ESS OPEN ENROLLMENT GUIDE

Racine County



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 the Employee Self Service and your login information. You will also need to review the 2025 Benefits Guide 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, please email ess-reset@racinecounty.com. Please keep in mind, you are also able to update your life insurance elections during open enrollment as well. This is done during open enrollment but outside of the ESS site. If you are interested in this, please visit our open enrollment page on our website: 2025 Open Enrollment

Open Enrollment through Employee Self Service is available between November 1st – November 15th of each year. Any elections made during open enrollment will be effective as of January 1st.

SIEP1:	
 Log in to Employee Self Service On the right-hand side of the page, click on "Benefits" 	
Employee Self Service	
Benefits	
Pay/Tax Information	
Personal Information	
• Here you will see your current elections.	
You must complete your open enrollment before 11/15/2024.	
HEALTH INSURANCE FAMILY HEALTH – \$177.38	VIEW ARCHIVED
HEALTH INSURANCE FAMILY HEALTH - \$177.38 DENTAL INSURANCE PREMIUM DENTAL FAMILY - \$51.00	VIEW ARCHIVED
HEALTH INSURANCE FAMILY HEALTH - \$177.38 DENTAL INSURANCE PREMIUM DENTAL FAMILY - \$51.00 DELTA VISION FAMILY VISION - \$5.00	VIEW ARCHIVED
HEALTH INSURANCE FAMILY HEALTH - \$177.38 DENTAL INSURANCE PREMIUM DENTAL FAMILY - \$51.00 DELTA VISION FAMILY VISION - \$5.00 MEDICAL FSA 2024 MEDICAL FSA - \$40.00	VIEW ARCHIVED
HEALTH INSURANCE FAMILY HEALTH - \$177.38 DENTAL INSURANCE PREMIUM DENTAL FAMILY - \$51.00 DELTA VISION FAMILY VISION - \$5.00 MEDICAL FSA 2024 MEDICAL FSA - \$40.00 DEPENDENT CARE FSA 2024 Declined	
HEALTH INSURANCE FAMILY HEALTH - \$177.38 DENTAL INSURANCE PREMIUM DENTAL FAMILY - \$51.00 DELTA VISION FAMILY VISION - \$5.00 MEDICAL FSA 2024 MEDICAL FSA - \$40.00 DEPENDENT CARE FSA 2024 Declined	VIEW ARCHIVED

Select "Open Enrollment" located under the Benefits Option



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"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. On this page, you will choose "SELECT", "DECLINE", OR "NO CHANGES" for each benefit that is listed (except for HEALTH which only has "NO CHANGES" and "SELECT" and the FSA options which only has the "DECLINE" AND "SELECT". To decline health, you will need to choose "Waived" once you click Select. For the FSA you MUST elect or decline each year.

Open Enrollment – Make Elections

Make a selection for each benefit, then click "Continue". You must submit this enrollment by 11/15/2024. Welcome to Open Enrollment through Enrollment Enrollment through Enrollment will be effective as of 1/0 look at the 2025 Benefits Guide that was emailed to all employees. You can also find the benefits guide by clicking the "Resources" button that is located in the top right hand corner of this screen and selecting 2022 each of the selections. 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 have any questions or concerns, please contact Hu humanresources@racinecounty.com. Remember, during open enroliment, you are also able to make changes to your life insurance elections. This is done OUTSIDE OF ESS. Please look at the 2025 Open Enroliment	1/2025. Before you enrol 5 Benefits Guide and on t man Resources at Button on the website fo	II, please be sure to the top right corner of or more information.
HEALTH INSURANCE Election not made Existing benefit: FAMILY HEALTH - \$177.38	NO CHANGES	SELECT 🛩
DENTAL INSURANCE Election not made Existing benefit: PREMIUM DENTAL FAMILY - \$51.00	LINE NO CHANGES	SELECT 🗸
DELTA VISION Election not made Existing benefit: FAMILY VISION - \$5.00	LINE NO CHANGES	SELECT 🗸
MEDICAL FSA 2025 Election not made Existing benefit: MEDICAL FSA - \$40.00	DECLINE	SELECT 🛩
DEPENDENT CARE FSA Election not made Existing benefit: Declined	DECLINE	SELECT
Estimated total cost per pay period		\$0.00

STEP 3:

The first benefit that you can select will be "HEALTH INSURANCE". If you wish to keep everything the same, you will click "NO CHANGES". If you would like to enroll in the health insurance (or change to a different plan or add dependents), you will click "SELECT".

