystreet Ave. San Francisco, CA 94107 change. A box will pop open. **Business Number:** 555/555-5555 c. When editing your address, you 555/555-5555 Cell Number: can click the pencil to edit the **Business Email:** Jane.D.Doe@sfgov.org existing address or Home Email: Jane.D.Doe@sfgov.org use the ADD button to add Emergency Contacts: Doe, S. Jane (Primary) - Spouse another address (such as a mailing If you need additional assistance editing your personal information, please do one of the following: address). Health benefits • If you are an active employee, please contact your department HR representative. enrollment requires a home If you are a retired employee, please contact the San Francisco Health Service System at (628) 652-4700. address. d. To edit phone and email information, you can click the

garbage can to delete an existing address or click on the Add Email Addres button to add an aditional address. You can also select the "Preferred" check box to indicate your preferred contact method.

- e. When editing your personal contacts, you can click the pencil icon to edit your existing contact, click the garbage can icon to delete your existing contact, and click on the Add Emergency Contact button to add a new contact.
- f. For each element you change (address, phone, email, emergency contact), click on the save button. A save confirmation message appears. Click the X in the top right corner to return to the Confirm Personal Inforamtion Page.
- g. Click the Save and Continue Button.

Note: CSF and CRT employees will not be able to edit personal information during payroll processing. An alert on the Employee portal page will notify you if you are accessing the system during this time. Note: City College and SFUSD employees cannot update their contact information and must update it with their employer.



New Coverage

- 9. Review your current elections
 - a. In this screen you will view your current elections and see what your costs will be for the next plan year if your elections are the same.
 - b. If you only need to re-enroll in your FSA (if applicable) and you will not be making any other changes, click on the yes button and then click on the Save and Continue button. You will have an opportunity to elect your FSA. Proceed to the section of the document for entering an FSA
 - c. If you would like to make other changes to you benefit elections, click the No button and then click on the Save and Continue button.

Current Elections

Please review your current and new elections. If you have no changes to your other benefits in the list of elections, select the "Yes" button below. If you would like to make changes to the list of elections, select the "No" button below. Click to "Save and

Active employees: Some union contracts provide for Employer-paid Long-Term Disability, Group Life and Computer Vision Care. You cannot elect to enroll or disenroll from these. If you have no changes to the other benefits, you can still enroll in a Healthcare or Dependent Care FSA on a later screen.

Plan	Current Election	Current Coverage Level	New Election	Level	My Cost
Medical	Blue Shield HMO	Member plus two or more dependents	Same	Same	\$ 921.11
Dental	Delta Dental PPO	Member plus two or more dependents	Same	Same	\$ 6.92
Vision Premier	No Coverage		Vision Premier Plan	Member Only	\$ 5.01
VDT	Computer Vision Care	Member Only	Same	Same	\$ 0.00
Life	Municipal Executives Assoc 50K	\$50,000	Same	Same	\$ 0.00
Long-Term Disability	Grp Long Term Disability 66.6%	66.667% of Salary	Same	Same	\$ 0.00

Are you happy with the new elections shown above?



O No

- 10. Choose a Medical Plan (basic vision is included for you and your dependents who are enrolled in a medical plan.)
 - a. On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
 - b. Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
 - c. At the top of this screen is a listing of your dependents. Those with the check box selected are enrolled. To enroll a dependent

Choose a Medical Plan

Current Medical Plan Election

Blue Shield Trio Blue Shield of California Member plus two or more dependents

Benefit Guide

not currently enrolled, place a check in the box by clicking on it. To dis-enroll a currently enrolled dependent, remove the check from the box by clicking on the box. To waive this coverage and not elect any plans, click on the check box next to "Waive this coverage".

- d. Scroll down to view available medical plans. The currently elected plan is highlighted in green and will always appear first in the list. Your costs are based on the number of dependents you selected above and will change as you enroll or disenroll dependents.
- e. Click on the directional arrow to scroll right to view all the plans. You may have to scroll down to see the arrow.
- f. Each plan will have two buttons. The plan name links you to all the plan documents which will open in another tab of your browser. The provider search button will open another tab in your browser to take you to the vendor's site.
- g. Click on "Elect this Plan" at the top of the plan in which you would like to enroll. Once you have selected the plan, the label changes to green and indicates it is the currently elected plan.
- h. If you elected a plan and have decided you don't want to enroll in any plan, click the "waive this coverage" checkbox at the top of the page.
- If you have completed your election, or if you do not wish to change the currently elected plan, click on the Save and Continue button.

Who would you like to enroll in this plan?

