



2018

How to Enroll in Your DC Government Employee Benefits

dchr
DC Department of Human Resources



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 2018 **begins Monday, November 13** and ends **Monday, December 11, 2017**.

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

- DC College Savings Plan. Please visit www.dccollegesavings.com to enroll.

Elections Effective Dates

- **For elections made during Open Enrollment 2018:** For employees who are paid biweekly, changes are effective January 7, 2018; for employees who are paid semi-monthly (some DCPS and UDC), changes are effective January 1, 2018.
- 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?

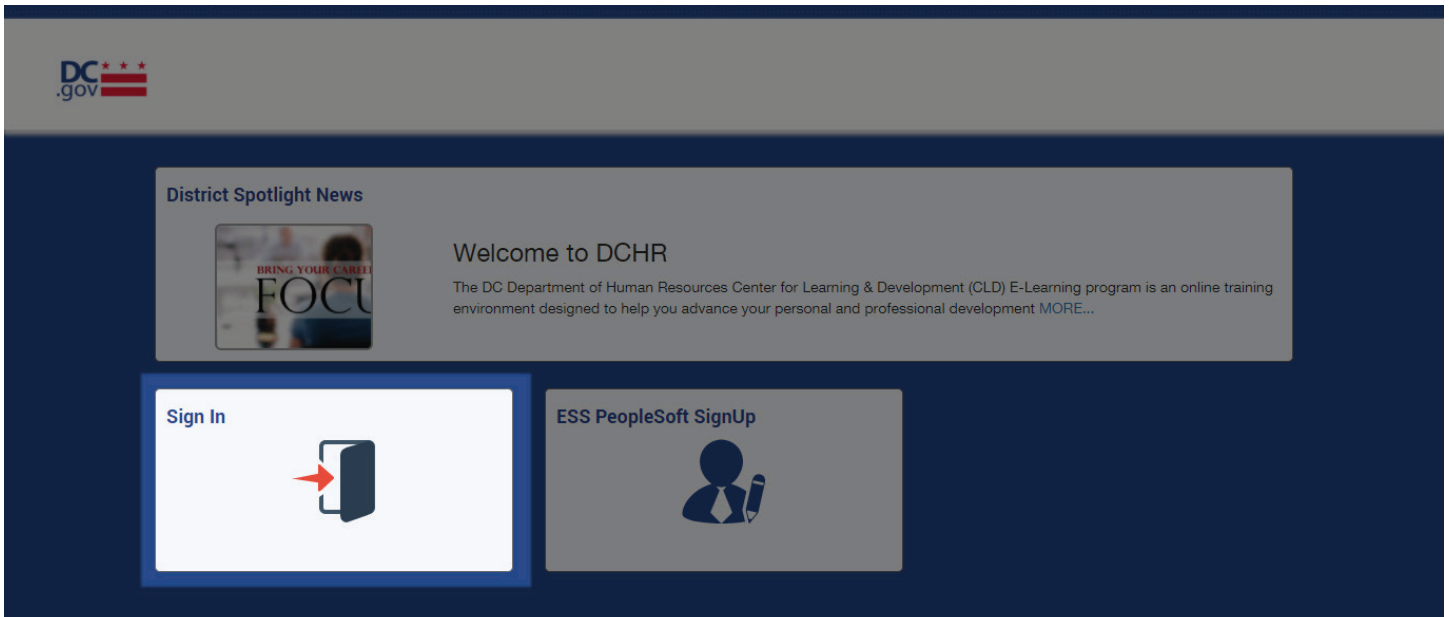
Chat with our virtual benefits counselor, ALEX, at www.myalex.com/dchr/2018. ALEX is an easy-to-use online tool that will help you get the right amount of coverage for your needs. Even if you're happy with your current plan, it's worth it to use ALEX to make sure you're not paying too much for health 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.

