

## eBenefits

## How to Make Open Enrollment Elections Using eBenefits

Summary: This is a tutorial on how to access eBenefits 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, Firefox, Safari or Microsoft Edge are recommended. Do not use Internet Explorer.
2. Go to <https://myapps.sfgov.org>
3. Enter your Employee ID/DSW #
4. Enter your password
5. 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.

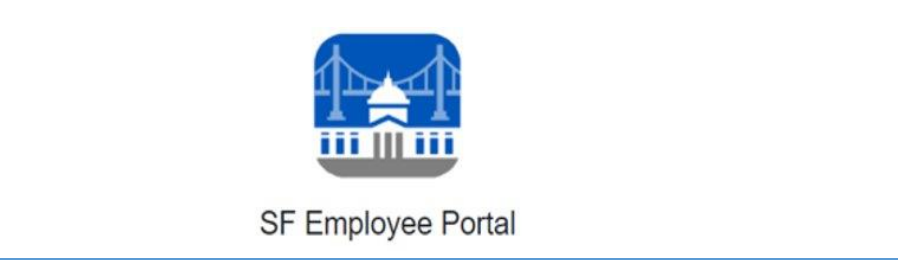
If you are unable to log into the Employee Portal, please contact the City and County of San Francisco's Department of Technology Help Desk at **(628) 652-5000**.

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

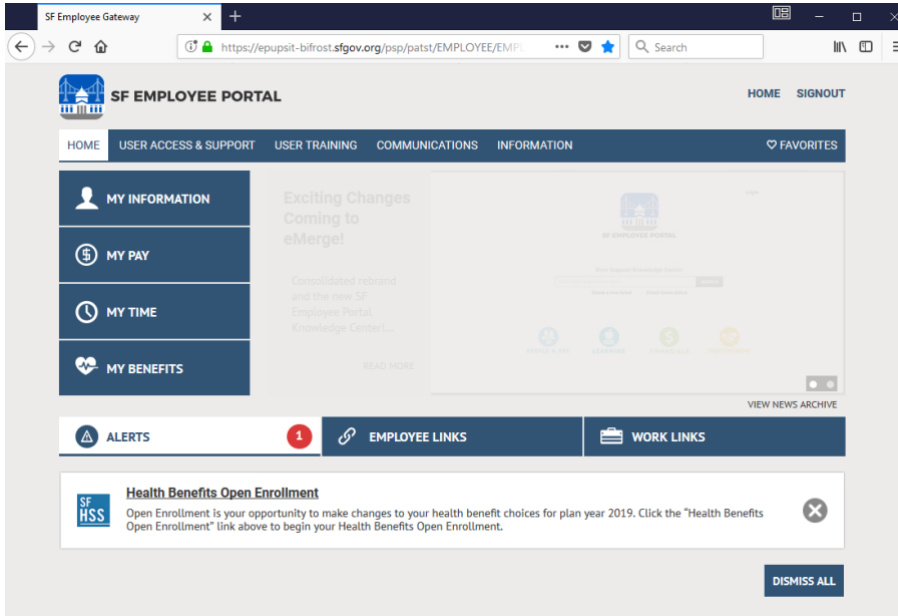
If you do not know your DSW Number or if your Open Enrollment link does not work, contact SFHSS directly at **(628) 652-4700**.

The screenshot shows the login interface for the City and County of San Francisco's eBenefits system. At the top center is the official seal of the City and County of San Francisco. Below the seal, the text "CITY AND COUNTY OF SAN FRANCISCO" is displayed. There are two input fields: the first is labeled "DSW#, POI# or Username" and the second is labeled "Password". Below these fields is a prominent blue button with the text "Agree & Sign In". Underneath the button, there is a link for "Forgot your password?" and a note for "First time registration for Retirees, City College or SFUSD".

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

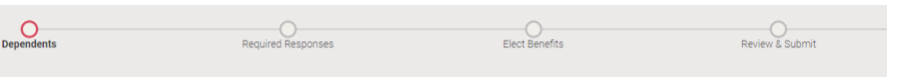


3. Click on the link for Health Benefits Open Enrollment. Several links are available.
  - a. Link under Alert tab (shown)
  - b. Article on portal
  - c. Link under the eBenefits heading on the Employee Links tab.

