

Employee Self Service (ESS) Open Enrollment Election Guide



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Open Enrollment



Welcome, TODD TEST



2019 Annual Renewal

Welcome to Annual Renewal

Review and Confirm Your Information

Please take a minute to review and confirm the information we have for you.

Your Basic Information

First Name: TODD
Last Name: TEST
Birth Date: 5/5/1964

Address Line 1: 1234 TEST DRIVE
Address Line 2:
City: TEST
State: TEXAS
ZIP Code: 55555

To update your basic information, home/work phone, and/or home address, please contact your County or District Human Resources or Benefits

To enroll in new benefits:

- Click “Annual Renewal” under the Benefits tab.
- Review your contact information and confirm your information is correct.
- Make corrections or changes if needed.



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Dependents

[Return To Enrollment](#) →

For disabled dependents, please provide required documents to your Benefits Administrator.



New Dependent

First Name:	<input type="text" value="Baby"/>	Birth Date:	<input type="text" value="7/1/2019"/>
Middle Name:	<input type="text"/>	Gender:	<input type="text" value="Female"/>
Last Name:	<input type="text" value="TEST"/>	Relationship:	<input type="text" value="Child"/>
SSN:	<input type="text"/>	Disabled:	<input type="checkbox"/>
<input checked="" type="checkbox"/> Use my home address for this dependent			
Line 1:	<input type="text" value="1234 TEST DRIVE"/>	City:	<input type="text" value="TEST"/>
Line 2:	<input type="text"/>	State:	<input type="text" value="TEXAS"/>
		Zip Code:	<input type="text" value="55555"/>
		Country:	<input type="text" value="United States"/>
<input type="button" value="CANCEL"/>		<input type="button" value="SAVE"/>	

To add new dependents:

- Access the “Dependent” tab from the Profile page or as you move through the enrollment process.
- Click “Add Dependent” and enter dependent information.
- Click “Save” once complete.



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Enroll in Benefits

Welcome, TODD TEST



2019 Annual Renewal 0% Enrollment Complete

Medical - Who Will You Cover? 

0 Benefits Added  [View Cart](#) →
Your Total Cost Per Month \$0.00

Select the family members you want to cover:

The number of family members you include under your coverage affects your contribution amount (what comes out of your paycheck). The more people you cover, the more you pay. [Learn more](#)

Family Member

TODD TEST 

BABY TEST (Child)

[Update Dependents](#) →

Coverage Level (based on selections above)



To enroll in new benefits:

- Click the benefit you wish to enroll in.
- Check the family dependent you wish to add to your benefits.
- Make your Elections: for example, employee+child, etc.



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Benefit Selection

Welcome, TODD TEST

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2019 Annual Renewal 22% Enrollment Complete

Home Benefits Alerts Profile

2 Benefits Added [View Cart](#)

Your Total Cost Per Month **\$862.80**

Medical - Coverage Options

Staying in network can save you costs. Search for a provider near you at www.bcbstx.com

Displaying 1 of 1 Coverage Options

Coverage Level

Employee + Child(ren):
TODD, BABY
[Update](#)

Your 2019 Plan

BlueCross BlueShield of Texas
Plan 700
[Learn more about Plan 700](#)

Medical
Coverage: Plan 700
Tier: Employee + Child(ren)
Cost: \$862.80
[Change Selection](#)

Prescription Drug
Coverage: RX-3A
Cost: \$0.00
Included with Medical

Added to Cart

MOVE ON TO DENTAL

When selecting benefits:

- Choose the dependent you wish to add to your elections.
- Click the next benefit and continue through all your benefits until all elections are completed.

You can only add a dependent if you are doing open enrollment or if you are a new hire electing benefits.



Benefit Selection (cont'd)

Welcome, TODD TEST



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HEALTH AND EMPLOYEE BENEFITS POOL



Home



Benefits



Alerts



Profile

2019 Annual Renewal 0% Enrollment Complete

Medical - Coverage Options

0 Benefits Added

[View Cart](#) →

Your Total Cost Per Month

\$0.00

Staying in network can save you costs. Search for a provider near you at www.bcbstx.com

Displaying 1 of 1 Coverage Options

Sort By Current Plan ▾

Coverage Level



Employee + Child(ren):

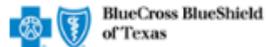
TODD, BABY

[Update](#) →



[Learn more](#) →

Your 2019 Plan



Plan 700

\$862.80

Cost Per Month

[Learn more about Plan 700](#)

[ADD TO CART](#)

Add all benefits to your cart:

- Even if you are not making a change to a benefit, the benefit **must** be added to your cart in order for it to be added to your benefits.



