



Cómo inscribirse en los beneficios usando Peoplesoft

Debe hacerlo en la red de Rady Children o mediante Citrix con acceso de autoservicio remoto

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Vaya a PeopleSoft HCM ubicado en la pantalla de inicio de su computadora



ORACLE® PeopleSoft

Welcome to Peoplesoft HRMS.
Please use your NETWORK ID and PASSWORD to login.
Your NETWORK ID should be entered using **all lowercase letters**.

User ID

Password

Select a Language

English



Sign In

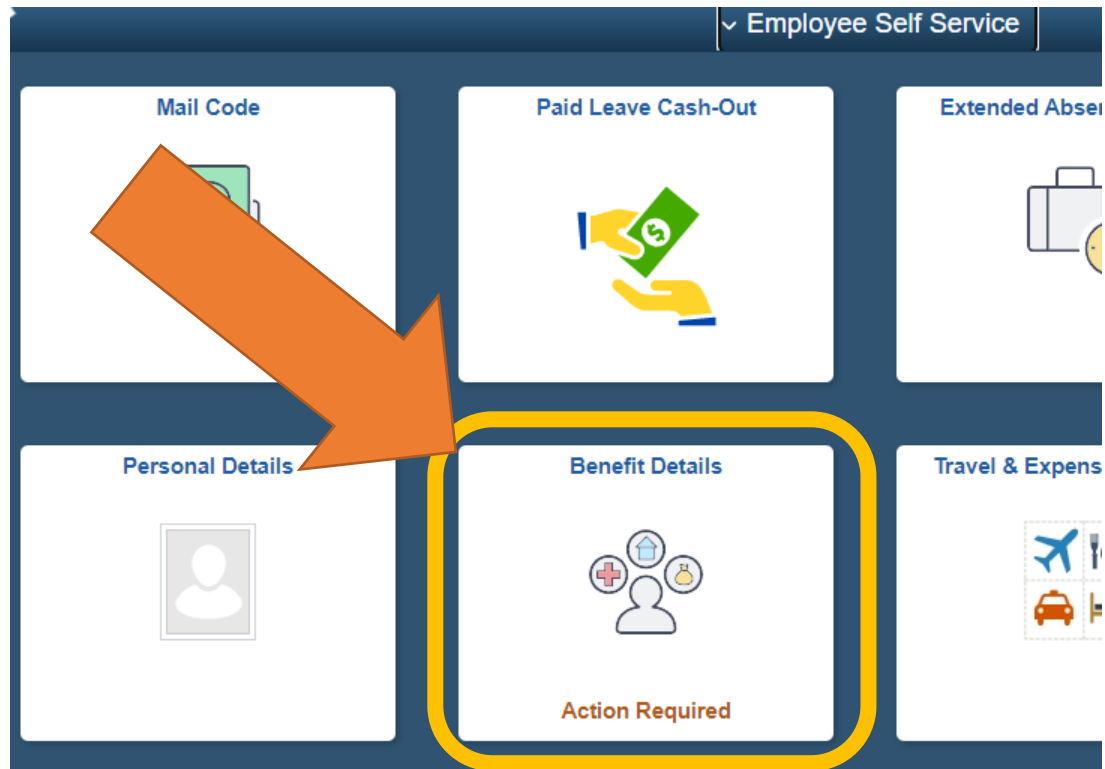
Enable Screen Reader Mode

[Set Trace Flags](#)

Inicie sesión con su ID de red y contraseña (su mismo inicio de sesión para todo lo demás)