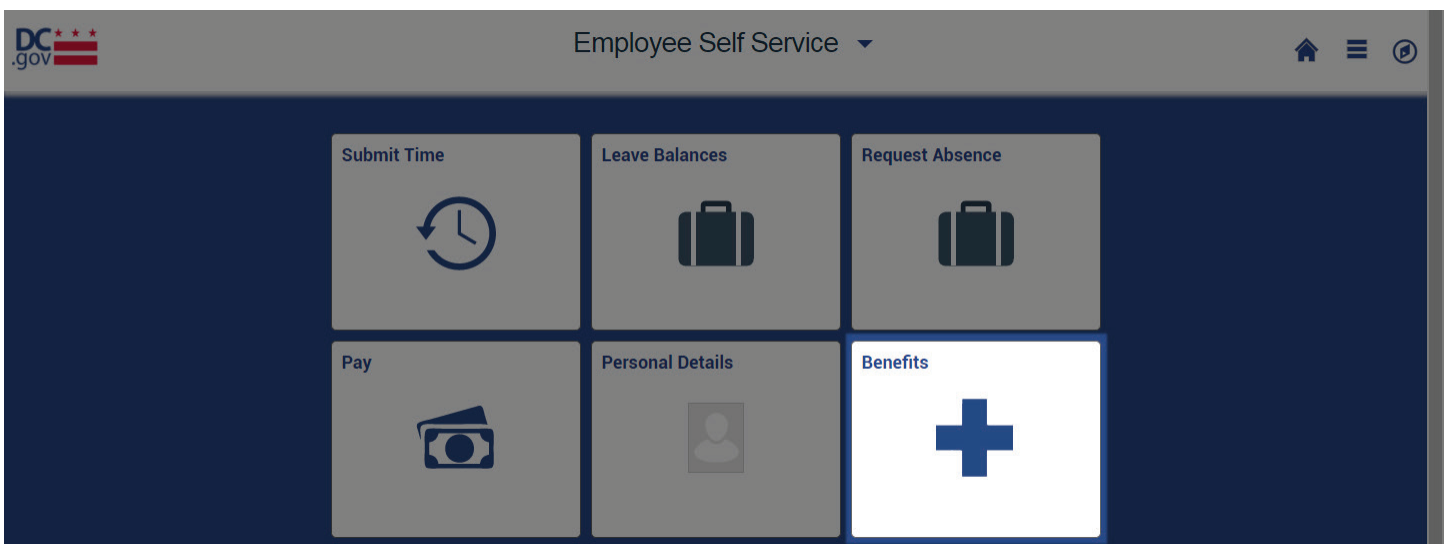
Enrollment Instructions

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 441 4th Street, NW in the lobby of One Judiciary Square.



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



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

Employee Self Service

Benefits

Benefits Summary

Benefit Events

As Of 11/14/2017

Refresh

Type of Benefit	Plan Description	Coverage or Participation
Employees Health Benefits	Kaiser HMO-DC Before Tx	Self Only
Dental	Cigna Dental HMO	Self Only
Vision	Quality Plan Admin	Self Only
Basic Life	DFEGLI Basic	01 X Salary + 00000

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

Favorites Main Menu Self Service Benefits Benefit Events

DC.gov Welcome

Home Add to Favorites Sign out

Benefit Events

Select Your Event

There are some events that involve you as the Employee or your family members.

Review the choices and select the appropriate Event. Then enter the date of your event.

Employee

- 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
- Open Enrollment
- Commuter Benefits
- Qualifying Event for Domestic Partner

