

Submitting an Open Enrollment Event (as of May 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.

The screenshot shows the UConn Employee Self Service Portal. At the top is a dark blue header with the UConn logo and 'UNIVERSITY OF CONNECTICUT'. Below the header is a dark blue bar with the text 'UConn Employee Self Service Portal'. The main content area has a light blue background. On the left is a large blue banner with white text that reads 'Protect your financial information from fraud.' and 'Secure your login » with two-factor authentication'. On the right is a white box with two columns. The left column is titled 'My Employee Self-Service' and lists four items: 'Time Reporting & Approval', 'Smart HR', 'Updates to Personal Information', and 'Online W-4, CT-W4, Direct Deposit'. Below this list is a red button labeled 'Core-CT Sign On'. The right column is titled 'Core-CT Availability' and states 'Core is available 4am to 8pm daily except non-payweek Thursdays when it is unavailable.' Below this text is a blue button labeled 'Core-CT Job Aids'.

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

The screenshot shows the 'Employee Self Service' dashboard. At the top is a light blue header with the text 'Employee Self Service' and a dropdown arrow. Below the header is a grid of four white tiles. The top row contains 'Payroll' (with a green bill icon) and 'Personal Details' (with a person icon and a pencil). The bottom row contains 'Leave Management' (with a folder icon) and 'OPEB Start Date' (with the text 'Date of first retiree health contribution'). The 'Benefit Details' tile is highlighted with an orange border and contains a person icon with a plus sign and a house icon. Below the icon is the text 'Action Required'. An orange arrow points from the 'Employee Self Service' header to the 'Benefit Details' tile.

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

Benefit Details

Benefits Summary


Benefits Enrollment

Start Enrollment

Dependent/Beneficiary

None

Life Events

Start a Life Event

Benefits Attachment


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**.

Benefit Details

Benefits Summary


Benefits Enrollment


Dependent/Benef Elig History

3 Dependents
3 Beneficiaries

Life Events

Start a Life Event

Benefits Attachment


Step 5: Click the **Re-Elect** button to proceed with making changes to elections.

Benefits Enrollment

The Open Enrollment Event is temporary closed until you have completed enrollment for a prior event. The Start/Resume button next to an event means it is currently open for enrollment. Use the Start/Resume button to begin your enrollment.

The information icon provides you with additional information about each event.

Your Benefit Events

Event Description		Event Date	Event Status	Job Title
Open Enrollment		07/01/2025	Submitted	Re-Elect

Step 6: Please read the important information on this page. Click **Next** to continue.

Benefits Enrollment

Enrollment Period 5/1/2025 - 5/31/2025

Return to Search

Cancel Button

Mark Complete

Next >

Welcome

● Visited

Benefits Attachment

○ Not Started

Add a Dependent/Beneficiary Info

○ Not Started

Benefits Summary

○ Not Started

Benefits Enrollment

○ Not Started

Summary

○ Not Started

Welcome

This page provides you with online access to review and make changes to your medical and dental benefits. Your benefit election changes must be entered by May 31, 2025.

Required Dependent Information/Documentation:

- Social Security numbers are necessary for all enrolled dependents.
- If you are enrolling dependent(s) children/stepchildren, you must provide the long form of their birth certificate.
- If you are enrolling a spouse, you must provide a marriage certificate.
- If you are enrolling an adopted child(ren) you must provide an adoption decree only if you do not have an updated long-form birth certificate.

Self Service is not available for the following circumstances and you must contact your Agency Benefits Specialist if:

- Enrolling or Changing FLES benefit options. You and your spouse are both State of Connecticut employees and you have at least one eligible dependent, you may be eligible for a discounted premium deduction referred to as Family Less Employed Spouse (FLES).
- You or your spouse are a guardian to a dependent under the age of 18 that you want to enroll in health coverage.
- You have already submitted an Open Enrollment election and you wish to make an additional change before the open enrollment period ends.

Step 7: Click **Next** to continue past the *Benefits Attachment* page.

