

How to Enroll in Benefits

Why should I enroll?

Your choice of benefits today can impact your health, wealth, and family. Please take a moment to understand the offerings and choose the benefits that best support your individual and/or family needs. Depending on your situation, you may find a plan that costs less now but has more financial risk in the future. If you or your family have ongoing needs, you may consider paying a little more each paycheck for the security of coverage in the future. Alternately, depending on your finances and health, you may opt for a less expensive plan and save for any out-of-pocket expenses that you may incur because of the plan design.

Review the [City's Benefit Website](#) for helpful guides and information to help you choose and use your City benefits.

What happens if I do not enroll?

Don't miss out on your opportunity to receive In-Lieu benefits, elect Flexible Spending benefits, and choose the plans that best fit your needs. Remember, you are not able to change your benefits outside of Open Enrollment or a [Qualified Life Event](#).

New Hire/Newly Benefited full-time eligible employees who do not make benefit elections will be placed in the default plans; Anthem \$1500 for medical, Delta Care HMO for dental, and the rest of the benefits will be waived. Part-time eligible employees who do not make benefit elections will default to waive coverage.

For Open Enrollment, your prior year elections will remain intact except for any Flexible Spending Accounts, Health Savings Accounts, and Wellness Program. Those must be re-elected each year. Flexible Spending Elections can only be made upon new hire/newly benefited, due to a qualifying life event, or at Open Enrollment each year.

Terms and Definitions

- **Before Tax Cost** is the semi-monthly deduction you can expect on your paycheck for that insurance plan.
- **After-Tax Credit** is the amount paid to you on every paycheck for enrolling in Health in lieu and/or Dental In Lieu.
- **Pay Period Cost**, like "Before Tax Cost", is the total semi-monthly deduction.

Before Tax Cost	After Tax Cost	Before Tax Credit	After Tax Credit	Pay Period Cost
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Heading row that appears on top of insurance plans to calculate costs

- **Health in-lieu/Dental in-lieu** is for City employees wishing to be paid by the City for having group health/dental coverage through a spouse, domestic partner, parent, past employer, retirement, or military plan.
- **Waiving** your coverage means that you agree to not receive benefits or payment from the City for the selected type of coverage.

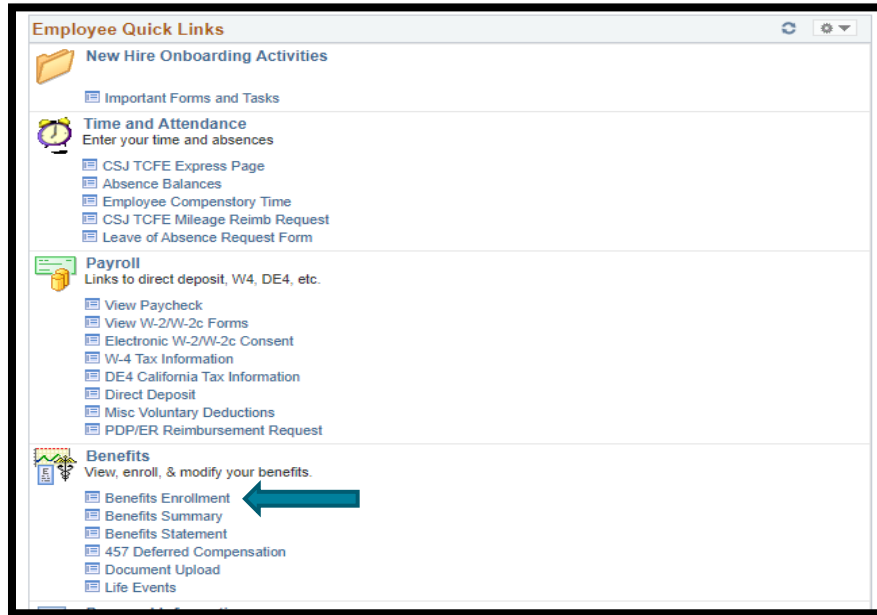
Other Benefits

The enrollment for the following benefits are not available via your eWay Benefits enrollment, review how to enroll:

- **Commuter Benefit:** Learn more about the Commuter Benefit on our [Commuter Benefits Programs webpage](#). You can enroll into the Commuter Benefit by completing the [Commuter Benefit Enrollment/Change Form](#) and submitting it to hrbenefits@sanjoseca.gov.
- **Additional Life Insurance:** Eligible employees are automatically enrolled in the City's Basic Life insurance, to learn more about additional life insurance or to enroll, visit our [Life Insurance webpage](#). (If you are within your 30 days of being a new hire, you are eligible for guaranteed issue up to \$200,000.)
- **Long Term Disability (LTD):** If you are outside of your 30 days of being a new hire, you will need to apply for Long Term Disability by completing the [Enrollment Form](#) and submitting the [Medical History Statement](#). Learn more about LTD on the [Long Term Disability Insurance webpage](#).
- **Voluntary Benefits Plus:** Employees are eligible for Voluntary Benefits Plus offered by Corestream, during your new hire event, Open Enrollment, or if you experience a qualifying life event. Pet insurance is an exception and can be enrolled in at any time. Learn more about [Voluntary Benefits Plus on the webpage](#).

How Do I Enroll?

1. **Log in to eWay.** If you have not yet logged into your eWay account, please see our [“Navigating eWay” guide](#).
2. In the “Employee Quick Links” section under “**Benefits**”, click the link to “**Benefits Enrollment**”.



3. Clicking the Benefits Enrollment eWay link will open a page with a list of available benefit enrollment types. This will either be **New Hire Enrollment**, or **Open Enrollment**. You can click on the inquire icon to learn more about the benefit enrollment type.



Blue inquire button

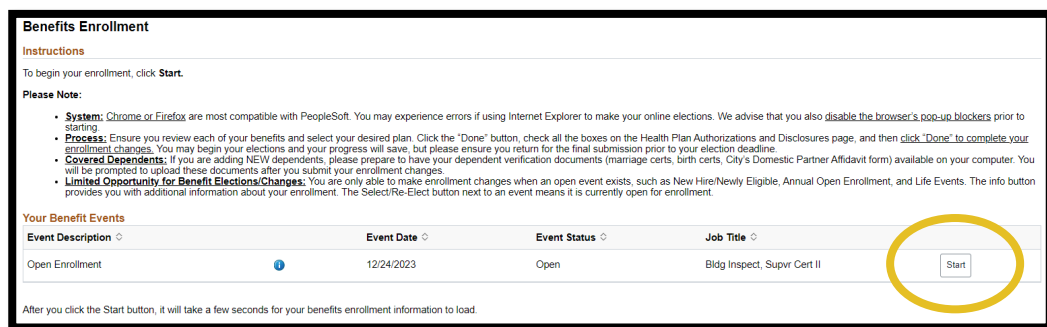
- **New Hire/Newly Benefited Enrollment** is the benefit enrollment process for newly hired or employees promoted to benefited positions. You must elect benefits within 30 days.

Self Service Guides: Benefits Enrollment

- **Open Enrollment** is the one time a year when employees can change their benefit plans and covered dependents without needing a major life event (such as marriage, childbirth, divorce, etc.) These changes go into effect the next calendar year. Open Enrollment should be used to review and change your benefits selections. You must enroll in Flexible Spending Accounts, Health Savings Accounts, and the Wellness Incentive program annually during Open Enrollment.

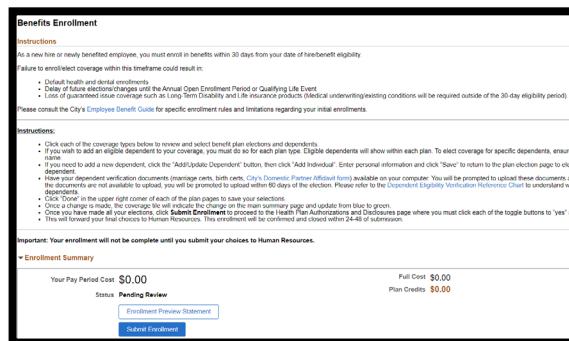
If you have both event types showing, you must complete your New Hire Enrollment before your Open Enrollment Event becomes available for selection.

