



Understanding Your Benefits Summary



This job aid provides information about how to access and understand your online Benefits Summaries.

Benefits Summary

Your online Benefits Summary provides enrollment information about all your benefit plans.

1. Log in to Employee Self Service: <https://ess.wi.gov>.
2. Click on the **My Benefits Tile** on the Employee Self Service Homepage. Several summaries are available in the Navigation Collection.
3. Your **Benefits Summary as of today** will automatically appear on the page.

Type of Benefit	Plan Description	Coverage or Participation
Delta Dental PPO	Delta Dental PPO Select	Family
Vision	VSP Vision	Family
Health (100% Employee Paid)		Waived
Health (Waiting Period)	Network with Dental	Family
State Group Life	Life - Basic+Suppl (2x salary)	Salary X 2
State Group Life Additional	Life - 3 Additional Units	Salary X 3
Accidental Death Dismemberment	AD&D Ex Salary Family General	Salary X 5
State Group Life Spouse & Dep	Life - 2 Units Spouse & Dep	\$1
ICI Standard	ICI Standard Coverage 1	75% of Salary
ICI Supplemental	ICI Supplemental 1	75% of Salary
Healthcare FSA	Healthcare FSA	\$750 Pledge

4. If you want to look at your benefits as of a different date, enter that date on the top of the page. Click **Refresh**.
5. All benefit elections as of the date on the page will be listed. Click on the arrow at the far right for more information about the plan and/or a list of covered dependents.

Type of Benefit	Plan Description	Coverage or Participation
Delta Dental PPO	Delta Dental PPO Select Plus	Employee + Spouse
Health (100% Employee Paid)		Waived
State Group Life	Life - Basic+Suppl (2x salary)	Salary X 2
State Group Life Additional	Life - 2 Additional Units	Salary X 2
Accidental Death Dismemberment	AD&D Ex Salary Family General	Salary X 5
State Group Life Spouse & Dep	Life - 2 Units Spouse & Dep	\$1
ICI Standard	ICI Standard Coverage 1	75% of Salary
Healthcare FSA	Healthcare FSA	\$1,200 Pledge

6. You will see the dependents covered under the benefit plan. You can also click on the **Plan Provider Link** to go to the provider's website.

Delta Dental PPO
 David Cassidy
 To view your benefits as of another date, enter the date and select Go.
 05/02/2019

Delta Dental PPO

Plan Name: Delta Dental PPO Select Plus
 Plan Provider: [Delta Dental Plan Of Wis Inc](#)
 Coverage: Employee + EE Children
 Group Number:

Covered Dependents	
Name	Relationship
My Kid	Child

Additional Information



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Additional Benefit Summaries

There are additional benefit summaries available that include information about a subset of your benefits and summarize your covered dependents. Click on the summary page to access the information.

Health Care Summary

Provides enrollment information for health, dental and vision coverage

Health Care Dependent Summary

Shows which dependents are covered under health, dental and vision coverage

Life/Disability Summary

Provides enrollment information for State Group Life Insurance, Income Continuation Insurance and Accidental Death & Dismemberment Insurance

Reminder: beneficiary information is NOT stored in STAR.

Reviewing Dependent Information

1. Click on the **Dependent Information** page to see all dependents. Your dependent list includes all current and formerly covered dependents.

The screenshot shows the 'My Benefits' page for 'Ima Example'. The 'Dependent Information' link is highlighted in red in the left-hand menu. The main content area shows a table of dependents:

Name	Relationship
Joe Example	Spouse
Chase Example	Child

Below the table, it states: 'Beneficiary information is not stored in this system. It is stored with the Department of Employee Trust Funds and other applicable plan vendors.'

2. Click anywhere in the box with the dependent's name to see additional details.

The screenshot shows the 'Individual Dependent/Beneficiary Information' form for 'Joe Example'. The form includes the following fields:

- Name:** Joe Example
- Personal Information:**
 - Date of Birth: 04/19/1970
 - Gender: Male
 - Relationship to Employee: Spouse
 - Dependent: Yes
 - Beneficiary: No
 - Marital Status: Married
 - Disabled: No
- Address:** 101 East Wilson Street, Madison, NJ 07703-3425. Home and Same as mine checkboxes are present.
- National ID:**

Country	National ID Type	National ID	Primary
United States	Social Security Number	XXX-XX-2879	<input checked="" type="checkbox"/>
- Phone:**

Number	Extension	Phone Type	Same as Mine	Preferred
609-266-4120		Employee's Home Phone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
- Email:** No data exists.

At the bottom, it says: 'Please contact your Payroll & Benefits office if you need to update your dependent information.'

3. If you see the information is incorrect, please contact your Payroll & Benefit office to make corrections.