



eBenefits Open Enrollment Quick Guide

IT'S YOUR CHOICE OPEN ENROLLMENT PERIOD IS SEPTEMBER 25, – OCTOBER 20, 2023. ALL ELECTIONS MADE DURING THIS PERIOD ARE EFFECTIVE JANUARY 1, 2024.

This guide will show you how to make your 2024 benefit elections through STAR eBenefits. If you have questions, please contact your agency, payroll and benefits office.

Enrolling in Benefits

1. Go to the STAR self-service landing page: <https://ess.wi.gov>
2. Click on the **Open Enrollment Tile** to access eBenefits, as well as OE Enrollment resources.
3. This will bring you to the Enrollment Landing Page. Review the material on this page and click on the **Select** button to start the enrollment process.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	01/01/2024	Submitted	PAYROLL BEN SYSTMS COOR-SEN	<input type="button" value="Select"/>

4. You will see the Open Enrollment Summary Page. **Only benefit plans that have an open enrollment will be displayed on this page.** If you are currently enrolled in any of the plans, your current benefit election will also display.

Enrollment Summary	
Health	
Current:	HDHP GHCSW Dane Choice w/Dent:Family
New:	Dean w/Dental:Family

Updating/Selecting a Plan

5. To enroll in a benefit plan, click **Edit** next to the plan you want to update for 2024.
6. On the health insurance page, you can turn on a filter to reduce the number of plans that appear on the page. Click the radio button next to the types of plans you would like to see and click **Apply Filter**.

Overview of all Plans

To reduce the number of plans displayed on the page, use the filter below.

Filter Options By

Dental Coverage

Show all plans

Show plans with dental only

Show plans without dental only

High Deductible Health Plan

Show all plans

Show HDHP plans only

Show non-HDHP plans only

7. Enrollment options for that plan will be displayed. To select a plan, click on the **radio button** next to the plan name. If you want to Waive coverage, scroll to the bottom of the page, and click the radio button next to the Waive option.

Coverage Level	Your Costs	Tax Class
Employee Only	\$57.50	Before-Tax
Family	\$143.00	Before-Tax

Adding Dependents

When you make a benefit election, you do not pick the coverage level (ex. single, family...). The system will determine the correct coverage level when/if you enroll dependents in the plan.

8. Once you make your plan selection, scroll down to the bottom of the page to add your dependents.
 - **If your dependent(s) is/are listed, do NOT add them again. Do not add yourself as a dependent.**

9. Click on **Add/Review Dependents**

Enroll Your Dependents

The following list displays your dependents on record. If a dependent is missing from the list, click on the Add/Review Dependents button to add a dependent(s). You may also use this button to review the details of the dependent.

If a dependent is listed more than once or there is missing or incorrect information on a dependent, contact your Payroll and Benefits Office to make the correction.

NOTE: Do not add yourself as a dependent and do not add a dependent more than once.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

If you do not want a dependent covered by the plan, uncheck the Enroll box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Willy D Nilly	Spouse
<input checked="" type="checkbox"/>	Dilly D Nilly	Child

10. On the next screen, click on **Add a dependent or beneficiary.**

11. Enter the required information for the dependent

Personal Information

*First Name

Middle Name

*Last Name

Name Prefix

Name Suffix

Date of Birth

*Gender

Social Security Number

*Relationship to Employee

Required Fields in Red

If married, need As of Date

Status Information

*Marital Status Single As of

*Disabled No As of

- If the dependent's address and phone are the same as the employee's, click on the applicable checkbox. If different, enter the address and/or phone number.

Address and Telephone

Same Address as Employee

Country United States
Address 101 East Wilson Street
Madison, WI 53703-3405
Dane

Same Phone as Employee

Phone

- Review the information on the new dependent. Scroll down and click **SAVE** to add the dependent and click **Ok**.
- Repeat steps 10-13 if you have additional dependents to add.
- When all dependents are entered, click **Return to Event Selection**.

Add/Review Dependent/Beneficiary

Milly Nilly

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

Dependent and Beneficiary Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date
Willy Nilly	Spouse	02/09/1987	Married	10/07/2017
Dilly Nilly	Child	01/23/2019	Single	
Silly Nilly	Child	03/13/2010	Single	

- Once you have made your selection on the page, scroll to the bottom of the page and check the **Enroll** box next to the dependents you want to enroll and click **Update** and **Continue**. (NOTE: if you no longer want to cover a dependent, uncheck the box next to their name). If you do not want to save your changes, click **Discard Changes**.

