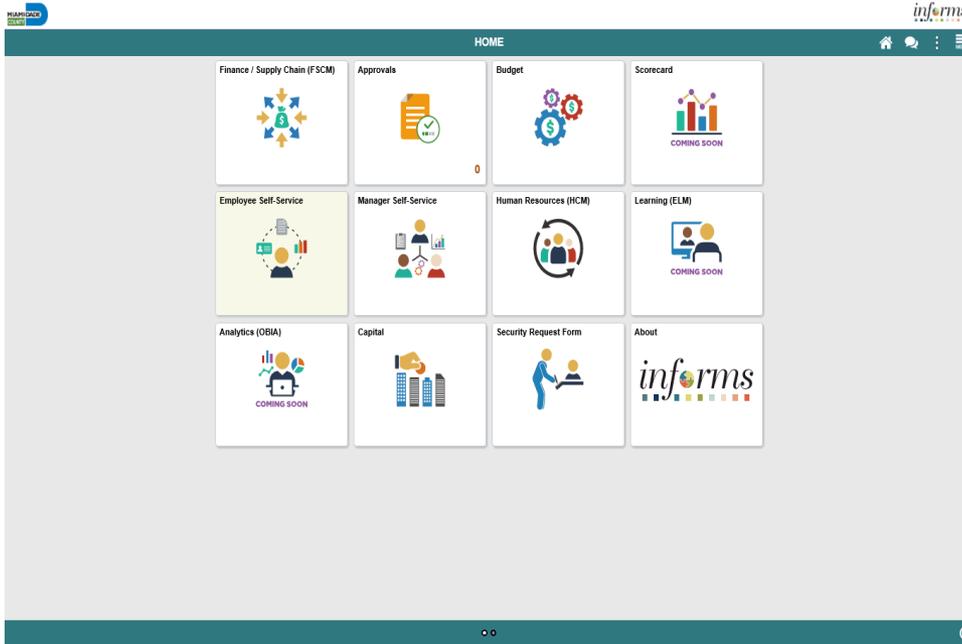
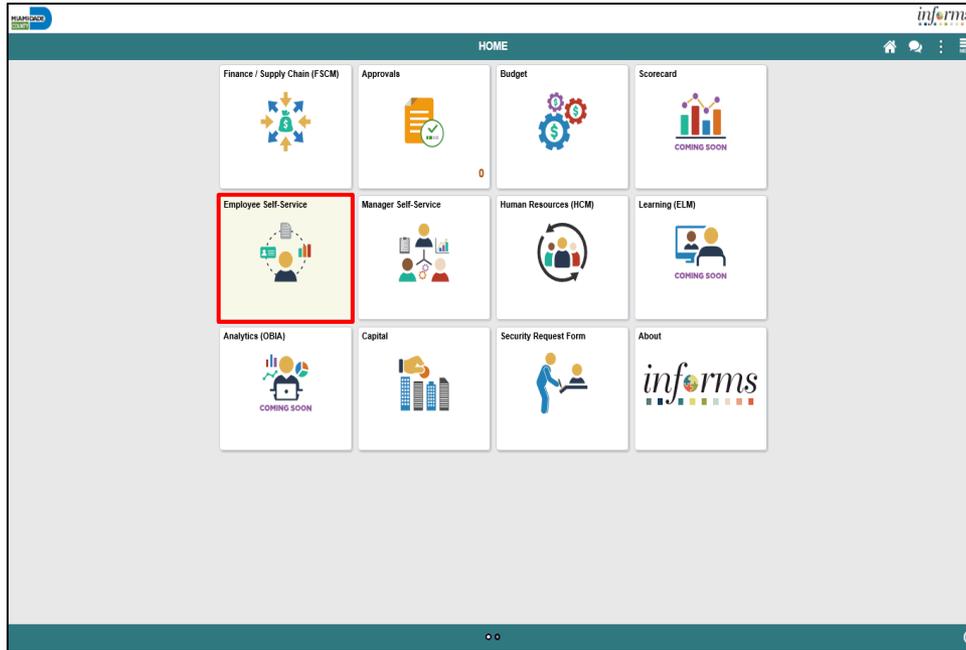




