

eBenefits Self-Service Guide

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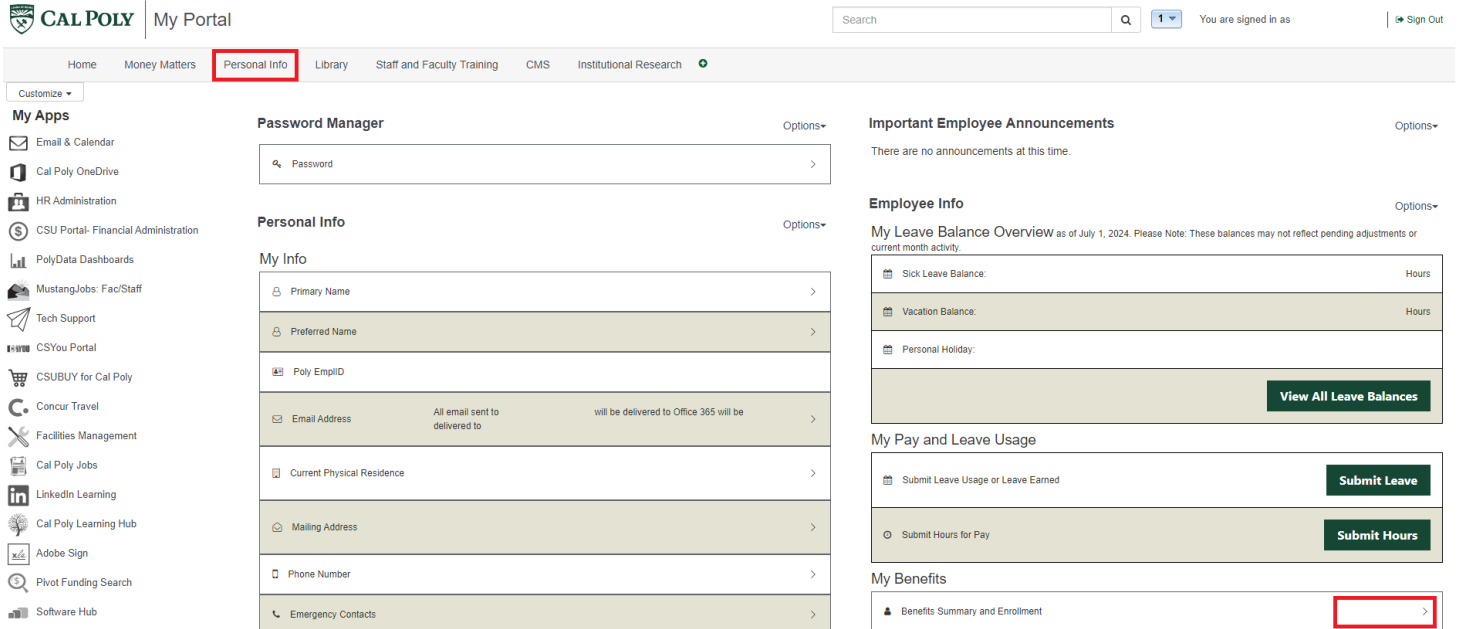
Please be aware, plan names and monthly premiums may not be current. Please reference the Human Resources Open Enrollment page for current plans and rates.

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

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.



The screenshot shows the Cal Poly My Portal interface. The top navigation bar includes the Cal Poly logo, the text "My Portal", a search bar, a dropdown menu showing "1", and a "Sign Out" link. Below this is a secondary navigation bar with tabs: Home, Money Matters, **Personal Info** (highlighted with a red box), Library, Staff and Faculty Training, CMS, and Institutional Research. A "Customize" dropdown is also present. The main content area is divided into three columns. The left column, titled "My Apps", lists various services like Email & Calendar, Cal Poly OneDrive, HR Administration, CSU Portal- Financial Administration, PolyData Dashboards, MustangJobs: Fac/Staff, Tech Support, CSYou Portal, CSUBUY for Cal Poly, Concur Travel, Facilities Management, Cal Poly Jobs, LinkedIn Learning, Cal Poly Learning Hub, Adobe Sign, Pivot Funding Search, and Software Hub. The middle column, titled "Personal Info", contains sections for "Password Manager" (with a search bar for "Password"), "Personal Info" (with an "Options" dropdown), and "My Info" (listing fields like Primary Name, Preferred Name, Poly EmplID, Email Address, Current Physical Residence, Mailing Address, Phone Number, and Emergency Contacts, each with a right-pointing arrow). The right column contains "Important Employee Announcements" (stating there are no announcements), "Employee Info" (with an "Options" dropdown), "My Leave Balance Overview" (showing Sick Leave and Vacation balances), "My Pay and Leave Usage" (with "Submit Leave" and "Submit Hours" buttons), and "My Benefits" (showing a "Benefits Summary and Enrollment" link with a right-pointing arrow highlighted by a red box).

