Submitting an Open Enrollment Event (as of April 2025)

> *Note:* If you are ***not making any changes*** to your current health insurance elections or the dependents you cover, ***no action is needed. Only submit your Open Enrollment Event in Core-CT if you are making changes.***
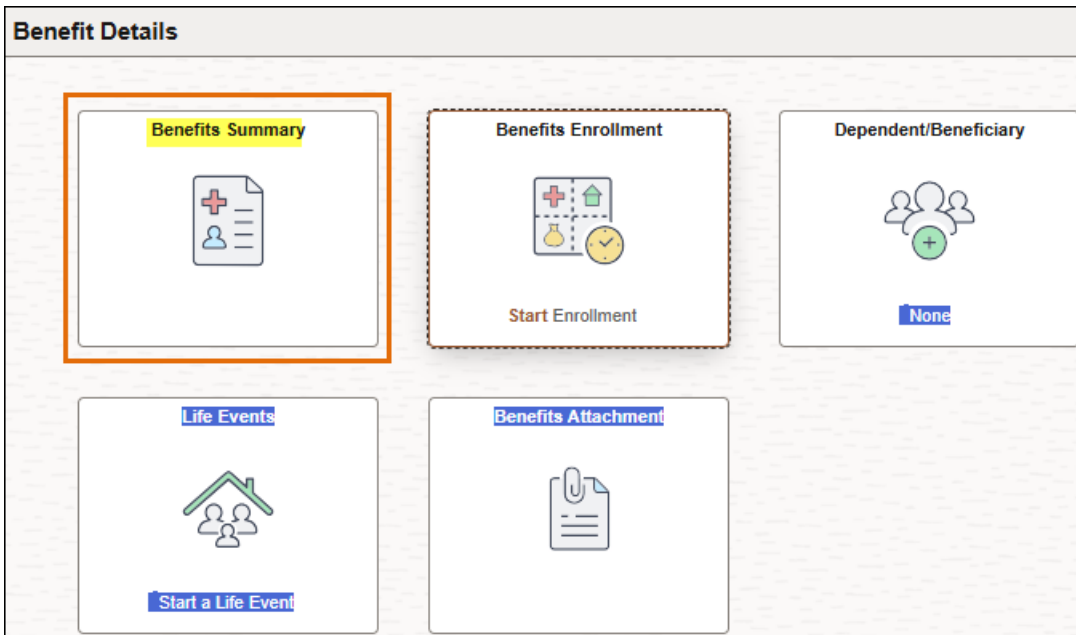
Step 1: Open your browser to www.ess.uconn.edu. Click **Core-CT Sign on** and enter your Net ID and Password.

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Step 2: Click on **Benefit Details**.

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Step 3: Select **Benefits Summary** to review current selections. If making changes to Medical, Dental, and/or dependents, proceed to Step 4.

Note: If you are ***not making any changes*** to your current health insurance elections or the dependents you cover, ***no action is needed. Only submit your Open Enrollment Event in Core-CT if you are making changes.***

Step 4: Select **Benefits Enrollment**.

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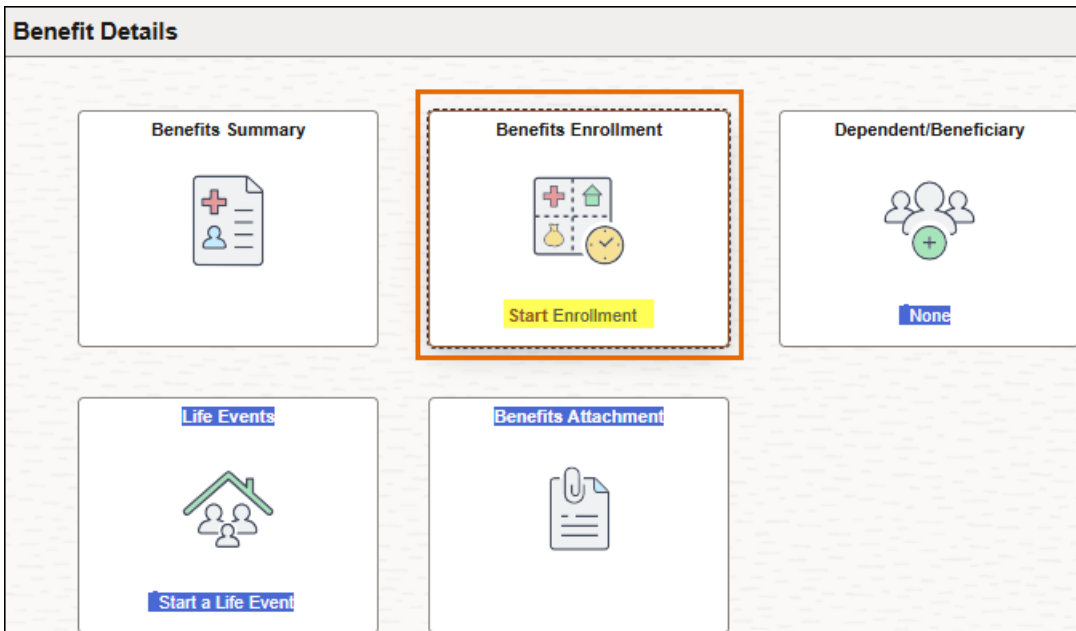
Step 5: Please read the important information on this page. Click on the **Start** button to proceed.

