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Human Resources

eBenefits Self-Service Guide

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Please be aware, plan names and monthly premiums may not be current. Please reference the Human Resources Open Enrollment page for current plans and rates.

https://afd.calpoly.edu/hr/benefits/open-enrollment

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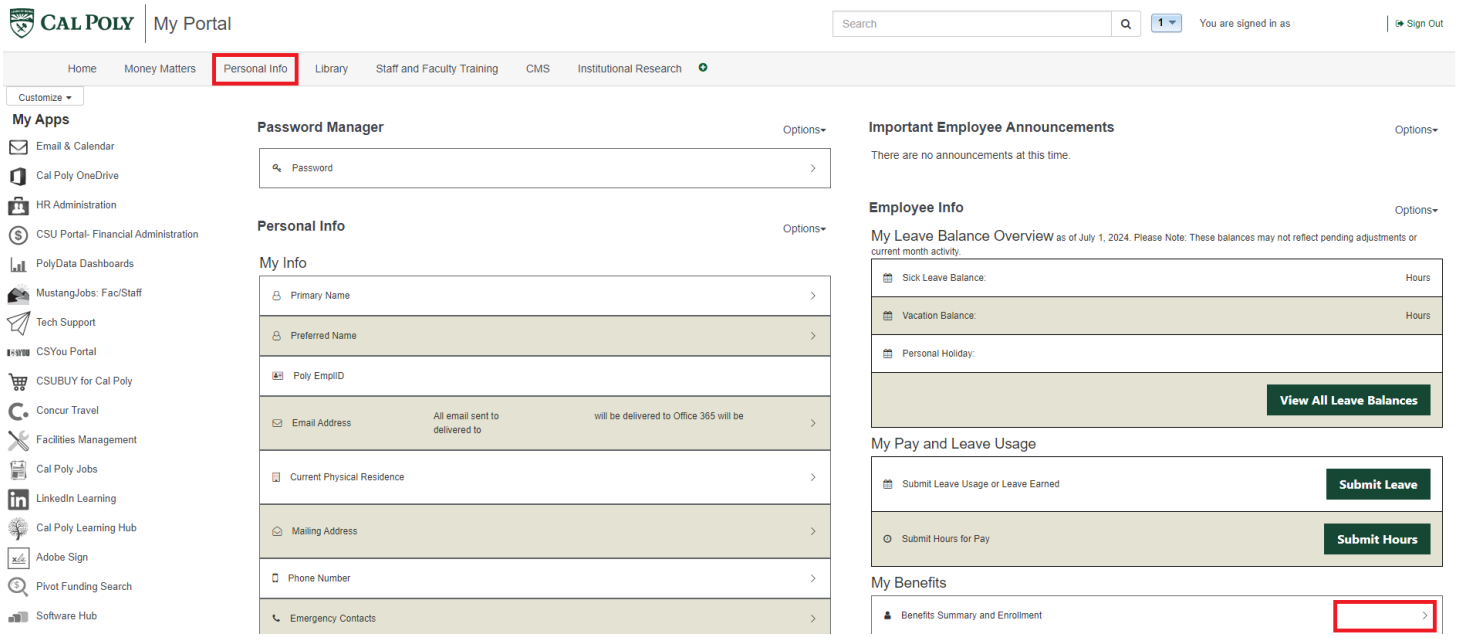
How to Access eBenefits Self-Service:

Log into the Cal Poly portal: https://my.calpoly.edu/ (To reset your password contact the ITS Service Desk at (805) 756-7000.)

Select the Personal Info Tab, and you will see My Benefits in the Employee Info Section. Select ">" to the right of "My Benefits" to open the drop-down menu.



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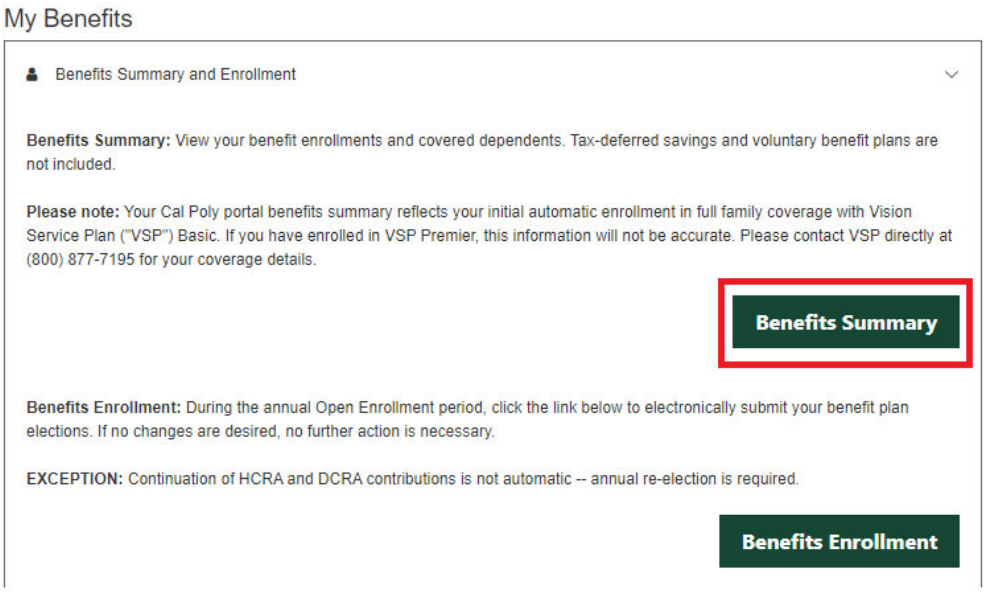
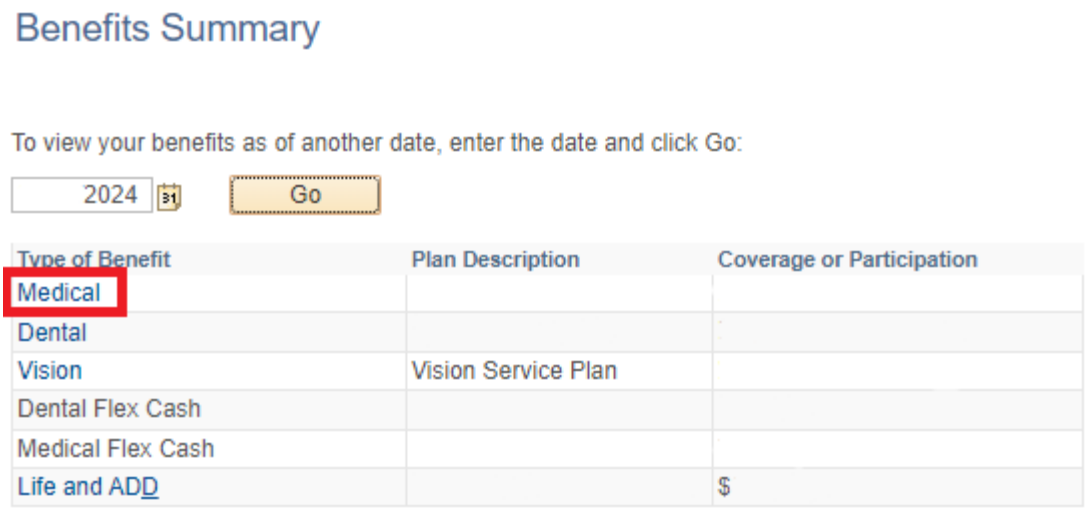
View Your Current Benefit Elections and Covered Dependents:

Select “Benefits Summary”.



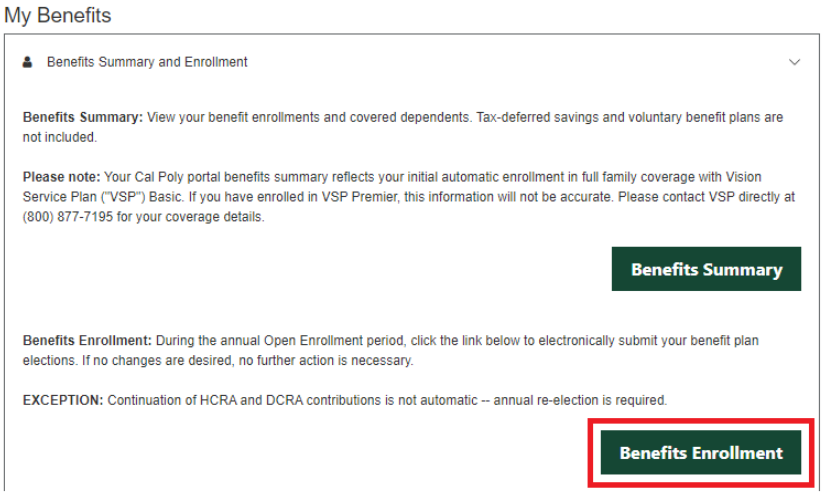
The next screen will display your elections. Click the Type of Benefit name (medical or dental) to view covered dependents. **Please Note:** Your portal benefits summary reflects your initial automatic enrollment in family coverage with Vision Service Plan ("VSP") Basic. If you have enrolled in VSP Premier, this information will not be accurate. Please contact VSP directly at (800) 877-7195 to confirm your coverage details.



