

Employee Self Service (ESS):

Online Enrollment allows fast and convenient processing of your Benefits Enrollment elections through Employee Self Service (ESS).

ESS is an online module within PeopleSoft where employees have access to view and update their personal information, including their Health Benefits elections. You can jump to different sections by selecting the different links. If you are looking at this job aid for this first time it is recommended that you view all sections.

*Supporting Documentation will be **required** for any modification and/or addition of Dependent Information.*

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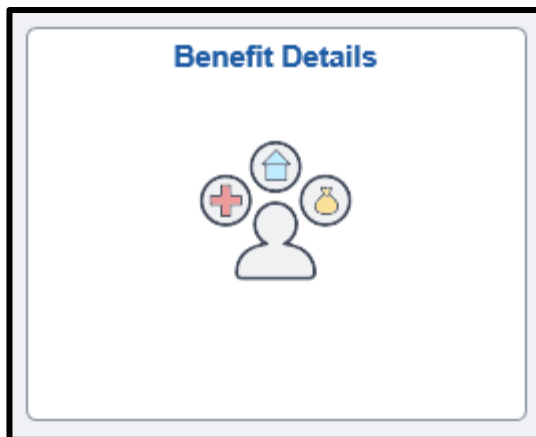
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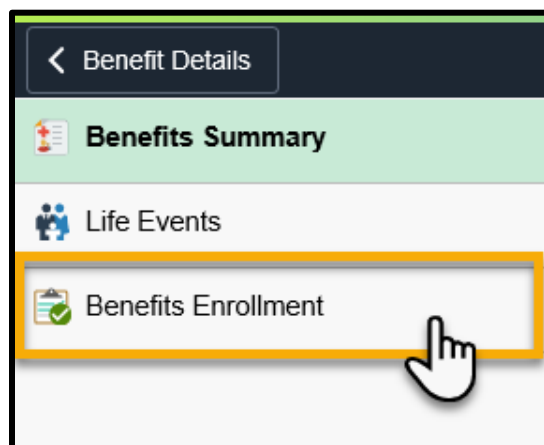
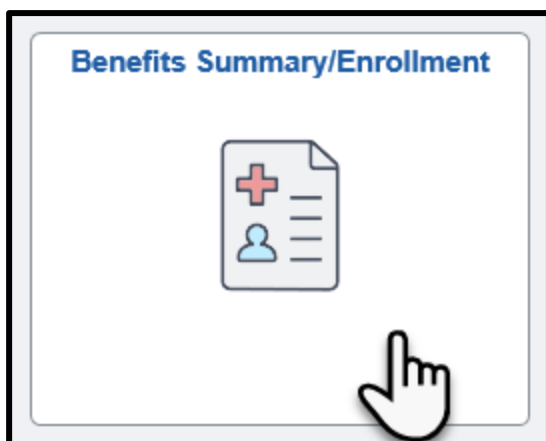
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Navigating To New Hire Event

1. After successfully authenticating and logging into **PeopleSoft HR**, click the ***Benefits Details tile***.



2. 2 Selecting the Benefits ***Summary/Enrollment***, navigate to ***Benefits Enrollment***.



Navigating To New Hire Event

Please Note: Event Description → This is your Qualifying Event
Clicking the blue “i” button will give you a brief description of the Qualifying Event

Event Date → This is the date your new Benefits Coverage will take effect

Event Status → Only Events in an Open or Submitted Status can be edited

Job Title → This is your current Corporate Title which determines your eligibility

Click the **“Select”** button to continue.

