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

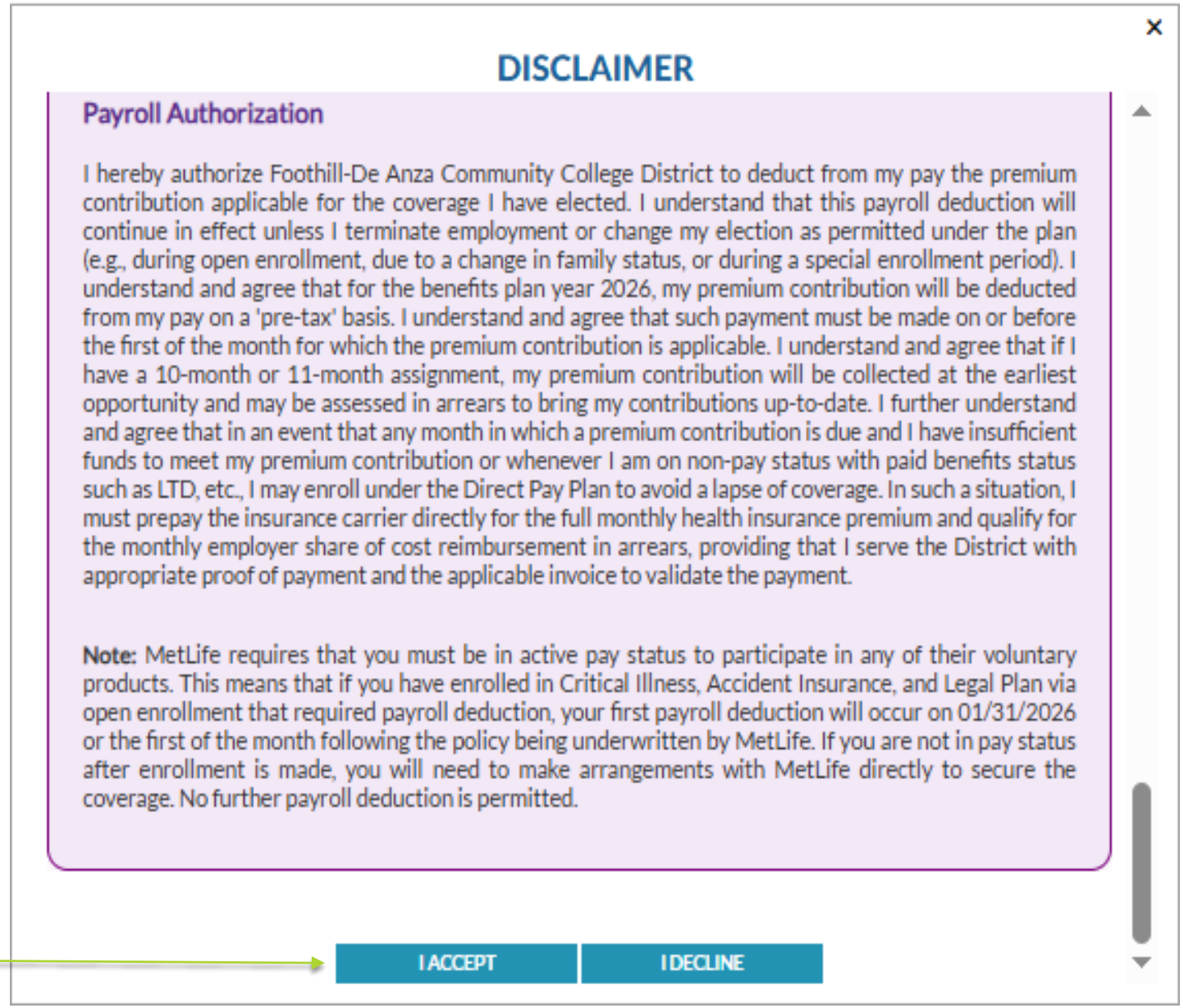
Upload Supporting Docs

View & Print Confirmations

Update Beneficiaries

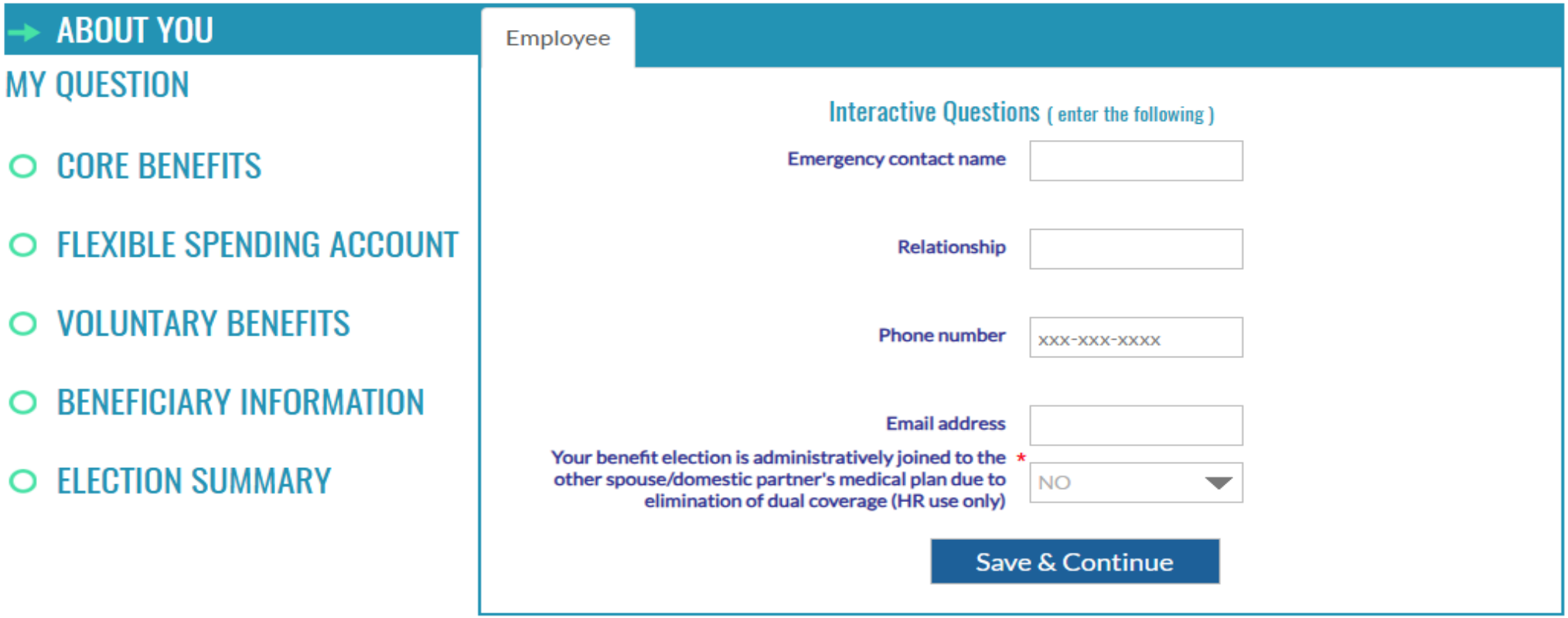
FHDA Online Enrollment Guide PY2025

Click here to enroll



