



MEMBER BENEFITS PORTAL

Plan Source

Step 1: Login Screen

Enter **Username**: Email on file with SAUSD.

Example: An employee named Jane Anderson, username "Jane.Anderson@saUSD.us".

Default **Password**: Your birthdate in YYYYMMDD format. Example: A birthdate of August 14, 1962, would result in the password "19620814".

Click Login Button

The first time you log in, you will be prompted to change your password.

Step 2: Password Reset

Enter a New Password

Re-enter New Password

Step 3:

Click **Get Started** Button

Step 4:

Screen will be prepopulated with personal information.

Please enter your cell phone number and email address (only fields that can be changed)

Click **Save** once you have verified your information is correct

Verify your Personal Information and make changes if needed

This information is used for:

- reporting to the benefit carriers
- to issue your ID cards and process your claims
- to process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it on this page, please contact your Human Resources representative.

Basic Information

First Name

Mike

Middle Name

Last Name

AAASample

Name Suffix

SSN

777-00-9999

Contact Information

Address 1

126 main street

Address 2

City

Santa Ana

State

California

Zip

92701

Home Phone

Home Phone

Cell *

714-222-3333

E-mail *

none@cafe125.com

Personal Information

Birthdate

07/14/1973

Gender *

Male

Marital Status *

Married

Other

Hire Date

02/24/2025

Job Title *

Test EE

CANCEL

Save

4

Step 5:

Click **Next: Review My Family** button

5

Next: Review My Family

Page 2 of 6

Step 6: Review of Dependent Information

You can Add/Edit/Remove dependents on this screen

Click **Next: Shop for Benefits**

Review the Dependent Information on file below

Dependents must be listed on this page to be enrolled in coverage.

You may:

Add New Dependents

Edit Existing Dependent Information

Remove Existing Dependent

By adding a dependent, you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans.

Current Family Members

+ Add Family Member

6

Next: Shop for Benefits

BACK

Step 7:

Click the **Shop Plans** button
(Medical, Vision, or Dental)
that you would like to elect.

Current Benefit Elections

Review Profile

Shop Benefits

Checkout

To change an election, click directly on the name of the benefit.

To complete enrollment, click continue at the bottom of the page.

