



Instrucciones para la Inscripción Anual

Ayuda de acceso

Para recibir ayuda con el inicio de sesión o el restablecimiento de contraseña, comuníquese con la línea de ayuda de Harris Health (Helpdesk) al **713-566-HELP (4357)**.

Para preguntas relacionadas con beneficios, o si no ve disponible un **Evento de Inscripción Anual** en PeopleSoft, comuníquese con **MyHR** a través de ServiceNow o por teléfono al **713-566-6947**.

La Inscripción Anual estará abierta del 20 de julio al 31 de julio de 2026

Cómo acceder a PeopleSoft desde una computadora de Harris Health

Desde una computadora de Harris Health, inicie sesión con sus credenciales de red y seleccione el enlace de PeopleSoft en el Employee Service Center.

En la página PeopleSoft Connections, seleccione **PeopleSoft Login**. Una vez dentro de PeopleSoft Self Service, seleccione la **sección Annual Enrollment**.



Annual Enrollment Instructions

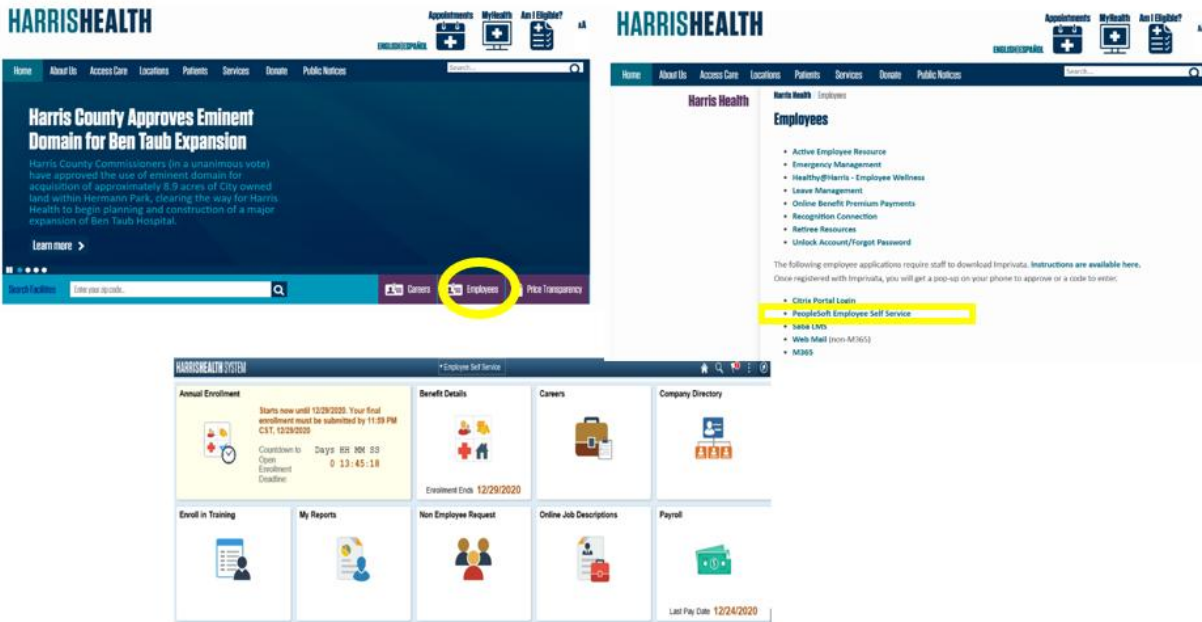
Annual Enrollment Period: July 20–31, 2026

Cómo acceder a PeopleSoft externamente

Desde un dispositivo personal, vaya a **HarrisHealth.org**, seleccione **Employees** y luego seleccione **PeopleSoft Self Service**.

Ingrese su nombre de usuario y contraseña, y luego apruebe la solicitud de **Imprivata** en su dispositivo móvil.

Una vez dentro de PeopleSoft Self Service, seleccione la sección de **Annual Enrollment** y comience el proceso de inscripción.



Annual Enrollment Instructions

Annual Enrollment Period: July 20–31, 2026

Para comenzar, lea y confirme las secciones requeridas

Antes de poder hacer sus elecciones de inscripción, debe leer y confirmar cada sección requerida que aparece en el lado izquierdo de la pantalla.