View Your Current Benefit Elections and Covered Dependents:

Select "Benefits Summary".

My Benefits

 Benefits Summary and Enrollment

Benefits Summary: View your benefit enrollments and covered dependents. Tax-deferred savings and voluntary benefit plans are not included.

Please note: Your Cal Poly portal benefits summary reflects your initial automatic enrollment in full 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 for your coverage details.

Benefits Enrollment: During the annual Open Enrollment period, click the link below to electronically submit your benefit plan elections. If no changes are desired, no further action is necessary.

EXCEPTION: Continuation of HCRA and DCRA contributions is not automatic -- annual re-election is required.

Benefits Summary

Benefits Enrollment

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.

Benefits Summary

To view your benefits as of another date, enter the date and click Go:

Type of Benefit	Plan Description	Coverage or Participation
Medical		
Dental		
Vision	Vision Service Plan	
Dental Flex Cash		
Medical Flex Cash		
Life and ADD		\$

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.

My Benefits

Benefits Summary and Enrollment

Benefits Summary: View your benefit enrollments and covered dependents. Tax-deferred savings and voluntary benefit plans are not included.

Please note: Your Cal Poly portal benefits summary reflects your initial automatic enrollment in full 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 for your coverage details.

Benefits Summary

Benefits Enrollment: During the annual Open Enrollment period, click the link below to electronically submit your benefit plan elections. If no changes are desired, no further action is necessary.

EXCEPTION: Continuation of HCRA and DCRA contributions is not automatic -- annual re-election is required.

Benefits Enrollment

To begin, click the “Select” button.

Benefits Enrollment

Welcome! Open Enrollment is your annual opportunity to review and update your benefit elections. The Open Enrollment period for Cal Poly State employees runs September 16 through October 11, 2024, for changes effective January 1st.

The PeopleSoft eBenefits portal will allow you to make or modify elections for medical, dental, FlexCash, and Flexible Spending Account elections (Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA) plans). You may make changes through this site at any time during the election period up until the point in which you finalize and “submit” your elections. If you wish to modify your elections after submission, you must contact the Benefits Office at benefits@calpoly.edu with the change(s) you wish to make.

Important reminder: Flexible Spending Account HCRA and DCRA elections **must be made annually**. To re-enroll for the next plan year please proceed with your Open Enrollment portal elections.

Enrolling, changing, and canceling voluntary coverage with **ARAG Legal** and **VSP Premier** is completed directly with each plan vendor. Please visit the [Cal Poly Benefits](#) website for contact information and plan details.

To Begin:

Click the **Select** button. The system will then populate your current benefit enrollment details. The **Edit** button next to each plan type will allow you to enroll or waive coverage, modify your plan selection, add or remove dependents, and specify an annual election amount, as appropriate.

Important: If you are **within your new hire election period**, please complete your [AdobeSign](#) elections and await confirmation of processing from the Benefits Office. This will ensure your coverage will start as soon as possible. Once confirmed, you will only need to visit your portal to make changes effective January 1st or to elect HCRA or DCRA contributions for the next plan year.

Open Benefit Events				
Event Description		Event Date	Event Status	Job Code Title
Open Enrollment		01/01/2025	Open	Select

Once you click Select, it will take a few seconds for your benefits enrollment information to load.

For questions regarding your benefit information please contact the Benefits Office at (805) 756-2236 or you can visit the [Cal Poly Benefits website](#).

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:Empl+Deps				
	New: Vision Service Plan:Empl+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		
Edit	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				

Change Your Plan or Update Your Dependents:

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

Enrollment Summary					
Edit	Medical	Full Cost	Credits	Before Tax	After Tax
Current: PERS Gold:Empl+Deps					
New: PERS Gold:Empl+Deps					
Edit	Dental	Full Cost	Credits	Before Tax	After Tax
Current: Delta Enhanced II:Empl+Deps					
New: Delta Enhanced II:Empl+Deps					

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.

Enroll Your Dependents

The list below displays all individuals who are eligible to be your dependents. You may use the Add/Review Dependents button to add new dependents to your list. To enroll a dependent on to your medical coverage, check the Enroll box next to the dependent's name. To delete a dependent from your medical coverage, uncheck the Enroll box next to the dependent's name.