Health Benefits Enrollment
WILLIAM WORKER

After your initial enrollment, the only time you may change your health plan is during Open Enrollment or if you experience a Qualifying Event. Qualifying Events can include Return from Leaves, Demotions and Promotions. New employees hired on or after July 1, 2019, and their eligible dependents, will only be eligible to enroll in the EmblemHealth HIP HMO Preferred Plan, and must remain in the HIP HMO Preferred Plan for the first year (365 days) of employment. Employees may be exempted if they meet one of the following criteria:

- Employees who are classified as Rehires
- Employees who reside outside of the service area
- Rehires and agency/participating employer transfers who were originally hired prior to July 1, 2019

An employee who needs to request an exemption from the required enrollment in the HIP HMO Preferred Plan can do so by submitting an [HIP HMO Opt-Out Request Form](#) to EmblemHealth. Please check your personal information on file. Should HR Shared Services Benefits Department need to reach out to you regarding your enrollment selections we will use your current contact information, which can be seen by Navigating to Personal Details Title.

The information icon provides you with additional information about your enrollment. The SELECT button next to an event means it is currently open for enrollment. To Begin your enrollment, click SELECT.
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
New Hire i	10/25/2021	Open	Central Service Tech L II Select

Once you click **Select**, please wait momentarily for your benefits enrollment information to become available for updating.

Click the **“Edit”** button to change your Medical coverage or Add/Drop Dependents.

Health Benefits Enrollment
New Hire
WILLIAM WORKER

Your Hire event is now open. During this Event you may choose a medical plan and add dependent(s) to your coverage.
Select Edit on the Medical row to begin or continue your Enrollment process.
If you wish to make an addition for a Domestic Partner, select Edit on the Domestic Partner Medical row after you have made your selections on Medical.

i Important: Your enrollment will not be complete until you Submit your choices.

Enrollment Summary		Before Tax	After Tax	
Medical				Edit
Current:	No Coverage			
New:	Waive			
Domestic Partner Medical				Edit
Current:	No Coverage			
New:	No Coverage			
401(k)				Edit
Current:	No Coverage			
New:	No Coverage			
403(b)				Edit
Current:	No Coverage			
New:	No Coverage			

Please note: The flexible spending accounts and retirement plan options listed are view only. You must reach out to each entity directly to enroll/make changes.

Reviewing Health Plan Options and Selecting a Plan

If you haven't already done your research on the plans offered please click the ***Overview of All Plans*** and/or ***Summary Program Description*** for more information.

1. Select the plan in which you would like to enroll, by clicking the circle next to the plan name.

Health Benefits Enrollment

Medical

WILLIAM WORKER

The Overview of all Plans, Summary Program Description, and Health Plan links are designed to assist you in making an informed decision.

i Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Domestic Partner Medical

Complete your enrollment on this page before enrolling in the benefit plans listed.

Select an Option

Here Are Your Available Options With Your per-pay-period Costs:
(Your cost = Full benefit cost - Credits)

[Overview of All Plans](#) [Enrollment Handbook](#)

Select one of the following plans:

HIP HMO Basic

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Family	\$0.00	Before-Tax
Employee + Domestic Partner	\$0.00	Before-Tax
Family (with Domestic Partner)	\$0.00	Before-Tax

HIP HMO Carveout

Coverage Level	Your Costs	Tax Class
Employee Only	\$4.18	Before-Tax
Family	\$10.25	Before-Tax
Employee + Domestic Partner	\$10.25	Before and After Tax
Family (with Domestic Partner)	\$10.25	Before and After Tax

If you do not have dependents, click the ***“Update Elections”*** button.

Update Elections **Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

If you have dependents, continue to the **[Adding Dependents](#)** section.

Adding Dependents

1. Click the ***“Add/Review Dependents”*** button to add your dependent(s).

Enroll Your Dependents

The following list displays individuals who may be eligible to be your dependents. This may include dependents that are not currently covered who may be eligible. Currently covered dependents are indicated by a check mark next to their name.

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. *Double City Coverage is NOT permitted*.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click **Add/Review Dependents** button to add new dependents to your coverage or to modify a dependent's personal information.