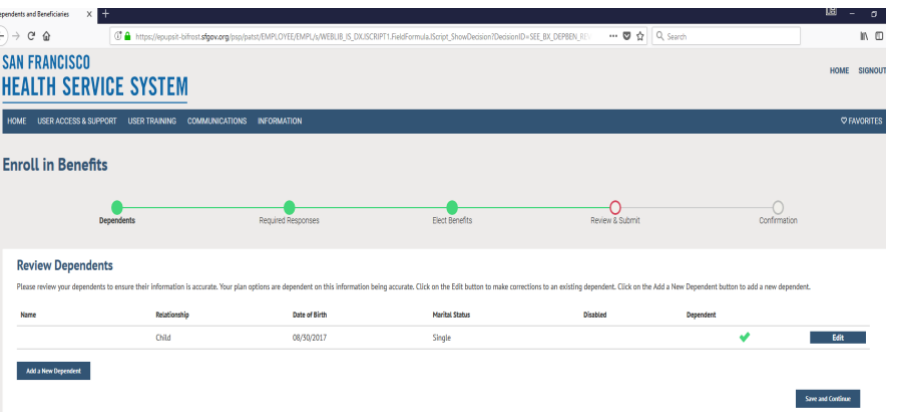


\*Note: if you do not have a link for Open Enrollment or your link does not initiate an online benefit elections session, please contact SFHSS at **(628) 652-4700**.

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
  - c. 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, uncheck the “Same Phone as Employee” box and enter the phone number into the phone field.
  - i. When your changes have been completed, click the Save button.

Select Save once you have edited your Dependent/Beneficiary's personal information. The changes will go into effect on Jan 1, 2019.

**Personal Information**

*First Name	<input type="text" value="Jane"/>	
Middle Name	<input type="text"/>	
*Last Name	<input type="text" value="Smith"/>	
Name Prefix	<input type="text"/>	<input type="button" value="Q"/>
Name Suffix	<input type="text"/>	<input type="button" value="Q"/>
*Date of Birth	<input type="text" value="09/25/1965"/>	
*Gender	<input type="text" value="Female"/>	<input type="button" value="v"/>
SSN	<input type="text"/>	(Social Security Number)
*Relationship to Employee	<input type="text" value="Spouse"/>	<input type="button" value="v"/>

**Status Information**

*Marital Status	<input type="text" value="Married"/>	<input type="button" value="v"/>
Student	<input type="text" value="No"/>	<input type="button" value="v"/>
Smoker	<input type="text" value="Non Smoker"/>	<input type="button" value="v"/>

**Address and Telephone**

Same Address as Employee

Country  [Change Country](#)

Address

Same Phone as Employee

Phone

[Return to Dependent/Beneficiary Summary](#)

6. Add a new dependent
  - a. Click the Add a New Dependent button from the Review Dependents page
  - b. Complete the information in the box that opens
  - c. If the dependents address is different from your own, de-select the "Same Address as Employee" check box and click on the Edit Address button that is revealed. Complete the fields and click OK
  - d. Once you have completed entering information, click the Save button located in the lower left hand corner.
  - e. You will return to the Review Dependents page and your newly added dependent will be listed.


Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2019.


**Personal Information**


\*First Name

Middle Name

\*Last Name

Name Prefix  

Name Suffix  


Date of Birth  


\*Gender Male ▼


SSN  (Social Security N

\*Relationship to Employee   ▼

**Status Information**

\*Marital Status Single ▼ As of  

Student No ▼ As of  

Smoker Non Smoker ▼ As of  

**Address and Telephone**

Same Address as Employee

Country United States Change Country

Address  EDIT ADDRESS

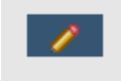
Same Phone as Employee

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

8. Confirm your personal information
  - a. Your name, address, email and emergency contact information will appear
  - b. Click the edit icon (pencil) for any of the values you would like to change. A box will pop open.
  - c. When editing your address, you can click the pencil to edit the  existing address or use the ADD button to add another address (such as a mailing address). Health benefits enrollment requires a home address.
  - d. To edit phone and email information, you can click the

### Confirm Personal Information

Please validate the information listed below. To make a change, click the corresponding edit icon.

Full Name: Jane D. Doe.

Home Address: 1234 Anystreet Ave.   
San Francisco, CA 94107

Mailing Address: 1234 Anystreet Ave.   
San Francisco, CA 94107

Business Number: 555/555-5555 

Cell Number: 555/555-5555

Business Email: Jane.D.Doe@sfgov.org 

Home Email: Jane.D.Doe@sfgov.org

Emergency Contacts: Doe, S. Jane (Primary) - Spouse 

If you need additional assistance editing your personal information, please do one of the following:

- If you are an active employee, please contact your department HR representative.
- If you are a retired employee, please contact the San Francisco Health Service System at (628) 652-4700.

garbage can to delete an existing address or click on the Add Email Address button to add an additional 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 Information 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.



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 Continue"

**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	New Coverage 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?