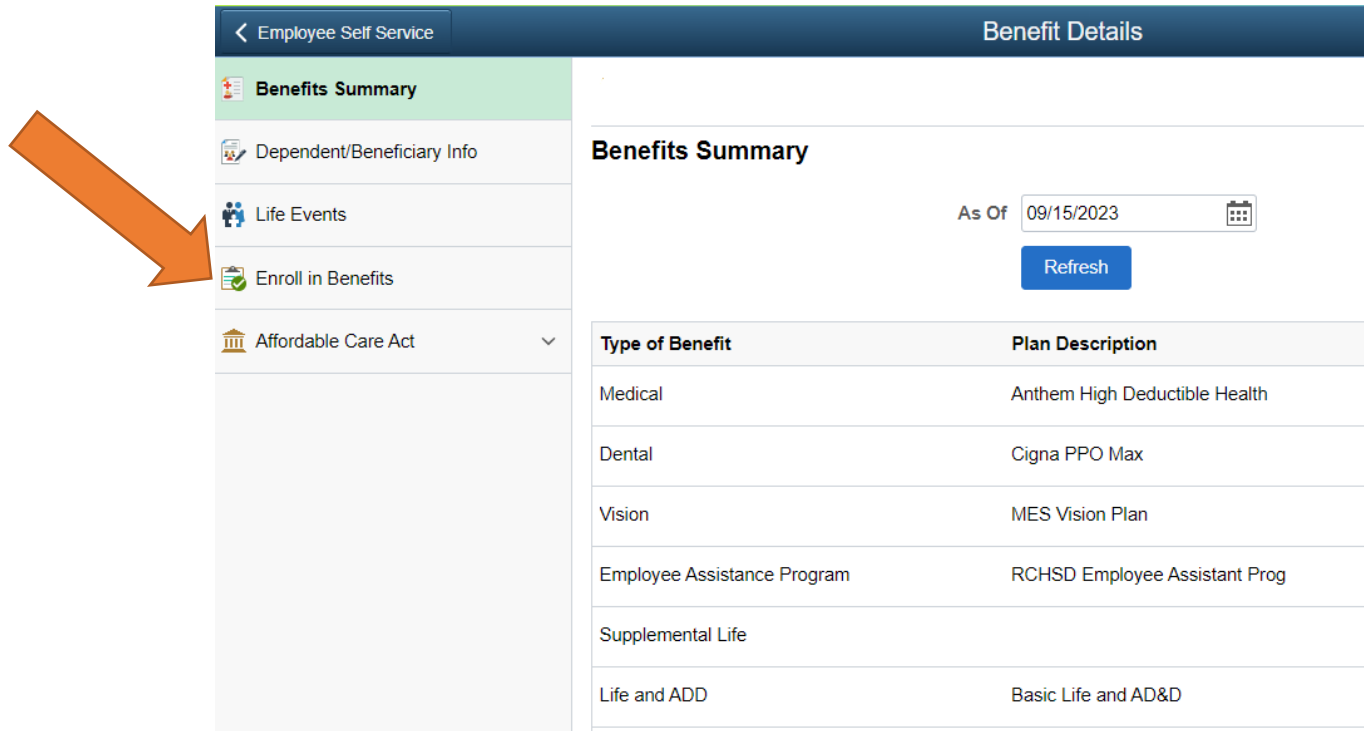
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Seleccione la opción titulada “Benefits Details”



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En el lado izquierdo, haga clic “Enroll in Benefits”



The screenshot displays the 'Employee Self Service' interface. The left sidebar contains a menu with the following items: 'Benefits Summary' (highlighted in green), 'Dependent/Beneficiary Info', 'Life Events', 'Enroll in Benefits' (indicated by an orange arrow), and 'Affordable Care Act'. The main content area is titled 'Benefit Details' and shows a 'Benefits Summary' section. This section includes an 'As Of' date field set to '09/15/2023' and a 'Refresh' button. Below this is a table with two columns: 'Type of Benefit' and 'Plan Description'.

Type of Benefit	Plan Description
Medical	Anthem High Deductible Health
Dental	Cigna PPO Max
Vision	MES Vision Plan
Employee Assistance Program	RCHSD Employee Assistant Prog
Supplemental Life	
Life and ADD	Basic Life and AD&D



Haz Clic “OK”

Employee Self Service Benefit Details

- Benefits Summary
- Dependent/Beneficiary Info
- Life Events
- Enroll in Benefits**
- Affordable Care Act

Benefits Enrollment

Open Enrollment

Be sure to authorize and submit all changes you make during this session.

Employees may enter the Open Enrollment Event and submit changes until Open Enrollment ends.

A large, thick orange arrow with a black outline points from the bottom right towards the "OK" button.