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Benefit Selection (cont'd)



[Learn more →](#)

Basic Term Life



Benefit Choices

Cost

Waive Coverage

\$0.00

Your 2019 Plan

\$30,000

\$0.00

Voluntary Term Life



Benefit Choices

Cost

Waive Coverage

\$0.00

Cost Per Month

\$10,000*

\$5.40

Cost Per Month

\$20,000*

\$10.80

Cost Per Month

* You are required to provide Evidence of Insurability (EOI). Your new coverage will not take effect until approved by Voya. Please proceed to the Evidence of Insurability (EOI) form. You must print, complete and mail the EOI form to Voya to request approval.

Download and print the [Evidence of Insurability Form](#)

When selecting life benefits:

- An Evidence of Insurability (EOI) form must be completed for any life coverage changes or increases.
- New hires selecting life for the first time do not need to complete an EOI for life coverage.



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Beneficiaries

Profile



Beneficiary Summary

Your current beneficiary designations are listed below. Please review these designations to ensure they are up to date. You can add or change beneficiaries at any time.

AVAILABLE BENEFICIARIES

Relationship	SSN / Tax ID	Birth Date
██████████	***-**-██████	██████/██/██

[Edit Beneficiary Designations →](#)

BENEFICIARY DESIGNATIONS

? Need to add a beneficiary?

To add a new beneficiary please contact at 888-888-0000.

✎ Need to update your designations?

You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries.

[Update Beneficiary Designations →](#)

Add or change a beneficiary:

- View your beneficiary summary under the “Profile” tab.
- Click “Update Beneficiary Designations” to add or change beneficiaries.
- Click “Edit Beneficiary Designations” to change beneficiary information: address, phone number, etc.



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Beneficiaries (cont'd)



Beneficiary Designations

You can assign or update beneficiaries for all benefits that are eligible for beneficiary designations. As you are making updates, please consider the following:

- If you do not see a beneficiary available to be added, you must first add the beneficiary here: [Add a Beneficiary](#)
- Each beneficiary may only be designated once per benefit

If you have questions regarding the setup of your beneficiaries, please contact the Benefits Administrator at your county or district.

BENEFITS

Primary	Contingent
TED TEST, Sibling 100% Remove Select a beneficiary ...	TIM TEST, Parent 100% Remove Select a beneficiary ...
Primary Total: 100%	Contingent Total: 100%

Assigning a beneficiary:

- Add a new beneficiary to your benefits.
- Select benefit percentage for each beneficiary. *(Percentages must add up to 100).*



Cart

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2019 Annual Renewal

Home Benefits Alerts Profile

9 Benefits Added  Checkout →

Your Cart

All values represent per month amounts.

HEALTH				
Benefit	Coverage Details	Coverage For	Employer Cost	Your Cost
Medical Change →	Coverage: Plan 700	Employee + Child(ren) TODD, BABY	\$0.00	\$862.80
Prescription Drug <i>Included with Medical</i>	Coverage: RX-3A		\$0.00	\$0.00
Dental Change →	Coverage: Dental - II-O	Employee + Child(ren) TODD, BABY	\$0.00	\$39.26
Basic Vision Change →	Coverage: Plan I	Employee Only TODD Not Covered: BABY Change Coverage →	\$6.68	\$0.00

 PROTECTION

Review the benefits in your cart:

- Click on “Change” to make corrections or changes to any benefits elected and added to the cart.



Benefits Confirmation

Welcome, TODD TEST



Health Benefits

My 2019 Benefit Details

[PRINT CONFIRMATION](#)

You and your listed dependents

Name	Relationship	Birth Date
TODD TEST	Self	5/5/1964

Below are your benefit elections for 2019 as of 7/17/2019 8:07:02 AM

[Learn more about your benefit plans here.](#)

All values represent per month amounts.

HEALTH				
Benefit	Coverage Details	Coverage For	Employer Cost	Your Cost
Medical	Coverage: Plan 700	Employee Only	\$0.00	\$554.58

Benefits confirmation:

- Print or save your benefits confirmation.



Survey



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Home



Benefits



Alerts



Profile

2023 Annual Renewal

TAC Benefits Survey



You have successfully purchased your 2023 benefits! You have until 11:59 PM CDT, September 30, 2022 to revise your elections.

After this date, your elections will be final and cannot be changed until the Annual Enrollment period or you experience a qualified life event, such as marriage or a birth.

[Learn more about your benefit plans here.](#)

[View and print a confirmation statement →](#)

Voluntary survey questionnaire:

- A confirmation statement can also be printed here.
- Complete a voluntary survey questionnaire.

Enrollment Survey

We are interested in your feedback. Please take a few minutes to complete this survey. Simply click on the button next to the response that matches your opinion and add any comments in the box below. Your responses will be kept completely confidential.

When you are finished, click on the [Next] button to save your survey responses. If you would rather not complete the survey, you can click [Next] below.

1. Accessing and logging into the site was easy:

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree



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Enrollment Completed



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