

ESS – Open Enrollment Guide

EMPLOYEE SELF SERVICE - GUIDE



Employee Self Service – Open Enrollment Guide

Welcome to the Open Enrollment Guide for Employee Self Service. This guide will give you the step – by – step instructions on how to complete open enrollment through Employee Self Service. Before following this guide, make sure you have access to [Employee Self Service](#) and your login information. You will also need to visit our [Benefits Website](#) before you complete Open Enrollment to review the benefits that you would like to enroll in. If you do not have a login for Employee Self Service, have questions about the benefits, or have any questions on this guide, please contact Human Resources at (262) 636-9175. Open Enrollment through Employee Self Service is available between November 1st – November 30th of each year.

A



A. Log In to Munis Self Service

Log in to [Employee Self Service](#).

<https://corselfservice.racinenet.org/MSS>

B

Employee Self Service

Benefits

Pay/Tax Information

Performance Evaluations

Personal Information

Time Off

Training Opportunities

B. Sidebar Selection

Select “Benefits” located on the left sidebar.

C

Benefits

Open Enrollment

C. Sidebar Selection

Select “Open Enrollment” located on the left sidebar under “Benefits”.

D. “MAKE ELECTIONS” PAGE

You are now on the “Make Elections” page. The introductory paragraph at the top will give you general information about open enrollment such as the deadline to submit your elections and where to find the benefits website. The elections section below that is where you can select “SELECT”, “DECLINE” and “NO CHANGES” for each benefit that is listed (except for H.S.A. which only has the “DECLINE” and “SELECT” options).

D

Open Enrollment – Make Elections

 Make a selection for each benefit, then click “Continue”. You must submit this enrollment by 11/30/2021.

Welcome to Open Enrollment through Employee Self Service! Open enrollment runs from November 1st, 2021 - November 30th, 2021. Before you enroll in benefits, click the “resources” button that is located in the upper-right hand corner of the screen, and select the “Benefits Information” link. Please read through the benefits guide and information listed on this website. You will need to know which benefit options you are going to enroll in, as well as the premium costs of each benefit before you start. If you would like to enroll in the Medical Care Flexible Spending Account and/or a Dependent Care Flexible Spending Account, you must turn in the Flexible Spending Account enrollment form from the Human Resources Office by November 30th, 2021. You can find this form under the “Resources” section in Employee Self Service. Otherwise, you can also get a copy of this form from the Human Resources Department. Please be advised that you cannot have both a Medical Care Flexible Spending Account and a Health Savings Account (H.S.A.). If you have any questions or concerns, please contact Human Resources at 262-636-9175 or email benefits@cityofracine.org.

UHC MEDICAL INSURANCE Election not made Existing benefit: ALL OTHERS - 06A HDHP - FAMILY –	DECLINE NO CHANGES SELECT ▼
METLIFE DENTAL INSURANCE Election not made Existing benefit: BASIC - SINGLE –	DECLINE NO CHANGES SELECT ▼
SUPERIOR VISION INSURANCE Election not made Existing benefit: VISION - EMPLOYEE + 1 DEPENDENT –	DECLINE NO CHANGES SELECT ▼
HEALTH SAVINGS ACCOUNT (HSA) Election not made Existing benefit: HEALTH SAVINGS ACCOUNT (H.S.A.) –	DECLINE SELECT ▼

Estimated total cost per pay period

\$0.00

CONTINUE

UHC MEDICAL INSURANCE Election not made Existing benefit: ALL OTHERS - 06A HDHP - FAMILY –
METLIFE DENTAL INSURANCE Election not made Existing benefit: BASIC - SINGLE –
SUPERIOR VISION INSURANCE Election not made Existing benefit: VISION - EMPLOYEE + 1 DEPENDENT –
HEALTH SAVINGS ACCOUNT (HSA) Election not made Existing benefit: HEALTH SAVINGS ACCOUNT (H.S.A.) –

DECLINE NO CHANGES SELECT ▼
DECLINE NO CHANGES SELECT ▼
DECLINE NO CHANGES SELECT ▼
DECLINE SELECT ▼

E. MEDICAL INSURANCE

The first benefit that you can select will be “UHC MEDICAL INSURANCE”. If you would like to decline the medical insurance, you will select “DECLINE”. If you would like to enroll in the medical insurance, you will select “SELECT”. If you do not want to make any change to the medical insurance that you are currently enrolled in for the next year, you will select “NO CHANGES”.

