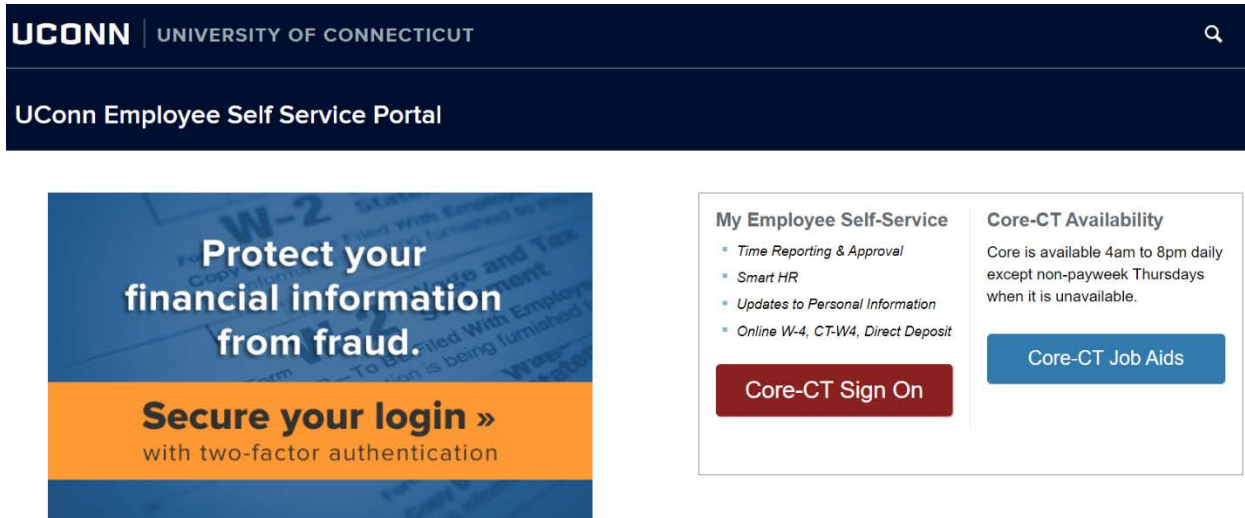
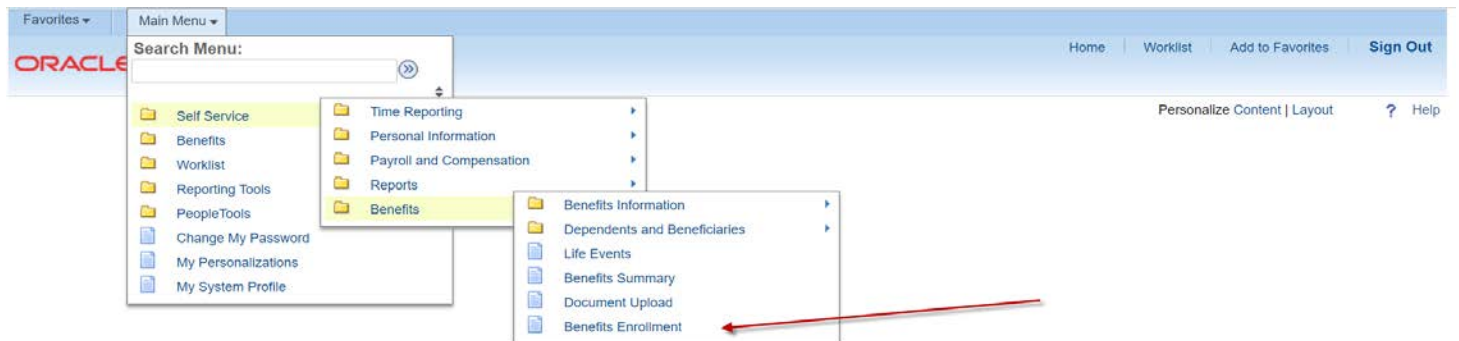


# Submitting an Employee Open Enrollment Event

Step 1: Enter your Net ID and Password at [www.ess.uconn.edu](http://www.ess.uconn.edu).



