

How to Access and Use the Benefits Enrollment Wizard

- The Benefits Enrollment Wizard is accessible by first logging in to the Employee Self Service (ESS) application.
- Once logged in, employees are directed to the Home page, visible below.
- The Enrollment Wizard can be accessed by clicking “Enrollment Wizard” in the Quick Links widget, or by clicking on the Benefits tab. Both are shown circled in red in the screenshot below.

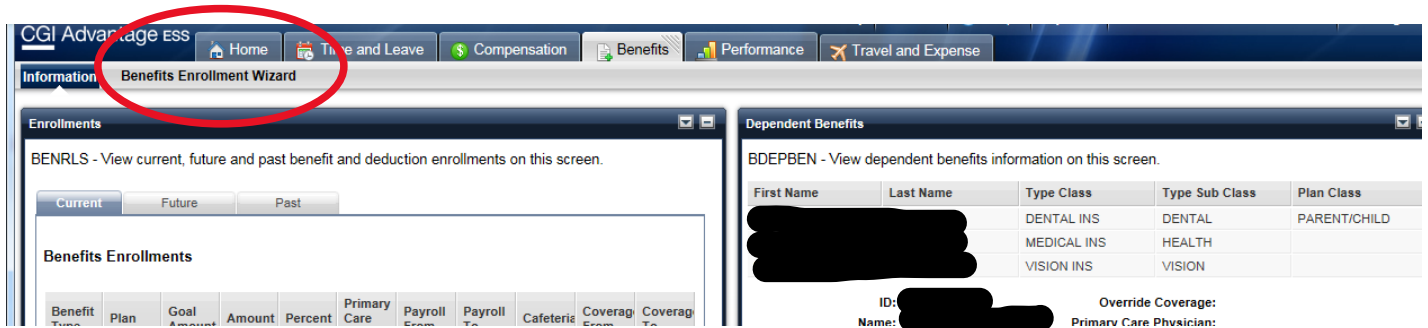
The screenshot displays the CGI Advantage ESS application interface. At the top, a navigation bar contains several tabs: Home, Time and Leave, Compensation, Benefits, Performance, and Travel and Expense. The 'Benefits' tab is circled in red. Below the navigation bar, the main content area is divided into several sections. On the left, a 'Welcome!' section features a user profile picture and a list of links for 'View Profile', 'Update Emergency Contact', 'Password Management', 'Update Address', and 'Process Name Change'. Below this is a 'Notifications' table with one entry dated 10/30/2018 regarding an approved enrollment document. At the bottom left, a 'Quick Links' section contains a grid of links, with 'Enrollment Wizard' circled in red. On the right side, there are sections for 'My Work' (with 'In Progress' and 'Completed' tabs), 'Forms and Websites' (with a table of links for 'Tax'), and 'Favorites' (with an 'Add/Modify Favorites' link).

Date	Type	Message	URL	Delete
10/30/2018	Alert	Employee Benefits Enrollment Document 10301800000000000359 has been approved and processed successfully More		

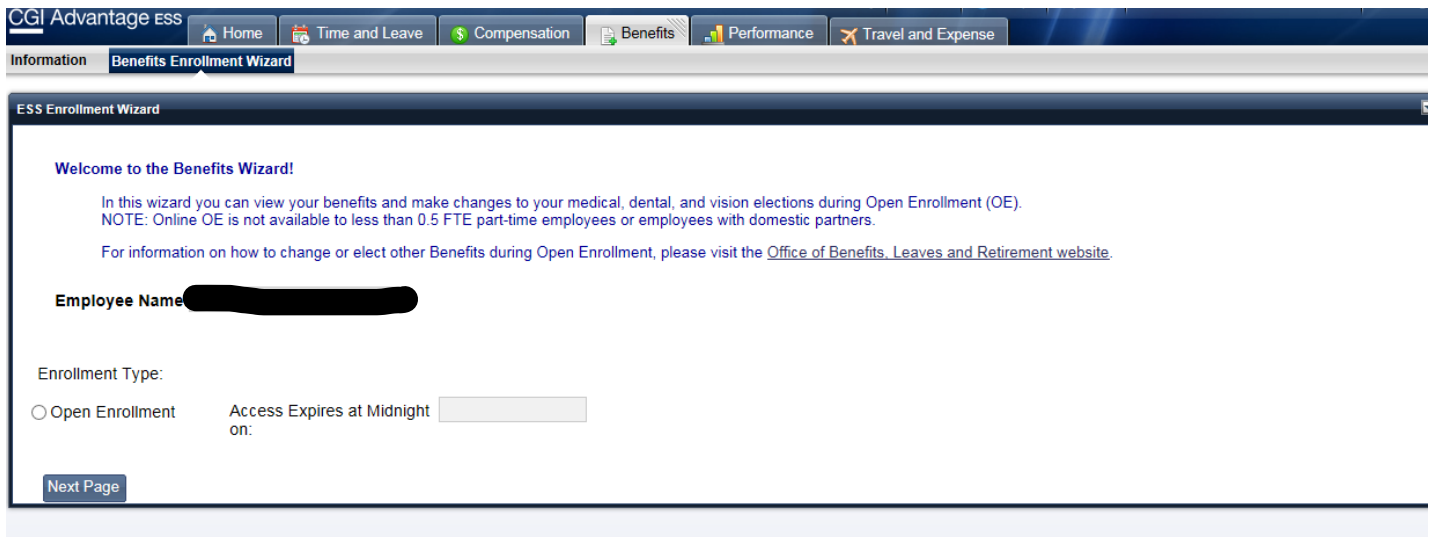
Topic	Description	Department	Link
Tax	STATE TAX	ALL	https://

