

Navigational Guide 2025

Online Benefits Enrollment Guide For Foothill-De Anza



**FOOTHILL-DE ANZA
Community College District**

Click here to add dependents



Welcome, Ravindhar Rajendran On Behalf Of EMPLOYEE 90001

HOME

MY DETAILS

DEPENDENTS

BENEFICIARIES

LIFE EVENTS

DOCS

LOG OUT

CIM

I HISTORY REPORTS

CURRENT COVERAGE

Plan Year 2025

Plan Year 2024



EMPLOYEE ASSISTANCE PROGRAM



START DATE END DATE COST COVERED

EAP - OptumHealth -Annual Goal Amount:\$0.00 Jan 01 2025 \$ 0.00 Employee

BASIC LIFE INSURANCE



START DATE END DATE COST COVERED

Basic Life Insurance -Actual Coverage Amount:\$50,000.00 Jan 01 2025 \$ 0.00 Employee

SHOW MORE

QUICK LINKS

ENROLL NOW



Add A Life Event



Upload Supporting Docs

View & Print Confirmations



Update Beneficiaries

FHDA Online Enrollment Guide PY2024

Click here to enroll

DISCLAIMER

describe those available to you, please contact the Human Resources Department, Benefits Unit, at 650-949-6224 or via email: MyBenefits@fhda.edu.

Certain links on this Site connect to Web sites maintained by third parties. We make no representations or warranties as to the content of these sites and take no responsibility for such sites. Our link to another site is not an endorsement of that site. We encourage you to review any Web site's policies before providing any personal information.

This Site may not perform as intended at all times. You agree that SECOVA and/or FHDA are not responsible for any error, omission, interruption, or delay in operation of or transmission through this Site, communication online failure, system failure, or other circumstances beyond their control.

I hereby authorize Foothill-De Anza Community College District to deduct from my pay the premium contribution applicable for the coverage I have elected. I understand that this payroll deduction will continue in effect unless I terminate employment or change my election as permitted under the plan (e.g., during open enrollment, due to a change in family status, or during a special enrollment period). I understand and agree that for the benefits plan year 2025, my premium contribution will be deducted from my pay on a 'pre-tax' basis. I understand and agree that such payment must be made on or before the first of the month for which the premium contribution is applicable. I understand and agree that if I have a 10-month or 11-month assignment, my premium contribution will be collected at the earliest opportunity and may be assessed in arrears to bring my contributions up-to-date. I further understand and agree that in an event that any month in which a premium contribution is due and I have insufficient funds to meet my premium contribution or whenever I am on non-pay status with paid benefits status such as LTD, etc., I may enroll under the Direct Pay Plan to avoid a lapse of coverage. In such a situation, I must prepay the insurance carrier directly for the full monthly health insurance premium and qualify for the monthly employer share of cost reimbursement in arrears, providing that I serve the District with appropriate proof of payment and the applicable invoice to validate the payment.

Note: MetLife requires that you must be in active pay status to participate in any of their voluntary products. This means that if you have enrolled in Critical Illness, Accident Insurance, and Legal Plan via open enrollment that required payroll deduction, your first payroll deduction will occur on 01/31/2025 or the first of the month following the policy being underwritten by MetLife. If you are not in pay status after enrollment is made, you will need to make arrangements with MetLife directly to secure the coverage. No further payroll deduction is permitted.

Click on "I Accept" to start enrollment

I ACCEPT

I DECLINE

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



→ ABOUT YOU

MY QUESTION

DEPENDENT QUESTION

○ CORE BENEFITS

○ FLEXIBLE SPENDING ACCOUNT

○ VOLUNTARY BENEFITS

○ BENEFICIARY INFORMATION

○ ELECTION SUMMARY

Employee **Dependent**

Interactive Questions (enter the following)

Emergency contact name

Relationship

Phone number

Email address

Your benefit election is administratively joined to the other spouse/domestic partner's medical plan due to elimination of dual coverage (HR use only)

Save & Continue

Please answer the interactive questions and then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