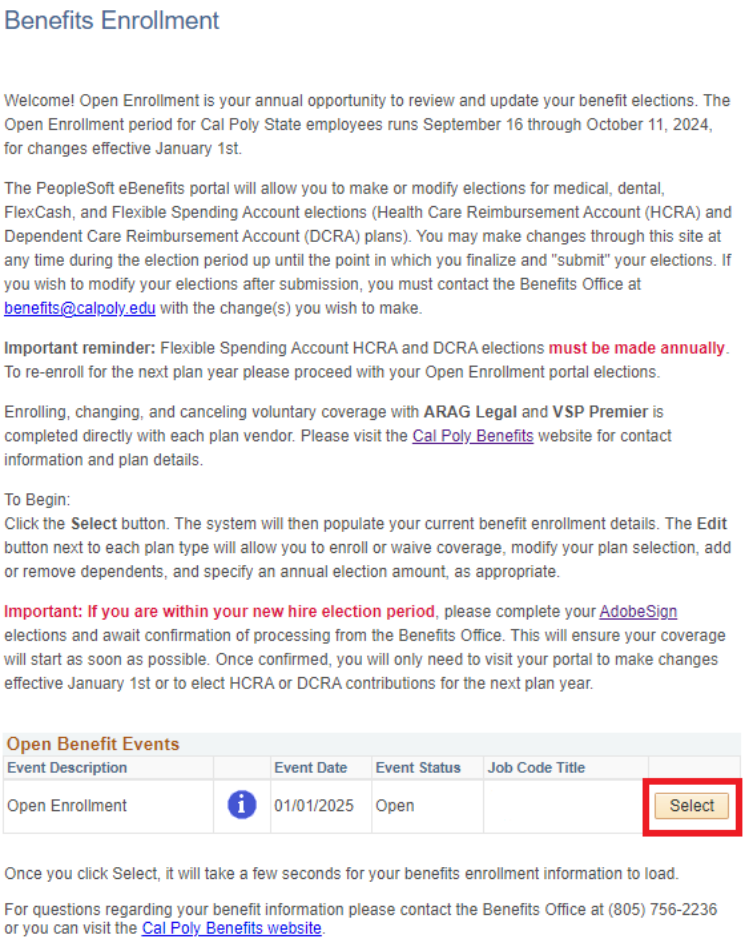
If you do not wish to make any changes to your coverage or dependents and will not be electing Flexible Spending Health Care (HCRA) or Dependent Care (DCRA) coverage no additional action is needed.

Make an Open Enrollment Election:

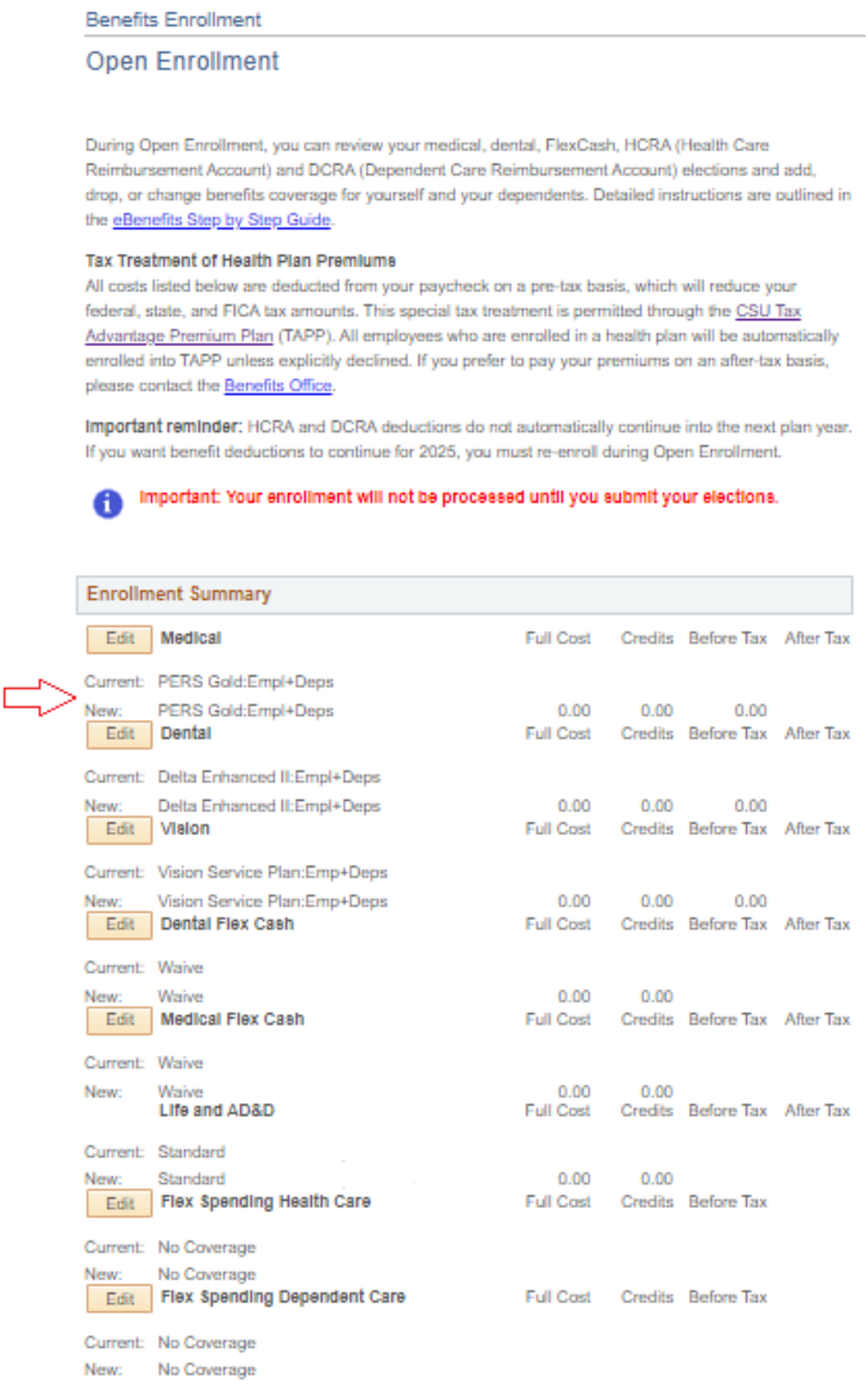
Select “Benefits Enrollment” in your Benefits Summary.



To begin, click the “Select” button.



Review your Enrollment Summary.
Current: will list the medical and dental plans you have now.
New: will list the plan you will have beginning January 1st. You must complete and submit your elections for the changes to take effect.



Benefits Enrollment

Open Enrollment

During Open Enrollment, you can review your medical, dental, FlexCash, HCRA (Health Care Reimbursement Account) and DCRA (Dependent Care Reimbursement Account) elections and add, drop, or change benefits coverage for yourself and your dependents. Detailed instructions are outlined in the eBenefits Step by Step Guide.

Tax Treatment of Health Plan Premiums
All costs listed below are deducted from your paycheck on a pre-tax basis, which will reduce your federal, state, and FICA tax amounts. This special tax treatment is permitted through the CSU Tax Advantage Premium Plan (TAPP). All employees who are enrolled in a health plan will be automatically enrolled into TAPP unless explicitly declined. If you prefer to pay your premiums on an after-tax basis, please contact the Benefits Office.

Important reminder: HCRA and DCRA deductions do not automatically continue into the next plan year. If you want benefit deductions to continue for 2025, you must re-enroll during Open Enrollment.

Important: Your enrollment will not be processed until you submit your elections.

