# **Open Enrollment How to Enroll Instructions Employee Self-Service (ESS)**

You can access the ESS Open Enrollment module at https://portal.sap.mypgc.us

Please reference the tutorial for accessing the ESS module at http://pgcwfd00.sap.mypgc.us:8080/WFD/wa/SAPTMID/~tag/published/index.html?show=book%21BO\_C60F21065C8765B7



NOTE: The steps outlined below will take you through the entire on-line enrollment process for Open Enrollment. If you do not want to go through the entire process and you just want to enroll and/or make changes to a Health Benefit Plan follow steps three (3) and four (4); Insurance Plans (Life and/or Disability Insurance) and the Health and Dependent Care Flexible Spending Accounts follow steps six (6) and seven (7).

# **Step One (1): Personal Profile**

Click on step 1 to view your personal profile, such as name, address, etc. (This step is optional)

OPEN ENROLLMENT: Step 1 of 7 (Personal Profile)							
Previous Next 💽   🔤 Sav	ve 🛛 🥢 Edit Personal Profi	le					
Personal Profile Depe	2 endents and Beneficiaries	3 Benefits Summary	4 Health Plans	5 Insurance Plans	6 Flexible Spending Accounts	7 Review and Save	
Personal Data							Benefits Medical Information
Full name: Doe, Johr SSN: XXX-XX-6							No data available
001. 7000700							
Addresses							
Addresses Mailing Address Street: 1	1400 MCCORMICK DRIVE						
Addresses Mailing Address Street: 1							
Addresses Mailing Address Street: 1 City: 1 Telephone Number:	1400 MCCORMICK DRIVE						
Addresses Mailing Address Street: 1 City: 1 Telephone Number: Home Address	1400 MCCORMICK DRIVE						
Addresses Mailing Address Street: 1 City: 1 Telephone Number: Home Address Street: 1	1400 MCCORMICK DRIVE LARGO						

# Step Two (2): Dependents and Beneficiaries

Click on step 2 if you would like to check your current dependent (e.g., spouse and/or children) and beneficiary information. If you are adding a dependent(s) to your health benefit plans [e.g., medical, dental, prescription, vision] you must add them as a spouse, child, step-child and/or legal ward. Make sure to save them prior to the next step, this will ensure that a dependent(s) is listed when you make your health benefit plan elections.

• To add a dependent or beneficiary, click on the icon (Dependents and Beneficiaries)

OPEN ENROLLMEN	NT: Step 2 of 7 (Dependents and Beneficiaries)						
🕐 Previous Next 🕢   🔡 Save   🥜 Edit Dependents and Beneficiaries							
Personal Profile	2     3     4     5     6     7       Dependents and Beneficiaries     Benefits Summary     Health Plans     Insurance Plans     Flexible Spending Accounts     Review and Sate						
Family Members / Depend	dents						
	Doe Mickey						
Date of Birth:							
Child							
Name:	Doe Minnie						
Date of Birth:	03/02/2007						
Name:	Doe Donald						
Date of Birth:	06/21/1999						

• Select "Add" and a drop-down list will appear.

Dependents and Beneficiaries			
Close			<i>₽</i> ≠ ∡ 🔞 ∡
▼ Family Members / Dependents Add ∡		▼ External Organizations Add ∡	
Spouse		No data available	
Name: Doe Mickey Date of Birth: 12/24/1968	1		
Child			
Name: Doe Minnie Date of Birth: 03/02/2007	1		
Name: Doe Donald	/ 🗊		
Date of Birth: 06/21/1999			
		1	

• Select the Dependent Type (e.g., spouse, child or beneficiary) from the drop-down list.

Spouse Ex-Spouse Child Legal Ward Beneficiary	
5	

• Fill in dependent information on the screen. Note: The asterisk (\*) fields are required fields and must be completed.

Add Spouse	
🝓 Save and Back 📳 Save 💥 Cancel	0
Name	Data At Birth
* First Name:	* Date Of Birth:
* Last Name: Doe	Gender: Female
Title:	
	Address
Physicians	Country/Region:
Physician 1:	House Number And Street:
ID Number:	Address Line 2:
Physician 2:	City:
ID Number:	State:
	ZIP Code:
Challenge	Telephone:
Disability:	
Disability Date:	Other Personal Data
Notification Date:	* Social Security Number:
Status	
Student:	
Medicare:	

• Select Save – If you are adding more than one dependent or beneficiary, select "Save and Back" to add your additional dependents and/or beneficiaries.

