



# 2024

## How to Enroll in Your DC Government Employee Benefits





# How to Enroll in Your DC Government Benefits

This guide provides step-by-step instructions for enrolling your DC Government employee benefits through Employee Self Service (ESS). You can access ESS on any computer with an internet connection at <https://ess.dc.gov>.

You may enroll in or make changes to your existing benefits under the following circumstances:

- Within 31 days of new hire or a qualifying life event.
- Open Enrollment: Open Enrollment 2024 **begins Monday, November 13** and ends **Monday, December 11, 2023**.

The following program is **not available** for enrollment through ESS:

- DC College Savings Plan. Please visit [www.dccollegesavings.com](http://www.dccollegesavings.com) to enroll.
- Life Insurance

## Elections Effective Dates

- **For elections made during Open Enrollment 2024:** For employees who are paid biweekly, changes are effective January 14, 2024; for employees who are paid semi-monthly (some DCPS and UDC), changes are effective January 14, 2024.
- Elections made within 31 days of new hire or a qualifying life event will be effective following the first pay period in which a payroll deduction is made to pay for the benefit.
- Flexible Spending Account (FSA) coverage begins following the first pay period in which a payroll deduction was made to pay for the benefit.

## Need Help Choosing Your Benefits?

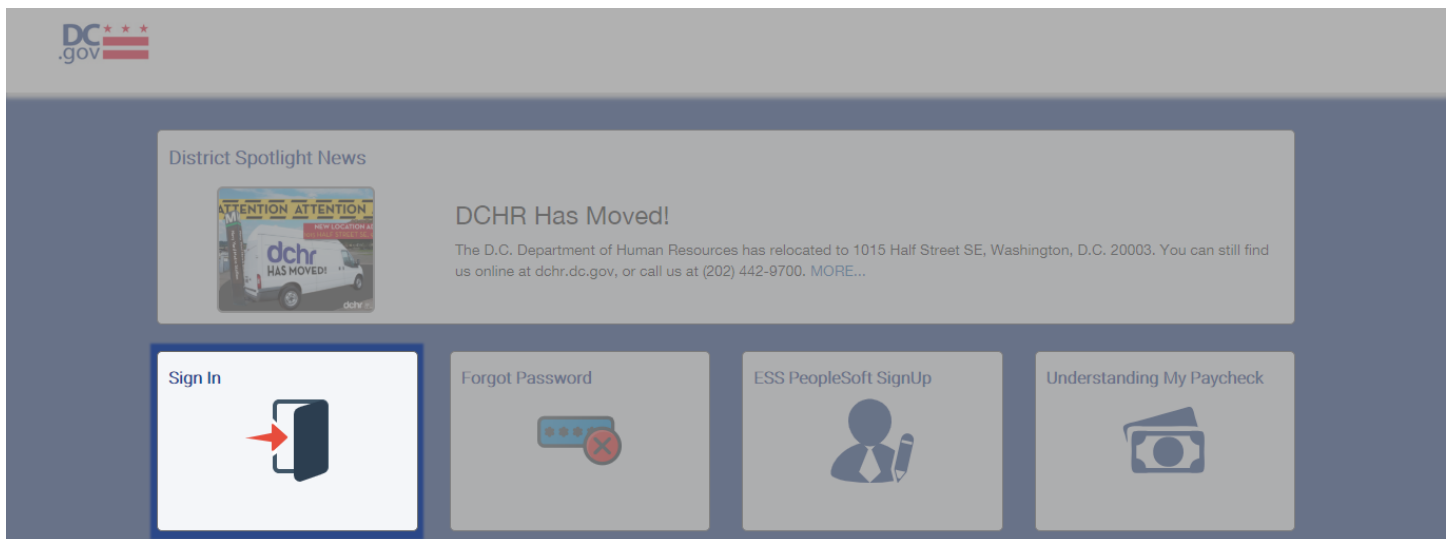
Chat with our virtual benefits counselor, ALEX, at <https://start.myalex.com/dchr>. ALEX is an easy-to-use online tool that will help you get the right amount of coverage for your needs. Even if you're happy with your current plan, it's worth it to use ALEX to make sure you're not paying too much for health insurance.