5. Upon selecting Open Enrollment, you will arrive at the **Change Status Date page. Select OK** to confirm.

Favorites Main Menu Self Service Benefits Benefit Events

DC.gov Welcome

Home Add to Favorites Sign out

Change Status Date

Change Status Date

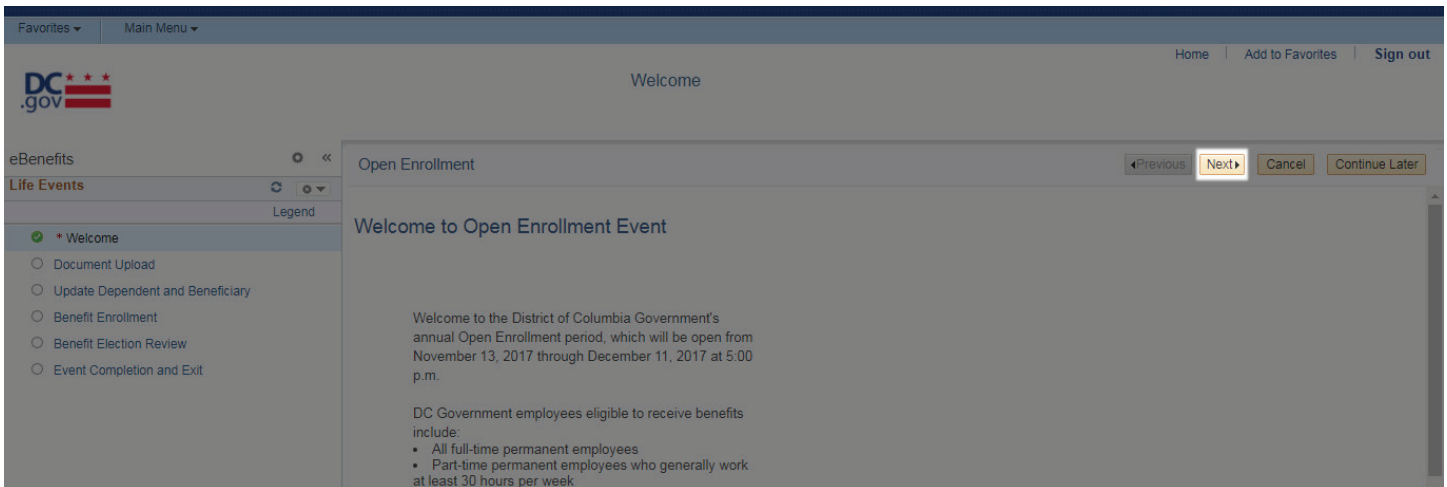
Enter the date of your status change, then select the OK button.
The Benefit Event must be completed within 31 days of your qualifying event or you will not be eligible to change your Benefit Elections.

Status Change Date

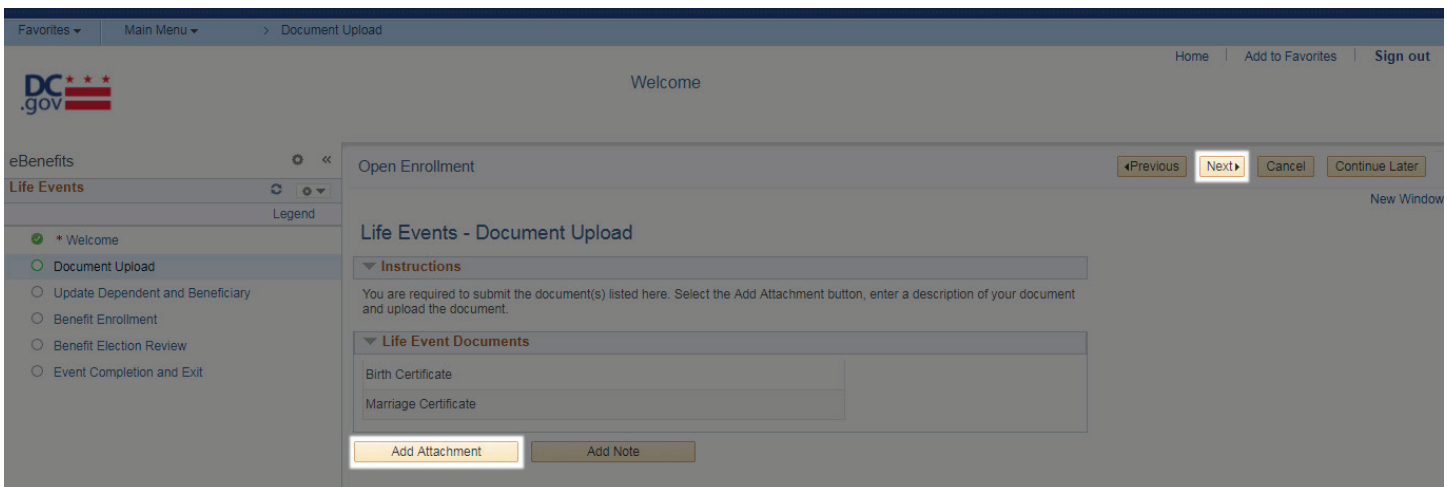
*Date Change Will Take Effect 01/01/2018

