

How to Enroll into Health Benefits
via Employee Self Service:
Open Enrollment

Employee Self Service (ESS):

Online Benefits Open 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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Navigating to the Open Enrollment Event

1. After successfully authenticating and logging into **PeopleSoft HR** Select the ***Open Enrollment*** tile.



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

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

Health Benefits Enrollment
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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.
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 Tile.
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.

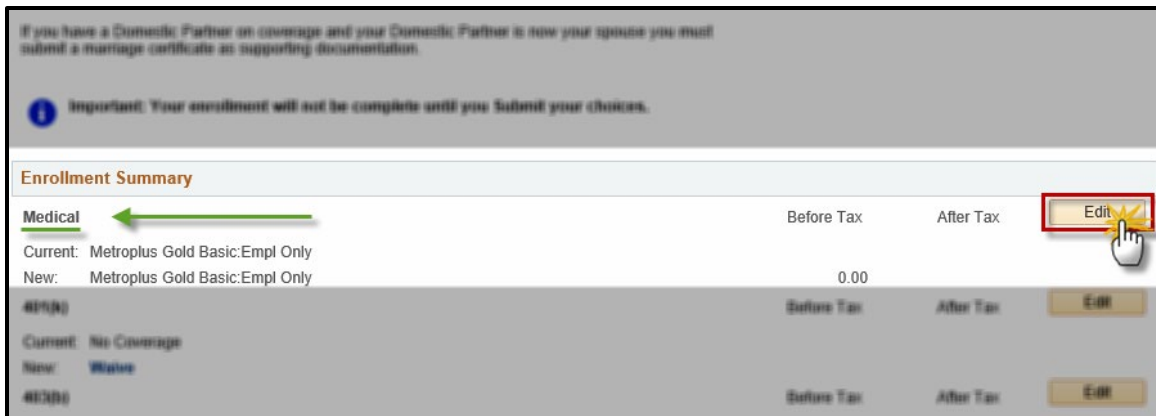
Open Benefit Events

Event Description	Event Date	Event Status	Job Title	
Open Enrollment (i)	01/01/2022	Open	Systems Analyst (EDP)	<div style="border: 1px solid red; padding: 2px; display: inline-block;">Select</div>

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

Navigating to the Open Enrollment Event Cont..

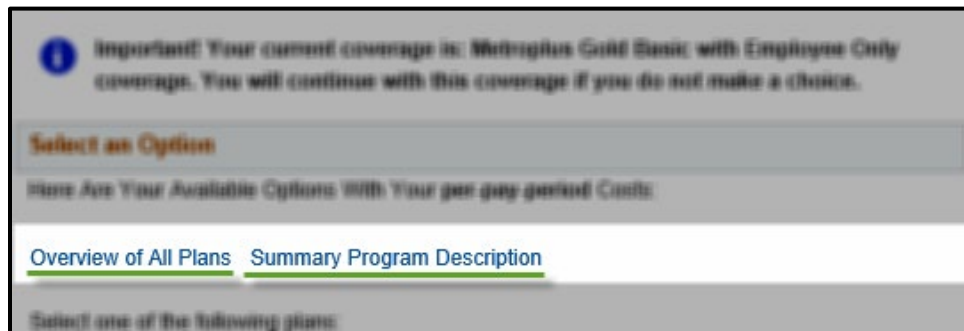
3. Click the **“Edit”** button to change your Medical coverage or Add/Drop Dependents.



Please note: The flex 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.



Reviewing Health Plan Options and Selecting a Plan Cont..

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

Coverage Level	Your Costs	Tax Class
Employee Only	\$282.73	Before-Tax
Family	\$789.27	Before-Tax

GHI-CBP Basic

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Family	\$0.00	Before-Tax

GHI-CBP Careout

Coverage Level	Your Costs	Tax Class
Employee Only	\$2.40	Before-Tax
Family	\$6.08	Before-Tax

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



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.

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

Add/Review Dependents

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

Add/Review Dependent/Beneficiary

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

Add a dependent or beneficiary

Adding Dependents Cont..

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

Dependent/Beneficiary Personal Information

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Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of

Personal Information

*First Name
 Middle Name
 *Last Name
 Date of Birth
 *Gender
 Social Security Number
 *Relationship to Employee

Status Information

*Marital Status As of
 *Disabled As of

Address and Telephone

Same Address as Employee
 Country
 Address

Same Phone as Employee
 Phone Mobile

[Return to Dependent/Beneficiary Summary](#)

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

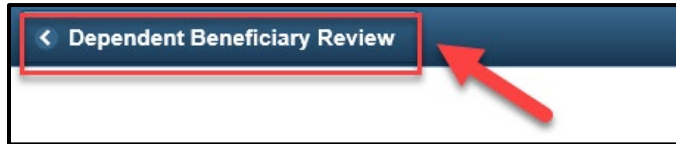
Personal Information

Save Confirmation

The Save was successful.

Adding Dependents Cont..

5. This will take you back to the dependents information page. Click on the ***Dependent Beneficiary Review*** to refresh the page. Then click on ***Plan Election*** to return to ***Benefits Enrollment***.



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.

