

## eBenefits Instructions

<b>What is eBenefits?</b>	An Internet and Intranet based system that allows you to: <ul style="list-style-type: none"> <li>☞ Make changes to your benefits</li> <li>☞ View your choices immediately for accuracy</li> <li>☞ Print a confirmation statement</li> </ul> eBenefits is available during the entire Open Enrollment period (June 1 through June 19, 2009). <b>You must submit your benefit elections by June 19, 2009.</b>	
<b>Complete Your Open Enrollment Online Using eBenefits</b>	You <b>must</b> use eBenefits if <ul style="list-style-type: none"> <li>☞ You are making <b>any</b> changes during the 2009/2010 Open Enrollment</li> <li>☞ You want to renew participation in a Flexible Spending Account (Medical Expense Reimbursement Plan)</li> </ul>	
<b>If you have no changes</b>	You do not need to use eBenefits. You will maintain your current elections, with the exception of FSA as described above.	
<b>How to access eBenefits</b>	<b>You must first enable Internet access in order to use eBenefits from a non-County computer</b> <ol style="list-style-type: none"> <li>1) From a work computer           <ul style="list-style-type: none"> <li>☞ Sign-in to EMACS.</li> <li>☞ Click on <i>Self-Service&gt;Employee&gt;Tasks&gt;Internet Access Change</i>.</li> <li>☞ Check the box labeled "Enable Internet Access Change" then click "Save"</li> </ul> </li> <li>2) From home or other Internet connection:</li> <li>3) Access the EMACS Sign In page  <a href="https://emacsweb.co.san-bernardino.ca.us/Signon.html">https://emacsweb.co.san-bernardino.ca.us/Signon.html</a> <ul style="list-style-type: none"> <li>☞ Click on the link labeled "Internet Access"</li> <li>☞ Enter your User ID, Password, and SR# (located in the upper right hand corner of your Leave and Earnings Statement)</li> <li>☞ Click "Enable"</li> </ul> </li> </ol> <b>If you need assistance enabling Internet Access, please contact the Help Desk at 909-884-4884.</b>	<b>Sign on from a County Computer (Intranet) or the Internet</b> <ol style="list-style-type: none"> <li>1) Go to the EMACS Sign-In Page  <a href="https://emacsweb.co.san-bernardino.ca.us/Signon.html">https://emacsweb.co.san-bernardino.ca.us/Signon.html</a> </li> <li>2) Enter your User ID and Password           <ul style="list-style-type: none"> <li>☞ Enter your 5 or 6 digit Employee (EE) ID Number (e.g. B1234)</li> <li>☞ If your EE ID number starts with a number, replace the first number with the letter "X"</li> </ul> </li> <li>3) Click the "Sign In" Button</li> </ol>
<b>Add Dependents and/or Beneficiaries</b>	<p>This page allows you to add dependents and/or beneficiaries to a list you will have available to select from once you are ready to make your medical, dental and insurance elections.</p> <p>Click on <i>Self Service&gt;eBenefits&gt;Enrollment&gt;Dependent/Beneficiary Summary</i></p> <ul style="list-style-type: none"> <li>☞ Review the listing of dependents and/or beneficiaries you have to choose from.</li> </ul> <p><b>Edit information on an existing dependent and/or beneficiary</b></p> <ul style="list-style-type: none"> <li>☞ Click on the name and then "Edit"</li> <li>☞ Edit information as necessary then click "Save"</li> <li>☞ Click "OK"</li> <li>☞ Click "Return" to go back to the <i>Dependent/Beneficiary Summary</i> page</li> </ul>	