In addition, the DCHR Benefits and Retirement Administration is available to provide assistance. They can be reached Monday through Friday from 8:30 a.m. to 5:00 p.m. at 202.442.7627 or [dchr.benefits@dc.gov](mailto:dchr.benefits@dc.gov).

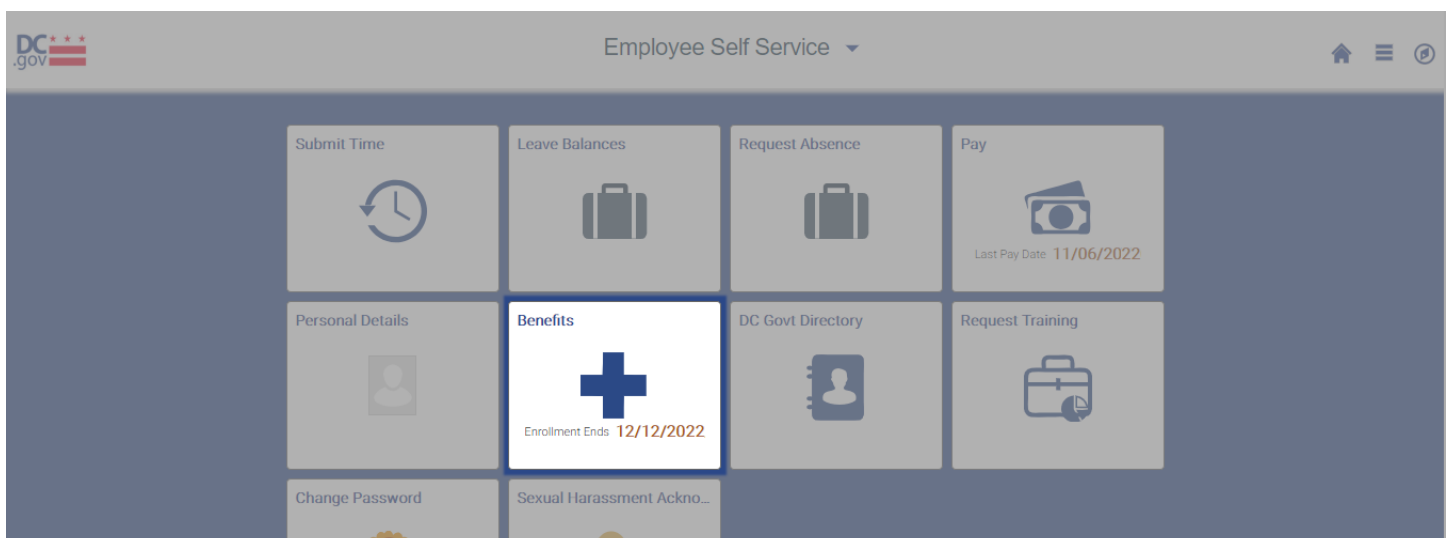
# Enrollment Instructions

1. Log in to **Employee Self Service (ESS)** at <https://ess.dc.gov>.

**Please Note:** ESS is accessible online through PeopleSoft on *any* computer. Computers are available for employee use at the DCHR Customer Care Center located at 1015 Half Street, SE on the 9th floor.



2. From the Main Menu, **select Benefits**.



3. On the Benefits page, **select Benefit Events** from the menu on the left.

The screenshot shows the 'Benefits' page with a sidebar menu on the left. The 'Benefit Events' option is highlighted. The main content area is titled 'Benefits Summary' and includes an 'As Of' date selector and a 'Refresh' button. Below this is a table with three columns: 'Type of Benefit', 'Plan Description', and 'Coverage or Participation'. The table contains one row for 'Employees Health Benefits' with the plan 'Kaiser HMO-DC Before Tx' and coverage 'Self Only'.

