

Navigational Guide 2026

Online Benefits Enrollment Guide For Foothill-De Anza



**FOOTHILL-DE ANZA
Community College District**

Click here to add dependents



FOOTHILL-DE ANZA
Community College District

Welcome,
Sivakumar Arumugam On Behalf
Of Test Sample90

HOME

MY DETAILS

DEPENDENTS

BENEFICIARIES

LIFE EVENTS

DOCS

CALL NOTES

IHISTORYREPORTS



LOG OUT

CIM

CURRENT COVERAGE

Plan Year 2026

Plan Year 2025



EMPLOYEE ASSISTANCE PROGRAM



START DATE

END DATE

COST

COVERED

EAP – OptumHealth
-Annual Goal
Amount:\$0.00

Jan 01 2026

\$ 0.00

Employee

BASIC LIFE INSURANCE



START DATE

END DATE

COST

COVERED

Basic Life Insurance
-Actual Coverage
Amount:\$50,000.00

Jan 01 2026

\$ 0.00

Employee

QUICK LINKS

ENROLL NOW ▶



Add A Life
Event ▶



Upload
Supporting
Docs ▶

View & Print
Confirmations ▶



Update
Beneficiaries ▶

FHDA Online Enrollment
Guide PY2025

Click here to enroll

DISCLAIMER

Payroll Authorization

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 2026, 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 01/31/2026 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 2026)



→ ABOUT YOU

MY QUESTION

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

Employee

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 2026)



→ ABOUT YOU

MY QUESTION

DEPENDENT QUESTION

○ CORE BENEFITS

○ FLEXIBLE SPENDING ACCOUNT

○ VOLUNTARY BENEFITS

○ BENEFICIARY INFORMATION

○ ELECTION SUMMARY

Employee

Dependent

Interactive Questions (enter the following)

↓ Newly added Dependent

All dependents

Show

TRE1 AC (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 2026)



○ 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

Add Dependents

ANTHEM HMO SELECT [?]

▶View Benefit Information

Employee + 1 Child ☐ \$384.00

Employee Only ☐ \$197.00

Employee + Spouse ☐ \$384.00

Employee+Family ☐ \$496.00

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 BENEFITSWALK (PLAN YEAR 2026)



○ 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

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

Post Tax: \$0.00

Employer Cost:

\$126.12

Total:

\$136.12

☐ I WANT TO WAIVE DENTAL BENEFIT PLAN

OR

Add Dependents

DELTA DENTAL PPO [?]

▶View Benefit Information

Employee + 1 Child

☐ \$10.00

Employee Cost: \$10.00

Employee Only

☐ \$5.00

Employer Cost: \$126.12

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 2026)



○ 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

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

Post Tax: \$0.00

Employer Cost:

\$11.75

Total:

\$13.75

VISION BENEFIT PLAN [?]

[▶View Benefit Information](#)

Employee + 1 Child

☐ \$2.00

Employee Cost: \$2.00

Employee Only

☐ \$1.00

Employer Cost: \$11.75

Employee + Spouse

☒ \$2.00

Employee+Family

☐ \$3.00



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 2026)



○ 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)

Employee Assistance Program

CURRENT COVERAGE

Coverage:	Coverage Date:
EAP – OptumHealth	01/01/2026

Employee Cost (Per Pay Period) :	Employer Cost:
Pre Tax: \$0.00	\$3.23
Post Tax: \$0.00	Total:
	\$3.23

● EAP – OptumHealth

Employee Cost	Employer Cost
\$0.00	\$ 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 2026)

☐ 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 Life Insurance

CURRENT COVERAGE

Coverage:	Coverage Date:
Basic Life Insurance	01/01/2026
Actual Coverage Amount : \$50,000.00	

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



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

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



○ 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

Basic Life Insurance For Your Spouse or Domestic Partner

CURRENT COVERAGE

Coverage: Coverage Date:
Basic Life For Spouse/Domestic Partner 01/01/2026
Actual Coverage Amount : \$5,000.00

Employee Cost (Per Pay Period) :	Employer Cost:
Pre Tax: \$0.00	\$1.73
Post Tax: \$0.00	Total:
	\$1.73

☐ I want to waive Basic Life Insurance For Your Spouse or Domestic Partner

☒ BASIC LIFE FOR SPOUSE/DOMESTIC PARTNER

\$5,000.00

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 BENEFITSWALK (PLAN YEAR 2026)



○ 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

○ VOLUNTARY BENEFITS

Basic Life Insurance For Your Dependent Child(ren)

CURRENT COVERAGE

Coverage:

Basic Life for Dependent Child(ren)

Actual Coverage Amount : \$5,000.00

Coverage Date:

01/01/2026

Employee Cost (Per Pay Period) :

Pre Tax: \$0.00

Post Tax: \$0.00

Employer Cost:

\$1.73

Total:

\$1.73

☐ I want to waive Basic Life Insurance For Your Dependent Child(ren)☒ 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 2026)



○ 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:

Basic AD&D Insurance for Employee
Actual Coverage Amount : \$50,000.00

Coverage Date:

01/01/2026

Employee Cost (Per Pay Period) :

Pre Tax: \$0.00
Post Tax: \$0.00

Employer Cost:

\$0.75
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 2026)



○ 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:
01/01/2026

Employee Cost (Per Pay Period) :
Pre Tax: \$0.00
Post Tax: \$0.00

Employer Cost:
\$31.31
Total:
\$31.31

● 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: \$31.31

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

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



○ 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

○ ELECTION SUMMARY

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 (\$41.67x12=\$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