Waive this coverage

Enroll Name Relationship

Self

Spouse
Child
Child
Child

Available Plans (5)

Kolser Permanente HMO
Kolser Permanente
Currently Elected
5-375.04

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Blue Shield of California

Elect this Plan

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Trio HMO - Blue Shield of CA

Elect this Plan

\$ -283.26 \rightarrow hy Cast

\$ -10.32 \rightarr

Blue Shield of CA PPO Accolade

Access+ HMO -Blue Shield of CA

Blue Shield Trio Search for providers in this plan

Elect this Plan

Currently Elected

Save and Continue

- 11. Choose a Dental Plan (if applicable else skip to the next section of this document)
 - a. On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
 - b. Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
 - c. At the top of this screen is a listing of your dependents. Those with the check box selected are enrolled. To enroll a dependent not currently enrolled, place a check in the box by clicking on it. To dis-enroll a currently enrolled dependent, remove the check from the box by clicking on the box. To waive this coverage and not elect any plans, click on the check box next to "Waive this coverage".
 - d. Scroll down to view available dental plans. The currently elected plan is highlighted in green and will always appear first in the list. Your costs are based on the number of dependents you selected above and will change as you enroll or disenroll dependents.
 - e. Click on the directional arrow to



scroll right to view all the plans. You may have to scroll down to

see the arrow.

f. Each plan will have two buttons. The plan name links you to all the plan documents which will open in another tab of your browser.

Choose a Dental Plan Current Dental Plan Election Delta Dental PPO Delta Dental Member plus two or more dependents Benefit Guide Who would you like to enroll in this plan? Waive this coverage Enroll Name Relationship 4 Self * Spouse * Child * Child Child Available Plans (3) DeltaCare USA DMO Delta Dental PPO UnitedHealthCare Dental DMO Delta Dental DeltaCare USA United Healthcare - Pacific Union Dental Elect this Plan **Currently Elected** Elect this Plan \$ 0.00 \$ 6.92 \$ 0.00

The provider search button will open another tab in your browser to take you to the vendor's site.

- g. Click on "Elect this Plan" at the top of the plan in which you would like to enroll. Once you have selected the plan, the label changes to green and indicates it is the currently elected plan.
- h. If you elected a plan and have decided you don't want to enroll in any plan, click the "waive this coverage" checkbox at the top of the page.
- If you have completed your election, or if you do not wish to change the currently elected plan, click on the Save and Continue button.

12. Enroll in Vision Premier
Note: Vision Premier is enhanced vision
coverage in addition to the basic vision
coverage included with your medical
enrollment. Vision Premier is only
available to you and dependents who are
enrolled in a medical plan. If you enroll in
Vision Premier, all your dependents who
are enrolled in medical will also be
enrolled into the Vision Premier Plan.

- a. On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
- b. Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
- c. At the top of this screen is a listing of your dependents. Those with the check box selected are enrolled. To enroll a dependent not currently enrolled, place a

UnitedHealthCare Dental DMO

Search for providers in this plan

Elect this Plan

Currently Elected

Save and Continue

Enroll in a Vision Premier Plan

Current Vision
Premier Plan Election

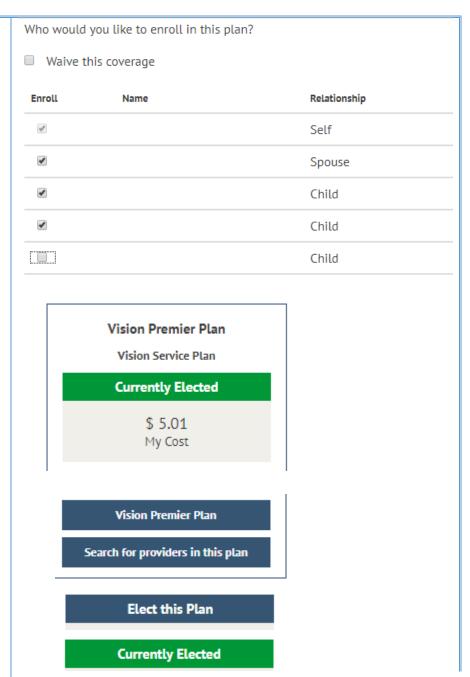
No Coverage

Benefit Guide

Save and Continue

check in the box by clicking on it. To dis-enroll a currently enrolled dependent, remove the check from the box by clicking on the box. Your enrollment in Vision Premier must match the individuals you enrolled in medical. To waive this coverage and not elect any plans, click on the check box next to "Waive this coverage".

- d. Scroll down to view details about the Vision Premier plan. Your costs are based on the number of dependents you selected above and will change as you enroll or disenroll dependents.
- e. The plan will have two buttons.
 The plan name links you to all the plan documents which will open in another tab of your browser.
 The provider search button will open another tab in your browser to take you to the vendor's site.
- f. Click on "Elect this Plan" at the top of the plan in which you would like to enroll. Once you have selected the plan, the label changes to green and indicates it is the currently elected plan.
- g. If you elected a plan and have decided you don't want to enroll in any plan, click the "waive this coverage" checkbox at the top of the page.
- h. If you have completed your election, or if you do not wish to change the currently elected plan, click on the Save and Continue button.