Click the **“Start”** button on the far-right column next to the correct enrollment type.



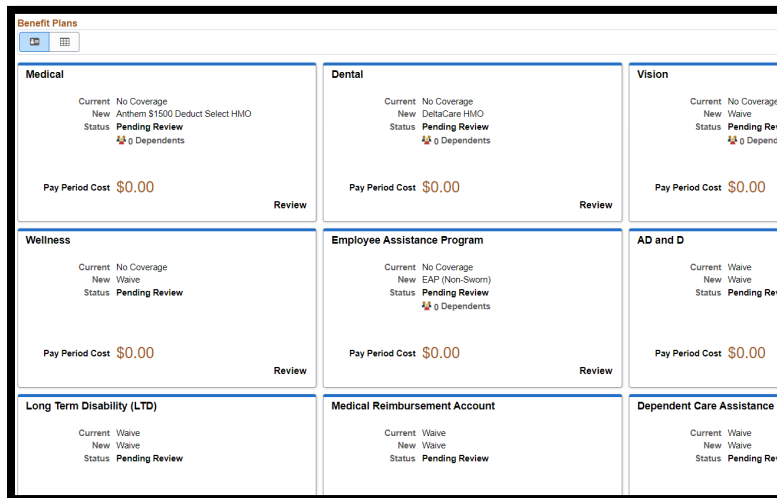
eWay Benefit Enrollment Event Type

PLEASE NOTE: *The server may take some time to load all benefit plans after clicking “Start” We recommend clicking and waiting a few seconds.*



eWay Benefits Enrollment Instructions

4. Review the instructions to successfully complete your benefit enrollment. The enrollment summary will update as you make your benefit elections.
5. You may now choose/update each benefit plan type by scrolling down (e.g. Medical, Dental, Vision, etc.) and **clicking on each benefit tile** you would like to review.

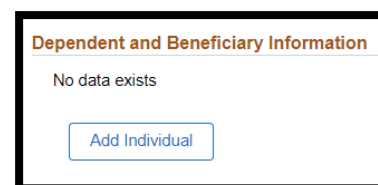
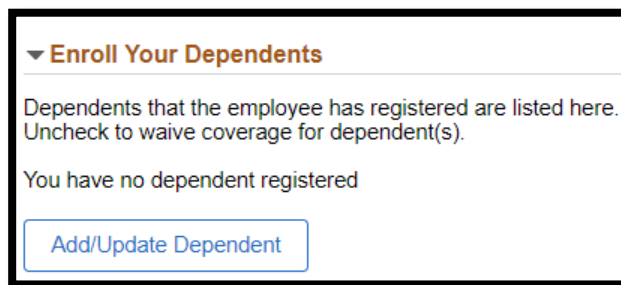


eWay Benefit Boxes

If you will not be adding any dependents, skip to Step 7.

6. Adding and Enrolling Dependents

Once you select the benefit tile you want to review, you may add Dependents to your coverage by clicking on **"Add/Update Dependents"**. Click on **"Add Individual"**.



a. Enter your dependent information.

Please note:

- **Relationship to Employee:** All children up to age 26 should be identified as "child", not Adult Child. "Adult Child" refers only to an eligible dependent who is 26 years old or older AND certified as disabled. If you are unsure if your Domestic Partner is taxable or non-taxable, please refer to the [Affidavit of Domestic Partnership](#) for more information.
- **Student:** Indicate "Yes" only if your dependent is over 19.