→ ABOUT YOU

Employee Dependent

MY QUESTION

DEPENDENT QUESTION

- CORE BENEFITS
- FLEXIBLE SPENDING ACCOUNT
- VOLUNTARY BENEFITS
- BENEFICIARY INFORMATION
- ELECTION SUMMARY

Interactive Questions (enter the following)

↓ Newly added Dependent

All dependents Show

Spouse Employee (Spouse)

Marriage/Partnership Union Date: *

Save & Continue

Please answer the dependent interactive questions, ensuring all necessary information is provided, and then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



ABOUT YOU

CORE BENEFITS

→ Medical and Pharmacy Benefit Plan

○ Dental Benefit Plan

○ Vision Benefit Plan

○ Dental Benefit Plan

○ Vision Benefit Plan

✓ Employee Assistance Program

✓ Basic Life Insurance

Medical and Pharmacy Benefit Plan

I WANT TO **WAIVE** MEDICAL AND PHARMACY BENEFIT PLAN

OR

ANTHEM HMO SELECT [?]

[View Benefit Information](#)

Employee + 1 Child

\$352.00

Employee Cost: \$352.00

Employee Only

\$181.00

Employer Cost: \$2171.30

Employee + Spouse

\$352.00

Employee+Family

\$454.00



PER PAY PERIOD DEDUCTION FOR THIS PLAN
\$352.00

Add Dependents

Please select the plan and tier level that best suits your needs, then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITWALK (PLAN YEAR 2025)



ABOUT YOU

CORE BENEFITS

- Medical and Pharmacy Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Employee Assistance Program
- Basic Life Insurance
- Basic Life Insurance For Your Spouse or Domestic Partner
- Basic Life Insurance For Your Dependent Child(ren)
- Basic AD&D Insurance For Employee
- Basic Long Term Disability

Dental Benefit Plan

This selection may be linked to other coverage options. Please review carefully before you proceed.

CURRENT COVERAGE

Delta Dental PPO	Employee + Spouse
Employee Cost (Per Pay Period) :	
Pre Tax: \$10.00	Employer Cost: \$124.00
Post Tax: \$0.00	Total: \$134.00

I WANT TO WAIVE DENTAL BENEFIT PLAN

OR

[Add Dependents](#)

DELTA DENTAL PPO [?]

[View Benefit Information](#)

- | | | |
|--------------------|------------------------------------------|-------------------------|
| Employee + 1 Child | <input type="radio"/> \$10.00 | Employee Cost: \$10.00 |
| Employee Only | <input type="radio"/> \$5.00 | Employer Cost: \$124.00 |
| Employee + Spouse | <input checked="" type="radio"/> \$10.00 | |
| Employee+Family | <input type="radio"/> \$15.00 | |



PER PAY PERIOD DEDUCTION FOR THIS PLAN
\$10.00

Please choose the plan and tier level that you prefer, and then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

→ CORE BENEFITS

- Medical and Pharmacy Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Employee Assistance Program
- Basic Life Insurance
- Basic Life Insurance For Your Spouse or Domestic Partner
- Basic Life Insurance For Your Dependent Child(ren)

Vision Benefit Plan

This selection may be linked to other coverage options. Please review carefully before you proceed.

CURRENT COVERAGE

Vision Benefit Plan	Employee + Spouse
Employee Cost (Per Pay Period) :	
Pre Tax: \$2.00	Employer Cost: \$11.89
Post Tax: \$0.00	Total: \$13.89

VISION BENEFIT PLAN [Ⓜ]

[View Benefit Information](#)

- \$2.00
- \$1.00
- \$2.00
- \$3.00

Employee Cost: \$2.00
Employer Cost: \$11.89



PER PAY PERIOD DEDUCTION FOR THIS PLAN
\$2.00

Please review the Vision plan, as it is bundled with the dental plan, and then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

→ CORE BENEFITS

- Medical and Pharmacy Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Employee Assistance Program
- Basic Life Insurance
- Basic Life Insurance For Your Spouse or Domestic Partner
- Basic Life Insurance For Your Dependent Child(ren)
- Basic AD&D Insurance For Employee
- Basic Long Term Disability