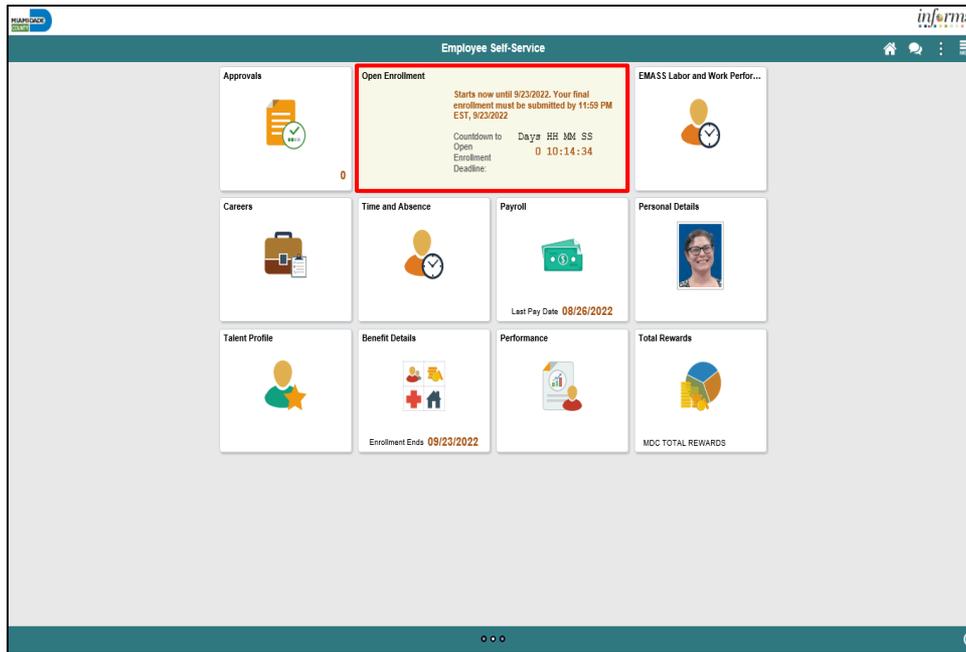
# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment





Step 1

Click the **Employee Self-Service** tile.



Step 2

Click the **Open Enrollment** tile.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Step 3

Click the **Next** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Maria Hill

Previous Next

Welcome  
Not Started

Task: Personal Information - Home and Mailing Address

Personal Information  
Visited

Name  
Visited

Home and Mailing Address  
Complete

Contact Information  
Visited

Dependent/Beneficiary Info  
Complete

Benefits Summary  
Visited

Benefits Enrollment  
Complete

Benefits Statements  
Visited

Summary  
Visited

Home Address  
1224 Collins Avenue  
APT  
MIAMI BEACH, FL 33141  
Current

Mailing Address  
1324 S. Main  
Miami, FL 33131  
Current

Step 4

Click the **Next** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022  
Marie Hill

Task: Personal Information - Contact Information

Phone

Number	Extension	Type	Preferred
305555-5555		Mobile	✓

Home and Mailing Address

305/123-1234		Home	
--------------	--	------	--

Email

Email Address	Type	Preferred
marie.hill@miamidadade.gov	Business	✓

Instant Message

No data exists.

Add IM

Navigation: Previous Next

Step 5

Click the **Next** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022  
Marie Hill

Previous Next

Welcome  
Not Started

Task: Dependent/Beneficiary Info

Add Individual

Name	Relationship	Beneficiary	Dependent
JASON HILL	Spouse	✓	✓
Jane Doe	Child	✓	✓

Personal Information  
Visited

Dependent/Beneficiary Info  
Complete

Benefits Summary  
Visited

Benefits Enrollment  
Complete

Benefits Statements  
Visited

Summary  
Visited

Step 6

Click the **Next** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Step 7

Click the **Next** button.

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022

Welcome Marie Hill

Marie Hill  
Erg Business Analyst 1

Task: **Benefits Summary**

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on 09/14/2022 Refresh

**Benefit Plans**

Medical	Dental	Vision
Plan: Select Advantage HMO Coverage: Employee + Spouse 1 Dependents Review	Plan: DeltaCare USA DHMO Enriched Coverage: Employee + 1 (Couple) 1 Dependents Review	Plan: Humana Vision Standard Coverage: Employee + 1 (Couple) 1 Dependents Review
Life	Florida Retirement System	
Plan: Basic Life Coverage: Salary Review	Plan: FRS Inv Plan Regular Coverage: 3% of Earnings Review	



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022  
Marie Hill

Welcome  
Not Started

Task: **Benefits Enrollment**  
The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Personal Information  
Visited

