



eBenefits New Hire Enrollment Quick Start Guide



This job aid provides instructions to new employees about how to enroll in benefits online through eBenefits. If you have questions, please contact your agency payroll and benefits office.

You have 30 days from your date of hire to enroll in benefits. Once you begin enrolling through eBenefits, **you must make ALL your elections at the same time.** Before you begin, you should know the plans in which you want to enroll. If you are covering family members, you will need their name, date of birth and Social Security number.

ENROLLING IN BENEFITS

1. Log in to Employee Self Service: <https://ess.wi.gov>
2. Click on the **My Benefits Tile** on the Employee Self Service Homepage.
3. Click on the **Benefits Enrollment** page in the My Benefits Navigation Collection.
4. 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	
Hire	12/06/2021	Open	CORR FOOD SERVICE LEADER 2	Select

5. You will see the Enrollment Summary Page. **Only benefit plans that you are eligible for will be listed on this page.**

SELECTING A PLAN

6. To enroll in a benefit plan, click **Edit** next to the plan.

Health			
Current:	No Coverage	Before Tax	After Tax
New:	No Coverage		
			Edit

7. Enrollment options for that plan will display. 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.

Dean w/Dental		
Coverage Level	Your Costs	Tax Class
Employee Only	\$49.50	Before-Tax
Family	\$123.00	Before-Tax

HEALTH INSURANCE INFORMATION

Each health plan has 4 enrollment options:

- Regular plan with dental (e.g. Dean w/ Dental)
- Regular plan without dental (e.g. Dean no Dental)
- High Deductible Health Plan with dental (e.g. HDHP Dean w/ Dental)
- High Deductible Health Plan without dental (e.g. HDHP Dean no Dental)

See #8 below to learn how to turn on a health plan filter to reduce the health plans that appear on the enrollment page.

EMPLOYEES WITH NO PRIOR WISCONSIN RETIREMENT SYSTEM (WRS) SERVICE

- You have 2 health plan options:

- **Health (Waiting Period) Plan:** coverage is effective on the 1st of the month on or following the completion of 2 months of WRS state service. Coverage will begin when you are eligible for the employer contribution towards health insurance.
- **Health (100% Employee Paid) Plan:** coverage is effective on the 1st of the month that first occurs during your 30-day enrollment period. You will pay the full cost of coverage until you have 2 months of WRS state service. If you enroll in this plan, you must first make your election in the same health plan on the Health (Waiting Period) Plan page.

ENROLLING IN A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

You are REQUIRED to enroll in a Health Savings Account (HSA). Once you elect an HDHP, you will be taken to the HSA enrollment page. Select the HSA associated with your health plan and enter your contribution amount (if you don't want to contribute anything, enter a \$0 annual contribution amount).

8. 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

Apply Filter

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.

9. Once you make your plan selection, scroll down to the bottom of the page to add your dependents.

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

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 type="checkbox"/>		

Add/Review Dependents

11. On the next screen, click on **Add a dependent**

Add a dependent

[Return to Event Selection](#)

12. Enter the following information for each dependent:

- First Name
- Last Name
- Name Prefix/Suffix (if applicable)
- Date of Birth
- Gender
- Social Security Number
- Relationship to Employee
- Marital Status
- Marital Status as of date (if single, do not need to enter a date)
- Disabled status of any children if over age 26

Dependent Personal Information

Select Save once you have added your dependent's personal information. This information will go into effect as of Nov 23, 2020.

Personal Information

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

Status Information

*Marital Status As of
 *Disabled As of

13. 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
 Address

Same Phone as Employee

Phone

Save

14. Scroll down and click **Save** to add the dependent and click **OK**.

15. Review the information on the new dependent and repeat process if you have additional dependents to add.

16. Once all dependents are entered, click **Return to Event Selection**.

Add/Review Dependent

The people listed may be eligible for Benefit Coverage. Select a name to view personal information. To add a dependent, select the "Add a dependent" button.

Dependent Information					
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Disabled
Ima Spouse	Spouse	06/05/1984	Married	11/23/2020	No

Add a dependent

[Return to Event Selection](#)

17. 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**. If you do not want to save your changes, click **Discard Changes**.

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

Add/Review Dependents

Update and Continue **Discard Changes**

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.

18. 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.



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New Hire
Health (Waiting Period)

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 Employee Only coverage.

Your Estimated Per-Pay-Period Cost

Your Cost	\$49.50
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Notes
Once submitted, this choice will take effect on 03/01/2022. Deductions for this choice will start with the pay period beginning 02/13/2022.

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.

19. You will be brought back to the **Enrollment Summary Page**. You will see your election next to “New”.

Health (Waiting Period)

Current: No Coverage

New: **Dean w/Dental:Empl Only**

SUBMITTING ELECTIONS

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

21. There are 6 plans that require you to either enroll or waive coverage.

- Health
- State Group Life
- State Group Life Additional (must waive even if you waived State Group Life)
- State Group Life Spouse & Dep (must waive even if you waived State Group Life)
- ICI Standard
- ICI Supplemental (only available to employees who earn more than \$64,000/year)

You will not be able to submit your elections until you either enroll in or waive coverage for the plans listed above.