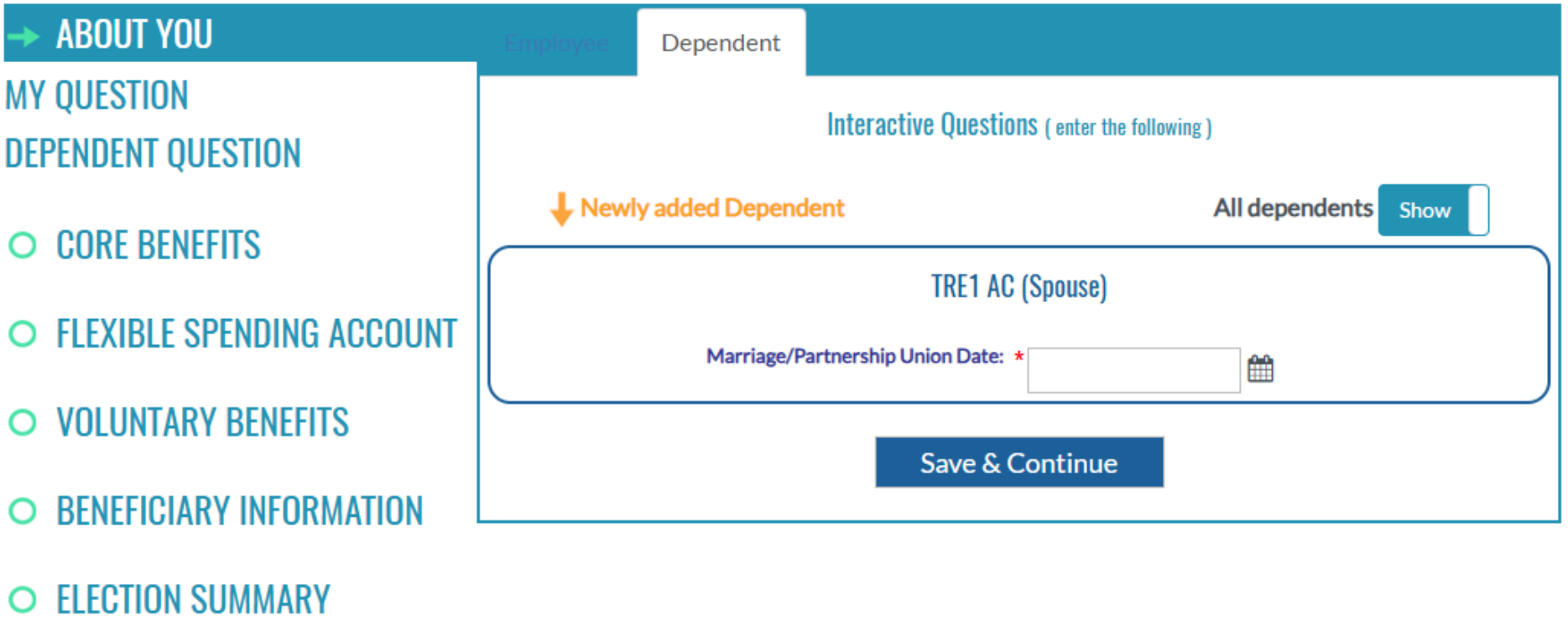
Click on “I Accept” to start enrollment

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



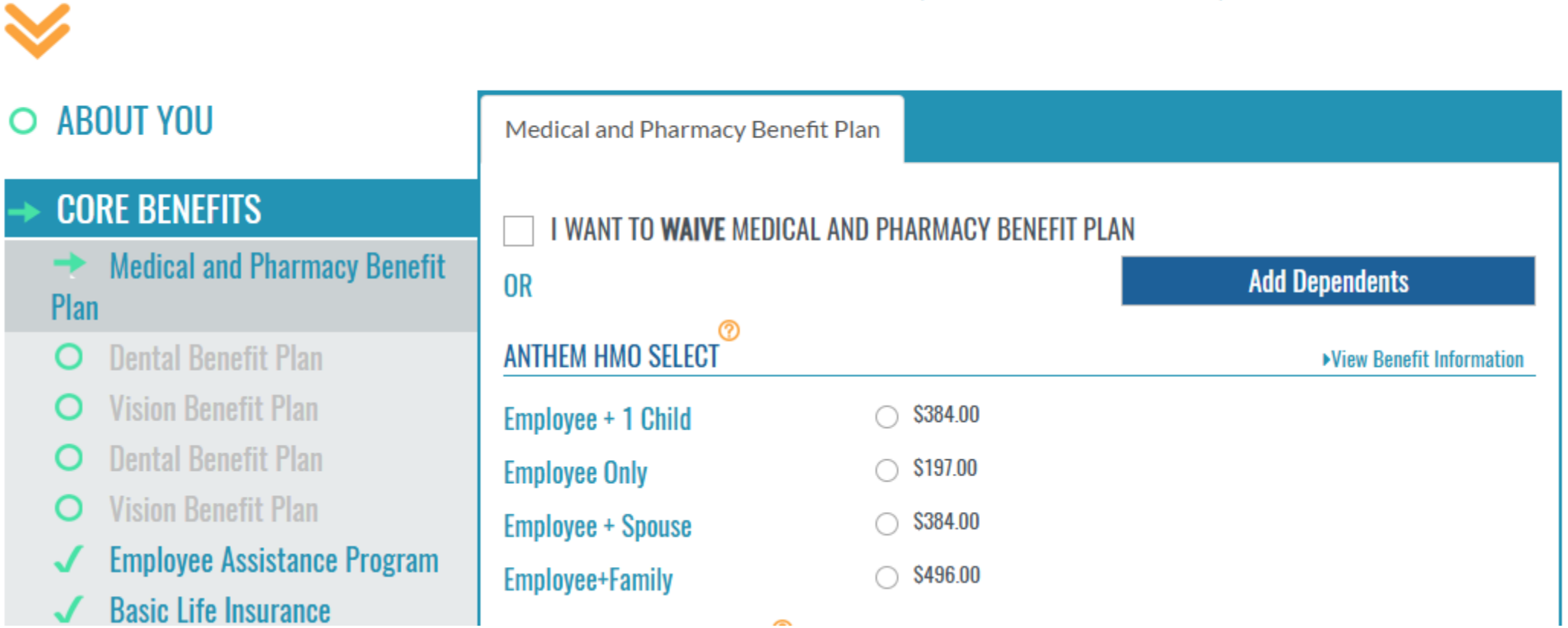
Please answer the interactive questions and then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