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

Add/Review Dependents

Update Elections **Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

2. Click the ***“Add a dependent or beneficiary”*** button to add your dependent(s) personal information.

Add/Review Dependent/Beneficiary

WILLIAM WORKER

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

No Dependents on Record

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Add a dependent or beneficiary

Adding Dependents

3. Enter the required fields and click the **Save** button.

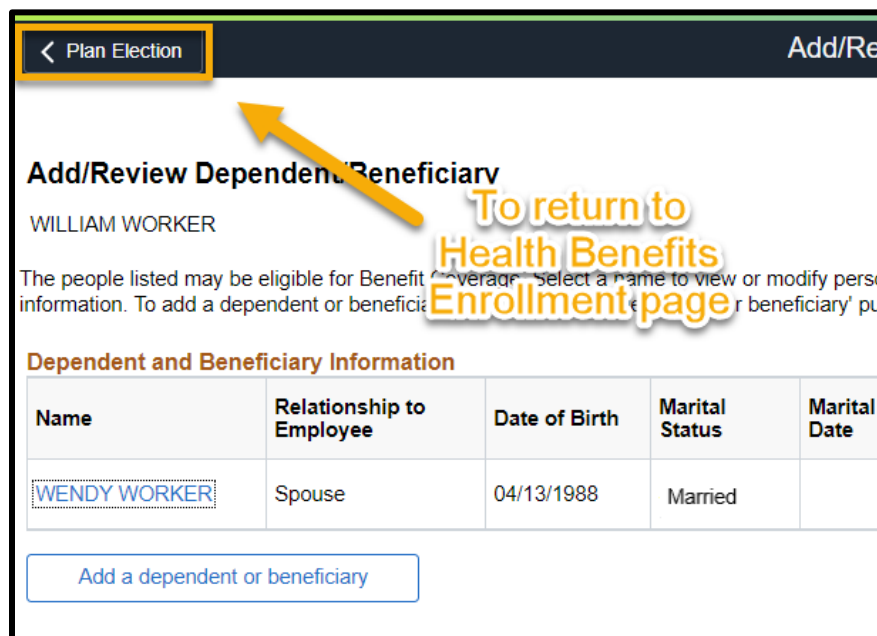
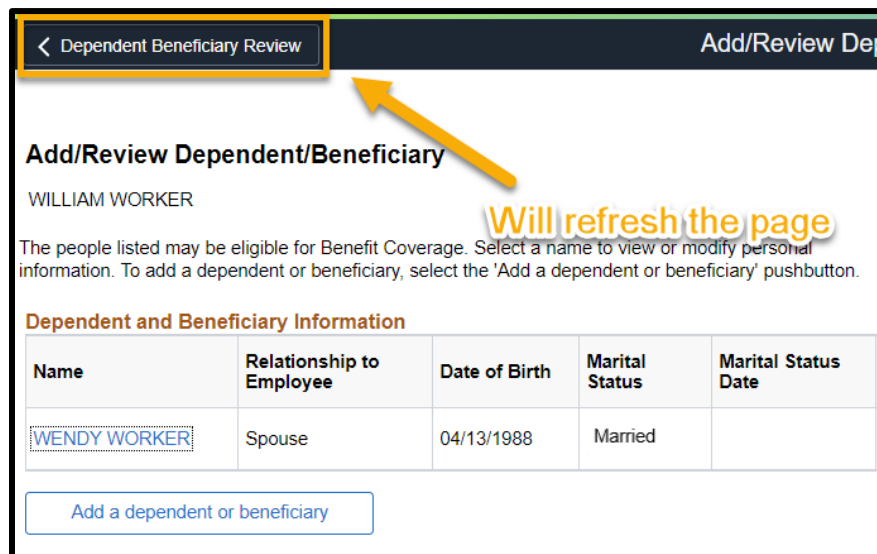
The screenshot shows a web form for adding dependents. The form includes several input fields and dropdown menus, some of which are highlighted in yellow to indicate required fields: *First Name, *Last Name, Date of Birth, *Gender, Social Security Number, *Relationship to Employee, *Marital Status, and *Disabled. There are also 'As of' date pickers for marital and disabled status. Under the 'Address and Telephone' section, there are checkboxes for 'Same Address as Employee' and 'Same Phone as Employee'. A 'Save' button is located at the bottom left of the form, highlighted with a yellow box and a mouse cursor pointing to it.