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

Add/Review Dependents

Update Elections **Discard Changes**

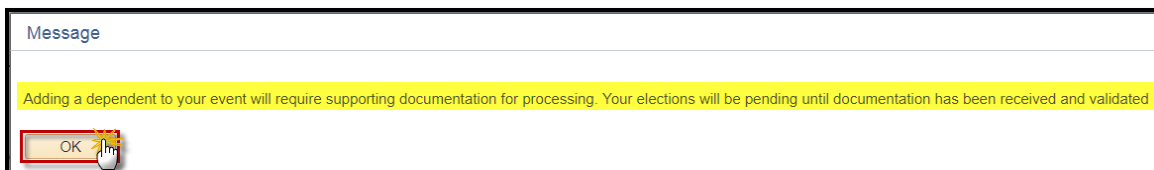
Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

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

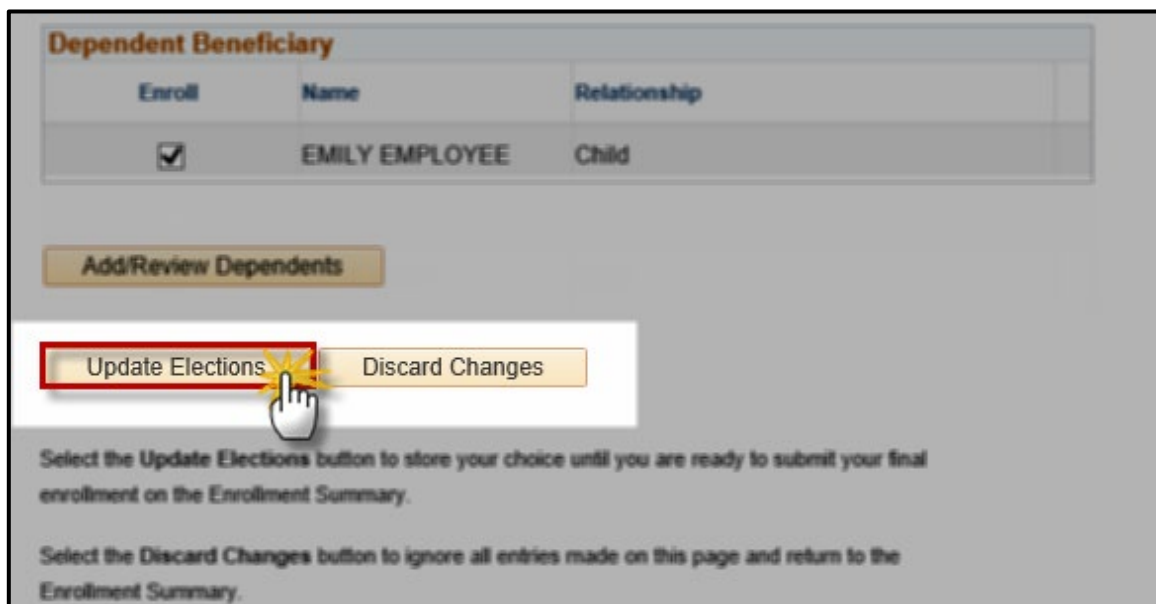
REMEMBER, only dependents with the “Enroll” checkbox checked next to their name as shown above will be covered!

Adding Dependents Cont..

REMEMBER, Supporting Documentation will be required for all modifications and additions of Dependents. Please see the [SUBMIT SUPPORTING DOCUMENTATION](#) section for more information!



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



Adding Dependents Cont..

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

Health Benefits Enrollment

Medical

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

Your Choice

You have chosen **GHI-CBP Basic with Family coverage.**

Your Estimated per-pay-period Cost

Your Cost **\$0.00**

Your Covered Dependents

Dependent Information	
Name	Relationship
EMILY EMPLOYEE	Child

Notes

Once submitted, this choice will take effect on the pay period beginning _____ Deductions for this choice will start with _____

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.

Reviewing Your Future Plan and Cost

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

Enrollment Summary

	Before Tax	After Tax	Edit
Medical			
Current: Metroplus Gold Basic:Empl Only			
New: GHI-CBP Basic:Family	0.00		
401(k)			
Current: No Coverage			
New: Waive			
403(b)			
Current: No Coverage			
New: Waive			

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

Submit **I Have No Changes**

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

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

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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

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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 55 Water Street 26th Fl. New York, NY 10041 (646) 458-5634, HHCBenefits@nychhc.org.

Employee Certification

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 send your final choices.

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.

Health Benefits Enrollment

Submit Confirmation

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Employee ID:

Your benefit choices have been successfully submitted. A confirmation will be available to you approximately two weeks after Open Enrollment has ended. To return to the Benefits Enrollment page, click **OK**.

If you added a new dependent or modified dependent's personal information, submission of supporting documentation to HRSS is mandatory. Your elections will be pending until this documentation has been validated. Please click on the [Add Benefits Supporting Documentation](#) link, and follow the instructions provided to submit your supporting documentation.

Please check your personal information on file, should NYC Health and Hospitals Benefits Department need to reach out to you regarding your enrollment selections we will be using your current contact information, which can be seen by Navigating to Personal Details.