Self Service Guides: Benefits Enrollment

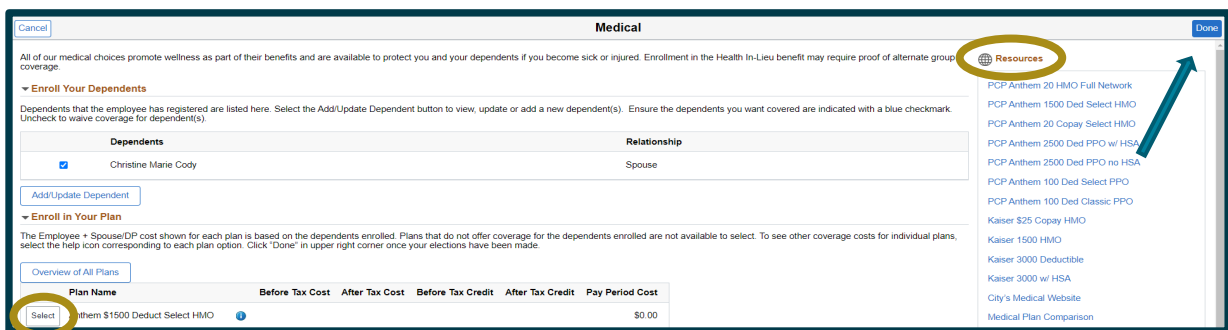
- **National ID** in our system is equivalent to a Social Security Number. Enter your dependent's Social Security Number by clicking "Add National ID."
- b. Click "**Save**" when you have entered your dependent's information.
 - You **can add additional dependents** by selecting "**Add Individual**" after you click "**Save**". You can also edit dependent information by clicking on the arrow on the right side of the row.
 - Once you are **done adding dependents**, you can click the "**X**" on the top right-hand corner of the screen.
- c. Once added as dependents, you will see the dependents within each applicable benefit tile. You must check the box next to the dependent you would like to add to each benefit.



7. Reviewing and Selecting Benefits

To review and elect coverage, click within each Benefit tile, then click "**Select**" next to the option you would like to choose. You can click on "Overview of All Plans" to review the bi-weekly deduction depending on the insurance plan and coverage level.

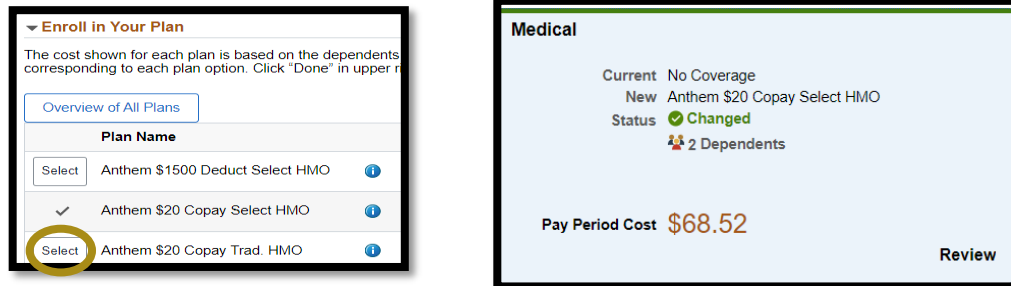
Refer to the "**Resources**" panel on the right-hand side within each benefit tile for additional information about each plan and/or comparisons.



Once you have selected a plan and dependents covered, you will see a checkmark next to the plan name, then select "**Done**" at the top right-hand corner of the screen.

Once you have selected a plan and clicked done, the plan tile will update from "Pending Review" to "Changed" with a green checkbox and green outline on the tile.

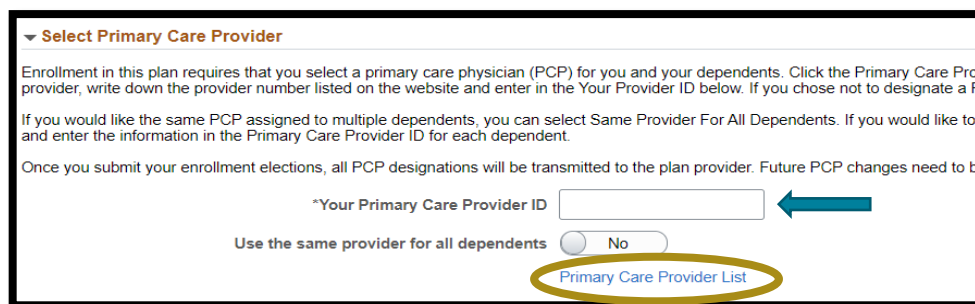
The box will also be updated with the name of the plan you selected, the number of dependents added to the insurance plan, and the Pay Period Cost.