The screenshot shows the 'Annual Benefit Enrollment' portal. On the left is a sidebar with a checklist of sections to be completed or visited. On the right is a larger view of the 'Welcome' page with detailed instructions.

Section	Status
Welcome	Visited
General Acknowledgment	Complete
Acknowledgement Dep	Complete
Acknowledgment for FSA	Complete
Benefits Enrollment	Complete

Welcome
WELCOME TO THE 2026-2027 ANNUAL ENROLLMENT PERIOD
Annual Enrollment is open July 20 - July 31, 2026.

This is your once-a-year opportunity to review your benefits and make changes for the upcoming plan year.

What You Need to Do

- Review the 2026-2027 Harris Health/Active Benefits Guide.
- Use the plan decision tool to compare options.
- Log into PeopleSoft Self-Service to make your elections by July 31.

!!! If you do not take action, current elections will roll over except FSAs, which require re-enrollment each year!!!

Important Reminders

Flexible Spending Accounts (FSA)

- You must actively enroll each year.
- Elections do not roll over.
- Once Annual ends, you can only make changes to your benefits if you experience a Qualifying Life Event (QLE).

Qualifying Life Events (QLEs)
After Annual Enrollment ends, changes are only allowed if you experience a QLE (e.g., marriage, birth, job status change).

- Must be submitted within 31 days via PeopleSoft.
- Supporting documentation is required.
- See Policy 6.54 for full details.

Adding Dependents

- New Dependent Documentation is required to verify eligibility.
- Upload documents in PeopleSoft or submit via ServiceNow.
- Deadline: July 31, 2026.
- Missing documentation = dependent coverage will be dropped.

Resumen de inscripción

A medida que haga cambios dentro de cada sección del plan de beneficios, el Resumen de inscripción se actualizará para mostrar el total de su prima quincenal.

The screenshot shows the 'Benefits Enrollment' summary page. It displays the current pay period cost and full cost, both at \$0.00. A yellow arrow points to the 'Your Pay Period Cost' field. The status is 'Changed - Resubmit Required'. There is a 'Submit Enrollment' button.

Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits.

▼ **Enrollment Summary**

Your Pay Period Cost **\$0.00** Full Cost **\$0.00**

Status **Changed - Resubmit Required**

Submit Enrollment

Secciones de planes de beneficios

Cada sección del plan de beneficios le permite revisar su cobertura actual y hacer los cambios necesarios. Cada sección mostrará un estado según la acción realizada.

The screenshot shows the 'Benefit Plans' section. It displays three plan cards: Medical, Dental, and Vision. Each card shows the current plan, new plan, status, and pay period cost.

Plan Type	Current Plan	New Plan	Status	Pay Period Cost	Review
Medical	Medical - CDHP	Waive	Changed	\$0.00	Review
Dental	Cigna Dental DPPO	Waive	Changed	\$0.00	Review
Vision	NVA Buy-Up	Waive	Changed	\$0.00	Review

Estados Significados:

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Pendiente de revisión: Aún no ha revisado esta sección del plan de beneficios. El plan y el nivel de cobertura que se muestran reflejan su elección actual.

Medical

Current Medical - KelseyCare

New Medical - KelseyCare

Status **Pending Review**

0 Dependents

Pay Period Cost **\$18.02**

Review

Visitado: Usted revisó la sección del plan de beneficios, pero no hizo cambios.

Medical

Current Medical - KelseyCare

New Medical - KelseyCare

Status **Visited**

0 Dependents

Pay Period Cost **\$18.02**

Review

Cambiado: Usted hizo un cambio en su plan de beneficios, nivel de cobertura o inscripción de dependientes.

En el primer ejemplo, se agregó un dependiente. En el segundo ejemplo, se cambiaron tanto el plan de beneficios como la inscripción del dependiente.

Medical

Current Medical - KelseyCare

New Medical - KelseyCare

Status **Changed**

1 Dependents

Pay Period Cost **\$191.46**

Review

Medical

Current Medical - KelseyCare

New **Medical - Value Plan**

Status **Changed**

1 Dependents

Pay Period Cost **\$371.88**

Review

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Agregar o eliminar un dependiente

Para agregar un nuevo dependiente:

1. Seleccione la sección del plan de beneficios donde desea agregar al dependiente.

Medical

Current Medical - KelseyCare
New Medical - KelseyCare
Status **Pending Review**
0 Dependents

Pay Period Cost **\$18.02**

Review

2. Haga clic en el botón Add/Update Dependent .

Cancel

Medical

Our medical and pharmacy plan options, provided by Cigna, are designed to support your health and well-being and provide comprehensive coverage for you and your dependents. Plans include preventive care and coverage for a variety of medical services. When you choose a medical plan, you are automatically enrolled in pharmacy and prescription drug coverage.

