



**2019**

**ESS ONLINE BENEFITS  
ENROLLMENT INSTRUCTIONS**

# Instructions for Online Benefits Enrollment

<https://munisweb.bloomingtonmn.gov/MSS/>

Online enrollment on the Employee Self Service (ESS) website can be done from any computer with internet access. For your security, the Employee Self Service website is encrypted and password protected.

## What you need to get started...

During the enrollment process, you will need to have the following information available:

- Login - Your **Munis ESS login** is the **same** as your **computer login** which is your **email** user name and password. If you have any issues logging into ESS please call I.T. at x4885.
- Your dependents' social security numbers.
- Your dependents' birth dates.
- Beneficiary Information – You will be able to update your beneficiary information for life insurance and, if you participate in an HRA and HSA, you will be able to update the beneficiary information for those plans as well. If your beneficiary is a non-person entity then you will need the entity's tax ID or a Trust number
- If selecting either **Medica Elect** or **Medica Essential** Health Insurance, you will need your **11 digit numeric Primary Care Clinic (PCC)** code as well as your dependent's numeric PCC codes. PCC codes can be found on the Medica website. Go to [medica.com/findadoctor](http://medica.com/findadoctor) and choose "Medica Elect" or "Medica Essential" depending on which Network you would like to enroll. Then:
  - Choose "Physicians and Facilities" then "Find a network provider"
  - Choose "Facilities and Services" then "Clinic-Primary Care"
  - Narrow your results by entering your ZIP code or choosing a Care System, Specialty or other criteria.
  - In your results, look for the clinic's Care System listing. That's where you'll find the clinic's PCC ID, which looks like this: PCCID: 000000123. If no PCC ID is displayed, you can't choose the clinic as a primary care clinic.

### Step 1:



Log in to the Employee Self Service (ESS) website:

<https://munisweb.bloomingtonmn.gov/MSS/>

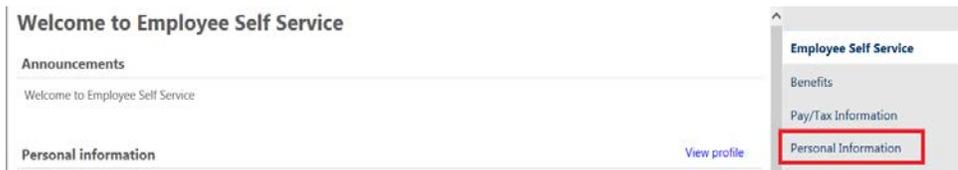


### Step 2:

**\*IMPORTANT\*** If you are insuring dependents, you must first Click on "Personal Information" to ensure that all dependents are listed and the information for each dependent includes the correct Social Security number, birthdates, and addresses. Make sure to check addresses carefully if anyone has moved in the last year.



Select the Personal Information button on the right side of the screen.



- ❖ If you need to add a dependent, select the Add Dependent button and enter your dependent’s information.

Dependents				
Name	Relationship	Date Of Birth	Gender	Student
<a href="#">Add Dependent</a>				

**Step 3:**

- ❖ Click on the Benefits Tab on the right. Your benefits screen will open and you will see your current 2018 benefits which includes Employer paid benefits like basic life Insurance and long term disability Insurance. If you have optional supplemental, spouse, PERA, or child life Insurance, these will also be displayed. Click on the [open enrollment](#) link to select your 2019 Benefits.

**Benefits**

**Current Year Elections** [Report/View Life Events](#)

ⓘ You must complete your [open enrollment](#) before 11/16/2018.

Benefit	Current Election
HEALTH INSURANCE	HSA HIGH DED - ELECT - TWO PERSON \$0.00   <a href="#">details</a>
DENTAL INSURANCE	DENTAL - TWO PERSON \$9.90   <a href="#">details</a>

Employee Self Service

**Benefits**

Open Enrollment

Pay/Tax Information

Personal Information

Time Off

**Step 4:**

- ❖ Click on [Make New Election](#) for HEALTH INSURANCE. Please note that after clicking [Make New Election](#), you may need to scroll to the top of the screen by using your scroll bar or the “Page Up” key on your key board to see the Health Insurance options displayed at the top of the screen.