○ FLEXIBLE SPENDING ACCOUNT

Employee Assistance Program

CURRENT COVERAGE

Coverage:	EAP – OptumHealth	Coverage Date:	01/01/2025
Employee Cost (Per Pay Period) :		Employer Cost:	
Pre Tax:	\$0.00	Total:	\$3.23
Post Tax:	\$0.00		\$3.23

EAP – OptumHealth

Employee Cost
\$0.00

Employer Cost
\$ 3.23



Employee Cost: \$0.00
Employer Cost: \$3.23

The Employee Assistance Program (EAP) is an employer-provided plan. Please click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

→ CORE BENEFITS

- ✓ Medical and Pharmacy Benefit Plan
- ✓ Dental Benefit Plan
- ✓ Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- ✓ Employee Assistance Program
- Basic Life Insurance
- ✓ Basic Life Insurance For Your Spouse or Domestic Partner
- Basic Life Insurance For Your Dependent Child(ren)
- ✓ Basic AD&D Insurance For Employee
- ✓ Basic Long Term Disability

○ FLEXIBLE SPENDING ACCOUNT

Basic Life Insurance

CURRENT COVERAGE

Coverage:	Coverage Date:
Basic Life Insurance	01/01/2025
Actual Coverage Amount : \$50,000.00	
<hr/>	
Employee Cost (Per Pay Period) :	Employer Cost:
Pre Tax: \$0.00	\$10.50
Post Tax: \$0.00	Total:
	\$10.50

● BASIC LIFE INSURANCE

\$50,000.00



Requested Coverage Amount: \$50,000.00

Actual Coverage Amount: \$50,000.00

Employee Cost: \$0.00

Employer Cost: \$10.50

Basic Life Insurance is an employer-provided plan. Please click on "Save & Continue" to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

→ CORE BENEFITS

- Medical and Pharmacy Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- Employee Assistance Program
- Basic Life Insurance
- Basic Life Insurance For Your Spouse or Domestic Partner
- Basic Life Insurance For Your Dependent Child(ren)
- Basic AD&D Insurance For Employee
- Basic Long Term Disability

○ FLEXIBLE SPENDING ACCOUNT

Basic Life Insurance For Your Spouse or Domestic Partner

CURRENT COVERAGE

Coverage:	Coverage Date:
Basic Life For Spouse/Domestic Partner	01/01/2025
Actual Coverage Amount : \$5,000.00	
<hr/>	
Employee Cost (Per Pay Period) :	Employer Cost:
Pre Tax: \$0.00	\$1.73
Post Tax: \$0.00	Total:
	\$1.73

● BASIC LIFE FOR SPOUSE/DOMESTIC PARTNER

\$5,000.00



Requested Coverage Amount: \$5,000.00
Actual Coverage Amount: \$5,000.00

Employee Cost: \$0.00
Employer Cost: \$1.73

Basic Life Insurance for your spouse or domestic partner is an employer-provided plan. To be eligible for enrollment, your dependent must be covered under Medical and/or Dental/ Vision Plans. Click 'Save & Continue' to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITWALK (PLAN YEAR 2025)



○ ABOUT YOU

→ CORE BENEFITS

- ✓ Medical and Pharmacy Benefit Plan
- ✓ Dental Benefit Plan
- ✓ Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- ✓ Employee Assistance Program
- ✓ Basic Life Insurance
- ✓ Basic Life Insurance For Your Spouse or Domestic Partner
- Basic Life Insurance For Your Dependent Child(ren)
- ✓ Basic AD&D Insurance For Employee
- ✓ Basic Long Term Disability

○ FLEXIBLE SPENDING ACCOUNT

Basic Life Insurance For Your Dependent Child(ren)

CURRENT COVERAGE

Coverage:	Coverage Date:
Basic Life for Dependent Child(ren)	01/01/2025
Actual Coverage Amount : \$5,000.00	
<hr/>	
Employee Cost (Per Pay Period) :	Employer Cost:
Pre Tax: \$0.00	\$1.73
Post Tax: \$0.00	Total:
	\$1.73

