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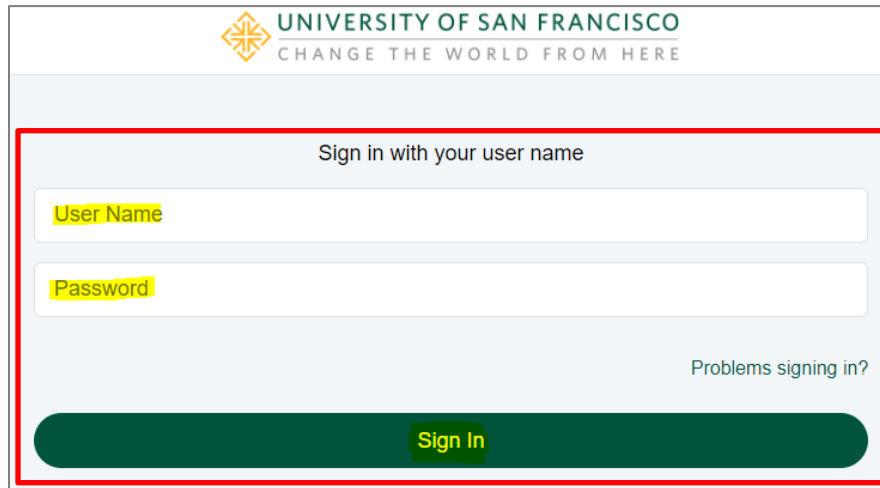
How to submit your Open Enrollment Benefit Elections

During Open Enrollment, you can make changes to your Benefit Elections effective January 1 of the upcoming year.

Open Enrollment takes place sometime in October the preceding year, which will be confirmed each year via email and on myUSF.

Follow these steps:

1. Log in to **USFWorks** using your USF username and password. Enter your **username** and **password**, and click **Sign In**.

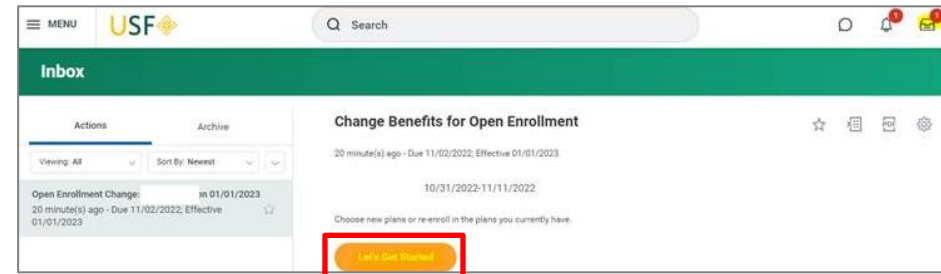


The login screen for the University of San Francisco (USF) features the university's logo and tagline "CHANGE THE WORLD FROM HERE" at the top. Below this, a red rectangular box highlights the login section. Inside this box, the text "Sign in with your user name" is centered. There are two input fields: "User Name" and "Password", both with yellow text labels. To the right of the "Password" field is a link that says "Problems signing in?". At the bottom of the red box is a green "Sign In" button.

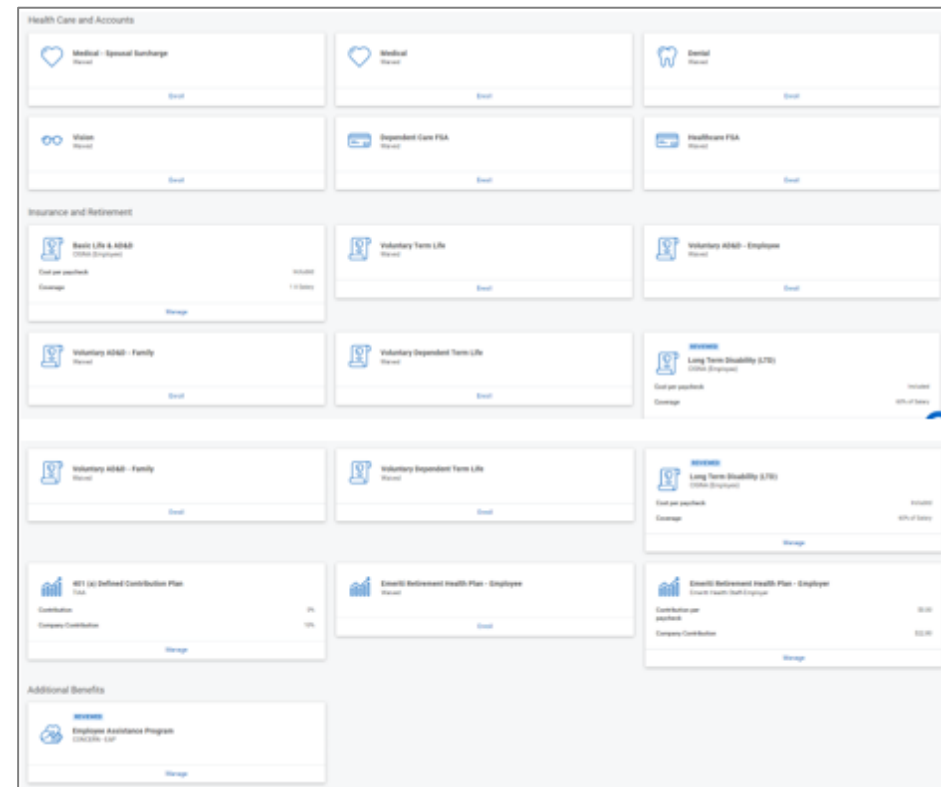
2. Once you are logged in, go to your USFWorks Inbox by clicking on the mail symbol on the top right-hand side.



3. Open the **Change Benefits for Open Enrollment** message and click **Let's Get Started**.



4. On the next page, you will see a number of Benefits cards.



If you do **not** wish to make any changes for the upcoming year, you simply need to submit your elections. Your current elections will automatically roll over (**with the exception of** the Medical Waiver Plan [University of San Francisco Waiver] and FSA, which require annual re-enrollment). Please skip to step 5.

If you wish to make changes, please go into the relevant cards to make your changes and then submit your elections.

The following are employer-paid plans for which no action is required:

- Long Term Disability (LTD)
- 401 (a) Defined Contribution Plan
- Emeriti Retirement Health Plan – Employer
- Employee Assistance Program

Important note regarding Flexible Spending Accounts (FSA):

Flexible Spending Accounts (FSA) elections do **not** automatically roll over to the next year. If you wish to continue to have Dependent Care and/or Healthcare FSA for the upcoming year, you **must re-enroll**. See [pages 26-29](#) for the steps.

Important note regarding the Medical Waiver Plan (University of San Francisco Waiver):

In order to continue receiving the \$75/month in taxable income, you **must re-enroll**. For Medical, you need to select the 'University of San Francisco Waiver' (Medical Waiver Plan). After submitting your Open Enrollment task, you will receive a Medical Waiver Attestation task in your USFWorks inbox to accept and submit.

If required, you will be asked to complete and return the San Francisco Healthcare Security Ordinance (SF HCSO) Waiver Form available at <https://myusf.usfca.edu/human-resources/forms> and to email the completed form to benefits@usfca.edu.

If your coverage is through an “individual market” plan, you are not eligible to enroll in the Medical Waiver Plan and should leave all three medical options as waived. If this is the case, please also inform the Benefits Team at benefits@usfca.edu.