Dependent Beneficiary

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Willy D Nilly	Spouse
<input checked="" type="checkbox"/>	Dilly D Nilly	Child
<input checked="" type="checkbox"/>	Silly A Nilly	Child

REMINDER – if you enroll in family health insurance, you are required to cover all eligible family members. For the dental and vision plans, there is no requirement to cover all family members if you elect family coverage.

- When you click **Update and Continue**, you will be brought to a page that confirms your election. Review this information for accuracy and click **Update Elections**. This will save your elections.

Health

IMPORTANT: Your enrollment will not be complete until you click **SUBMIT** and your choices are electronically sent to the Benefits Department. Please contact your Agency Payroll and Benefit Specialist with any questions.

Your Choice

You have chosen Dean w/Dental with Family coverage.

Your Estimated Per-Pay-Period Cost

Your Cost \$143.00

Your Covered Dependents

Dependent Information	
Name	Relationship
	Spouse

Notes

Once submitted, this choice will take effect on 01/01/2024. Deductions for this choice will start with the pay period beginning 12/17/2023.

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

- You will be brought back to the **Enrollment Summary Page**. You will see your election next to "New".

Enrollment Summary

Health

Current: HDHP GHCSW Dane Choice w/Dent:Family
New: **Dean w/Dental:Family**

Submitting Elections

- Continue making your benefit elections by clicking **Edit** next to the plan and select your election.
- Once you have made all your elections, scroll to the bottom of the **Enrollment Summary** page, and click **Save and Continue** to begin the submission process.

Election Summary

Summarized estimates for new Benefit Elections

	Total	Before Tax	After Tax
Costs	146.59	146.43	6.16
Your Costs	146.59	146.43	6.16

These costs do not include certain choices that are based on variable earnings.
You must re-enroll in Healthcare FSA, Dependent Day Care FSA, Healthcare Savings Account (HSA), Pre-Tax Parking and Transit Accounts, and the Health Insurance Out-Of-Pocket Spend every year.

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NEW for OE2024, you must either waive or enroll in the following plans: Dental-Supplemental, Vision, Healthcare FSA, Dependent Day Care FSA, Parking, and Transit. If you do nothing, you will receive error messages for the above plans and you will not be able to save and submit your elections. If you click “Select” and the “I Have No Changes” button at the bottom of the page, you will receive an error message.

21. If you enrolled in health insurance, you will be required to indicate if you have Other Health Insurance or Medicare. If you answer “Yes”, complete the requested information about the plan if available. You may also enter your clinic or primary care physician on this page, but it is not required. If you click on Lookup Provider ID, you can also find the National Provider ID for your clinic or doctor.

22. Click **Save and Continue.**

23. Once you save your elections, you are taken to the Submit Benefits Choices Page. You **MUST** click the **Submit** button on this page to submit your final elections.

24. After you click **Submit**, you will be taken to the Submit Confirmation Page. This confirms that your elections have been submitted.

Reviewing Your Confirmation Statement

1. If you submit your open enrollment elections by 9:30pm on any day during open enrollment, you will receive a confirmation statement the following day. There will be a one-day delay if elections are received after 9:30pm.
2. Go to the [STAR self-service](#) landing page.
3. Click on the **My Benefits Tile**. Click on **My Benefits Documents**.

4. Click on the icon to the right of the Confirmation Statement.

Document Type	Number of Documents	
<input type="checkbox"/> Confirmation Statements	8	
<input type="checkbox"/> Applications	0	
<input type="checkbox"/> Supporting Documents	0	

5. Then click on icon to view documents.

Confirmation Statements	Document Effective Date	Business Unit	Attached File	Status	
<input type="checkbox"/>	01/01/2023	39500	OE2023_confirm_stmt_10-20-2022.pdf	Available	
<input type="checkbox"/>	01/01/2022	39500	OE2022_confirm_stmt_11-16-2021.pdf	Available	
<input type="checkbox"/>	01/01/2021	39500	OE2021_confirm_stmt_11-13-2020.pdf	Available	
<input type="checkbox"/>	01/01/2020	39500	OE2020_confirm_stmt_10-15-2019.pdf	Available	
<input type="checkbox"/>	01/01/2019	39500	OE2019_confirm_stmt_10-23-2018.pdf	Available	
<input type="checkbox"/>	01/01/2019	39500	OE2019_confirm_stmt_10-23-2018.pdf	Available	
<input type="checkbox"/>	01/01/2018	39500	OE2018_confirm_stmt_11-07-2017.pdf	Available	

6. Your confirmation statement will show ALL your benefits as of January 1, 2024. It will confirm your Open Enrollment elections and show any ongoing benefits.