● BASIC LIFE FOR DEPENDENT CHILD(REN)

\$5,000.00



Requested Coverage Amount: \$5,000.00
Actual Coverage Amount: \$5,000.00

Employee Cost: \$0.00
Employer Cost: \$1.73

Basic Life Insurance for child(ren) is an employer-provided plan. To be eligible for enrollment, your dependent must be covered under Medical and/or Dental/ Vision Plans Click 'Save & Continue' to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

→ CORE BENEFITS

- ✓ Medical and Pharmacy Benefit Plan
- ✓ Dental Benefit Plan
- ✓ Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- ✓ Employee Assistance Program
- ✓ Basic Life Insurance
- ✓ Basic Life Insurance For Your Spouse or Domestic Partner
- Basic Life Insurance For Your Dependent Child(ren)
- Basic AD&D Insurance For Employee
- ✓ Basic Long Term Disability

○ FLEXIBLE SPENDING ACCOUNT

Basic AD&D Insurance For Employee

CURRENT COVERAGE

Coverage:	Coverage Date:
Basic AD&D Insurance for Employee	01/01/2025
Actual Coverage Amount : \$50,000.00	
<hr/>	
Employee Cost (Per Pay Period) :	Employer Cost:
Pre Tax: \$0.00	\$0.75
Post Tax: \$0.00	Total:
	\$0.75

● BASIC AD&D INSURANCE FOR EMPLOYEE

\$50,000.00



Requested Coverage Amount: \$50,000.00
Actual Coverage Amount: \$50,000.00

Employee Cost: \$0.00
Employer Cost: \$0.75

Basic AD&D Insurance for employees is an employer-provided plan. Please click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

→ CORE BENEFITS

- ✓ Medical and Pharmacy Benefit Plan
- ✓ Dental Benefit Plan
- ✓ Vision Benefit Plan
- Dental Benefit Plan
- Vision Benefit Plan
- ✓ Employee Assistance Program
- ✓ Basic Life Insurance
- ✓ Basic Life Insurance For Your Spouse or Domestic Partner
- ✓ Basic Life Insurance For Your Dependent Child(ren)
- ✓ Basic AD&D Insurance For Employee
- Basic Long Term Disability

○ FLEXIBLE SPENDING ACCOUNT

Basic Long Term Disability

CURRENT COVERAGE

Coverage: LTD 66 2/3% of Salary Actual Coverage Amount : \$6,000.00	Coverage Date: 01/01/2025
Employee Cost (Per Pay Period) : Pre Tax: \$0.00 Post Tax: \$0.00	Employer Cost: \$41.83 Total: \$41.83

● LTD 66 2/3% OF SALARY

\$6,000.00



Requested Coverage Amount: \$6,000.00
Actual Coverage Amount: \$6,000.00

Employee Cost: \$0.00
Employer Cost: \$41.83

Basic Long-Term Disability (LTD) is an employer-provided plan. Please click on "Save & Continue" to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



ABOUT YOU

CORE BENEFITS

→ FLEXIBLE SPENDING ACCOUNT

FSA - Health Care Reimbursement Account

FSA - Dependent Care Reimbursement Account

Commuter Benefits - Parking Account

Commuter Benefits - Transit Account

VOLUNTARY BENEFITS

BENEFICIARY INFORMATION

The minimum annual contribution amount is \$500 for both FSA Health Care and Dependent Care accounts. Due to the system limitation, the calculation of the monthly contribution amount cannot be less than \$41.67. Please enter \$500.04 for the minimum annual goal amount ($\$41.67 \times 12 = \500.04)

FSA - Health Care Reimbursement Account

I WANT TO WAIVE FSA - HEALTH CARE REIMBURSEMENT ACCOUNT

OR

ENTER GOAL AMOUNTS:

FSA - Health Care Reimbursement Account

Pay Period Goal Amount

\$ 254.17

Annual Goal Amount

\$ 3050.00

If you choose to enroll in the Health Care Reimbursement Account plan, please enter the per pay period contribution amount. Once entered, click on "Save & Continue" to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



