



# 2025 Dental/Vision Open Enrollment in ESS

Employee Self Service [ess.cityofmadison.com](http://ess.cityofmadison.com)

Employee Self Service (ESS) is an external website that allows employees access to their employment information such as previous pay stubs and W2's through their personal computers or mobile devices.

If you've never logged into ESS before, the user ID is the employee number displayed on the upper left hand corner of your pay stub. The first time you log in, your password will be the last 4 digits of your social security number. You'll then be prompted to change the password. If you've forgotten your password and need it reset, please contact the City IT Helpdesk at 608-266-4193 or review the provided [guide](#). Wait times may be longer during open enrollment so please try to login as soon as possible to confirm you have access. For additional assistance, please contact Central Payroll at [payroll@cityofmadison.com](mailto:payroll@cityofmadison.com).

## Employee Self Service

### Benefits

#### Open Enrollment

### Expense Reports

### Pay/Tax Information

### Personal Information

### Time Off

### Time Entry

ESS is used to process the annual open enrollment changes related to our Dental, Vision and Flex Medical/Dependent care programs. Employees may use ESS during the open enrollment period to view their current benefit elections as well as, enroll, change or cancel benefits for the 2025 plan year.

If you are not eligible to participate in the dental, vision and flex medical/dependent care programs, you will not have benefit information available to you in ESS.

*Open enrollment for health insurance will be administered separately per ETF guidelines. Additional information may be found [here](#).*

Please ensure you have a valid email address provided under Personal Information. This is used for your confirmation email of your open enrollment elections as well as any other ESS initiated employee changes.


## Welcome to Open Enrollment for the 2025 Plan Year!

The Open Enrollment module is located under the Benefits section of ESS. **Click on Benefits then Select [Open Enrollment](#) to proceed.** All other current year changes due to a qualifying event should still be processed through HR at this time. *\*\*Screenshots provided below may be from a prior benefit year, the enrollment process has not changed.\*\**

## Existing Benefits

! You must complete your [open enrollment](#) before 10/25/2024.

# Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/25/2024.*

## Welcome to Open Enrollment for the 2025 Plan Year!

- You will use this program to enroll, cancel or change your Dental or Vision insurance plans for the 2025 benefit year.
- Please click [Here](#) to process open enrollment Health Insurance changes.
- For your ETF Member ID, please see Employee Notifications on the left menu.
- Medical and Dependent Care Flex enrollment will occur from November 4, 2024 to November 22, 2024.
- Dental and Vision open enrollment choices will be first reflected in premiums deducted from the 12/20/24 pay check for January 2025 coverage.
- Amounts noted as "per pay period" are the premium amounts deducted monthly on the second check of the month.
- Spouses are considered dependents for Dental & Vision benefits. Please make sure to add your spouse to EE&Spouse or Family plans.
- Questions? Please reach out to [benefits@cityofmadison.com](mailto:benefits@cityofmadison.com) or 608-266-4615.


If you want to keep your current dental or vision benefits as is, choose **NO CHANGES**.

To cancel or decline benefits for the 2025 plan year, choose **DECLINE** for the appropriate benefit.

To enroll in new coverage **OR** to change your coverage level (for example, from a Single to a Family plan), choose **SELECT** on the appropriate benefit type to see the options available.

For plans level choices other than Single, dependent information must be added. Click on the **+ ADD NEW DEPENDENT** link and complete the **\*** required fields.

### Benefits – DELTA DENTAL INSURANCE 2025

 The pay period amount reflected below is the monthly premium amount that is withheld on the second check of each month.

<input type="radio"/>	<b>DELTA SINGLE - EMPLOYEE ONLY</b> Employee cost \$38.25	
<input type="radio"/>	<b>DENTAL FAMILY - EMPLOYEE, SPOUSE &amp; DEPENDENT CHILDREN</b> Employee cost \$132.82	
<input checked="" type="radio"/>	<b>DENTAL - EMPLOYEE &amp; DEPENDENT CHILDREN</b> Employee cost \$88.22	Coverage must be added for at least 1 dependent <a href="#">+ ADD NEW DEPENDENT</a> <input type="text" value="Add existing dependent"/>
<input type="radio"/>	<b>DENTAL - EMPLOYEE &amp; SPOUSE</b> Employee cost \$87.50	
<input type="radio"/>	<b>I Decline</b>	

#### Add a new dependent

First name\*

Middle initial

Last name\*

Suffix

Date of birth\*

Gender

Relationship\*

Handicapped

Social Security number\*

Dependent information will carry between the benefit types. Once a dependent is saved or linked with an active benefit, you'll be able to select the existing dependent from the drop down list that will appear under the **+ ADD NEW DEPENDENT** link.

Please be sure to complete *all* fields and enter accurate dependent information. This is required by the plan providers to administer your benefits. Middle initial and Suffix may be left blank if not applicable.

Social Security number\*

123-45-6789

*Dashes must be entered as indicated in the Social Security number in order to save dependent information. You may enter your SSN instead of your dependents' for this benefit.*

Once you have completed your elections, you may preview how the cost of the premiums will impact your net/take home pay with the paycheck simulator tool or select CONTINUE.

Estimated total cost per pay period

\$92.59

The [paycheck simulator](#) can show how this effects your net pay.

CONTINUE

The “pay period” or “per pay period” costs noted throughout the ESS open enrollment program reflect the premium amounts withheld monthly on the second check of the month, *not* every paycheck.

After selecting CONTINUE, you’ll be given a chance to review your open enrollment elections. The ANNUAL amount listed correctly reflects the monthly contributions x 12 months.

To make further changes, you may select MODIFY. When you’re satisfied with your changes, SUBMIT them for processing.

### Review your enrollment

DELTA DENTAL INSURANCE DENTAL - EMPLOYEE & DEPENDENT CHILDREN JANE DOE Pay period employee cost Annual employee cost	\$80.40 \$964.80
DELTA VISION INSURANCE VISION - EMPLOYEE & DEPENDENT CHILDREN JANE DOE Pay period employee cost Annual employee cost	\$12.19 \$146.28
TOTAL PAY PERIOD EMPLOYEE COST TOTAL ANNUAL EMPLOYEE COST	\$92.59 \$1,111.08

CANCEL MODIFY

SUBMIT

You’ll be presented with a confirmation screen. You may print/save for your records but you’ll also receive a confirmation email to the address stored under the Personal Information section of ESS. It is the same email you receive your biweekly pay statement if you participate in direct deposit.

### 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.

Regular Dental and Vision premium deductions are withheld on the second check of the month and the pay period amount noted below is the monthly premium amount. The benefit changes noted below will apply to coverage for the 2022 plan year. Premiums deducted on the December 23rd 2021 payroll check will be for your January 2022 coverage.

DELTA DENTAL INSURANCE  
DENTAL - EMPLOYEE & DEPENDENT CHILDREN

 Reply  Reply All  Forward  IM



NoReply@MUNIS.com

Benefit Enrollment Summary:

Employees may continue to make changes to their Dental and Vision elections from September 30, 2024 to October 25, 2024 through the ESS open enrollment program. Once the open enrollment period is over, you will no longer be able to make changes in ESS.