4. You will get the following Save Confirmation. Click the **OK** button.

The screenshot shows a confirmation screen titled 'Dependent Beneficiary Review'. It features a green header bar with a back arrow and the title. Below the header, there is a green checkmark icon followed by the text 'The Save was successful.' At the bottom of the screen, there is a blue 'OK' button.

Adding Dependents

5. This will take you back to the dependents information page. Click on back button ***Dependent Beneficiary Review*** then again on ***Plan Election***.



Adding Dependents

6. Scroll down to Enroll Your Dependents on this page and check the Enroll box next to all the dependents that you want to cover. This allows you to add dependents for Health Coverage purposes ONLY. This has no impact on your Tax withholding.

Enroll Your Dependents

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. **Double City Coverage is NOT permitted***

Click **Add/Review Dependents** button to add dependents to your coverage.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click **Add/Review Dependents** button to add new dependents to your coverage or to modify a dependent's personal information.

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

Add/Review Dependents

Update Elections **Discard Changes**

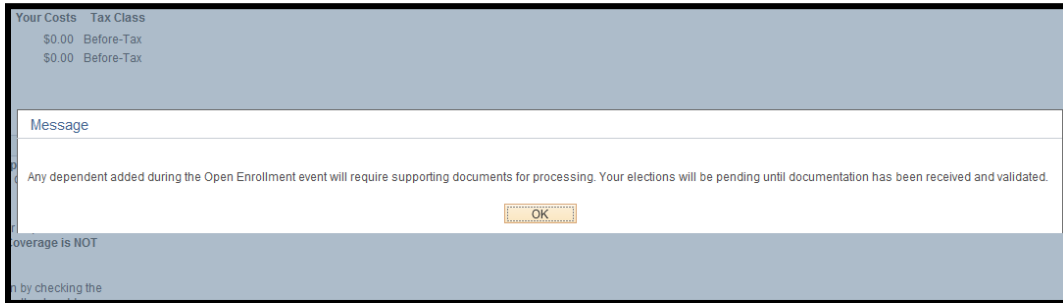
Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

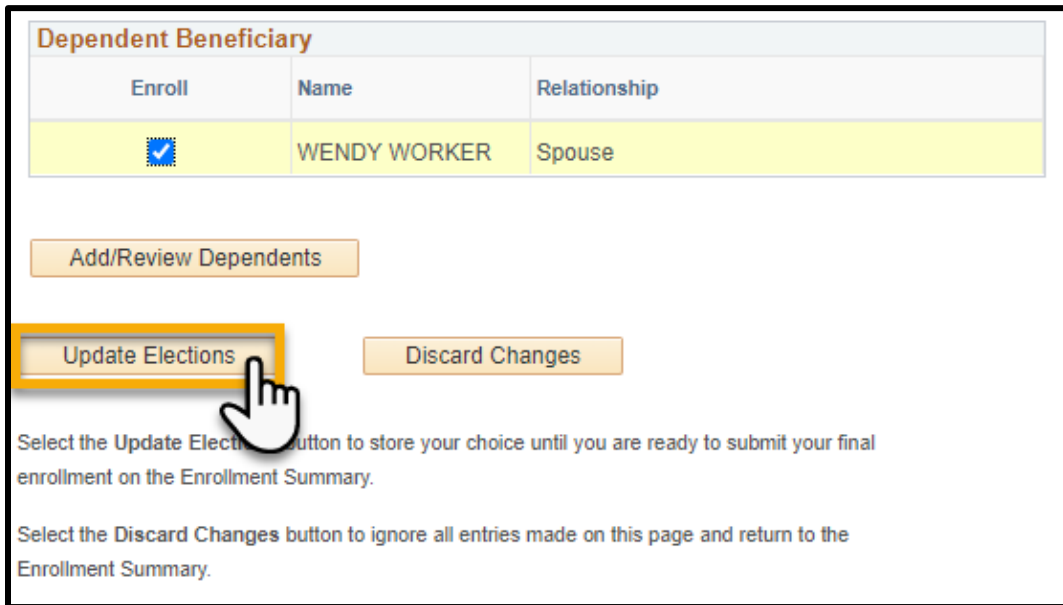
REMEMBER, only dependents with the “Enroll” checkbox checked next to their name as shown above will be covered! (Note: Domestic Partners will be taxed differently)

