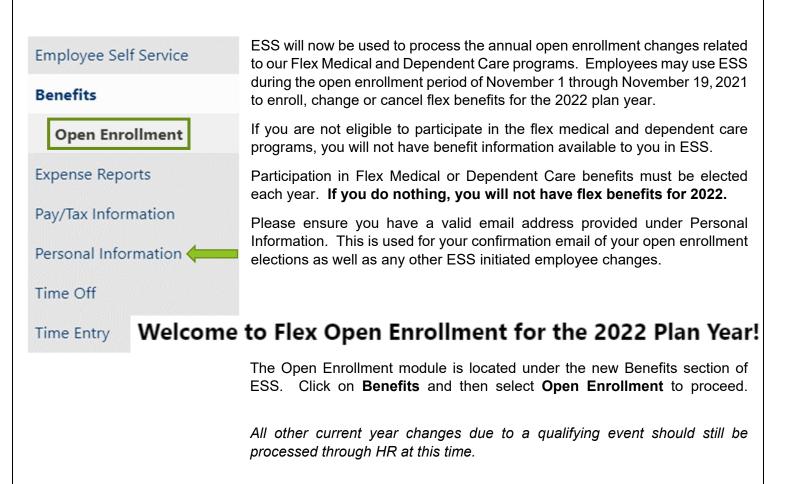


2022 Flex Open Enrollment in ESS

Employee Self Service 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 <u>guide</u>. For additional assistance, please contact Central Payroll at <u>payroll@cityofmadison.com</u>.



Existing Benefits

You must complete your <u>open enrollment</u> before 11/19/2021.

DELTA DENTAL INSURANCE DENTAL SINGLE - EMPLOYEE ONLY - \$34.86

Estimated total cost per pay period

\$34.86

Open Enrollment – Make Elections		
Make a selection for each benefit, then click "Continue". You must submit this enrollment by 11/19/2021.		
Welcome to Flex Open Enrollment for the 2022 Plan Year!		
 You will use this program to enroll in Flex Medical and/or Dependent Care coverage for the 2022 benefit year. Amounts elected are the per pay period amounts and are withheld on each of the 26 biweekly payroll checks. To determine your pay period amount based on an annual amount, divide it by 26 and round up to the nearest cent. The annual limit for Medical is \$2750 and the annual limit for Dependent Care is \$5000. Your final deduction of the year may be adjusted to comply with the annual limit. The first deductions for 2022 elections will be on the check dated January 7, 2022. Questions? Please reach out to <u>benefits@cityofmadison.com</u> or 608-266-4615. 		
FLEX MEDICAL Election not made	DECLINE	SELECT
FLEX DEPENDENT CARE Election not made	DECLINE	SELECT
Estimated total cost per pay period		\$0.00
The <u>paycheck simulator</u> can show how this effects your net pay.		
		CONTINUE
To decline benefits for the 2022 plan year, choose DECLINE for the appropriate benefit.		
To enroll in 2022 coverage, choose SELECT on the appropriate benefit type to enter your per pay period election amount.		
Benefits – FLEX MEDICAL	HR Flex Website Optum	Financial/CVC
Enter your PER PAY PERIOD amount below. The 2022 annual limit for medical is \$2750 and the City has 26 pay dates a year. To elect the may your per pay period amount below (2750/26 = 105.77).		
 FLEX MEDICAL Pay period employee cost \$0.00 Employee annual cost \$0.00 Amount 105.77 		
○ I Decline		
	CANCEL	CONTINUE
Please note the amount you elect is the <i>per pay period amount</i> . To figure out the per pay on an annual amount, divide the annual amount by 26 and round up to the nearest cent.	y period amo	unt basec
If you wish to elect the maximum amount of \$2750 for 2022 Flex Medical coverage, enter 1	105.77 as you	r amount
If you wish to elect the maximum amount for \$5000 for 2022 Flex Dependent Care, enter 1	92.31 as you	r amount
Once you have completed your elections, you may preview how the cost of the premiums net/take home pay with the paycheck simulator tool or select CONTINUE .	s will impact y	our/
Estimated total cost per pay period		\$105.77
The <u>paycheck simulator</u> can show how this effects your net pay.		
		CONTINUE

The "pay period" or "per pay period" costs noted throughout the ESS *Flex* open enrollment program reflect the contribution amounts withheld <u>on each of the 26 regular paychecks dated in 2022</u>.

After selecting **CONTINUE**, you'll be given a chance to review your open enrollment elections. The annual amount listed reflects the 26 biweekly contributions totaled. The annual amounts displayed may total a few cents more than the IRS designated limits. Payroll will automatically adjust the last contribution of the year to maintain compliance with the IRS mandated Flex Medical and Dependent Care limits.

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

Review your enrollment

FLEX MEDICAL FLEX MEDICAL Pay period employee cost	
ray period employee cost	\$105.77
Annual employee cost	\$2.750.02
Election amount	\$105.77
FLEX DEPENDENT CARE	
Declined	
TOTAL PAY PERIOD EMPLOYEE COST TOTAL ANNUAL EMPLOYEE COST	\$105.77 \$2,750.02
ou'll be presented with a confirmation screen. You may print/save for your records bu	•
	5. It is the same ema
nfirmation email to the address stored under the Personal Information section of ESS u receive your biweekly pay statement if you participate in direct deposit.	 It is the same ema
nfirmation email to the address stored under the Personal Information section of ESS u receive your biweekly pay statement if you participate in direct deposit.	 It is the same ema
nfirmation email to the address stored under the Personal Information section of ESS u 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	
nfirmation email to the address stored under the Personal Information section of ESS u receive your biweekly pay statement if you participate in direct deposit. onfirmation	



Employees may continue to make changes to their Flex Medical and Flex Dependent Care elections from November 1, 2021 to November 19, 2021 through the ESS open enrollment program. Once the open enrollment period is over, you will no longer be able to make changes in ESS.