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Haz Clic "Edit" en el beneficio que gustarías cambiar. Si no hay ningún cambio, tu elección de el año anterior se quedara seleccionada para este nuevo año. **Excepto** las cuantas **FSA** y **HSA**, esas se deben renovar cada año.

Benefits Enrollment Open Enrollment

Open enrollment is your annual opportunity to review your current benefit elections and make the necessary changes for you and eligible family members. At this time you may add, modify or cancel coverage; as well as add or drop dependents. You will be able to review the cost of each benefit on the Enrollment Summary. **Please click on EDIT to make changes to your benefits.**

IMPORTANT: The Flexible Spending Accounts DO NOT carry over into the next plan year. To continue participating in the Health and/or Dependent Care FSA programs next year, you must re-enroll in these programs during the Open Enrollment period.

i Important: Your enrollment will not be complete until you **Submit your choices to the Benefits Department.**

Enrollment Summary			
Medical	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Anthem High Deductible Health:Empl Only			
New: Anthem Priority Select HMO:Empl Only	47.97		
Health Savings Account (HSA)	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Health Savings Account (HSA): \$0.00			
New: Health Savings Account (HSA): \$0.00	0.00		
Dental	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Cigna PPO Max:Empl Only			
New: Cigna PPO Max:Emp+Child	23.99		
Vision	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: MES Vision Plan:Empl Only			
New: EyeMed Vision Care:Empl Only	0.88		
Flex Spending Account (FSA)	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Waive			
New: Waive	0.00		
Dependent Daycare FSA	Before Tax	After Tax	<input type="button" value="Edit"/>



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Si deseas inscribir dependientes, selecciona la cajita a un lado de tu dependiente.
Para agregar un dependiente, as clic "**ADD/REVIEW dependents**".

Enroll Your Dependents

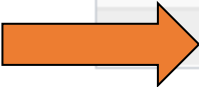
Below is a list of your eligible dependents. You may enroll any of the following individuals for coverage under this plan by checking "Enroll" next to their name.
If an individual is missing from this list, select "Add/Review Dependents". Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Natural, legally adopted children or stepchildren up to age 26
- Children of any age totally disabled due to a physical or mental handicap if enrolled before age 25

If you are electing coverage for **new dependents**, you must provide supporting documentation to the Benefits Department within 30 days to verify your dependents eligibility. Examples of acceptable documentation are: marriage certificate for a spouse, birth certificate for child.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	John Doe	Child



Add/Review Dependents

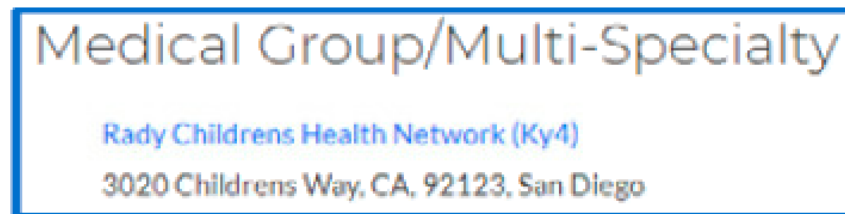
Encontrar un proveedor para los planes HMO



Los planes HMO requieren la selección de un proveedor de atención primaria (PCP). Visita la página web de Anthem que está abajo para obtener tu ID de inscripción/ proveedor (ID consiste de **3 o 6-dígitos**)

www.anthem.com/ca/find-care

Haga clic [AQUÍ](#) para obtener instrucciones paso a paso.



PCP ID/Enrollment ID: ⓘ
KY4023

OR

PCP ID/Enrollment ID: ⓘ
AAC

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BENEFITS

**SELECCIONA UN
PROVEEDOR
USANDO ANTHEMS
ID DE 3-O-6 DIJITOS**

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care physician (PCP). Please click [HERE](#) for instructions to find a PCP in the HMO option you have selected. **NOTE: You must ONLY enter the PCP ID number (do not enter the doctor's name).** Be sure to verify you are enrolled with the correct PCP when you receive your plan information from Anthem. This system will not return an error message for incorrect information. If you would like Anthem to auto-assign a PCP, type ANTHEM ASSIGN to go to the next screen.