Important note regarding life insurance Beneficiaries:

If you do not have a Beneficiary added onto any USF life insurance plans in which you are enrolled, you are required to add at least one. See [pages 15-19](#) for the steps.

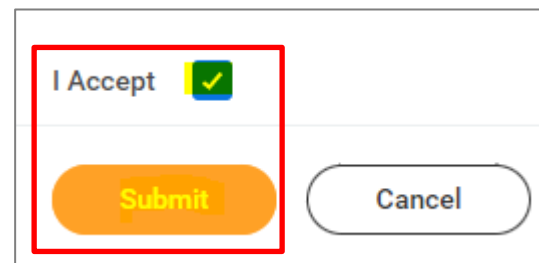
Important note regarding the Spousal Surcharge:

If you add or remove your spouse or registered domestic partner as a Dependent on your Medical, Dental and or Vision plans, you will need to update your selected option in the **Medical – Spousal Surcharge** card. See [pages 4-5](#) for the steps.

5. Once you have made your elections, click **Review and Sign**.



6. On the next page, review to make sure everything is correct, read the legal notice, **attach proof of relationship** if you have added any Dependents (e.g. marriage certificate, birth certificate), **check the checkbox** next to *I Accept*, and click **Submit**.



7. On the next page, click **Done**.
8. Your submission will be automatically routed to your HR Benefits partner for processing.

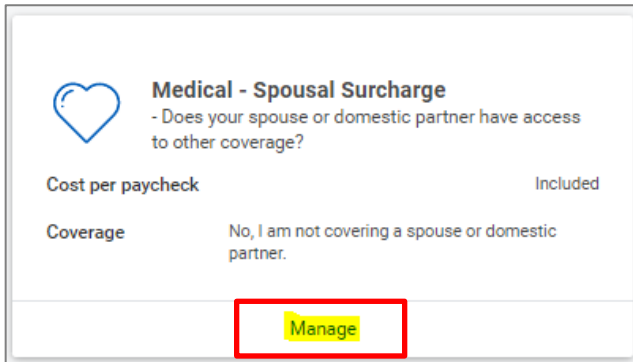


Making changes

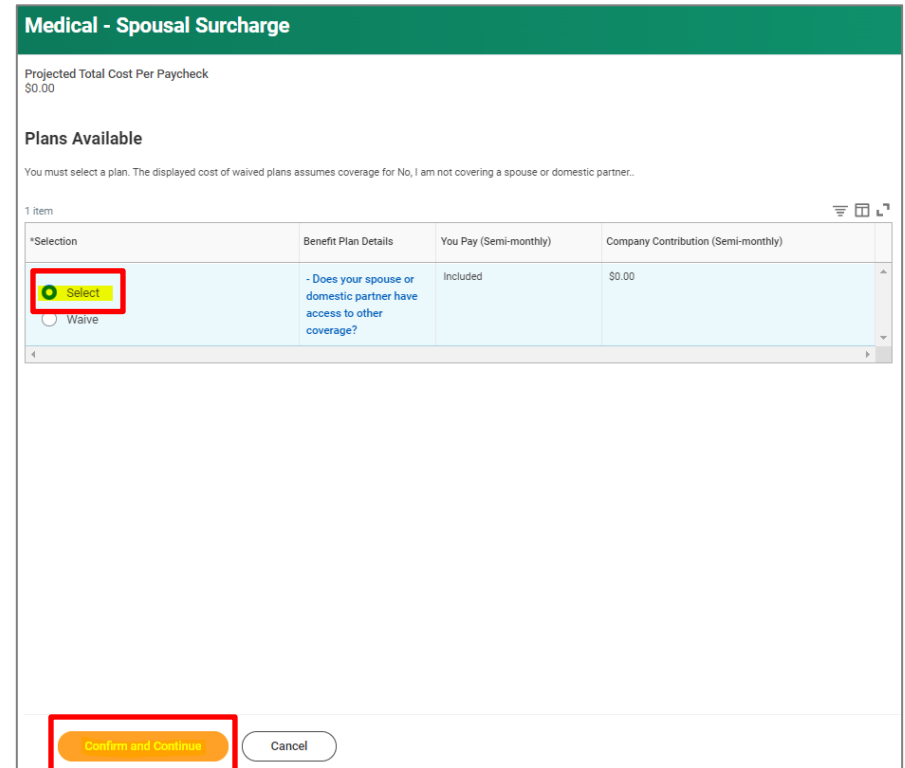
Medical – Spousal Surcharge

Follow these steps:

1. On the **Medical – Spousal Surcharge** Benefit card, click **Manage**.



2. Click **Select** (do not click Waive) and **Confirm and Continue**.



3. On the next page, select the new option which applies to you from the **Coverage** drop-down list and click **Save**.

If you are enrolling your spouse or registered domestic partner (RDP) in your Medical Plan:

- *No, my spouse or domestic partner does not have access to other coverage.*
- *Yes, my spouse or domestic partner has access to other coverage (in this case, a \$75/month Spousal Surcharge applies)*

If you are **not** enrolling your spouse/RDP in your Medical Plan, or do not have a spouse/RDP the selected option needs to be:

- *No, I am not covering a spouse or domestic partner.*

If you are **not** enrolled in a USF Medical Plan, the selected option needs to be:

- *I am not enrolling in a USF medical plan.*

The screenshot shows a web form titled "Medical - Spousal Surcharge - - Does your". Below the title, it says "Projected Total Cost Per Paycheck \$0.00". There is a "Coverage" section with a "Plan cost per paycheck" label. A dropdown menu is open, showing four radio button options: "No, I am not covering a spouse or domestic partner.", "No, my spouse or domestic partner does not have access to other coverage", "Yes, my spouse or domestic partner has access to other coverage", and "I am not enrolling in a USF medical plan". The "Save" button at the bottom left is highlighted with a red box.

Medical - Spousal Surcharge - - Does your

Projected Total Cost Per Paycheck
\$0.00

Coverage

Plan cost per paycheck

* Search

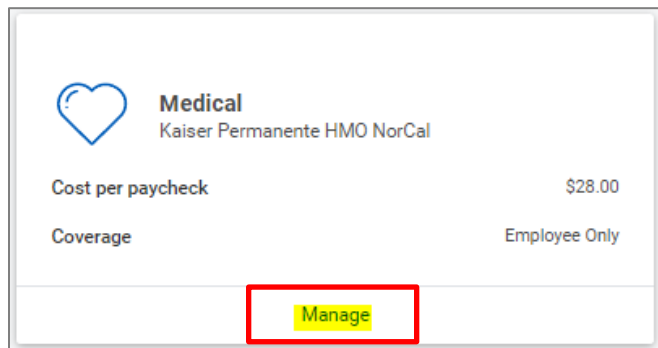
- ☐ No, I am not covering a spouse or domestic partner.
- ☐ No, my spouse or domestic partner does not have access to other coverage
- ☐ Yes, my spouse or domestic partner has access to other coverage
- ☐ I am not enrolling in a USF medical plan

Save Cancel

Medical

Follow these steps:

1. On the **Medical** Benefit card, click **Manage**.



The screenshot shows a 'Medical' benefit card for 'Kaiser Permanente HMO NorCal'. It displays 'Cost per paycheck' as '\$28.00' and 'Coverage' as 'Employee Only'. At the bottom, a yellow 'Manage' button is highlighted with a red rectangular box.