Enrollment Summary

Edit	**Medical**	Full Cost	Credits	Before Tax	After Tax
Current:	PERS Gold:Empl+Deps				
New:	PERS Gold:Empl+Deps	0.00	0.00	0.00	
Edit	**Dental**	Full Cost	Credits	Before Tax	After Tax
Current:	Delta Enhanced II:Empl+Deps				
New:	Delta Enhanced II:Empl+Deps	0.00	0.00	0.00	
Edit	**Vision**	Full Cost	Credits	Before Tax	After Tax
Current:	Vision Service Plan:Emp+Deps				
New:	Vision Service Plan:Emp+Deps	0.00	0.00	0.00	
Edit	**Dental Flex Cash**	Full Cost	Credits	Before Tax	After Tax
Current:	Waive				
New:	Waive	0.00	0.00		
Edit	**Medical Flex Cash**	Full Cost	Credits	Before Tax	After Tax
Current:	Waive				
New:	Waive	0.00	0.00		
	Life and AD&D	Full Cost	Credits	Before Tax	After Tax
Current:	Standard				
New:	Standard	0.00	0.00		
Edit	**Flex Spending Health Care**	Full Cost	Credits	Before Tax	
Current:	No Coverage				
New:	No Coverage				
Edit	**Flex Spending Dependent Care**	Full Cost	Credits	Before Tax	
Current:	No Coverage				
New:	No Coverage				

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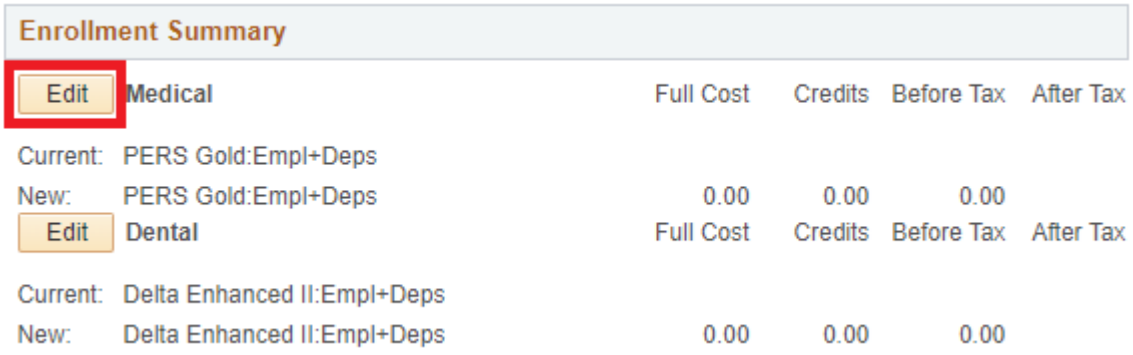
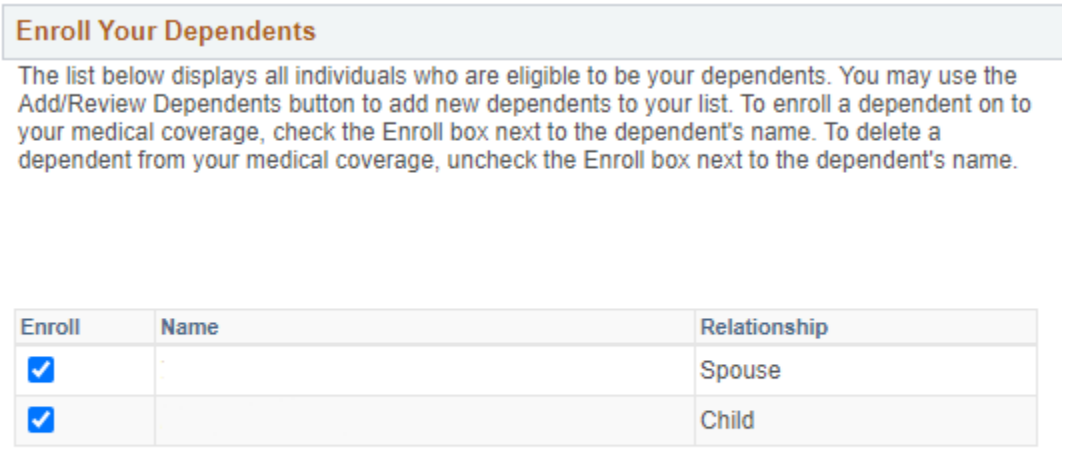
Change Your Plan or Update Your Dependents:

Select the "Edit" button next to each benefit you are interested in updating.



Scroll to the bottom of the page. Dependent information currently on file will be listed below "Enroll Your Dependents". Check or uncheck the "Enroll" box to include or exclude your dependent from coverage. Click the "Add/Review Dependents" button to make modifications. Be sure to review both your medical and dental plans to verify included dependents are enrolled in each plan type.



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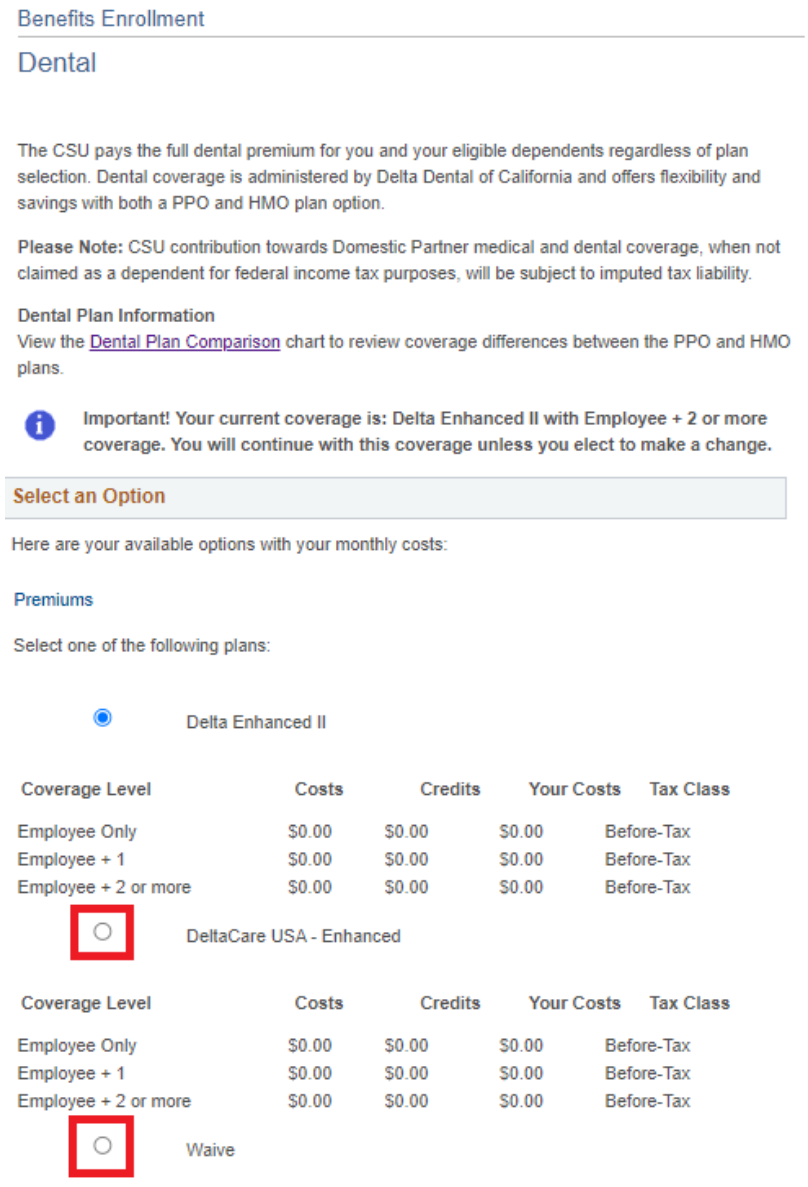
Change Your Medical/Dental Plan:

Select the "Edit" button next to the plan. The radio button will indicate your current plan (if any). Select the radio button next to the option of your choice or select "Waive" to decline coverage.

NOTE: If you choose an HMO plan, contact the insurance provider to select a Primary Care Physician (PCP) for yourself and each of your dependents. If you do not, the insurance company will automatically assign PCP's.



Benefits Enrollment

Dental

The CSU pays the full dental premium for you and your eligible dependents regardless of plan selection. Dental coverage is administered by Delta Dental of California and offers flexibility and savings with both a PPO and HMO plan option.

Please Note: CSU contribution towards Domestic Partner medical and dental coverage, when not claimed as a dependent for federal income tax purposes, will be subject to imputed tax liability.

Dental Plan Information
View the Dental Plan Comparison chart to review coverage differences between the PPO and HMO plans.

Important! Your current coverage is: Delta Enhanced II with Employee + 2 or more coverage. You will continue with this coverage unless you elect to make a change.