Specify a Primary Care Provider ID

Check here if you have previously seen this provider

Check here to use the same provider for all your dependents

[Add PCP for Dependent](#)

No Usar:
**Numero NPI o
Nombre de Proveedor**
El Sistema considera tal
entradas no validas y
resultara en una
selection automatica

**Si no tienen un
proveedor preferido
escribe "ANTHEM
ASSIGN" Para que
Anthem te asigne un
proveedor basado en
tu codigo postal.**

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care physician (PCP). Please click [HERE](#) for instructions to find a PCP in the HMO option you have selected. **NOTE: You must ONLY enter the PCP ID number (do not enter the doctor's name).** Be sure to verify you are enrolled with the correct PCP when you receive your plan information from Anthem. **This system will not return an error message for incorrect information. If you would like Anthem to auto-assign a PCP, type ANTHEM ASSIGN to go to the next screen.**

Specify a Primary Care Provider ID

Check here if you have previously seen this provider

Check here to use the same provider for all your dependents

[Add PCP for Dependent](#)

**Haz Clic "UPDATE
AND CONTINUE"**



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Revisa tus elecciones y haz clic **“UPDATE ELECTIONS.”**

Regresarás a la página de inscripción, en donde podrás elegir un plan dental, de visión, etc.

Benefits Enrollment

Medical

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen Anthem Select HMO with Employee + Child(ren) coverage.

Your Estimated Per-Pay-Period Cost

Your Cost \$148.03

The Primary Care Provider ID is AWL. You have seen this provider before.

Your Covered Dependents

Dependent Information			
Name	Relationship		Previously Seen
John Doe	Child	AWL	<input checked="" type="checkbox"/>

Notes



[Update Elections](#) [Discard Changes](#)

Select the Update Elections button to store your choices.
Select the Discard Changes button to go back and change your choices.

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Si decides no inscribirte en cobertura medica, tendras que seleccionar “Waive” para poder recibir el credit por no elegir cobertura(MWC).

Enrollment Summary

Medical	Before Tax	After Tax	Edit
Current: Anthem High Deductible Health:Empl Only			
New: Anthem Priority Select HMO:Empl Only	47.97		

EDITAR “Medical”

Desplaza hacia abajo para poder seleccionar “WAIVE”

La cantidad de credito medico es basado en las horas que trabajas.

Anthem High Deductible Health

Coverage Level	Your Costs	Tax Class
Employee Only	\$87.07	Before-Tax
Employee + Spouse	\$267.60	Before-Tax
Employee + Child(ren)	\$221.49	Before-Tax
Employee + Family	\$455.27	Before-Tax
Employee + Domestic Partner	\$267.60	Before and After Tax
Family (with Domestic Partner)	\$455.27	Before and After Tax
<input checked="" type="radio"/> Waive		

Coverage Level	Your Costs	Tax Class
Employee Only	\$-19.42	After-Tax

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Revisa tus beneficiarios en "Life AD&D". Este plan es patrocinado por el hospital y requiere que se nombre por lo menos un beneficiario.



BENEFITS

Life and AD&D

Before Tax

After Tax

Edit



Current: Basic Life: 1 X Salary

New: Basic Life: 1 X Salary :

Designate Your Beneficiaries

The following list displays all individuals who are eligible to be your beneficiaries. If an individual is missing from this list, use the Add/Review Beneficiaries button to determine why they are not eligible.

Add/Review Beneficiaries

You may designate the following individuals as Primary or Secondary beneficiaries by allocating a percent. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

All percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.

*Enter Primary Allocations as

*Enter Secondary Allocations as

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
	Sibling	100		<input type="text"/>	<input type="text"/>
John Doe	Child			<input type="text" value="100"/>	<input type="text"/>

Total 100

0

Update and Continue

Discard Changes

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En esta pagina puedes editar or seleccionar el resto de tus beneficios.

Revisa tu resumen de seleccion, y haz clic “SAVE and CONTINUE.”

This table summarizes estimated costs for your new benefit choices. The "Employer" column displays the amount Rady Children's is contributing to subsidize the cost of your benefits.

