



2022

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 2019 **begins Monday, November 12** and ends **Monday, December 10, 2018**.

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 2019:** For employees who are paid biweekly, changes are effective January 6, 2019; for employees who are paid semi-monthly (some DCPS and UDC), changes are effective January 1, 2019.
- 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?

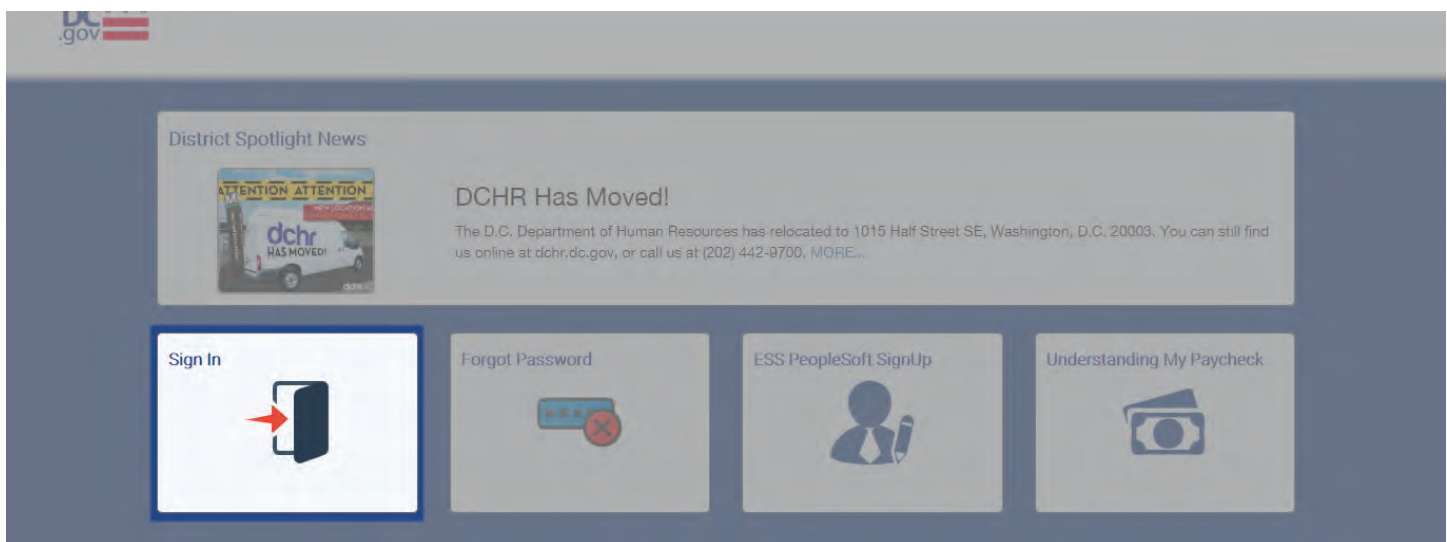
Chat with our virtual benefits counselor, ALEX, at www.myalex.com/dchr/2019. ALEX is an easy-to-use online tool that will help you get the right amount of coverage for your needs. Even if you're happy with your current plan, it's worth it to use ALEX to make sure you're not paying too much for health 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.