Select an Option

Here are your available options with your monthly costs:

Premiums

Select one of the following plans:

Delta Enhanced II

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$0.00	$0.00	$0.00	Before-Tax
Employee + 1	$0.00	$0.00	$0.00	Before-Tax
Employee + 2 or more	$0.00	$0.00	$0.00	Before-Tax

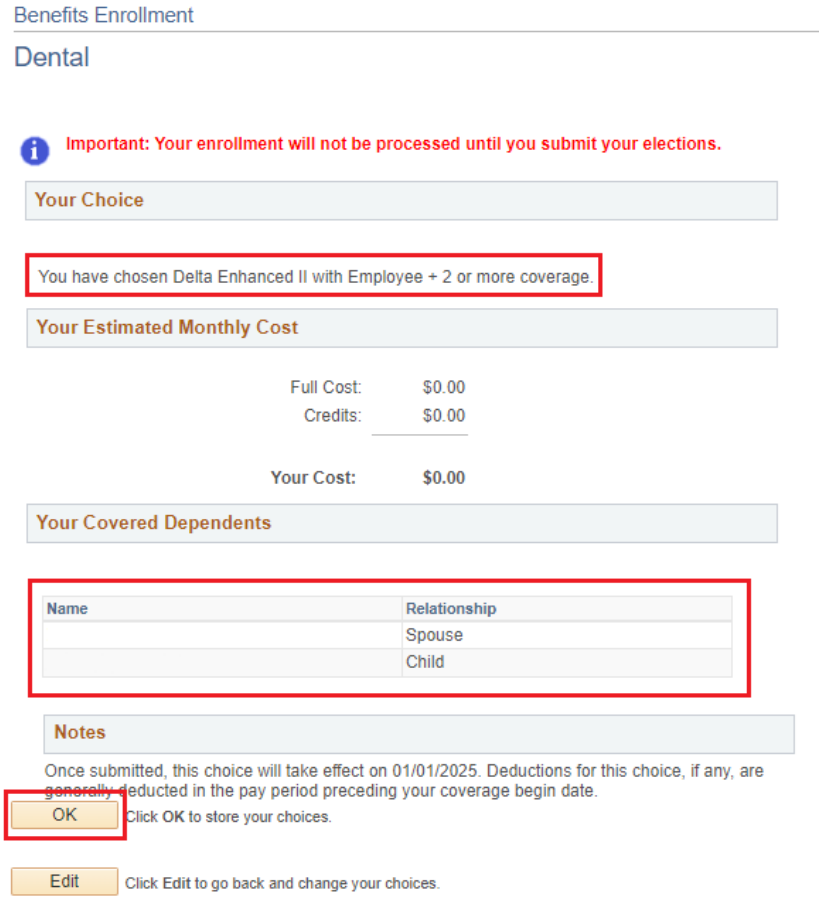
DeltaCare USA - Enhanced

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	$0.00	$0.00	$0.00	Before-Tax
Employee + 1	$0.00	$0.00	$0.00	Before-Tax
Employee + 2 or more	$0.00	$0.00	$0.00	Before-Tax

Waive

Click "Continue" to confirm your election.

On the following screen confirm the election under “Your Choice” is correct as well as the list of dependents under “Your Covered Dependents” before clicking “OK”.

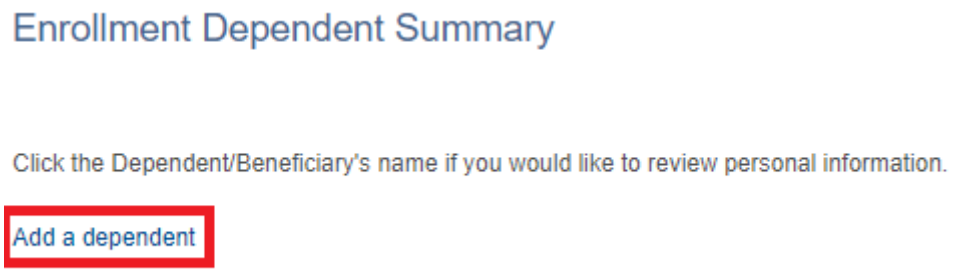


Modify Dependent Coverage:

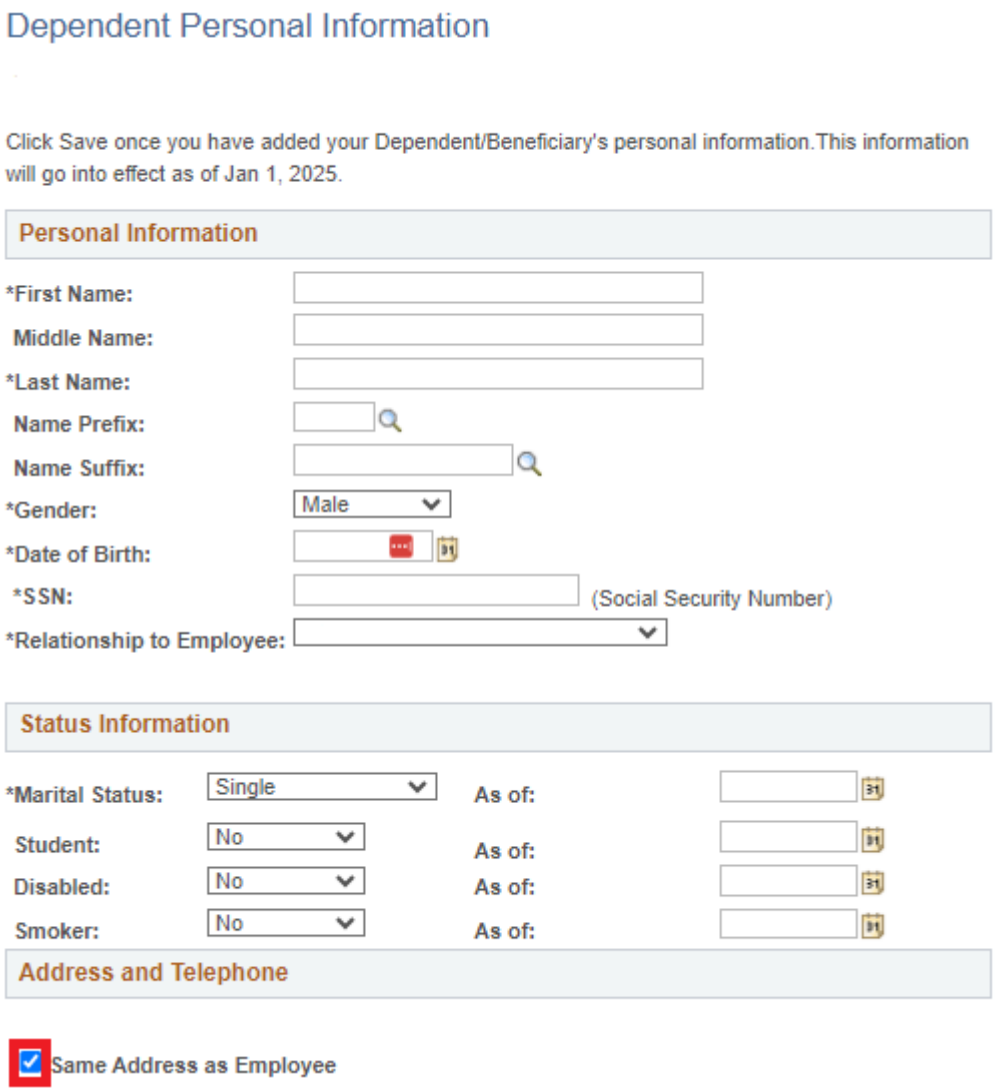
Within the medical and dental plans, scroll to the bottom of the plan enrollment page. Review the names in the table. Checking the "Enroll" box will include the dependent in your coverage. To waive coverage for a dependent, uncheck the "Enroll" box next to their name.

Add a New Dependent:

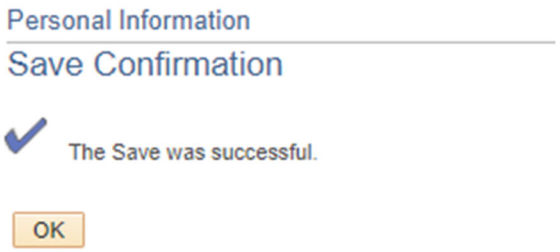
Click "Add a dependent" to include a new dependent in your elections.



Complete all fields marked with an asterisk (*) (Student and Smoker status do not need to be supplied). If a dependent lives at an address different than you, uncheck the "Same Address as Employee" box and supply their information. Scroll to bottom of the page and click "Save".
Please contact the Benefits Office if you need to change the status of a disabled dependent.

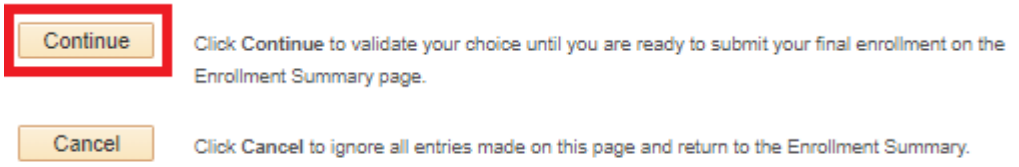


View confirmation page and click "OK."