Add Spouse					
Obse 🔓 Save and Back 🔚 Save 🗙 Cancel	33	0.			

Note: Beneficiary updates and/or changes made through the Open Enrollment will not become effective until 1/1/2023. You can update or change your beneficiary(ies) immediately through the Employee Self-Service (ESS) on-line enrollment portal under Anytime Changes.

## **Step Three (3): Benefit Summary**

This section will allow you to revie your current enrollments but will not allow to you change till you go to Step 4.

PEN ENROLLMENT	: Step 3 of 7	(Benef	its Summary)							
) Previous Next 🕑 🛛 🚺	Save									
Personal Profile	2 Dependents and Ben	eficiaries	3 4 Benefits Summary Health Pla	5 6 6 ns Insurance Plans Flexible Spending Accounts	7 Review and Save					
Benefit Elections Summar	ry									
Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primary Ben	Pre-Tax Costs	Post-T
DENTAL	01/01/2023	Current	Dental PPO	Standard		EE + Family	Mickey Doe, Minnie Doe, Donald Doe		50.00 USD Bi-weekly	
MEDICAL	01/01/2023	Current	Cigna PPO	Standard		EE + Family	Mickey Doe, Minnie Doe, Donald Doe		306.65 USD Bi-weekly	
PRESCRIPTION	01/01/2023	Current	Prescription	Standard		EE + Family	Mickey Doe, Minnie Doe, Donald Doe		36.74 USD Bi-weekly	
AD&D	01/01/2023	Current	Accidental Death	50K Coverage		50,000.00 USD				
BASIC LIFE	01/01/2023	Current	Basic Life (2 Times Salary)	2 X Salary		100,000.00 USD				
SLI	01/01/2023	Current	Supplemental Life	Supplemental Life Ins Coverage		200,000.00 USD				
Plans not Enrolled In										
Plan Type										
VISION										
Depen Spous Lif										
Depen Child Lif										
LTD										
STD										
EXTRA LIFE										
DEPENDENT FSA										
HEALTH FSA										

## **Step Four (4): Health Benefit Plans**

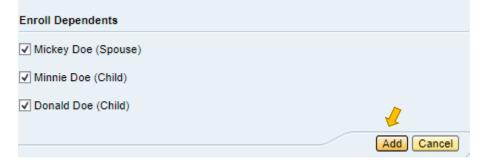
• Click on step 4 to enroll or make a change(s) to a health benefit plan(s) [e.g., medical, dental, prescription, vision].

OPEN E	DPEN ENROLLMENT: Step 4 of 7 (Health Plans)							
Previou	D Previous Next 🕖   📗 Save   🗱 Cancel							
I⇒ Pe	1 2 rsonal Profile Dependents and Be	aneficiaries Benefits Summary	4 5 Health Plans Insurance Plans	6 Flexible Spending Accounts	7 Review and Save			
Enroll i	n Health Plans							
Acti	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs
/ 1	DENTAL	01/01/2023	Current	Dental PPO	Standard	EE + Family	Mickey Doe, Minnie Doe, Donald Doe	50.00 USD Bi-weekly
/ 1	MEDICAL	01/01/2023	Current	Cigna PPO	Standard	EE + Family	Mickey Doe, Minnie Doe, Donald Doe	306.65 USD Bi-weekly
/ 1	PRESCRIPTION	01/01/2023	Current	Prescription	Standard	EE + Family	Mickey Doe, Minnie Doe, Donald Doe	36.74 USD Bi-weekly
9	VISION	01/01/2023						

• For example, to enroll or make a change to a medical plan, click on the *pencil* icon and select the medical plan and coverage level (e.g., Individual, Two-Person, Family) you want.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Cigna PPO	Standard	EE + 1	218.35 USD Bi- weekly	
Cigna PPO	Standard	EE + Family	306.65 USD Bi- weekly	
Kaiser	Standard	EE only	64.31 USD Bi- weekly	
Kaiser	Standard	EE + 1	128.34 USD Bi- weekly	
Kaiser	Standard	EE + Family	185.98 USD Bi- weekly	
Medical Opt Out	Standard	EE only		
II Dependents ickey Doe (Spous innie Doe (Child) onald Doe (Child)	e)			

• Under "Enroll Dependents," select the dependent(s) you want to cover. Click "Add" to complete the change.