E

UHC MEDICAL INSURANCE

Election not made

Existing benefit: ALL OTHERS - 06A HDHP - FAMILY –

DECLINE NO CHANGES SELECT



F

☐ 06A HIGH DEDUCTIBLE HEALTH PLAN - SINGLE

Pay period employee cost \$23.81

Employee annual cost \$619.06

☐ 06A HIGH DEDUCTIBLE HEALTH PLAN - FAMILY

Pay period employee cost \$62.87

Employee annual cost \$1,634.62

☐ I Decline

F. MEDICAL INSURANCE ELECTION

When you select “SELECT”, you will be brought to a screen that looks similar to the image pictured to the left. You will select either “06A HIGH DEDUCTIBLE HEALTH PLAN – SINGLE” if you would like to enroll in the Single coverage, or “06A HIGH DEDUCTIBLE HEALTH PLAN – FAMILY” if you would like to enroll in the Family coverage. If you do not want to enroll in the insurance coverage, you will select “I Decline”.

G. ADDING A DEPENDENT

If you select Family coverage for the medical insurance, you will have to enter in your dependent (s) information. In order to add a new dependent to the insurance coverage, you will select the “ADD NEW DEPENDENT” button. If you are adding the coverage to an existing dependent, you will select the dependent from the “Add existing dependent” drop down menu.

G

☒ 06A HIGH DEDUCTIBLE HEALTH PLAN - FAMILY

Coverage must be added for at least 1 dependent

Pay period employee cost \$62.87

Employee annual cost \$1,634.62

[+ ADD NEW DEPENDENT](#)

Add existing dependent ▼

H

Add a new dependent

First name*

Middle initial

Last name*

Suffix

Date of birth*

Gender

 ▼

Relationship*

 ▼

☐ Handicapped

Social Security number*

Save

Cancel

H. ENTER INFORMATION

After you select the “Add new dependent” option, the “Add a new dependent” screen will appear (see image to the left). Enter in your dependent(s) information in these fields. After you are done, select “Save” at the bottom of the screen.



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I

Coverage can be added for additional dependents

[+ ADD NEW DEPENDENT](#)

✓ Jane Doe [Edit](#) | [Remove](#)

I. CONFIRMATION

The dependent(s) that you have added to the insurance will appear with a green checkmark, confirming that the dependent has been enrolled.

J

☐ 06A HIGH DEDUCTIBLE HEALTH PLAN - SINGLE

Pay period employee cost \$23.81

Employee annual cost \$0.00

☒ 06A HIGH DEDUCTIBLE HEALTH PLAN - FAMILY

Coverage can be added for additional dependents

Pay period employee cost \$62.87

Employee annual cost \$0.00

[+ ADD NEW DEPENDENT](#)

✓ Jane Doe [Edit](#) | [Remove](#)

☐ I Decline

[CANCEL](#)

[CONTINUE](#)

J. AFTER SELECTION

Once you have selected the Medical Insurance that you would like to enroll in and have added your dependents to the medical insurance if applicable, you will click “Continue” located at the bottom right-hand corner of the screen.

K. DENTAL INSURANCE

After selecting “Continue”, you will be sent back to the “Make Elections” page. The next benefit that you will choose will be “METLIFE DENTAL INSURANCE”. If you would like to decline the dental insurance, you will select “DECLINE”. If you would like to enroll in the dental insurance, you will select “SELECT”. If you do not want to make any changes to the dental insurance that you are currently enrolled in for the next year, you will select “NO CHANGES”.

K

METLIFE DENTAL INSURANCE

Election not made

Existing benefit: BASIC - SINGLE –

DECLINE NO CHANGES SELECT



L

☐ BASIC - SINGLE

Pay period employee cost \$0.00

Employee annual cost \$0.00

☐ BASIC - EMPLOYEE + 1 DEPENDENT

☐ BASIC - FAMILY

☐ ADVANCED - SINGLE

☐ ADVANCED - EMPLOYEE + 1 DEPENDENT

☐ ADVANCED - FAMILY

☐ I Decline

L. DENTAL INSURANCE

Select the dental insurance that you would like to enroll in. If you choose Employee + 1 Dependent or the Family level of coverage, you will need to add your dependent(s) to the dental insurance.