Enrollment Wizard	View/Set up Direct Deposit
View Employee Benefits and Deductions	View Issued Checks/Advices
Create Federal W-4	

- Employees who choose to access by clicking on the Benefits tab, must then click “Benefits Enrollment Wizard” once the Benefits tab has loaded.



- The Benefits Enrollment Wizard has loaded when you are able to view the page below. Please review the important information listed on this page. As a reminder, the Benefits Enrollment Wizard can be used to make changes to medical, dental, and vision benefits only.
- When ready, click the radio button for “Open Enrollment,” and then click “next page.”



- The first page you will be directed to will be your Medical benefits elections.

- On this page you will see directions on how to change your medical benefit. You must select the new benefit, coverage level, and confirm or modify any covered dependents.
- If you wish to make no changes, simply click "Next Page," or reselect your current enrollment. Your current enrollment is listed on this page for your convenience.
- To cancel your medical benefits for yourself and any covered dependents, click "Waive." Once waived, your existing coverage will terminate as of 12/31/19.

CGI Advantage ESS

Home Time and Leave Compensation Benefits Performance Travel and Expense

Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Medical

To change your medical benefit, you must select the new Benefit, Coverage Level, and confirm or modify Persons Covered below.
 To make no changes, either click "Next Page" below, or re-select your Current Enrollment.
 To cancel your medical benefits for yourself and any covered dependents click "Waive."
 Once your selections are complete, click "Next Page."

Current Enrollment: CIGNA OAPIN (IN NETWORK) Coverage Level: PARENT/CHILD
 Dependent Name(s): [REDACTED]

Benefit	Coverage Level	Persons Covered	Summary
<input type="radio"/> CIGNA OAP (IN/OUT NETWORK)	<input type="radio"/> FAMILY		
<input type="radio"/> CIGNA OAPIN (IN NETWORK)	<input type="radio"/> INDIVIDUAL		
<input type="radio"/> KAISER PERMANENTE HMO	<input type="radio"/> PARENT/CHILD		
<input type="radio"/> Waive	<input type="radio"/> TWO ADULTS		
	<input type="radio"/> PARENT/CHILD		

Next Page > Exit

- As you see below, you must click "Confirm or Modify Persons Covered."

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ESS Enrollment Wizard

Benefits - Dental

To change your dental benefit, you must select the new Benefit, Coverage Level, and confirm or modify Persons Covered below.
 To make no changes, either click "Next Page" below, or re-select your Current Enrollment.
 To cancel your dental benefits for yourself and any covered dependents click "Waive."
 Once your selections are complete, click "Next Page."

Current Enrollment: CAREFIRST REGIONAL DENTAL PPO Coverage Level: PARENT/CHILD
 Dependent Name(s): [REDACTED]

Benefit	Coverage Level	Persons Covered	Summary
<input checked="" type="radio"/> CAREFIRST REGIONAL DENTAL PPO	<input checked="" type="radio"/> FAMILY	Confirm or Modify Persons Covered	Employee Cost:\$17.76
<input type="radio"/> CAREFIRST REGIONAL DENTAL TRADITIONAL	<input type="radio"/> INDIVIDUAL		Employer Cost:\$32.98
<input type="radio"/> CIGNA DENTAL DHMO	<input type="radio"/> PARENT/CHILD		Deduction Frequency:Biweekly
<input type="radio"/> Waive	<input type="radio"/> TWO ADULTS		
	<input type="radio"/> PARENT/CHILD		

< Prior Page Next Page > Exit

- The pop-up screen below will populate. To select an **existing** dependent (a spouse or child whom you have covered in the past or are currently covering) select “Add Existing Dependent” and choose the dependents you wish to cover.