Election Summary				
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer
Costs	113.42	111.94	1.48	447.48
Your Costs	113.42	111.94	1.48	

These costs do not include certain benefit elections that can be made outside of open enrollment or the period of initial eligibility (i.e. retirement savings plan and/or some voluntary benefits).

Save and Continue



Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

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BENEFITS

Benefits Enrollment

Submit Benefit Choices

You have ALMOST completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

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

REMINDER: The Flexible Spending Accounts DO NOT carry over into the next plan year, you must re-enroll to continue.

Please submit your benefit choices below when you have completed your enrollment. **If you choose to leave this page without submitting, your current elections will be NOT processed.** You can also make changes to your current enrollment up until the enrollment deadline. However, once you select the **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 until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit

Cancel

Select the **Submit** button to send your final choices to the Benefits Department.

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

Haz clic
“**SUBMIT**” para
finalizar tus
elecciones y
generar tu
confirmacion.



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BENEFITS

Benefits Enrollment

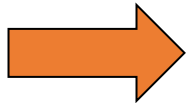
Submit Confirmation

Your benefit choices have been successfully submitted to the Benefits Department.

To enroll in Voluntary Benefits click [Voluntary Benefits](#).

To schedule an appointment with a licensed benefits counselor and learn more about the Chubb Voluntary Life w/Long Term Care benefit, click [Schedule an Appointment](#)

To return to the Benefits Enrollment page, use the **OK** button.



Print Benefits Enrollment Statement

OK

IMPRIME o ARCHIVA tu confirmacion. NO podras regresar a esta pagina despues de hacer clic "OK."

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BENEFITS

Benefits Enrollment Statement

Name				Home Address		
Empl ID		E-Mail Address				
Benefit Plan	Coverage	Coverage Amount	Effective Date	Employee Cost		Employer Cost
				Pre-Tax	After-Tax	
Anthem High Deductible Health	Employee Only		01/01/2023	\$87.07	\$0.00	\$407.51
Health Savings Account (HSA)		\$3,220.00	01/01/2023	\$134.17	\$0.00	\$0.00
Dental	Waive		01/01/2023	\$0.00	\$0.00	\$0.00
Vision	Waive		01/01/2023	\$0.00	\$0.00	\$0.00
Basic Life and AD&D			01/01/2023	\$0.00	\$0.00	\$1.34
Supplemental Life	Waive		01/01/2023	\$0.00	\$0.00	\$0.00
Spouse Life	Waive		01/01/2023	\$0.00	\$0.00	\$0.00
Child Life	Waive		01/01/2023	\$0.00	\$0.00	\$0.00
RCHSD Employee Assistant Prog	Employee Only		01/01/2023	\$0.00	\$0.00	\$0.00
Flex Spending Account (FSA)	Waive		01/01/2023	\$0.00	\$0.00	\$0.00
Dependent Daycare FSA	Waive		01/01/2023	\$0.00	\$0.00	\$0.00
Basic LTD (40%)			01/01/2023	\$0.00	\$0.00	\$4.70

NOTE: Per Diem employees will be direct billed by Tri-Ad on a monthly basis (monthly cost = semi-monthly cost X 2)

HSA/FSA Year Runs on a Calendar Year: January 1 through December 31

Voluntary Benefits*	Effective Date	Employee Cost
Short Term Dis	04/17/2022	\$28.80

*As of Statement Print Date

Dependent Information	Relationship	Benefit Plan	Birthdate

Beneficiary Information	Relationship	Benefit Plan	Beneficiary Type	Percentage
	Spouse	Basic Life and AD&D	Primary	100

IMPORTANTE
Imprime o Archiva

Beneficios fuera de PeopleSoft



Cuenta de retiro 403(b) con Fidelity

- Inicia Sesión en www.netbenefits.com/rchsd para revisar o hacer cambios a tu cuenta 403(b).

Beneficios voluntarios con Unum

- Haz Clic [HERE](#) para inscribirte en “Short-term Disability, Critical Illness, Accident Insurance and/or Group Hospital Indemnity.”
- Haz Clic [HERE](#) para la guía de inscripción de Unum

Individual Voluntary Life con Long Term Care de Chubb



- Haz Clic [HERE](#) o llame al 855-241-9891 para hacer una cita con un especialista de inscripción.