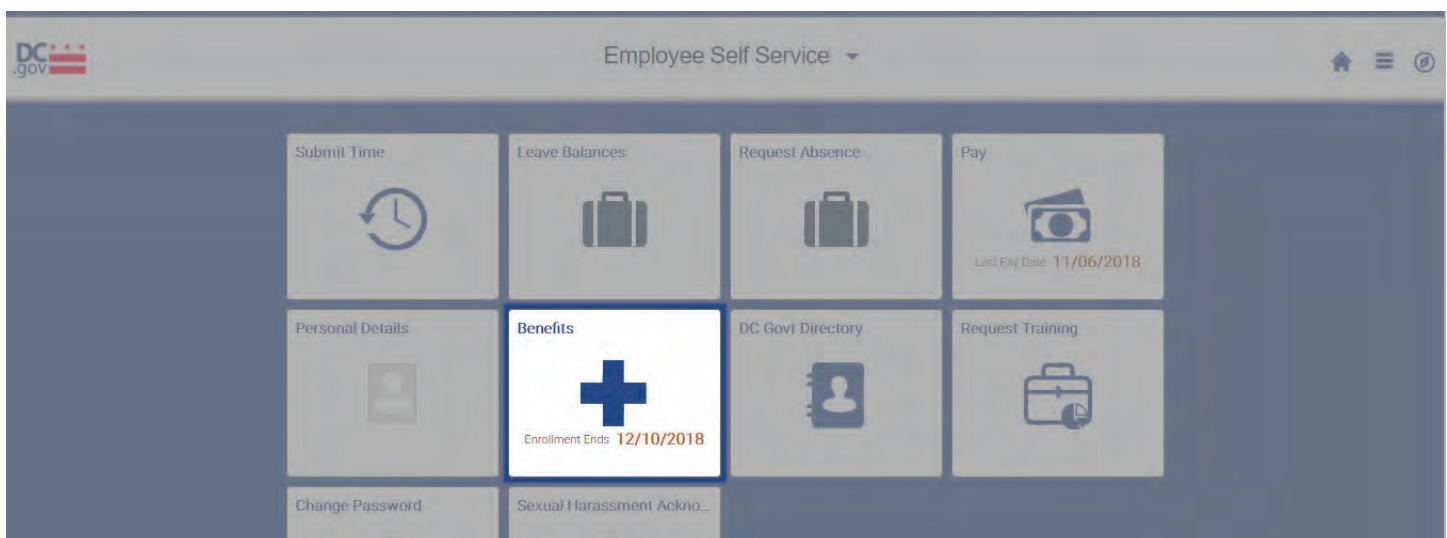
Enrollment Instructions

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

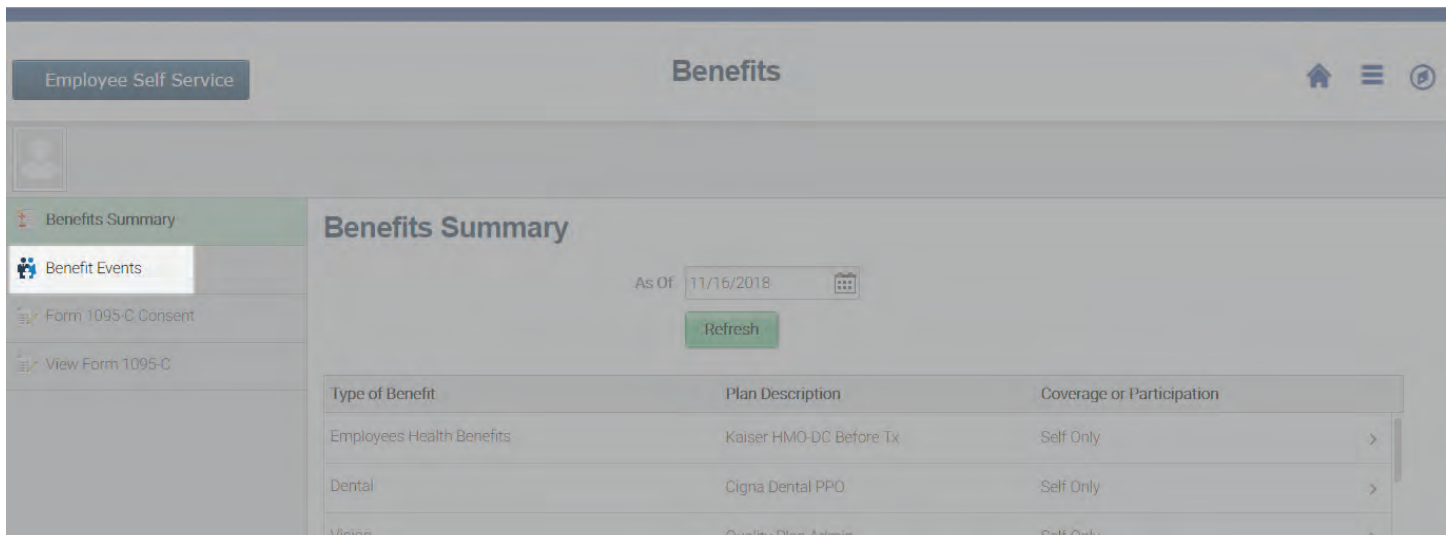
Please Note: ESS is accessible online through PeopleSoft on *any* computer. Computers are available for employee use at the DCHR Customer Care Center located at 1015 Half Street, SE on the 9th floor.