Example of a medical benefit box with updated plan name.

8. Choosing a Primary Care Provider (PCP) For Anthem Medical HMO and Dental HMO

- If **Anthem Medical HMO and/or Dental HMO** is selected, you will need to select a Primary Care Provider.
- Click **Primary Care Provider List** to find a participating provider.
- If you choose not to designate a PCP at this time, enter **"NONE"** and you will automatically be assigned a PCP. You may contact Anthem directly to update your PCP.
- You can elect to use the same PCP for all dependents or select different PCPs for each dependent.



9. Kaiser Arbitration Agreement

If a Kaiser plan is selected, you will be prompted and required to complete the Kaiser Arbitration Agreement upon saving your election.



Kaiser arbitration agreement

10. Accidental Death & Dismemberment Beneficiary Designation

If selected, you will be prompted to designate your beneficiary and the percent allocation. Make sure to scroll to the bottom of the page to enter this information. If you do not see a beneficiary listed and would like to add additional beneficiaries, select **"Add/Update Beneficiary."**

Designate Your Beneficiaries

You may designate the individuals as primary or secondary beneficiaries by allocating a percent or a specific dollar amount. If you select flat dollar amount, then one beneficiary must be designated to receive remaining money from the policy. If you have multiple beneficiaries, the total must equal 100. Select the Add/Update Beneficiary button to view, update or add a new beneficiary.

You may insure yourself by choosing the Single plan, or you may insure you and your family members by choosing the Family plan.

- Your spouse (or domestic partner) is under age 70.
- Your dependent children (including step, foster, legally adopted children, and children of your domestic partner) are under age 24, and are unmarried.
- Your dependent children (including step, foster, or legally adopted children) are unmarried, under age 24, and are dependent on you.

*Primary Allocation

*Secondary Allocation

Beneficiary	Relationship	Current Primary Percentage	Current Secondary Percentage
Sarah Meyers	Child		
John Doe	Child		
Total			

[Add/Update Beneficiary](#)

Designate your AD&D beneficiaries towards the bottom of the screen.

11. Election Preview Statement and Submitting Elections

After you have finished reviewing and/or selecting each benefit, including adding any dependents, you may review all your information by clicking the **"Election Preview Statement"**. This will show the total cost of all benefit plans per pay period, dependents, beneficiaries, plan names, coverage levels, etc. Click the **"Print View"** button on the top right-hand corner to print or save a PDF of your statement.

Important: Your enrollment will not be complete until you submit your choices to Human Resources.

Enrollment Summary

Your Pay Period Cost: **\$118.31**

Status: **Pending Review**

Full Cost: **\$118.31**

Plan Credits: **\$0.00**

[Enrollment Preview Statement](#)

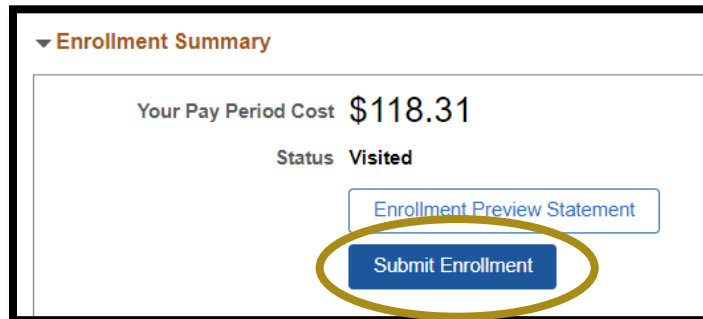
[Submit Enrollment](#)

Benefit Plans

DC...
LTD
Medical
AD/D De...

PLEASE NOTE: You must click **“SUBMIT ENROLLMENT”** for your changes to become effective.

If everything is correct, close the statement by clicking the **“X”** in the upper right corner of the screen and return to the Enrollment Summary to click **“Submit Enrollment”**.



Once you click **“Submit Enrollment”**, you will be brought to a disclosure agreement page. Please read through and select/toggle **“Yes”** on every disclosure (you will be required to select yes on all even if they don't all apply to you), then click the **“Done”** button at the top right-hand corner of the page to send all your benefits information to Human Resources.

