

# DC Government Benefits Enrollment Guide



## CHOOSEWELL LIVEWELL BEWELL



## How to Enroll in Your DC Government Benefits

This guide provides step-by-step instructions for enrolling in your DC Government employee benefits through Employee Self Service (ESS). You may enroll in or make changes to your existing benefits under the following circumstances:

- For the first time/Within 30 days of hire
- During Open Enrollment
- Qualified Life Event

### Log in to Employee Self Service (ESS) at https://ess.dc.gov.

*Please Note:* Employee Self Service (ESS) is accessible 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 level of 1 Judiciary Square.

.gov		
	PeopleSoft ESS Signon User ID Password Sign In Forgot your password? Sign-up for Peoplesoft Self-Service	
	User Agreement COMPUTER SECURITY AND CONFIDENTIALITY AGREEMENT	
	By entering my Username and Password to access this system, I	

## 2 From the Main Menu, **select Self Service** under the Menu options on the upper-left side.

Favgrites Main Menu My Page Manager Self Service		Portal Hor	me Worklist Performance Trace Add to Favorites Sign out		
Menu  Menu  Manager Sett Service  Manager Sett Service  Workforce Administration  Set Up HRMS  D CC customizations  Worklist  Reporting Tools  P Reporting Tools  C change My Password	Current Leave Summary           Absence         Duration           AN         52.00           SH	¢	Districts Spotlight		
- <u>My Personalizations</u>	Upcoming Training   You are not currently enrolled in any courses in the next 30 days. Iraining Summary  Employee Benefits		Paid Family Leave Effective October 1, employees can receive up to eight weeks of paid leave for the birth or adoption of a child or to care for a family member with a serious health		

**3** On the Self Service page, **select the Benefits option** on the left side, second row.

Favgites Main Menu > Self Service		Portal Home Worklist Performance Trace Add to Favorites Sign out
Main Menu > Self Service Navigate to your self service information and activities.		
Time Reporting Report and review your time, schedules, request absences and more.	Personal Information     Review and update your personal information.     Personal Information Summary     Email Addresses     Emergency Contacts     6 More	Payroll and Compensation     Review your pay and compensation history. Update your direct deposit and other deduction     or contribution information. <u>View Payrcheck     Voluntary Deductions     Direct Deposit     Z.More </u>
Benefits Review health, insurance, savings, pension or other benefits information. Review and update dependent and beneficiary personal information. Benefits Information Dependents and Beneficiaries Benefits Summary 4 More	Add or review information about profiles of skills and competencies, interest lists, training and development.  My Outstanding Assessments  Revest Training Enrollment  Training Summary 2 More	Performance Management     Access your performance and development documents, and evaluations you have done for     others.     Mr Performance Documents     Performance Notes
Recruiting Activities Recruiting Activities	Workflow User Preferences Profiles workflow user preferences.	

**4** On the Benefits page, **select the Benefits Enrollment option** on the left side third row.

.gov		Portal Home Worklist Performance Trace Add to Favorites Sign out
Favorites Main Menu > Self Service		
Main Menu > Self Service >		
Review health, insurance, savings, pension or other benefits information. Review and update de Review health, insurance, savings, pension or other benefits information. Health Care Summary Savings Contribution Summary 2. More	Opendentis and Deneficiaries         Review and update dependent and beneficiary personal information.         Image: Comparison of the state o	Review a summary of current, past or future benefit enroliments.
Life Events Initiate a life event to record your marriage or the birth or adoption of your child. Burlindenton Marriage Benefits Enrollment	Dependent/Beneficiary Info Review or update dependent and beneficiary information.	Review a summary of your life and AD&D insurance.
Enroll in benefits.		

On the Benefits Enrollment page, select the Open Enrollment option listed under the Open Benefits Events Menu.



6 You will now be directed to a confirmation page, which will ask you to confirm that you would like to proceed with enrolling in and/or changing your benefits. **If you would like to continue, select OK.** 



On the Open Enrollment page, you will see your **current Enrollment Summary** (if enrolled previously, it will be populated with your current selections), available enrollment selections, as well as a table that summarizes the estimated costs for your benefit choices.

To change/enroll in your benefit options, select the Edit button on the left of the benefit.

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Char	en Enrollment		
Waiv cove Enro Enro cost	re enrollment in medical co rage effective January 1. Il or re-enroll your election ill or re-enroll your election of each benefit on the Enri Important: Your enroll medical and, if applica each plan or your dep	s idents previously waived medical coverage for other coverage verage if you have or are enrolling in other comprehensive gu in a flexible spending arrangement. in the dependent care assistance program. You will be able i	to review the s) to the o so for h
Ed	dit Employees Health E	Benefits Before Ta	x After Tax
Curre	ent: Aetna PPO Btax:S&F	-	
New:	Aetna PPO Btax:S&F	F 199.1	0
Ed	dit Dental	Before Ta	x After Tax
	ent: Cigna Dental Care:S		
New:			
Ed			x After Tax
	ent: Quality Plan Admin:S Quality Plan Admin:S		
New:			x After Tax
_	ent: Waive	Divicita	A FILLST FUX
New:	dit Domestic Partner V	lision Refore Ta	x After Tax

**The following programs are not available for enrollment through ESS**: AFLAC Cancer Insurance, AFLAC Hospital Confinement, AFLAC Personal Sickness, AFLAC Personal Accident, AFLAC Specify Health Event, and 529 College Savings Plan. See last page of guide for enrollment details.