Type of Benefit	Plan Description	Coverage or Participation
Employees Health Benefits	Kaiser HMO-DC Before Tx	Self Only

4. On the Benefit Events page, **select the Open Enrollment option**.

**Please Note:** Outside of initial hire or regular Open Enrollment period, remember to select the corresponding event type related to your *qualifying life change*.

The screenshot shows the 'Benefit Events' page. A dropdown menu 'Select Your Event' is open, and the 'Open Enrollment' option is selected. Below the dropdown, there is a section for 'Employee' with several radio button options: 'I got married', 'I had a baby', 'I adopted or gained legal custody/guardianship of a child', 'I got divorced/legally separated', 'I am Hired/Rehired', and 'Open Enrollment'.

5. On the Open Enrollment Welcome page, review the information and **select Next** to navigate to the next page.

The screenshot shows the 'Open Enrollment Welcome' page. The 'Change Status Date' section is visible, with a text box for 'Status Change Date'. Below the text box, there is a message: '\*Date Change Will Take Effect 01/01/2023'. At the bottom of the section, there are 'OK' and 'Cancel' buttons.

6. On the Add/Review Dependent/Beneficiary page, **add or review dependent/beneficiary information**, as applicable.

Open Enrollment

«Previous **Next»** Cancel Continue Later

### Welcome to Open Enrollment Event

Welcome to the District of Columbia Government's annual Open Enrollment period, which will be open from November 14, 2022 through December 12, 2022.

Please Note:

- Life Insurance is not available for enrollment during Open Enrollment
- DC 529 College Savings Plan: Please click here to enroll in the <https://www.dccollegesavings.com/>

DC Government employees eligible to receive benefits

Select **Next** to navigate to the next page.

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.

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary

**Add a dependent or beneficiary**

7. On the Life Events Document Upload page, **attach any applicable dependent eligibility documentation if you are adding dependents to your benefits**. When you are done, **select Next** to navigate to the next page.

Life Events - Document Upload

**Instructions**

You are required to submit the document(s) listed here. Select the Add Attachment button, enter a description of your document and upload the document.

**Life Event Documents**

Supporting Doc

**Add Attachment** **Add Note**

8. On the Benefits Enrollment page, **select Open Enrollment** to begin the enrollment process.

Legend

- \* Welcome
- Document Upload
- Update Dependent and Beneficiary
- Benefit Enrollment**

### Benefits Enrollment

During open enrollment, you can make changes to your existing health, vision, dental and supplemental insurance coverage or you can change from one plan to another that is more suitable to your needs. You may also enroll or make changes to the your retirement savings account and health savings account (Aetna CDHP-only) or health, transit and parking flexible spending accounts. If you are enrolled in one of the plans terminating coverage or changing an enrollment option, you must select a new plan during open enrollment to ensure that you continue your health coverage into 2023. If you are satisfied with your current plan you do not have to do anything. If you wish to make changes, click the Select button below. You will be able to make changes after clicking Select.

Event Description	Event Date	Event Status	Job Title	
Open Enrollment	01/01/2023	Open	Program Analyst	<b>Select</b>

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.

9. On the Enrollment Summary page, you will see your current benefits, available enrollment selections and estimated costs. **To change/enroll, select the Edit button on the right.**

Open Enrollment

Please note: After you make your enrollment selections in this section, your enrollment will not be complete until you click "Submit" on the next screen.

**Important:** Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan, by clicking Edit. You must do so for each plan or your dependent(s) will not be enrolled. After you have added each dependent to each plan, click Save.