## eBenefits Instructions (continued)

	<p><b>To add a dependent who is not listed</b></p> <ul style="list-style-type: none"> <li>☞ Click on "Add a dependent or beneficiary" and enter the required information.</li> <li>☞ Click "Save" and then click "OK". Click "Return" to go back to the summary page</li> </ul> <p><b>For dependents who are disabled or a full-time student between the ages of 19 and 23</b></p> <ul style="list-style-type: none"> <li>☞ You must complete the Over Age Dependent Certification section.</li> <li>☞ Include the school information if applicable</li> </ul>
<b>To finalize dependent/beneficiary additions</b>	<ul style="list-style-type: none"> <li>☞ Click "Enrollment" at the very top of the screen.</li> <li>☞ Click "Benefits Enrollment" to begin the enrollment process</li> </ul>
<b>Enrollment Process</b>	<p><b>Starts the enrollment process and allows you to view your current plans and to make changes.</b></p> <p>Click on <i>Self-Service &gt; eBenefits &gt; Enrollment &gt; Benefits Enrollment</i></p> <p><b>Benefits Enrollment page</b></p> <ul style="list-style-type: none"> <li>☞ Click "Info" for general information</li> <li>☞ Click "Select" to begin the enrollment process</li> <li>☞ Review the information provided on the Section 125 Premium Conversion Plan, which explains tax options.</li> <li>☞ Click "OK"</li> </ul> <p><b>Enrollment Summary Page</b></p> <ul style="list-style-type: none"> <li>☞ Review your current benefit elections (scroll down the page to view all benefits)</li> <li>☞ Click "Edit" to view and make changes as necessary.</li> </ul>
<b>Finalize and SUBMIT Open Enrollment Elections</b>	<ul style="list-style-type: none"> <li>☞ Review your benefit elections on the Enrollment Summary page. Estimates of the bi-weekly premiums for new elections are displayed at the bottom of this page.</li> <li>☞ Click "Submit" after reviewing your benefit elections to access the <i>Submit Benefit Choices</i> page</li> <li>☞ Read the terms and conditions. Click "Submit" to finalize your benefit elections, which constitutes your signature.</li> <li>☞ Print the <i>Submit Confirmation</i> page and retain it for future reference. You will not receive a confirmation statement from EBSD until August 2009.</li> <li>☞ Click "OK" on the <i>Submit Confirmation</i> page to return to the <i>Benefits Enrollment</i> page.</li> <li>☞ Click "Sign Out" in the upper right hand corner of the page to exit eBenefits.</li> </ul> <p><b>NOTE:</b> You may review or change your benefit elections in eBenefits until the Open Enrollment deadline at midnight June 19, 2009</p>
<b>Need Further Assistance?</b>	<ul style="list-style-type: none"> <li>☞ Contact the Help Desk at 909-884-4884 for technical assistance. Your call will be logged and a representative will contact you. Calls received after 5:00pm or on weekends will be returned the next business day.</li> <li>☞ Contact EBSD at 909-387-5787.</li> </ul>

## eBenefits Instructions (continued)

	MEDICAL	DENTAL	OPT-OUT / WAIVE
<b>What you need to know/do</b>	View plan choices, premiums, and make changes	View plan choices, premiums, and make changes	Decline participation in County medical and/or dental plans if you have coverage under another group plan
<b>To enroll</b>	Click the button next to the plan name. To enroll dependents, check the <b>"Enroll"</b> box next to each dependent's name	Click the button next to the plan name. To enroll dependents, check the <b>"Enroll"</b> box next to each dependent's name	Click the <b>"Edit"</b> button next to the plan name
<b>Additional steps</b>	<p><i>New enrollees with Health Net Elect Open Access only:</i></p> <ul style="list-style-type: none"> <li>› Select a Primary Care Physician and Medical Group for yourself and your dependent(s) by either calling Health Net Member Services at 800-676-6976 or click <b>"Select a Provider"</b> to enter Health Net's website</li> <li>› After obtaining your provider's <b>"Enrollment Code"</b> (participating Physician group # followed by the Physician ID#), scroll down the page and enter the code in the <b>"Provider ID"</b> box</li> </ul>	<p><i>New enrollees with DeltaCare USA only:</i></p> <ul style="list-style-type: none"> <li>› Select a network dentist for yourself and/or your dependent(s) by either calling Delta Member Services at 800-422-4234 or click <b>"Select a Provider"</b> to enter Delta's website</li> <li>› After obtaining your provider's <b>"Office Number,"</b> scroll down the page and enter the code in the <b>"Provider ID"</b> box</li> </ul>	<p>From among the plan choices, click the <b>"Waive/Opt-Out"</b> button. Select the appropriate <b>"Waive Reason"</b> from the box.</p> <ul style="list-style-type: none"> <li>› If your coverage is provided by a non-County group, select <b>"Opt-Out"</b> <ul style="list-style-type: none"> <li>• Complete the <i>Opt-Out Election Agreement</i> section with your other insurance information</li> </ul> </li> <li>› Select <b>"Covered by other County Employee"</b> if this is the source of your other coverage           <ul style="list-style-type: none"> <li>• Enter the Employee ID of your spouse/domestic partner</li> </ul> </li> </ul>
<b>Store</b>	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page	Click <b>"Store"</b> to hold your choices. Click <b>"OK"</b> to return to <i>Enrollment Summary</i> page
<b>NOTE</b>	Continuing Health Net enrollees who simply want to select a new Primary Care Physician and/or Medical Group must contact Health Net Member Services at 800-676-6976 to request the change	Continuing DeltaCare USA enrollees who simply want to select a new Network Dentist must contact DeltaCare Member Services at 800-422-4234 to request the change	For new Waive or Opt-Out elections, you <b>MUST</b> provide verification of the other group-sponsored health/dental coverage to EBSD by July 10, 2009