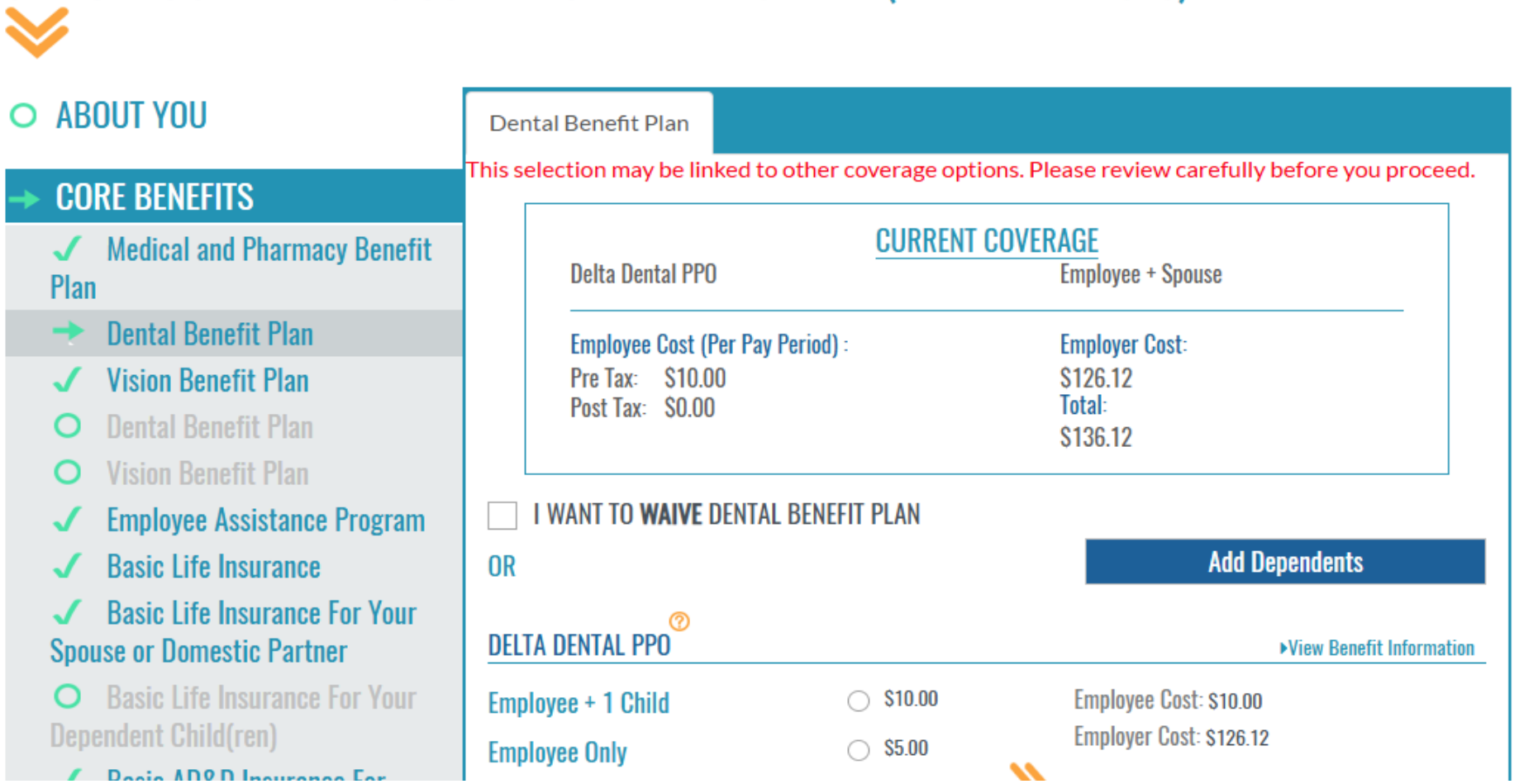
Please answer the dependent interactive questions, ensuring all necessary information is provided, and then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



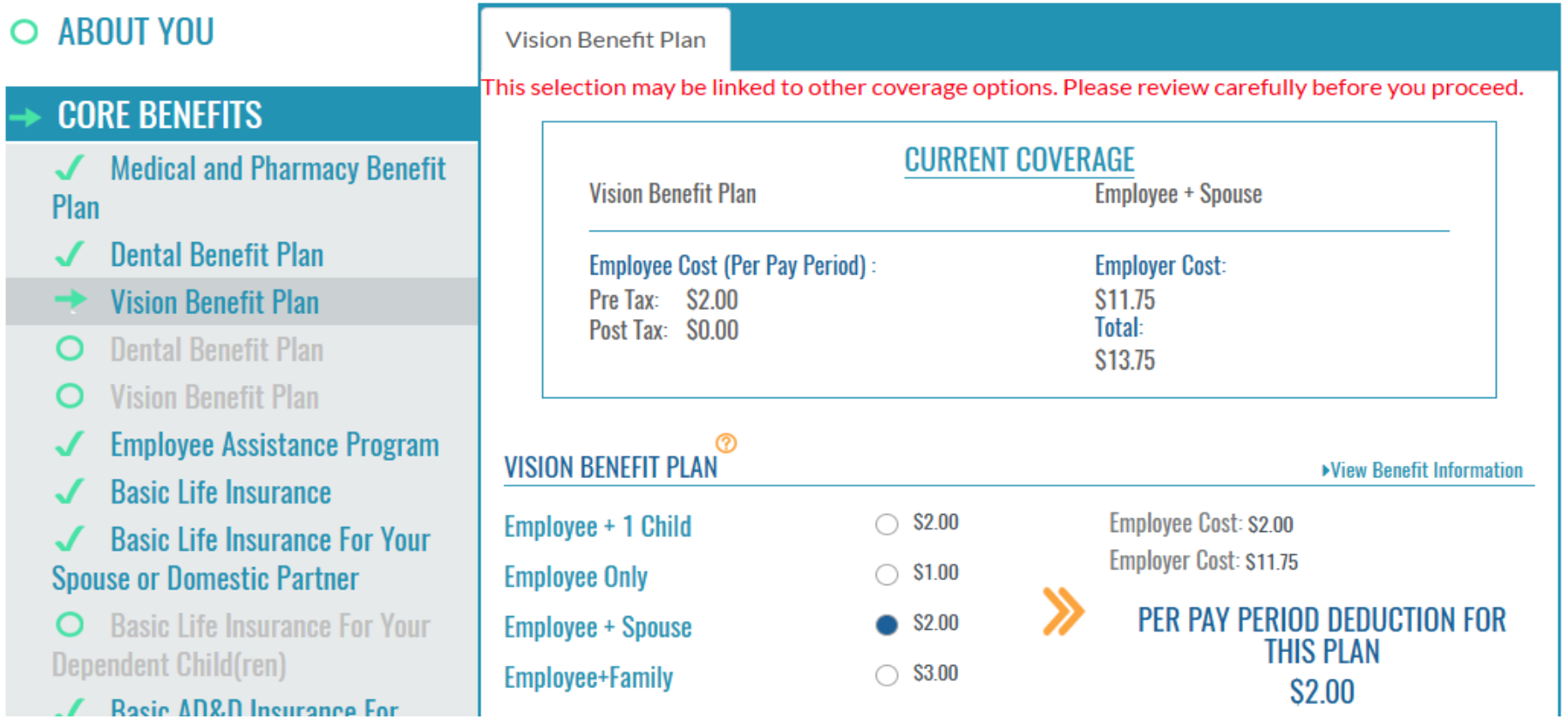
Please select the plan and tier level that best suits your needs, then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