M

☒ **BASIC - SINGLE**

Pay period employee cost \$0.00
Employee annual cost \$0.00

☐ **BASIC - EMPLOYEE + 1 DEPENDENT**

☐ **BASIC - FAMILY**

☐ **ADVANCED - SINGLE**

☐ **ADVANCED - EMPLOYEE + 1 DEPENDENT**

☐ **ADVANCED - FAMILY**

☐ **I Decline**

[CANCEL](#) [CONTINUE](#)

M. AFTER SELECTION

Once you are finished selecting the dental insurance that you would like to enroll in and adding your dependent(s) to the insurance if applicable, you will click “Continue”.

N. VISION INSURANCE

After selecting “Continue”, you will be sent back to the “Make Elections” page. The next benefit that you will choose will be “SUPERIOR VISION INSURANCE”. If you would like to decline the vision insurance, you will select “DECLINE”. If you would like to enroll in the vision insurance, you will select “SELECT”. If you do not want to make any changes to the dental insurance that you are currently enrolled in for next year, you will select “NO CHANGES”.

N

SUPERIOR VISION INSURANCE

Election not made

Existing benefit: VISION - EMPLOYEE + 1 DEPENDENT –

[DECLINE](#) [NO CHANGES](#) [SELECT](#)



O

☐ **SINGLE**

Pay period employee cost \$2.74
Employee annual cost \$71.24

☐ **EMPLOYEE + 1 DEPENDENT**

Pay period employee cost \$4.99
Employee annual cost \$129.74

☐ **FAMILY**

Pay period employee cost \$8.65
Employee annual cost \$224.90

☐ **I Decline**

O. VISION INSURANCE

Select the vision insurance that you would like to enroll in. If you choose Employee + 1 Dependent or the Family level of coverage, you will need to add your dependent(s) to the vision insurance.

P

☒ **SINGLE**

Pay period employee cost \$2.74
Employee annual cost \$71.24

☐ **EMPLOYEE + 1 DEPENDENT**

Pay period employee cost \$4.99
Employee annual cost \$129.74

☐ **FAMILY**

Pay period employee cost \$8.65
Employee annual cost \$224.90

☐ **I Decline**

[CANCEL](#) [CONTINUE](#)

P. AFTER SELECTION

After selecting the vision insurance coverage that you would like to enroll in and adding your dependent(s) if applicable, select “Continue”.

Q. HEALTH SAVINGS ACCOUNT (H.S.A.)

After selecting “Continue”, you will be sent back to the “Make Elections” page. The next benefit that you will choose will be the “HEALTH SAVINGS ACCOUNT (HSA)”. If you would like to decline the health savings account, you will select “DECLINE”. If you would like to enroll in the health savings account, you will select “SELECT”.

Q

HEALTH SAVINGS ACCOUNT (HSA)

Election not made

Existing benefit: HEALTH SAVINGS ACCOUNT (H.S.A.) –

DECLINE SELECT



R. HEALTH SAVINGS ACCOUNT ELECTION

If you would like to contribute to your Health Savings Account (H.S.A), you will select the circle next to “HEALTH SAVINGS ACCOUNT (H.S.A.)” and enter the dollar amount that you would like to contribute **per pay period**. There are 26 pay periods in a year. The maximum annual dollar amount that you can contribute for 2022 is \$3,650 for Single and \$7,300 for Family. If this is your first year enrolling in a Health Savings Account, please contact Human Resources at (262) 636-9175.

R

☒ HEALTH SAVINGS ACCOUNT (H.S.A.)

Amount


20.00

☐ I Decline

S. AFTER ELECTION

Once you have filled out the amount that you would like to contribute to your Health Savings Account, you will click “Continue” in the bottom right-hand corner.

S

 Please list the dollar amount that you would like to contribute to the Health Savings Account (H.S.A.) each pay period. The maximum annual dollar amount you can contribute for 2022 is \$3,650 for Single coverage and \$7,300 for Family coverage.

☒ **HEALTH SAVINGS ACCOUNT (H.S.A.)**

Amount

20.00

☐ **I Decline**

CANCEL


CONTINUE

T. ONCE ALL ELECTIONS ARE MADE

Once you are done enrolling in or declining each benefit offered, you will click continue that is in the lower right hand corner of the screen.

