

Employee Self Service (ESS) Portal User Guide



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Employee Self-Service (ESS) Portal



[Health Benefits](#) > ESS Login

Employee Self-Service (ESS) Portal

[Health and Employee Benefits Pool Online Portal](#) (mybenefits.county.org) ←

Employee Self-Service Training Materials

- [ESS Portal User Guide](#)
- [ESS Open Enrollment User Guide](#)

To access ESS:

- Navigate to [county.org](https://www.county.org)
- Click the “Health & Employee Benefits” tab and from the dropdown box, select ESS Login.
- Click “Health & Employee Benefits Pool online portal”.



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Login Screen



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Sign In

Welcome to Texas Association of Counties employee enrollment system, your online resource for benefit programs at Texas Association of Counties.

Username: _____

[Forgot Username?](#)

Next

[First time user? Create an account](#)

Logging into ESS:

- Enter your username. Your username is your email address.
- Click “First Time User” to create an Account.

(All users will need an email address to log in.)

If an employee has logged in before, enter your email in the Username box and hit Next.

Your email is your Username.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Account Setup

Establish Username:

- Enter your email address. Your email address will be your username.
- Confirm email address.
- Click “Next.”

(All users will need an email address to set up an account)

Account Setup

Enter and confirm your email address below to continue.

Email:

Confirm Email:

You can change the email address registered to your account once you have logged into the site.



Verification Code

Enhanced Security

Enter a number below that we can send a code via text message or call you to confirm your identity.

Country Code
United States (+1)

Phone Number
Phone Number

Cancel Send Code Call Me



First Time Users need verification by email & phone:

- A verification code will be sent to the email you enter.
- Enter a phone number to receive a verification code by phone.
- Choose 'Send Code' for a text message verification code or 'Call Me' to get an automated phone call.



Verification Code (cont'd)

Confirm Your Email

Check your email and enter the verification code that was sent to

██████████@██████████

Enter Code

Enter Code

Cancel

Resend Code

Verification didn't arrive?

Check your inbox and junk folder for an email from no-reply@mail-auth.willistowerswatson.com. Contact us for additional help.

