

City of Carson, Human Resources

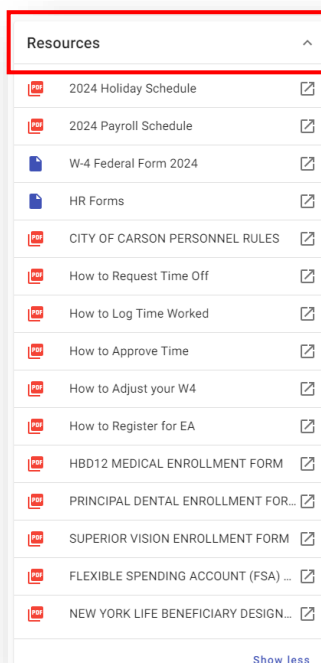
Employee Guide: Open Enrollment

[Effective 1/01/2026]

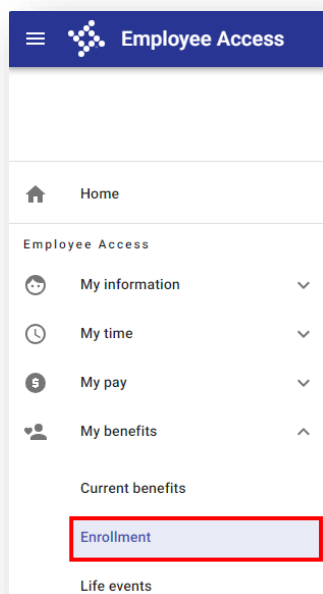


Steps for enrolling in benefits effective 1/01/2026:

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 2026](#) 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
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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		▼
<input type="radio"/> KAISER PRETAX LA - PT/TEMP EMP + 1	\$72.46 / \$157.00	\$785.53 / \$1701.98	▼
<input type="radio"/> KAISER PRETAX LA - PT 8 YRS EMP + 1	\$217.38 / \$471.00	\$640.61 / \$1387.98	▼
<input 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		▼
<input type="radio"/> KAISER PRETAX LA - PT/TEMP EMP ONLY	\$72.46 / \$157.00	\$356.53 / \$772.48	▼
<input type="radio"/> KAISER PRETAX LA - PT 8 YRS EMP ONLY	\$217.38 / \$471.00	\$211.61 / \$458.48	▼

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

- 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	▼
<input type="radio"/> KAISER PRETAX LA - PT/TEMP EMP ONLY	\$72.46 / \$157.00	\$356.53 / \$772.48 ▼
<input type="radio"/> KAISER PRETAX LA - PT 8 YRS EMP ONLY	\$217.38 / \$471.00	\$211.61 / \$458.48 ▼

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

Cancel

Submit

• 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	Decline No change 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 Life Insurance

- The City provides Basic Life Insurance with a guaranteed issue of \$100,000- it is already preselected
- Select 'Update' and 'Add Beneficiaries'

✓

BASIC LIFE INSURANCE

BASIC LIFE INSURANCE - CITY PAID \$100,000 POLICY

Update ▼

- Your Primary Beneficiary is the person—or people—who would receive the benefit.
- You can also add a Secondary Beneficiary, in case the primary isn't able to claim it.

Primary Beneficiaries

At least 1 beneficiary must be selected

☐ Select All

Current total: 0

[+ Add beneficiary](#)

Secondary Beneficiaries

At least 1 beneficiary must be selected

☐ Select All

Current total: 0

[+ Add beneficiary](#)

- **Please note:** Make sure the percentages you assign add up to 100%.
- For example, if you list two beneficiaries, you could assign 50% to each.
- If you'd like to add Voluntary Life Insurance, you'll repeat the same step.
 1. Enter your voluntary coverage amount.
 2. Add your beneficiaries.
 3. Make sure percentages total 100%.

Primary Beneficiaries

Percent must be greater than zero

☐ Select All

Percent



Current total: 0

[+ Add beneficiary](#)

- Selecting Flexible Spending Account (FSA):

- You can select either FSA Medical or Dependent Care
- Input your desired amount per pay period
- Maximum is \$3,300 annually, \$137.50 bi-weekly
- **Please note:** A new FSA enrollment form is required each year
- **Please note:** Any unused funds left in an account at the end of 2026 will be forfeited

FSA HEALTH CARE

View existing election

YOU MAY SET ASIDE PRE-TAX DOLLARS TO PAY FOR ELIGIBLE MEDICAL EXPENSES/CO-PAYS.

ANNUAL MAXIMUM CONTRIBUTION (PER IRS): \$3,300

-ENTER YOUR CONTRIBUTION PER PAY PERIOD
 -EXAMPLE: IF YOU WANT TO CONTRIBUTE \$3,000 ANNUALLY:
 $\$3,000 \div 24 \text{ PAY PERIODS} = \125
 -ENTER \$125

-MUST UPLOAD FSA ENROLLMENT FORM - LINK TO FORM IS BELOW.

Benefit coverage

View details

☒ FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL

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

\$ * Amount

Contribution amount is required Required

Maximum allowed \$137.50

MUST UPLOAD AN FSA ENROLLMENT FORM

Drag files here or

Select files

You must upload at least 1 attachment.

[CLICK HERE: FSA ENROLLMENT FORM](#)

- 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
✓	MEDICAL	PERS PLATINUM PRETAX LA - FT EMP ONLY	\$0.00	Update ▼
✓	DENTAL	DENTAL - EMPLOYEE ONLY	\$0.00	Update ▼
✓	VISION	VISION - PRETAX EMPLOYEE ONLY	\$2.79 / \$6.04	Update ▼
✓	FSA MEDICAL	Declined	\$0.00	Update ▼
✓	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				