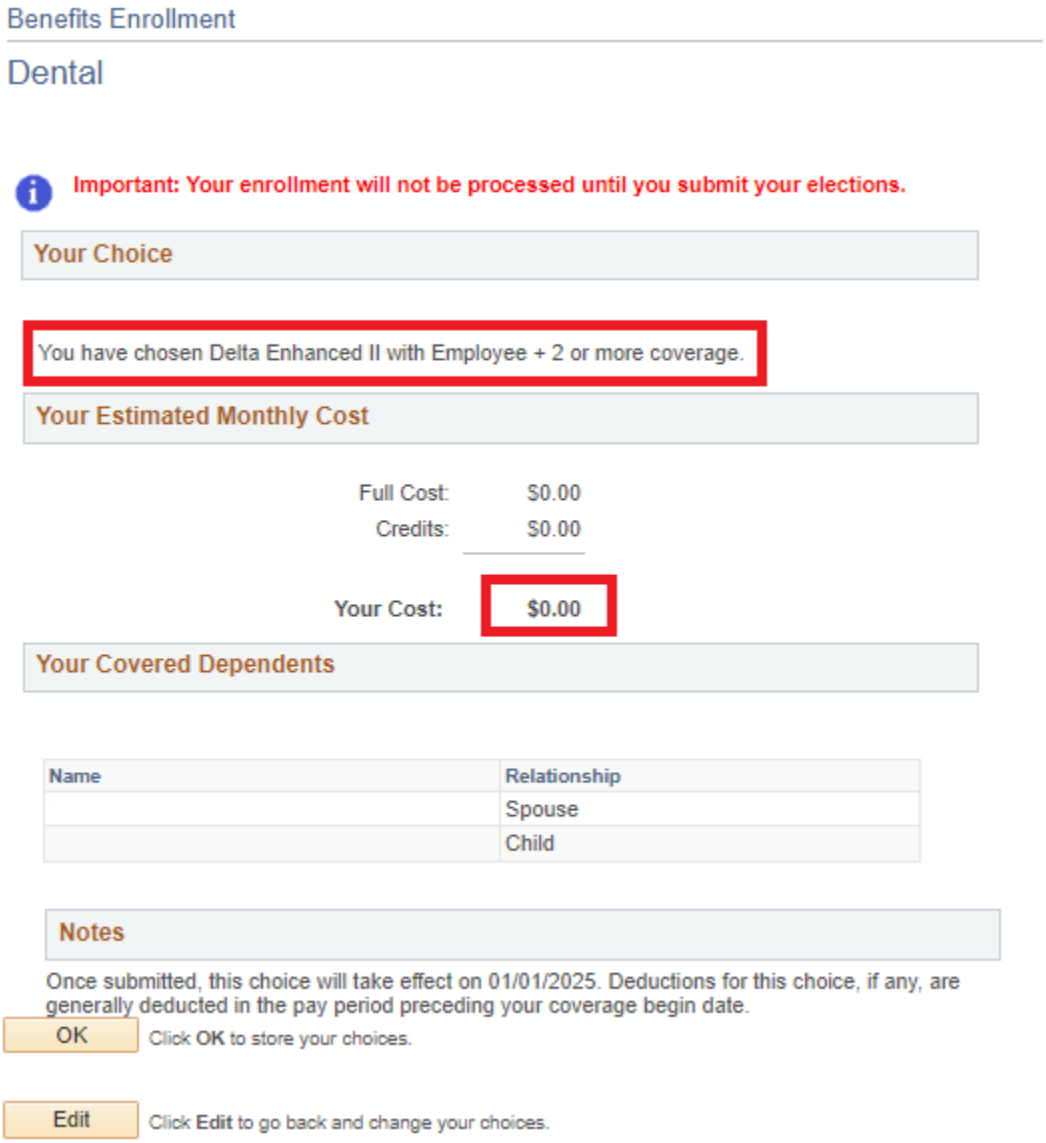
Click "OK" to return to the new Dependent Personal Information screen. Scroll to bottom of page and select "Return to Dependent Summary". From the Enrollment Dependent Summary page, click "Return to Event Section".

Review the information on the Benefits Enrollment page. If correct, scroll to the bottom of the page and click "Continue".



You will see a message in red "Important: Your enrollment will not be processed until you submit your elections." You will submit your elections later in this process after all election changes have been entered.

Review "Your Choice" and "Your Estimated Monthly Cost". Click "Edit" to change your selection, or "OK" to complete this selection and return to the main page.



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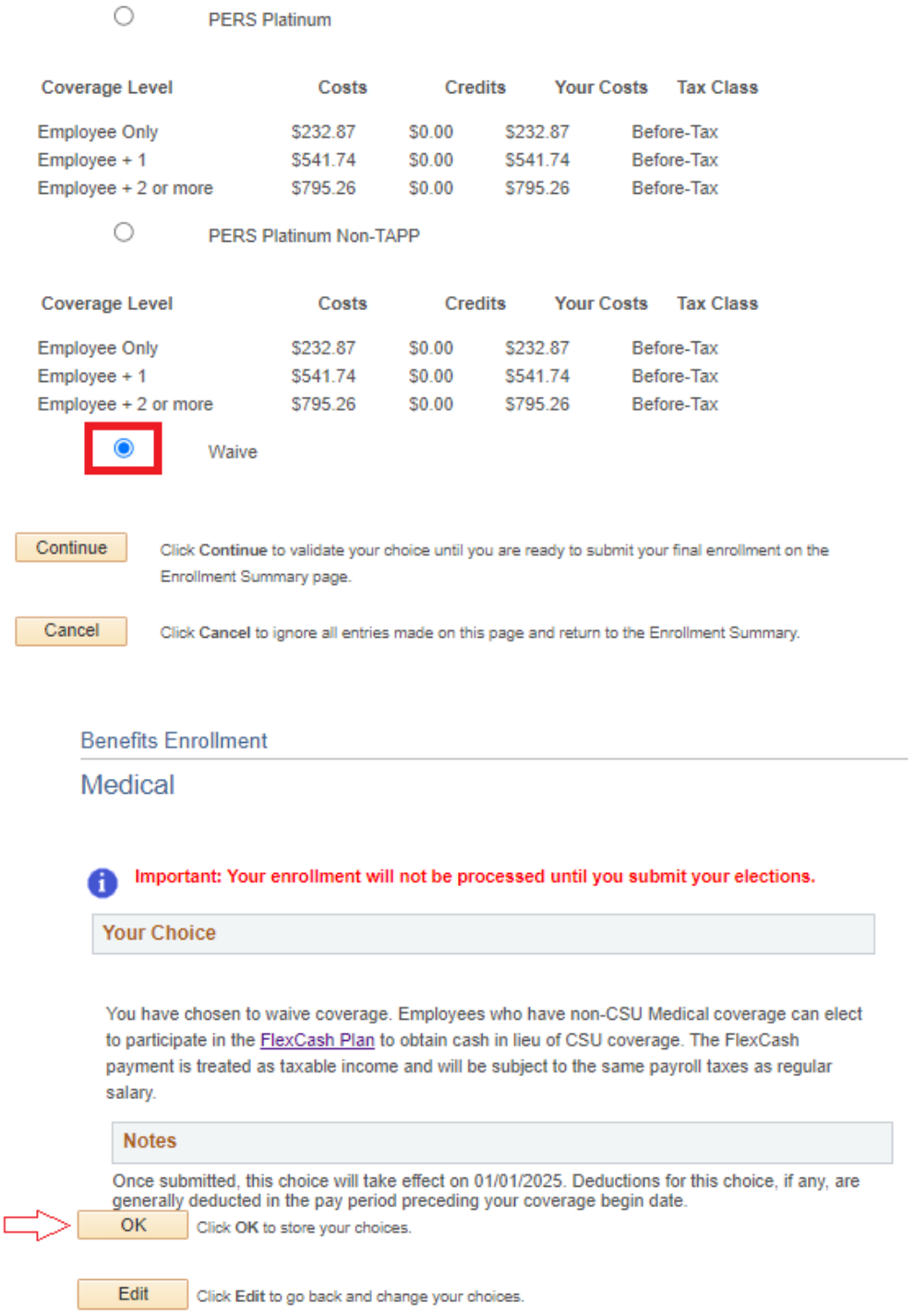
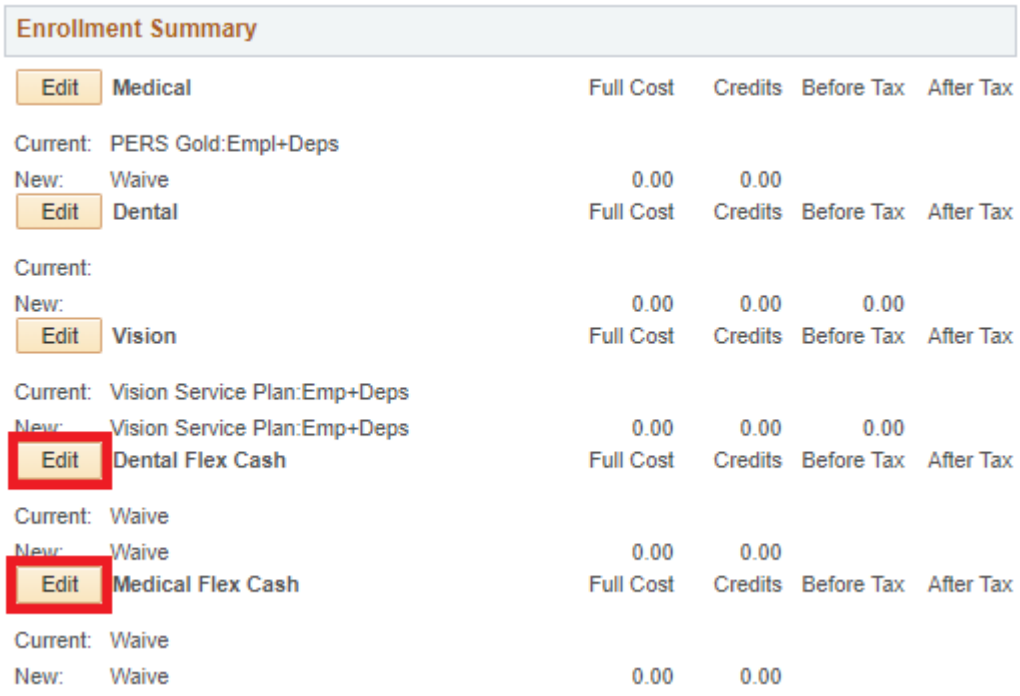
Enroll in Medical Flex Cash or Dental Flex Cash:

If you have qualified non-CSU medical and/or dental coverage and would like to elect Flex Cash you must first waive your active CSU medical/dental coverage. Select "Edit" for the appropriate plan and update your election to "Waive" your coverage. Click "Continue" and "OK" on the following screen to save your election change.

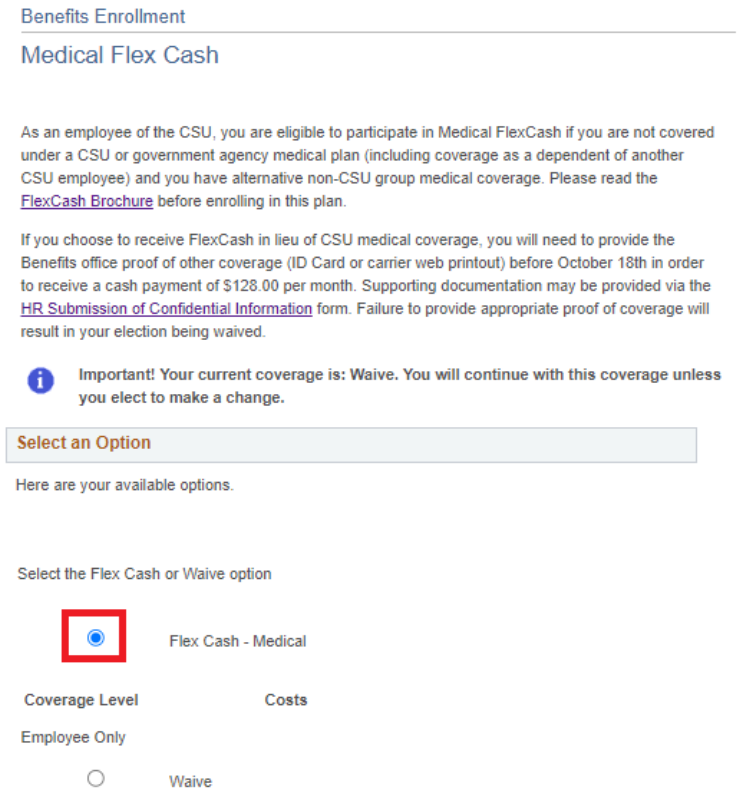


The Benefit Summary will update to show your new election as “Waive”.

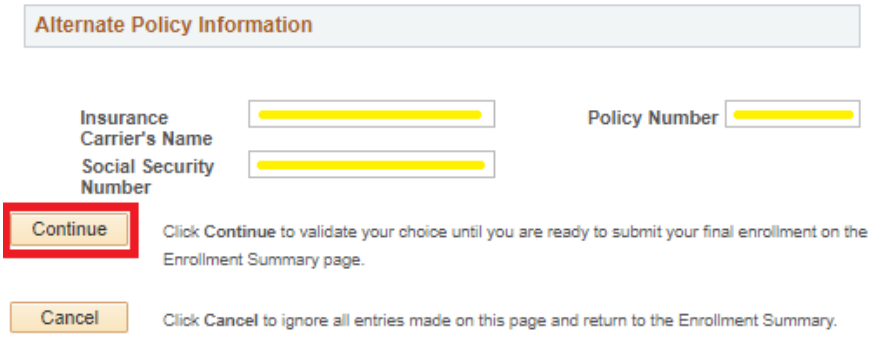
Once the waiver is completed, select the “Edit” button next to the corresponding Flex Cash option. You will need to complete this process for both Medical and Dental Flex Cash if you wish to enroll in both plans.



Click the radio button next to select participate in the medical or dental Flex Cash plan.

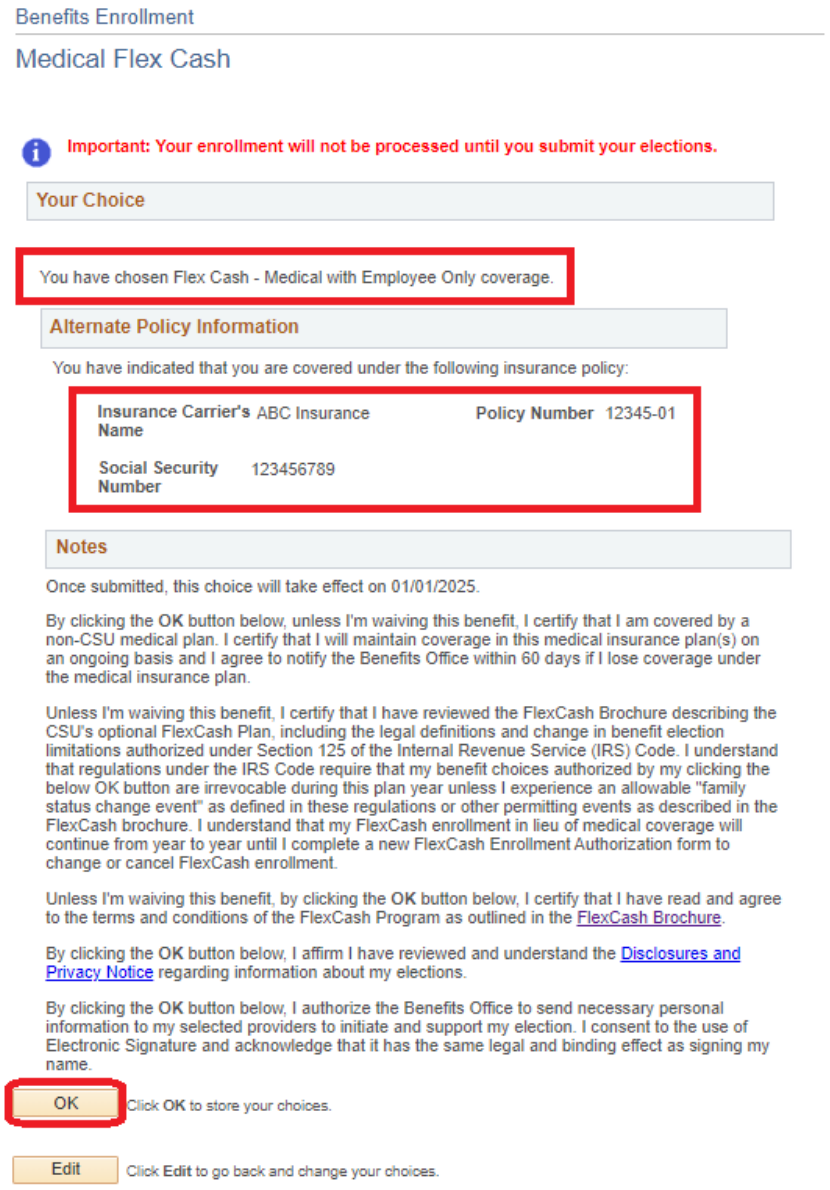


Once you update your selection from “Waive” to “Flex Cash - Medical/Dental”, the Alternate Policy Information fields will appear. Enter the policy information along with the social security number of the subscriber for your non-CSU coverage. Once complete, click “Continue”.

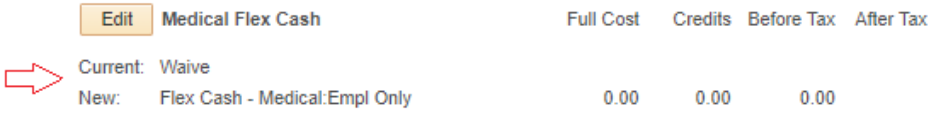


Review “Your Choice” and “Alternate Policy Information”.