ABOUT YOU

CORE BENEFITS

→ FLEXIBLE SPENDING ACCOUNT

FSA - Health Care Reimbursement Account

→ FSA - Dependent Care Reimbursement Account

Commuter Benefits - Parking Account

Commuter Benefits - Transit Account

VOLUNTARY BENEFITS

BENEFICIARY INFORMATION

The minimum annual contribution amount is \$500 for both FSA Health Care and Dependent Care accounts. Due to the system limitation, the calculation of the monthly contribution amount cannot be less than \$41.67. Please enter \$500.04 for the minimum annual goal amount ($\$41.67 \times 12 = \500.04)

FSA - Dependent Care Reimbursement Account

I WANT TO WAIVE FSA - DEPENDENT CARE REIMBURSEMENT ACCOUNT

OR

ENTER GOAL AMOUNTS:

FSA - Dependent Care Reimbursement Account

Pay Period Goal Amount

\$ 416.67

Annual Goal Amount

\$ 5000

If you choose to enroll in the Dependent Care Reimbursement Account plan, please enter the per pay period contribution amount. Once entered, click on "Save & Continue" to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

✓ CORE BENEFITS

→ FLEXIBLE SPENDING ACCOUNT

✓ FSA - Health Care Reimbursement Account

✓ FSA - Dependent Care Reimbursement Account

→ Commuter Benefits - Parking Account

○ Commuter Benefits - Transit

Commuter Benefits - Parking Account

I WANT TO WAIVE COMMUTER BENEFITS - PARKING ACCOUNT

OR

ENTER GOAL AMOUNTS:

FSA - Parking Account

Pay Period Goal Amount

\$ 83.33

Annual Goal Amount

\$ 1000

If you choose to enroll in the Commuter Benefits – Parking Account plan, please enter the per pay period contribution amount. Once entered, click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



ABOUT YOU

CORE BENEFITS

FLEXIBLE SPENDING ACCOUNT

FSA - Health Care Reimbursement Account

FSA - Dependent Care Reimbursement Account

Commuter Benefits - Parking Account

Commuter Benefits - Transit

Commuter Benefits - Transit Account

I WANT TO WAIVE COMMUTER BENEFITS - TRANSIT ACCOUNT

OR

ENTER GOAL AMOUNTS:

FSA - Transit Account

Pay Period Goal Amount

\$ 83.33

Annual Goal Amount

\$ 1000

If you choose to enroll in the Commuter Benefits – Transit Account plan, please enter the per pay period contribution amount. Once entered, click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

✓ CORE BENEFITS

✓ FLEXIBLE SPENDING ACCOUNT

→ VOLUNTARY BENEFITS

→ Supplemental Life Insurance and AD&D For Employee

○ Supplemental Life Insurance For Your Spouse/Domestic Partner

○ Supplemental Life Insurance For Your Child(ren)

Supplemental Life Insurance and AD&D For Employee

I want to waive Supplemental Life Insurance and AD&D For Employee

SUPPLEMENTAL LIFE AND AD&D

\$50,000.00

~~\$00,000.00~~

(Please click on 'Calculate Premium' to view the cost for your selected Coverage Amount. Once calculated, click 'Save & Continue' to save your Election)

CALCULATE
PREMIUM

If you choose to enroll in the Supplemental Life Insurance and AD&D plan, please select the desired coverage amount and click on “Calculate Premium.” After reviewing the calculated premium, click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



- ABOUT YOU
- CORE BENEFITS
- FLEXIBLE SPENDING ACCOUNT
- VOLUNTARY BENEFITS**
 - Supplemental Life Insurance and AD&D For Employee
 - Supplemental Life Insurance For Your Spouse/Domestic Partner**
 - Supplemental Life Insurance For Your Child(ren)