**When you select Edit** for any of the available benefit options, you will be taken to a specific page for each option that includes:

- Summary information of current benefits, if applicable.
- Any additional previously enrolled benefits that may be affected by changing your current coverage, if applicable (for example, making changes to your medical coverage may affect your health savings account).
- A link to an overview of all available plans.
- Available options with your per-pay-period costs.
- Dependent enrollment options.
- Add and/or Review Dependent option.

es Main Menu > Self Service > Be	nefits > Benefits Enrollment	
enefits Enrollment mployees Health Benefits	•	
our medical choices promote wellness a our dependents if you become sick or in Important! Your current coverage i You will continue with this coverag	ijured. s: Aetna PPO Btax with Self and	
nrollment on this page may affect your of Health Savings Account		
plete your enrollment on this page before	enrolling in the benefit plans lister	l above.
ect an Option		
re Are Your Available Options With Your pe our cost = Full benefit cost - Credits)	er-pay-period Costs:	
rview of all Plans		
ct one of the following plans:		
Aetna HMO-DC Before Tx		
Coverage Level	Your Costs	Tax Class
elf Only	\$64.64	Before-Tax
mployee + 1 Dependent	\$127.07	Before-Tax
elf and Family	\$186.81	Before-Tax
Kaiser HMO-DC Before Tx		
overage Level	Your Costs	Tax Class
elf Only	\$57.16	Before-Tax
Employee + 1 Dependent	\$109.17	Before-Tax
Self and Family	\$167.46	Before-Tax

**9 Upon enrolling in and/or making changes**, you will then be given the option to select:

- Continue, which allows you to store your current choice until you are ready to submit your final enrollment on the Enrollment Summary page; or
- Cancel, which ignores all entries made on the page and returns you to the Enrollment Summary.

	Portal Home	Worklist	Performance Trace	Add to Favorites	Sign ou
Favorites   Main Menu > Self Service > Benefits > Benefits Enrollment	Tontarrionic	TTOTRIST	<u>r chomanec mace</u>	Add to Furthers	<u>orqri ou</u>
Benefits Enrollment Employees Health Benefits			• *	-	nccp *
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 Aetna PPO Btax. You are also covering Self and Family.					
Cost					
Your Cost: \$199.10					
Your Covered Dependents					
Name Relationship Spouse Child Child					
Notes Once submitted, this choice will take effect on 11/02/2014. Deductions for this choice will start with the pay period beginning 11/02/2014.					
OK Click OK to store your choices. Edit Click Edit to go back and change your choices.					

**1** Upon updating and completing all relevant selections, scroll to the bottom of the Open Enrollment page and **select Submit** to send your final choices to the Benefits Department.



Upon selecting Submit, you will be taken to a confirmation page, which will ask you to select
 Submit to authorize your elections or select Cancel to return to the Enrollment Summary page.



<sup>12</sup> Upon selecting Submit, you will be taken to the **Submit Confirmation page** indicating that your benefit choices have been successfully submitted to the Benefits Department. You will receive a confirmation statement with your elections.

Select OK to return to the Benefits Enrollment page.



## This completes your benefits enrollment!

**Please Note**: *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 dependents(s) will not be enrolled. See the following page for further details on dependents and eligibility.

Questions? Contact the DCHR Benefits Administration at (202) 442-7627 or dchr.benefits@dc.gov.

## **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.

#### Please Note: 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 **we 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.

You must enroll during Open Enrollment, **November 10 through December 12, 2014**. You have until by **January 12, 2015** to submit the documents with your enrollment form(s). 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.

#### Please see following page for Dependent Eligibility Verification Form and additional details.

## **Dependent Eligibility Verification Form**



Attached are documents for:

Employee Name:

Last four digits of Social Security number:

Employee ID number:

Please choose only one of the following methods to return this information to our office:

#### Email

Send to: dchr.benefits@dc.gov

#### Fax

To:	Benefits & Retirement Administration, DC Department of Human Resources
From:	
Date:	
Pages:	
Fax:	(202) 727-8478
Phone:	(202) 442-7627
Re:	Benefits Enrollment Dependent Eligibility Verification

#### **Inter-Office Mail**

Attach this completed form to all documents and send to:

DC Department of Human Resources Benefits & Retirement Administration 441 4th Street, NW, Suite 340 North, Washington, DC 20001

#### U.S. Mail

Attach this completed form to all documents and send to:

DC Department of Human Resources c/o Benefits & Retirement Administration 441 4th Street, NW, Suite 340 North, Washington, DC 20001

## How to Enroll in Your DC Government Benefits that are NOT Available through Employee Self Service

The following benefits are **not** available for enrollment through Employee Self Service (ESS). Specific enrollment instructions are included with each event.

### **Indemnity Coverage**

Aflac is the District of Columbia Government indemnity plan provider. Available plans include:

- Individual Cancer/Specified-Disease Insurance
- Individual Hospital Confinement Sickness Indemnity Insurance
- Individual Specified Health Event Insurance

To enroll in any of the plans above, please call Aflac at (202) 379-4755 or visit:

https://enrollment.aflac.com/AccountSites/D\_F/DCGov/Homepage.aspx.

To waive your indemnity coverage, you must utilize the AFLAC cancellation form and submit it to AFLAC. Submit your forms via:

Fax: (202) 379-4756 Attn: AFLAC Cancellations Email: dcgovernment@us.aflac.com

## **College Savings Plan**

The DC College Savings Plan is a section-529 plan created to help families prepare for the substantial cost of higher education. The District of Columbia Government sponsors the plan and Calvert Investments manages it. Available investment types include:

- Age-based portfolios
- Single fund investments
- Stability of principal investment

To enroll in any of the plans above, please visit www.dccollegesavings.com.