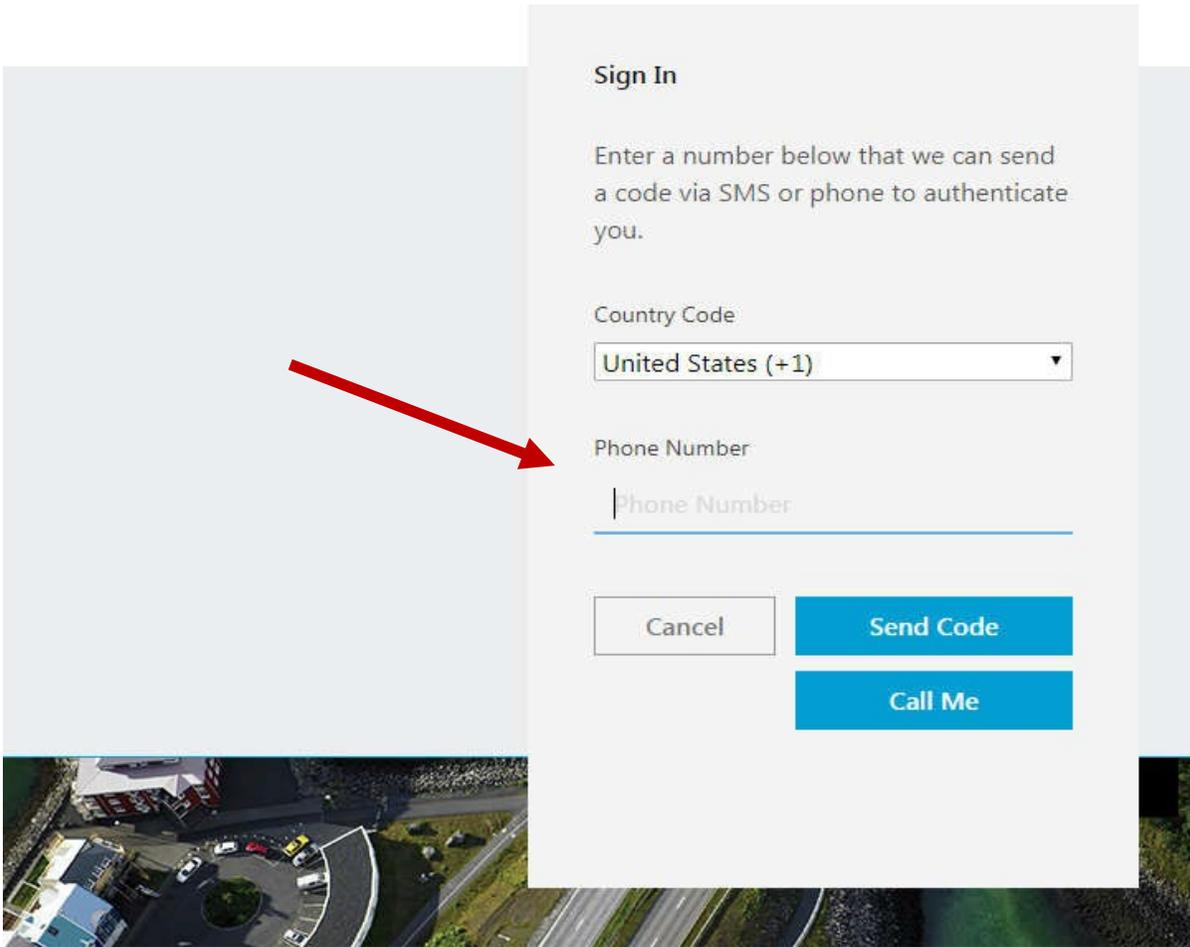
Verification by email &/or phone:

- Enter verification code.



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HEALTH AND EMPLOYEE BENEFITS POOL

Verification Code (Cont'd)



Sign In

Enter a number below that we can send a code via SMS or phone to authenticate you.

Country Code
United States (+1) ▼

Phone Number
| Phone Number

Cancel Send Code
Call Me

Verify by phone:

- Enter a phone number to receive another six-digit verification code by phone.
- Choose "Send Code" for a text message verification code or "Call Me" to get an automated phone call.



Password Setup

Create New Password

Password must be at least 8 characters long and contain at least 3 of the following: uppercase letters, lowercase letters, numbers, and symbols.

New Password

Confirm Password

Cancel

Save

Authentication & Access:

- Set up password.
- Click “Save.”



Authorization

Login

Online Authorization

To access this site you must agree to the following information.

On behalf of myself and my eligible dependent(s), I certify that any dependents enrolled under any coverage are eligible dependents under the terms of the Plan. Further, I agree to and understand the following:

1. I understand that my benefit choices may result in certain deductions from my paycheck. I authorize any deductions from my pay resulting from my benefit choices and/or my enrollment in this and in any future year.
2. I understand that, unless it is during the Annual Enrollment period or I experience a Change in Status as described in the Summary Plan Description for the applicable plan, my benefit choices and payroll authorization may not be changed or revoked during a calendar year.
3. I understand that by accepting the authorization my Change in Status Event is truthful and accurate. Alliance Data reserves the right to request appropriate and/or legal documentation reflecting the proof of my Change in Status Event.
4. I am aware that the plan(s) I may choose to enroll in have prescribed benefits, exclusions, and other limitations.
5. Should my employment terminate, I authorize Alliance Data to make any required payroll deductions associated with my benefit elections from my final paycheck.
6. Any material omission or misrepresentation in answering the questions in this system may result in the denial of benefits, termination of coverage and enrollment for me and my dependents and/or disciplinary action including and up to termination of employment.