Supplemental Life Insurance For Your Spouse/Domestic Partner

I want to waive Supplemental Life Insurance For Your Spouse/Domestic Partner

SUPPLEMENTAL LIFE INSURANCE FOR SPOUSE/DOMESTIC PARTNER

\$25,000.00
~~\$20,000.00~~

(Please click on 'Calculate Premium' to view the cost for your selected Coverage Amount. Once calculated, click 'Save & Continue' to save your Election)

CALCULATE PREMIUM

If you choose to enroll in the Supplemental Life Insurance for your Spouse/Domestic Partner plan, please select the desired coverage amount and click on “Calculate Premium.” After reviewing the premium, click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITWALK (PLAN YEAR 2025)



○ ABOUT YOU

✓ CORE BENEFITS

✓ FLEXIBLE SPENDING ACCOUNT

→ VOLUNTARY BENEFITS

✓ Supplemental Life Insurance and AD&D For Employee

Supplemental Life Insurance For Your Child(ren)

I want to waive Supplemental Life Insurance For Your Child(ren)

SUPPLEMENTAL LIFE INSURANCE FOR CHILD(REN)

\$10,000.00

If you choose to enroll in the Supplemental Life Insurance for Child(ren) plan, please select the plan and click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



- ABOUT YOU
- CORE BENEFITS
- FLEXIBLE SPENDING ACCOUNT
- VOLUNTARY BENEFITS**
 - Supplemental Life Insurance and AD&D For Employee

Long Term Disability Buy-up

I want to waive Long Term Disability Buy-up

LTD BUY-UP - 66 2/3% OF SALARY

66.67% Monthly Salary

If you choose to enroll in the Long-Term Disability Buy-up plan, please select the plan and click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



○ ABOUT YOU

✓ CORE BENEFITS

✓ FLEXIBLE SPENDING ACCOUNT

→ VOLUNTARY BENEFITS

✓ Supplemental Life Insurance and AD&D For Employee

✓ Supplemental Life Insurance For Your Spouse/Domestic Partner

Legal Plan

I WANT TO WAIVE LEGAL PLAN

OR

Legal Plan

Employee Cost	Employer Cost
\$21.45	\$ 0.00

If you choose to enroll in the Legal plan, please select the plan and click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITWALK (PLAN YEAR 2025)



- ABOUT YOU
- CORE BENEFITS
- FLEXIBLE SPENDING ACCOUNT
- VOLUNTARY BENEFITS**
- Supplemental Life Insurance and AD&D For Employee
- Supplemental Life Insurance For Your Spouse/Domestic Partner
- Supplemental Life Insurance For Your Child(ren)
- Long Term Disability Buy-up
- Legal Plan
- Critical Illness**
- Group Accident Insurance

Critical Illness

I want to waive Critical Illness

OR

[Add Dependents](#)

30000 [▶ VIEW BENEFIT INFORMATION](#)

\$30,000.00

Employee Only	<input type="radio"/> \$101.70
Employee + Spouse	<input type="radio"/> \$210.00
Employee+Family	<input checked="" type="radio"/> \$224.40
Employee + Child(ren)	<input type="radio"/> \$116.10

Requested Coverage Amount: \$30,000.00 Employee Cost: \$224.40
Actual Coverage Amount: \$30,000.00 Employer Cost: \$0.00

If you choose to enroll in the Critical Illness plan, please select the tier level that best suits your needs and click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



- ABOUT YOU
- ✓ CORE BENEFITS
- ✓ FLEXIBLE SPENDING ACCOUNT
- VOLUNTARY BENEFITS**
 - ✓ Supplemental Life Insurance and AD&D For Employee
 - ✓ Supplemental Life Insurance For Your Spouse/Domestic Partner

Group Accident Insurance

I WANT TO WAIVE GROUP ACCIDENT INSURANCE

OR [Add Dependents](#)

HIGH PLAN [?] [View Benefit Information](#)

Employee Only	<input type="radio"/> \$14.37	»	Employee Cost: \$35.34
Employee + Spouse	<input type="radio"/> \$21.55		Employer Cost: \$0.00
Employee+Family	<input checked="" type="radio"/> \$35.34		PER PAY PERIOD DEDUCTION FOR THIS PLAN
Employee + Child(ren)	<input type="radio"/> \$27.43		\$35.34

If you choose to enroll in the Group Accident Insurance plan, please select the tier level of your choice and click on “Save & Continue” to proceed.