Read the Notes section carefully. If you agree, click “OK” to complete the selection and return to the “Benefits Enrollment: Open Enrollment” page, or click “Edit” to revise your selection.
Please Note: If the insurance policy information has been entered incorrectly, the system will require you to first revise your election to “Waive” the Flex Cash election, save, and return to re-elect the plan in order to re-enter the policy information.



The Benefit Summary will update to show your new election as “Flex Cash – Medical/Dental: Empl Only”.



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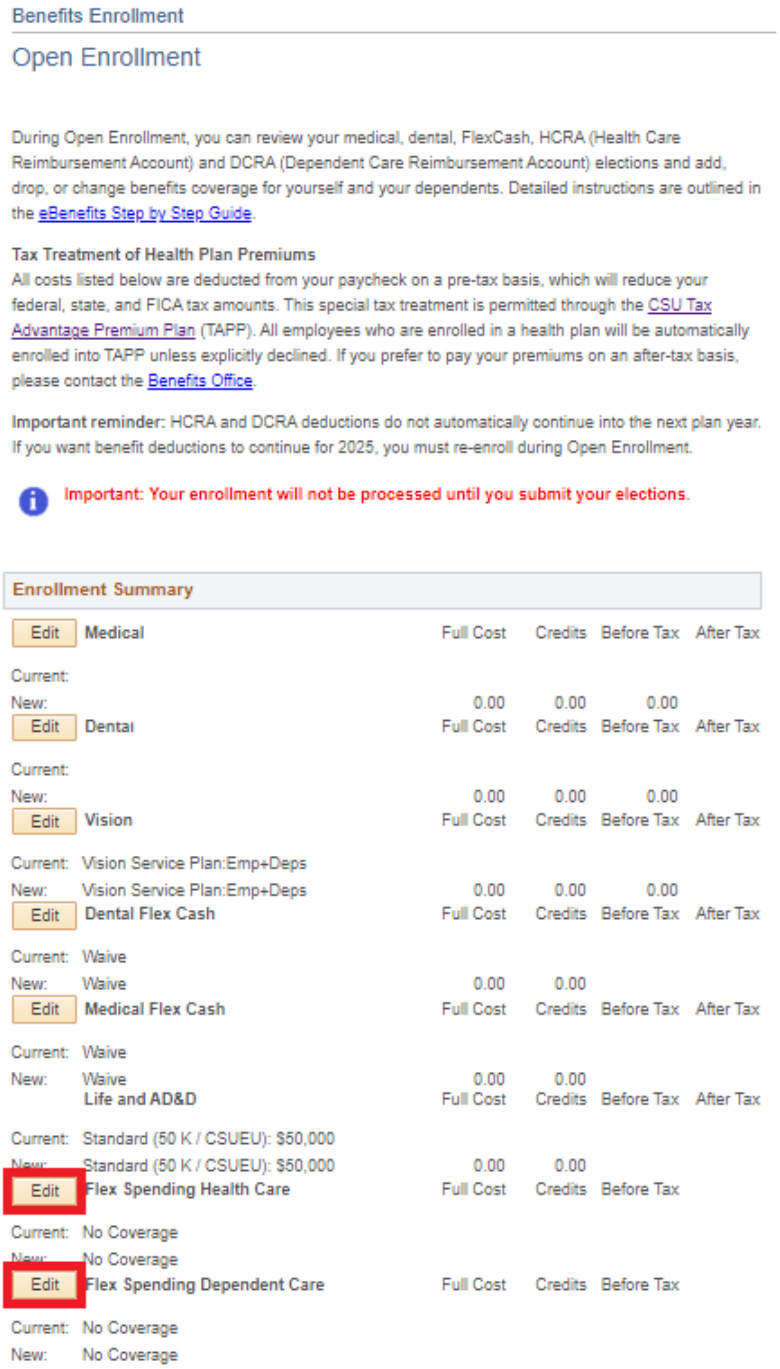
Enroll in Flex Spending for Health Care (HCRA) or Dependent Care (DCRA):

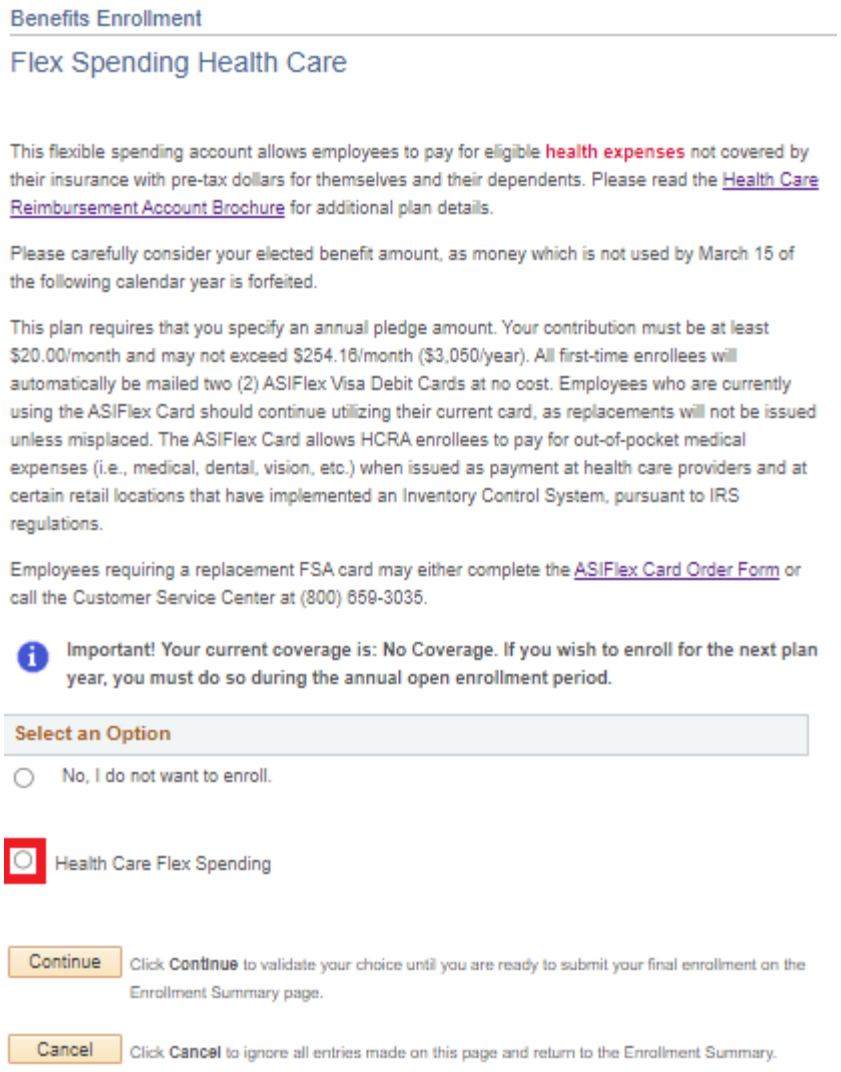
HCRA and DCRA contributions do not continue into the next plan year. You MUST enroll in these plans each year.

Note: If you wish to waive participation in the Flexible Spending accounts no election is needed. Proceed to the next section.

Select the "Edit" button next to the "Flex Spending Health/Dependent Care" plan name.

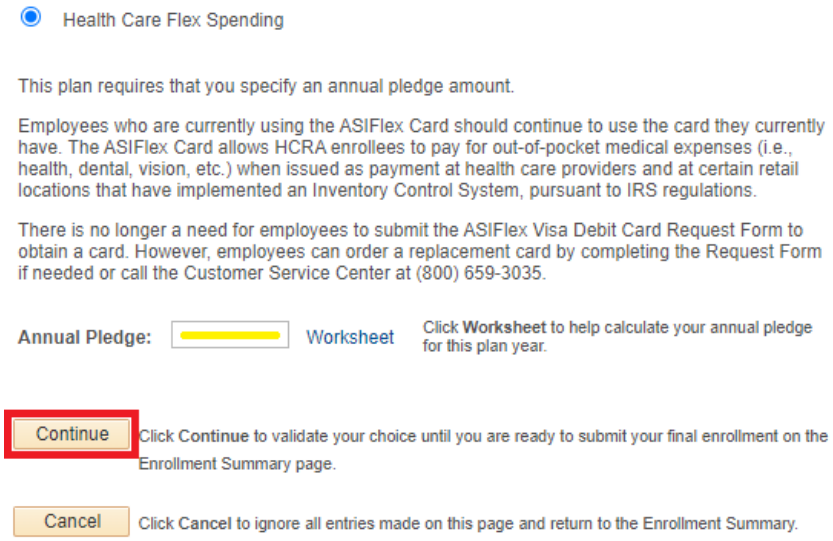


Select the “Health/Dependent Care Flex Spending” radio button.