2. On the next page, if enrolling in a USF Medical Plan select the one you prefer:

- *Anthem Blue Cross PPO*
- *Kaiser Permanente HMO*

If you are **not** enrolling in a USF Medical Plan because you and/or your Dependents have healthcare coverage elsewhere that is not an “individual market” plan*, select:

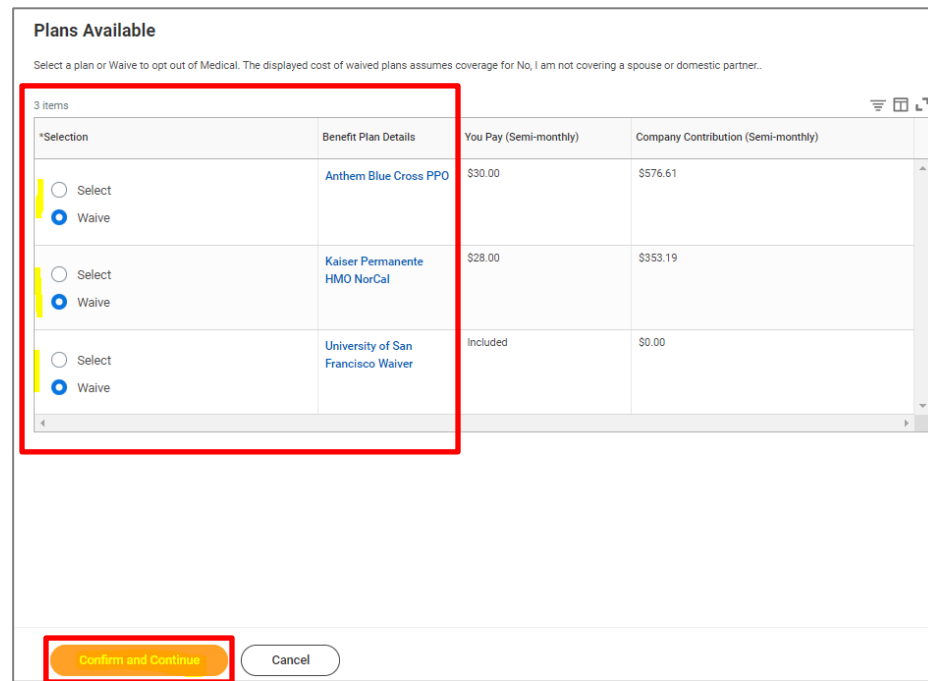
- *University of San Francisco Waiver* (also known as the Medical Waiver Plan)

In this case, will receive \$75/month in taxable income. Annual re-enrollment in the Medical Waiver plan is required during Open Enrollment.

If your other coverage is considered an “individual market” plan, you are **not** eligible to enroll in the USF Medical Waiver plan. In this case, you should **waive all three options**.

*“Individual market plans” include plans sold in Federal or State Exchanges or outside of Exchanges in the individual insurance market.

Then click **Confirm and Continue**.



The screenshot shows the 'Plans Available' selection screen. It includes a table with three items, each with a 'Selection' column (radio buttons for 'Select' and 'Waive'), a 'Benefit Plan Details' column, a 'You Pay (Semi-monthly)' column, and a 'Company Contribution (Semi-monthly)' column. The plans listed are 'Anthem Blue Cross PPO', 'Kaiser Permanente HMO NorCal', and 'University of San Francisco Waiver'. At the bottom, a yellow 'Confirm and Continue' button is highlighted with a red rectangular box, next to a 'Cancel' button.

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem Blue Cross PPO	\$30.00	\$576.61
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser Permanente HMO NorCal	\$28.00	\$353.19
<input type="radio"/> Select <input checked="" type="radio"/> Waive	University of San Francisco Waiver	Included	\$0.00

3. If you have selected a medical option on the previous page, there are more steps. On the next page, select the **Coverage** level, add any Dependents, if necessary (see [here](#) for the steps), and click **Save**. You will be taken back to the page with the Benefits cards.

If you have not selected a medical option on the previous page, you will be taken back to the page with the Benefits cards.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage ✕ Employee Only

Search

Plan cost per paycheck

- ☒ Employee Only
- ☐ Employee Plus One
- ☐ Employee Plus Family
- ☐ Employee + Domestic Partner and Children
- ☐ Employee plus Domestic Partner

Add New Dependent

Save Cancel

Forms required if selecting the University of San Francisco Waiver

If you have not enrolled in a USF Medical Plan and you have selected the **University of San Francisco Waiver** (also known as the **Medical Waiver Plan**), once you have submitted your Open Enrollment task, you will receive **another task** in your USFWorks Inbox to complete.

1. After submitting your elections, go back to your USFWorks Inbox.



2. Click the **Open Enrollment Change** message and then on **Let's Get Started**.

USFWorks Inbox

Change Benefits for Open Enrollment

20 minute(s) ago - Due 11/02/2022; Effective 01/01/2023

OE - Adjunct Kaiser 10/31/2022-11/11/2022

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

3. On the next page, read the **Medical Waiver Attestation**, check the **checkbox** next to *I Accept* and click **Submit**.

Documents

Document Medical Waiver Attestation

Signature Statement I am waiving an offer of affordable, minimum value medical coverage for myself and eligible dependents and will receive \$75 per month in taxable income.

I understand my dependents and I may not be eligible to enroll for benefits until USF's next annual open enrollment period. However, I and/or my dependents may become eligible to enroll if there is a qualifying event, and I request enrollment within 30 days of the eligible qualifying event.

I attest that I and none of my tax dependents are enrolled in coverage that is considered an "individual market" plan, including plans sold in Federal or State Exchanges or outside of Exchanges in the individual insurance market.

I understand that I will need to re-certify annually during Open Enrollment.

I Agree ☒

Submit Save for Later Cancel

4. The Benefits Team will then send you another form to fill in and return by email to benefits@usfca.edu:

- San Francisco Healthcare Security Ordinance (SF HCSO)

Waiver Form

Full information about the form will be included on the email sent to you. It is imperative that you return this form as soon as possible.

Important note:

If you do not see the Medical Waiver Attestation task in your USFWorks Inbox after submitting your Open Enrollment task, this may be because your Open Enrollment task was returned to you for you to make corrections and resubmit.

The Medical Waiver Attestation task is not always generated after a resubmission of the Open Enrollment task.

In this case, please reach out to the Benefits Team at benefits@usfca.edu who will send you a PDF version of the Medical Waiver Attestation to sign and return.

Dental

Follow these steps if you are currently enrolled and would like to disenroll effective January 1:

1. On the **Dental** Benefit card, click **Manage**.

The screenshot shows a 'Dental' benefit card for 'Delta Dental DPO'. It lists 'Cost per paycheck' as \$1.50, 'Coverage' as 'Employee Plus Family', and 'Dependents' as 2. At the bottom, a yellow 'Manage' button is highlighted with a red rectangular box.

2. If you wish to enroll in the Delta Dental Plan, select **Waive** and click **Confirm and Continue**.

The screenshot shows the 'Plans Available' screen with the instruction 'Select a plan or Waive to opt out of Dental.' Below this is a table with one item:

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Delta Dental DPO	\$1.50	\$87.02

The 'Waive' option is selected and highlighted with a red box. At the bottom, a yellow 'Confirm and Continue' button is highlighted with a red rectangular box, next to a 'Cancel' button.