Step 2: Use the following path to access the Benefits Enrollment page: Main Menu -> Self Service -> Benefits -> Benefits Enrollment



### Step 3: Click on the highlighted Select button to initiate the Open Enrollment process.

Favorites ▾Main Menu ▾ > Self Service ▾ > Benefits ▾ > Benefits Enrollment

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#### Benefits Enrollment

The Enrollment Summary will display which benefit options are open to edit. Click on the **Select** button to begin your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment		07/01/2021	Open	IT Analyst 3	<b>Select</b>

After you click on the Select button, it will take a few seconds for your benefits enrollment information to load.

### Step 4: Please read the important information on this page. Click on the highlighted Continue button to proceed.

Favorites ▾Main Menu ▾ > Self Service ▾ > Benefits ▾ > Benefits Enrollment > Welcome

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#### WELCOME

1. The Open Enrollment page provides you with online access to review information and make changes. The elections for the event must be entered within the specified Open Enrollment time period.

2. If you and your spouse are both State of Connecticut employees and you have at least one eligible dependent, you must contact your Agency Benefits Specialist for assistance in enrolling in or making changes to the Family Less Employed Spouse (FLES) health options which cannot be processed through Self Service.

3. If you are enrolling a dependent(s), you must provide the long form birth certificate for children/stepchildren, adoption decree for adopted children and a marriage certificate for a spouse. Social Security Numbers are requested for all dependents.

Continue

Step 5: Please read the Important information at the top of the page. Click on the highlighted Edit button to view the benefit plan options that are available for you to change during the annual Open Enrollment period (Medical & Dental). Note: At the bottom of the page you will find your Election Summary with estimated 'Costs Per Pay Check' and 'Costs Annually'. This may change based on the elections chosen.

Benefits Enrollment

Open Enrollment

The Enrollment Summary will display which benefit options are open for Edit.

**i** Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Enrollment Summary

Medical	Costs per Pay Check	Costs Annually	Edit
Current: Anthem State BlueCare POE:Empl Only	48.87	1,270.62	

Dental	Costs per Pay Check	Costs Annually	<a href="#">Edit</a> 
Current: Enhanced Dental Empl Only	0.00	0.00	
Life	Costs per Pay Check	Costs Annually	
Current: BasicGrpLf: Salary X 1	7.60	197.60	
Supplemental Life	Costs per Pay Check	Costs Annually	
Current: Waive			

This table summarizes estimated costs for your new benefit changes

Election Summary			
Summarized estimates for new Benefit Elections		Costs per Pay Check	Costs Annually
Costs		56.47	1,468.22
Your Costs		56.47	1,468.22




[Save and Continue](#)
[I Have No Changes](#)

Select the **Save and Continue** button to send your final changes to your Agency Benefits Specialist

Select the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

 **Important:** Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist

---

**Step 6: After clicking on the highlighted Edit button (in this example Medical), please view the benefit plans available for you to elect or change. If you want to enroll eligible dependents in your health coverage, click on the highlighted Add/Review Dependents button at the bottom of the page or click on the highlighted Save and Continue button to proceed. Click on the highlighted Discard Changes button to restart the enrollment.**

## Benefits Enrollment

## Medical

**i** Important! Your current coverage is: Anthem State BlueCare POE with Employee Only coverage. You will continue with this coverage if you do not make a choice.

### Select an Option

## Overview of all Plans

Select one of the following plans:

☐ Anthem State BlueCare POS

Employee Only	\$51.62	Before-Tax
Employee + One Dependent	\$149.87	Before-Tax
Family	\$173.15	Before-Tax

● Anthem State BlueCare POE

Coverage Level	Your Costs	Tax Class
Employee Only		\$43.39 Before-Tax
Employee + One Dependent		\$123.96 Before-Tax
Family		\$163.11 Before-Tax

☐ Anthem State BlueCare POE Plus

Coverage Level	Your Costs	Tax Class
Employee Only	\$39.51	Before-Tax
Employee + One Dependent	\$108.63	Before-Tax
Family	\$138.54	Before-Tax

☐ Anthem BlueCare Prime Plus POS

Coverage Level	Your Costs	Tax Class
Family	\$128.66	Before-Tax
Employee + One Dependent	\$96.45	Before-Tax
Employee Only	\$38.12	Before-Tax

☐ Waive

#### Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. **Note:** If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

[Add/Review Dependents](#)
[Update and Continue](#)
[Discard Changes](#)

**Step 7: You can add a dependent by clicking on the highlighted Add a dependent or beneficiary button at the bottom of the page.**



## Add/Review Dependent/Beneficiary

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select the 'Add a dependent or beneficiary' button.