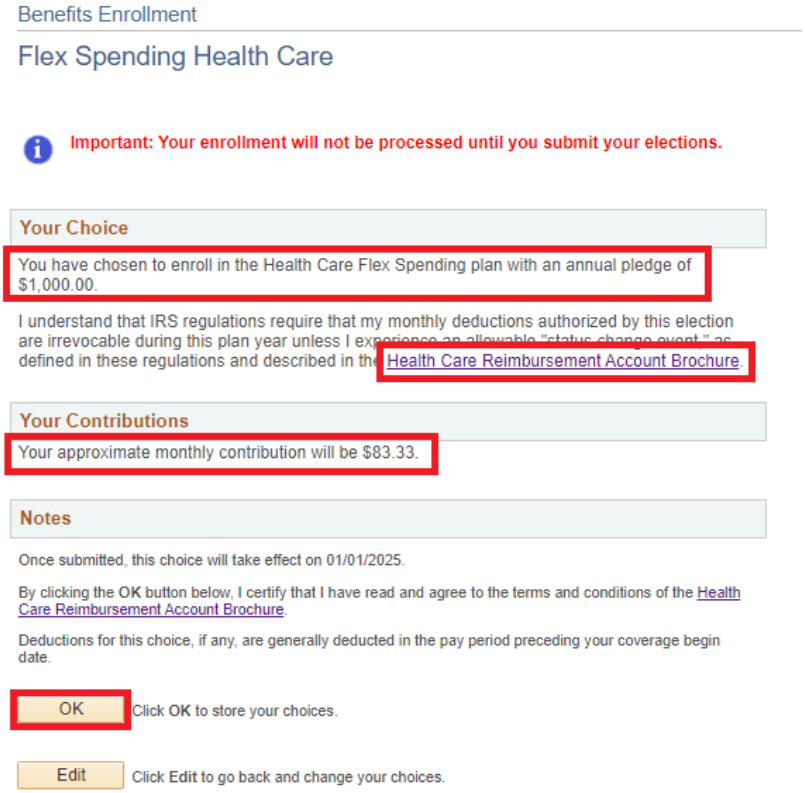


Once you select "Health/Dependent Care Flex Spending", the "Annual Pledge" field will appear. Enter your election amount being mindful of the minimum contribution amount ($20/month $240/year) and the current annual maximum listed above. Once complete, click "Continue".

Consider your annual pledge amount carefully! Once Open Enrollment closes, you will not be able to change your contribution amount unless you experience an IRS recognized qualifying event.



Confirm your entries in the "Your Choice" and "Your Contributions" sections carefully. Please review the Account Brochure to familiarize yourself with the IRS regulations associated with the plan. Click "OK" to save your election and certify you have read the Account Brochure.



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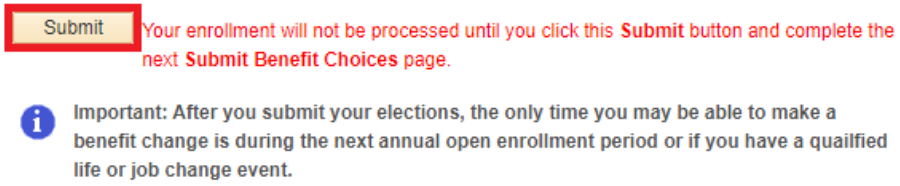
Submit and Finalize Your Elections:

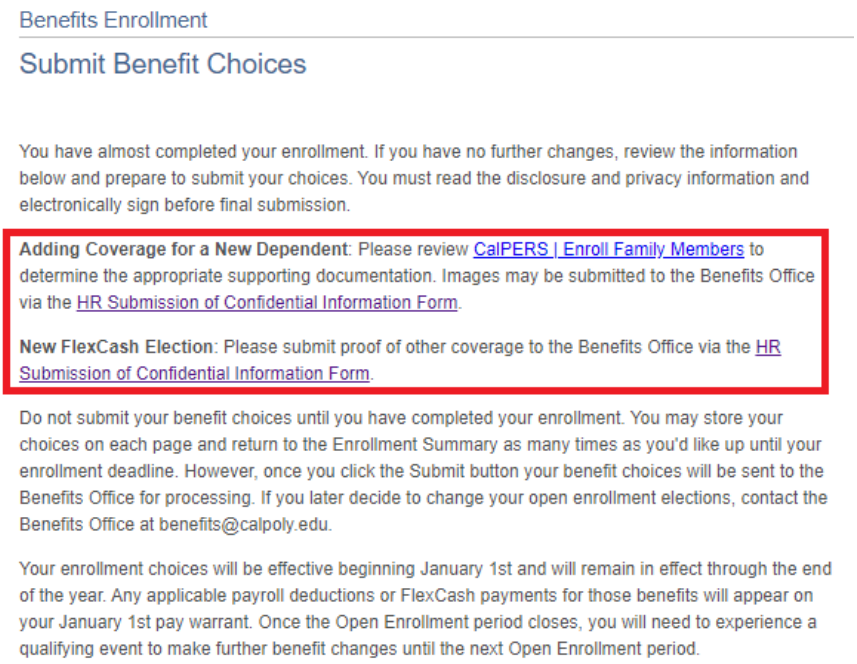
Review the "Enrollment Summary" details carefully. Pay close attention to what is listed under "New" for each plan as this will be your benefits coverage beginning January 1st. At this point, if you wish to complete your benefits elections at a later time, you may log out and your selections will be stored but not submitted, allowing you to return and make changes prior to the close of Open Enrollment.

If you do not return and click on the submit button before the deadline, your elections and changes will be lost! Medical, dental, and/or Flex Cash plans will carry over from the current plan year, and participation in HCRA or DCRA flexible spending plans will be waived.

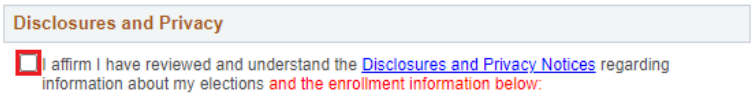
Once you verify your "New" elections, click "Submit", to begin finalizing your elections.



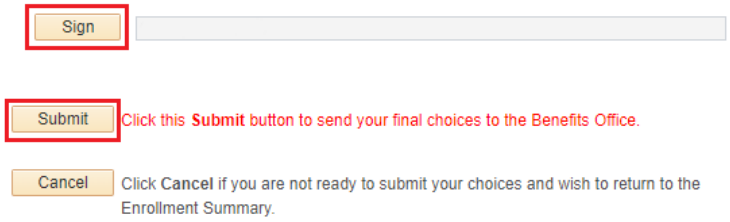
Read the information on the "Submit Benefit Choices" page carefully. Pay extra attention to the need for supporting documentation if you have added coverage for a new dependent or newly elected Flex Cash.



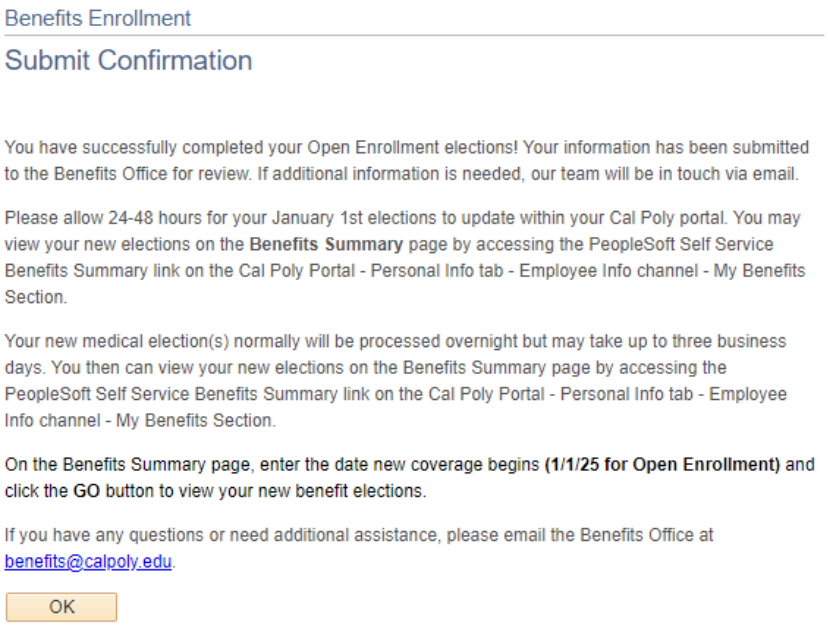
Review the information under the "Disclosures and Privacy" section. Following your review, check the box to affirm you have reviewed and understand the Disclosures and Privacy Notices.



Click the "Sign" button to electronically sign and authorize the elections. Clicking "Submit" is the final step and will close and finalize your election process.



Once submitted, you will reach the "Submit Confirmation" page.



Any modifications or corrections needed after finalizing and submitting your elections will need the assistance of the Benefits Office. Please submit your request via email to benefits@calpoly.edu.