DECLINE

ACCEPT



Online authorization:

- **Accept the online authorization.**
- **Access is granted to ESS.**



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Home Screen

The screenshot shows the home screen of the Texas Association of Counties Health and Employee Benefits Pool. At the top left is the organization's logo. To its right is the text "TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL". A navigation bar contains three icons: a house for "Home", a bell for "Alerts", and a person for "Profile". Below this is a large green banner with a photo of a woman and a child. A white text box on the left of the banner says "Welcome, we're glad you're here!" and "This employee self-service (ESS) portal has been upgraded and those improvements were made with you in mind. You've now got some options!". Below the banner are three columns of content: "BCBS" with a "Find a Provider" link, "NAVITUS" with a "Learn More" link, and "SONIC BOOM" with a "Get Started Today" link. At the bottom is a "VIDEO LIBRARY" section with a "View all Videos" link and two video thumbnails for "natura)(y)slim" and "VIRROSTI".

Navigating at the home screen:

- Click and browse information and links.
- Click on the links to go to the provider websites.
- Click on video images to view videos.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Home Screen (cont'd)

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Home Benefits Alerts Profile

Welcome, we're glad you're here!
This employee self-service (ESS) portal has been upgraded and those improvements we

Annual Renewal: Make your 2023 enrollment elections
Carefully review your enrollment choices and information. Your benefit elections must be submitted by **11:59 PM CDT, September 30, 2022.**

Countdown to Annual Renewal close: **02 : 10 : 39 : 40**
DAYS HOURS MINS SECS

CLOSE GET STARTED →

BCBS
Do you or your dependent(s) need to find a primary care provider? Several options are available to you on the BCBS website. Click below to find a provider, view your claims history or order ID cards, etc.
Find a Provider ↗

NAVITUS
Navitus prescription drug program is committed to lowering drug costs and improving health. Go online to find information specific to your plan.
Learn More ↗

SONIC BOOM
Sonic Boom is an exciting and robust platform designed to encourage healthy behaviors and lifestyles. It doesn't matter whether you're already in great shape or haven't seen the inside of a gym in decades. Young, old, male, female - this program has something for everyone!
Get Started Today ↗

If you have not enrolled in benefits :

- A dialog box will display to show the number of days remaining to enroll in benefits.
- Click on "Get started" to begin your enrollment or "Close" to browse or to enroll later.



Home Screen (cont'd)

Welcome, TODD TEST

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Home Benefits Alerts Profile

MY HEALTH BENEFITS

- View My 2019 Benefit Details
- Update My Benefits Due To a Qualifying Event

RESOURCES

- Frequently Asked Questions
- Health Forms and Documents
- Summary Plan Descriptions
- Links & Contacts
- Video Library

BCBS

Do you or your dependent(s) need to find a primary care provider? Several options are available to you on the BCBS website. Click

NAVITUS

Navitus prescription drug program is committed to lowering drug costs and improving health. Go online to find information

SONIC BOOM

Sonic Boom is an exciting and robust platform designed to encourage healthy behaviors and lifestyles. It doesn't matter whether you're

Navigating at the home screen:

- Click “Benefits” in the top navigation tabs view your benefits
- Under the "Resources" tab, you can find helpful information.



Home Screen (cont'd)



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



YOU HAVE NO ALERTS AT THIS TIME

[Go to Alert Center →](#)

Click the “Alert” tab:

- **To see important reminders or required actions you need to complete.**

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.