Dependent/Beneficiary Info  
Complete

Benefits Summary  
Visited

**Benefits Enrollment**  
Complete

Benefits Statements  
Visited

Summary  
Visited

**Enrollment Summary**

Your Pay Period Cost: **\$259.29** Full Cost: **\$259.29**

Status: Submitted

Review Enrollment  
Submit Enrollment

Vision  
Dental  
Medical

**Benefit Plans**

Medical	Dental	Vision
Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents	Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents	Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents
Pay Period Cost: <b>\$236.00</b> Review	Pay Period Cost: <b>\$10.09</b> Review	Pay Period Cost: <b>\$13.20</b> Review
<b>Short-Term Disability</b> Current: No Coverage New: Wave Status: Changed	<b>Long-Term Disability</b> Current: No Coverage New: Wave Status: Changed	<b>Flex Spending Health - U.S.</b> Current: No Coverage New: Wave Status: Changed

Step 8

Click the scrollbar.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022  
Marie Hill

Welcome  
Not Started

Personal Information  
Visited

Dependent/Beneficiary Info  
Complete

Benefits Summary  
Visited

Benefits Enrollment  
Complete

Benefits Statements  
Visited

Summary  
Visited

<b>Medical</b> Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents Pay Period Cost: \$236.00 Review	<b>Dental</b> Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents Pay Period Cost: \$10.09 Review	<b>Vision</b> Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents Pay Period Cost: \$13.20 Review
<b>Short-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	<b>Long-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	<b>Flex Spending Health - U.S.</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review
<b>Flex Spending Dependent Care</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	<b>Florida Retirement System</b> Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available Pay Period Cost: \$0.00 Review	<b>Legal Services</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review

Step 9

Click the **Flex Spending Health - U.S.** object.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Flex Spending Health - U.S. Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ Enroll in Your Plan

Plan Name
✓ Waive
Select FSA - Health

Step 10

Click the **Select** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Done

**Flex Spending Health - U.S.**

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,000.00.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 11

Click in the **Annual Pledge** field.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Flex Spending Health - U.S. Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

Enroll in Your Plan

Plan Name	
Select	Waive
✓	FSA - Health

Contribution Amount

Annual Pledge

Minimum \$16.00 Maximum \$2,000.00  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

## Step 12

Enter the desired information into the **Annual Pledge** field. Enter "2000".



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Done

**Flex Spending Health - U.S.**

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ Enroll in Your Plan

Plan Name	
Select	Waive
✓	FSA - Health

▼ Contribution Amount

Annual Pledge

Minimum \$18.00 Maximum \$2,880.00.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

**Flexible Spending Account Worksheet**

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 13

Click the **Flexible Spending Account Worksheet** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Flex Spending Health - U.S.

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

Enroll in Your Plan

Plan Name

Select Waive

✓ FSA - Health

Contribution Amount

Annual Pledge

Flexible Spending Account Worksheet

Estimate Contribution from Annual Pledge

Your New Annual Pledge 2,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount.

Step 14

Click the **Calculate** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Flex Spending Health - U.S.

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

Enroll in Your Plan

Plan Name

Select Waive

✓ FSA - Health

Contribution Amount

Annual Pledge

Flexible Spending Account Worksheet

Estimate Contribution from Annual Pledge

Your New Annual Pledge 2,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 74.07

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Step 15

Click the **Done** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Flex Spending Health - U.S. Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ Enroll in Your Plan

Plan Name	
Select	Waive
✓	FSA - Health

▼ Contribution Amount

Annual Pledge:

Minimum \$18.00 Maximum \$2,000.00.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$74.07

Step 16

Click the **Done** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022  
Marie Hill

Previous Next

Welcome  
Not Started

Personal Information  
Visited

Dependent/Beneficiary Info  
Complete

Benefits Summary  
Visited

**Benefits Enrollment  
Complete**

Benefits Statements  
Visited

Summary  
Visited

**Benefit Plans**

<b>Medical</b> Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents Pay Period Cost: \$236.00 Review	<b>Dental</b> Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents Pay Period Cost: \$10.09 Review	<b>Vision</b> Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents Pay Period Cost: \$13.20 Review
<b>Short-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	<b>Long-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: \$0.00 Review	<b>Flex Spending Health - U.S.</b> Current: No Coverage New: FSA - Health \$2,000 Status: Changed Pay Period Cost: \$74.07 Review
<b>Flex Spending Dependent Care</b> Current: No Coverage New: Waive Status: Changed	<b>Florida Retirement System</b> Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available	<b>Legal Services</b> Current: No Coverage New: Waive Status: Changed