SELECT: If you choose SELECT, you will be brought to a screen that looks like the image below. Choose the type of coverage you want. Remember, the benefits guide is on the top right corner of all selection pages as a reminder of your choices. If you choose one of the high deductible plans, you may enroll in the HSA. You will see a link to that enrollment form on this page as well.

Benefits – HEALTH INSURANCE	0005	Design Cultin
Please note, if you enroll in the HDHP plan, you may also enroll in an HSA. Click the link for the HSA election form. Complete the form and return to Human Resources. HSA deductions will not begin until after the HSA election for Racine county will contribute \$500 for a single plan and \$1000 for a family plan.	m is received. I	f you enroll,
SINGLE HEALTH Pay period employee cost \$63.90 Employee annual cost \$1,533.60		
FAMILY HEALTH Pay period employee cost \$184.50 Employee annual cost \$4,428.00		
High DEDUCTIBLE PLAN - SINGLE Additional Link(s) Pay period employee cost \$44.70 Employee annual cost \$1,072.80		
High DEDUCTIBLE PLAN - FAMILY Additional Link(s) Pay period employee cost \$129.08 - HSA Elaction Form Employee annual cost \$3,097.92 - HSA Elaction Form		
WAIVED HEALTH 2025 Pay period employee cost \$0.00 Employee annual cost \$0.00		
	CANCEL	CONTINUE

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If you select Family coverage, you will see a drop-down menu that lists your dependents. You will also see a Add New Dependent option. **Please note:** Even if your dependent is listed as an existing dependent, you **MUST** click on each dependent that you wish to be enrolled. If you need to add someone new, you will click on Add New Dependent.

۲	FAMILY HEALTH	Coverage must be added for at least 1 dependent
Ŭ	Pay period employee cost \$184.50 Employee annual cost \$4,428.00	+ ADD NEW DEPENDENT
		Add existing dependent 💌

If you choose to add a new dependent, this screen will pop up. You MUST enter all accurate information for each new dependent you wish to add and then click SAVE at the bottom. HR will reach out after Open Enrollment to request dependent verification.

Add a new dependent		
First name*		
Middle initial		
Last name*		
Suffix		
Date of birth*		
Gender	_	
	•	
Relationship*		
•		
Disabled		
Social Security number*		
	CANCEL	SAVE

Once you have chosen the health insurance you would like and have added your dependents if applicable, you will click on the "continue" button on the bottom right-hand corner of the screen.



This will bring you back to the "Make Elections" page.

Step 4:

Continue through the remaining benefit elections (Dental and Vision) the same way as you did with the health. With these options, you can choose "DECLINE" as well.

Step 5:

When you reach the **Medical and Dependent Care FSA options**, you will notice there is no "NO CHANGES" option. This is because you must elect this benefit each year. If you choose "SELECT",

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you will be asked to choose the dollar amount that you wish to contribute PER PAYCHECK. Type the dollar amount in the space provided and then click continue at the bottom of the screen.

Benefits - MEDICAL FSA 2025 A Please list the dollar amount that you would like to contribute to your FSA PER PAYCHECK. The max amount for a medical FSA is \$123.08 per check which translates to \$3200 per year.				
0	MEDICAL FSA Pay period employee cost Employee annual cost Amount 0	\$0.00 \$0.00		
0	I Decline		CANCEL	CONTINUE

You will go through the same process for the Dependent Care FSA. REMEMBER, this benefit is for childcare (daycare, after school care, summer camps, etc.) or elder care expenses only.

Step 6:

Once you have completed enrollment for each insurance benefit, you will click continue that is in the lower right-hand corner of the screen. You will then see the review screen where you can review your enrollments. Please make sure to verify at this time that all your dependents are listed correctly under each selection. You will also see the total dollar amount you can expect to see taken from each check in 2025.

Review your enrollment

To complete Open Enrollment, click SUBMIT on the bottom right corner. To make changes, click MODIFY.



IMPORTANT: You have not completed Open Enrollment until you click SUBMIT. You will also receive an automatic email from <u>noreply@racinecounty.com</u> that confirms your benefits and shows each dependent that you enrolled for each insurance option. If you realize you made a mistake when you see your confirmation email, you may go back and make changes up until midnight on November 15th.