If you have selected enroll on the previous

Follow these steps if you are currently enrolled and would like to make changes to your Dependents effective January 1:

1. If you wish to enroll in the USF Dental Plan, on the **Dental** Benefit card, click **Manage**.

If you do **not** wish to enroll, you can ignore this Benefit card.

The screenshot shows a 'Dental' benefit card for 'Delta Dental DPO'. It lists 'Cost per paycheck' as \$1.50, 'Coverage' as 'Employee Plus Family', and 'Dependents' as 2. At the bottom, a yellow 'Manage' button is highlighted with a red rectangular box.

2. Click **Select** and click **Confirm and Continue**.

The screenshot shows the 'Plans Available' screen with the instruction 'Select a plan or Waive to opt out of Dental.' Below this is a table with one item:

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Delta Dental DPO	\$1.50	\$87.02

The 'Select' option is selected and highlighted with a red box. At the bottom, a yellow 'Confirm and Continue' button is highlighted with a red rectangular box, next to a 'Cancel' button.

3. If you have selected enroll on the previous page, there are more steps. On the next page, select the **Coverage** level, add any Dependents, if necessary (see [here](#) for the steps), and click **Save**.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage *

× Employee Only

⋮

Search

Plan cost per paycheck

Add New Dependent

☒ Employee Only

☐ Employee Plus One

☐ Employee Plus Family

☐ Employee + Domestic Partner and Children

☐ Employee plus Domestic Partner

Save

Cancel

Vision

Follow these steps if you are currently enrolled and would like to disenroll effective January 1:

1. On the **Vision** Benefit card, click **Manage**.

Vision VSP

Cost per paycheck \$6.31

Coverage Employee Plus Family

Dependents 2

Manage

2. If you wish to enroll in the VSP Vision Plan, select **Waive** and click **Confirm and Continue**.

Plans Available

Select a plan or Waive to opt out of Vision.

1 item

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	VSP	\$6.31	\$6.59

Confirm and Continue Cancel

Follow these steps if you are currently enrolled and would like to make changes to your Dependents effective January 1:

1. If you wish to enroll in the USF Dental Plan, on the **Dental** Benefit card, click **Manage**.

If you do **not** wish to enroll, you can ignore this Benefit card.

Vision VSP

Cost per paycheck \$6.31

Coverage Employee Plus Family

Dependents 2

Manage

2. Click **Select** and click **Confirm and Continue**.

Plans Available

Select a plan or Waive to opt out of Dental.

1 item

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Delta Dental DPO	\$1.50	\$87.02

Confirm and Continue Cancel

3. If you have selected enroll on the previous page, there are more steps. On the next page, select the **Coverage** level, add any Dependents, if necessary (see [here](#) for the steps), and click **Save**.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * × Employee Only

Search

Plan cost per paycheck

Add New Dependent

- ☒ Employee Only
- ☐ Employee Plus One
- ☐ Employee Plus Family
- ☐ Employee + Domestic Partner and Children
- ☐ Employee plus Domestic Partner

Save Cancel

How to add a Dependent

Follow these steps, if you wish to add a Dependent:

1. On the **Coverage** level page for the Benefit plan (Medical, Dental or Vision), select the appropriate Coverage level and then click **Add New Dependent**. You will need to repeat the add new dependent process for each dependent you wish to add.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee Plus One

Plan cost per paycheck \$114.50

Add New Dependent

Search

- ☐ Employee Only
- ☒ Employee Plus One
- ☐ Employee Plus Family
- ☐ Employee + Domestic Partner and Children
- ☐ Employee plus Domestic Partner

Please note:

If you wish to enroll a Dependent who was previously on one of your Benefit plans, they will already appear as a Dependent in the list of previously saved Dependents, so **you won't need to add their details again** – you just **need to select the correct Coverage level** from the drop-down list, **check the checkbox** next to their name) and click on **Save**. Skip to step 8.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee Plus One

Plan cost per paycheck \$114.50

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	TEST TEST	Child	01/01/1980

Save **Cancel**

2. On the pop-up window, click **OK**.

Add My Dependent From Enrollment

Instructional Text
Click OK to add dependents.

OK **Cancel**

3. On the next page, fill in first the following information about your Dependent.

4. Scroll down to **National IDs** and click **Add**.

5. Enter the **Country**, **National ID Type** (SSN or ITIN if US), **ID number** (SSN if US) and **Issued Date** (if known).

6. If you do not have the SSN/ITIN/foreign National ID for your Dependent yet, enter all zeros (e.g. to substitute an SSN, enter 000-00-0000). You **must** add the SSN/ITIN/National ID once you receive it. See [here](#) for the guide on how to do this.

7. Click **Save**.

8. On the next page, ensure the checkbox is checked next to your Dependent's name and click **Save**.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * × Employee Plus One

Plan cost per paycheck \$114.50

[Add New Dependent](#)

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	TEST TEST	Child	01/01/1980

[Save](#) [Cancel](#)

9. You will then be taken back to the screen with the Benefits cards.
10. If you have **added your spouse/registered domestic partner** as a Dependent, please ensure you amend the selected option for the **Medical – Spousal Surcharge** (see [page 4-5](#)).

How to remove a Dependent

Follow these steps, if you wish to remove a Dependent:

1. On the **Coverage** level page for the Benefit plan (Medical, Dental or Vision), select the appropriate Coverage level, uncheck the checkbox is checked next to your Dependent's name and click **Save**.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage ✕ Employee Only

Plan cost per paycheck

☒ Employee Only
☐ Employee Plus One
☐ Employee Plus Family
☐ Employee + Domestic Partner and Children
☐ Employee plus Domestic Partner

Add New Dependent

2 Items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Mosiah Sterling	Child	06/03/2007
<input type="checkbox"/>	Jayland Bailey	Child	09/12/2001

Save Cancel

2. If you **remove your spouse/registered domestic partner** as a Dependent, please ensure you amend the selected option for the **Medical – Spousal Surcharge** (see [page 4-5](#)).

Basic Life & AD&D

You are automatically enrolled in the Basic Life & AD&D plan, but you need to designate a Beneficiary.

If you do not currently have a Beneficiary, you need to add one before submitting your Open Enrollment Benefit Elections.

You can manage your Beneficiaries at any time (i.e. add, remove, amend percentage allocations). For steps on how to do so, see the [Managing Life Insurance Beneficiaries](#).

Follow these steps to add a life insurance Beneficiary:

1. On the **Basic Life & AD&D** Benefit card, click **Manage**.

2. Click **Confirm and Continue**.

1. On the next page, click the **'Plus, +'** symbol and then **Add New Beneficiary or Trust**.

2. To add a new Beneficiary select **Add New Beneficiary** or **Add New Trust**, depending on the type of Beneficiary you are adding, and then click **Continue**.

Required Information to enter:

- First and last name
- Relationship
- Address
- Type (Home or Work)
- *We also recommend adding your Beneficiary's phone number, email address, date of birth, legal sex and National ID too (this is their SSN or ITIN, or National ID from country of citizenship if ineligible for an SSN or ITIN).*
- **Note:** *Trust Beneficiary designations will require trust name, trustee name [first and last]. Additionally, Trust ID, trust date, and contact information [address, phone number and email address] for Trustee may be provided for ease of administration.*

Important note:

An existing Beneficiary or Trust can be added by simply selecting the relevant option (Existing Beneficiary Persons / Existing Trusts) and clicking on their name.

