# Employee Self-Service (ESS) User Guide

To make elections using the Employee Self Service (ESS) portal, follow the instructions below. If you have any difficulties, please review the FAQ's page (last page in this document) before contacting the HR Benefits Unit.

Logging in to ESS

1) Go to https://ess.sonomacounty.ca.gov .
    a. Enter your login credentials
    b. If you are unable to remember your password, select 'Forgot your password? Click Here'
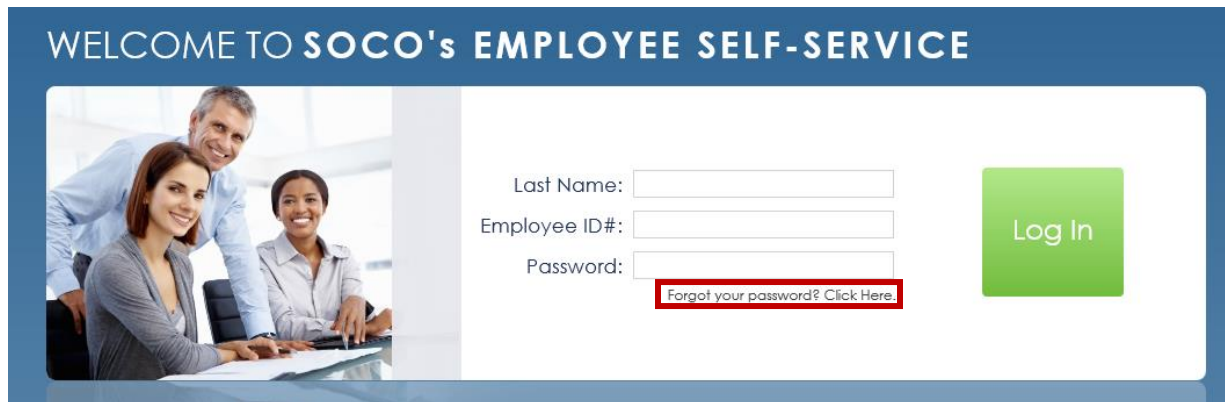
2) Click on the Menu tab in the upper left corner of the screen to open the ESS menu. Next, click on 'Benefits' to open the sub menu, then on 'Annual Enrollment' to begin.
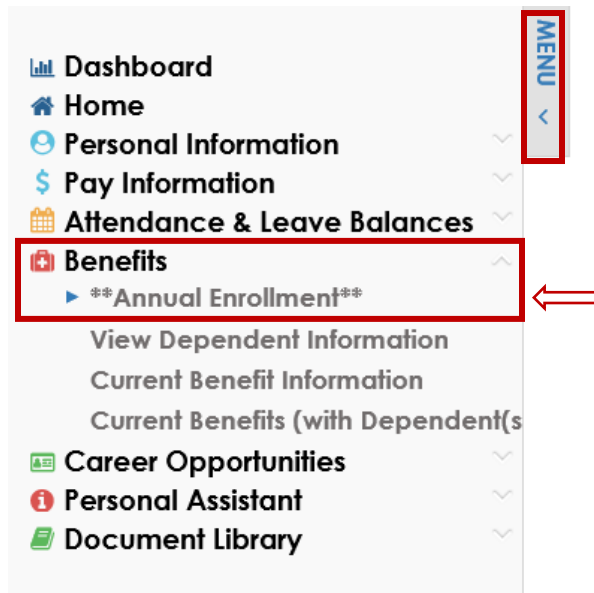
Tab 1. Dependent Review and/or Updates

1) Review your current contacts (emergency and benefit eligible dependents)

We encourage you to visit the *Annual Enrollment Webpage* before making plan and/or dependent changes. For help navigating ESS, please review the *Annual Enrollment Instructions*

CURRENT DEPENDENT/EMERGENCY CONTACT INFORMATION.

First Name	Last Name	Middle Name	Phone #	Extn	Depdendent	Emergency
BUDDY	STONE				Yes	No
EMMA	STONE				Yes	No
JACK	STONE				Yes	Yes
MIA	STONE				Yes	No

CURRENT DEPENDENT DETAILS

First Name : BUDDY   Address 1 :   Disabled : ☐

Last Name : STONE   Address 2 :   Student Indicator : ☐

Relation : Son   City :   Dependent : ☑

Date of Birth : 01-Jan-2004   State, Country :   Emergency : ☐

Age : 16   Zip Code :   Spouse : ☐

Gender : Male   Phone # :

S.S.N. : 345-67-8901   Extn :

Alt. Phone # :

Alt. Phone Extn :

E-mail :

Cellular # :

Click here to add or update dependent information.

2) If you need make changes to your dependents or emergency contacts, select the green box 'Click here to View/Edit Dependents AFTER Reviewing the Information Below', in the bottom left corner on Tab 1.

Last Name : STONE   Address 2 :

Relation : Son   City :

Date of Birth : 01-Jan-2004   State, Country :

Age : 16   Zip Code :

Gender : Male   Phone # :

S.S.N. : 345-67-8901   Extn :

Alt. Phone # :

Alt. Phone Extn :

E-mail :

Cellular # :

Click here to add or update dependent information.