Enroll	Name	Relationship
☒		Spouse
☒		Child

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.

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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.

Revised 2024

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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”.

Benefits Enrollment

Dental

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

Your Choice

You have chosen Delta Enhanced II with Employee + 2 or more coverage.

Your Estimated Monthly Cost

Full Cost:

\$0.00

Credits:

\$0.00

Your Cost:

\$0.00

Your Covered Dependents

Name	Relationship
	Spouse
	Child

Notes

Once submitted, this choice will take effect on 01/01/2025. Deductions for this choice, if any, are generally deducted in the pay period preceding your coverage begin date.

OK

Click OK to store your choices.

Edit

Click Edit to go back and change your choices.

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.

Enroll Your Dependents

The list below displays all individuals who are eligible to be your dependents. You may use the [Add/Review Dependents](#) button to add new dependents to your list. To enroll a dependent on to your medical coverage, check the Enroll box next to the dependent's name. To delete a dependent from your medical coverage, uncheck the Enroll box next to the dependent's name.

Enroll	Name	Relationship
☒		Spouse
☒		Child

[Add/Review Dependents](#)

Add a New Dependent:

Click “Add a dependent” to include a new dependent in your elections.

Enrollment Dependent Summary

Click the Dependent/Beneficiary's name if you would like to review personal information.

[Add a dependent](#)

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.

Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2025.

Personal Information

*First Name:

Middle Name:

*Last Name:

Name Prefix: 

Name Suffix: 

*Gender: Male 

*Date of Birth: 

*SSN: (Social Security Number)

*Relationship to Employee: 

Status Information

*Marital Status: Single  As of: 

Student: No  As of: 

Disabled: No  As of: 

Smoker: No  As of: 

Address and Telephone

☒ Same Address as Employee

View confirmation page and click “OK.”

Personal Information

Save Confirmation

 The Save was successful.

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”.

Continue

Click Continue to validate your choice until you are ready to submit your final enrollment on the Enrollment Summary page.

Cancel

Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.

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.

Benefits Enrollment

Dental

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

Your Choice

You have chosen Delta Enhanced II with Employee + 2 or more coverage.

Your Estimated Monthly Cost

Full Cost: \$0.00

Credits: \$0.00

Your Cost:

\$0.00

Your Covered Dependents

Name	Relationship
	Spouse
	Child

Notes

Once submitted, this choice will take effect on 01/01/2025. Deductions for this choice, if any, are generally deducted in the pay period preceding your coverage begin date.

OK

Click OK to store your choices.

Edit

Click Edit to go back and change your choices.

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.

☐

PERS Platinum

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$232.87	\$0.00	\$232.87	Before-Tax
Employee + 1	\$541.74	\$0.00	\$541.74	Before-Tax
Employee + 2 or more	\$795.26	\$0.00	\$795.26	Before-Tax

☐

PERS Platinum Non-TAPP

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$232.87	\$0.00	\$232.87	Before-Tax
Employee + 1	\$541.74	\$0.00	\$541.74	Before-Tax
Employee + 2 or more	\$795.26	\$0.00	\$795.26	Before-Tax

☒

Waive

Continue

Click Continue to validate your choice until you are ready to submit your final enrollment on the Enrollment Summary page.

Cancel

Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.

Benefits Enrollment

Medical

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

Your Choice

You have chosen to waive coverage. Employees who have non-CSU Medical coverage can elect to participate in the [FlexCash Plan](#) to obtain cash in lieu of CSU coverage. The FlexCash payment is treated as taxable income and will be subject to the same payroll taxes as regular salary.

Notes

Once submitted, this choice will take effect on 01/01/2025. Deductions for this choice, if any, are generally deducted in the pay period preceding your coverage begin date.



OK

Click OK to store your choices.

Edit

Click Edit to go back and change your choices.

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

Enrollment Summary					
Edit	Medical	Full Cost	Credits	Before Tax	After Tax
Current: PERS Gold:Empl+Deps					
	New: Waive	0.00	0.00		

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.

Enrollment Summary					
Edit	Medical	Full Cost	Credits	Before Tax	After Tax
Current: PERS Gold:Empl+Deps					
	New: Waive	0.00	0.00		
Edit	Dental	Full Cost	Credits	Before Tax	After Tax
Current:					
	New:	0.00	0.00	0.00	
Edit	Vision	Full Cost	Credits	Before Tax	After Tax
Current: Vision Service Plan:Empl+Deps					
	New: Vision Service Plan:Empl+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		

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

[Benefits Enrollment](#)

Medical Flex Cash

As an employee of the CSU, you are eligible to participate in Medical FlexCash if you are not covered under a CSU or government agency medical plan (including coverage as a dependent of another CSU employee) and you have alternative non-CSU group medical coverage. Please read the [FlexCash Brochure](#) before enrolling in this plan.