Benefits Enrollment

Enrollment Period 5/1/2025 - 5/31/2025

Return to Search

Cancel Button

Mark Complete

< Previous

Next >

Welcome

● Visited

Benefits Attachment

● Visited

Add a Dependent/Beneficiary Info

○ Not Started

Benefits Summary

○ Not Started

Benefits Enrollment

○ Not Started

Summary

○ Not Started

Benefits Attachment

No document has been uploaded.

Step 8: If adding new dependents, please click the **Add Individual** button. If no dependent changes are needed, skip to **Step 18**.

Benefits Enrollment

Enrollment Period 5/1/2025 - 5/31/2025

[Return to Search](#) [Cancel Button](#) [Mark Complete](#) [< Previous](#) [Next >](#)

Welcome
● Visited

Benefits Attachment
● Visited

Add a Dependent/Beneficiary Info
● Visited

Benefits Summary
○ Not Started

Benefits Enrollment
○ Not Started

Summary
○ Not Started

Add a Dependent/Beneficiary Info

Add Individual

Name	Relationship	Eligible to be Pension/Life Beneficiary	Eligible to be enrolled as a Health Benefit Dependent	
John Smith	Spouse	✓	✓	>
Jane Smith	Child	✓	✓	>
John Smith, Jr.	Child	✓	✓	>

Step 9: Click **Add Individual**.

Dependent and Beneficiary Information

No data exists

[Add Individual](#)

Step 10: Enter dependent's information in each section: Name, Personal Information, Address, Social Security Number Phone, and Email. Next, click **Save**.

[Cancel](#) **Add Individual Dependent/Beneficiary Information** [Save](#)

* Indicates required field

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

Name
[Add Name](#)

Personal Information

Date of BirthMM/DD/YYYY

*Gender

*Relationship to EmployeeDependentBeneficiary

*Marital StatusSingle

*DisabledNo

As ofMM/DD/YYYY

As of

Address

Address	Address Type	Same Address as mine
Road Groton, CT 06340	Home	Same as mine

Social Security Number

No Social Security Number exists.
[Add Social Security Number](#)

Phone

No Phone exists.
[Add Phone](#)

Email

No Email exists
[Add Email](#)

Step 11: 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

Step 12: 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

Step 13: 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

Step 14: Click **My Device**, locate the file, and click **Open**.

File Attachment

Choose From

My Device

Step 15: Click **Upload** and **Done**.

File Attachment

Choose From


My Device

 **test.docx**
File Size: 13KB

Step 16: Enter a document name in the Description field (e.g., birth certificate, marriage certificate), then click **Done**.

Dependent Attachments

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 Uploaded	Not Required

Add Document

Document Name	Description	Attached By	Attached	Status
Certificate_(24).pdf	Birth Certificate		11/15/24 01:08:56 PM	Active

Step 17: Confirm attachment(s) uploaded, and click the **X** to close and continue. Repeat this process for each new dependent you are enrolling.

Dependent and Beneficiary Information

Name	Relationship	Beneficiary	Dependent	Attachment
Jane Smith	Child	✓	✓	View
John Smith	Child	✓	✓	View
Jeremy Smith	Child	✓	✓	View

Step 18: Click **Review** to view current elections. Click **Next** to continue.

Benefits Enrollment

Enrollment Period 5/1/2025 - 5/31/2025

Return to Search

Cancel Button

Mark Complete

< Previous

Next >

Welcome

Visited

Benefits Attachment

Visited

Add a Dependent/Beneficiary Info

Visited

Benefits Summary

Visited

Benefits Enrollment

Not Started

Summary

Not Started

Benefits Summary

My Benefits on 05/19/2025

Refresh

Benefit Plans

Medical

Plan Standard Access

Coverage Family

3 Dependents

Review

Prescription

Plan Caremark Anthem Prescription

Coverage Family

3 Dependents

Review

Dental

Plan Basic Dental

Coverage Family

3 Dependents

Review

HEP/Non-HEP Standard Plan

Plan Anthem POE HEP Plan

Coverage Family

3 Dependents

Review

Life

Plan Extended Basic Group Life Ins

Coverage \$85,000

3 Beneficiaries

Review

Supplemental Life

Coverage Waived

Step 19: 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 does not apply 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

Enrollment Period 5/1/2025 - 5/31/2025

Return to Search

Cancel Button

Mark Complete

< Previous

Next >

Welcome

Visited

Benefits Attachment

Visited

Add a Dependent/Beneficiary Info

Completed

Benefits Summary

Visited

Benefits Enrollment

Visited

Summary

Not Started

Benefits Enrollment

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 833.740.3259
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 Core Compass website located at <https://corecompass.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 (\$40.18 biweekly), a \$355 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. SERF, 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.