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Home Time and Leave Compensation Benefits Performance Travel and Expense

Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Dental

To change your dental benefit, you must select the new Benefit, Coverage Level, and confirm or modify Persons Covered below.
 To make no changes, either click "Next Page" below, or re-select your Current Enrollment.
 To cancel your dental benefits for yourself and any covered dependents click "Waive."
 Once your selections are complete, click "Next Page."

Current Enrollment: CAREFIRST REGIONAL DENTAL PPO Coverage Level: PARENT/CHILD

Dependent Name(s): [REDACTED]

Benefit	Coverage Level	Persons Covered	Summary
<input checked="" type="radio"/> CAREFIRST REGIONAL DENTAL PPO	<input checked="" type="radio"/> FAMILY	Confirm or Modify Persons Covered	Employee Cost:\$17.76 Employer Cost:\$32.98 Deduction Frequency:Biweekly
<input type="radio"/> CAREFIRST REGIONAL DENTAL TRADITIONAL			
<input type="radio"/> CIGNA DENTAL DHMO			
<input type="radio"/> Waive			

Confirm or Modify Person(s) Covered

Employee Name : NASRENE MIRJAFARY

Please select the Remove button to remove persons covered by the benefit.

	Person Covered	Relationship
[REDACTED]	[REDACTED]	DEPENDENT
[REDACTED]	[REDACTED]	DEPENDENT

Add New Dependent Add Existing Dependent

Close

- To add a **new** dependent (a spouse or child whom you have not covered previously) select “Add New Dependent.”

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Home Time and Leave Compensation Benefits Performance Travel and Expense

Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Dental

To change your dental benefit, you must select the new Benefit, Coverage Level, and confirm or modify Persons Covered below.
 To make no changes, either click "Next Page" below, or re-select your Current Enrollment.
 To cancel your dental benefits for yourself and any covered dependents click "Waive."
 Once your selections are complete, click "Next Page."

Current Enrollment: CAREFIRST REGIONAL DENTAL PPO Coverage Level: PARENT/CHILD

Dependent Name(s): [REDACTED]

Benefit	Coverage Level	Persons Covered	Summary
<input checked="" type="radio"/> CAREFIRST REGIONAL DENTAL PPO	<input checked="" type="radio"/> FAMILY	Confirm or Modify Persons Covered	Employee Cost:\$17.76 Employer Cost:\$32.98 Deduction Frequency:Biweekly
<input type="radio"/> CAREFIRST REGIONAL DENTAL TRADITIONAL			
<input type="radio"/> CIGNA DENTAL DHMO			
<input type="radio"/> Waive			

Confirm or Modify Person(s) Covered

Employee Name : NASRENE MIRJAFARY

Please select the Remove button to remove persons covered by the benefit.

	Person Covered	Relationship
[REDACTED]	[REDACTED]	DEPENDENT
[REDACTED]	[REDACTED]	DEPENDENT

Add New Dependent Add Existing Dependent

Close

- When adding a **new** dependent, the pop-up below will appear. You must enter all information for your new dependent. You must include a social security number, and complete all other fields marked with an asterisk (*). When adding a spouse, you must also include your wedding date.
- **Please note**, when adding a dependent, you must submit a copy of your marriage license (when adding a spouse), or a copy of a birth certificate (for each dependent child you add). This information must be sent to the Office of Benefits, Leaves, and Retirement either by email at: benefits@bcps.org, fax to 410-887-8950, or interoffice to Benefits, Greenwood Building B, in order for your dependent enrollment to be complete.

The screenshot shows the 'ESS Enrollment Wizard' interface. At the top, there are navigation tabs for 'Home', 'Time and Leave', 'Compensation', 'Benefits', 'Performance', and 'Travel and Expense'. The 'Benefits' tab is active, and the 'Benefits Enrollment Wizard' is open. The main content area is titled 'Benefits - Vision' and contains instructions: 'To change your vision benefit, you must select the new Benefit, Coverage Level, and confirm or modify Persons Covered below. To make no changes, either click "Next Page" below, or re-select your Current Enrollment. The vision benefit is free for all employee .5FTE or higher; therefore, you cannot waive coverage and the lowest coverage level you can choose is Individual. Once your selections are complete, click "Next Page."' Below the instructions, there are two tabs: 'Current Enrollment' and 'Add New Dependent'. The 'Add New Dependent' tab is selected, and a form is displayed. The form is titled 'Add Dependent' and includes the following fields: 'Dependent Name(s)', 'Benefit' (with 'CAREFIRST D' selected), 'First Name', 'Middle Name', 'Last Name', 'Suffix' (with 'Optional' selected), 'Birth Date', 'Gender' (with 'Select' selected), 'Relationship' (with 'Select' selected), 'Wedding Date', 'Divorce/Separated Date', 'Social Security Number', 'SSN Applied For', 'Disabled', and 'Student'. There are 'Apply Changes' and 'Cancel Changes' buttons at the bottom of the form. On the left side of the form, there are buttons for 'Deselect Benefit' and '< Prior Page'.