OK Cancel

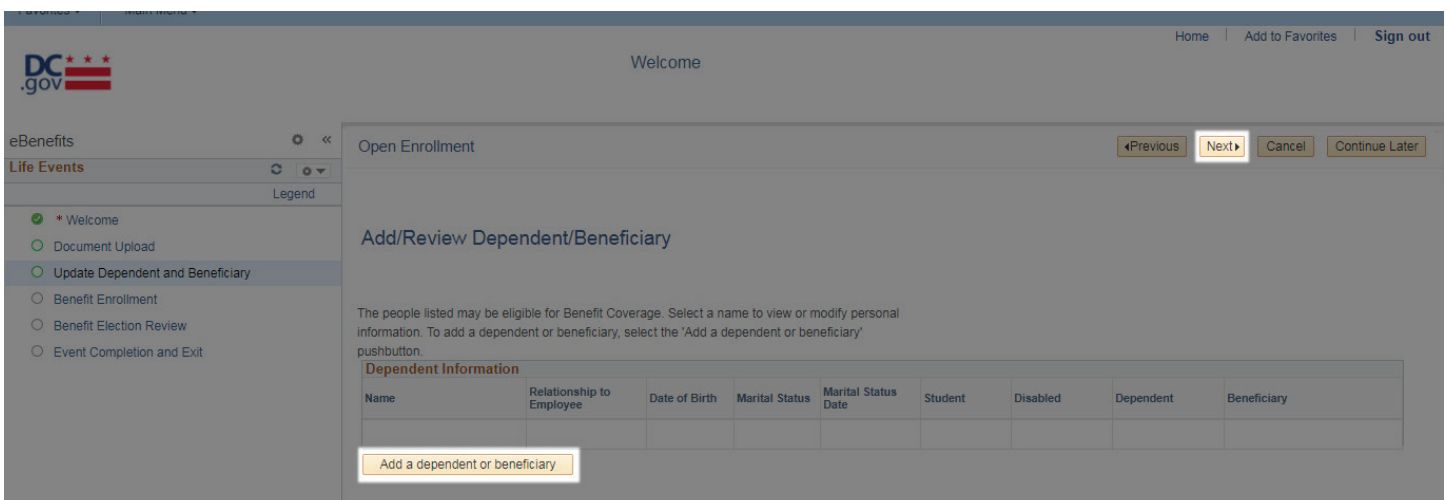
6. On the Open Enrollment Welcome page, review the information and **select Next** to navigate to the next page.



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 or if you have no dependents to add, **select Next** to navigate to the next page.



8. On the Add/Review Dependent/Beneficiary page, **add or review dependent/beneficiary information**, as applicable. **Select Next** to navigate to the next page.



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

Open 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 2018. 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	01/01/2018	Open	Program Analyst	Select

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

10. On the Enrollment Summary page, you will see your current benefits enrollment summary (if enrolled previously, it will be populated with your current selections), available enrollment selections and a table with the estimated costs for your benefit choices. **To change/enroll in your benefit options, select the Edit button** on the right of the benefit.

Open Enrollment

Enrollment Summary

Employees Health Benefits	Before Tax	After Tax	Edit
Current: Kaiser HMO-DC Before Tx:Self Only			
New: Kaiser HMO-DC Before Tx:Self Only	68.32		Edit
Dental	Before Tax	After Tax	Edit
Current: Cigna Dental PPO:Self Only			
New: Cigna Dental PPO:Self Only	26.92		Edit
Vision	Before Tax	After Tax	Edit
Current: Quality Plan Admin:Self Only			
New: Quality Plan Admin:Self Only			
Domestic Partner Dental	Before Tax	After Tax	Edit

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

The screenshot shows the 'Open Enrollment' page. The left sidebar contains a legend with 'Benefit Enrollment' selected. The main content area has a section titled 'Enroll Your Dependents' with instructions and a table. The table has columns for 'Enroll', 'Name', and 'Relationship'. Below the table is an 'Add/Review Dependents' button. At the bottom, there are two buttons: 'Update and Continue' and 'Discard Changes'. The 'Update and Continue' button is highlighted with a white box.

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

12. Upon updating your individual elections, you will be taken to a confirmation screen that confirms your selection and estimated per-pay period costs. **Select Update Elections** to store your choices or **Select Discard Changes** to go back and change your choices.

