

Employee Self-Service (ESS)  
Online Annual Enrollment for Plan Year 2009

"How To" Guide

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## Logon to Portal for Annual Enrollment

- 1) From the LACCD home page, [www.laccd.edu](http://www.laccd.edu), click the Faculty & Staff Resources button.
- 2) Click the Intranet (District Network Only) link at the bottom of the sidebar on the left.
- 3) Click the LACCD Enterprise Portal link on the right.
- 4) Enter your 9-digit User ID as follows:
  - a) P00 (zero) + your 6-digit employee number, **or**
  - b) P0 (zero) + your 7-digit employee number
- 5) Enter your portal password as follows:
  - a) For first-time users, enter 7 digits as below...
    - Your 2-digit birth month (e.g., June = 06)
    - The first letter of your last name
    - The last 4 digits of your social security number
    - Change your password
  - i) Old Password: Enter same 7-digit password as above
  - ii) New Password: Enter a completely different password (6 to 8 characters only – alpha or numeric, lowercase)
  - iii) Confirm Password: Enter the new password again

**For current SAP users, enter your current password.**

**Note:** If your password has expired in the last 90 days, you will need to follow the instructions above for first-time users. You cannot use the first 7 characters of your old password.

- 6) Turn off your browser's pop-up blocker feature:
  - a) For Internet Explorer
    - i) Click **Tools**
    - ii) Click **Pop-Up Blocker**

- iii) Click **Turn Off Pop-Up Blocker**
- b) For Firefox
  - i) Click **Tools**
  - ii) Click **Options**
  - iii) Click the **Block Popup Windows** check box to remove the checkmark

## View Your Current Health Benefits (Step 1)

- 1) From your personalized "Welcome Page", click **Start Your Annual Enrollment**.
- 2) Review your personal information, your dependent information and current health benefits for accuracy.
- 3) Scroll down to bottom of screen and click the **Continue** button.
- 4) Click the **Yes** or **No** button to verify your permanent address.
- 5) Click **Yes** to change your dependents and move to Step 2

## Add/Change Dependents (Step 2)

- 1) To add a dependent, click the **Add New Dependent** button. Enter your dependent's information.
  - a) Date of Birth = mm/dd/yyyy
  - b) Social Security Number = 9 digits (no dashes)
- 2) Click **Yes** to submit your dependent information.
- 3) Fax copy of your dependent information to the LACCD Health Benefits Call Center at (888) 428-2980 no later than 4:00 pm on November 26, 2008.
- 4) Click **Yes** to automatically add your new dependent to your medical plan.
- 5) Click **Yes** to automatically add your new dependent to your dental plan.
- 6) Click **Yes** to automatically add your new dependent to your vision plan.

- 7) To change your newly added dependent, click the **Change** button and update your dependent's information.
- 8) To delete your newly added dependent, click the **Delete** button.
- 9) To delete a dependent, click the **Delete** button. Coverage will terminate 1/1/2009.
- 10) To undo the deletion of a dependent, click the **Undo Delete** button.
- 11) Click the **Continue** button.
- 12) Click the **Yes** button to move to Step 3, "Change Health Plans"; **or**  
Click the **No** button 2 times to print your Benefits Confirmation Statement for Plan Year 2009

## Change Your Health Plans (Step 3)

### Adding/Changing Your Medical Plans

- 1) Click the **Yes** button to change your plan.
- 2) Click the box to enroll in new medical plan.
- 3) Review your enrolled dependents. Click the box to re-enroll your dependent in your medical plan.
- 4) Click the **Continue** button.
- 5) If you are changing to the Blue Shield Medical HMO plan, you will be prompted to enter a Primary Care Physician for you and your dependents. Click the **Find Physician** button to move to the Blue Shield online physician directory.
- 6) You will be linked to [www.blueshieldca.com](http://www.blueshieldca.com)
- 7) Click **Find a Provider**
- 8) Click **Guest**
- 9) Select **Blue Shield HMO**, scroll down to the bottom of the page, and click **Continue**

- 10) Click **Physicians and Medical Groups**
- 11) Select **HMO Personal Physicians**, scroll down to the bottom, and click **Continue**
- 12) On the next page, you can search either by your address or by a provider name. Fill in the information and click **Search** at the bottom of the page.
- 13) When the results pop up, you will see the physicians and their medical groups that fulfill the requirements of your search. If you click the physician's name, the provider number will display along with the physician's medical group and hospital affiliation.
- 14) After entering your Provider ID and Physician Name, click the **Save and Proceed** button, or you may skip this prompt by clicking the **Save and Proceed** button without entering the information.
- 15) If you are changing to the Kaiser HMO plan, you will be prompted to print, sign and fax the Kaiser Permanente Arbitration Agreement to the LACCD Health Insurance Section at (213) 891-2008 no later than 4:00 pm on November 26, 2008.
- 16) Click the **I Accept** button to move to the next plan.