T

Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 11/30/2021.*

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UHC MEDICAL INSURANCE

06A HIGH DEDUCTIBLE HEALTH PLAN - FAMILY – \$62.87

Existing benefit: ALL OTHERS - 06A HDHP - FAMILY –

[DECLINE](#) [EDIT](#) 

METLIFE DENTAL INSURANCE

BASIC - SINGLE – \$0.00

Existing benefit: BASIC - SINGLE –

[DECLINE](#) [EDIT](#) 

SUPERIOR VISION INSURANCE

SINGLE – \$2.74

Existing benefit: VISION - EMPLOYEE + 1 DEPENDENT –

[DECLINE](#) [EDIT](#) 

HEALTH SAVINGS ACCOUNT (HSA)

HEALTH SAVINGS ACCOUNT (H.S.A.)

Existing benefit: HEALTH SAVINGS ACCOUNT (H.S.A.) –

[DECLINE](#) [EDIT](#) 

Estimated total cost per pay period

\$65.61

[CONTINUE](#)

U. REVIEW YOUR ENROLLMENT

The review screen is where you can review the benefits that you have just enrolled in or declined. You will see each benefit listed, and the options that you chose along with any dependent(s) that you have enrolled in that insurance. Please be aware that the total dollar amount estimated **does not include your H.S.A. election** (if applicable). If you are reviewing this and realize that you would like to make a change to one of the insurances, you can click the “Modify” button and this will bring you back to the “Make Elections” screen. If you have reviewed your benefit elections and everything looks correct, you will click “Submit”.

U

Review your enrollment

UHC MEDICAL INSURANCE

06A HIGH DEDUCTIBLE HEALTH PLAN - FAMILY

JANE DOE

Pay period employee cost

\$62.87

Annual employee cost

\$0.00

METLIFE DENTAL INSURANCE

BASIC - SINGLE

Pay period employee cost

\$0.00

Annual employee cost

\$0.00

SUPERIOR VISION INSURANCE

SINGLE

Pay period employee cost

\$2.74

Annual employee cost

\$0.00

HEALTH SAVINGS ACCOUNT (HSA)

HEALTH SAVINGS ACCOUNT (H.S.A.)

Election amount

\$20.00

TOTAL PAY PERIOD EMPLOYEE COST

\$65.61

TOTAL ANNUAL EMPLOYEE COST

\$0.00

CANCEL

MODIFY

SUBMIT

V. CONFIRMATION SCREEN

This will bring you to the confirmation screen, where you will see the message “Your Enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.” You will have the option to go back to the Elections screen and make any changes to your elections up until the deadline of November 30th. If you do make any changes, make sure to follow the process all the way through to the end and submit those new choices. If you do not submit your new choices, the Human Resources office will only see the original choices that you made and submitted and not the changes or the new choices. You can print the confirmation screen if you would like for your records, but you will also be able to access this benefits section throughout the year next year. Your elections will be moved to the “Current Election” column and will always be visible to you in Employee Self Service.



Confirmation

+ Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

This is to confirm that you have completed open enrollment. If you have any questions about the benefits that you enrolled in, please contact the Human Resources Department at 262-636-9175. Have a wonderful day!

UHC MEDICAL INSURANCE

06A HIGH DEDUCTIBLE HEALTH PLAN - FAMILY

JANE DOE

Pay period employee cost

\$62.87

Annual employee cost

\$0.00

METLIFE DENTAL INSURANCE

BASIC - SINGLE

Pay period employee cost

\$0.00

Annual employee cost

\$0.00

SUPERIOR VISION INSURANCE

SINGLE

Pay period employee cost

\$2.74

Annual employee cost

\$0.00

HEALTH SAVINGS ACCOUNT (HSA)

HEALTH SAVINGS ACCOUNT (H.S.A.)

Election amount

\$20.00

TOTAL PAY PERIOD EMPLOYEE COST

\$65.61

TOTAL ANNUAL EMPLOYEE COST

\$0.00

You have now completed open enrollment through Employee Self Service. Benefits that are selected during open enrollment are effective January 1st of the upcoming year. If you have questions about the benefits that you have selected, please contact Human Resources at (262) 636-9175.