Dependent Information		
Name	Relationship to Employee	Date of Birth
	Parent	09/19/1956

[Add a dependent or beneficiary](#)
[Return to Event Selection](#)

**Step 8: Please complete all required fields (as designated by the arrows) for each new dependent that you are enrolling in health coverage. Click on the highlighted Save button and then click on the highlighted OK button. Note: If the address for the new dependent is different than the employee address, remove the checkmark in the Same Address as Employee field.**

## Dependent/Beneficiary Personal Information

Select Save once you have added your Dependent/Beneficiary's personal information.

Personal Information

\*First Name

←

Middle Name

\*Last Name

←

Name Prefix

Name Suffix

Date of Birth

←

\*Gender

Male

▼

←

SSN



(Social Security Number)


\*Relationship to Employee

▼

←

## Status Information

\*Marital Status Single  As of  

Disabled No  As of

## Address and Telephone

☒ Same Address as Employee

Country United States

Address

☐ Same Phone as Employee

Phone

Edit

Save

[Return to Dependent/Beneficiary Summary](#)

[Favorites](#)  [Main Menu](#)  [Self Service](#)  [Benefits](#)  [Benefits Enrollment](#)  [Welcome](#)

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Personal Information

## Save Confirmation

 The Save was successful.

OK



**Step 9: You can review your dependent information for accuracy or update if necessary. Click on the Return to Event Selection button to enroll your dependents in Medical coverage.**

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### Add/Review Dependent/Beneficiary

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select the 'Add a dependent or beneficiary' button.

Dependent Information		
Name	Relationship to Employee	Date of Birth
	Parent	09/19/1956
	Child	10/02/2021
	Spouse	01/01/1990

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

**Step 10: After making changes to the benefit plans, please enroll or disenroll any dependents(s) by clicking or unclicking the box next to the dependent's name. Click on the highlighted Update and Continue button to proceed or click on the highlighted Discard Changes button to restart your enrollment.**

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### Benefits Enrollment

### Medical

**i** Important! Your current coverage is: Anthem State BlueCare POE with Employee Only coverage. You will continue with this coverage if you do not make a choice.

[Select an Option](#)

[Overview of all Plans](#)

Select one of the following plans:

☐ Anthem State BlueCare POS

Coverage Level	Your Costs	Tax Class
----------------	------------	-----------

Employee Only	\$51.62	Before-Tax
Employee + One Dependent	\$149.87	Before-Tax
Family	\$173.15	Before-Tax

☒ Anthem State BlueCare POE

Coverage Level	Your Costs	Tax Class
Employee Only	\$43.39	Before-Tax
Employee + One Dependent	\$123.96	Before-Tax
Family	\$163.11	Before-Tax

☐ Anthem State BlueCare POE Plus

Coverage Level	Your Costs	Tax Class
Employee Only	\$39.51	Before-Tax
Employee + One Dependent	\$108.63	Before-Tax
Family	\$138.54	Before-Tax

☐ Anthem BlueCare Prime Plus POS

Coverage Level	Your Costs	Tax Class
Family	\$121.97	Before-Tax
Employee + One Dependent	\$95.06	Before-Tax
Employee Only	\$35.35	Before-Tax

☐ Waive

## Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling.  
Uncheck the Enroll box next to the name of the dependent(s) you are removing.  
**Note:** If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Spouse

Add/Review Dependents

Update and Continue

Discard Changes

Step 11: You will be returned to the Benefits Enrollment page where you can review your enrollment and costs. Click on the highlighted Save and Continue button to proceed or click on the highlighted Discard Changes button to restart your enrollment.

Benefits Enrollment

Medical

**i** Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Your Choice

You have chosen Anthem State BlueCare POE with Family coverage. ←

Your Cost

Your Cost \$173.13 ←

Your Covered Dependents

Dependent Details ←	
Name	Relationship
	Child
	Spouse

Notes

Update Elections ← Discard Changes ←

Select the Update Elections button to store your choices.  
Select the Discard Changes button to go back and change your choices.