If you choose to receive FlexCash in lieu of CSU medical coverage, you will need to provide the Benefits office proof of other coverage (ID Card or carrier web printout) before October 18th in order to receive a cash payment of \$128.00 per month. Supporting documentation may be provided via the [HR Submission of Confidential Information](#) form. Failure to provide appropriate proof of coverage will result in your election being waived.

 **Important!** Your current coverage is: Waive. You will continue with this coverage unless you elect to make a change.

Select an Option

Here are your available options.

Select the Flex Cash or Waive option



Flex Cash - Medical

Coverage Level

Costs

Employee Only



Waive

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”.

Alternate Policy Information

Insurance
Carrier's Name
Social Security
Number

Policy Number

Continue

Click **Continue** to validate your choice until you are ready to submit your final enrollment on the Enrollment Summary page.

Cancel

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

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.

Benefits Enrollment

Medical Flex Cash

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

Your Choice

You have chosen Flex Cash - Medical with Employee Only coverage.

Alternate Policy Information

You have indicated that you are covered under the following insurance policy:

Insurance Carrier's ABC Insurance

Policy Number 12345-01

Name

Social Security

123456789

Number

Notes

Once submitted, this choice will take effect on 01/01/2025.

By clicking the OK button below, unless I'm waiving this benefit, I certify that I am covered by a non-CSU medical plan. I certify that I will maintain coverage in this medical insurance plan(s) on an ongoing basis and I agree to notify the Benefits Office within 60 days if I lose coverage under the medical insurance plan.

Unless I'm waiving this benefit, I certify that I have reviewed the FlexCash Brochure describing the CSU's optional FlexCash Plan, including the legal definitions and change in benefit election limitations authorized under Section 125 of the Internal Revenue Service (IRS) Code. I understand that regulations under the IRS Code require that my benefit choices authorized by my clicking the below OK button are irrevocable during this plan year unless I experience an allowable "family status change event" as defined in these regulations or other permitting events as described in the FlexCash brochure. I understand that my FlexCash enrollment in lieu of medical coverage will continue from year to year until I complete a new FlexCash Enrollment Authorization form to change or cancel FlexCash enrollment.

Unless I'm waiving this benefit, by clicking the OK button below, I certify that I have read and agree to the terms and conditions of the FlexCash Program as outlined in the [FlexCash Brochure](#).

By clicking the OK button below, I affirm I have reviewed and understand the [Disclosures and Privacy Notice](#) regarding information about my elections.

By clicking the OK button below, I authorize the Benefits Office to send necessary personal information to my selected providers to initiate and support my election. I consent to the use of Electronic Signature and acknowledge that it has the same legal and binding effect as signing my name.

OK

Click OK to store your choices.

Edit

Click Edit to go back and change your choices.

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

	Edit	Medical Flex Cash	Full Cost	Credits	Before Tax	After Tax
Current:		Waive				
New:		Flex Cash - Medical:Empl Only	0.00	0.00	0.00	

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.

[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:					
New:		0.00	0.00	0.00	
Edit	Dental	Full Cost	Credits	Before Tax	After Tax
Current:					
New:		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 (50 K / CSUEU): \$50,000					
New:	Standard (50 K / CSUEU): \$50,000	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					

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

Benefits Enrollment

Flex Spending Health Care

This flexible spending account allows employees to pay for eligible **health expenses** not covered by their insurance with pre-tax dollars for themselves and their dependents. Please read the [Health Care Reimbursement Account Brochure](#) for additional plan details.

Please carefully consider your elected benefit amount, as money which is not used by March 15 of the following calendar year is forfeited.

This plan requires that you specify an annual pledge amount. Your contribution must be at least \$20.00/month and may not exceed \$254.16/month (\$3,050/year). All first-time enrollees will automatically be mailed two (2) ASIFlex Visa Debit Cards at no cost. Employees who are currently using the ASIFlex Card should continue utilizing their current card, as replacements will not be issued unless misplaced. The ASIFlex Card allows HCRA enrollees to pay for out-of-pocket medical expenses (i.e., medical, dental, vision, etc.) when issued as payment at health care providers and at certain retail locations that have implemented an Inventory Control System, pursuant to IRS regulations.