**Open Enrollment**

**Make Elections**

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 11/16/2018.*

Benefit	Current Election	New Election
HEALTH INSURANCE	HSA HIGH DED - ELECT - TWO PERSON \$0.00   <a href="#">details</a>	Election Not Made <a href="#">Make New Election</a>
DENTAL INSURANCE	DENTAL - TWO PERSON \$9.90   <a href="#">details</a>	Election Not Made <a href="#">Make New Election</a>

Employee Self Service

**Benefits**

**Open Enrollment**

Pay/Tax Information

Personal Information

Time Off

Time Entry

**Step 5:**

- ❖ Click the plus sign to expand the Medica Choice Passport, Medica Elect, or Medica Essential sections. Once you expand each section, you will see that there are nine options under each section – a total of 27 different health insurance plans in all. (If you do not see the three Medica sections displayed, please make sure you have scrolled to the top of the screen.)

## Benefits HEALTH INSURANCE

[Link to Medica Website](#)

Employee Self Service

Please select a provider network (Choice Passport, Elect, or Essential), then a plan design (HRA, HSA, or Copay), and finally a coverage level (Employee Only, Two Person, or Family).

MEDICA CHOICE PASSPORT

MEDICA ESSENTIAL

MEDICA ELECT

WAIVE COVERAGE

Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

Continue

Cancel

### Benefits

Open Enrollment

Pay/Tax Information

Personal Information

Time Off

Time Entry

### Step 6:

- ❖ After choosing either “MEDICA CHOICE PASSPORT”, “MEDICA ELECT”, or “MEDICA ESSENTIAL”, you will need to select your level of coverage and type of plan. The plans are listed in order of the three different levels of coverage – Employee Only, Two Person, or Family. There is an option of either the **HRA** High Deductible plan, the **HSA** High Deductible plan, or the **Co-Pay** plan for each level of coverage. If you select one of the **MEDICA ELECT** or **MEDICA ESSENTIAL** plans, you will also need to enter **the 11 digit numeric Primary Care Clinic (PCC) code** in the box that says “PLEASE ENTER NUMERIC CLINIC CODE.”

COPAY PLAN - ELECT - TWO PERSON

Annual Costs: Employee Cost \$0.00 / Employer Cost \$15,363.36  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$640.14

PLEASE ENTER NUMERIC CLINIC CODE.:

HSA HIGH DED - ELECT - FAMILY

Annual Costs: Employee Cost \$1,832.64 / Employer Cost \$17,220.00  
Pay Period Costs: Employee Cost \$76.36 / Employer Cost \$717.50

PLEASE ENTER NUMERIC CLINIC CODE.:

HRA HIGH DED - ELECT - FAMILY

Annual Costs: Employee Cost \$2,380.08 / Employer Cost \$17,220.24  
Pay Period Costs: Employee Cost \$99.17 / Employer Cost \$717.51

PLEASE ENTER NUMERIC CLINIC CODE.:

COPAY PLAN - ELECT - FAMILY

Annual Costs: Employee Cost \$5,824.80 / Employer Cost \$17,220.24  
Pay Period Costs: Employee Cost \$242.70 / Employer Cost \$717.51

PLEASE ENTER NUMERIC CLINIC CODE.:

WAIVE COVERAGE

Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

SIMPSON, HOMER P

Add coverage |  Add new dependent

Pay/Tax Information

Personal Information

Time Off

Time Entry

### Step 7:

- ❖ If you choose either a Two Person or Family plan, you will need to enter your dependent information (and dependent’s numeric PCC code if you are selecting either an Elect or Essential plan). If you select an Employee Only plan, you can proceed to Step 10.
- ❖ Once you have added your dependent names and information in the Personal Information tab on ESS (See Step 2), you can select your dependent from the drop down box and then click on “Add Coverage”.

**Step 8:**

- ❖ Enter your dependent information in the box provided. Then click OK. Numeric Clinic PCC codes are only required for Elect and Essential plans.