\$ 0.00

Annual Goal Amount

\$ 0.00

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 2026)



○ 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

○ ELECTION SUMMARY

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 (\$41.67x12=\$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

\$ 0.00

Annual Goal Amount

\$ 0.00

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 2026)



○ 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

○ ELECTION SUMMARY

Commuter Benefits - Parking Account

☐ I WANT TO **WAIVE** COMMUTER BENEFITS - PARKING ACCOUNT

OR

ENTER GOAL AMOUNTS:

☒ FSA - Parking Account

Pay Period Goal Amount

\$ 40.00

Annual Goal Amount

\$ 480.00



Employee Cost: \$40.00

Employer Cost: \$0.00

PER PAY PERIOD DEDUCTION FOR THIS PLAN
\$40.00

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 2026)



○ 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

○ ELECTION SUMMARY

Commuter Benefits - Transit Account

☐ I WANT TO **WAIVE** COMMUTER BENEFITS - TRANSIT ACCOUNT

OR

ENTER GOAL AMOUNTS:

☒ FSA - Transit Account

Pay Period Goal Amount

\$ 84.00

Annual Goal Amount

\$ 1008.00



Employee Cost: \$84.00

Employer Cost: \$0.00

PER PAY PERIOD DEDUCTION FOR THIS PLAN
\$84.00

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 2026)



- 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
- BENEFICIARY INFORMATION

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

~~\$50,000.00~~



(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 EOI APPROVED

Employee Pre Cost: \$0.00

Employee Post Cost: \$39.00

Total Employee Cost: \$39.00

Employer Cost: \$0.00

Total Cost: \$39.00

*EOI: Evidence Of Insurability

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 2026)



- 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 BENEFITSWALK (PLAN YEAR 2026)



○ 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

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



Requested Coverage Amount: \$10,000.00

Actual Coverage Amount: \$10,000.00

Employee Cost: \$3.14

Employer Cost: \$0.00

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 2026)



○ 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

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 2026)



○ 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

Legal Plan

☐ I WANT TO **WAIVE** LEGAL PLAN

OR

☐ Legal Plan

Employee Cost
\$21.45

Employer Cost
\$ 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 BENEFITSWALK (PLAN YEAR 2026)



○ 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

Critical Illness

☐ I want to waive Critical Illness

OR

Add Dependents

30000

▶ VIEW BENEFIT INFORMATION

\$30,000.00

Employee Only

☐ \$101.70

Employee + Spouse

☐ \$210.00

Employee+Family

☒ \$224.40

Employee + Child(ren)

☐ \$116.10

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 2026)



○ 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

Group Accident Insurance

☐ I WANT TO **WAIVE** GROUP ACCIDENT INSURANCE

OR

Add Dependents

HIGH PLAN

▶View Benefit Information

Employee Only

☐ \$14.37

Employee Cost: \$35.34

Employee + Spouse

☐ \$21.55

Employer Cost: \$0.00

Employee+Family

☒ \$35.34

PER PAY PERIOD DEDUCTION FOR THIS PLAN

Employee + Child(ren)

☐ \$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: TRE AC	NAME: TRE1 AC
SSN: XXX-XX-3424	SSN: XXX-XX-4343
DATE OF BIRTH: 09/07/2012	DATE OF BIRTH: 09/07/1995
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 2026)



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

Election Summary

Your Interactive Questions, Elections are incomplete. You will be able to confirm your elections only after electing your benefits.
Please complete your Beneficiary designations. Confirmation is only possible once beneficiaries are fully designated.

→ 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 01/01/2026)
Employee Cost (Per Pay Period)
Pre Tax: \$496.00
Post Tax: \$0.00

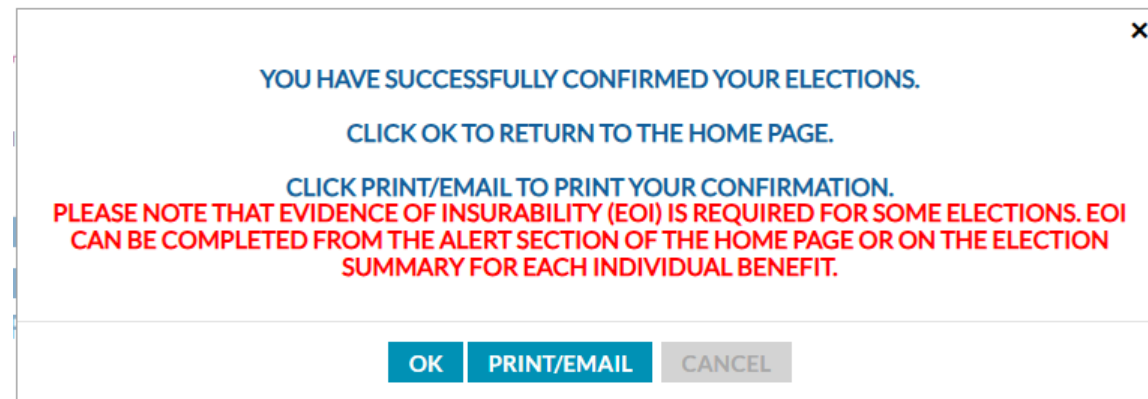
Employer Cost: \$2,988.35

Total: \$3,474.35

Coverage Date: 01/01/2026

Dependents: TRE1 AC
(Eff From 01/01/2026)

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.