• To enroll or make a change to the prescription, dental, or vision plans, repeat step (4).

Medical and Prescription Opt-Out Credit Plans If you want to opt-out of the medical and/or prescription plans, click on the opt-out option under the medical and/or prescription plans.

- Select "Add" to complete your change.
- Proceed to step (5) Insurance to select your insurance options.
- If you are done, please proceed to step (7) and SAVE your choices.

# Step Four (5): Insurance (e.g., Life and Disability) Plans

Click on step 5 to make a change to the Basic Life insurance plan and/or enroll or change the Extra Life or Long-Term Disability insurance plans.

# **Basic Life Insurance**

• To change your option level (from two [2] times to \$50K Flat rate), click on the pencil icon and make your selection.

Plan Nam	e	Option	Coverage	Pre-Tax Costs	Post-Tax Costs	
Basic Life	(2 Times Salary)	2 X Salary	322,000.00			
Basic Life (\$50K Flat)		50K Coverage	50,000.00			
Name	Relationship	Primary Percenta	age (%)	Contingent Pe	ercentage (%)	
Designate Be Name	Relationship	Primary Percenta	age (%)	Contingent Pe	Contingent Percentage (%)	
Mickey Doe	Spouse			0		
Minnie Doe	Child			0		
Donald Doe	Child			0		
Total				0		

• To designate a beneficiary(ies), select the name(s) of your beneficiary(ies) from the list under "Designated Beneficiaries" and apply the percentage amount. Note: The percentage amount must be whole numbers and must equal 100%. (Contingent Beneficiaries are optional).

Name	Relationship	Primary Percentage (%)	Contingent Percentage (%)
Mickey Doe	Spouse	0	
Minnie Doe	Child	0	
Donald Doe	Child	0	
Total		0	

- Click "Add."
- If you are done selecting your Basic Life plan or updating your selections, please proceed to step (7) and SAVE your choices. Dependent Spouse/ Child Life Plans
- Click on the *pencil* icon and to select your level of coverage.

Enroll i	Enroll in Insurance Plans						
Acti	Plan Type	Starts On	Status	Plan Name	Option	Coverage	
Ø	AD&D	01/01/2023	Current	Accidental Death	50K Coverage	50,000.00 USD	
1	BASIC LIFE	01/01/2023	Current	Basic Life (2 Times Salary)	2 X Salary	100,000.00 USD	
C?	Depen Spous Lif	01/01/2023					
C <sup>o</sup>	Depen Child Lif	01/01/2023					
C°	LTD	01/01/2023					
Ø	SLI	01/01/2023	Current	Supplemental Life	Supplemental Life Ins Coverage	200,000.00 USD	
C°	STD	01/01/2023					
Ľ	EXTRA LIFE	01/01/2023					

• Select the plan you choose

bendent Spouse Life 25K Coverage Extra Life 25,000.00 2.92 USD Bi-we	Plan Name	Option	Enroll in One Plan	Coverage	Pre-Tax Costs	Post-Tax Costs
	Dependent Spouse Life	10K Coverage	Extra Life	10,000.00		1.17 USD Bi-we
vendent Spouse Life 50K Coverage Extra Life 50,000.00 5.84 USD Bi-we	Dependent Spouse Life	25K Coverage	Extra Life	25,000.00		2.92 USD Bi-we
	Dependent Spouse Life	50K Coverage	Extra Life	50,000.00		5.84 USD Bi-we
	ependent Spouse Life	50K Coverage	Extra Life	50,000.00		5.84 USD E

Plan Name	Option	Enroll in One Plan	Coverage	Pre-Tax Costs	Post-Tax Costs
Dependent Child Life	10K Coverage	Extra Life	10,000.00		0.69 USD Bi-week
Dependent Child Life	20K Coverage	Extra Life	20,000.00		1.38 USD Bi-week
Dependent Child Life	5K Coverage	Extra Life	5,000.00		0.35 USD Bi-week

Add Cancel

- Click "Add."
- Proceed to Long-Term Disability if you are enrolling or making changes to that option.
- If you are done selecting your Dependent Spouse/Child Life plan or updating your selections, please proceed to step (7) and SAVE your choices.
- •

## Long-Term Disability (LTD) Plan

• Click on the icon and to select your level of coverage.