Employees requiring a replacement FSA card may either complete the [ASIFlex Card Order Form](#) or call the Customer Service Center at (800) 659-3035.



Important! Your current coverage is: No Coverage. If you wish to enroll for the next plan year, you must do so during the annual open enrollment period.

Select an Option

☐ No, I do not want to enroll.



Health Care Flex Spending

Continue

Click **Continue** to validate your choice until you are ready to submit your final enrollment on the Enrollment Summary page.

Cancel

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

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.

☒ Health Care Flex Spending

This plan requires that you specify an annual pledge amount.

Employees who are currently using the ASIFlex Card should continue to use the card they currently have. The ASIFlex Card allows HCRA enrollees to pay for out-of-pocket medical expenses (i.e., health, dental, vision, etc.) when issued as payment at health care providers and at certain retail locations that have implemented an Inventory Control System, pursuant to IRS regulations.

There is no longer a need for employees to submit the ASIFlex Visa Debit Card Request Form to obtain a card. However, employees can order a replacement card by completing the Request Form if needed or call the Customer Service Center at (800) 659-3035.

Annual Pledge: [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

Continue

Click **Continue** to validate your choice until you are ready to submit your final enrollment on the Enrollment Summary page.

Cancel

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

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.

Benefits Enrollment

Flex Spending Health Care

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

Your Choice

You have chosen to enroll in the Health Care Flex Spending plan with an annual pledge of \$1,000.00.

I understand that IRS regulations require that my monthly deductions authorized by this election are irrevocable during this plan year unless I experience an allowable “status change event” as defined in these regulations and described in the [Health Care Reimbursement Account Brochure](#).

Your Contributions

Your approximate monthly contribution will be \$83.33.

Notes

Once submitted, this choice will take effect on 01/01/2025.

By clicking the OK button below, I certify that I have read and agree to the terms and conditions of the [Health Care Reimbursement Account Brochure](#).

Deductions for this choice, if any, are generally deducted in the pay period preceding your coverage begin date.

OK

Click **OK** to store your choices.

Edit

Click **Edit** to go back and change your choices.

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.

Submit Your enrollment will not be processed until you click this **Submit** button and complete the next **Submit Benefit Choices** page.

i Important: After you submit your elections, the only time you may be able to make a benefit change is during the next annual open enrollment period or if you have a qualified life or job change event.

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.

Benefits Enrollment

Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, review the information below and prepare to submit your choices. You must read the disclosure and privacy information and electronically sign before final submission.

Adding Coverage for a New Dependent: Please review [CalPERS | Enroll Family Members](#) to determine the appropriate supporting documentation. Images may be submitted to the Benefits Office via the [HR Submission of Confidential Information Form](#).

New FlexCash Election: Please submit proof of other coverage to the Benefits Office via the [HR Submission of Confidential Information Form](#).

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click the Submit button your benefit choices will be sent to the Benefits Office for processing. If you later decide to change your open enrollment elections, contact the Benefits Office at benefits@calpoly.edu.

Your enrollment choices will be effective beginning January 1st and will remain in effect through the end of the year. Any applicable payroll deductions or FlexCash payments for those benefits will appear on your January 1st pay warrant. Once the Open Enrollment period closes, you will need to experience a qualifying event to make further benefit changes until the next Open Enrollment period.

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.

Disclosures and Privacy

☐ I affirm I have reviewed and understand the [Disclosures and Privacy Notices](#) regarding information about my elections **and the enrollment information below.**

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.

Sign

Submit

Click this **Submit** button to send your final choices to the Benefits Office.

Cancel

Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Once submitted, you will reach the “Submit Confirmation” page.

Benefits Enrollment

Submit Confirmation

You have successfully completed your Open Enrollment elections! Your information has been submitted to the Benefits Office for review. If additional information is needed, our team will be in touch via email.

Please allow 24-48 hours for your January 1st elections to update within your Cal Poly portal. You may view your new elections on the **Benefits Summary** page by accessing the PeopleSoft Self Service Benefits Summary link on the Cal Poly Portal - Personal Info tab - Employee Info channel - My Benefits Section.

Your new medical election(s) normally will be processed overnight but may take up to three business days. You then can view your new elections on the Benefits Summary page by accessing the PeopleSoft Self Service Benefits Summary link on the Cal Poly Portal - Personal Info tab - Employee Info channel - My Benefits Section.

On the Benefits Summary page, enter the date new coverage begins (**1/1/25 for Open Enrollment**) and click the **GO** button to view your new benefit elections.

If you have any questions or need additional assistance, please email the Benefits Office at benefits@calpoly.edu.

OK

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.