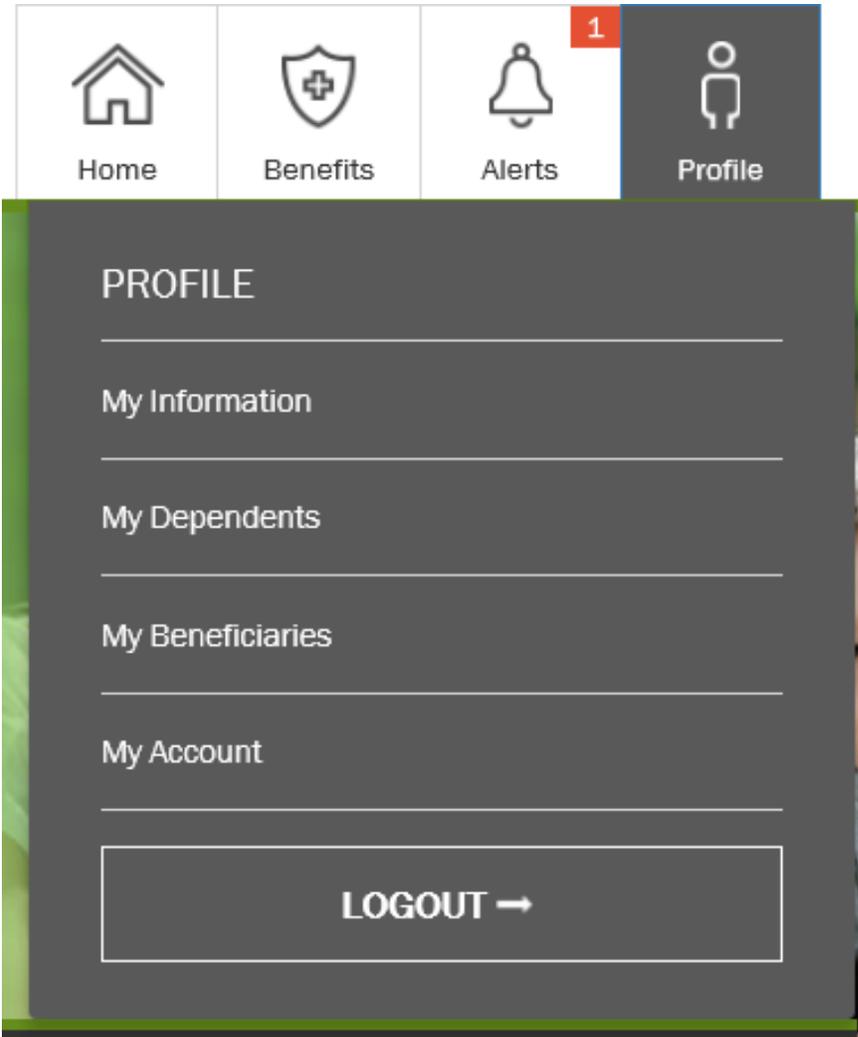
[Learn more about your benefit plans here.](#)

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



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Profile Information



Click the “Profile” tab to:

- View your information.
- Edit your contact information such as address or email.
- View your benefits.
- View your beneficiaries.
- Add or change your dependents.



Profile Information

Profile

Basic Information

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

| | | | |
|--------------|----------------------|-------------|-----------------------------------|
| Title: | <input type="text"/> | Birth Date: | <input type="text"/> |
| First Name: | <input type="text"/> | Gender: | <input type="text" value="Male"/> |
| Middle Name: | <input type="text"/> | | |
| Last Name: | <input type="text"/> | | |

Address

Below is your address information on file. If you have multiple addresses on file, mailed materials will be sent to your preferred address.

Home

| | |
|-----------|--|
| Line 1: | <input type="text" value="123 Fake Street"/> |
| City: | <input type="text" value="VICTORIA"/> |
| State: | <input type="text" value="TEXAS"/> |
| Zip Code: | <input type="text" value="77904"/> |
| Country: | <input type="text" value="United States"/> |

Phone

The listed phone number below may be used to contact you in response to service inquiries and other benefit services. It will not be used for marketing purposes.

Home:


Add Phone Number

Email

Your email address may be used to communicate important enrollment event reminders, confirmations and other notifications of actions you may need to take related to your Health benefits. It will not be used for marketing purposes.

Email:

At the “Profile Information” window, you can:

- Edit your home address (please use your mailing address).
- Edit or add an email address and/or phone number.