Adding Dependents

***REMEMBER**, Supporting Documentation will be required for all modifications and additions of Dependents.*



7. Click the ***“Update Elections”*** button when you have completed both your Health Coverage Elections AND reviewed your dependents.



Reviewing Your Future Plan and Cost

- 8. Review your election/ covered dependents. Click the “***Update Elections***” button to store your choices.

Health Benefits Enrollment

Medical

WILLIAM WORKER

i Important: Your enrollment will not be complete until you Submit your choices.

Your Choice

You have chosen HIP HMO Basic with Family coverage. You are also covering Family.

Your Estimated per-pay-period Cost

Your Cost \$0.00

Your Covered Dependents

Dependent Information	
Name	Relationship
WENDY WORKER	Spouse

Notes

Once submitted, this choice will take effect on 10/25/2021. Deductions and/or Credits for this choice will start with the pay period beginning 10/25/2021.

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

Reviewing Your Future Plan and Cost

1. You will be prompted to review your Current Plan and Costs against your New Plan and Costs.

Health Benefits Enrollment
New Hire
WILLIAM WORKER

Your Hire event is now open. During this Event you may choose a medical plan and add dependent(s) to your coverage.

Select Edit on the Medical row to begin or continue your Enrollment process.

If you wish to make an addition for a Domestic Partner, select Edit on the Domestic Partner Medical row after you have made your selections on Medical.

i Important: Your enrollment will not be complete until you Submit your choices.

Enrollment Summary	
Medical	Before Tax
Current: No Coverage	
New: HIP HMO Basic:Family	0.00
Domestic Partner medical	Before Tax
Current: No Coverage	
New: No Coverage	
401(k)	Before Tax
Current: No Coverage	
New: No Coverage	

2. After reviewing click on **Submit**.

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

These costs do not include certain choices that are based on variable earnings.

Submit

Click **Submit** to send your final choices.

i Important: Your enrollment will not be complete until you Submit your choices.

Employee Certification

1. You will be required to confirm that you read New York City’s Employee Certification in order to enroll in Health Benefits. After reviewing click on **Submit**.

Health Benefits Enrollment

Submit Benefit Choices

WILLIAM WORKER

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you would like up until 31 days after your event date. However, once you click Submit your benefit choices will be processed.

Please be aware there are After-Tax implications for dependents who are domestic partners.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment or if you have a qualifying event.

If you have any questions, please contact HR Shared Services Benefits Department at 55 Water Street 26th Fl. New York, NY 10041 (646) 458-5634, HHCBenefits@nychhc.org.

Authorize Elections

I certify that the above information is correct and I authorize the City to deduct from my salary the amount required, if any, through the City Health Benefits Program. I understand that the City Program’s benefits will be coordinated with those available through Medicare or any other source. Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office. (Section 125 does not apply to retirees.) If I have checked the Waive Benefits Box in the Elections Options section, I am choosing not to participate in the City Health Benefits Program at this time.

Click **Submit** to end your final choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Submission Confirmation

This is the confirmation page you will receive once your changes have been submitted.

REMEMBER, Supporting Documentation is required for any changes involving dependents!

REMEMBER, check your Outlook email in order to make sure your changes have been approved by HRSS/Benefits. If there are any problems, HRSS/Benefits will contact you via email. If you fail to respond, your requests will **NOT** be processed.

1. Click on the “**Add Benefit Supporting Documentation**” link to begin submitting Supporting Documentation for your new dependent. ([Click here for how to guides](#))