Your enrollment will not be complete until you click "Submit"

Enrollment Summary		
Employees Health Benefits	Before Tax	After Tax
Current: Kaiser HMO-DC Before Tx:Self Only		
New: Kaiser HMO-DC Before Tx:Self Only	73.42	
Dental	Before Tax	After Tax
Current: Cigna Dental PPO:Self Only		
New: Cigna Dental PPO:Self Only	27.01	
Vision	Before Tax	After Tax

10. To enroll and/or make changes on the individual benefit pages, review and make your selections; then, **Select Update and Continue** at the bottom of the page to store your choices until you are ready to submit. **Select Discard Changes** to ignore entries made on that page and return to the Enrollment Summary.

Open Enrollment

### Transit FSA

**Important!** Your current coverage is: Waive. You will have no coverage with this plan if you do not make a choice.

Select an Option

☐ No, I do not want to enroll

☐ DC Commuter Transit Plan

**Update and Continue** **Discard Changes**



11. Upon updating your individual elections, you will be taken to a confirmation screen with your selection and estimated per-pay-period costs. **Select Update Elections** to store your choices or **Select Discard Changes** to ignore entries.

eBenefits

Life Events

Legend

- \* Welcome
- Document Upload
- Update Dependent and Beneficiary
- Benefit Enrollment

Open Enrollment

Benefits Enrollment

Transit FSA

Important: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan, by clicking Edit. You must do so for each plan or your dependent(s) will not be enrolled. After you have added each dependent to each plan, click Save.

Your enrollment will not be complete until you click "Submit"

Your Choice

You have chosen to Waive coverage.

Notes

Once submitted, this choice will take effect on 01/01/2023.  
Deductions for this choice will start with the pay period beginning 12/18/2022.

Update Elections Discard Changes

Select the Update Elections button to store your choices.

12. Upon updating and/or completing all relevant sections, **select Save and Continue** at the bottom of the page to send your choices to the Benefits Department. New elections will be listed under current elections in the Enrollment Summary.

eBenefits

Life Events

Legend

- \* Welcome
- Document Upload
- Update Dependent and Beneficiary
- Benefit Enrollment

Open Enrollment

Transit FSA

	Before Tax	After Tax	Edit
Current: DC Commuter Transit Plan: \$1,410.00			
New: DC Commuter Transit Plan: \$1,450.00	53.70		

Parking FSA

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

This table summarizes estimated costs for your new benefit choices.

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	310.60	283.76	26.84
Your Costs	310.60	283.76	26.84

Save and Continue

13. On the Submit Benefits Choices page, **select Submit to finalize your benefit choices**. **Select Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

eBenefits

Life Events

Legend

- \* Welcome
- Document Upload
- Update Dependent and Beneficiary
- Benefit Enrollment

Open Enrollment

Benefits Enrollment

Submit Benefit Choices

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

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'd like up until your enrollment deadline.

Once your enrollment selection has been finalized, you will not be able to make 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 District Government 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.

Submit Cancel

14. You have successfully submitted your choices to the Benefits Department. **Select OK** to return to the Benefits Enrollment page. **Select Next** to navigate to the Benefits Election Review page and review and print your benefit elections.

**This completes your benefits enrollment!**

- **You will receive an email confirmation statement with your elections. Please print or save this for your record.** If you do not receive an email confirmation, please immediately contact the DCHR Benefits and Retirement Administration at 202.442.7627 or [dchr.benefits@dc.gov](mailto:dchr.benefits@dc.gov) to confirm your elections were submitted properly.
- **Your enrollment will not be complete until you add your dependent(s)** to the medical and, if applicable, dental and vision plans. You must do so for each plan or your dependents(s) will not be enrolled. [See page 8 for details on dependents and eligibility.](#)
- For life insurance changes, please email [dchr.benefits@dc.gov](mailto:dchr.benefits@dc.gov).