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

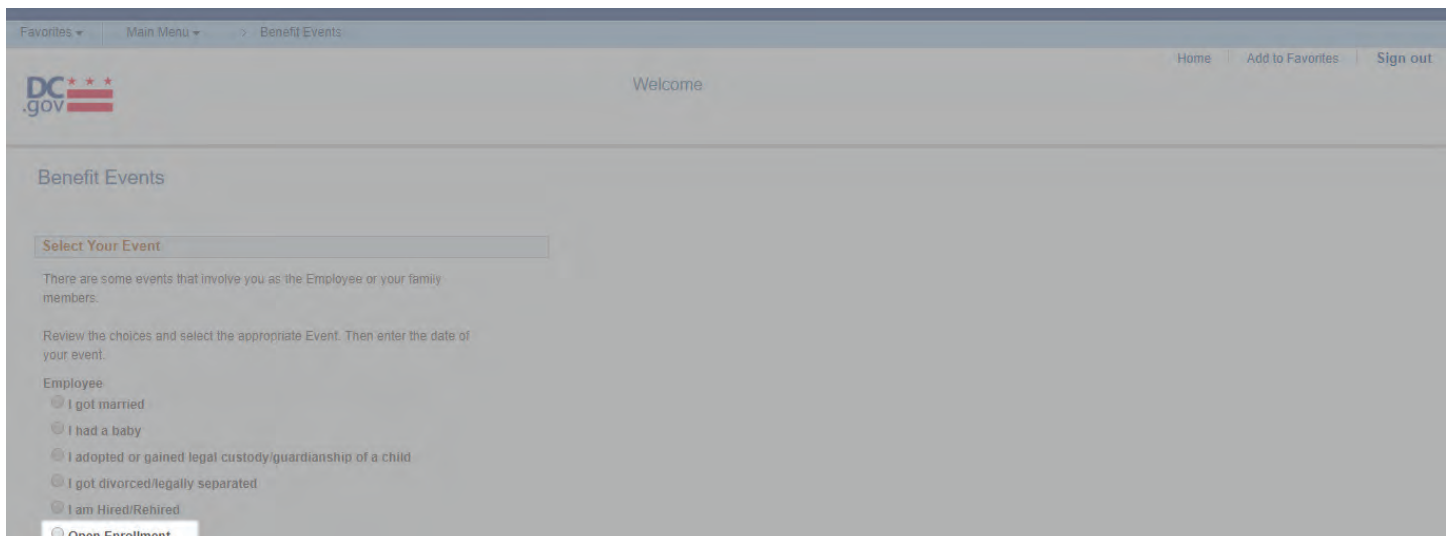


3. On the Benefits page, **select Benefit Events** from the menu on the left.



Type of Benefit	Plan Description	Coverage or Participation
Employees Health Benefits	Kaiser HMO-DC Before Tx	Self Only
Dental	Cigna Dental PPO	Self Only
Vision	Quality Plan Admin	Self Only