**HOMER P SIMPSON**

First name \*

Middle initial

Last name \*

Suffix

Date of birth \*  ×

Gender \*  ▾

Relationship \*  ▾

SSN # (include dashes)

PLEASE ENTER NUMERIC CLINIC CODE. \*

**Step 9:**

- ❖ Once you enter the dependents that you wish to cover click the Continue button at the bottom of the screen.

**Coverage can be added for additional dependents.**

Name	Date of Birth	ID	
BART J SIMPSON	10/2/2006	222-22-2222	<a href="#">Change</a>   <a href="#">Delete</a>
HOMER P SIMPSON	12/2/1975	111-11-1111	<a href="#">Change</a>   <a href="#">Delete</a>
LISA M SIMPSON	8/10/2008	333-33-3333	<a href="#">Change</a>   <a href="#">Delete</a>
MAGGIE E SIMPSON	10/2/2015	444-44-4444	<a href="#">Change</a>   <a href="#">Delete</a>

**Step 10:**

❖ Click **Make New Election** next to **DENTAL INSURANCE**.

### Open Enrollment

#### Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 11/16/2018.*

Benefit	Current Election	New Election
HEALTH INSURANCE	HSA HIGH DED - ELECT - TWO PERSON \$0.00   <a href="#">details</a>	Election Not Made <a href="#">Make New Election</a>
DENTAL INSURANCE	DENTAL - TWO PERSON \$9.90   <a href="#">details</a>	Election Not Made <a href="#">Make New Election</a>

- Employee Self Service
- Benefits
  - Open Enrollment**
  - Pay/Tax Information
  - Personal Information
  - Time Off
  - Time Entry

**Step 11:**

❖ Select the **Employee Only, Two Person, or Family Delta Dental** insurance plan. If you select **Two Person or Family**, you will need to also designate your dependents. When finished, click **continue**.

### Benefits

#### DENTAL INSURANCE

[Link to Delta Dental of MN](#)

- DENTAL - EMPLOYEE ONLY  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$475.44  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$19.81
- DENTAL - TWO PERSON  
Annual Costs: Employee Cost \$237.60 / Employer Cost \$713.28  
Pay Period Costs: Employee Cost \$9.90 / Employer Cost \$29.72
- DENTAL - FAMILY  
Annual Costs: Employee Cost \$469.20 / Employer Cost \$944.64  
Pay Period Costs: Employee Cost \$19.55 / Employer Cost \$39.36
- DENTAL WAIVED  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

[Add coverage](#) [Add new dependent](#)

#### Coverage can be added for additional dependents.

Name	Date of Birth	ID	
BART J SIMPSON	10/2/2006	222-22-2222	<a href="#">Change</a>   <a href="#">Delete</a>
HOMER P SIMPSON	12/2/1975	111-11-1111	<a href="#">Change</a>   <a href="#">Delete</a>
LISA M SIMPSON	8/10/2008	333-33-3333	<a href="#">Change</a>   <a href="#">Delete</a>

[Continue](#) [Cancel](#)

- Employee Self Service
- Benefits
  - Open Enrollment
  - Pay/Tax Information
  - Personal Information
  - Time Off
  - Time Entry

Step 12:

- ❖ [HRA \\$1,800 City Contribution](#) or [HSA \\$1,800 City Contribution](#) – You **MUST** be enrolled in the **HRA High Deductible Health Plan or the HSA High Deductible plans** to select one of these options, respectively. The City will deposit \$1,800 into your account in January.

The screenshot shows the 'Benefits' section for 'HSA - CITY CONTRIBUTION'. It includes a warning message: 'Must be enrolled in HSA High Deductible plan to select this option. The City will contribute \$1,800 into the employee's Health Savings Account. Deposit of full amount will be made in January. Please select your beneficiaries.' Below this, there are two radio button options: 'HSA CITY CONTRIBUTION' (selected) and 'I Decline'. The 'HSA CITY CONTRIBUTION' option shows 'Annual Costs: Employee Cost \$0.00 / Employer Cost \$1,800.00' and 'Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$1,800.00'. A dropdown menu shows 'Simpson, Homer P' with 'Add beneficiary' and 'Add new beneficiary' links. A message states 'At least 1 beneficiary must be added.' and 'There are no beneficiaries to display.' At the bottom are 'Continue' and 'Cancel' buttons. On the right side, there is a sidebar with 'Employee Self Service' and a 'Benefits' menu containing 'Open Enrollment', 'Pay/Tax Information', 'Personal Information', 'Time Off', and 'Time Entry'.