The screenshot shows the DC.gov eBenefits interface. On the left is a sidebar with a 'Life Events' menu where 'Benefit Enrollment' is selected. The main content area is titled 'Open Enrollment' and contains a 'Benefits Enrollment' section with a 'Submit Confirmation' heading. Below this, a message states: 'Your benefit choices have been successfully submitted to the Benefits Department. You will receive a confirmation statement to affirm your elections. To return to the Benefits Enrollment page, click OK.' An 'OK' button is highlighted with a white border.

15. On the Benefits Election Review page, review your changes. **Select Print** to print your elections. **Select Next** to proceed to close out of the Open Enrollment event.

The screenshot shows the 'Benefits Election Review' page within the DC.gov eBenefits system. The sidebar on the left remains the same. The main content area has a title bar with 'Open Enrollment' and navigation buttons: '<Previous', 'Next>', 'Cancel', and 'Continue Later'. The page title is 'Benefits Election Review'. A message reads: 'Review all your changes with the information provided. Select the appropriate task on the navigation bar to make changes.' Below this, there are two sections: 'Personal Information' with fields for Current Name, Home Address, Mailing Address, Home Phone, Business Phone, and Emergency Contact; and 'Dependent Information' which is currently empty. A 'Print' button is highlighted with a white border.



# Dependent Eligibility Verification

If you add family members to your coverage, you are required to provide documentation to verify coverage eligibility for the dependents that you add during the Open Enrollment process. When you enroll online, you must also submit dependent eligibility verification. **Failure to comply will result in a cancellation of health care coverage for that dependent.** For more information, please visit <https://dchr.dc.gov/page/dependent-eligibility-verification>.

- You are not required to provide verification for any dependents currently covered by any DC Government health plan.
- **Do not send original documents or the actual certified copy**, which would have a raised seal. A copy of the document with the seal clearly visible is acceptable. Retain the original document(s), as **DCHR will not return the documents you submit.**
- **Each piece of documentation must have the employee's name and the last four digits of their Social Security number.** DCHR has the authority to determine whether the documentation satisfies the Plan's requirements. Any fees associated with obtaining documents are the employee's responsibility.

Please see the following list of dependents and corresponding verification documents:

## **Spouse** *(Provide a copy of one of the following)*

- Most recent year's 1040 Married Filing Jointly federal tax return that lists the spouse (black out financial information and dependents' Social Security numbers)
- Subscriber's and spouse's most recent 1040 Married Filing Separately federal tax return (black out financial information and dependents' Social Security numbers)
- Proof of common residence (example: a utility bill) and marriage certificate\*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and marriage certificate\*
- Petition for dissolution of marriage (divorce)
- Legal separation notice

## **State-Registered Domestic Partner or Legal Union Partner** *(Provide a copy of one of the following)*

- Proof of common residence (example: a utility bill) and certificate/card of state-registered domestic partnership\*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and certificate/card of state-registered domestic partnership\*
- Petition for invalidity (annulment) of domestic partnership or legal union
- Petition for dissolution of domestic partnership or legal union
- Legal separation notice of domestic partnership or legal union

## **Child(ren)** *(Provide a copy of one of the following)*

- Most recent year's federal tax return that includes the child(ren) as a dependent and listed as a son or daughter (black out financial information and dependents' Social Security numbers)
- Birth certificate (or hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner\*\*)
- Certificate or decree of adoption
- Court-ordered parenting plan
- National Medical Support Notice
- Original Foster child certification and a copy of documentation of regular and substantial support of the child\*\*\*
- Disabled Child: Medical verification of disability prior to age 26
- Legal Custody: Copy of Court Order granting legal custody
- Step Child: Birth Certificate\*\*, Copy of Marriage Certificate, Divorce Decree or Custody Papers

You can submit one copy of your tax return if it includes all family members that require verification.

*\*If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.*

*\*\*If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB and FEHB coverage.*

*\*\*\*More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained: evidence of eligibility as a dependent child for benefits under other State or Federal programs; proof of inclusion of the child as a dependent on the enrollee's income tax returns; canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; evidence of goods or services that show regular and substantial contributions of considerable value.*