



2022 Dental/Vision 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 [guide](#). For additional assistance, please contact Central Payroll at payroll@cityofmadison.com.

Employee Self Service

Benefits

Open Enrollment

Expense Reports

Pay/Tax Information

Personal Information

Time Off

Time Entry

ESS will now be 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 2022 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 HR/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 2022 Plan Year!

The Open Enrollment module is located under the new Benefits section of ESS. When you first click on Benefits, you will be presented with your current elected dental and vision benefits. Select Open Enrollment to proceed. *All other current year changes due to a qualifying event should still be processed through HR at this time.*

Existing Benefits

You must complete your [open enrollment](#) before 10/22/2021.

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 10/22/2021.*

Welcome to Open Enrollment for the 2022 Plan Year!

- You will use this program to enroll, cancel or change your Dental or Vision insurance plans for the 2022 benefit year.
- Please click [Here](#) to process open enrollment Health Insurance changes.
- Medical and Dependent Care Flex enrollment will occur from November 1, 2021 to November 19, 2021.
- Dental and Vision open enrollment choices will be first reflected in premiums deducted from the 12/23/21 pay check for January 2022 coverage.
- Amounts noted as "per pay period" are the premium amounts deducted monthly on the second check of the month.
- Questions? Please reach out to benefits@cityofmadison.com or 608-266-4615.

DELTA DENTAL INSURANCE

Election not made

DECLINE NO CHANGES SELECT ▾

Existing benefit: DENTAL - EMPLOYEE & SPOUSE – \$79.74

DELTA VISION INSURANCE

Election not made

DECLINE SELECT

Estimated total cost per pay period

\$0.00

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

CONTINUE

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

To cancel or decline benefits for the 2022 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

! The pay period amount reflected below is the monthly p

DENTAL SINGLE - EMPLOYEE ONLY

Pay period employee cost \$34.86

Employee annual cost \$418.32

DENTAL FAMILY - EMPLOYEE, SPOUSE & DEPENDENT CHILDREN

Pay period employee cost \$121.05

Employee annual cost \$1,452.60

DENTAL - EMPLOYEE & DEPENDENT CHILDREN

Pay period employee cost \$80.40

Employee annual cost \$964.80

DENTAL - EMPLOYEE & SPOUSE

Pay period employee cost \$79.74

Employee annual cost \$956.88

I Decline

DENTAL FAMILY - EMPLOYEE, SPOUSE & DEPENDENT CHILDREN

Coverage must be added for at least 1 dependent

[+ ADD NEW DEPENDENT](#)

Pay period employee cost \$121.05

Employee annual cost \$1,452.60

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, 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.



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

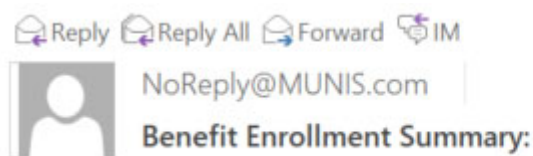
You’ll be presented with a confirmation screen. You may print/save for your records but you’ll also receive a confirmation email to the address stored under the Personal Information section of ESS. It is the same email you receive your biweekly pay statement if you participate in direct deposit.

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



Employees may continue to make changes to their Dental and Vision elections from September 27, 2021 to October 22, 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.