Enroll i	n Insurance Plans					
Acti	Plan Type	Starts On	Status	Plan Name	Option	Coverage
Ø	AD&D	01/01/2023	Current	Accidental Death	50K Coverage	50,000.00 USD
1	BASIC LIFE	01/01/2023	Current	Basic Life (2 Times Salary)	2 X Salary	100,000.00 USD
P	Depen Spous Lif	01/01/2023				
P	Depen Child Lif	01/01/2023				
P	LTD	01/01/2023				
1	SLI	01/01/2023	Current	Supplemental Life	Supplemental Life Ins Coverage	200,000.00 USD
P	STD	01/01/2023				
P	EXTRA LIFE	01/01/2023				

• Select 50% or 60% of your salary.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Long Term Disability	LTD 50% Coverage	13,400.00		11.68 USD Bi- weekly
Long Term Disability	LTD 60% Coverage	13,400.00		22.98 USD Bi- weekly

- Click "Add."
- Proceed to Short-Term Disability if you are enrolling or making changes to that option.
- If you are done selecting your Long-Term Disability plan or updating your selections, please proceed to step (7) and SAVE your choices.

#### Short-Term Disability (LTD) Plan

• Click on the icon and to select your level of coverage.

Enroll i	n Insurance Plans					
Acti	Plan Type	Starts On	Status	Plan Name	Option	Coverage
Ø	AD&D	01/01/2023	Current	Accidental Death	50K Coverage	50,000.00 USD
1	BASIC LIFE	01/01/2023	Current	Basic Life (2 Times Salary)	2 X Salary	100,000.00 USD
P	Depen Spous Lif	01/01/2023				
C?	Depen Child Lif	01/01/2023				
<b>P</b>	LTD	01/01/2023				
Ø	SLI	01/01/2023	Current	Supplemental Life	Supplemental Life Ins Coverage	200,000.00 USD
<b>P</b>	STD	01/01/2023				
C°	EXTRA LIFE	01/01/2023				

• Select 60% of your salary.

- Click "Add."
- Proceed to Extra Life if you are enrolling or making changes to that option.
- If you are done selecting your Long-Term Disability plan or updating your selections, please proceed to step (7) and SAVE your choices.

#### **Extra Life Insurance**

Enroll in	n Insurance Plans					
Acti	Plan Type	Starts On	Status	Plan Name	Option	Coverage
Ø	AD&D	01/01/2023	Current	Accidental Death	50K Coverage	50,000.00 USD
Ø	BASIC LIFE	01/01/2023	Current	Basic Life (2 Times Salary)	2 X Salary	100,000.00 USD
2	Depen Spous Lif	01/01/2023				
C <sup>o</sup>	Depen Child Lif	01/01/2023				
C°	LTD	01/01/2023				
Ø	SLI	01/01/2023	Current	Supplemental Life	Supplemental Life Ins Coverage	200,000.00 USD
9	STD	01/01/2023				
C <sup>o</sup>	EXTRA LIFE	01/01/2023				

- Click on the Extra Life icon.
- Select the option level (1X, 2X, 3X or 4X your salary).

Plan Nar	ne	Option	Coverage	Pre-Tax Cos	sts	Post-Tax Costs
Extra Life	•	1X Salary	161,000.00			18.87 USD Bi-weekly
Extra Life	•	2X Salary	322,000.00			37.75 USD Bi-weekly
Extra Life	Extra Life 3X Salar		483,000.00			56.62 USD Bi-weekly
Extra Life	•	4X Salary	644,000.00			70.34 USD Bi-weekly
Designate E Name		ficiaries lationship	Primary Percen	tage (%)	Cor	ntingent Percentage (%)
Mickey Doe	Spo	ouse	0			
Minnie Doe	Chi	ld		0		(
Donald Doe	Chi	ld		0		1
Total			0			

- Repeat the process listed under the Basic Life insurance (second bullet) to select your beneficiary(ies).
- Click "Add."
- Proceed to step (6) Flexible Spending Accounts if you are enrolling or making changes to that option.
- If you are done selecting your Insurance or Disability plan(s) or updating your selections, please proceed to step (7) and SAVE your choices.