- 13. Enroll in a Healthcare FSA (if applicable else skip to the next section of this document)
 - a. On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
 - b. Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
 - c. To learn more about flexible spending accounts, click on the words "Flexible Spending Plan Details" to open another tab in your browser for the FSA plan. Click on the tab with the eBenefits to return to your online enrollment.
 - d. Click the check box to Enroll in Health Care FSA. An additional section will display where you can enter your annual election amount. If you were already enrolled
 - e. Click on the Save and Continue button.

Choose Flex Spending Health - U.S.

Current Flex Spending Health - U.S. Plan Election

Waived

Benefit Guide

Choose a Flex Spending Health - U.S. Plan

A Healthcare FSA can pay for medical expenses such as medical, pharmacy, dental and vision co-payments, other dental and vision care expenses, Annual amount will be divided equally by the remaining eligible pay periods in the calendar year.

For more information, please review the Flexible Spending Plan Details

Enroll in Health Care FSA

✓ Enroll in Health Care FSA

To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

Your annual pledge must be between \$250.00 and \$2,750.00, which are the limits established for this plan.

Health Care FSA Total Annual Amount:

Save and Continue

- Enroll in a Dependent Care FSA (if applicable else skip to the next section of this document)
 - a. On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
 - b. Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
 - c. To learn more about flexible spending accounts, click on the words "Flexible Spending Plan Details" to open another tab in your browser for the FSA plan. Click on the tab with the eBenefits to return to your online enrollment.
 - d. Click the check box to Enroll in Health Care FSA. An additional section will display where you can enter your annual election amount.
 - e. Click on the Save and Continue button.

Choose Flex Spending Dependent Care

Current Flex Spending Dependent Care Plan Election

Waived

Benefit Guide

Choose a Flex Spending Dependent Care Plan

A Dependent Care FSA can help pay for qualifying child care and elder care expenses, such as certified children's day care, Dependent care expenses must be incurred to enable you (and, if married, your spouse) to work. Children must be under a

For more information, please review the Flexible Spending Plan Details

Enroll in Dependent Care FSA

Enroll in Dependent Care FSA

Your annual amount must be between \$250.00 and \$5,000.00, which are the limits established for this plan. Accounts.

Dependent Care FSA Total Annual Amount:

(Prior year election was \$ 0)

Save and Continue

- 15. Review your elections.
 - a. Scroll the page to review and verify your elections. If you would like to change an election, click on the pencil icon next to the benefit you want to change (Medical, Dental, Vision Premier, Flex Spending Accounts). Refer to the sections above for how to enroll / disenroll from a benefit. Click on the Save and Continue button on any page where you make changes. You can use the bread crumbs at the top of the page to navigate back to the review and submit page.
 - The cost summary is per pay check for employees (biweekly) and is a monthly amount for retirees.
 - Some unions benefits include flexible credits for employees to apply towards health insurance in which case there will be a "Dollar Value of Credits". If the costs of the health benefits have exceeded the available credits, the credits minus costs amount is a negative and this will be an additional deduction from the employee's pay check. If the costs of the health benefits were less than the available credits. the credits minus costs will be a positive amount and result in additional earnings in the pay check.
 - d. Click on the Continue button in the lower right hand corner. You may have to scroll down.

16. Submit your elections

 a. Do not submit your benefit choices until you have completed your enrollment. Your choices are stored and you may return at a later date to finalize your elections.

You must submit your elections by 5pm PST on October 29, 2021.

Review Your Elections

Please review and verify your elections.

Health Benefits



Dental Delta Dental PPO S6.92
Member plus two or more dependents My Cost

Costs Summary

Before Tax \$ 933.04
After Tax \$ 0.00
Total \$ 933.04

Dollar Value of Credits
Total \$ 764.52

Total Costs \$ 933.04
Total Credits \$ 764.52
Credits Minus Costs \$ -168.52



Cost Summary

Costs

Costs			
Before Tax	\$ 926.12		
After Tax	\$ 0.00		
Total	\$ 926.12		
Dollar Value of (redits		
Total	\$ 764.52		

Total Costs \$ 926.12
Total Credits \$ 764.52
Credits Minus Costs \$ -161.60

Continue

Submit Elections

You have almost completed your enrollment. If you have no further changes, select the **Subn** your benefit choices. Select the **Go Back** button if you are not ready to submit your choices as Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store return to the Enrollment Summary as many times as you'd like up until your enrollment deac Submit button your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes period or if you have a qualified family status change.

b. Click on the Submit button to transmit your elections.