Email Confirmation (Required)
A confirmation email will be sent to the email displayed below. If you would like it to be sent to another email, click the Update Email button. Contact your agency HR/Benefits Specialist with any questions.
Note: The button will take you to My System Profile to update your email. You will need to return to this page to finish your enrollment by clicking Benefits Enrollment on the left.
Current Email Address lj@uconn.edu

Update Email

Enrollment Summary

Your Pay Period Cost **\$267.53**
Status Pending Review

Enrollment Preview Statement

Submit Enrollment

Full Cost: \$267.53

Life

Dental

Medical

Benefit Plans

Medical

Current Standard Access

New Standard Access

Status Pending Review

3 Dependents

Pay Period Cost: \$239.10

Annual Cost: \$6,216.60

Review

Dental

Current Basic Dental

New Basic Dental

Status Pending Review

3 Dependents

Pay Period Cost: \$11.43

Annual Cost: \$297.15

Review

Life

Current Extended Basic Group Life Ins Salary X 1

New Extended Basic Group Life Ins \$85,000

Status Not Available

3 Beneficiaries

Pay Period Cost: \$17.00

Annual Cost: \$442.00

Step 20: 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.

Cancel

Medical

Done

Important: you will continue with your current coverage election if you do not make a choice.

Your Enrollment is not complete until you click on the "Done" button and submit your changes for approval by your Agency Benefits Specialist.

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 a Dependent or Beneficiary' button. Otherwise, click on the 'Done' button to continue.

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 'Add a Dependent or Beneficiary' button.

Dependents	Relationship
☒ Jane Smith	Child
☒ John Smith	Child
☒ Jeremy Smith	Child

Add/Update Dependent

Enroll in Your Plan

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select Expanded Access Requires enrollment to Prescription Caremark Anthem Prescription	?	\$245.57	\$245.57
Select Primary Care Access Requires enrollment to Prescription Caremark Anthem Prescription	?	\$206.00	\$206.00
Select Quality First Select Access Requires enrollment to Prescription Caremark Anthem Prescription	?	\$190.43	\$190.43
✓ Standard Access Requires enrollment to Prescription Caremark Anthem Prescription	?	\$239.10	\$239.10
Select Waive			\$0.00

Overview of All Plans

Note: If you enrolled new dependents and supporting documentation was not loaded in *Steps 8-17*, the number of dependents in the window displayed below will not be correct.

Medical

Current No Coverage

New Quality First Select Access

Status

Changed

0

 Dependents

Pay Period Cost \$148.14

Annual Cost \$3,851.64

Review

Step 21: 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.

Enrollment Summary

Your Pay Period Cost \$218.86

Full Cost \$218.86

Status Pending Review

Enrollment Preview Statement

Submit Enrollment

Life De...

Medical

Benefit Plans

Medical

Dental

Life

Current Standard Access

New Quality First Select Access

Status

Changed

3

 Dependents

Pay Period Cost \$190.43

Annual Cost \$4,951.18

Review

Current Basic Dental

New Basic Dental

Status

Visited

3

 Dependents

Pay Period Cost \$11.43

Annual Cost \$297.18

Review

Current Extended Basic Group Life Ins Salary X 1

New Extended Basic Group Life Ins \$85,000

Status

Not Available

3

 Beneficiaries

Pay Period Cost \$17.00

Annual Cost \$442.00

Step 22: 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.

Cancel

Dental

Done

Dental coverage allows you and your dependents to have routine cleaning visits and additional services. Visit carecompass.ct.gov/state/dental for full plan option details.

You will continue with your current coverage election if you do not make a choice.

Your Enrollment is not complete until you click on the "Done" button and submit your changes for approval by your Agency Benefits Specialist.

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 a Dependent or Beneficiary' button. Otherwise, click on the 'Done' button to continue.

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 'Add a Dependent or Beneficiary' button.