- Yes  
 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

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.
- i. 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
<input checked="" type="checkbox"/>		Self
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child
<input type="checkbox"/>		Child

Available Plans (5)

<p>Kaiser Permanente HMO Kaiser Permanente</p> <p><b>Currently Elected</b></p> <p>\$ -373.04</p> <p><small>Kaiser Permanente HMO has no deductibles to keep track of and virtually no paperwork for the services you receive. There are pre-set copays for most covered services, including prescriptions. There is no paperwork to fill out or bills to pay for the services you receive. You do not need a referral for certain specialties, like optometry and obstetric-gynecology. Members have access to online tools to help you manage your care and communicate quickly with your doctor. Additionally, most medical services are available under one roof (i.e. pharmacy, lab work, specialty care). You can select a Primary Care Physician (PCP) or one will be assigned to you. You can change your doctor at any time. You must live or work in a zip code serviced by the plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</small></p> <p><b>Kaiser Permanente HMO</b></p> <p>Search for providers in this plan</p>	<p>Health Net CanopyCare HMO Health Net Canopy HMO</p> <p><b>Elect this Plan</b></p> <p>\$ -295.99</p> <p>My Cost</p> <p><small>Owned by physicians and hospitals, Canopy Health is a community of caregivers championing health. Our focus is on improving health, advocating for the entire Bay Area, and supporting individuals in a way that is empathetic and respectful. Our large network of physicians and other providers will offer consistently high-quality care with clear, foreseeable costs.</small></p> <p><b>Health Net CanopyCare HMO</b></p> <p>Search for providers in this plan</p>	<p>Trio HMO – Blue Shield of CA Blue Shield of California</p> <p><b>Elect this Plan</b></p> <p>\$ -339.98</p> <p>My Cost</p> <p><small>Trio HMO is made up of a network of local doctors, specialists and hospitals that work closely together to coordinate your care and features a dedicated Concierge Service and Heal, (home visits based on location. California Pacific Medical Center (CPMC) was added to the Trio network in April 2019. Trio HMO has no deductibles to keep track of and virtually no paperwork for the services you receive. You only pay a copayment for most covered services like doctor visits, urgent care and emergency care. In the Trio plan, your Primary Care Physician (PCP) coordinates your care and refers you to specialists in tandem with Blue Shield and Trio facilities within their medical group/Independent Practice Association (IPA). You can select your own PCP if you do not, one will be assigned to you. Each member of your family can choose a different physician and medical group/IPA. You can change your doctor at any time. To enroll, you must live or work in a zip code serviced by the plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</small></p> <p><b>Trio HMO – Blue Shield of CA</b></p> <p>Search for providers in this plan</p>	<p>Access HMO-Blue Shield of CA Blue Shield Access</p> <p><b>Elect this Plan</b></p> <p>\$ -283.26</p> <p>My Cost</p> <p><small>Access HMO is affordable and predictable – you pay only the copayment for most covered services like doctor visits, urgent care and emergency care. The plan has no deductibles to keep track of and virtually no paperwork for the services you receive. You can select your own Primary Care Physician (PCP). If you do not, one will be assigned to you. Your PCP coordinates all your care as well as refers you to specialists and hospitals within their medical group/Independent Practice Association (IPA). Each member of your family can choose a different physician and medical group/IPA. You can change your doctor at any time. To enroll, you must live or work in a zip code serviced by the plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</small></p> <p><b>Access HMO-Blue Shield of CA</b></p> <p>Search for providers in this plan</p>	<p>Blue Shield of CA PPO Accolade Blue Shield Accolade</p> <p><b>Elect this Plan</b></p> <p>\$ -110.32</p> <p>My Cost</p> <p><small>Blue Shield PPO of Accolade allows you to choose any healthcare provider. If you receive services from an in-network provider, your out-of-pocket expenses are less, and claims are submitted for you by your doctor. If you obtain services from an out-of-network provider, you may be required to pay for services directly and submit your own claims. Because the plan does not assign a Primary Care Physician (PCP), you coordinate your own care and do not need a referral to see a specialist. Some services require prior approval, (called Prior Authorization) before those services will be covered by the plan. UHC PPO does not have service area requirements. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</small></p> <p><b>Blue Shield of CA PPO Accolade</b></p> <p>Search for providers in this plan</p>
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**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**

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Who would you like to enroll in this plan?

Waive this coverage

Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Self
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child
<input type="checkbox"/>		Child

**Available Plans (3)**

Delta Dental PPO Delta Dental <span style="background-color: #0070C0; color: white; padding: 2px;">Currently Elected</span> \$ 6.92 My Cost	DeltaCare USA DMO DeltaCare USA <span style="background-color: #004A87; color: white; padding: 2px;">Elect this Plan</span> \$ 0.00 No Cost	UnitedHealthCare Dental DMO United Healthcare - Pacific Union Dental <span style="background-color: #004A87; color: white; padding: 2px;">Elect this Plan</span> \$ 0.00 No Cost
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<p>The provider search button will open another tab in your browser to take you to the vendor’s site.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>i. 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.</li> </ul>	
<p>12. Enroll in Vision Premier          Note: Vision Premier is enhanced vision coverage in addition to the basic vision coverage included with your medical enrollment. <b>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.</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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</li> </ul>	

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.

