

#### HOW TO ENROLL IN YOUR NEW HIRE BENEFITS USING SAP FIORI

## Before enrolling, please look over the offered benefits in your <u>NeoGov portal</u>.

To begin, click into the SAP Fiori application on your – desktop or click <u>HERE</u> to open SAP Fiori in your browser.





You will now see a page in your browser that looks like the one above.

# ADDING DEPENDENTS

You will be required to submit supporting documents for each dependent to HR.

\*Please submit supporting documents <u>HERE</u>.\*



My Family Members / New Child			
Туре			
Record	Type:	Child ~	
Child			
Name			
*First r	name:		
*Last n	name:	Silva	
	Title:	×	
Data at Birth			
*Date of	Birth:	Enter Date	
*Ge	ender:	Female V	
			Save Cricel

Fill out the required fields and hit "Save" at the bottom of the page. Continue to create as many family members as you need.

Employee Self Service									
My Personal Data Manage my personal	My Paystubs View my paystubs	My Benefits Display Benefit Plans	My Addresses Manage my addresses	My Family Members Manage my family m	My Bank Details Manage my bank det				
<b>1</b>	Sconfidential	Pending Plans	<u>ââ</u>	دی	<u> </u> ≜				
My Leave Accruals View my leave balan	My Benefits Enrollment Manage my benefits	My Timesheet (ESS) Record working time	My W2 Form View my W2 Form	My Online W2 selections Manage My Online S					
× ×		P	⊟	=					

Now it's time to make your benefit enrollments. To do so, click into "My Benefits Enrollment".

#### Select "New Hire Enrollment" and hit "Next".

Select Enrollment >> Select Event Benefits	Selections and Enroll		
Enrollment Event	I	Enrollment Period	Effective Dates
New Hire Enrollment	(	09/11/2023 - 10/19/2023	11/01/2023 - 12/31/9999
To review or edit your personal infor To get an overview of all the enrolle	rmation, go to My Pr d benefits, go to My	rofile / Benefits	

You will be directed to the New Hire Enrollment home page, which will look similar to the one below. Here you will be able to make all of your benefit enrollment changes.

New Hire Enrollment	All 🗸					Search Q	Simulate Paycheck	¢↓	0
Benefit Name	Benefit Type	Status	Start Date	Option	Coverage	Frequency	Action		
Basic Life AD&D									
Basic Life Insurance & AD&D	Basic Life AD&D	Already Enrolled	09/11/2023	Basic Life Insurance & AD&D	109,000.00 USD	Bi-weekly			>
Dental									
Dental	Dental	Not Enrolled	11/01/2023			Bi-weekly	Opt In		>
Dental Buy-Up	Dental	Not Enrolled	11/01/2023			Bi-weekly	Opt In		>
Dependent Care									
Dependent Care FSA	Dependent Care	Not Enrolled	09/11/2023			Bi-weekly	Opt In		>
Ee Assist. Prog									
Employee Assistance Program	Ee Assist. Prog	Already Enrolled	10/01/2023	Employee Assist. Prg		Bi-weekty			>
HealthCare Flex									
Health Care FSA	HealthCare Flex	Not Enrolled	09/11/2023			Bi-weekly	Opt In		>
LTD									
LTD Option 1	LTD	Not Enrolled	09/11/2023		0.00 USD	Bi-weekly	Opt In		>
LTD Option 2	LTD	Not Enrolled	09/11/2023		0.00 USD	Bi-weekty	Opt In		>
Medical									
Anthem HMO Select	Medical	Not Enrolled	11/01/2023			Bi-weekty	Opt In		>
Anthem HMO Traditional	Medical.	Not Enrolled	11/01/2023			Bi-weekly	Opt In		>
Blue Shield Access+	Medical	Not Enrolled	11/01/2023			Bi-weekly	Opt In		>



You can also choose to look at each benefit type individually by selecting the drop-down menu seen here.

Medical	
Anthem HMO Select	Medical
Anthem HMO Traditional	Medical
Blue Shield Access+	Medical
HealthNet SmartCare	Medical
Kaiser Permanente	Medical
PERS Gold	Medical

Let's start with how to enroll in a benefits plan. For this example, we will opt into a medical plan.

Select "Opt In" for the new plan you would like to enroll in. For this example, I am going to opt into Kaiser Permanente.



Kaiser Permanente				
Participation Period from 01/01/2024 to 12/31/9999 Kaiser Permanente Frequency: Bi-weekly				
Choose Option Dependents				
Option	Dependent Coverage	Employee Cost	Additional Post-Tax Costs	Imputed income
O Standard	Employee Only	3.57 USD	0.00 USD	0.00 USD
O Standard	Employee+Family	11.87 USD	0.00 USD	0.00 USD
Standard	Employee+1Dependent	7.14 USD	0.00 USD	0.00 USD
Deductions Are Pre-Tax				
Dependents				
Enrolled	Name	Relationship		Elgblity
		No data		
Confirm Selection Opt Out Cancel				

Now, select your dependent coverage, either Employee Only, Employee + 1, or Employee + Family. In this example, I am going to select Employee + Family.