Add New Beneficiary or Trust

A beneficiary is the person or entity you name to receive and hold assets on behalf of a beneficiary or beneficiaries.

Would you like to add a new beneficiary or trust?

☒ Add New Beneficiary
☐ Add New Trust

Continue

Cancel

3. If adding a New Beneficiary:

Add New Beneficiary or Trust

Relationship

Use as Beneficiary ☒

Date of Birth

Age (empty)

Legal Sex

Allow Duplicate Name ☐

Legal Name Contact Information National IDs Additional Government IDs

Country

Prefix

First Name

Middle Name

Last Name

Suffix

OK Cancel

Legal Name Contact Information National IDs Additional Government IDs

Phone

Address

Email

Instant Messenger

Web Address

OK Cancel



4. If adding a **New Trust** as a Beneficiary:

Add New Beneficiary or Trust

Trust Name

Trust ID

Trust Date

Trustee Contact Information

Trustee Name

Country x United States of America

Prefix

First Name

Middle Name

Last Name

Suffix

Remove

Add

Phone

Add

Email Address

Add

Address

Add

OK Cancel

5. Once you have entered the information, click **OK**.

OK Cancel

- Check that your Beneficiary's name now appears and then allocate the **percentage** you would like them to receive.

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
Beneficiary's name appears here	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save **Cancel**

- Add additional Beneficiaries by following the previous steps (9-14). Click **Save** when you are done.

If you have more than one Beneficiary, enter Allocations for Primary and/or Secondary Beneficiary.

*Percentages **MUST** total 100%. You may also add additional Beneficiaries to whom you may allocate Secondary Percentage totaling 100%. You may **NOT** designate the same Beneficiary more than once within a single Benefit plan.*

Primary Beneficiaries 1 item

Beneficiary	Percentage
Minnie Mouse	100

Secondary Beneficiaries 2 items

Beneficiary	Percentage
Mickey Mouse	50
Test Trust	50

- You will be taken back to the page with the Benefits cards.

If you wish to elect any of the following voluntary life insurance plans, you must also add at least one Beneficiary to these plans. These plans are:

- Voluntary AD&D – Employee*
- Voluntary AD&D – Family*
- Voluntary Term Life

If you wish to add the same Beneficiary(s) as the one(s) you designated on your *Basic Life & AD&D* plan, an existing Beneficiary or Trust can be added by simply selecting the relevant option (**Existing Beneficiary Persons / Existing Trusts**) and clicking on their name.

* You may only elect **one** Voluntary AD&D Plan (i.e. Employee or Family).

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries

- Existing Beneficiary Persons
- Existing Trusts
- Add New Beneficiary or Trust
- Search

NOTE: Previous Beneficiaries for your plan(s) will still appear on your USFWorks profile.

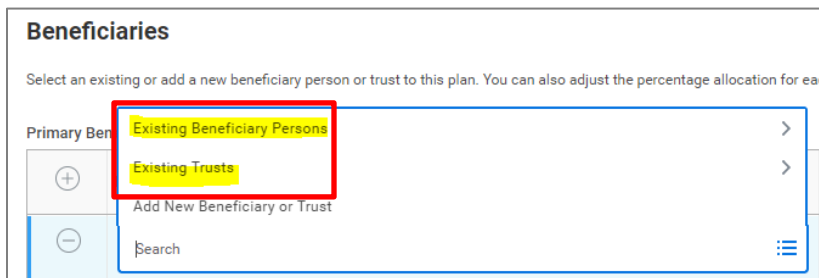
Voluntary AD&D and Term Life plans (optional)

If you also elect any of the following voluntary life insurance plans, you must go into each Benefit card and add at least one Beneficiary on these plans. These plans are:

- Voluntary AD&D – Employee*
- Voluntary AD&D – Family*
- Voluntary Term Life

If you are currently enrolled in one of the above plans, please ensure that you have already previously added a Beneficiary(s).

If you wish to add the same Beneficiary(s) as the one(s) you designated on your *Basic Life & AD&D* plan, an existing Beneficiary or Trust can be added by simply selecting the relevant option (**Existing Beneficiary Persons / Existing Trusts**) and clicking on their name.



* You may only elect **one** Voluntary AD&D Plan (i.e. Employee or Family).



Voluntary Dependent Term Life (optional)

If you do **not** wish to enroll in Voluntary Dependent Term Life, you can ignore this Benefit card.

You can enroll or disenroll in Voluntary Dependent Term Life each year during Open Enrollment.

The enrollment process does **not** ask you to add Dependents to the plan.

Any **eligible** Dependent you have will be covered: They do **not** need to be listed as a Dependent on your Medical, Dental or Vision plan, nor be a Beneficiary on any other USF life insurance plan in which you are enrolled. Eligible Dependents are:

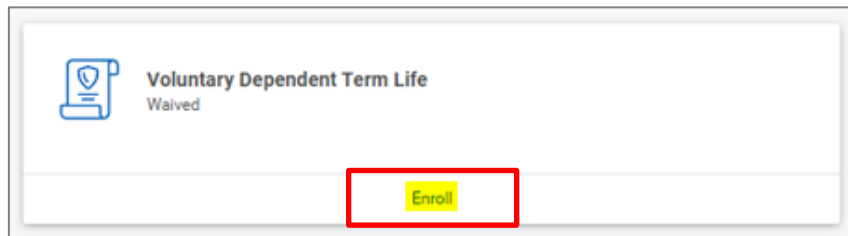
- Spouse/RDP under the age of 70 (\$5,000 coverage)
- Unmarried child up to the age of 26 (\$2,500 coverage if one year old or older, \$500 coverage if less than one year old)

If any of your Dependents become ineligible, you **must** inform the Benefits Team in writing at benefits@usfca.edu.

Follow these steps if you wish:

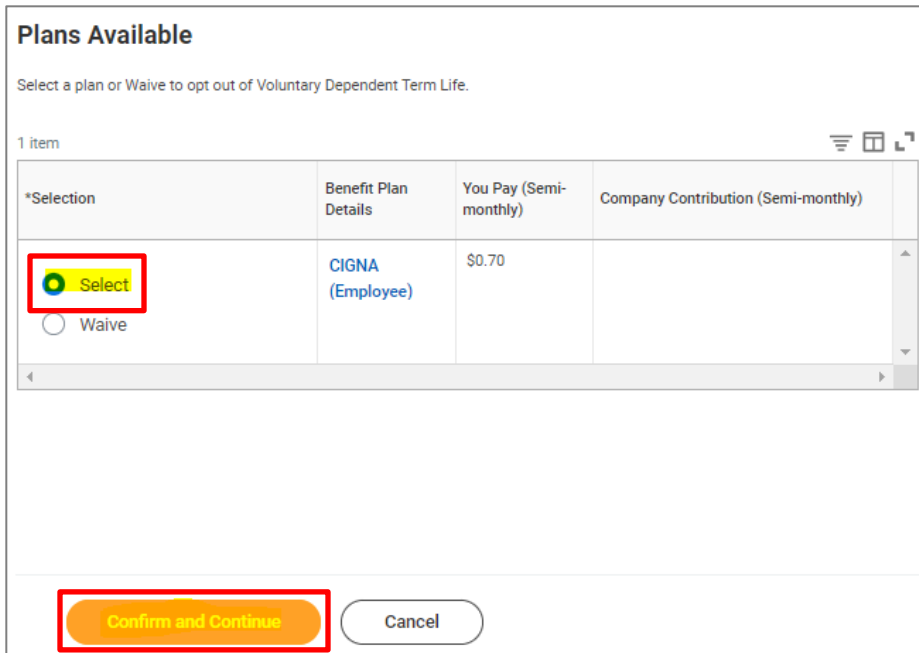
To enroll

1. If you are currently not enrolled and wish to enroll, on the Voluntary Dependent Term Life card, click **Enroll**.



The screenshot shows a card titled "Voluntary Dependent Term Life" with a status of "Waived". At the bottom right, there is a yellow "Enroll" button highlighted with a red rectangular box.

