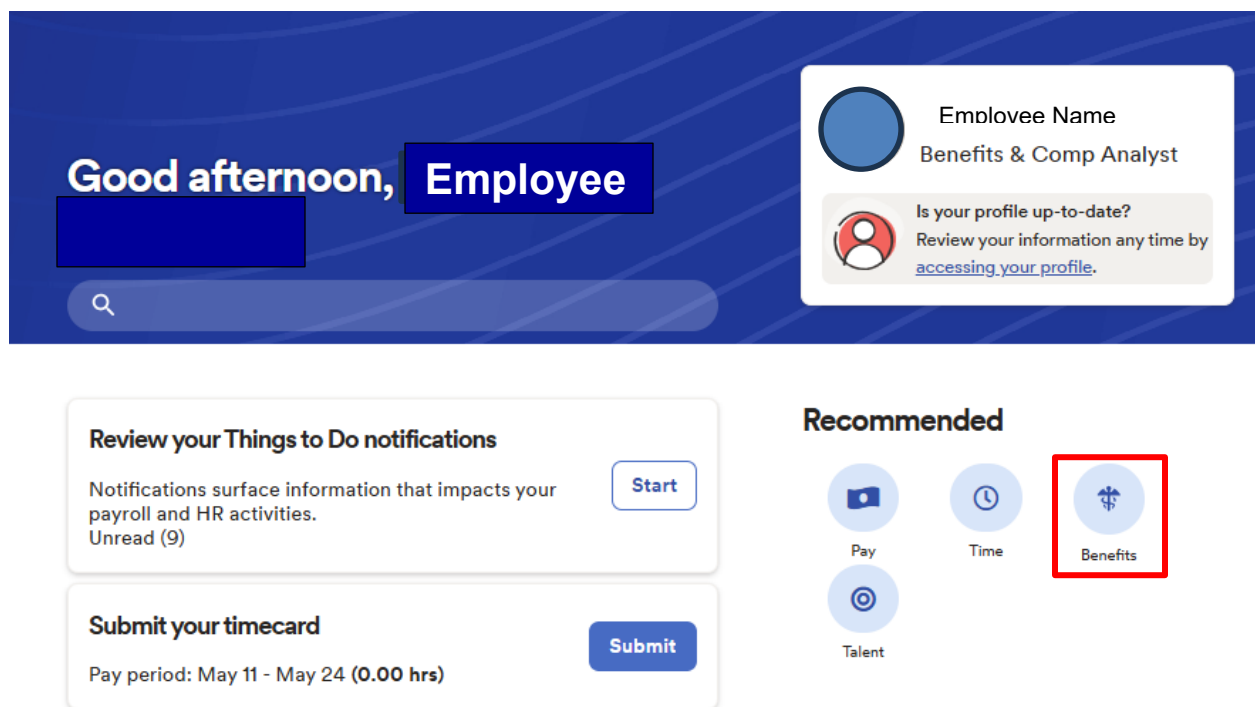




**Metropolitan
Transit
System**

Annual Enrollment

1. Log in to myADP.
2. Under the 'Recommended' section, click on the **Benefits** icon.



3. In the 'Annual Enrollment' tile, select **ENROLL NOW**.

1255 Imperial Avenue, Suite 1000, San Diego, CA 92101-7490 • (619) 231-1466 • sdmmts.com

San Diego Metropolitan Transit System (MTS) is a California public agency comprised of San Diego Transit Corp., San Diego Trolley, Inc. and San Diego and Arizona Eastern Railway Company (nonprofit public benefit corporations). MTS member agencies include the cities of Chula Vista, Coronado, El Cajon, Imperial Beach, La Mesa, Lemon Grove, National City, Poway, San Diego, Santee, and the County of San Diego. MTS is also the For-Hire Vehicle administrator for multiple cities in San Diego County.



Benefits

Not started

Annual Enrollment

⌚ 37 days left to make changes (10/31/2025)
Effective: January 1, 2026

Enroll now



Annual Enrollment

Event Date: Jan 1, 2026
⌚ 37 days left to make changes (10/31/2025)

Enroll now

View Your Benefits

Current Benefits
Review your current benefits. >

All Benefits
Review benefits from previous years or for future changes. >

Manage Information

Review information about yourself and others.