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

Before your submission will be accepted, you must acknowledge the following disclosures and agree to the terms by indicating **“yes”** on ALL of the sections below:

Health Plan Authorizations and Disclosures

I authorize my health plan carrier to release or obtain medical information on myself and covered dependents to or from health care providers/agencies for the purpose of providing necessary health care services, utilization review, quality assurance, surveys, processing of claims, financial audit or purposes reasonably related to the performance of the agreement or policy. I understand that only my legal dependents, as defined by the City of San José, may be enrolled in my health, dental and vision plans.

I agree to be bound by the benefits, limitations, exclusions and other terms of the applicable group agreement and any amendments to the group agreement.

Anthem Blue Cross Arbitration Agreement (Employees enrolled in Kaiser Permanente Group Health Plan understand they are not subject to this agreement): ALL DISPUTES BETWEEN YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY (ANTHEM), INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. YOU AND ANTHEM AGREE TO BE BOUND BY THIS ARBITRATION PROVISION. YOU ACKNOWLEDGE THAT FOR DISPUTES THAT ARE SUBJECT TO ARBITRATION UNDER STATE OR FEDERAL LAW THE RIGHT TO A JURY TRIAL, THE RIGHT TO A BENCH TRIAL UNDER CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 17200, AND/OR THE RIGHT TO ASSERT AND/OR PARTICIPATE IN A CLASS ACTION ARE ALL WAIVED BY YOU. Enforcement of this arbitration clause, including the waiver of class actions, shall be determined under the Federal Arbitration Act (“FAA”), including the FAA’s preemptive effect on state law. By checking the checkbox for this section and clicking on the Submit button below, you agree this acknowledgement is valid and binding.

Yes

In-Lieu and Waiver of Healthcare Acknowledgements

In-Lieu Elections: I acknowledge that the City’s Health and Dental In-Lieu Programs have the following Terms: 1) I attest that my dependents and I are covered, or will be covered, by an alternate qualifying group health and/or dental plan that conforms to the Affordable Care Act’s (ACA) minimum value standards for the plan year. I attest that I will maintain coverage in this alternate qualifying group health and/or dental plan for the plan year and I agree to notify Human Resources, Benefits Division within 30 days of losing coverage under that medical and/or dental insurance plan. I understand that an individual health and/or dental insurance policy (for example Medicare, Covered California, or a policy purchased on a private or state exchange) is not qualifying group health and/or dental plan coverage for purposes of this Health and/or Dental Cash In-Lieu Benefit. 2) I hereby agree to all terms and conditions as contained in this Attestation and the Health and/or Dental In-Lieu Plan Document and that the terms and conditions are fully understood. I further certify that the information furnished is true and correct and understand that falsification of this Attestation may result in cancellation and repayment of Health and/or Dental In-Lieu payments. 3.) The City of San José reserves the right to amend or terminate the Plan at any time, subject to applicable collective bargaining agreements. 4.) Payment will be through the employee’s regular biweekly payroll check. Payment is taxable, and subject to tax withholding. The Plan Year on which the Plan operates (including elections and payments) is the calendar year. 5.) To elect medical coverage outside of the annual open enrollment period, the City must receive the required enrollment submission and verification of lost coverage from the former provider (employer, group, or insurer) within 30 days of the loss of coverage. Within this 30-day period the employee must pay all unpaid premiums and refund any excess in-lieu payments which were received to be restored to a City health insurance plan of his or her choice on the date when alternate coverage terminated.

Waiver of Healthcare Acknowledgement: I acknowledge that either 1.) I did not elect to waive healthcare coverage or, 2.) the City of San José has offered me affordable minimum essential coverage, as defined under the ACA. I have read the above and I understand the consequences of my waiver of coverage.