Dependents	Relationship
☒ Jane Smith	Child
☒ John Smith	Child
☒ Jeremy Smith	Child

Add/Update Dependent

Enroll in Your Plan

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
☒ Basic Dental ⓘ	\$11.43	\$11.43	
Select Enhanced Dental ⓘ	\$11.19	\$11.19	
Select Total Care DHMO ⓘ	\$0.94	\$0.94	
Select Waive		\$0.00	

Overview of All Plans

Step 23: Review the changes.

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.

Email Confirmation (Required)

A confirmation email will be sent to the email displayed below. If you would like it to be sent to another email, click the Update Email button. Contact your agency HR/Benefits Specialist with any questions.
Note: The button will take you to My System Profile to update your email. You will need to return to this page to finish your enrollment by clicking Benefits Enrollment on the left.

Current Email Address brandi.morrell@uconn.edu Update Email

Enrollment Summary

Your Pay Period Cost \$218.86

Status Pending Review

Enrollment Preview Statement

Submit Enrollment

Full Cost \$218.86

Life

De...

Medical

Benefit Plans

Medical

Current Standard Access
New Quality First Select Access
Status ☒ Changed
3 Dependents

Pay Period Cost \$190.43
Annual Cost \$4,951.18

Review

Dental

Current Basic Dental
New Basic Dental
Status Visited
3 Dependents

Pay Period Cost \$11.43
Annual Cost \$297.16

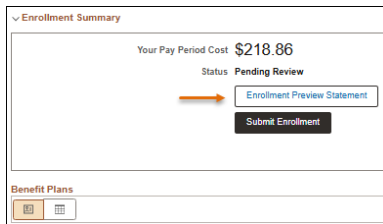
Review

Life

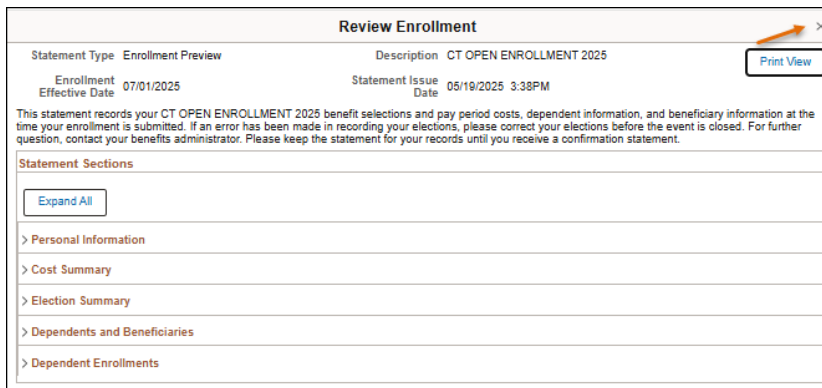
Current Extended Basic Group Life Ins Salary X.1
New Extended Basic Group Life Ins \$85,000
Status Not Available
3 Beneficiaries

Pay Period Cost \$17.00
Annual Cost \$442.00

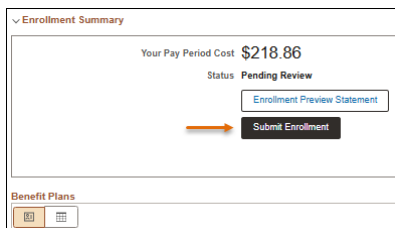
Step 24: Click **Enrollment Summary** and read the important information.



Step 25: Click the **X** button (top right corner) to return to the prior *Benefits Enrollment* page.

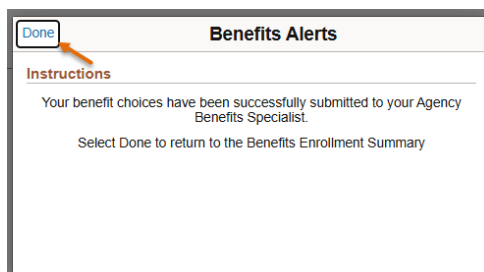


Step 26: Click **Submit Enrollment** once all benefit enrollment updates are entered.



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

Step 27: The *Submit Confirmation* page will appear confirming your submission has been sent to your Agency Benefits Specialist for approval. 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.**