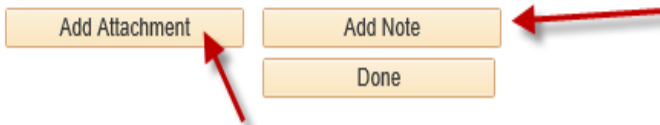
**Step 12: Enter required documentation in the highlighted Proof Document Upload page (e.g., long form birth certificate, marriage certificate) for each dependent you have enrolled in your health coverage. Start by clicking on the highlighted Add Attachment button. If you will not be uploading required proof documentation, click Add Note.**



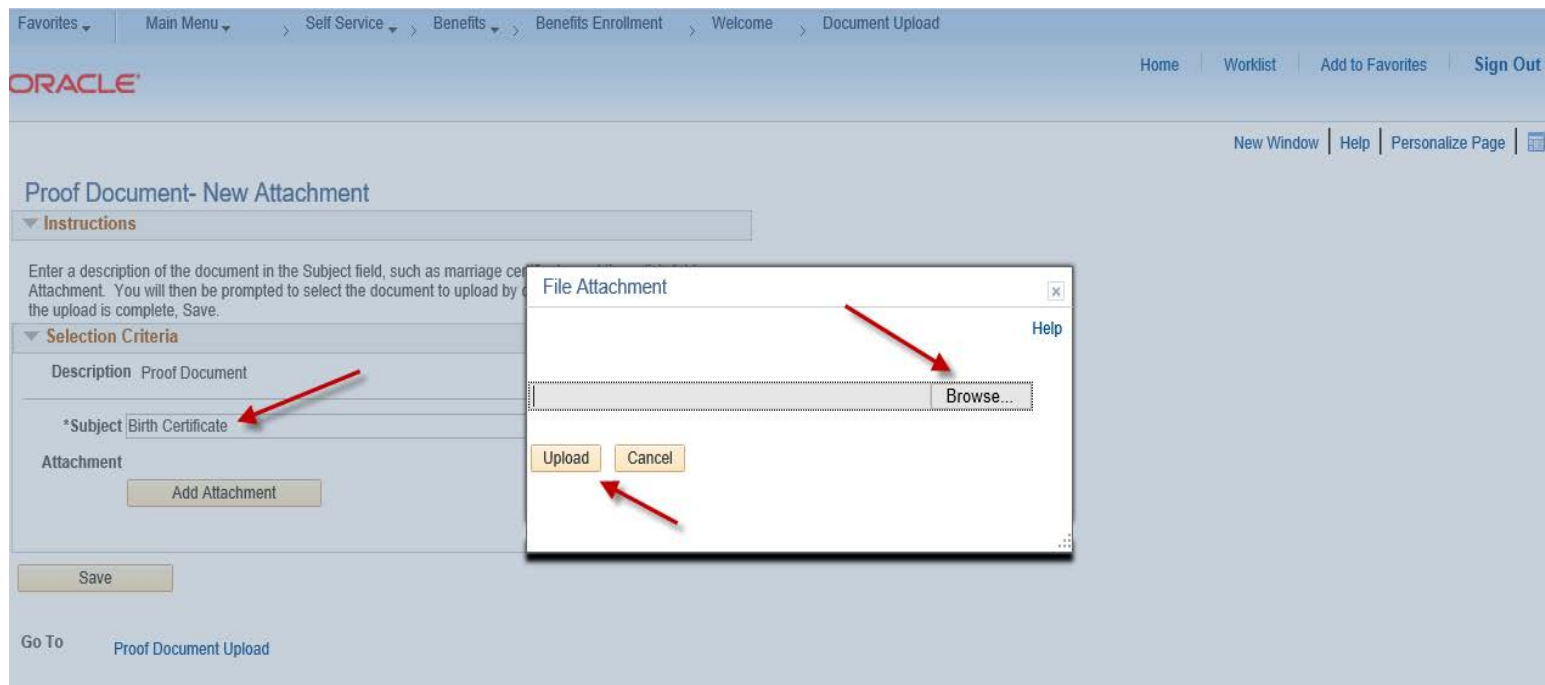
## Proof Document Upload

### Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click **Add Attachment**. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click **Add Note**.