3) If you need to add a dependent or emergency contact click on the green plus above the dependent list.

  a. If a dependent is currently, or has ever been enrolled, in County medical benefits, the Dependent box will be checked.

  b. You *cannot* delete anyone from contacts.

  c. Social Security Numbers, Dates of Birth and Gender are required by law for any dependents enrolled, or enrolling, in medical benefits.

CURRENT CONTACTS-CLICK ON THE GREEN PLUS TO ADD A DEPENDENT OR EMERGENCY CONTACT

First Name	Last Name	Phone #	Extn	Dependent	Emergency	Relation	Age
BUDDY	STONE			Yes	No	Son	16
EMMA	STONE			Yes	No	Daughter	20
JACK	STONE			Yes	Yes	Spouse	50
MIA	STONE			Yes	No	Daughter	18

4) If you need to update a dependent or emergency contact, select the name of the individual from the table and make any necessary changes in the Contact Details section below the table.

CURRENT CONTACTS-CLICK ON THE GREEN PLUS TO ADD A DEPENDENT OR EMERGENCY CONTACT

First Name	Last Name	Phone #	Extn	Dependent	Emergency	Relation	Age	Spouse
BUDDY	STONE			Yes	No	Son	16	No
EMMA	STONE			Yes	No	Daughter	20	No
JACK	STONE			Yes	Yes	Spouse	50	Yes
MIA	STONE			Yes	No	Daughter	18	No

Only enter an address if it is different from yours, otherwise leave it blank.

CONTACT DETAILS

* First Name : BUDDY
* Last Name : STONE
Gender : Male
S.S.N. : 345-67-8901
Address 1 :
Address 2 :
City :
State, Country :
Zip Code :

Relation : Son
County Empl /Retiree : ☐
Date of Birth : 01-Jan-2004
Phone # :
Extn :
Alt. Phone # :
Alt. Phone Extn :
Cellular # :
E-mail :

Disabled : ☐
Student : ☐
Dependent : ☑
Emergency : ☐
Spouse : ☐

USE THE CHECKBOXES ABOVE TO MAKE YOUR SELECTIONS

CONTACT TYPE
Dependent

5) Once all changes are complete, be sure to click on the disc icon in the top right corner to save any changes, then the green back arrow to return to your enrollment.
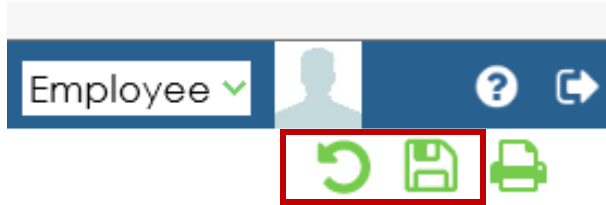
Tab 2. Enter Election Changes

1) Review each plan type (Medical, Dental, Vision and Dependent Life Insurance)
   a. If 'Coverage To Be Decided' is highlighted, you will be **required to make an election** before continuing to tab 3.
   b. If newly electing Sutter Health Plus or Western Health Advantage, you will need to enter the Primary Care Physician (PCP) code on the 'Sign-Arbitration' page. You can find the PCP codes by selecting the link in ESS for Sutter Health Plus or Western Health Advantage

Please review each plan to ensure a plan is selected. If "Coverage To Be Decided" is selected, you will not be able to validate your elections. Please review the Annual Enrollment ESS instructions for guidance prior to contacting HR Benefits Unit.

You must click "Sign-Arbitration" when choosing Medical plans.

If enrolling in Sutter Health Plus or Western Health Advantage, you will need to enter a Primary Care Physician code (PCP). Refer to the provider directories below to obtain the PCP codes.

Sutter Health Plus   **Western Health Advantage**

2) After selecting, or verifying, your medical plan, you will need to sign the arbitration agreement. Click on the green box 'Sign-Arbitration'.
   a. If selecting Sutter Health Plus or Western Health Advantage, enter the PCP code in question 2. If not, leave blank.
   b. Questions 3-7 must all be answered, then select Complete. *If you do not answer all 5 questions, you will not be able to process your elections*.

Plan : Medical

Select/Verify Benefit Recipients by clicking the green magnifying glass : JACK STONE, M

SIGN-ARBITRATION

To Re-Open: Click Here, then reselect Sign-Arbitration

c. If you change Medical providers after signing arbitration, select the green box 'To Re-open: Click Here, then reselect Sign-Arbitration' and follow step 2 above.