#### **Step Five (6): Flexible Spending Accounts**

• Click on step (5) to enroll in the Health and/or Dependent Care Flexible Spending Accounts.

	us Next ()   Save   X Cancel							0.
II Pr	1     2 ersonal Profile Dependents and Beneficiaries	Benefits Summary He	4 5 aith Plans Insurance Plans	6 Flexible Spending Accounts	7 Review and Save			
Enroll	in Flexible Spending Accounts							
Acti	Plan Type	Starts On		Status	Plan Name	Pre-Tax Costs	Post-Tax Costs	
<u>P</u>	DEPENDENT FSA	01/01/2023						
19	HEALTH FSA	01/01/2023						

- To enroll, click on the icon and enter the annual dollar amount you want for calendar year 2023.
- Click "Calculate" to obtain your bi-weekly cost.
- Select "Add."
- After you select "Add," your election should state "New."

• Go to step (6) and follow the steps to SAVE enrollment or changes made to the Health Care and/or Dependent Care Flexible Spending Accounts.

If you do <u>not</u> see your new annual election amount and the word "New", you <u>have not</u> followed the steps correctly to enroll in the Health Care and/or Dependent Care Flexible Spending Accounts. Failure to complete step (6) will result in you not being enrolled in the Health Care and/or Dependent Care Accounts for calendar year 2023.

OPEN E	ENROLLMENT: Step 6 of 7 (Flexib	le Spending A	ccounts)					
Previor	us Next 🕢   🔲 Save   💥 Cancel							
I)	1 2 ersonal Profile Dependents and Beneficiaries	3 Benefits Summary	4 Health Plans	5	6 Flexible Spending Accounts	7 Review and Save	I	
P								
	in Flexible Spending Accounts							
		Starts On			Status		Plan Name	Pre-Tax Costs
Enroll	in Flexible Spending Accounts				Status New		Plan Name Dependent Care FSA	Pre-Tax Costs 3.85 USD Bi-weekly

### Step Six (7): Review and Save

- Click on step (7) to review your enrollment benefit elections.
- Click on the "SAVE" icon. It is imperative that you SAVE any enrollments or changes made in steps (3) through (6) so they can be updated to the ESS system.
- You will see the message; "Data Saved Successfully."

ata saved successfully									
hat do you want to do i	next?								
Print Benefit Elections	Summary								
Go to Enrollment									
Go to Benefits Participa	ation Overview								
Benefit Elections Sum	mary								
lan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs
ENTAL	06/14/2015	Current	Dental PPO	Standard		EE + Family	Mickey Doe, Minnie Doe, Donald Doe		50.00 USD Bi-week
	06/14/2015	Current Current	Dental PPO Cigna PPO	Standard Standard		EE + Family EE + Family	Mickey Doe, Minnie Doe, Donald Doe Mickey Doe, Minnie Doe, Donald Doe		
EDICAL									306.65 USD Bi-wee
EDICAL RESCRIPTION	06/14/2015	Current	Cigna PPO	Standard		EE + Family	Mickey Doe, Minnie Doe, Donald Doe		306.65 USD Bi-wee
EDICAL RESCRIPTION D&D	06/14/2015 06/14/2015	Current Current	Cigna PPO Prescription	Standard Standard		EE + Family EE + Family	Mickey Doe, Minnie Doe, Donald Doe		306.65 USD Bi-wee
EDICAL RESCRIPTION D&D ASIC LIFE	06/14/2015 06/14/2015 01/01/2015	Current Current Current	Cigna PPO Prescription Accidental Death	Standard Standard 50K Coverage		EE + Family EE + Family 50,000.00 USD	Mickey Doe, Minnie Doe, Donald Doe		50.00 USD BI-week 306.65 USD BI-week 36.74 USD BI-week
DENTAL MEDICAL PRESCRIPTION AD&D BASIC LIFE SLI 157(b)	06/14/2015 06/14/2015 01/01/2015 09/12/2021	Current Current Current Current	Cigna PPO Prescription Accidental Death Basic Life (2 Times Salary)	Standard Standard 50K Coverage 2 X Salary		EE + Family EE + Family 50,000.00 USD 100,000.00 USD	Mickey Doe, Minnie Doe, Donald Doe		306.65 USD Bi-wee

• Click the "PRINT Benefit Elections Summary" option to print your Benefit Confirmation for your records.