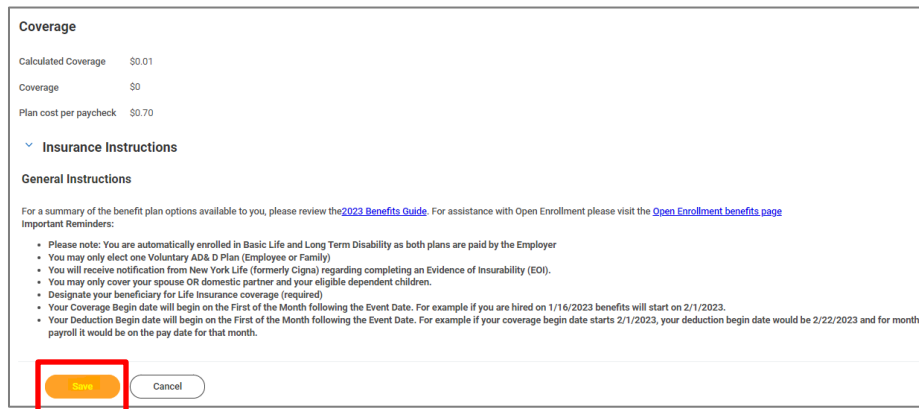
2. Click **Select** and click **Confirm and Continue**.



The screenshot shows the "Plans Available" section with the instruction "Select a plan or Waive to opt out of Voluntary Dependent Term Life." Below this, a table lists available plans. The "CIGNA (Employee)" plan is selected, indicated by a green circle and the word "Select" in a red box. The "You Pay (Semi-monthly)" is \$0.70, and the "Company Contribution (Semi-monthly)" is blank. At the bottom, there is a yellow "Confirm and Continue" button highlighted with a red rectangular box, and a grey "Cancel" button.

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select	CIGNA (Employee)	\$0.70	
<input type="radio"/> Waive			

3. On the next page, click **Save**.



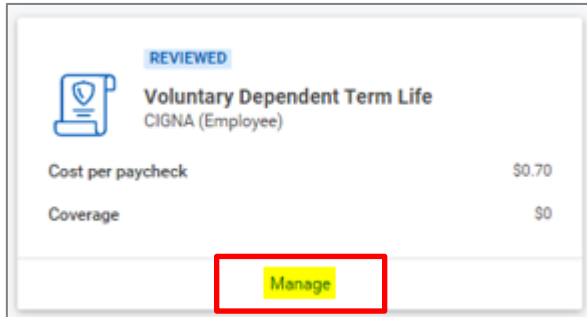
The screenshot shows the "Coverage" section with the following details:

- Calculated Coverage: \$0.01
- Coverage: \$0
- Plan cost per paycheck: \$0.70


Below this is the "Insurance Instructions" section, which includes "General Instructions" and a list of important reminders. At the bottom, there is a yellow "Save" button highlighted with a red rectangular box, and a grey "Cancel" button.

To disenroll

1. If you are currently enrolled and wish to disenroll, on the **Voluntary Dependent Term Life** card, click **Manage**.



REVIEWED

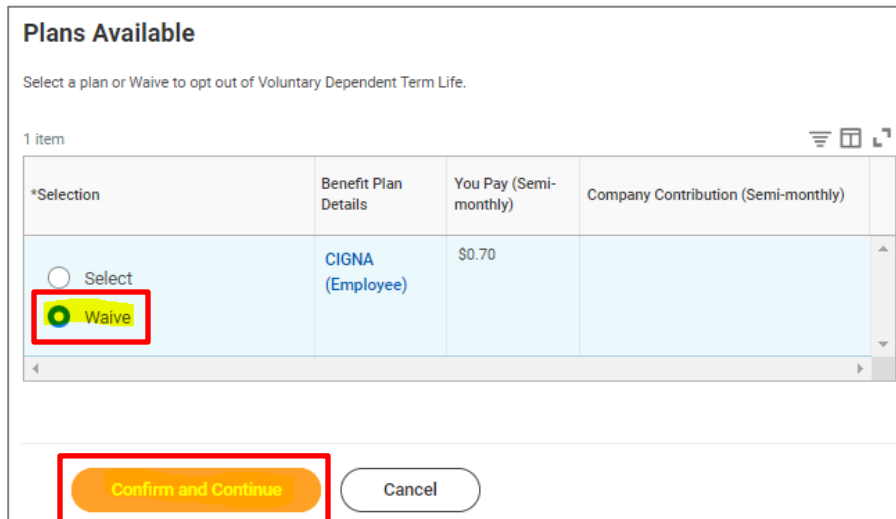
 **Voluntary Dependent Term Life**
CIGNA (Employee)

Cost per paycheck \$0.70

Coverage \$0

Manage

2. Select **Waive** and click **Confirm and Continue**.



Plans Available

Select a plan or Waive to opt out of Voluntary Dependent Term Life.

1 item

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select	CIGNA (Employee)	\$0.70	
<input checked="" type="radio"/> Waive			

Confirm and Continue Cancel

Dependent Care FSA (optional)

If you do **not** wish to enroll in Dependent Care FSA for the upcoming year, you can ignore this Benefit card.

Important:

Dependent Care FSA elections do **not** automatically continue from year to year; you must actively enroll each year during Open Enrollment.

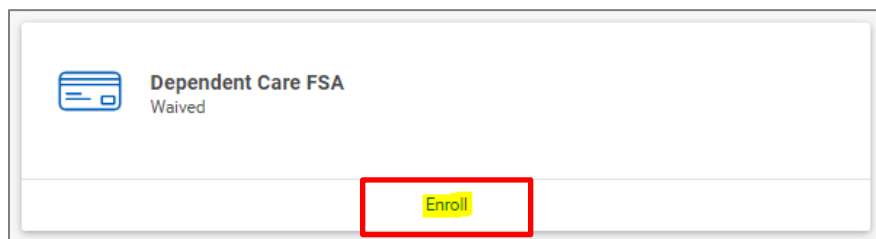
If electing Dependent Care FSA, you are electing an annual amount that will be deducted pre-tax from your paycheck. Please do **not** include any **USF Child Care Subsidy** amount. However, **both** your own contribution plus the subsidy will go towards your Dependent Care FSA, which you can manage on Benefit Resource (BRI).

Funds will be available for claims as they are contributed.