Who would you like to enroll in this plan?

Waive this coverage

Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Self
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child
<input type="checkbox"/>		Child

**Vision Premier Plan**  
Vision Service Plan

**Currently Elected**

\$ 5.01  
My Cost

Vision Premier Plan

Search for providers in this plan

**Elect this Plan**

**Currently Elected**

**Save and Continue**

13. Enroll in a Healthcare FSA (if applicable else skip to the next section of this document)
- 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.
  - 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.
  - 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.
  - 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
  - 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

14. 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.
- 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.
  - Click on the Continue button in the lower right hand corner. You may have to scroll down.

## Review Your Elections

Please review and verify your elections.

### Health Benefits

**Medical**   
Blue Shield Trio  
Member plus two or more dependents \$921.11  
My Cost

Dependent	Relationship	Covered
Doe #1	Spouse	Y
Doe #2	Child	Y
Doe #3	Child	Y
Doe #4	Child	Y

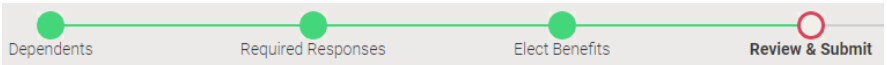
**Dental**   
Delta Dental PPO  
Member plus two or more dependents \$6.92  
My Cost

### Cost Summary

**Costs**  
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**  
Before Tax \$ 926.12  
After Tax \$ 0.00  
**Total \$ 926.12**

**Dollar Value of Credits**  
**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 **Submit** your benefit choices. Select the **Go Back** button if you are not ready to submit your choices at 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.

16. Submit your elections
- 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.**

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



- 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 through 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.

### Enrollment Completion

Your elections have been submitted but not finalized. Click the printer icon to print a summary 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.



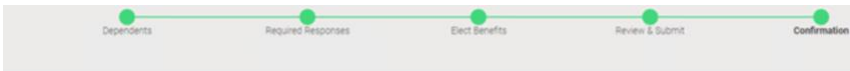
### 2022 Health Benefits Enrollment Summary Statement

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**

	Before Tax	After Tax	Full Cost
<b>Medical - Blue Shield Trio Member plus two or more dependents</b>	\$921.11	\$0.00	<b>\$921.11</b>
<b>Dependent</b> John Doe		<b>Relationship</b> Spouse	<b>Enrolled</b> Y

- 18. Upload documents (if applicable else continue to the next section of this document).
  - a. 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

If you would like to go back and make changes, click the "Modify Elections" button.

[Modify Elections](#)

#### Enrollment Completion

Your elections have been submitted and are subject to approval and final processing by SFHSS. Click the printer icon to print a summary 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.



Click here to print

For life event changes, your application will not be processed until SFHSS receives supporting documentation as outlined below. If you did not already submit the correct documentation, please do so now:

- Spouse: Certified Marriage Certificate
- Domestic Partner: Domestic Partner Certification
- Child: Birth Certificate, Adoption Certificate, Court Order
- Divorce, Separation, Annulment, Dissolution of Partnership: Legal Documentation
- Loss of other Coverage: Proof of coverage loss stating who lost coverage and when
- Obtained other Coverage: Proof of coverage stating who acquired coverage and when
- Death of Dependent: Death Certificate

Please upload your supporting documentation by clicking the button below. If you would prefer, you may fax to (828) 652-4701. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

[Upload Documents](#)

You can exit your online benefits enrollment by clicking the Exit button or on "Sign Out" in the top right-hand corner.

[Exit](#)

- 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 to 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.
- l. If you uploaded an incorrect document, you can delete it. Place a check next to the file name. A Delete button will appear. Click 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.

### Document Upload

▼ Instructions

To upload your documents, select the add attachment button, select the file from your computer, click save.

▼ Documents

Open Enrollment

ADD ATTACHMENT
ADD NOTE

Choose File
No file chosen

UPLOAD
CANCEL

▼ Documents

Open Enrollment

ADD ATTACHMENT
ADD NOTE


ATTACHMENTS
FIND
FIRST
1-2 OF 2

ATTACHMENTS
FIND

Select	Sequence	Created
<input checked="" type="checkbox"/>	1	09/13/2018 8:39PM

Select All Deselect All


DELETE

19. Enroll in Voluntary Benefits (if applicable else continue to the next section of this document)
- 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
- You have completed your Online Open Enrollment.
  - 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.




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](http://sfhss.org) or call **Member Services** at **(628) 652-4700**.