## Adding/Changing Your Dental Plan

- 1) Click the box to enroll in a new dental plan.
- 2) Review your enrolled dependents. Click the box to re-enroll your dependents in your dental plan.
- 3) Click the **Continue** button.
- 4) If you are changing to the SafeGuard Dental HMO plan, you will be prompted to enter a Primary Care Physician for you and your dependents. Click the **Find Dentist** button to move to the SafeGuard Dental HMO online physician directory.
- 5) You will be linked to [www.safeguard.net](http://www.safeguard.net)
- 6) Click **Dental & Vision Directories**
- 7) You will be directed to 3 choices: Family ID# (appears on your ID card) or Subscriber ID# (your social security number) or Group ID#

- 8) Enter your Family ID# or your Subscriber ID#
- 9) After entering either your Family ID# or your Subscriber ID#, the website will let you know what your plan is. Your plan is 0150-D (Dental) HMO
- 10) To enter a state, use the drop down box to select **California**, then click the **Submit** button.
- 11) Click **Zip Code** and choose **5 Mile Radius**
- 12) When the results pop up, you will see the dentist's names and addresses that fulfill the requirements of your search. If you click the dentist's name, the PCP/ID number will be displayed.
- 13) Enter your Provider ID and Dentist Name, and click the **Save and Proceed** button, or you may skip this prompt by clicking the **Save and Proceed** button without entering the information.  
**Note:** If you do not select a Primary Care Physician, SafeGuard will assign one to you.
- 14) If you are changing to the Delta Dental PPO plan, click the Continue button.  
**(Note:** You will *not* be required to select a Primary Dentist.)
- 15) You will be prompted to print, sign and fax an Arbitration Agreement for the dental plan you elect to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.
- 16) Click the **I Accept** button to move to the next plan.

## Adding/Changing Your Vision Plans

- 1) Click the box to enroll in a new vision plan.
- 2) Review your enrolled dependents. Click the box to re-enroll your dependents in your vision plan.
- 3) Click the **Continue** button.
- 4) If you are changing to the VSP Computer Vision Care (CVC) plan, you will be prompted to print, complete and sign a Certification form. You must obtain a signature from your supervisor. Once complete, fax your certification to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.

- 5) Click the **Continue** button.
- 6) Click the **I Accept** button.
- 7) Click **Yes** to change your Life Insurance beneficiary or plan elections, or click **No** to submit your annual enrollment and print your Benefits Confirmation Statement for Plan Year 2009.

## Your Basic Life Insurance (Step 4) – District-Paid Coverage

### Selecting Your Dependent as Your Beneficiary

- 1) Click the box to designate your dependent(s) as your beneficiary
- 2) Click OK and enter the share value (%)  
(**Note:** The value must total 100 and decimals are not allowed.)
- 3) Click the **Continue** button
- 4) You will be prompted to print, sign and fax the MetLife Beneficiary Designation Form to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.
- 5) Click the **Continue** button to move to Voluntary Life Plans.

### Adding a New Beneficiary

- 1) Click the Add New Beneficiary button
- 2) Select the Beneficiary Type by clicking **Beneficiary**, **Trust**, or **Charity Organization**
- 3) Enter your beneficiary's information
- 4) Click the **Save Beneficiary** button
- 5) Click the **Yes** button to add your beneficiary
- 6) Click the **Continue** button
- 7) Click the box to designate your beneficiary

- 8) Click **OK** and enter the share value (%)  
(**Note:** The value must total 100 and decimals are not allowed.)
- 9) Click the **Continue** button
- 10) You will be prompted to print, sign and fax the MetLife Beneficiary Designation Form to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.
- 11) Click the **Continue** button to move to Voluntary Life Plans

## Your Voluntary Life Insurance (Employee-paid supplemental coverage)

### *Voluntary Employee Life Insurance*

#### Declining Coverage

- 1) Select the **Decline Voluntary Life Coverage** box
- 2) Click the **Continue** button
- 3) If you are currently enrolled in the Voluntary Employee Life Insurance plan, when declining coverage you will be prompted to print, sign and fax the Request for Cancellation of Voluntary Life form to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.

#### Selecting No Changes

- 1) Click the **Continue** button
  - a) If you *are not currently enrolled* in the Voluntary Employee Life Insurance plan, select the Decline Voluntary Life Coverage box and click the Continue button to proceed.
  - b) If you *are currently enrolled* in the Voluntary Employee Life Insurance plan, click the box to designate your beneficiary (if any) and enter the share value (%). Click the Continue button to proceed.

## Adding/Changing Coverage

- 1) Click the box to select **Coverage**
- 2) Enter **Coverage Amount**.  
(**Note:** You may elect up to 5 times your annual salary. To find your maximum, scroll to the bottom of the box. If you elect more than \$120,000 in coverage, you must complete the Statement of Good Health form and fax it to the LACCD Health Benefits Call Center at 213-891-2008.)
- 3) Select or Add your beneficiary (-ies) as indicated above.
- 4) Click the **Continue** button.
- 5) You will be prompted to print, sign and fax the MetLife Voluntary Life Insurance form and/or Statement of Good Health form to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.
- 6) Click the **Continue** button to proceed.