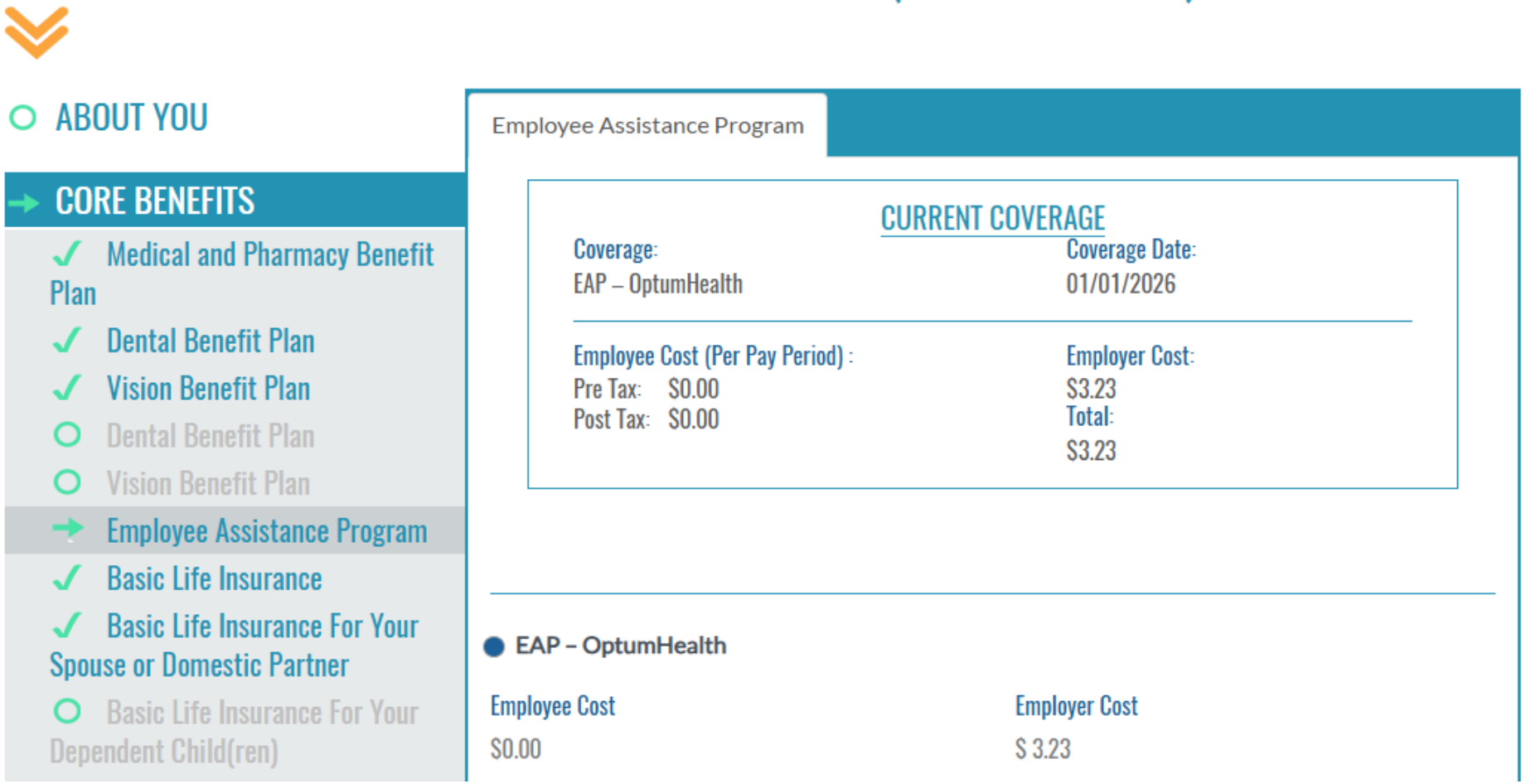
Please choose the plan and tier level that you prefer, and then click on the “Save & Continue” button to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



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)



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 Actual Coverage Amount : $50,000.00	01/01/2026

Employee Cost (Per Pay Period) :	Employer Cost:
Pre Tax: $0.00 Post Tax: $0.00	$10.50 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 Actual Coverage Amount : $5,000.00	01/01/2026