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Vendors and Other Sites

MY VENDORS AND OTHER SITES [View All →](#)

- Medical
- Dental
- Prescriptions
- Other

BlueCross BlueShield of Texas

BlueCross and BlueShield of Texas (BCBSTX) is among the financially strongest health insurers in the nation, providing us with a high level of confidence and security. To help you manage your everyday life, BCBSTX administers a portfolio of programs such as Condition Management, Fitness Program, 24/7 Nurseline, WellonTarget, and much more.

[Go to Blue Cross Blue Shield Member Site ↗](#)

MDLIVE®

Health care just got simpler with MDLIVE®. Whether you are at home or traveling, low-cost telemedicine has made it easy to visit a doctor at your convenience using your smart phone, tablet or computer 24/7.

[Go to MD Live Member Site ↗](#)

RESOURCE LIBRARY

Check out additional educational and reference material.

[View the Resource Library →](#)

“My Vendors” tab to view plan information:

- Click each plan tab to view the vendor information and website.
- Click on "Resource Library" to access your county or district resource guides, documents and benefit highlights.



Resource Library

Resources

Resource Library

[Collapse All](#) [Expand All](#)

Here, you'll find helpful documents and tools for understanding and managing your benefits.

Health Forms and Documents

Summary Plan Descriptions

These documents provide detailed summaries of your benefits and important information about claims and appeals.

Medical

 Medical Plan 700

Prescriptions

 RX 3A

Dental

 Dental Option II w/ Ortho

Learn about your benefits under the Resource Library:

- Access health forms & documents.
- Click on Summary plan descriptions to view the benefit highlights for plans offered by your county or district.
- Click the file to download a PDF copy.

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 choices and confirm your information is correct.
- Make corrections or changes if needed.



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HEALTH AND EMPLOYEE BENEFITS POOL

Dependents

[Return To Enrollment](#) →

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

 Add Dependent

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"/> |

Child/Grandchild:

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"/> |

To add new dependents:

- You can access the “Dependent” tab from the Profile page or as you move through the enrollment process.
- Click “Add Dependent” and enter dependent information.
- Fill in dependent information.
- When finished, click “Save”.



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HEALTH AND EMPLOYEE BENEFITS POOL

Enroll in Benefits

Welcome, TODD TEST



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



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.
- Check the family dependent you wish to add to your benefits.
- Make your elections: for example, employee+child, etc.



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HEALTH AND EMPLOYEE BENEFITS POOL

Benefit Selection

Welcome, TODD TEST

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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 →](#)

 [Learn more →](#)

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 and add dependents to your elections.
- 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



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



2019 Annual Renewal 0% Enrollment Complete

Medical - Coverage Options

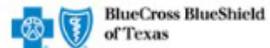
0 Benefits Added  [View Cart](#) →
Your Total Cost Per Month \$0.00

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 ▾

Your 2019 Plan



\$862.80

Cost Per Month

Plan 700

[Learn more about Plan 700](#)

[ADD TO CART](#)

Coverage Level



Employee + Child(ren):

TODD, BABY

[Update](#) →



[Learn more](#) →

Add all benefits to your cart:

- Even if you are not making changes to a benefit, the benefit **must** be added to the cart to add it to your plan year benefits.



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HEALTH AND EMPLOYEE BENEFITS POOL

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.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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 |
|--------------|---------------|--------------|
| ██████████ | ***-**-██████ | ██████/██/██ |

BENEFICIARY DESIGNATIONS

[Edit 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 your beneficiaries.
- Click “Edit Beneficiary Designations” to change a beneficiary information; address, phone number, etc.



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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 percent on each beneficiary. Percentages must add up to 100.



Cart

2019 Annual Renewal

Your Cart

9 Benefits Added  [Checkout](#)

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 |

Review the benefits in your cart to:

- Make sure you have selected and added your changes.
- Click on "Change" to make corrections to your elections.



Benefits Confirmation

Welcome, TODD TEST

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Home Benefits Alerts Profile

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 for your files.



Survey



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



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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HEALTH AND EMPLOYEE BENEFITS POOL