Manage info

Report a Qualifying Change

Add or remove a dependent, or report a change in your life in order to make benefit changes.

Declare an event

View Forms and Documents

View forms and documents related to your benefits.

View forms and documents

4. Enter the required dependent information and select **SAVE**.

- *If you do not need to add a dependent, select **NEXT** and proceed to Step 7.*
- Click “Add new dependent” and follow the prompts to enter your dependent information.
 - *If your dependent is already listed as a beneficiary in ADP, click the button “Copy info from an existing beneficiary”.*
 - Select the dependent(s) from the listed beneficiaries and follow the prompts to add any required fields.
 - A Social Security Number is required to add a dependent. If your dependent does not have a social security number, call Human Resources to add your dependent.

Enter Dependent Info

Dependent Coverage Address General Info

Do you want to:

☒ Enter a new person's info ☐ Copy info from an existing beneficiary

Dependent

First Name *

Middle Name

Last Name *

Coverage

Covered For

Not enrolled

Address

☒ Use Primary Address

Address

General Info

Relationship *

Select Option

Gender *

☐ Man/Male ☐ Woman/Female

Date of Birth *

MM/DD/YYYY

Social Security Number (SSN)

Hide

Other Information

This person is a Full Time Student

☐ Yes ☐ No

This person is Disabled

☐ Yes ☐ No

Cancel

Save

5. You will receive a notification window confirming the dependent has been added successfully. You can either add additional dependents or select **REVIEW YOUR DEPENDENTS.**

Dependent was added successfully

What would you like to do now?

[Review your dependents](#)

[Add another dependent](#)

6. All new dependents will show as *Pending*. Click **NEXT** to enroll in or update benefits.

Review Your Info

Enroll in Benefits

Review Your Info

 36 Days left to make changes
Event Date: Jan 1, 2026

Review your info to check if any changes are needed before you enroll.

[+ Add new dependent](#) [+ Add new beneficiary](#)

Employee Name

You **Self**

Covered For

- Medical
- Dental
- Vision

 [View](#)

Beneficiary Allocations:

Allocations cannot be assigned to the primary insured

Dependent Name

Child **Pending** **Dependent**

Covered For

Not enrolled

 [View](#)

Beneficiary Allocations:

Not assigned.

- If you navigate back to your main dashboard before assigning/updating benefits, you will see the Annual Enrollment event on the Benefits page. Select **CONTINUE ENROLLMENT** to assign the new dependent to benefits.

Annual Enrollment

Event Date: Jan 1, 2026

🕒 36 days left to make changes (10/31/2025)

🚩 Your enrollment is incomplete.

[Continue enrollment](#)

7. The 'Enroll in Benefits' section will list all available benefits.

- The "Needs Attention" section will list all benefits that require you to take action on.
 - If you do not want to make changes to the benefits listed in this section, you must still click into the benefit and save your election.
- Click **REVIEW** to the right of the benefit to make changes and/or enroll dependents into the plan.

Enroll in Benefits

Needs Attention (1) Your Elections (6) Waived Benefits (6)



36 Days left to make changes
Event Date: Jan 1, 2026

Estimated Cost ⓘ

Per Paycheck
\$130.49

Per Month
\$282.73

Per Year
\$3,392.76



To save your elections, select Confirm elections.



▲ Needs Attention (1)



Medical

Effective Date: Jan 1, 2026

▲ Needs Review

✓ Current Election

Blue Shield HMO

\$126.98

[Show price breakdown](#)

[→ Review](#)

Covered Individuals (Employee Only)
You are covered

8. The benefit screen will list all eligible dependents at the top of the page and all available plans at the bottom of the page.

- Covered dependents will have a blue checkmark next to their name.
 - To add/remove a dependent from coverage, check the box next to their name.
- Your current election will say “Selected” in green above the plan.
 - *To enroll:* click **SELECT PLAN** next to your desired plan.
 - *To stop coverage:* click **WAIVE BENEFIT**
 - *Otherwise,* click **SAVE PLAN**

Medical



Medical

Select the dependents you wish to add to coverage before you make your selection. Dependents who are not eligible for this plan coverage will not be available for selection. Employees may choose to opt-out and receive a \$250/month stipend as long as they can show proof of coverage under another employer sponsored gr

[READ MORE](#) ↓

Who do you want to cover?