Benefits Enrollment

1. 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. FLES elections cannot be processed through Self Service.

2. If you or your spouse have been granted permanent or temporary guardianship of a child under age 18, you must contact your Agency Benefits Specialist for assistance enrolling the dependent. Gaurdians cannot be enrolled through Self-Service.

3. Before proceeding, please make sure the following documents are available. If you are adding dependents, you need to provide the long form birth certificate for children, adoption decree for adopted children and a marriage certificate for a spouse. Social Security Numbers are requested for all dependents.

After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change.
The information icon provides you with additional information about your enrollment.
The Start or Resume button next to an event means it is currently open for enrollment. Use the Start button to begin or the Resume button to continue your enrollment.

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

Your Benefit Events

Event Description ↑↓		Event Date ↑↓	Event Status ↑↓	Job Title ↑↓	
Open Enrollment	ⓘ	10/04/2024	Open		Start

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Step 6: The benefit options available to you will appear. Employees who wish to opt out of HEP, please contact UConn's benefit specialists at *(860) 486-3034* as this cannot be processed in Core-CT. HEP <u>does not apply</u> to Postdoctoral Research Associates and Graduate Assistants. Click on the **Review** button to view the benefit plan enrollment options (e.g., Medical, Dental, etc.)

Note: The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.

Benefits Enrollment

Return to Search | Cancel | ‹ Previous | Next ›

* Indicates required field

The Enrollment Summary will display which benefit options are open for edit. Click Review button to begin your enrollment.

Important: Your Enrollment is not complete until you click on the "Done" 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 Quantum Health at 833.740.3258

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 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 by enrolling in health coverage I will be automatically enrolled in the Health Enhancement Program (HEP) and that the rates on the Enrollment Statement are based on my participation. If I do not want to participate in HEP, I will need to complete the opt out form on the Care Compass website located at https://carecompass.ct.gov/forms/health-enhancement-program-opt-out/ and submit it to my agency Benefits Specialist for processing. If I choose not to participate in HEP, I understand that I will be responsible to pay an additional $100 per month ($46.16 biweekly), a $350 per participant per year deductible ($1,400 family maximum), and will be ineligible for reduced 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.

I acknowledge my obligation to make Retiree Health Fund contributions for 10 years (if first hired before 7/1/17) or 15 years (if first hired after 7/1/17) or until I retire or terminate employment, whichever comes first. SERS, ARP and Hybrid members contribute 3% of compensation; TRS members 1.75% of compensation. I hereby authorize such deductions from my payroll check.

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

∨ Enrollment Summary

Your Pay Period Cost	$157.93	Full Cost	$157.93
Status	Pending Review		

[Enrollment Preview Statement]

[Submit Enrollment]

Benefit Plans

Medical
Current	Quality First Select Access
New	Quality First Select Access
Status	✓ Changed
	4 Dependents

Pay Period Cost $148.14
Annual Cost $3,851.64

Review

Dental
Current	Enhanced Dental
New	Enhanced Dental
Status	Pending Review
	3 Dependents

Pay Period Cost $9.79
Annual Cost $254.54

Review

Life
Current	No Coverage
New	Waive
Status	Pending Review

Pay Period Cost $0.00
Annual Cost $0.00

Review

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Step 7: Please read the important information provided. If adding new dependents, please click the **Add/Update Dependent** button. If no dependent changes are needed, skip to *Step 17*.