**Step 13: Enter a document name on the Subject line (e.g., long form birth certificate, marriage certificate) and attach the required documentation by clicking on the Choose File or Browse button (as either may appear). Click on the highlighted Upload button.**



**Step 14: Click on the highlighted Save button once your document(s) has been uploaded. Repeat this step for each new dependent you are enrolling.**

Favorites ▾ Main Menu ▾ > Self Service ▾ > Benefits ▾ > Benefits Enrollment > Welcome > Document Upload

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### Proof Document- New Attachment

▼ Instructions

Enter a description of the document in the Subject field, such as marriage certificate, and then click Add Attachment. You will then be prompted to select the document to upload by clicking Browse, Upload, and after the upload is complete, Save.

▼ Selection Criteria

Description Proof Document

\*Subject Birth Certificate

Attachment test.docx

View Attachment

Save

Go To [Proof Document Upload](#)

**Step 15: Click on the highlighted Done button to complete the Proof Document Upload process.**

Favorites ▾ Main Menu ▾ > Self Service ▾ > Benefits ▾ > Benefits Enrollment > Welcome > Document Upload

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### Proof Document Upload

▼ Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click **Add Attachment**. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click **Add Note**.

Add Attachment Add Note

Attachments							Personalize   Find   <input type="text"/>	First	1 of 1	Last
Select	Sequence	Created	Author	Entry ID	Subject	Status				
<input type="checkbox"/>	1	10/06/2021 3:24PM		Proof Document	Birth Certificate	Submitted				

Select All Deselect All

Delete Done

Step 16: You now have the option of enrolling in other benefit plans by following the same process as the Medical example shown above.

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Benefits Enrollment

Open Enrollment

The Enrollment Summary will display which benefit options are open for Edit.

Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Enrollment Summary

Medical

Costs per Pay Check

Costs Annually

Edit

Current: Anthem State BlueCare POE:Empl Only

48.87

1,270.62

New: Anthem State BlueCare POE:Family

173.13

4,501.38

Dental

Costs per Pay Check

Costs Annually

Edit

Current: Enhanced Dental:Empl Only

0.00

0.00

New: Enhanced Dental:Empl Only

0.00

Life

Costs per Pay Check

Costs Annually

Current: BasicGrpLf. Salary X 1

7.60

197.60

New: BasicGrpLf. Salary X 1 : \$38,000

7.60

197.60

Supplemental Life

Costs per Pay Check

Costs Annually

Current: Waive

New: Waive

This table summarizes estimated costs for your new benefit changes

Election Summary

Summarized estimates for new Benefit Elections

Costs per Pay Check

Costs Annually

Costs

180.73

4,698.98

Your Costs

180.73

4,698.98

Save and Continue

Select the Save and Continue button to send your final changes to your Agency Benefits Specialist

Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist

Benefits Enrollment

Dental

**i** Important! Your current coverage is: Enhanced Dental with Employee Only coverage.  
You will continue with this coverage if you do not make a choice.

Select an Option

[Overview of all Plans](#)

Select one of the following plans:



☐ DHMO Dental

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + One Dependent	\$4.10	Before-Tax
Family	\$5.81	Before-Tax

☐ Basic Dental

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + One Dependent	\$12.27	Before-Tax
Family	\$12.27	Before-Tax

☒ Enhanced Dental

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + One Dependent	\$10.37	Before-Tax
Family	\$10.37	Before-Tax

☐ Total Care DHMO

Coverage Level	Your Costs	Tax Class
----------------	------------	-----------

Employee Only	\$0.00	Before-Tax
Employee + One Dependent	\$5.11	Before-Tax
Family	\$7.25	Before-Tax

☐ Waive

Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing.  
**Note:** If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.

Dependent Beneficiary

Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child

Add/Review Dependents

Update and Continue

Discard Changes

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Benefits Enrollment

Dental

**i** Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Your Choice

You have chosen Enhanced Dental with Family coverage.

Your Cost

Your Cost \$10.37

Your Covered Dependents

Dependent Details

Name	Relationship
	Spouse
	Child

Notes

Update Elections

Discard Changes

Select the Update Elections button to store your choices.  
Select the Discard Changes button to go back and change your choices.