22. 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
	55.09	52.90	2.19
Your Costs	55.09	52.90	2.19

Save and Continue

23. 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.

The “Other Health Insurance” is asking if you will have other health insurance effective when your State health insurance begins. If you currently have other insurance but it will end when your State insurance starts, you should answer “No” to Other Health Insurance.

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.

Coordination of Benefits - Employee

Other Health Insurance:

Medicare:

Physician Details

National Provider ID: Lookup Provider ID:

Clinic Name:

Physician First Name: HENRY

Physician Last Name: HYDE

Save and Continue

24. Click **Save and Continue**.

25. 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.

New Hire
Submit Benefit Choices

Shesa Employee

You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit choices.

You must click the **Submit** button below to finalize and submit your benefit elections.

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

If you need to make changes to any of your elections once you submit them, you must contact your agency payroll and benefits office. All new hire benefit elections must be submitted within 30 days of hire.

Once your 30-day new hire enrollment period ends, you will have limited opportunities to make benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the State to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

By Clicking **SUBMIT** you agree to the following and have read the terms and conditions relevant to application for benefits through the Department of Employee Trust Funds: To the best of my knowledge, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information, misrepresentation or fail to provide complete or timely information on this application, I may face action, including, but not limited to, loss of coverage, employment action, and/or criminal charges/penalties under civil, state, § 943.505.

Submit **Cancel**

Select the **Submit** button to send your final choices to the Benefits Department.

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

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

New Hire
Submit Confirmation

Shesa Employee

Your benefit choices have been successfully submitted to the Benefits Department.

Please note that depending on the timing of your enrollment, additional premiums may be taken from one of your next paychecks.

To return to the Benefits Enrollment page, click the **OK** button below.

OK



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REVIEWING YOUR BENEFIT SUMMARY

1. Overnight, your benefit elections will be finalized. You can confirm your elections by reviewing your benefits summary the day after you submit your elections.
2. Log in to Employee Self Service: <https://ess.wi.gov>.
3. Click on the **My Benefits Tile** on the Employee Self Service Homepage.
4. Your **Benefits Summary** as of today will automatically appear on the page.
5. Enter the date that your benefits are effective on the top of the page. Click **Refresh**.



6. 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
Health (100% Employee Paid)		Waived
Health (Waiting Period)	Dean w/Dental	Employee Only
State Group Life	Life - Basic+Suppl (2x salary)	Salary X 2
State Group Life Additional	Life - 1 Additional Unit	Salary
State Group Life Spouse & Dep		Waived
Accident Plan	Accident Plan - Employee Only	
ICI Standard		Waived
ICI Supplemental		Waived
Wisconsin Retirement System	WI Retirement System	6.5% of Earnings
Sick Leave Conversion	WRS-Sick Leave Credits	0% of Earnings

RESOURCES

Health Insurance

- [2023 Health Insurance Landing Page](#)
- [2023 It's Your Choice Decision Guide](#)
- [Health Plan Search](#)
- [Premiums](#)
- [Health Plan Design Comparison](#)

Supplemental Plans

- [Basic Dental Coverage](#)
- [Supplemental/Major Dental Coverage](#)
- [Dental Comparison Chart](#)
- [DeltaVision Website](#)
- [DeltaVision Summary of Benefits](#)
- [Securian Accident Plan](#)
- [Accident Plan Benefit Summary](#)

Life Insurance

- [State Group Life Insurance](#)

Disability Insurance

- [Income Continuation Insurance](#)

Pre-Tax Savings Plans (Healthcare FSA, Dependent Day Care FSA, Pre-Tax Parking/Transit Accounts)

- [Optum Financial website](#)
- [Pre-Tax Savings Plan Page \(ETF\)](#)

Health Savings Accounts

- [HSA Plan Webpage](#)

Wellness

[Well Wisconsin Portal](#)

Savings Plans

- [Wisconsin Deferred Compensation](#) (457 Plan)
- [Edvest](#) (529 College Savings Plan)

Health Insurance Opt-Out Stipend

If not enrolling in health insurance, you may be eligible for a health insurance [opt-out stipend](#). See the health insurance page in eBenefits for eligibility requirement. You must Waive your health insurance in eBenefits and complete a [paper health insurance application](#) to apply for the stipend within 30 days of hire.

Benefits Mentor – Your Interactive Benefits Counselor

[IBM Benefits Mentor](#) is the new interactive benefits counselor for active state employees. Benefits Mentor will use your claims information (if available) as a basis for personalized plan design recommendations. Benefits Mentor also considers your medical needs and what is the most important to you when choosing a health plan.

You will need to register and verify your email address prior to using Benefits Mentor for the first time. See [How to Sign Up for Benefits Mentor](#) to get started.



*Chrome is the preferred browser for Benefits Mentor. You are not enrolling through Benefits Mentor. Enroll as directed by your agency.