Kaiser Permanente Participation Period from 01/01/2024 to 12/31/0999 Kaiser Permanente Frequency: Bi-weekly						
Choose Option Dependents						
Option	Dependent Coverage	Employee Cost		Additional Post-Tax Costs		Imputed income
Standard	Employee Only	3.57 USD		0.00 USD		0.00 USD
Standard	Employee+Family	11.87 USD		0.00 USD		0.00 USD
Standard	Employee+1Dependent	7.14 USD		0.00 USD		0.00 USD
Deductions Are Pre-Tax						
Dependents						
Enrolled	Name		Relationship		Eligibility	
	Lorna Silva		Spouse			
	Johnathan Workman		Child		Ineligible: Age	of student exceeds the age limit
	Johnie Workman		Child			
	Keena Workman		Child		Ineligible: Age	of student exceeds the age limit
Confirm Selection Opt Out Cancel						

Your list of eligible dependents will now become available to select. Select the dependents you would like to enroll in your medical plan. Once all of your desired dependents are selected, click "Confirm Selection".

Tip: If you are unable to select all the dependents you would like to enroll, you may need to update your dependent coverage selection.

New Hire Enrollment	All ~	
Benefit Name	Benefit Type	Status
Basic Life AD&D		
Basic Life Insurance & AD&D	Basic Life AD&D	Already Enrolled
Fe Assist. Prog		
Employee Assistance Program	Ee Assist. Prog	Already Enrolled

Some of your enrollments are already highlighted green. These are automatic enrollments that regular employees receive.

You will not be able to make edits to these enrollments. If you would like to elect life insurance beneficiaries, please complete the form found <u>HERE</u>. Next, we will look at Dependent Care and Health Care FSA enrollments. To choose your annual contribution, select "Dependent Care FSA" and/or "Health Care FSA".

Dependent Care
HealthCare Flex

### Type in the desired annual contribution amount and click "Confirm Selection".

Dependent Care FSA Participation Period from 01/01/2024 to 12/31/9999 Frequency: Bi-weekly	Health Care FSA         Participation Period from 01/01/2024 to 12/31/9999         HCFSA Flex-Plan         Frequency: Bi-weekly
Options	Options
Details: Annual contribution for Dependent Care FSA Annual Contribution Amount: 3,500.00 USD ( Minimum 0.00 USD - Maximum 5,000.00 USD ) Confirm Selection Cancel	Details: Annual contribution for Health Care FSA Annual Contribution Amount: 3,000.00 USD ( Minimum 0.00 USD - Maximum 3,050.00 USD ) Confirm Selection Cancel

#### Once all of your changes have been made, press "Next" at the bottom of the New Hire Enrollment home page.

PERS Platinum	Medical	Not Enrolled		
UnitedHealthcare Harmony	Medical	Not Enrolled		
SP Life AD&D				
Supplement Life Ins. & AD&D	SP Life AD&D	Already Enrolled		
Vision				
Vision	Vision	Already Enrolled		
Vision - VSP Premier Plan	Vision	Not Enrolled		
Waive Medical				
Waive Medical Health Plan	Waive Medical	Not Enrolled		
Cancel Next				

### You will be shown a summary of the changes you are making to your benefit enrollments, like the one below.

<ul> <li>You are opting out of:</li> </ul>							
Dental Buy-Up (Opting Out) Edit Plan	Dental Buy-Up (Opting Out) Edit Plan						
As of:	01/01/2024						
✓ You are changing:							
Dependent Care FSA (Changing) Edit	Plan Health Care FSA (Changing) Edit Plan						
Plan Validity:	01/01/2024 – 12/31/9999 Plan Validity:	01/01/2024 - 12/31/9999					
Pre-Tax Costs:	134.62 USD Pre-Tax Costs:	115.38 USD					
Frequency:	Bi-weekly Frequency:	Bi-weekly					



If everything looks as expected, hit "Enroll".

You should receive a pop-up message saying that your benefits have been saved successfully.

Vacation Cashout Plan (Changing
☑ Success
Your benefits have been saved successfully. A copy of your benefits statement has been emailed to you.
Select Enrollment Event
Vision (Already Enrolled) Edit Plan

In your inbox, you will find an email similar to the one below. Please review the attached New Hire Enrollment confirmation document and make sure all of your changes are accurately reflected.



Congratulations on completing your New Hire Benefits Enrollment!

Attached is your Benefit Enrollment confirmation document. Please review and make sure all your changes are reflected correctly.

Medical: Your medical card will be mailed out by the provider. If you need access to your plan, you can call member services and request your group and medical number. Contact information for your medical plans member services can be found on <a href="https://www.calpers.ca.gov/page/active-members/health-benefits">https://www.calpers.ca.gov/page/active-members/health-benefits</a>

You can also sign up for an online account by visiting your medical providers website. This is where you will be able to get a temporary printable ID Card, find doctors, make appointments, and access your health record.

Dental: You can sign up for an account online at <u>www.deltadentalins.com</u> to review your claims, print out dental insurance cards, find delta dental dentists and much more.

Vision: You can also sign up for an online account at <u>www.vsp.com</u> to review claims, print out vision insurance cards, find VSP providers and much more.

Please review your enrollment confirmation in its entirety. If there are any changes that are required, please contact us immediately.

If you need assistance with your elections, please contact your Benefits Team today: <u>HRBenefits@CityOfPaloAlto.org</u>

Best, HR Benefits Team CITY OF PALO ALTO

### If your enrollments look as expected, then you have successfully enrolled for your benefits!!!