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



Select Your Event

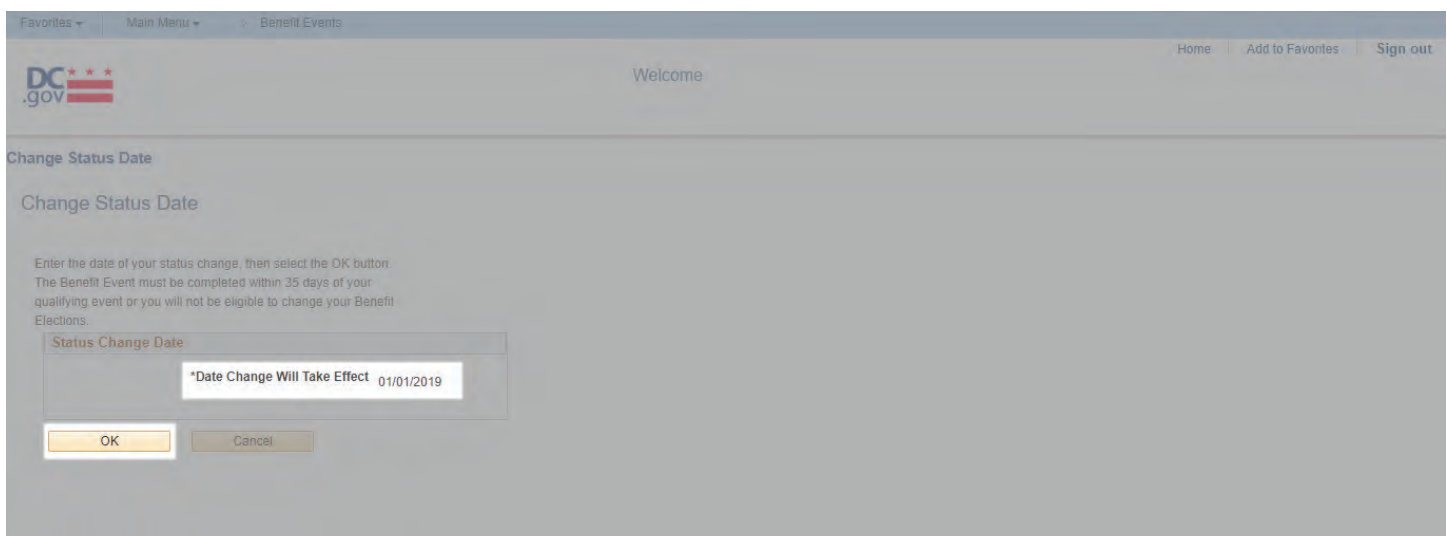
There are some events that involve you as the Employee or your family members.

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/Rehired
- ☒ **Open Enrollment**

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



Change Status Date

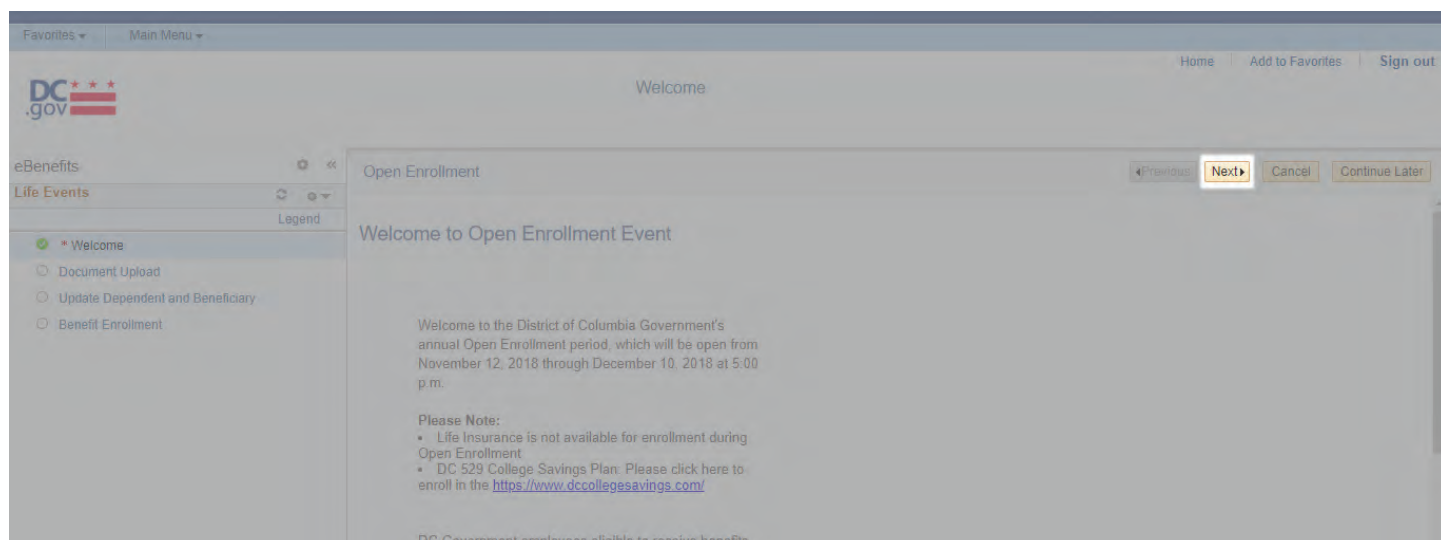
Enter the date of your status change, then select the OK button.
The Benefit Event must be completed within 35 days of your qualifying event or you will not be eligible to change your Benefit Elections.