- ❖ **Beneficiary** – you may enter your beneficiaries for your HSA or your HRA account. First, Click on “Decline Benefit” or “Make New Election.
- ❖ If you elect this coverage, please add your beneficiary. You will need to enter the Beneficiary type, either person or non-person entity. If it is a person you will need their name and birthdate and the percentage that you wish that person to receive. For a non-person entity you will need the entity name and its tax ID number. If you do not have that number you will not be able to enter that entity. If you have questions regarding this, please call Mary Heinz 952-563-4899 for assistance.

The screenshot shows the 'Add a new beneficiary' form. It includes the following fields: 'Beneficiary type' (dropdown menu with 'Person' selected), 'First name \*' (text input with 'Homer'), 'Middle initial' (text input with 'J'), 'Last name \*' (text input with 'Simpson'), 'Suffix' (text input), 'Date of birth \*' (text input with '12/2/1975'), 'Gender' (dropdown menu with 'MALE' selected), 'Relationship' (dropdown menu with 'SPOUSE' selected), 'SSN # (include dashes)' (text input with '111-11-1111'), 'Percentage \*' (text input with '100'), and 'Designation' (radio buttons for 'Primary' and 'Contingent'). At the bottom are 'OK' and 'Cancel' buttons. Red boxes highlight the 'Beneficiary type' dropdown, the 'SSN #' field, and the 'OK' button.

**Step 13:**

❖ **HSA Employee Contribution** – You **MUST** be enrolled in an **HSA High Deductible Health Plan** to select this option. Click on **“Decline Benefit”** or **“Make New Election”**.

- **PER PAY PERIOD amounts** must be entered
- Maximum varies depending on your age and whether or not you have dependents.
  - Employee Only under age 55 – Maximum contribution is \$65.38 per pay period (\$1,700 annual)
  - Employee Only age 55 and over – Maximum contribution is \$103.84 per pay period (\$2,700 annual)
  - Employee under age 55 with Dependent(s) – Maximum contribution is \$200.00 per pay period (\$5,200 annual)
  - Employee age 55 and over with Dependent(s) – Maximum contribution is \$238.46 per pay period (\$6,200 annual)

**Benefits**

**HSA - EMPLOYEE CONTRIBUTION**

Employees enrolled in an HSA High Deductible plan may elect to contribute up to the following amounts per pay period: Employee Only \$65.38, Employee Only age 55+ \$103.84, Employee with Dependents \$200.00, Employee age 55+ with Dependents \$238.46.

- HSA EMPLOYEE CONTRIBUTION - EMPLOYEE ONLY  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Amount :
- HSA EMPLOYEE CONTRIBUTION FOR AGE 55+ EMPLOYEE ONLY  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Amount :
- HSA EMPLOYEE CONTRIBUTION-EMPLOYEE & DEPENDENT(S)  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Amount :
- HSA EMPLOYEE CONTRIBUTION FOR AGE 55+ EMP & DEPENDENT(S)  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Amount :
- I Decline

[Add new dependent](#)

Employee Self Service

**Benefits**

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

**Step 14:**

❖ **Flex-Medical** You **CANNOT** be enrolled in an **HSA High Deductible Health Plan** and select this option. *If you are enrolling in the HSA High Deductible plan, please see Step 15 below if you are interested in enrolling in a “limited purpose” FSA (vision, dental, and medical once the regulatory minimum has been satisfied).*

❖ The Medical FSA can be used for medical, vision, dental, and other eligible expenses in conjunction with only the \$30 Co-Pay Plan or the **HRA** High Deductible Health Plans. The money expires at the end of the calendar year’s grace period – i.e. “Use it or lose it”. Click on either **“Decline Benefit”** or **“Make New Election”**.