Select the Plan Type:

All Elected Plan Type(s)

Apply this allocation to all plan types: Yes No↓ Select
BeneficiaryADD →
BENEFICIARY

BENEFICIARY 1	BENEFICIARY 2
NAME: CHILD EMPLOYEE	NAME: SPOUSE EMPLOYEE
SSN: XXX-XX-0003	SSN: XXX-XX-0002
DATE OF BIRTH: 08/01/2020	DATE OF BIRTH: 10/01/1978
BENEFICIARY TYPE: CHILD	BENEFICIARY TYPE: SPOUSE
BENEFIT TYPE: --Select--	BENEFIT TYPE: --Select--
% ALLOCATION: 0	% ALLOCATION: 0
AMOUNT: \$0.00	AMOUNT: \$0.00

CANCEL

SAVE

SAVE & CONTINUE →

Click on the “Add Beneficiary” button to create a new beneficiary. When assigning the allocation percentages, ensure that both primary and contingent allocations are correctly distributed for each category.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2025)



- ✓ ABOUT YOU
- ✓ CORE BENEFITS
- ✓ FLEXIBLE SPENDING ACCOUNT
- ✓ VOLUNTARY BENEFITS
- ✓ BENEFICIARY INFORMATION
- **ELECTION SUMMARY**

Election Summary

[→ Confirm Election](#)

ELECTED

CORE BENEFITS

→ Medical and Pharmacy Benefit Plan Dental Benefit Plan Vision Benefit Plan Employee Assistance Program

Basic Life Insurance Basic Life Insurance For Your Spouse or Domestic Partner

Basic Life Insurance For Your Dependent Child(ren) Basic AD&D Insurance For Employee Basic Long Term Disability

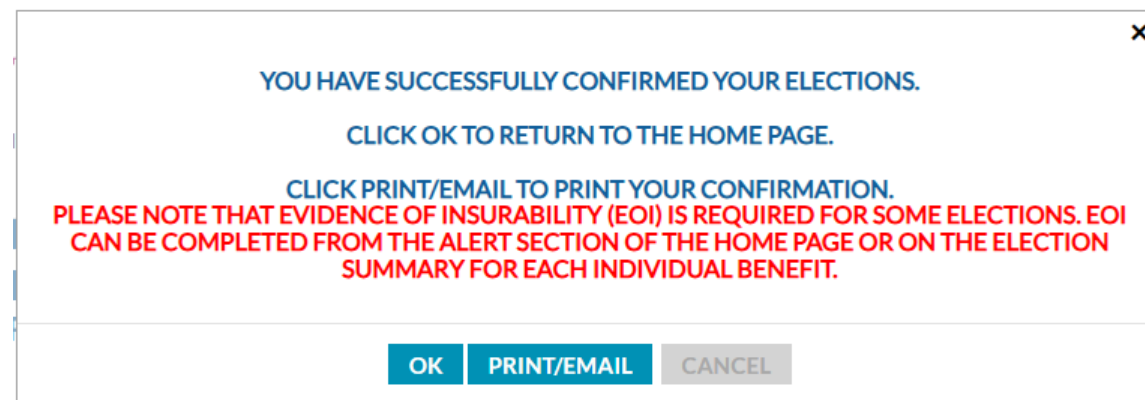
ANTHEM HMO SELECT

(Employee+Family)
 (Eff From 01/01/2025)

Employee Cost (Per Pay Period)

Pre Tax:	\$454.00
Post Tax:	\$0.00
<hr/>	
Employer Cost:	\$2,823.29
<hr/>	
Total:	\$3,277.29

Please review your elections on the “Election Summary” page, and once everything is correct, click on “Confirm Election” to finalize the enrollments.



After you confirm your elections you will get this pop up, you can choose “OK” or “PRINT/EMAIL” to print or email the confirmation statement.