▼ **Enroll Your Dependents**

Important: Submitting this enrollment election does not guarantee coverage for newly enrolled or re-enrolled dependents. All dependent eligibility is subject to review and approval by MyHR.

Required dependent verification documents must be uploaded and approved by July 31, 2026. If MyHR does not receive and approve the required documentation by the deadline, the dependent will not be eligible for coverage and will be removed from your benefit elections.

When enrolling a dependent, be sure to select the checkbox next to the dependent's name for each benefit plan in which you wish to enroll them. Entering a dependent's information alone does not enroll them in coverage. If the appropriate box is not selected, the dependent will not be enrolled, even if their information has been entered.

It is your responsibility to:
*Submit all required eligibility documentation on time;
*Verify that your documentation has been approved by MyHR; and
*Confirm that your final benefit elections accurately reflect the coverage selected for each dependent.

Add/Update Dependent

En la sección **Dependent and Beneficiary Information**, puede revisar los dependientes y beneficiarios existentes seleccionando su nombre.

3. Para agregar un nuevo dependiente, seleccione **Add Individual**.

Dependent and Beneficiary Information			
Add Individual			
Name	Relationship	Beneficiary	Dependent
		✓	✓
		✓	✓
		✓	✓

Importante: Ingresar la información personal de un dependiente solo agrega al dependiente a su registro de PeopleSoft. Esto **NO** inscribe al dependiente en su cobertura de beneficios. Aún debe seleccionar al dependiente dentro de cada sección aplicable del plan de beneficios para agregarlo a la cobertura.

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Annual Enrollment Period: July 20–31, 2026

4. Ingrese toda la información requerida para el nuevo dependiente. Si se requiere documentación, cargue el documento de respaldo completando los siguientes pasos:

- Seleccione **Add**.
- Seleccione **My Device**.
- Busque el documento de respaldo en su computadora.
- Seleccione **Open**.
- Seleccione **Upload**.
- Una vez que se complete la carga, seleccione **Done**.
- Agregue una breve descripción del documento, si se requiere.
- Seleccione **Save** después de revisar la información del dependiente.

Si necesita agregar otro dependiente, repita estos pasos. Una vez que se hayan agregado todos los dependientes, seleccione el ícono **X** para salir de la página.

Attachments

Attached File	Description	View
1		View

File Attachment

Choose From


My Device

File name: Upload test document life event

All files

File Attachment

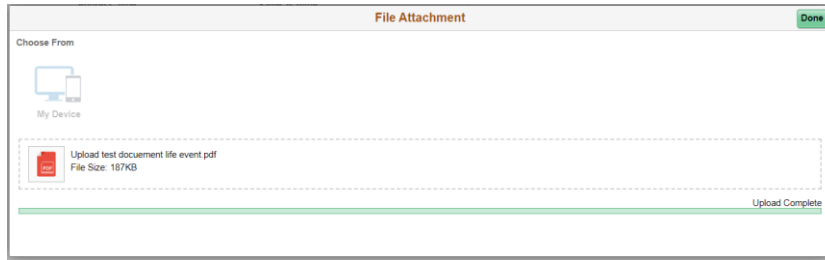
Choose From


My Device

 Upload test document life event.pdf
File Size: 187KB

Annual Enrollment Instructions

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A dialog box titled "File Attachment" with a "Done" button in the top right. It contains a "Choose From" section with a "My Device" icon. Below this is a dashed box containing a file icon and the text "Upload test document life event.pdf" and "File Size: 167KB". A green progress bar at the bottom is labeled "Upload Complete".

Attachments

1 row		
Attached File	Description	View
1 Upload_test_docuement_life_event.pdf	ML	<button>View</button>

Add

Nota: Una vez que ingrese la información de un dependiente en una sección de beneficios, no es necesario volver a ingresarla en las demás secciones de beneficios. El dependiente aparecerá como una opción disponible en las otras secciones de beneficios. Para inscribir al dependiente en cobertura adicional, debe seleccionar al dependiente dentro de cada sección aplicable del plan de beneficios.