- **PER PAY PERIOD amounts** must be entered
- Maximum is \$101.92 per pay period, minimum is \$5 per pay period. (Maximum election is equivalent to \$2,650 annual amount divided by 26 pay periods)

**Benefits**  
**FSA - FULL MEDICAL**

This FSA can be used for medical, vision, dental, and other eligible expenses so long as you are not enrolled in an HSA medical plan. Indicate amount to be withheld PER PAY PERIOD.(Divide Annual Election by 26 pay periods. Annual Max is \$2650)

FSA - FULL MEDICAL - EMPLOYEE ONLY  
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Amount :

FSA - FULL MEDICAL - EMPLOYEE & DEPENDENT(S)  
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Amount :

I Decline

Add new dependent

Coverage can be added for additional dependents.

Name	Date of Birth	ID	Designation	
HOMER J SIMPSON	12/2/1975	111-11-1111	Primary	<a href="#">Change</a>   <a href="#">Delete</a>
BART J SIMPSON	10/2/2007	222-22-2222	Primary	<a href="#">Change</a>   <a href="#">Delete</a>
LISA M SIMPSON	8/10/2009	333-33-3333	Primary	<a href="#">Change</a>   <a href="#">Delete</a>

Employee Self Service

**Benefits**

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

**Step 15:**

❖ **FLEX – VISION/DENTAL (HSA ONLY!)** You **MUST** be enrolled in an **HSA High Deductible Health Plan** to select this option. This limited purpose FSA is for those employees who would like to set aside additional money over the HSA maximum limits. It is not deposited into your HSA Account. It is a separate account that expires at the end of the year’s grace period – i.e. “Use it or lose it”. Click on “Decline Benefit” or “Make New Election.

- **PER PAY PERIOD amounts** must be entered
- Maximum is \$101.92 per pay period, minimum is \$5 per pay period. (Maximum election is equivalent to \$2,650 annual amount divided by 26 pay periods)
- Primarily for Vision and Dental expenses
  - However, medical claims can be processed through this account only after the IRS regulatory minimum qualified deductibles of \$1,350 for employee only or \$2,700 for Employee with dependent(s) have been satisfied.

**Benefits**  
**FSA - VISION/DENTAL ONLY**

This FSA is only for those enrolled in an HSA High Deductible plan. It may only be used for VISION and DENTAL expenses or if you have exceeded the regulatory minimum for health expenses per HSA Rules. Maximum contribution is \$101.92 per pay period.

FSA - VISION/DENTAL (HSA ONLY!) - EMPLOYEE ONLY  
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Amount :

FSA - VISION/DENTAL (HSA ONLY!) - EMPLOYEE & DEPENDENT(S)  
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
 Amount :

I Decline

Add new dependent

Coverage can be added for additional dependents.

Name	Date of Birth	ID	Designation	
BART J SIMPSON	10/2/2007	222-22-2222	Primary	<a href="#">Change</a>   <a href="#">Delete</a>
HOMER J SIMPSON	12/2/1975	111-11-1111	Primary	<a href="#">Change</a>   <a href="#">Delete</a>
LISA M SIMPSON	8/10/2009	333-33-3333	Primary	<a href="#">Change</a>   <a href="#">Delete</a>

Employee Self Service

**Benefits**

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

**Step 16:**

❖ **FSA- Dependent Care (Daycare) For the Dependent Care Flexible Spending Account (FSA) Benefits** click on “Decline Benefit” or “Make New Election.” *Note: when a dependent turns 13 years of age, they become ineligible for this plan; you are responsible for notifying HR when this occurs mid-year.*

- **PER PAY PERIOD amounts** must be entered for flexible spending accounts.
- Flexible Dependent Care - Maximum is \$192.30 per pay period. (Maximum election is equivalent to \$5,000 annual amount divided by 26 pay periods.)

**Benefits**

**FSA - DEPENDENT CARE (DAYCARE)**

Employee must re-elect each year. Flexible Spending Account (FSA) can be used for qualified dependent care expenses for children under age 13. Indicate amount to be withheld PER PAY PERIOD, not annually. Maximum allowed is \$192.30 per pay period.