Status Change Date

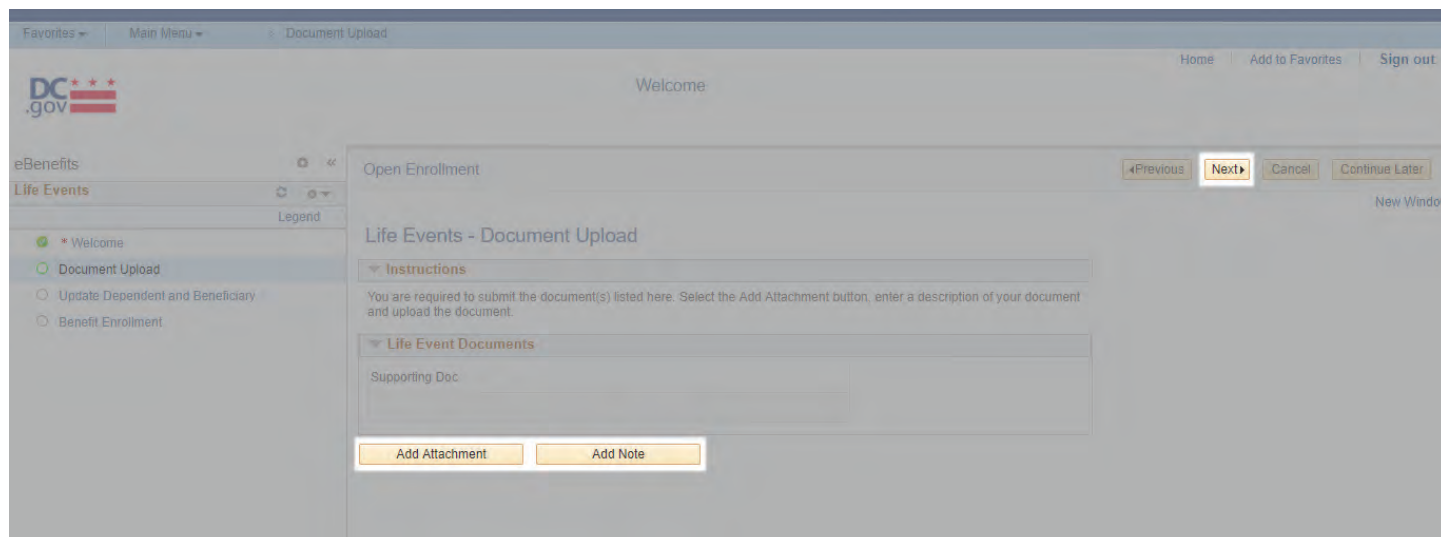
*Date Change Will Take Effect 01/01/2019