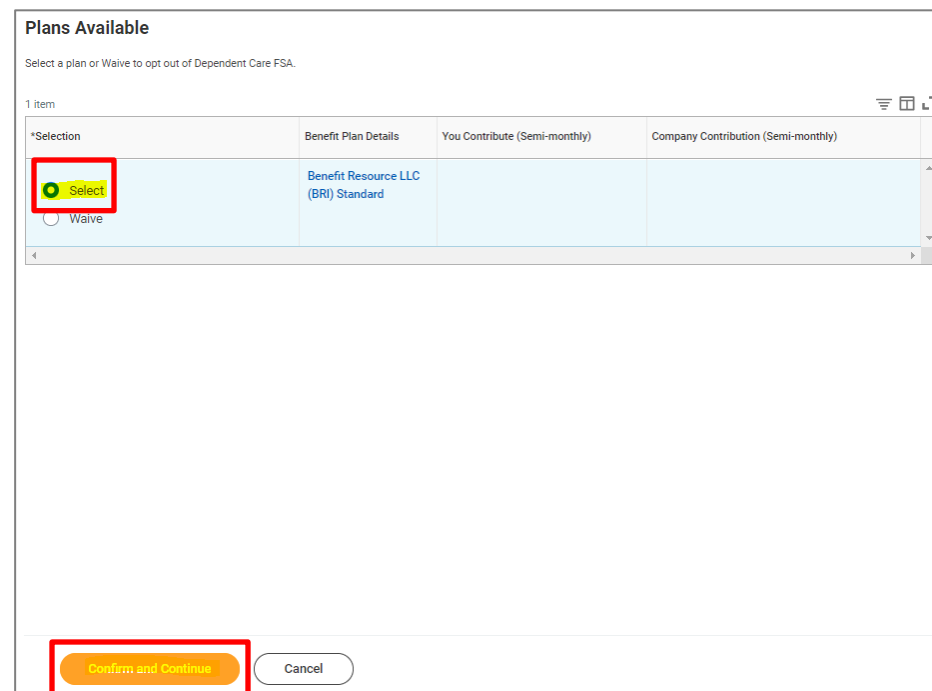
You can find more information about the Child Care Subsidy [here](#) on myUSF.

Follow these steps if you wish to enroll:

1. On the **Dependent Care FSA** Benefit card, click **Enroll**.



2. Click **Select** and click **Confirm and Continue**.



*Selection	Benefit Plan Details	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Benefit Resource LLC (BRI) Standard		

3. On the next page, enter either an **amount** (either per paycheck or the total annual amount) and click **Save**.

The annual limit for 2023 is \$5,000 (\$2,500 if married, filing separately).

Contribute

Your estimated contributions made this year0.00

Per Paycheck

0.00

Annual

0.00

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$5,000.00

Summary

Total Annual Contribution\$0.00

Save

Cancel

Healthcare FSA (optional)

If you do **not** wish to enroll in Healthcare FSA for the upcoming year, you can ignore this Benefit card.

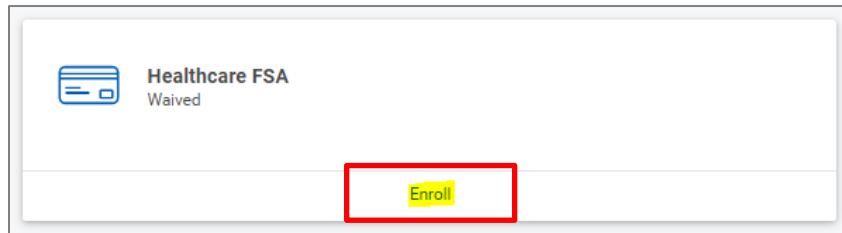
Important:

Healthcare FSA elections do **not** automatically continue from year to year; you must actively enroll each year during Open Enrollment.

If electing Healthcare FSA, you are electing an annual amount that will be deducted from your paycheck pre-tax, although the total annual amount you elect will be available to you immediately. You can manage your Healthcare FSA on Benefit Resource (BRI).

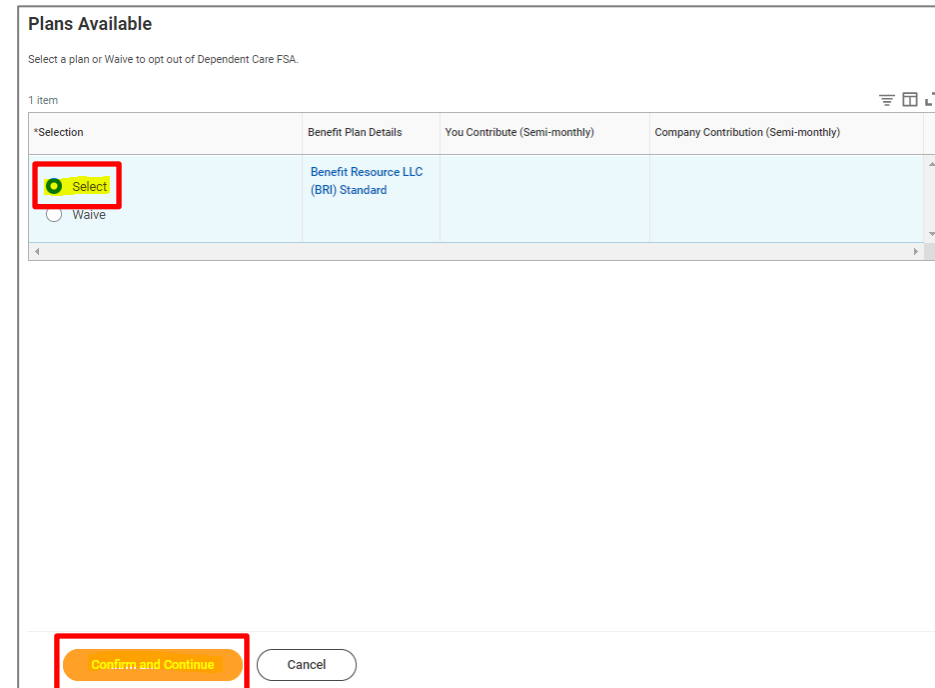
Follow these steps if you wish to enroll:

1. On the **Healthcare FSA** Benefit card, click **Enroll**.



The screenshot shows a 'Healthcare FSA' card with a 'Waived' status. At the bottom right, there is a yellow 'Enroll' button, which is highlighted with a red rectangular box.

2. Click **Select** and click **Confirm and Continue**.



The screenshot shows the 'Plans Available' section. It includes a table with columns: *Selection, Benefit Plan Details, You Contribute (Semi-monthly), and Company Contribution (Semi-monthly). The first row shows 'Benefit Resource LLC (BRI) Standard' with a 'Select' button highlighted by a red box. Below the table, there are two buttons: 'Confirm and Continue' (highlighted with a red box) and 'Cancel'.

*Selection	Benefit Plan Details	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Benefit Resource LLC (BRI) Standard		

3. On the next page, enter either an **amount** (either per paycheck or the total annual amount) and click **Save**.

For the latest Healthcare FSA annual limit, please visit the FSA page [here](#) on my USF.

Contribute

Your estimated contributions made this year

0.00

Per Paycheck

0.00

Annual

0.00

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$3,050.00

Summary

Total Annual Contribution

\$0.00

Save

Cancel

Emeriti Retirement Health Plan – Employee contribution (optional)

USF will make its own contributions into a plan for you if you are aged 40 or over (10-year vesting period).

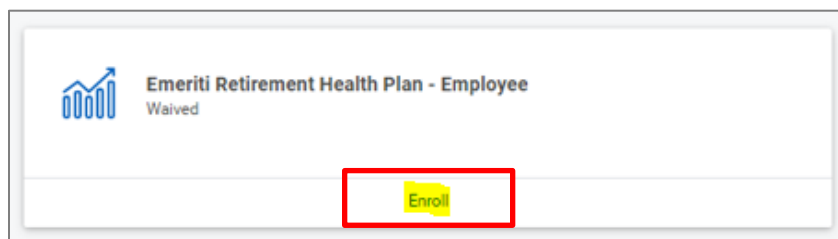
You can make your own post-tax contributions if you are aged 21 or over.