**Step 17: Click on the highlighted Done button to complete the Proof Document Upload process.**

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### Proof Document Upload

Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click **Add Attachment**. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click **Add Note**.

Add Attachment

Add Note

Attachments

PersonalizeFind1 of 1

Select	Sequence	Created	Author	Entry ID	Subject	Status
<input type="checkbox"/>	1	10/06/2021 3:24PM		Proof Document	Birth Certificate	Submitted

Select AllDeselect All

Delete

Done

**Step 18: Please review your benefit selections before submitting. Click on the highlighted Save and Continue button to proceed.**

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### Benefits Enrollment

#### Open Enrollment

The Enrollment Summary will display which benefit options are open for Edit.

i

Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Enrollment Summary

Medical	Costs per Pay Check	Costs Annually	Edit
Current: Anthem State BlueCare POE:Empl Only	48.87	1,270.62	
New: Anthem State BlueCare POE:Family	173.13	4,501.38	

<b>Dental</b>		Costs per Pay Check	Costs Annually	<a href="#">Edit</a>
Current:	Enhanced Dental:Empl Only	0.00	0.00	
New:	<b>Enhanced Dental:Family</b>	10.37	269.62	
<b>Life</b>		Costs per Pay Check	Costs Annually	
Current:	BasicGrpLf. Salary X 1	7.60	197.60	
New:	BasicGrpLf. Salary X 1 : \$38,000	7.60	197.60	
<b>Supplemental Life</b>		Costs per Pay Check	Costs Annually	
Current:	Waive			
New:	Waive			

This table summarizes estimated costs for your new benefit changes

<b>Election Summary</b>		
Summarized estimates for new Benefit Elections		
	Costs per Pay Check	Costs Annually
Costs	191.10	4,968.60
<b>Your Costs</b>	<b>191.10</b>	<b>4,968.60</b>

[Save and Continue](#)

Select the Save and Continue button to send your final changes to your Agency Benefits Specialist

**i** Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist

**Step 19: Read the important Authorize Elections information in the Submit Benefit Choices page. Click on the highlighted Submit button to authorize and submit your elections or click on the highlighted Cancel button to return to the Benefits Enrollment page to make changes.**

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**ORACLE**

Benefits Enrollment  
Open Enrollment

Benefits Enrollment  
**Submit Benefit Choices**

Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.

#### Authorize Elections

I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions described by the health plan.

I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.

I certify that all information on this form is correct to the best of my knowledge and belief, and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).

I understand that the rates in the Enrollment Statement are based upon my participation in the Health Enhancement Program (HEP). Employees who choose not to participate in HEP will be responsible for higher premium co-shares of an additional \$100.00 per month (\$46.16 biweekly), a \$350.00 per participant per year deductible (\$1,400 family maximum) and ineligible for reductions in co-pays for certain prescriptions and office visits.

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.



Select the **Submit** button to send your final choices to the Benefits Department.

**Step 20: Please review your benefit elections before submitting. Click on the highlighted OK button to submit your enrollment to your Agency Benefits Specialist for approval.**

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Related Content ▾New WindowHelpPersonalize Page

Benefits Enrollment

Submit Confirmation

Your benefit choices have been submitted to your Agency Benefits Specialist

You will receive a confirmation statement when approved by your Agency Benefits Specialist

To return to the Benefits Enrollment page, use the OK button.

Enrollment Summary

	Costs per Pay Check	Costs Annually
Medical		
New: Anthem State BlueCare POE:Family	173.13	4,501.38
Dental		
New: Enhanced Dental:Family	10.37	269.62

Life

New: BasicGrpLf. Salary X 1 : \$38,000

Costs per Pay Check    Costs Annually

7.60                      197.60

Supplemental  
Life

New: Waive

Costs per Pay Check    Costs Annually

#### Election Summary

Summarized Estimates for new Benefit Elections	Costs per Pay Check	Costs Annually
Costs	191.10	4,968.60
Your Costs	191.10	4,968.60

OK

Click OK to Continue

**i** Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist

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Benefits Enrollment

### Submit Confirmation

Your benefit choices have been submitted to your Agency Benefits Specialist

You will receive a confirmation statement when approved by your Agency Benefits Specialist

To return to the Benefits Enrollment page, use the OK button.

OK