OK Cancel

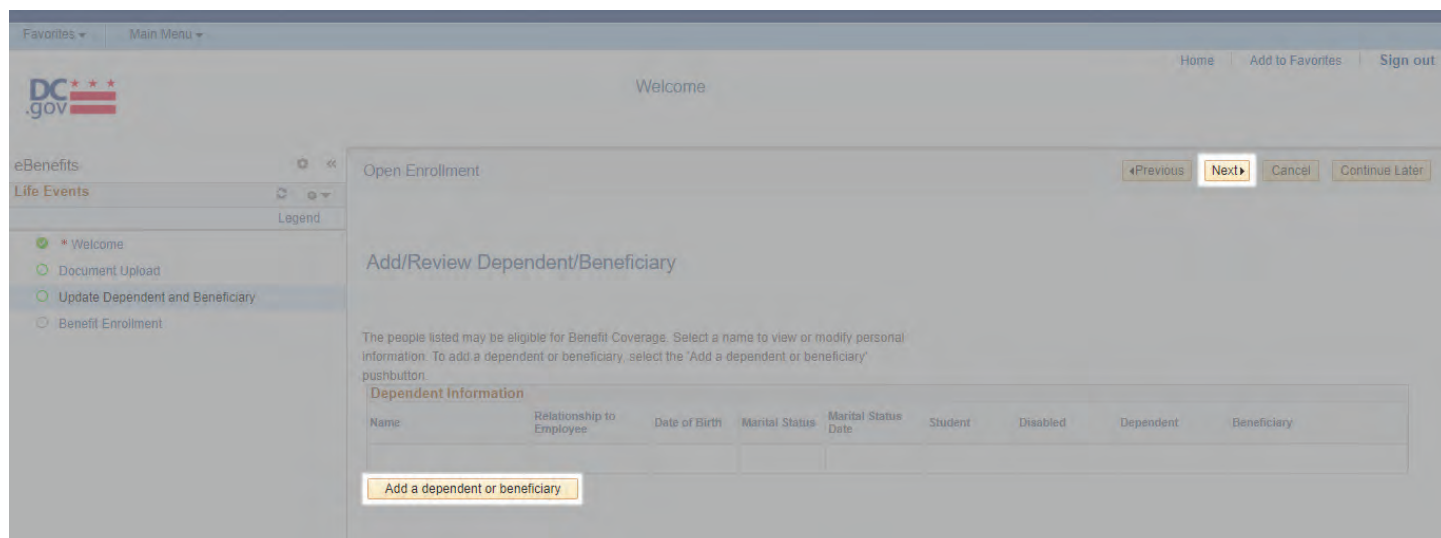
6. On the Open Enrollment Welcome page, review the information and **select Next** to navigate to the next page.



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, **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.

10. 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.**

11. 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.

12. 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.

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 01/01/2019.
Deductions for this choice will start with the pay period beginning 12/23/2018.

Update Elections **Discard Changes**

Select the Update Elections button to store your choices.

13. 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.

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

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.

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

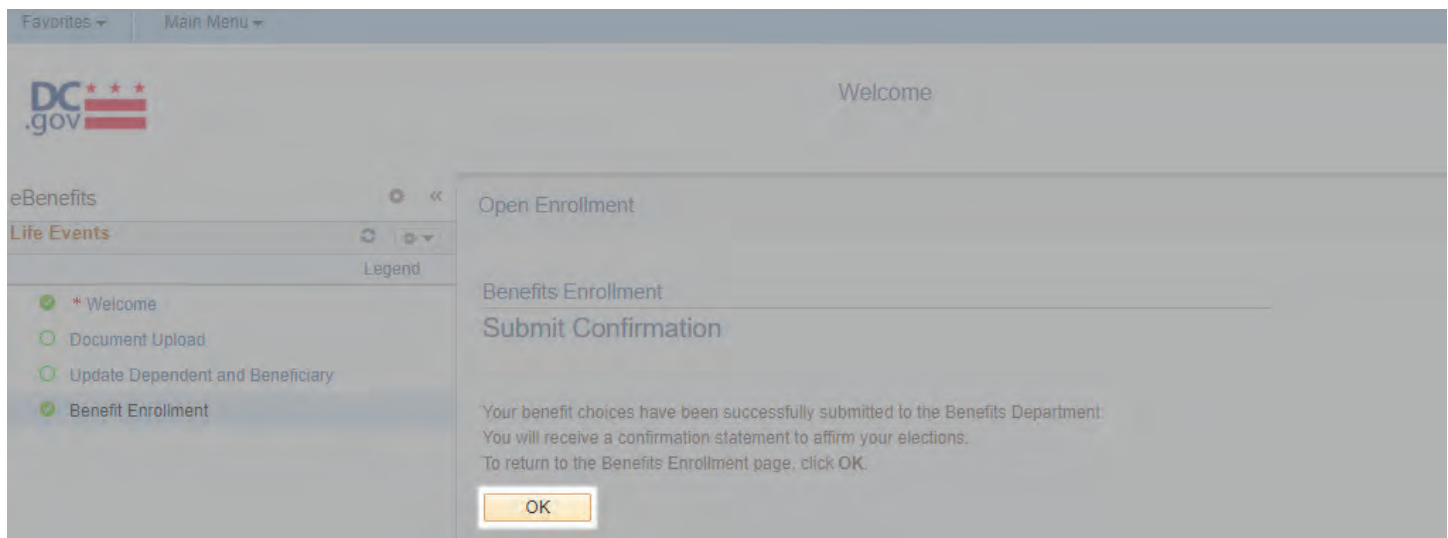
By submitting your benefit choices you are authorizing District Government to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit **Cancel**