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

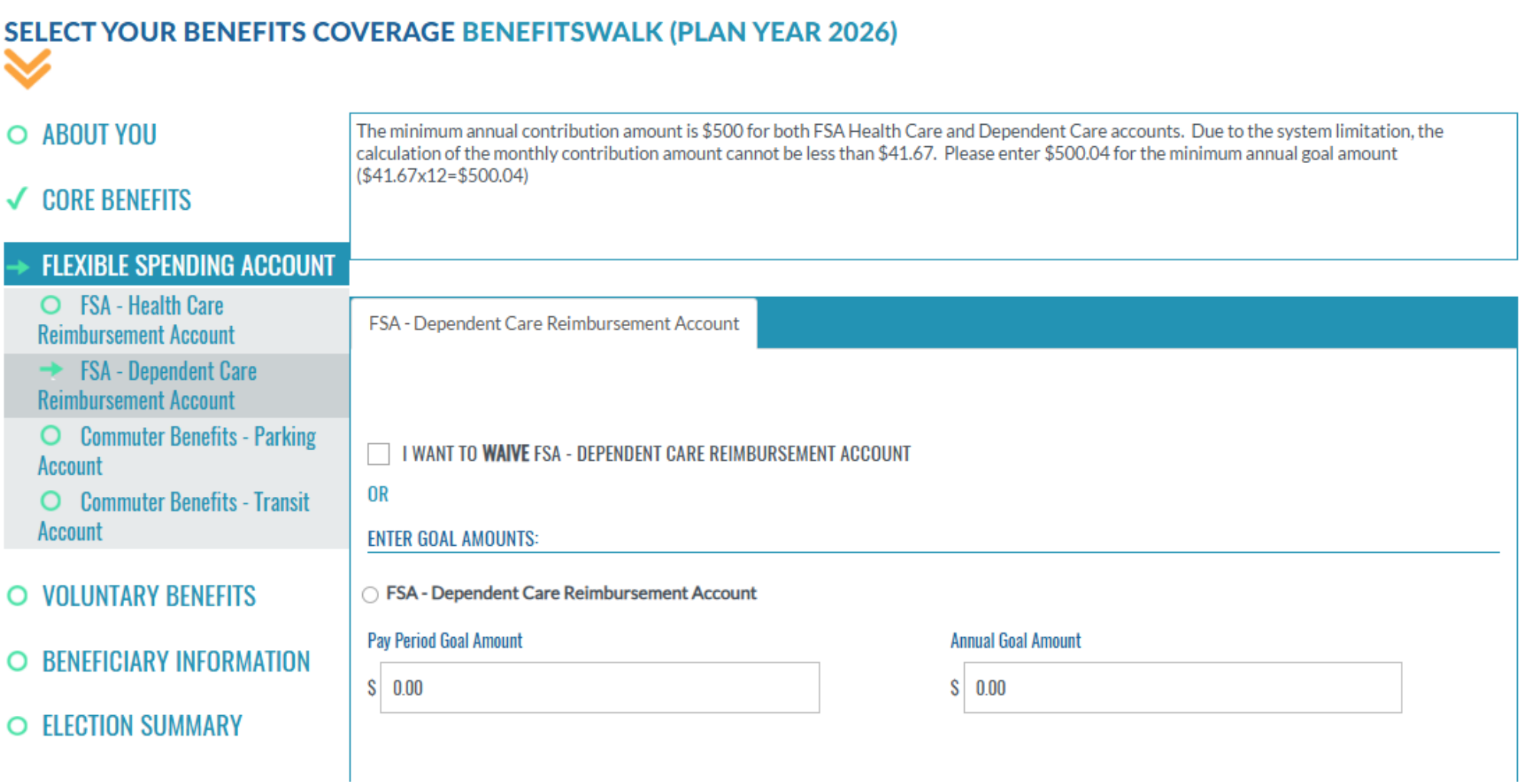
OR

ENTER GOAL AMOUNTS:

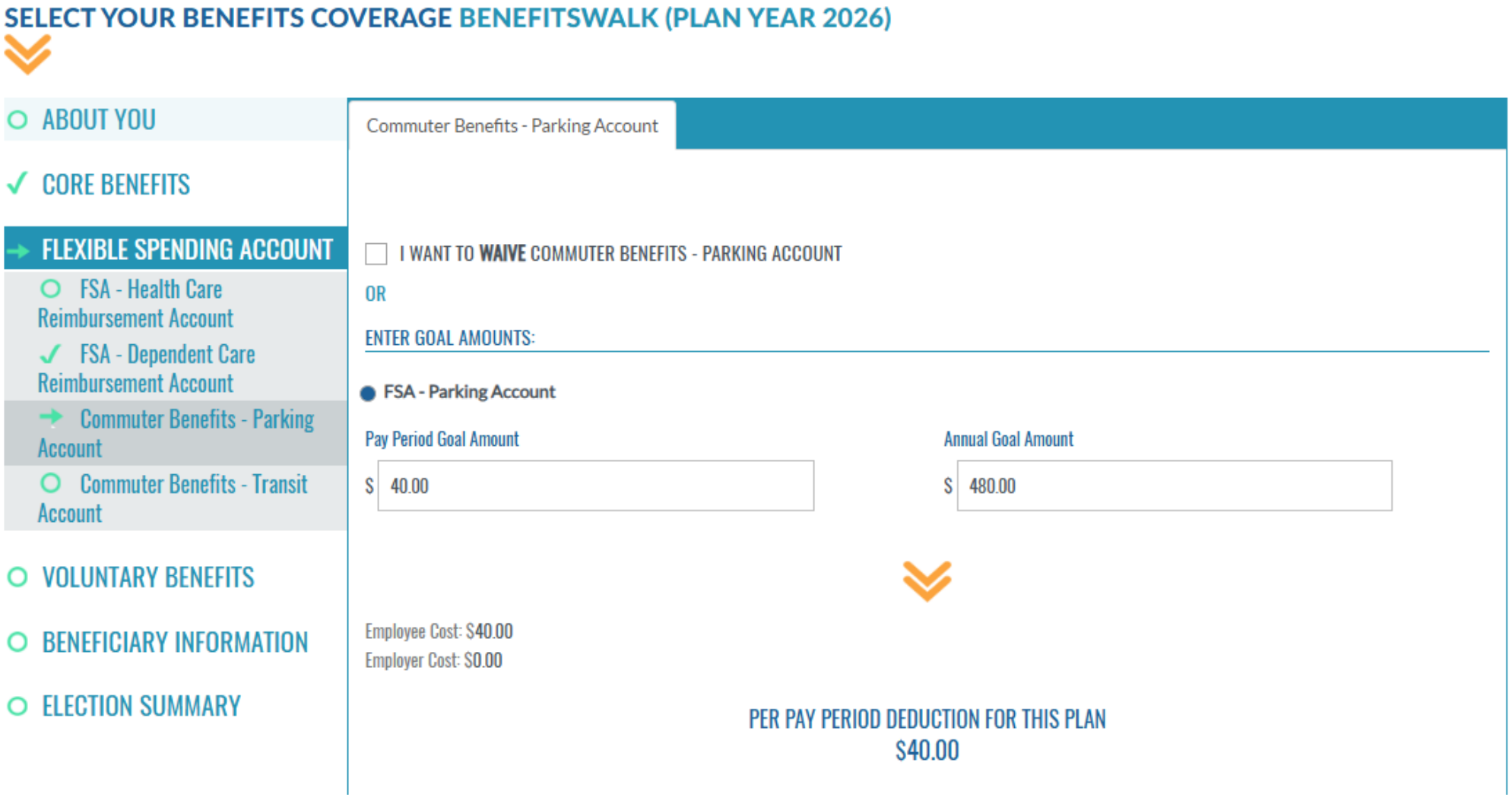
○ **FSA - Health Care Reimbursement Account**

Pay Period Goal Amount	Annual Goal Amount
$ 0.00	$ 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.



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.