If you do **not** wish to enroll in contribute your own post-tax dollars into your Emeriti Retirement Health Plan, you can ignore this Benefit card.

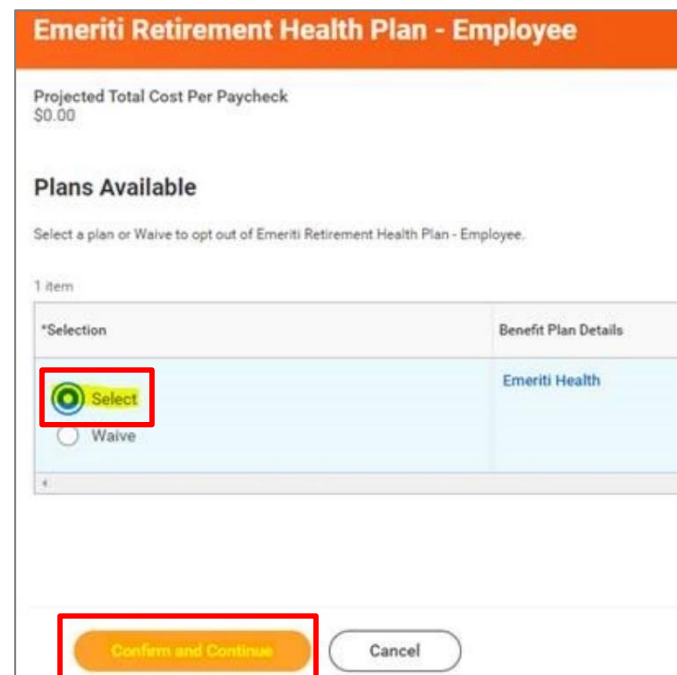
Follow these steps:

If you are currently not enrolled if you wish to enroll:

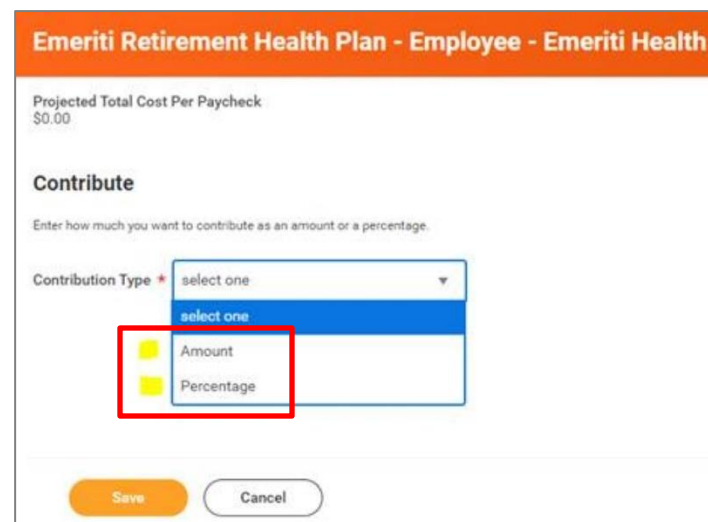
1. On the **Emeriti Retirement Health Plan - Employee** Benefit card, click **Enroll**.



2. Click **Select** and click **Confirm and Continue**.



3. On the next page, select either **Amount** or **Contribution** from the drop-down list.



4. Enter the per paycheck **contribution amount** (e.g. \$50.00) and click **Save**.

Contribute

Enter how much you want to contribute as an amount or a percentage.

Contribution Type * Amount

Per Paycheck Contribution (\$) 50.00


Minimum Amount: \$0.50
Maximum Amount: \$200,000.00

Save Cancel

If you are currently enrolled and wish to amend your employee contribution amount:

1. On the next page, click **Manage** under the **Emeriti Retirement Health Plan** card.

Retirement

 **Emeriti Retirement Health Plan - Employee**
Emeriti Health

Contribution 5%

Manage

2. On the next page, ensure that **Select** is still selected and click **Confirm and Continue**.

Plans Available

Select a plan or Waive to opt out of Emeriti Retirement Health Plan - Employee.

1 item

*Selection	Benefit Plan Details	You Contribute (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Emeriti Health	5%

Confirm and Continue Cancel

3. On the next page, select either **Amount** or **Contribution** from the drop-down list.

Emeriti Retirement Health Plan - Employee - Emeriti Health

Projected Total Cost Per Paycheck
\$0.00

Contribute

Enter how much you want to contribute as an amount or a percentage.

Contribution Type * select one

select one

Amount

Percentage

Save Cancel

4. Enter the per paycheck **contribution amount** (e.g. \$50.00) and click **Save**.

Contribute

Enter how much you want to contribute as an amount or a percentage.

Contribution Type
*
Amount

Per Paycheck Contribution (\$)
50.00

Minimum Amount: \$0.50

Maximum Amount: \$200,000.00

Save
Cancel

Plans Available

Select a plan or Waive to opt out of Emeriti Retirement Health Plan - Employee.

1 item:


*Selection	Benefit Plan Details	You Contribute (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Emeriti Health	10%	

Confirm and Continue
Cancel

If you wish to disenroll:

- On the next page, click **Manage** under the **Emeriti Retirement Health Plan**.

Retirement



Emeriti Retirement Health Plan - Employee
Emeriti Health

Contribution
5%

Manage

- Select **Waive** and click **Confirm and Continue**.

Further Benefits information

You can find more information on USF benefits here on myUSF:

<https://myusf.usfca.edu/human-resources/benefits>

On that page, you can also find a link to the latest **Benefits Guide** in the **Quick Links** section:

Employee Benefits

The University of San Francisco offers a competitive and comprehensive benefits package for eligible faculty, staff, and their families through its 25+ benefits and wellness programs.

Contact the Benefits team at either benefits@usfca.edu or at (415) 422-2442.

What do we offer?

<ul style="list-style-type: none">Childcare SubsidyCommuter BenefitsDisability InsuranceEmployee Assistance Program (EAP)Ergonomics EducationFlexible Spending AccountLife and Accident InsuranceLong-Term Care InsuranceMedical, Dental, and Vision Insurance	<ul style="list-style-type: none">Public Service Loan Forgiveness (PSLF)Rent and Relocation Reimbursement*Retirement and Financial PlanningTime Away from USFTuition BenefitsSF Healthcare Security Ordinance (SFHCSO)**Wellness BenefitsWorkers' CompensationAdditional Benefits***
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HUMAN RESOURCES QUICK LINKS

- 2023 **Benefits Guide**
- New Employees
- Managers
- Careers at USF
- About HR
- Payroll
- USFWorks

CONTACT HUMAN RESOURCES

Lone Mountain Main
Room 339
Currently operating remotely
Hours: BY APPOINTMENT ONLY

Benefits Team contact information

Please contact a USF Benefits Representative if you have further questions at benefits@usfca.edu or dial (415) 422-2442.

For inquiries concerning:

- a general HR issue, please email humanresources@usfca.edu
- leaves, please email leaves@usfca.edu
- payroll, please email payroll@usfca.edu
- retirement, please email retirementplan@usfca.edu
- Tuition Remission, please email tuitionremission@usfca.edu