

How to Enroll in Benefits in Peoplesoft

Must do so on the Rady Children's network or through Citrix with Remote Self-Service Access



BENEFITS

Enrolling Online



Go to **PeopleSoft HCM** located on your computer desktop (or in Citrix)



Login using your **Network ID** and **Password** (your same log in for everything else)

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

Enrolling Online



BENEFITS

Select the **BENEFIT DETAILS** tile

Employee Self Service

Mail Code



Paid Leave Cash-Out



Extended Absen



Personal Details



Benefit Details



Action Required

Travel & Expens



Enrolling Online




On the left side, click on **ENROLL IN BENEFITS**

Employee Self Service Benefit Details

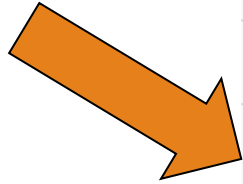
- Benefits Summary
- Dependent/Beneficiary Info
- Life Events
- Enroll in Benefits**
- Affordable Care Act

Benefits Summary

As Of 

[Refresh](#)

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



Enrolling Online



BENEFITS

Click **SELECT**

< Employee Self Service

Benefit Details

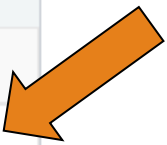
- Benefits Summary
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Benefits Enrollment

Use the Select button to begin your enrollment. Please note that some events may be temporarily closed until you have completed enrollment for a prior event. Click on the blue info icon below to learn more information about your enrollment event(s).

Note: After your initial enrollment, the only time you can make changes is during open enrollment or a qualified life event change (i.e. birth/adoption of child, marriage/divorce, gain or loss of coverage due to employment change).

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2023	Open	LVN	Select



After you use the Select button, it will take a few seconds for your benefits enrollment information to load.



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

Enrolling Online

Click **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.

An orange arrow with a black outline points from the bottom right towards the "OK" button.

Enrolling Online



Click **EDIT** next to the benefit you wish to change.
If no changes are made, your previous election will roll-over, except for FSA and HSA.

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	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	Edit
Current: Health Savings Account (HSA): \$0.00			
New: Health Savings Account (HSA): \$0.00	0.00		
Dental	Before Tax	After Tax	Edit
Current: Cigna PPO Max:Empl Only			
New: Cigna PPO Max:Emp+Child	23.99		
Vision	Before Tax	After Tax	Edit
Current: MES Vision Plan:Empl Only			
New: EyeMed Vision Care:Empl Only	0.88		
Flex Spending Account (FSA)	Before Tax	After Tax	Edit
Current: Waive			
New: Waive	0.00		
Dependent Daycare FSA	Before Tax	After Tax	Edit



Enrolling Online



If you are enrolling dependents, check the box next to the person you wish to enroll.

To add a dependent, click **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.

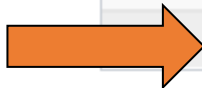
If an individual is missing from this list, select "Add/Review Dependents". Your eligible dependents include:

- 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

Finding a Provider for HMO Plans



HMO plans require you to select a Primary Care Provider (PCP). Go to Anthem's website below to obtain your **3- or 6-digit PCP ID/Enrollment ID**.

www.anthem.com/ca/find-care

Click [HERE](#) for step-by-step instructions.

Medical Group/Multi-Specialty

Rady Childrens Health Network (Ky4)
3020 Childrens Way, CA, 92123, San Diego



PCP ID/Enrollment ID: ①
KY4023

OR

PCP ID/Enrollment ID: ②
AAC

Enrolling Online



BENEFITS

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](#)

**SELECT A PROVIDER
USING ANTHEM'S
3- OR 6-DIGIT PCP ID**

**DO NOT USE:
NPI NUMBER or
PROVIDER NAME**
The system will
consider these entries
invalid and will result in
an auto-pick.

**If you do not have a
preferred PCP, enter
“ANTHEM ASSIGN”
for Anthem to assign
a PCP based on your
zip code.**

**CLICK UPDATE
AND CONTINUE**



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](#)

Enrolling Online



Review your election and
Click **UPDATE ELECTIONS**.

You will return to the
Open Enrollment screen
where you can **EDIT**
dental, vision, 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.

Enrolling Online



If you do not enroll in medical coverage, you must actively “Waive” medical to receive the Medical Waiver Credit (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		

EDIT Medical

Scroll down to elect “**WAIVE**”

The amount of the MWC will populate based on your FTE.

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

Enrolling Online

Review your beneficiaries in Life AD&D. At least ONE beneficiary is required for this hospital-sponsored benefit.



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			100	<input type="text"/>

Total 100

0

Update and Continue

Discard Changes

Enrolling Online



Edit and elect the rest of your benefits.

Review your Election Summary, then click 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.

Enrolling Online



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.

Click **SUBMIT**
to finalize your
elections and
generate your
confirmation
statement.



Enrolling Online



Benefits Enrollment

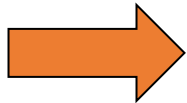
Submit Confirmation

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

PRINT or **SAVE** your Benefits Enrollment Statement for your records. You will not be able to return to this page once you click OK.

Confirmation Statement



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

IMPORTANT
PRINT or **SAVE** for
 your records

Benefits Outside of PeopleSoft



403(b) Retirement Account with Fidelity

- Log in at www.netbenefits.com/rchsd to review or change your deferral rate.

Voluntary Benefits with Unum

- Click [HERE](#) to enroll in Short-term Disability, Critical Illness, Accident Insurance and/or Group Hospital Indemnity.
- Click [HERE](#) for the Unum enrollment guide

Individual Voluntary Life with Long Term Care with Chubb



- Click [HERE](#) or call 855-241-9891 to make an appointment with an enrollment specialist