Go Back

Submit

- 17. Print / Save a summary of the elections you have made.
 - a. So that you have a record of your elections you must print / save the summary statement at this time. You will not be able to retrieve it later.
 - b. Click on the printer icon. The enrollment summary will open with the print dialog box. You can send the summary to your default printer or if you do not have a printer, you can print it to a pdf which will save the file as a pdf on your device. If you are on a mobile device, smart phone, tablet, etc. and have your device set up to print, these same steps apply otherwise your option is to scroll therough the statement and take screenshots. Be sure to capture the date and time submission at the top of the statement.
 - c. Click on the X in the top right corner to close the statement.
- 18. Upload documents (if applicable else continue to the next section of this document).
 - Only if you added a new dependent do you need to upload documents.
 - b. Click on the Upload Documents button to upload your supporting documentation. The text on the screen indicates what documents are required.

Enrollment Completion

Your elections have been submitted but not finalized. Click the printer icon to print a summar of the benefit elections you have just made for your records. You will not be able to print the election summary after you exit this session.



A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs.



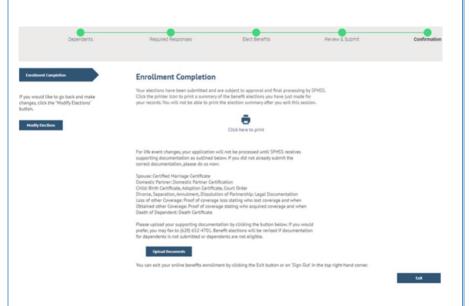
2022 Health Benefits Enrollment Summary Statement

This is a summary of the benefit elections you have made for Plan Year 2022 as of 10am on 09-1-2021. Please print a copy for your records at this time. You will not be able to retrieve this election summary for printing at a later date

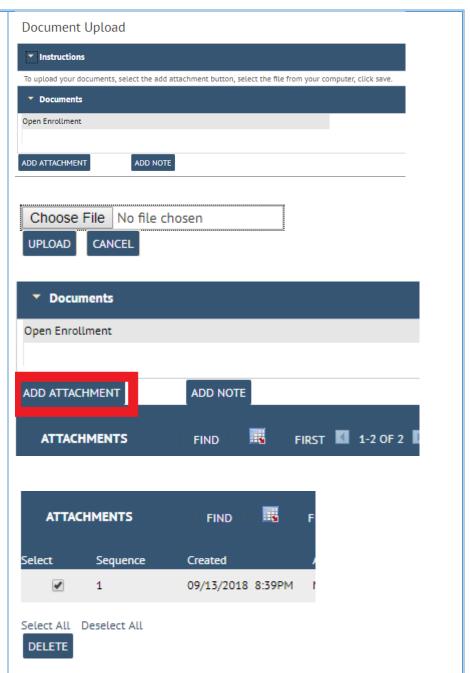
Health Benefits

Medical - Blue Shield Trio \$921.11 \$0.00 \$921.11 Member plus two or more dependents

Dependent Relationship Enrolled Y



- c. In the window that opens, click on the Add Attachment button.
- d. Enter a subject.
- e. Click on Add Attachment again.
- f. Select choose file
- g. Browse your device for your supporting documentation. PDFs and images (JPG) are the preferred file format. Click on the file you want ot upload
- h. The file name will now appear in the box instead of the words "No file chosen"
- i. Click the Upload button.
- j. Click Save.
- k. If you have additional documents to upload, click on the Add Attachment button located in the center of the screen.
- If you uploaded an incorrect document, you can delete it. Place a check next to the file name. A Delete button will appear. Ciick on the button.
- m. When you have completed uploading documents, click on the X in the top right corner to close the window.
- n. Click on the Save and Continue button.



- 19. Enroll in Voluntary Benefits (if applicable else continue to the next section of this document)
 - a. Click on the Workterra icon from the Myapps dashboard.
 Go to

https://myapps.sfgov.org and click on the Workterra tile to self-enroll, dis-enroll, or confirm any existing elections.

 If you have questions about voluntary benefits, contact Workterra at (866) 528-5360.

Note: If you enroll in voluntary benefits, your confirmation statement will be mailed to you by Workterra.

- 20. Signing out of the system
 - a. You have completed your Online Open EnrollIment.
 - b. Click on "SIGNOUT" at the top right to exit from the system or click on the Exit button in the lower right to exit from the system.



HOME SIGNOUT

Exit

A Confirmation Letter from SFHSS will be mailed to you in early December for your finalized benefit elections and costs. Once we process your elections, your event will be closed.

If you would like to make additional changes before the Open Enrollment deadline, and you receive an error that there is no open event, contact SFHSS to request that we reopen your "Open Enrollment event," which will allow you to go back into *eBenefits* to make changes to your elections.

If you need any assistance, visit sfhss.org or call Member Services at (628) 652-4700.