CONFIRMATION OF 2024 ELECTIONS - Open Enrollment

Employee ID: 505P1A0000 Statement Date: 9/8/2023
 Department ID: 505P1A0000 Effective Date: 01/01/2024
 Event Class: OE

This notice is confirmation of the changes you made during the open enrollment period, as well as ongoing benefit elections. Please review this Benefit Confirmation carefully. It is your responsibility to report any errors to your benefits office by Friday, October 20, 2023. If all information is accurate, no action is required. Coverage listed below is effective January 1, 2024.

YOUR BENEFIT ELECTIONS AS OF JANUARY 1, 2024

Benefit Plan	Coverage/Annual Election	Pay Period Pre-Tax Deduction	Pay Period After-Tax Deduction
Health	HHP GHCSW Dane Choice w/Dent	Family	\$53.50
Dental - Supplemental	Delta Dental PPO Select Plus	Family	\$33.10
Vision	DeltaVision	Family	\$10.29
State Group Life	Waive		
State Group Life Additional	Waive		
State Group Life Spouse & Dep	Waive		
Health Savings Account	HSA GHCSW Dane Choice w/Dent	\$6,500	\$270.83
ICI Standard	ICI Standard Coverage 6	Up to 75% of Salary	
ICI Supplemental	ICI Supplemental 6	Up to 75% of Salary	\$2.79

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You will receive a confirmation statement each time you submit your Open Enrollment elections (if you submit your elections more than once during Open Enrollment). The most recent confirmation statement will be on top of the page.

Applying for the Health Insurance Opt-Out Stipend

1. You will need to Waive your health insurance first by scrolling to the bottom of the health elections and selecting **Waive**. Click on **Update and Continue**.

Waive

No, I do not want to enroll

Health Opt Out Stipend

2. Click on **Update Elections**.

3. On the Enrollment Summary Page, click **Edit** to the right of the Opt Out Stipend.

4. You will need to answer the Opt Out Stipend Validation questions to confirm your eligibility. Once you have answered the questions, click on **Agree**.

Benefits Certificate

2024 Health Opt Out Stipend

Answer the questions below to confirm your eligibility for the Health Insurance Opt-Out Stipend for 2024. Prior to enrolling in the Opt-Out-Stipend, you must waive your health insurance in STAR.

Will you be covered by State or UW Health Insurance in 2024 either as an employee, spouse or child?

Answer

No

Yes

Have you waived your health insurance in STAR for 2024?

Answer

Yes

No

In 2015, if you were a state employee, were you covered by State Group Health Insurance?

Selection

No

Yes

Not employee in 2015

I agree that I am eligible for the opt-out stipend and have waived my health insurance for 2024.

5. You will then have to select the radio button next to **Health Opt Out Stipend** to enroll. Click on **Update and Continue**.

Important! Your current coverage is: No Coverage. You must re-apply for the Health Insurance Opt-Out Stipend every year.

Select an Option

No, I do not want to enroll

Health Opt Out Stipend

6. Continue making your benefit elections by clicking **Edit** next to the plan and enter your election.

7. Once you have made all your elections, scroll to the bottom of the **Enrollment Summary** page, and click **Save and Continue** to begin the submission process.

8. To complete the submission process please refer to steps 23 & 24 in the Submitting Elections section.

2024 Open Enrollment Resources

- [2024 It's Your Choice Website](#)
- [2024 It's Your Choice Decision Guide](#)
- [2024 Important Changes](#)
- [Health Plan Search](#)
- [Benefits Mentor – Your Virtual Benefits Counselor](#)
- Open Enrollment emails will be sent via STAR from: **OpenEnrollmentDoNotReply@wisconsin.gov**