The screenshot shows the 'Open Enrollment' page with a confirmation message. The main content area has a section titled 'Your Choice' with the text 'You have chosen Kaiser HMO-DC Before Tx. You are also covering Self Only.' Below this is a section titled 'Your Estimated Per-Pay-Period Cost' with a table showing 'Your Cost' as '\$68.32'. At the bottom, there are two buttons: 'Update Elections' and 'Discard Changes'. The 'Update Elections' button is highlighted with a white box.

Your Cost	\$68.32

13. Upon updating and completing all relevant selections, scroll to the bottom of the Open Enrollment page and **select Save and Continue.**

Please Note: After making changes to your elections, any new elections will be listed underneath current elections in the enrollment summary.

The screenshot shows the DC.gov Open Enrollment page. The left sidebar contains a navigation menu with 'Benefit Enrollment' selected. The main content area displays 'Open Enrollment' with options for 'Transit FSA' and 'Parking FSA'. Below this is an 'Election Summary' table summarizing estimated costs for new benefit elections.

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	140.87	95.24	45.63
Your Costs	140.87	95.24	45.63

Below the table is a 'Save and Continue' button. A warning message states: 'Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.'

14. 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.

The screenshot shows the DC.gov 'Submit Benefit Choices' page. The left sidebar remains the same. The main content area displays 'Benefits Enrollment' and 'Submit Benefit Choices'. It provides instructions on how to finalize enrollment, cancel, or authorize elections. A 'Submit' button is highlighted.

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.

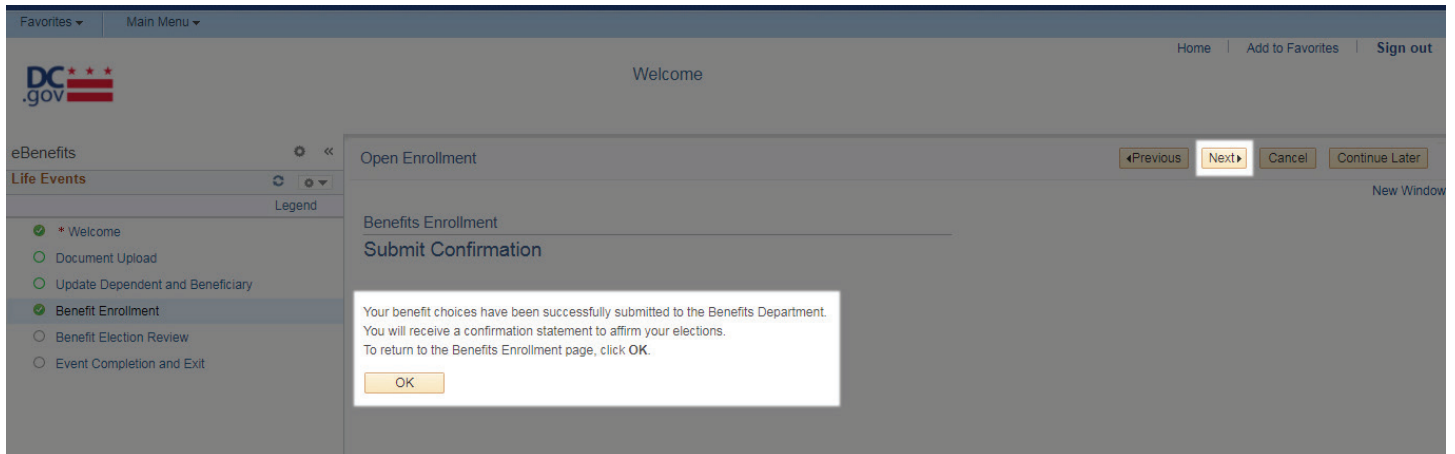
Buttons: **Submit** (highlighted), **Cancel**