Step 17

Click the **Flex Spending Dependent Care** object.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Done

**Flex Spending Dependent Care**

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ Enroll in Your Plan

Plan Name	
✓	Waive
Select	FSA Dependent Care

Step 18

Click the **Select** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Done

**Flex Spending Dependent Care**

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$8,000.00.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 19

Click in the **Annual Pledge** field.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel **Flex Spending Dependent Care** Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ Enroll in Your Plan

Plan Name	
Select	Waive
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$16.00 Maximum \$8,000.00.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

## Step 20

Enter the desired information into the **Annual Pledge** field. Enter "**4000**".



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Done

**Flex Spending Dependent Care**

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge:

Minimum \$18.00 Maximum \$8,000.00.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

**Flexible Spending Account Worksheet**

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Step 21

Click the **Flexible Spending Account Worksheet** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ Enroll in Your Plan

Plan Name

Select Waive

✓ FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Cancel Done

Flexible Spending Account Worksheet

Estimate Contribution from Annual Pledge

Your New Annual Pledge 4,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Step 22

Click the **Calculate** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ Enroll in Your Plan

Plan Name

Select Waive

✓ FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Cancel Done

Flexible Spending Account Worksheet

Estimate Contribution from Annual Pledge

Your New Annual Pledge 4,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 148.15

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Step 23

Click the **Done** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Cancel **Flex Spending Dependent Care** Done

The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA Dependent Care

▼ **Contribution Amount**

Annual Pledge:

Minimum \$18.00 Maximum \$8,000.00.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$148.15

Step 24

Click the **Done** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022  
Marie Hill

Previous **Next**

<b>Medical</b> Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents Pay Period Cost: <b>\$236.00</b> Review	<b>Dental</b> Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents Pay Period Cost: <b>\$10.09</b> Review	<b>Vision</b> Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents Pay Period Cost: <b>\$13.20</b> Review
<b>Short-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: <b>\$0.00</b> Review	<b>Long-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: <b>\$0.00</b> Review	<b>Flex Spending Health - U.S.</b> Current: No Coverage New: FSA - Health \$2,000 Status: Changed Pay Period Cost: <b>\$74.07</b> Review
<b>Flex Spending Dependent Care</b> Current: No Coverage New: FSA Dependent Care \$4,000 Status: Changed Pay Period Cost: <b>\$148.15</b> Review	<b>Florida Retirement System</b> Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available Pay Period Cost: <b>\$0.00</b> Review	<b>Legal Services</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: <b>\$0.00</b> Review

Step 25

Click the **Next** button.



# Complete Flex Spending Health and Flex Spending Dependent During Open Enrollment

Open Enrollment

Enrollment Period 9/7/2022 - 9/14/2022  
Marie Hill

Previous Next

Welcome  
Not Started

- Personal Information  
Visited
- Dependent/Beneficiary Info  
Complete
- Benefits Summary  
Visited
- Benefits Enrollment**  
Complete
- Benefits Statements  
Visited
- Summary  
Visited

<b>Medical</b> Current: Selected Advantage HMO New: Selected Advantage HMO Status: Changed 2 Dependents Pay Period Cost: <b>\$236.00</b> Review	<b>Dental</b> Current: DeltaCare USA DHMO Enriched New: DeltaCare USA DHMO Enriched Status: Changed 2 Dependents Pay Period Cost: <b>\$10.09</b> Review	<b>Vision</b> Current: Humana Vision Standard New: Humana Vision Standard Status: Changed 2 Dependents Pay Period Cost: <b>\$13.20</b> Review
<b>Short-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: <b>\$0.00</b> Review	<b>Long-Term Disability</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: <b>\$0.00</b> Review	<b>Flex Spending Health - U.S.</b> Current: No Coverage New: FSA - Health \$2,000 Status: Changed Pay Period Cost: <b>\$74.07</b> Review
<b>Flex Spending Dependent Care</b> Current: No Coverage New: FSA Dependent Care \$4,000 Status: Changed Pay Period Cost: <b>\$148.15</b> Review	<b>Florida Retirement System</b> Current: FRS Inv Plan Regular New: FRS Inv Plan Regular Status: Not Available Pay Period Cost: <b>\$0.00</b>	<b>Legal Services</b> Current: No Coverage New: Waive Status: Changed Pay Period Cost: <b>\$0.00</b> Review

Step 26

**End of Procedure.**