DEPENDENT CARE FSA - FLEXIBLE SPENDING ACCT (DAYCARE)  
Annual Costs: Employee Cost \$4,999.80 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$192.30 / Employer Cost \$0.00  
Amount:

I Decline

HEINZ, ALYSSA M   Add new dependent

Coverage can be added for additional dependents.

Name	Date of Birth	ID	
MAGGIE E SIMPSON	10/2/2015	555-55-5555	<a href="#">Change</a>   <a href="#">Delete</a>

Employee Self Service

**Benefits**

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

**Step 17:**

❖ **Basic Life Insurance – This employer paid benefit provides \$50,000 of life and \$50,000 of Accidental Death and Dismemberment (AD&D) on employees who are full-time.**

- Select “Make New Election”, then
- Select Basic Life Insurance, then
- Click “Add New Beneficiary”
- Add Beneficiary(ies) as you did in Step 12.
- Select Continue

**Benefits**

**BASIC LIFE INSURANCE**

This is an employer paid benefit of \$50,000 of basic life and \$50,000 of accidental death and dismemberment insurance for all full-time employees.

BASIC LIFE INSURANCE - EMPLOYER PAID  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$60.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$5.00

Add new beneficiary

Additional beneficiaries can be added.

Name	Date of Birth	ID	Percentage	
HOMER P SIMPSON	12/2/1975	111-11-1111	100	<a href="#">Change</a>   <a href="#">Delete</a>

Employee Self Service

**Benefits**

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

**Step 18:**

❖ **Child Life Insurance** – This is Employee paid additional life insurance on your child (children) from birth to age 26. The amount of coverage is \$10,000. The cost is \$1.00/month. Select one of the following:

- **“Decline Benefit”** If you do not wish to participate in child life.
- **“No Changes”** Select this option if you are currently participating in child life and you do not wish to make a change.
- **“Make New Election”** - Select this option if you wish to purchase child life. No Health History is needed for this 2019 open enrollment opportunity.

**Benefits**

**CHILD LIFE INSURANCE**

This is an optional, employee-paid benefit which provides \$10,000 of life insurance for dependent children through age 26. Cost is \$1 per month regardless of number of dependents. No health history or forms needed for open enrollment.

CHILD LIFE INSURANCE - EMPLOYEE PAID  
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00  
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

I Decline

Employee Self Service

**Benefits**

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

**Step 19:**

After all elections are made (including Decline Benefit on any benefits that don't apply), click Continue to advance to the next screen.

**Step 20**

❖ **Review your Enrollment Choices.** All selected benefits will be listed showing both the pay period and annual costs for the Employee and Employer. Note that Health and Dental amounts are deducted twice a month, while Flexible Spending amounts are deducted every pay check. **This visual is split over 2 pages.**

**Review your enrollment**

**Review**

**HEALTH INSURANCE**

ELECTION - HSA HIGH DED - ELECT - FAMILY

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

Pay Period Employee Cost	\$76.36
Pay Period Employer Cost	\$717.50
Annual Employee Cost	\$1,832.64
Annual Employer Cost	\$17,220.00

**DENTAL INSURANCE**

ELECTION - DENTAL - FAMILY

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

MAGGIE E SIMPSON

Pay Period Employee Cost	\$19.55
Pay Period Employer Cost	\$39.36
Annual Employee Cost	\$469.20
Annual Employer Cost	\$944.64

Employee Self Service

**Benefits**

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

HRA - CITY CONTRIBUTION

ELECTION - Declined

HSA - CITY CONTRIBUTION

ELECTION - HSA CITY CONTRIBUTION

HOMER P SIMPSON	100%
Pay Period Employee Cost	\$0.00
Pay Period Employer Cost	\$1,800.00
Annual Employee Cost	\$0.00
Annual Employer Cost	\$1,800.00

HSA - EMPLOYEE CONTRIBUTION

ELECTION - HSA EMPLOYEE CONTRIBUTION-EMPLOYEE & DEPENDENT(S)

