

City of Carson, Human Resources

Employee Guide: Open Enrollment

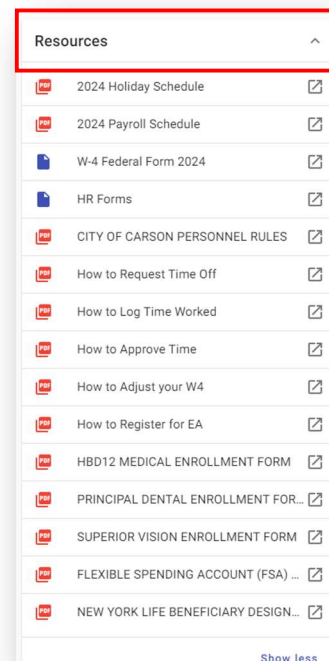
[Effective 1/01/2025]



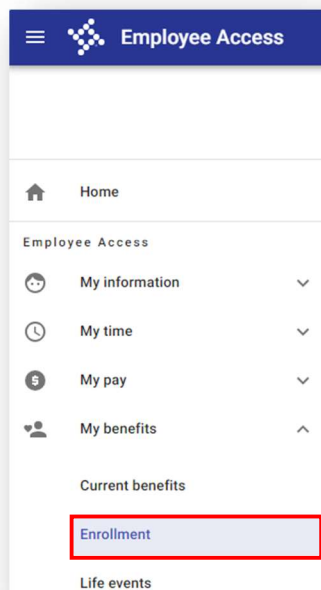
Steps for enrolling in benefits effective 1/01/2025:

1. Review your current benefits elections in [Employee Access \(EA\)](#)
2. Determine if you will add, delete, or update your dependents
3. If adding or updating dependents, have your dependent(s) social security number and date of birth ready
4. Look at the [Medical Rate Sheet for 2025](#) to find out if you have any leftover cafeteria allowance (Grey shaded elections indicate no cafeteria allowance; Blue shaded elections indicate a partial allowance, please see HR for exact amounts)
5. Log into Tyler Munis- Employee Access (EA) to start your enrollment
6. If you wish to keep your elections the same select “No Change”

- If you are adding **new** dependents, please download the appropriate forms, complete, and turn it in to Human Resources
- Forms can be found under “**Resources**” on the main Employee Access page



In Employee Access (EA), under My Benefits select **Enrollment**



Selecting Medical:

- Determine your Medical Plan name and region (either Los Angeles or Other SoCal Counties)

MEDICAL No existing election

***IMPORTANT - A CalPERS HBD12 FORM IS REQUIRED TO BE SUBMITTED TO HR IF MAKING A CHANGE. ***

- PERS PRETAX LOS ANGELES
- ANTHEM POST TAX LOS ANGELES
- ANTHEM PRETAX LOS ANGELES
- ANTHEM POST TAX OTHER SOCAL
- ANTHEM PRETAX OTHER SOCAL
- BLUE SHIELD POST TAX LA
- BLUE SHIELD PRETAX LOS ANGELES

- Select your desired Plan Name under PRETAX

Ex: KAISER PRETAX LA – FT EMP ONLY

Plan Name

Region

Employment Status

Enrollment option

KAISER PRETAX LOS ANGELES			
Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input type="radio"/> KAISER PRETAX LA - FT EMP + 1	\$857.99 / \$1858.98		View details
<input type="radio"/> KAISER PRETAX LA - PT/TEMP EMP + 1	\$72.46 / \$157.00	\$785.53 / \$1701.98	View details
<input type="radio"/> KAISER PRETAX LA - PT 8 YRS EMP + 1	\$217.38 / \$471.00	\$640.61 / \$1387.98	View details
<input type="radio"/> KAISER PRETAX LA - FT EMP + FAMILY	\$1115.38 / \$2416.66		View details
<input type="radio"/> KAISER PRETAX LA - PT/TEMP EMP + FAMILY	\$72.46 / \$157.00	\$1042.92 / \$2259.66	View details
<input type="radio"/> KAISER PRETAX LA - PT 8 YRS EMP + FAMILY	\$217.38 / \$471.00	\$898.00 / \$1945.66	View details
<input type="radio"/> KAISER PRETAX LA - FT EMP ONLY	\$428.99 / \$929.48		View details
<input type="radio"/> KAISER PRETAX LA - PT/TEMP EMP ONLY	\$72.46 / \$157.00	\$356.53 / \$772.48	View details
<input type="radio"/> KAISER PRETAX LA - PT 8 YRS EMP ONLY	\$217.38 / \$471.00	\$211.61 / \$458.48	View details

FT = Full Time
PT = Part Time
PT 8 years = Part time employees completed 8 or more years of service
EMP ONLY = Employee Only
EMP + 1 = Employee plus one dependent
EMP + FAMILY = Employee plus family

- Or decline coverage

Decline coverage

If you do not wish to enroll in a plan at this time, please click below:

I would like to decline coverage

- Save Selection
- If you are adding dependents, you must select Add dependent to move forward

<input checked="" type="radio"/> KAISER PRETAX LA - FT EMP + FAMILY	\$1115.38 / \$2416.66	▼
<input type="radio"/> KAISER PRETAX LA - PT/TEMP EMP + FAMILY	\$72.46 / \$157.00	\$1042.92 / \$2259.66 ▼
<input type="radio"/> KAISER PRETAX LA - PT 8 YRS EMP + FAMILY	\$217.38 / \$471.00	\$898.00 / \$1945.66 ▼
<input type="radio"/> KAISER PRETAX LA - FT EMP ONLY	\$428.99 / \$929.48	▼
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Select covered dependents

[+ Add dependent](#)

- Make sure all fields are filled and then submit

New dependent ✕

Name

First name* Middle initial

Last name* Suffix

Details

Relationship* Gender

Date of birth* SSN*

Is disabled

● Selecting Dental:

- You may make a new selection, decline, or simply select No change.
- If adding dependent(s), select Add dependent

<input type="radio"/> DENTAL	No selections made	\$0.00	<input type="button" value="Decline"/> <input type="button" value="No change"/> <input type="button" value="Make selection"/>
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<input checked="" type="radio"/> DENTAL - EMPLOYEE +2 OR MORE	\$44.77 / \$97.00	▼
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Select covered dependents

[+ Add dependent](#)

- Selecting Vision:

- Select Vision PRETAX if you have leftover cafeteria allowance
- Select Vision POST TAX if you'll pay for vision out-of-pocket

VISION [View existing election](#)

IF MAKING A CHANGE, COMPLETE AND SUBMIT A SUPERIOR VISION FORM TO THE HR DEPT IN PERSON. PLEASE SELECT PRE-TAX IF USING CAFETERIA ALLOWANCE. IF UNSURE, PLEASE CONSULT HR FOR CLARIFICATION

Benefit coverage	Employee Cost Pay Period / Month	View details
<input type="radio"/> VISION - POST TAX EMPLOYEE ONLY	\$2.79 / \$6.04	▼
<input type="radio"/> VISION - POST TAX EMPLOYEE +1	\$5.02 / \$10.88	▼
<input type="radio"/> VISION - POST TAX EMPLOYEE +2 OR MORE	\$7.26 / \$15.72	▼
<input type="radio"/> VISION - PRETAX EMPLOYEE ONLY	\$2.79 / \$6.04	▼
<input type="radio"/> VISION - PRETAX EMPLOYEE +1	\$5.02 / \$10.88	▼
<input type="radio"/> VISION - PRETAX EMPLOYEE +2 OR MORE	\$7.26 / \$15.72	▼

- Or decline coverage.

Decline coverage

If you do not wish to enroll in a plan at this time, please click below:

I would like to decline coverage

[Save selection](#)

- Selecting Flexible Spending Account (FSA):

- You can select either FSA Medical or Dependent Care
- Input your desired amount per pay period
- Maximum is \$3,200 annually, \$133.33 bi-weekly
- **Please note:** A new FSA enrollment form is required each year; forms can be found under “Resources” on the main Employee Access page
- **Please note:** Any unused funds left in an account at the end of 2025 will be forfeited

FSA MEDICAL [View existing election](#)

DECIDE THE ANNUAL AMOUNT YOU WOULD LIKE DEDUCTED AND DIVIDE BY 24 PAY PERIODS. ENTER THAT AMOUNT. ANNUAL MAX CONTRIBUTION IS \$3,200.

Benefit coverage View details

FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL ▼

Enter the amount you would like to allocate to FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL .

\$ Amount*

Maximum allowed \$133.33

- You can also View existing election

[View existing election](#)

Existing FSA MEDICAL benefit ✕

FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL

\$47.84

Employee cost

\$1.84 / \$3.99 / \$47.84

Pay period / Month / Annual

- Review & Submit your selections

Benefit selection			
Benefit	Plan	Per pay period/monthly	Actions
<input checked="" type="checkbox"/> MEDICAL	PERS PLATINUM PRETAX LA - FT EMP ONLY	\$0.00	Update ▼
<input checked="" type="checkbox"/> DENTAL	DENTAL - EMPLOYEE ONLY	\$0.00	Update ▼
<input checked="" type="checkbox"/> VISION	VISION - PRETAX EMPLOYEE ONLY	\$2.79 / \$6.04	Update ▼
<input checked="" type="checkbox"/> FSA MEDICAL	Declined	\$0.00	Update ▼
<input checked="" type="checkbox"/> FSA DEPENDENT CARE	Declined	\$0.00	Update ▼
Remaining Contribution Amount -\$14,857.68			
Estimated cost per pay period \$2.79			
Estimated monthly cost \$6.04			
			Review & submit