



FREQUENTLY ASKED QUESTIONS

1. What am I responsible for during Open Enrollment?

Employees are responsible for submitting all open enrollment selections and supporting documentation by 5:00 p.m. October 9, 2026.

2. What changes can I make during Open Enrollment?

You can: add eligible dependents, change medical and dental plans, enroll in pre-tax medical premiums (H-Care), enroll/reenroll in a Flexible Spending Account (FSA) including the Dependent Care (D-Care) FSA or Health Care FSA, enroll/increase Supplemental Life Insurance.

3. I am making an Open Enrollment change. How do I submit changes?

Open Enrollment elections can be completed through your Workday account. When Open Enrollment begins, you will receive a notification in Workday prompting you to review and make your benefit elections. An Employee Self-Service (ESS) Job Aid with step-by-step instructions for completing your Open Enrollment elections will be available by the start of Open Enrollment. If you have questions or need additional assistance, please contact the Human Resources Employee Benefits Unit.

4. When do I submit my Open Enrollment changes?

You can submit your Open Enrollment elections in Workday beginning at 8:00 a.m. on Monday, September 14, 2026, through 5:00 p.m. on Friday, October 9, 2026. You may modify your elections at any time during the Open Enrollment period. The elections on file as of 5:00 p.m. on October 9, 2026, will become your final selections for the 2027 plan year.

5. What am I required to do if I want to continue opting out or choose to cancel/waive County group medical coverage?

If you choose to opt out of County group medical coverage, you must complete the opt-out election in Workday during Open Enrollment. To opt out, you will need to:

Select "Opt Out of County Medical Coverage" through your Open Enrollment task in Workday. Upload proof of alternate medical coverage, such as the front and back of your medical insurance card or a letter from the other entity or insurance provider confirming your coverage. Submit your opt-out election during the Open Enrollment period.

Important: You must complete the opt-out process **each year** if you wish to continue waiving County medical coverage. To qualify for the stipend, you must provide proof of, and attest to, having minimum essential group coverage, as defined by the Internal Revenue Service (IRS).

6. Where can I find the Evidence of Coverage to learn what each health plan covers?

The Evidence of Coverage (EOC) documents provide detailed information about each health plan's benefits, coverage, and exclusions. You can find the EOC documents on the [CalPERS Plans & Rates](#) webpage. For questions about specific benefits, coverage, or providers, you may also contact your health plan's customer service center. Health plans contact information is available on the County Employee Benefits website under the [Health Plans](#) tile.

7. What happens if my current health plan is no longer available?

CalPERS will notify you and advise you to select a different health plan during Open Enrollment. If you do nothing, CalPERS will automatically enroll you in another available health plan.

8. Is my health premium rate going to change?

Health plan premium rates may change each year. During Open Enrollment, review the Health Plan Rate Sheet for your bargaining unit to see the employee and County contribution amounts for the upcoming plan year. The Rate Sheets are available on the County Employee Benefits website under the [Rate Sheets](#) tile.

9. I have a Parent Child Relationship (PCR) dependent. Which benefits are they eligible for?

PCR dependents are eligible for medical, dental, vision and child supplemental life insurance. Eligibility ends when the Parent Child Relationship terminates.

10. I have a Flexible Spending Account (FSA). Does my current contribution amount roll over to the new plan year?

No. Reenrollment is required each plan year. Your current FSA election will not automatically continue into the new plan year. This applies to both the Health Care FSA and Dependent Care FSA. The FSA plan year runs from January 1 through December 31. Any funds remaining at the end of the plan year may be forfeited, subject to applicable plan rules. If you want to participate in an FSA for Plan Year 2027, you must actively enroll or reenroll during Open Enrollment.

11. What are the eligible expenses covered by the Health Care FSA?

For a list of eligible Health Care FSA expenses, visit <https://inspirafinancial.com>.

12. I have Child Supplemental Life Insurance. Are all my children covered under this policy?

Children enrolled in Child Supplemental Life Insurance are covered under this policy. If there has been a change (i.e., birth of a child, adoption, etc.), you must update the Child Supplemental Life Insurance enrollment in Workday to guarantee coverage. The Child Supplemental Life Insurance is extended to children from a Parent-Child Relationship, Domestic Partner's children, and Stepchildren. Per policy, *no person may be insured: as a Dependent and an Active Employee; or as a Dependent of more than one Active Employee.*

13. How do I update my Beneficiaries?

Beneficiaries can be updated at any time. You do not need to wait for Open Enrollment.

Basic Life Insurance and Supplemental Life Insurance beneficiaries are updated in your Workday account by creating a Change Benefits task. An Employee Self-Service (ESS) Job Aid (Change Benefits for a Qualifying Life Event) with step-by-step instructions is available on the Employee Benefits Website www.santacruzcountyca.gov/benefits, or on the County Intranet.

County of Santa Cruz

2027 Open Enrollment FAQ's

Mission Square Deferred Compensation Program forms are available online on the Employee Benefits website at www.santacruzcountyca.gov/benefits; at the Human Resources Department, 701 Ocean St., Suite 510, Santa Cruz, CA 95060; or by creating a login for your Mission Square account www.missionsq.org/santacruzca.

CalPERS beneficiaries may be updated by creating a login for your [myCalPERS](https://my.calpers.ca.gov/) account at <https://my.calpers.ca.gov/>.

14. I switched health plans during Open Enrollment. Why was I assigned a different doctor?

When you change health plans, your new plan may assign you a different primary care physician (PCP). This is determined by the health plan and is not a change made by the County. If you prefer a different doctor, contact your new health plan directly to request a PCP change.

15. I made an Open Enrollment change, what happens next?

- All changes become effective January 1, 2027.
- Medical premiums are paid in advance. Changes to your premium will be reflected on the first paycheck received in December (pay period 25).
- If you changed health plans, check your new medical card or log into your [myCalPERS](https://my.calpers.ca.gov/) account at <https://my.calpers.ca.gov/> to confirm the new plan.
- VSP Vision and Delta Dental plans do not mail out Insurance cards. Providers can verify your coverage by using your Social Security number.
- Inspira sends cards only to new enrollees or when a card expires. For a lost card contact Inspira directly (800) 284-4885.

2027 Open Enrollment www.santacruzcountyca.gov/benefits

**If you have questions or need additional assistance
please contact the Human Resources Employee Benefits Unit**