Having met the eligibility requirements, you and your eligible dependents are being offered the opportunity to enroll in health coverage offered by the City of San José. You have the right to decline, or waive, coverage. The decision to waive coverage may have consequences for you. For example: 1.) The City offered health benefits considered is considered affordable and meets the minimum essential coverage under the Patient Protection and Affordable Care Act (ACA), so you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace. 2.) If you waive coverage, you cannot enroll in the City’s health plan until the

If you did not add any new dependents to your coverage, skip to Step 13

12. Dependent Verification Document Upload

Once you click done, upload your [dependent verification documents](#) for any new dependents added to your benefits.

Click "Upload Document(s)" to upload your dependent verification documents. You can also add them later by using our [How to upload a document](#) guide.

Submit Confirmation

Your benefit choices have been successfully submitted!

Please wait at least one business day for processing, then review your Benefit Summary to ensure your elections were recorded as desired (eWay Home Page - Employee Quick Links > Benefits > Document Upload).

If you did not add any new dependents to your coverage, close the window (X in upper right corner) to view your submitted enrollment statement.

If you have added a new dependent to your coverages, please instructions below:

Add Dependent Eligibility Verification Document(s)

Please refer to the [Dependent Eligibility Verification Reference Chart](#) to understand what documents are required for covered dependents. If you document(s) within 30 days via the Document Upload page (eWay Home Page - Employee Quick Links > Benefits > Document Upload).

Please click the **Upload Document(s)** button below to upload certified recorded Marriage Certificates, Birth Certificates, and/or a Domestic Partnership Certificate.

Once all dependent documents have been uploaded, close the window (X in upper right corner) to view your submitted enrollment statement.

[Upload Document\(s\)](#)

13. Review Submitted Enrollment Statement

If you have no dependent documents to upload, click the "X" on the top right-hand corner of the screen once you are done.

You will be brought to your submitted enrollment statement which you can print or save a PDF by selecting "Print View". Once you are done, you may click the "X" on the top right-hand corner of the screen.

Statement Type	Submitted Enrollment	Description	New Hire Enrollment
Event Date	09/17/2023	Statement Issue Date	09/25/2023 5:19PM

This statement records your submission of the New Hire Enrollment benefit selections and the associated pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, you can return to this event before the enrollment is processed, generally within 1-2 business days. Contact HRBenefits@sanjoseca.gov for further questions. Please keep the statement for your records.

Statement Sections

[Expand All](#)

- ▶ Personal Information
- ▶ Cost Summary
- ▶ Election Summary
- ▶ Dependents and Beneficiaries

You will now see under your "Enrollment Summary" that your status appears as "Submitted."

Important: Your enrollment will not be complete until you submit your choices to Human Resources.

▼ **Enrollment Summary**

Your Pay Period Cost **\$101.64**

➔ Status **Submitted** 09/25/2023 5:19PM

[Enrollment Preview Statement](#)

[Submit Enrollment](#)

Your elections will be sent to Human Resources for processing.

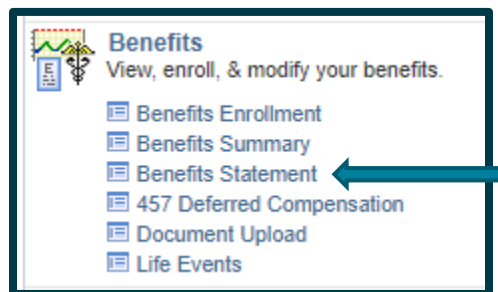
- For **New Hire elections**, your elections will be **confirmed within 1-2 business days**.
- For **Open Enrollment**, your elections will be **confirmed at the close of the Open Enrollment Period**. If you need to make changes to your submitted enrollment, you may return to “Benefit Enrollment” in eWay to make updates before your elections are confirmed.

14. Returning to eWay to review the Benefit Confirmation Statement

Click the “Home” symbol on the right-hand corner of the screen to exit out of your Benefits Enrollment.



Employees are expected to log back into eWay after the confirmation of their elections. To confirm your current benefit elections, click the “**Benefits Statement**” under the “Benefits” section as shown below on the eWay homepage.



If you have any questions or concerns, please contact HR Benefits at HRbenefits@sanjoseca.gov or 408-535-1285.

Please send any questions or concerns as soon as they arise to ensure your benefits are as expected.