7

Current Benefits

Plan Year Effective from 07/01/2024 to 06/30/2025

Medical

No Plan Selected

Shop Plans

Vision

No Plan Selected

Shop Plans

Dental

No Plan Selected

Shop Plans

Basic Employee Life

Basic Life - Class 3

Review & Confirm

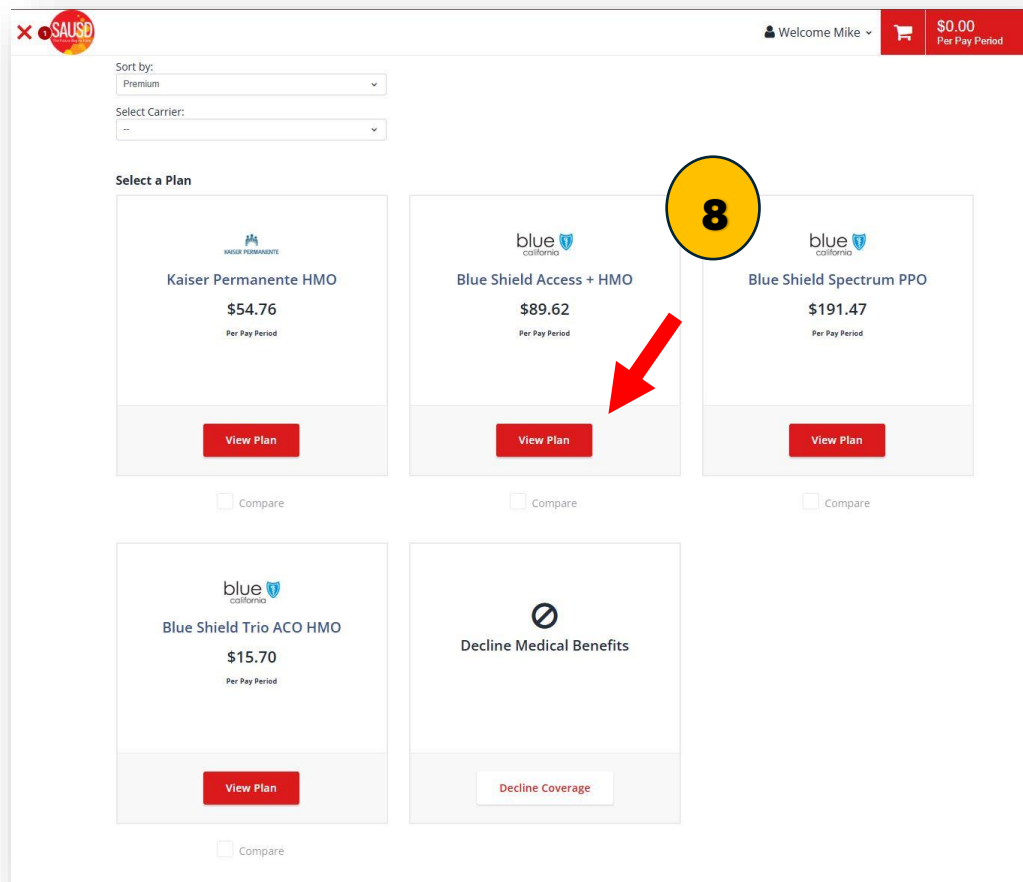
Employer Contribution

\$4.78

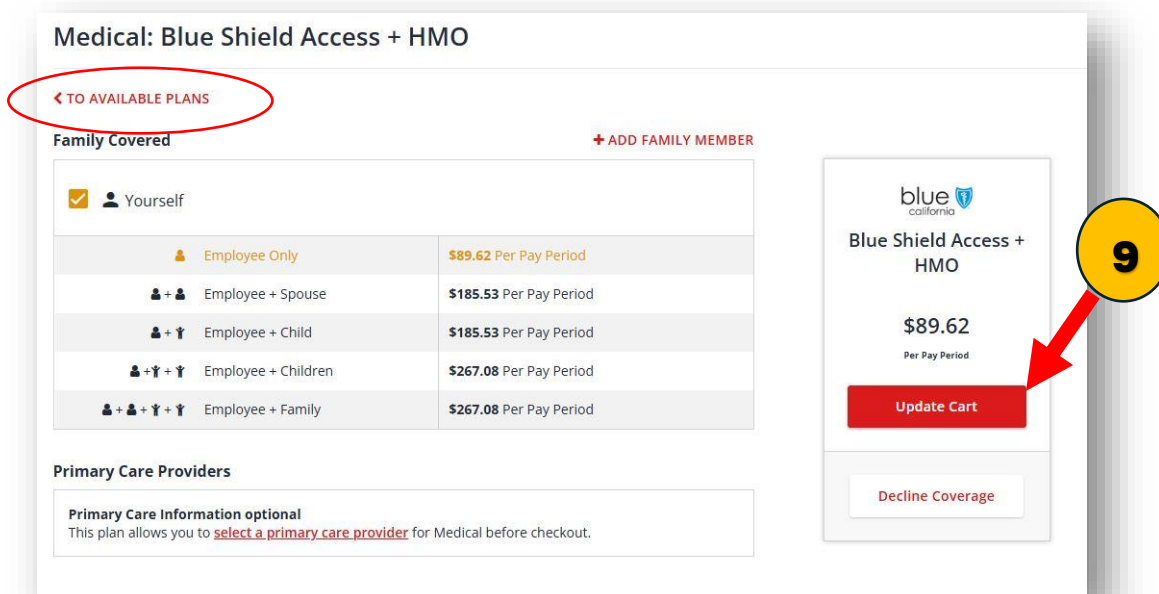
Your Cost Per Pay Period

\$0.00

Step 8: View Medical plans by clicking on **View Plan** buttons



Step 9: To elect a plan click Update Cart or to go back to view another plan click “To Available Plans”



Step 10: Confirm whether spouse is benefit eligible.

10

Question 1 of 1

< My spouse is also a benefit eligible or retired Certificated or Management employee of the Santa Ana Unified School District. Completed >

Subscriber: Nathan AAASample

☐ YES

☒ NO

< BACK

Step 11: Click **Save** button

11

View Less

< My spouse is also a benefit eligible or retired Certificated or Management employee of the Santa Ana Unified School District. A: NO Edit >

< BACK

Save

Step 12: Follow steps 8 and 9 to elect Dental

< TO BENEFITS

Family Covered + ADD FAMILY MEMBER

☒ Yourself ☒ Jan AAASample ☒ Lucas AAASample

☒ Jacob AAASample

Select a Plan

Plan Name	Cost	Action
Dental Care HMO	\$0.00 Per Pay Period	View Plan
Delta Network PPO	\$148.31 Per Pay Period	View Plan
Delta Incentive PPO	\$181.50 Per Pay Period	View Plan

☐ Compare ☐ Compare ☐ Compare

☒ Decline Dental Benefits

[Decline Coverage](#)

Step 13: Review and Confirm elections

Current Benefit Elections

Review Profile

Shop Benefits

Checkout

To change an election, click directly on the name of the benefit.

To complete enrollment, click continue at the bottom of the page.

Current Benefits

Plan Year Effective from 07/01/2024 to 06/30/2025

Co-employed Spouse Survey - Certificated/Management Employees

Status: Completed

Dates: Last Updated 03/17/2025

View Summary

Medical

blue shield california

Blue Shield Access + HMO

\$1,045.92
Per Pay Period

View or Change

Vision

vsp vision care

VSP Vision

View or Change

Dental

DELTA DENTAL

Delta Network PPO

\$148.31
Per Pay Period

View or Change

Basic Employee Life

Basic Life - Class 2

Review & Confirm

Employer Contribution

\$2,352.89

Your Cost Per Pay Period

\$1,194.23

13

Review & Confirm

Step 14: Click Checkout

Employer Contribution

\$2,352.89

Your Cost Per Pay Period

\$1,194.23

Checkout

14

Step 15: Email yourself a copy of your benefits

Current Benefit Elections

Review Profile

Shop Benefits

Checkout

New Hire Enrollment!

Congratulations. You have completed the new hire enrollment process and confirmed your benefits.

Need a copy of your benefits confirmation statement?

Send by Email

The coverage details listed below are the current active elections on file for you and your dependents.

If you believe there is an error in your statement, please contact your Benefits Administrator.

If you need to make changes due to a change in your status, please contact your Benefits Administrator.

Click on the icons below to print your statement.

Print

Download

Current Benefits

Plan Year Effective from 07/01/2024 to 06/30/2025

Below are your new elections. Benefit elections will be effective on 07/01/2024.

Co-employed Spouse Survey - Certificated/Management Employees

1

2

3

15

Send by Email

E-mail Benefit Confirmation Statement

Select the email address you would like your confirmation statement to be sent to. Change your email address by editing it in My Profile.

E-mail

none@cafe125.com

Cancel

Send

Page 6 of 6