## *Voluntary Spouse Life Insurance*

### Declining Coverage

- 1) Select **Decline Voluntary Life Coverage**
- 2) Click the **Continue** button
- 3) If you are currently enrolled in the Voluntary Spouse Life Insurance Plan, when declining coverage you will be prompted to print, sign and fax the Request for Cancellation of Voluntary Life form to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.

## Selecting No Changes

- 1) Click the **Continue** button
  - a) If you are *not currently enrolled* in the Voluntary Spouse Life Insurance plan, select Decline Voluntary Life Coverage and click the Continue button to proceed.
  - b) If you *are currently enrolled* in the Voluntary Spouse Life Insurance plan, click the Continue button to proceed.

## Adding/Changing Coverage

To elect life insurance coverage for your spouse, your spouse must be listed as a dependent on Step 2. (Note: You do not need to elect medical, dental, or vision coverage for your spouse in order to enroll him/her in the Voluntary Spouse Life plan.)

- 1) Click **Coverage**
- 2) Enter **Coverage Amount**  
(**Note:** You may elect only one half (½) the amount of coverage you have elected for yourself. If you elect more than \$60,000 in coverage for your spouse, your spouse must complete the Statement of Good Health form and fax it to the LACCD Health Benefits Call Center.)
- 3) Click the **Continue** button
- 4) You will be prompted to print, complete and fax the MetLife Voluntary Life Insurance form and/or Statement of Good Health form for your spouse to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.
- 5) Click the **Continue** button to proceed

## *Voluntary Child Life Insurance*

### Declining Coverage

- 1) Select **Decline Voluntary Life Coverage**
- 2) Click the **Continue** button

- a) If you are currently enrolled in the Voluntary Child Life Insurance plan, when declining coverage you will be prompted to print, sign and fax the Request for Cancellation of Voluntary Life form to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.

## Selecting No Changes

- 1) Click the **Continue** Button
  - a) If you *are not currently enrolled* in the Voluntary Child Life Insurance plan, select **Decline Voluntary Life Coverage** and click the **Continue** button to proceed.
  - b) If you *are currently enrolled* in the Voluntary Child Life Insurance plan, click the **Continue** button to proceed.

## Adding/Changing Coverage

- 1) To elect life insurance coverage for your child, your child must be listed as a dependent on Step 2.  
(**Note:** You do not need to elect medical, dental or vision coverage for your child in order to enroll him/her in the Voluntary Child Life plan.)
- 2) Click box to select **Coverage**
- 3) Enter **Coverage Amount**  
(**Note:** You may elect \$1,000, \$5,000, or \$10,000 of coverage for your child or children. Your election will cover all eligible children up to the age of 23.)
- 4) Click the **Continue** button
- 5) You will be prompted to print, complete and fax the MetLife Voluntary Life Insurance form for your child or children to the LACCD Health Benefits Call Center at (213) 891-2008 no later than 4:00 pm on November 26, 2008.
- 6) Click the **Continue** button to proceed.

## Preview Your Pending Elections (Step 5)

- 1) After making changes to your dependents and/or health plans, click the **Continue** button.
- 2) Review your Pending Elections and verify the information entered.
- 3) Click the **Submit Annual Enrollment** button to move to Step 6 – Confirmation Statement.

## Print Your Benefits Confirmation Statement (Step 6)

- 1) Click the **Print Confirmation** button.
- 2) Review your Benefits Confirmation Statement for Plan Year 2009 and click the **Print** icon. When finished printing, click the **X** at the upper right corner of the statement to return to your Pending Elections screen.
- 3) Click the **Finish** button.

## Update Your Permanent Address

- 1) After you click the **Finish** button in Step 6, you will move to the final screen.
- 2) Click the **Update Address** button.
- 3) To select the Address Type to update, click **Permanent Address**.
- 4) Update your Permanent Address information and click the **Save** button.
- 5) Click the **X** at the upper right corner of the screen to return to the final screen. Click the **Close** button to log out.

## Enroll in the Flexible Spending Accounts (FSA)

- 1) After you click the **Close** button in Step 6, you will move to the final screen.
- 2) Click the **Enroll in FSA** button. (You will be linked to the SHPS, Inc. online enrollment system at [www.MySHPS.com](http://www.MySHPS.com).)
- 3) At the Participants/Members Login screen:
  - a) Enter your last name
  - b) Enter your social security number
  - c) Enter your password (your date of birth as mmddyyyy)
  - d) Read and follow the instructions to complete your enrollment
  - e) Print a copy of your Confirmation Statement
- 4) Click the **X** at the upper right corner of the screen to return to the final screen. Click the **Close** button to log out.