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**

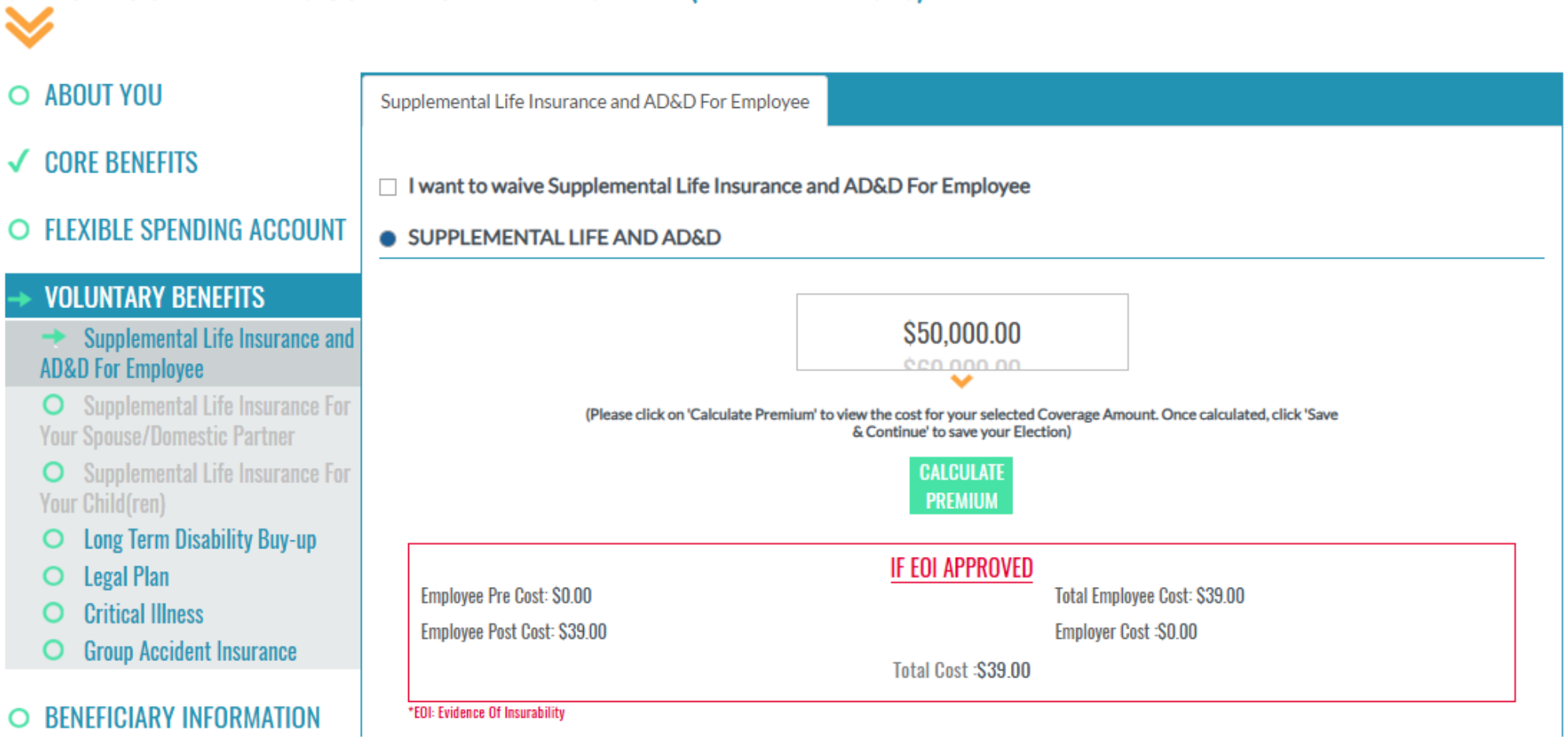
Pay Period Goal Amount	Annual Goal Amount
$ 84.00	$ 1008.00

Employee Cost: $84.00
Employer Cost: $0.00

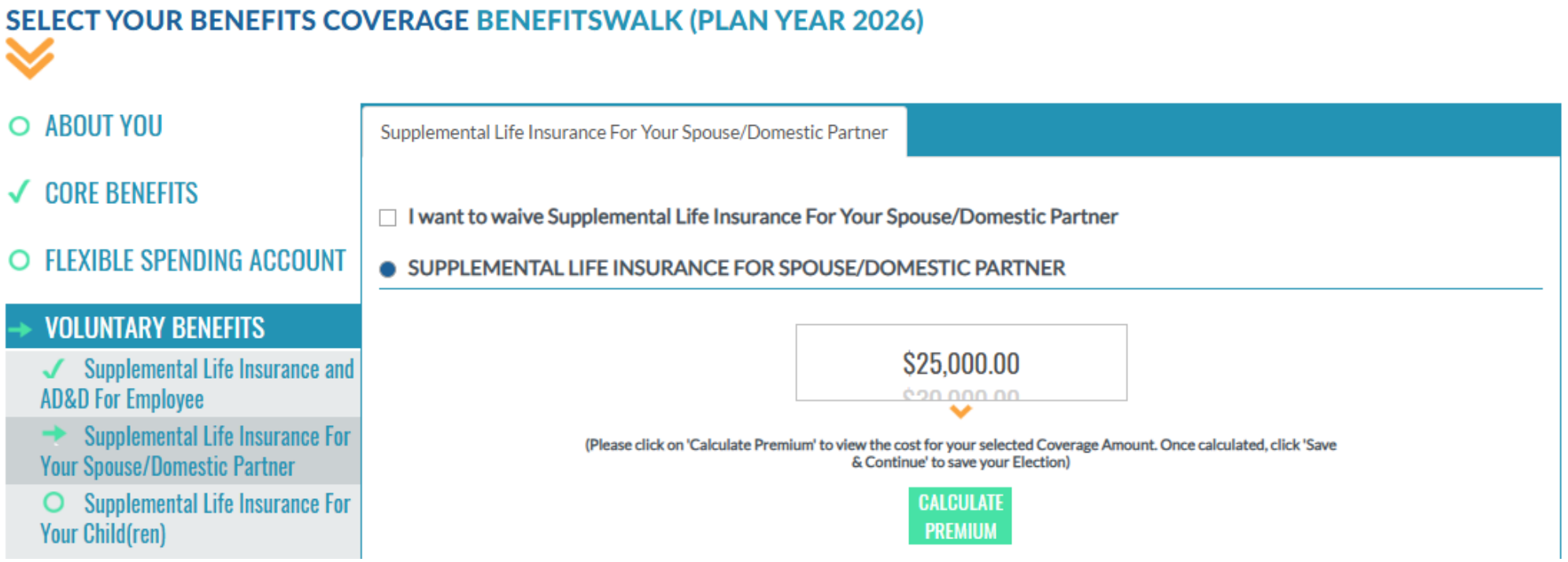
PER PAY PERIOD DEDUCTION FOR THIS PLAN
$84.00

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.