Vincular o eliminar un dependiente

Para agregar o eliminar un dependiente de un plan de beneficios, seleccione la casilla junto al nombre del dependiente. Una casilla marcada significa que el dependiente está inscrito en ese plan de beneficios. Al quitar la marca, el dependiente será eliminado de ese plan de beneficios. Seleccione Done cuando termine.



The "Medical" enrollment screen shows a "Dependents" table with a checkbox for "Prince Charming" (Spouse). Below this is a "Dependents" table with a checkbox for "Prince Charming" (Spouse). A red arrow points from the "Add/Update Dependent" button to the checkbox. Below the dependents table is a "Plans" table with columns: Plan Name, Before Tax Cost, After Tax Cost, and Pay Period Cost. A red arrow points from the "Select" button next to "Medical - Value Plan" to the "Select" button next to "Medical - CD Health Plan". A yellow box highlights the "Select" button next to "Medical - CD Health Plan". A yellow box highlights the "Done" button in the top right corner.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Waive			\$0.00
Medical - Value Plan	\$371.88	\$371.88	\$371.88
Medical - KelseyCare	\$191.46	\$191.46	\$191.46
Medical - CD Health Plan	\$191.46	\$191.46	\$191.46

También puede cambiar el tipo de plan de beneficios haciendo clic en el botón **Select** junto a **Plan Name**.

Enviar inscripción

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Una vez que haya revisado y completado todos los cambios, seleccione el botón Submit Enrollment. Aparecerá un mensaje de **Benefits Alert** confirmando si sus elecciones se enviaron correctamente. Lea atentamente la alerta antes de salir.

The screenshot shows the 'Annual Benefit Enrollment' interface. On the left is a navigation menu with options: 'Welcome', 'General Acknowledgment', 'Acknowledgment Day', 'Acknowledgment for FSA', and 'Benefits Enrollment' (which is highlighted). The main content area is titled 'Benefits Enrollment' and includes a 'Submit Enrollment' button. Below this, there's a section for 'Benefit Plans' with three cards: 'Medical' (Pay Period Cost: \$248.33), 'Dental' (Pay Period Cost: \$26.72), and 'Vision' (Pay Period Cost: \$3.25). Each card shows 'Current' and 'New' plan options and a 'Review' button. A pie chart on the right shows the distribution of costs: FSA, Medical, Vision, and Dental. The total cost is \$455.29.

This screenshot shows the same 'Benefits Enrollment' page, but with a 'Benefits Alerts' modal box open in the center. The modal has a 'Done' button and a 'View' button. The text inside the modal reads: 'Instructions: Your benefit choices have been successfully submitted to the Benefits Department. Select View to review your Submitted Enrollment Statement, Done to return to the Benefits Enrollment Summary.' The background page is dimmed, showing the same enrollment summary and benefit plans as the previous screenshot.

OTROS MENSAJES POSIBLES DENTRO DE LAS ALERTAS DE BENEFICIOS:

Benefits Alerts Close

Error and warning statements here listing the errors and warnings for the entire benefits enrollment.

-  **Spouse Dependent Life Error** This benefit cannot be more than a specific percentage of your choice in another benefit.
-  **Spouse Dependent Life Warning** Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.
-  **Long-Term Disability Buy Up Warning** Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.



MENSAJE DE ERROR

Si una alerta de beneficios muestra un ícono de error, sus cambios **no se enviaron correctamente**. Debe regresar a la sección del plan de beneficios donde ocurrió el error, corregir el problema y volver a enviar su inscripción.

Done **Benefits Alerts** View

Your benefit choices have been successfully submitted to the Benefits Department.

Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary

Warning statements here listing the warnings for the entire benefits enrollment.

-  **Spouse Dependent Life Warning** Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.
-  **Long-Term Disability Buy Up Warning** Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.



MENSAJE DE ADVERTENCIA

Si una alerta de beneficios muestra un ícono de advertencia, es posible que sus elecciones se hayan enviado; sin embargo, puede requerirse documentación adicional. El proveedor del plan de beneficios correspondiente debe revisar y aprobar la documentación antes de que la