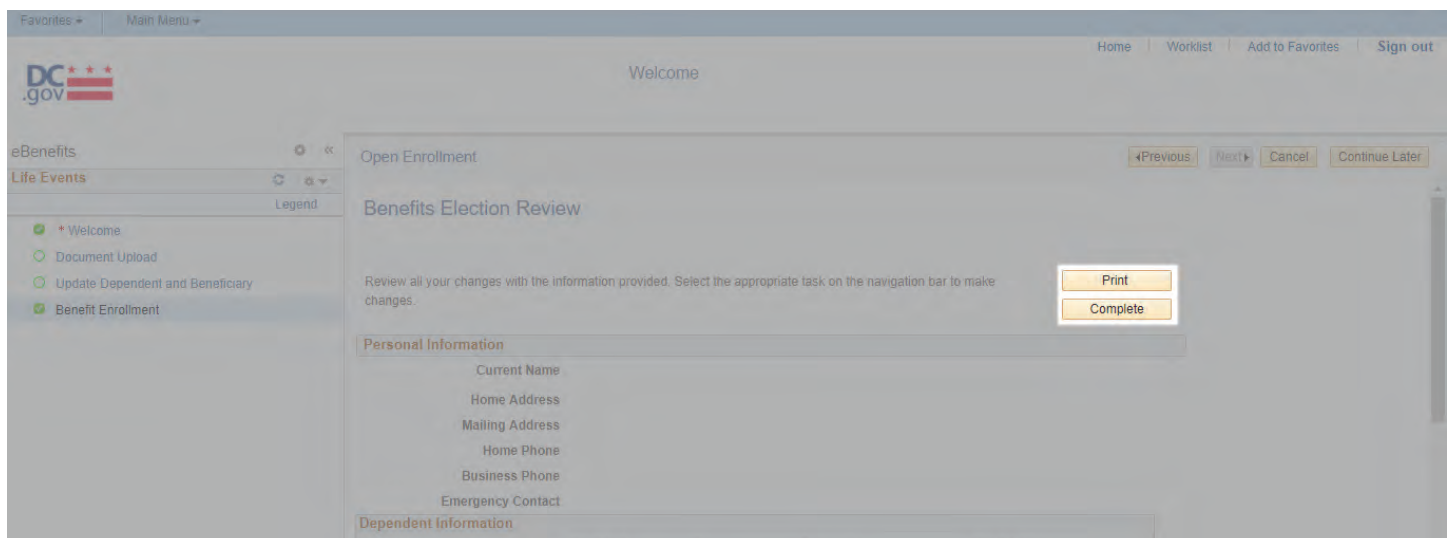
15. You have successfully submitted your choices to the Benefits Department. **Select OK** to return to the Benefits Enrollment page. **Select Next** to navigate to the Benefits Election Review page and review and print your benefit elections.

This completes your benefits enrollment!

- **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 8 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.



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.*