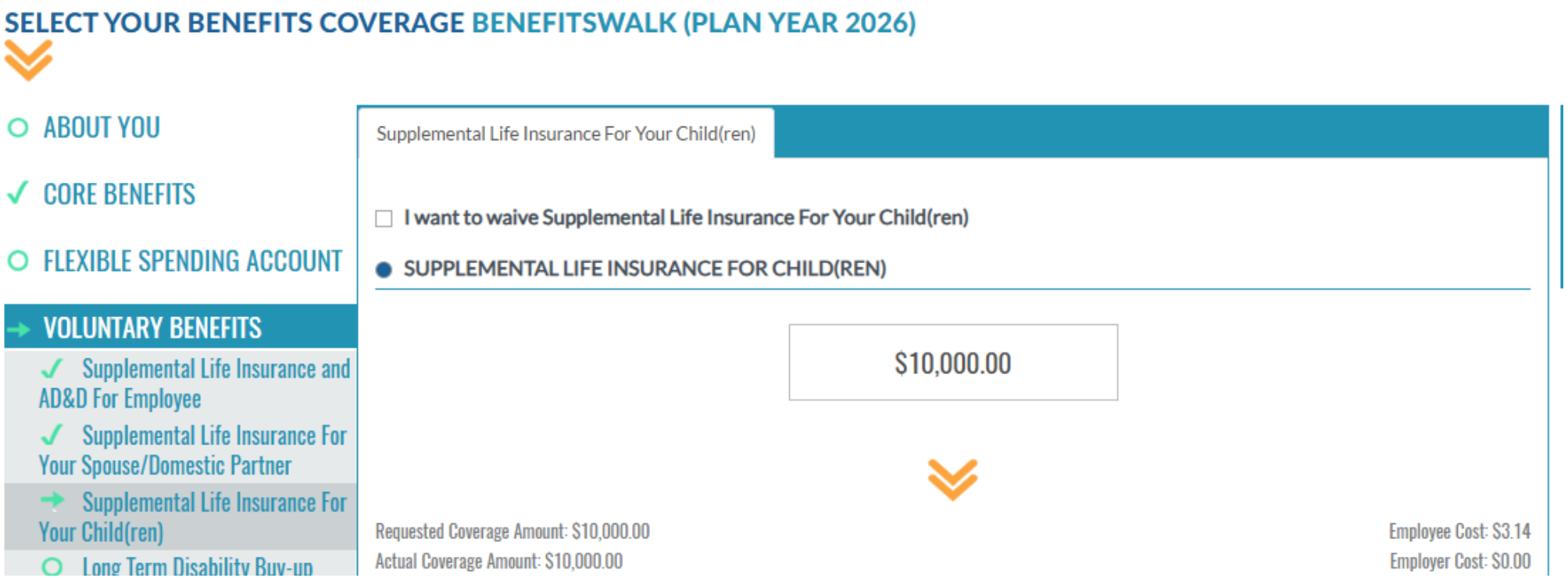
SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



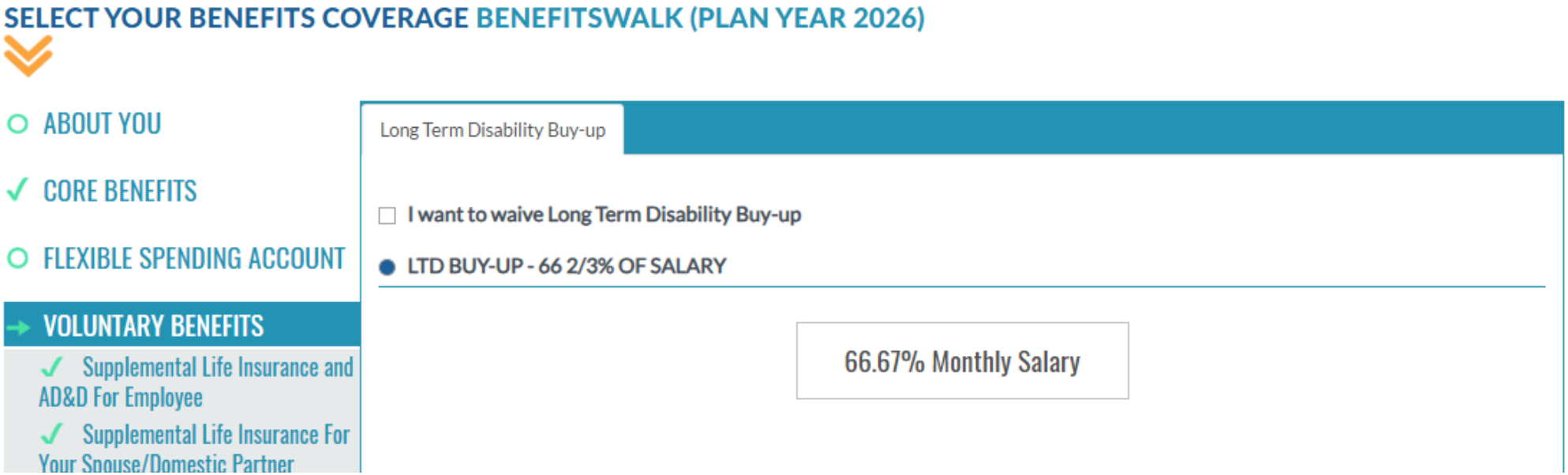
If you choose to enroll in the Supplemental Life Insurance and AD&D plan, please select the desired coverage amount and click on “Calculate Premium.” After reviewing the calculated premium, click on “Save & Continue” to proceed.



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.



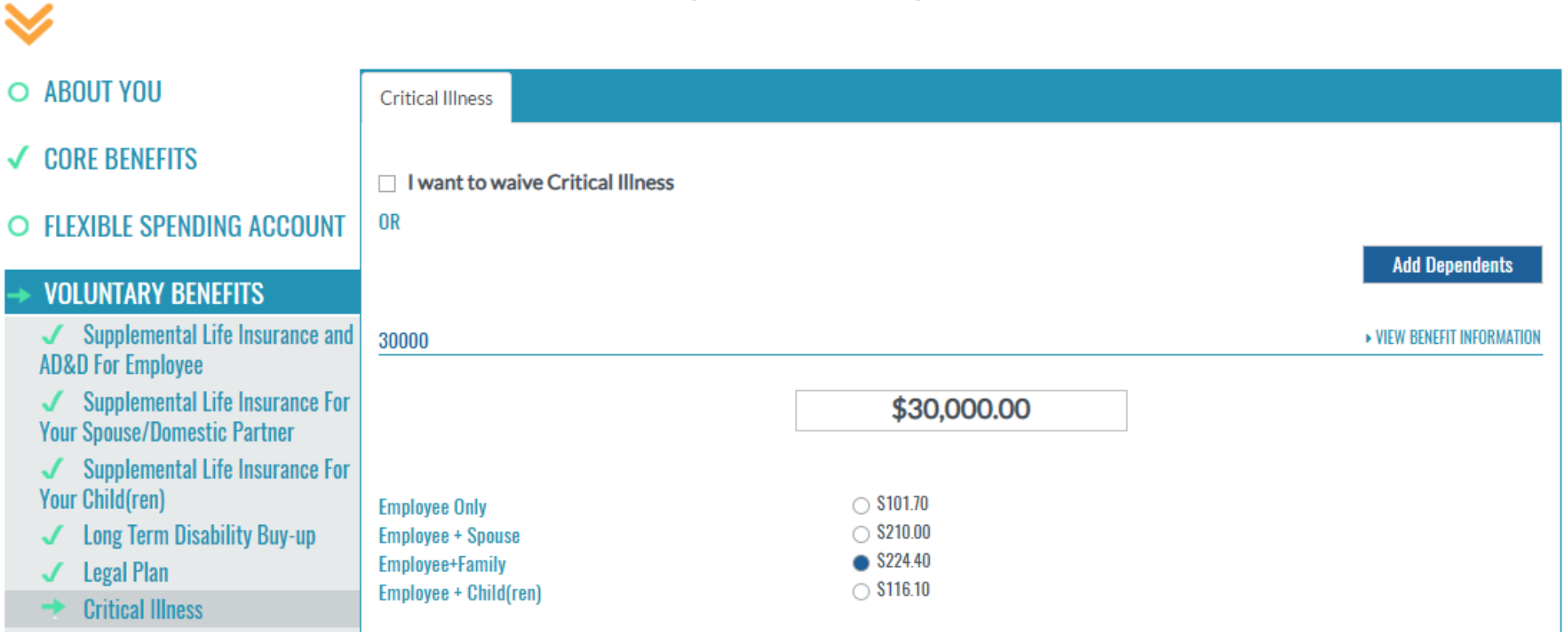
If you choose to enroll in the Supplemental Life Insurance for Child(ren) plan, please select the plan and click on “Save & Continue” to proceed.