- Once complete, click "Apply Changes" and then select "Next Page" to advance to the next benefit.

- Once Medical, Dental, and Vision benefits have all been completed, you will be directed to the Summary of Enrollment Selections.
- The Summary of Enrollment Selections details the benefits you have elected, and the dependents you will be covering.

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Home Time and Leave Compensation Benefits Performance Travel and Expense

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[1/2]: Not authorized to create new document.

Summary of Enrollment Selections - Not Submitted Yet

This is the final step of the Open Enrollment process! Review your elections below and click "Submit Enrollment" to submit your elections.

Please select the icon next to the coverage level to see the persons covered by the benefit.

Reference Number
Employee Name [REDACTED]

BENEFITS

Deduction	Person(s) Covered	Coverage Level	Goal	Employee Out-of-Pocket Cost	Amount Paid by Employer	Coverage Period Starts
BASIC LIFE INSURANCE		INDIVIDUAL	0.00	0.00	1.62	10/01/2015
CAREFIRST DAVIS VISION		INDIVIDUAL	0.00	0.00	1.31	01/01/2020
CAREFIRST REGIONAL DENTAL PPO		FAMILY	0.00	17.76	32.98	01/01/2020

BENEFITS WAIVED

Waive Benefit Coverage Type
Medical

PERSONAL DEDUCTIONS

Deduction	Goal	Employee Out-of-Pocket Cost	Pay Check Deduction Starts	Pay Check Goal is Met
No Personal Deductions were selected for enrollment				

< Prior Page Exit Email Submit Enrollment

- To verify the person covered, click the icon of the person circled in red below. The pop-up shown below will appear.

BENEFITS

Deduction	Person(s) Covered	Coverage Level	Goal	Employee Out-of-Pocket Cost	Amount Paid by Employer	Coverage Period Starts
BASIC LIFE INSURANCE		INDIVIDUAL	0.00	0.00	1.62	10/01/2015
CAREFIRST DAVIS VISION		INDIVIDUAL	0.00	0.00	1.31	01/01/2020
CAREFIRST REGIONAL DENTAL PPO		FAMILY	0.00	17.76	32.98	01/01/2020

BENEFITS WAIVED

Waive Benefit Coverage Type
Medical

CAREFIRST REGIONAL DENTAL PPO

Employee Name [REDACTED]

Person Covered	Relationship	Primary Care Physician
[REDACTED]	DEPENDENT	
[REDACTED]	DEPENDENT	

Close

- Once you have reviewed and verified your elections, click the “Submit Enrollment” button circled below. **Your elections are not complete until you have submitted your enrollment.**

CGI Advantage ESS

Home Time and Leave Compensation Benefits Performance Travel and Expense

Information Benefits Enrollment Wizard

ESS Enrollment Wizard

(1/2): Not authorized to create new document.

Summary of Enrollment Selections - Not Submitted Yet

This is the final step of the Open Enrollment process! Review your elections below and click "Submit Enrollment" to submit your elections.

Please select the icon next to the coverage level to see the persons covered by the benefit.

Reference Number: [REDACTED]
Employee Name: [REDACTED]

BENEFITS

Deduction	Person(s) Covered	Coverage Level	Goal	Employee Out-of-Pocket Cost	Amount Paid by Employer	Coverage Period Starts
BASIC LIFE INSURANCE		INDIVIDUAL	0.00	0.00	1.62	10/01/2015
CAREFIRST DAVIS VISION		INDIVIDUAL	0.00	0.00	1.31	01/01/2020
CAREFIRST REGIONAL DENTAL PPO		FAMILY	0.00	17.76	32.98	01/01/2020

BENEFITS WAIVED

Waive Benefit Coverage Type

Medical

PERSONAL DEDUCTIONS

Deduction	Goal	Employee Out-of-Pocket Cost	Pay Check Deduction Starts	Pay Check Goal is Met
No Personal Deductions were selected for enrollment				

< Prior Page Exit **Submit Enrollment**

- Once elections have been submitted, you may print a copy of your summary, or email a copy of your summary to yourself.
- If after you’ve submitted your enrollment, you decide to make additional changes, you may re-enter the Wizard and re-elect your benefits as frequently as necessary before the close of Open Enrollment.
- Open Enrollment closes on October 31st, and no changes will be accepted after this date.
- If you complete your enrollment via the Benefits Enrollment Wizard in ESS, you do not need to also complete a paper form. In fact, our office prefers that you only complete either a paper form, or the Benefits Enrollment Wizard, but not both unless necessary.

Please contact the [Office of Benefits, Leaves, and Retirement](#) with any questions. We can be reached at 443-809-8943 or by email at benefits@bcps.org.