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Step 8: Click **Add Individual**.

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Step 9: Enter dependent's information in each section: Name, Personal Information, Address, Social Security Number Phone, and Email. Next, click **Save**.

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Step 10: Read the information regarding Supporting documents and click OK. **Note**: Supporting documents are added in the next step.

Supporting documents are required for the changes made.
Select the Attachments link from Dependent/Beneficiary Info or use Benefits Attachment to attach the documents.

OK

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Step 11: Click [⚠ Incomplete] in the Dependent and Beneficiary Information window (below) to attach supporting documents.

Dependent and Beneficiary Information

Add Individual

Name	Relationship	Beneficiary	Dependent	Attachment	
Jane Smith	Child	✓	✓	🔗 View	>
John Smith	Child	✓	✓	🔗 View	>
Jeremy Smith	Child	✓	✓	⚠ Incomplete	>

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Step 12: Click **Add Attachment**.

Cancel   **Dependent Attachments**   Done

Event Value Jeremy Smith

⌄ 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.

⌄ Document List

Document	Upload / Status	Approval / Status
Proof Document	Required Attachment Missing	Not Required

Add Document

Add Attachment   Add Note

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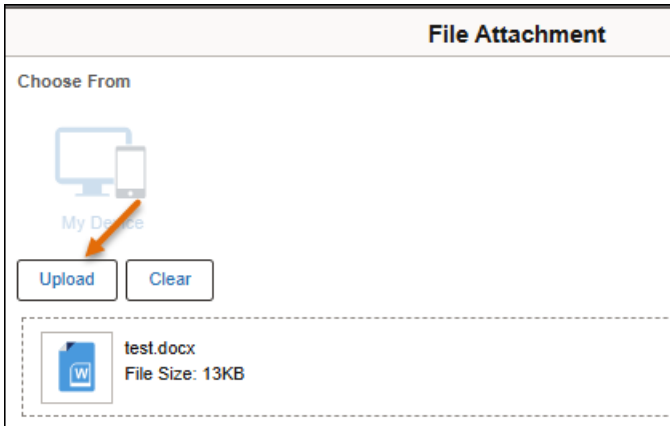
Step 13: Click **My Device**, locate the file, and click **Open**.

File Attachment   ✕

Choose From

My Device

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Step 14: Click **Upload** and **Done**.

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Step 15: Enter a document name in the Description field (e.g., birth certificate, marriage certificate), then click **Done**.

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Step 16: Confirm attachment(s) uploaded, and click the **X** to close and continue. Repeat this process for each new dependent you are enrolling.

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Step 17: The Medical options that are available to you will appear. Review to confirm the box next to each dependent you wish to include on the plan is checked, or uncheck the box next to any dependents you wish to remove. Click **Select** to change to a different Medical option. Click **Done** to proceed with changing other benefit plan options, or click **Cancel** to discard changes.

Note: If you enrolled new dependents and supporting documentation was not loaded in *Steps 11-16*, the number of dependents in the window displayed below will not be correct.

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Step 18: You can now review your medical costs and enrolled dependents.

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Step 19: You now have the option of updating the dental plan by following the same process as the Medical example shown above. To update Dental, click **Review** under Dental.

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Step 20: Review to confirm the box next to each dependent you wish to include on the plan is checked, or uncheck the box next to any dependents you wish to remove. Click **Select** to change to a different Dental option. Click **Done** to proceed or click **Cancel** to discard changes.

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Step 21: Review the changes.

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Step 22: Click **Enrollment Summary** and read the important information.

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Step 23: Click the **X** button (top right corner) to return to the prior *Benefits Enrollment* page.

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Step 24: Click **Submit Enrollment** once all benefit enrollment updates are entered.

Note: If you do not complete your submission or fully submit changes, no changes will be made during this open enrollment.

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Step 25: The *Submit Confirmation* page will appear confirming your submission has been sent to your Agency Benefits Specialist. Click **Done** to complete your submission.

Note: You will receive an email confirmation once changes are finalized by your Agency Benefits Specialist. If you **do not fully submit, you will not receive a confirmation and changes will not be made during this open enrollment.**