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

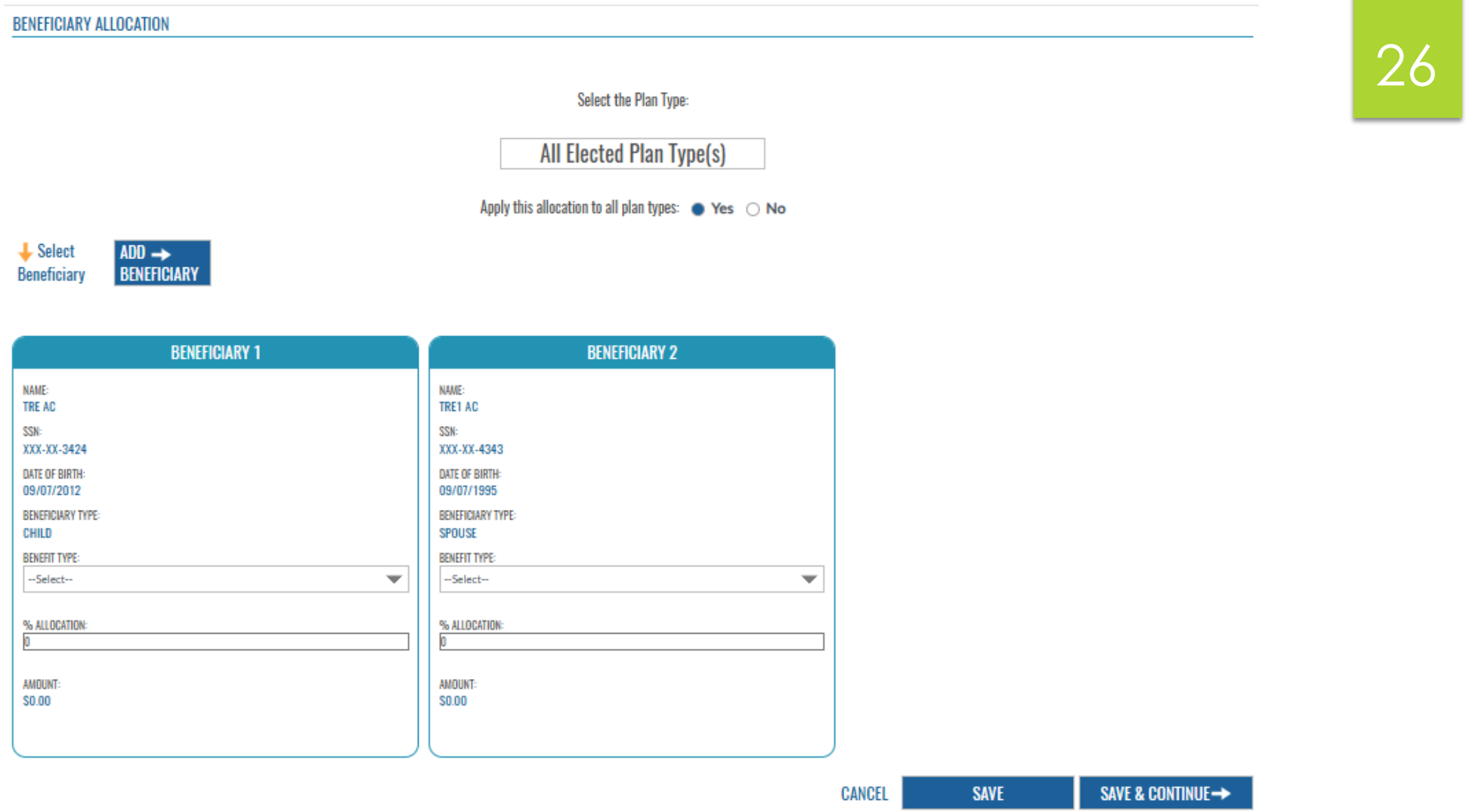
If you choose to enroll in the Legal plan, please select the plan and click on “Save & Continue” to proceed.

SELECT YOUR BENEFITS COVERAGE BENEFITSWALK (PLAN YEAR 2026)



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.

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.



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

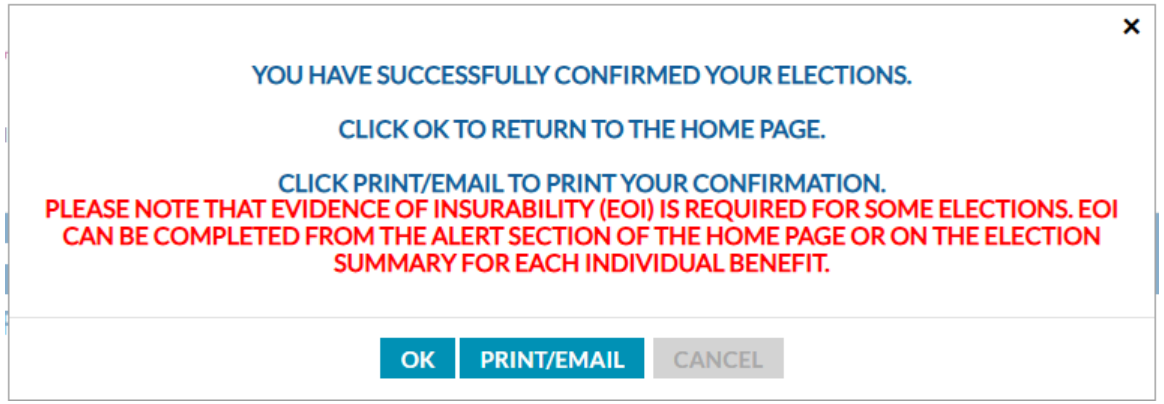
Basic Life Insurance For Your Spouse or Domestic Partner | Basic Life Insurance For Your Dependent Child(ren) | Basic AD&D Insurance For Employee | Basic Long Term Disability

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.