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

Pay Period Employee Cost	\$196.15
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$5,099.90
Annual Employer Cost	\$0.00
Election amount	\$196.15

FSA - FULL MEDICAL

ELECTION - Declined

FSA - VISION/DENTAL ONLY

ELECTION - FSA - VISION/DENTAL (HSA ONLY!) - EMPLOYEE & DEPENDENT(S)

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

MAGGIE E SIMPSON

Pay Period Employee Cost	\$25.00
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$650.00
Annual Employer Cost	\$0.00
Election amount	\$25.00

FSA - DEPENDENT CARE (DAYCARE)

ELECTION - DEPENDENT CARE FSA - FLEXIBLE SPENDING ACCT (DAYCARE)

MAGGIE E SIMPSON

Pay Period Employee Cost	\$192.30
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$4,999.80
Annual Employer Cost	\$0.00
Election amount	\$192.30

BASIC LIFE INSURANCE

ELECTION - BASIC LIFE INSURANCE - EMPLOYER PAID

HOMER P SIMPSON	100%
Pay Period Employee Cost	\$0.00
Pay Period Employer Cost	\$5.00
Annual Employee Cost	\$0.00
Annual Employer Cost	\$60.00

CHILD LIFE INSURANCE

ELECTION - CHILD LIFE INSURANCE - EMPLOYEE PAID

Pay Period Employee Cost	\$1.00
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$12.00
Annual Employer Cost	\$0.00

TOTAL PAY PERIOD EMPLOYEE COST	\$510.36
TOTAL ANNUAL EMPLOYEE COST	\$13,063.54

Submit Choices

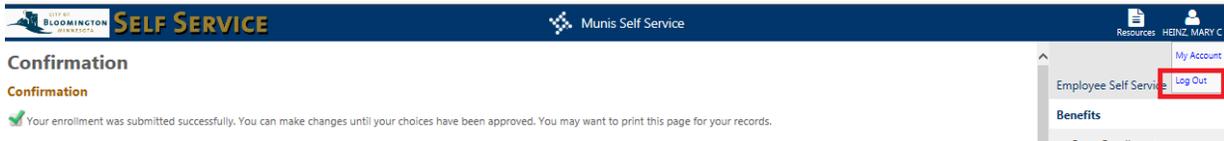
Modify

Cancel

Click on Modify if you need to make any changes. If you are finished, click on the Submit Choices button to finish your Open Enrollment selections. **Do not forget to SUBMIT CHOICES when you are done. You may wish to print your completed elections at this point.** Once HR has approved your selections, you will not be able to make changes Online. If your selections have been approved and you realize that you need to make a change (and it is before the Open Enrollment deadline of November 16, 2018, please contact Mary Heinz at ext. 4899 or mheinz@bloomingtonmn.gov.

### Step 21:

- ❖ Log out of Employee Self Service. Select the down arrow next to the employee name in the upper right hand corner of the screen and click on “Log Out”. Close the internet browser window.



### OTHER Insurance Benefits:

You may apply for the following additional insurance benefits but you must complete paperwork to do so:

#### Minnesota Life

Supplemental Employee coverage - You may apply for \$15,000 - \$370,000 of additional life insurance in \$5,000 increments.

Spouse life coverage - You may apply for \$15,000 to \$150,000 of additional spouse life insurance in \$5,000 increments.

To apply for additional life insurance you must complete the [Evidence of Insurability - MN Life Form](#). For more information about life insurance through Minnesota Life click here for [the Minnesota Life summary](#).

#### Voluntary Short Term Disability – Madison National Life

You may apply for voluntary short term disability at any time. To do so please complete the application and evidence of insurability form. **Please return forms to the Human Resources office.**

#### Forms

Forms can be found on [CityBiz - Open Enrollment](#) or the “secret link” on the City’s home page. Visit [www.BloomingtonMN.gov](http://www.BloomingtonMN.gov) and scroll all the way down to the very bottom. Click on the City logo.



...and you’ve discovered the secret pathway to an **Employee Links** page!

**Notes:**

**Notes:**