Employee name



Child name



5 Plans Available

[Help me choose](#)

[Compare plans](#)

3rd match

Selected

Blue Shield HMO

Estimated Yearly Cost

\$3,697

Per Paycheck

\$126.98

Plan Fit Performance



[Additional details](#)

Selected plan

1st match

Kaiser HMO

Estimated Yearly Cost

\$2,569

Per Paycheck

\$83.60

Plan Fit Performance



[Additional details](#)

Save plan

Waive benefit

9. Any new elections that require proof documentation to be submitted to Human Resources will show as “Pending” at the top of the screen.

- If you do not provide the required proof documents, you will only be enrolled in the coverage listed under “Guaranteed”.
- To return to the full list of benefits, click **SAVE AND RETURN TO ALL BENEFITS.**
- Otherwise, click **CONTINUE TO** the next benefit.
 - Repeat steps 8 and 9 for all benefits that require changes.

Save Your Medical Election



 Pending

 This pending coverage requires approval before becoming effective.

Blue Shield PPO

\$133.75

Effective Date: To be updated after approval

[Show price breakdown](#)

 Guaranteed

 You are guaranteed the coverage below until the pending coverage is approved and becomes effective.

Blue Shield PPO

\$42.75

Effective Date: Aug 5, 2025

[Show price breakdown](#)

 Your dependent coverage will not change unless you provide the following documents by 08/22/2025: For your newly enrolled dependent, you must provide proof of eligibility or your requested changes will not go into effect. Acceptable proof documents and instructions for submitting them can be found in Forms & Documents within MyADP under the Qualifying Events section.

Covered Individuals

Coverage Level (Employee Only)

Employee

You

Spouse

Dependent Pending

Spouse

 Your election will take effect pending approval.

[Save and return to all benefits](#)

[Continue to Dental](#)

10. Your main benefits dashboard will display what coverage is pending and what coverage is guaranteed. Once all desired changes have been made, click **CONFIRM ELECTIONS**.

Enroll in Benefits

Your Elections (7) Waived Benefits (6)

36 Days left to make changes
Event Date: Jan 1, 2026

Estimated Cost ⓘ

Per Paycheck
\$130.49

Per Month
\$282.73

Per Year
\$3,392.76

⚠ To save your elections, select Confirm elections.

✓ Your Elections (7)



Medical

⚠ Pending

⚠ This pending coverage requires approval before becoming effective.

Blue Shield HMO

Effective Date: To be updated after approval

\$286.89

[Show price breakdown](#)

Covered Individuals (Employee + Child(ren))

You and **Child** are covered

✓ Guaranteed

🔔 You are guaranteed the coverage below until the pending coverage is approved and becomes effective.

Blue Shield HMO

Effective Date: Jan 1, 2026

\$126.98

[Show price breakdown](#)

Covered Individuals (Employee Only)

You are covered

[→ Change plan](#)



Health Reimbursement Account

[Finish later](#)

[← Back](#)

[Confirm elections →](#)

11. Review the conditions and select **I AGREE AND CONFIRM ELECTIONS.**

Agree and Confirm Elections

I certify that any documentation or certification required and provided for this enrollment, election or election change is true, accurate and complete, and that my employer may rely on the information. I acknowledge that the provision of false, misleading or incomplete information may result in adverse consequences under the terms of my employer's Plan or Plans, including without limitation, termination or rescission of coverage, recovery of benefits paid, fines and penalties under law. Many of your plan option choices are subject to additional terms and conditions, for example arbitration agreements or banking terms. By enrolling in such plan options you are subject to those additional terms, which can be located in the Forms and Plans Documents.

[Cancel](#)

[I agree and confirm elections](#)

12. You will receive a confirmation number for your enrollment, and an opportunity to download a confirmation statement showing your pending elections.

Enroll in Benefits

Your Elections (7) Waived Benefits (6) Personal Info (2)



36 Days left to make changes
Event Date: Jan 1, 2026

Estimated Cost ⓘ

Per Paycheck
\$130.49

Per Month
\$282.73

Per Year
\$3,392.76

✓ **You have completed your enrollment.**

Confirmation # 20250925143622

Event Date: Jan 01, 2026

Last Confirmed Date: Sep 25, 2025

[Download confirmation](#)