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

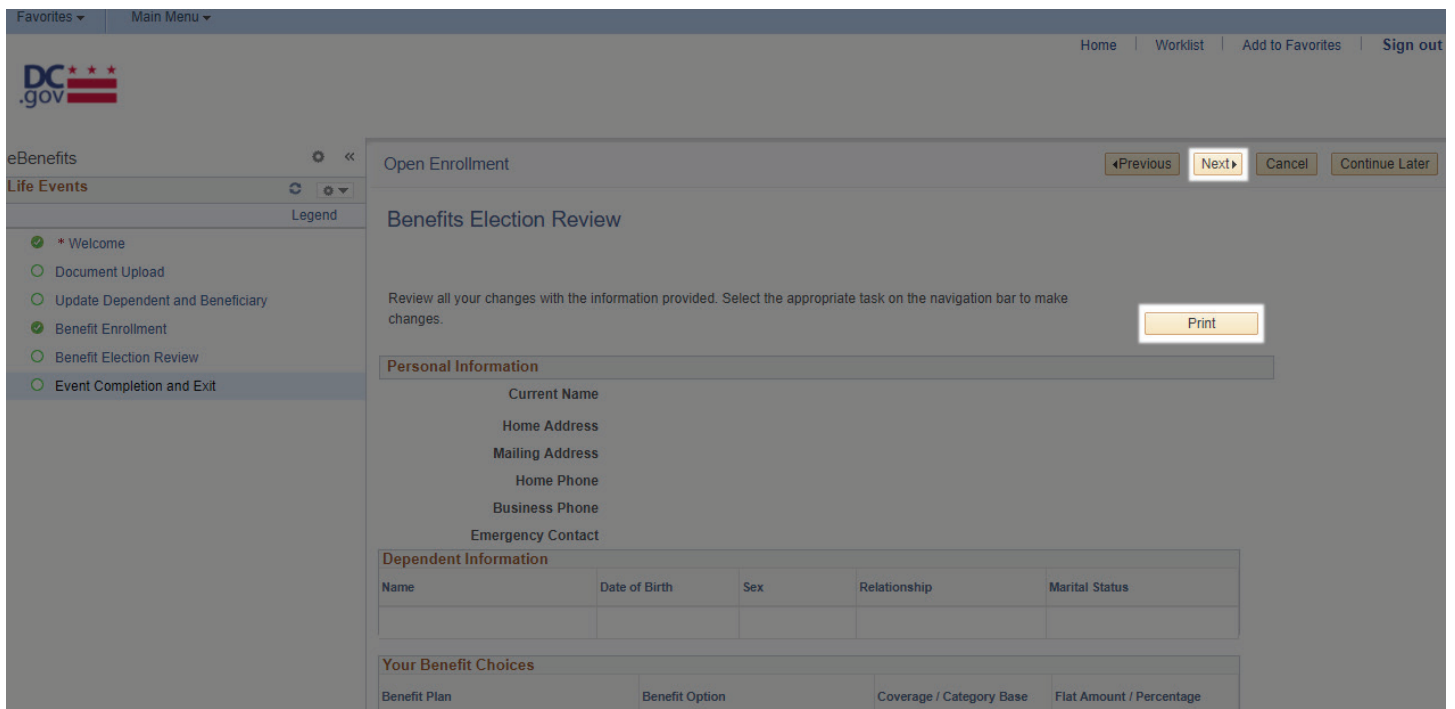
15. You have successfully submitted your choices to the Benefits Department. **Select OK** to return to the Benefits Enrollment page. **Select Next** to navigate to the Benefits Election Review page and review and print your benefit elections.

Please Note

- **You will receive an email confirmation statement with your elections.** Please print or save this for your records. 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 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 10 for details on dependents and eligibility.*



16. 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.



17. On the Event Completion and Exit page, select **Complete to close out your enrollment event. This completes your benefits enrollment!**

Open Enrollment ◀ Previous Next ▶ Cancel Continue Later

Event Completion and Exit

Your benefits enrollment selections have been successfully submitted.

Please Note: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan. You must do so for each plan or your dependents(s) will not be enrolled. For more information on dependent eligibility, please visit <https://dchr.dc.gov/page/dependent-eligibility-verification>

You will receive an email confirmation statement with your elections. Please print this for your records. If you do not receive an email confirmation, please immediately contact your agency's appropriate Benefits Department (see contact information below) to confirm your elections were properly submitted.

DC Department of Human Resources: dchr.benefits@dc.gov
DC Public Schools: dcps.benefits@dc.gov
University of the District of Columbia: hrogers@udc.edu

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.*