Plan : Medical

Select/Verify Benefit Recipients by clicking the green magnifying glass : JACK STONE, MIA ST⊙ 🔍
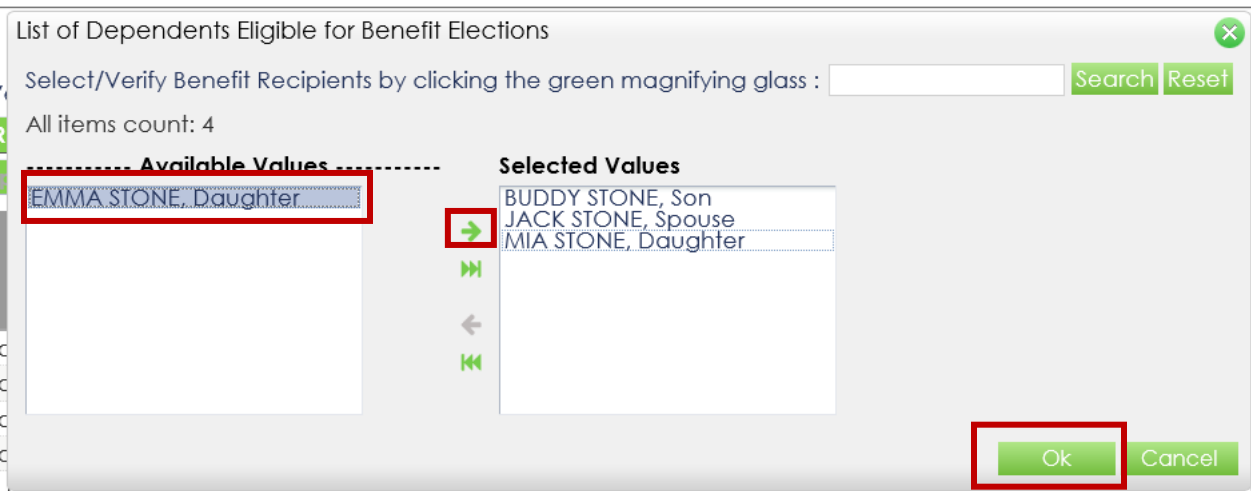
SIGN-ARBITRATION

To Re-Open: Click Here, then reselect Sign-Arbitration

3) To confirm, or add, dependents to each of the selected plans, click on the green magnifying glass.

Plan : Medical

Select/Verify Benefit Recipients by clicking the green magnifying glass : JACK STONE, MIA S⊙ 🔍

    a. In the List of Dependents Eligible for Benefit Elections box, move all eligible dependents you would like to enroll in the benefit plan from the Available Values box to the Selected Values box.
        a. To do this, click on the individuals you would like to move and click on the arrow to move them.
    b. To un-enroll a dependent, move them from the Selected Values box to the Available Values box.
    c. Once the dependents you would like enrolled in the plan are in the Selected Values box, click OK to close the box and continue your elections.

List of Dependents Eligible for Benefit Elections ⊗

Select/Verify Benefit Recipients by clicking the green magnifying glass : [ ] Search Reset

All items count: 4

---------- Available Values ----------   **Selected Values**

EMMA STONE, Daughter

BUDDY STONE, Son
JACK STONE, Spouse
MIA STONE, Daughter

➔
▶▶
←
◀◀

Ok   Cancel

4) Once all elections and dependents have been selected and you have signed the arbitration agreement, click the green box 'Validate Elections' at the bottom of Tab 2.

YOU MUST CLICK "VALIDATE ELECTIONS". CORRECT ANY ERRORS THAT APPEAR AND CLICK "VALIDATE ELECTIONS" AGAIN UNTIL ALL ERRORS ARE CLEARED.

VALIDATE ELECTIONS

Tab 3. Review and Submit Elections

1) Review your elections for accuracy. If changes need to be made, return to Tab 2.

REVIEW THE SUMMARY BELOW THEN PROCEED TO SUBMIT YOUR ELECTIONS

Plan	Level of Coverage	Election Decision	Full-Time Employee Pay Period Deduction	Full-Time County Pay Period Contribution
SUTTER HMO…	Self + 2 IRS Qualified Dependents	Elected, No Change	24.40	889.50
DENTAL-B 2…	Family Coverage	Elected, No Change	0.00	59.22
VISION 24PP	Family Coverage	Elected, No Change	0.00	7.85

Annual Enrollment changes become effective on <u>June 1st</u>. Refer to your **Benefits Guide** for complete details.

2) Review the Employee Authorization and click on the green box 'Submit Elections for Approval'.

Employee Authorization

I agree to comply with the terms of the benefits group contracts in which I am enrolled. I also certify that the information provided is complete, true, and correct to the best of my knowledge

I have also listed my eligible dependent(s) to be added to, or deleted from, the designated benefit plan(s).

I also declare under penalty of perjury that all eligible enrolled dependents meet the plans' eligibility requirements.
All eligible dependents enrolled as IRS Qualified dependents meet the IRC Section 152 definition of a qualified dependent and all others are listed as Non-Qualified dependents.

I understand that to waive medical coverage, the individual must have other group coverage or coverage through Covered CA.

I acknowledge that I have been given the opportunity to enroll myself and my eligible dependents in a County-offered medical plan.

I understand that I/we will not be eligible to enroll in a County-offered medical plan until the plans' next Annual Enrollment Period or the loss of eligibility of other group coverage or Covered CA.

I certify that I have entered a correct Social Security Number for each of my dependents.

If I become eligible to make a change during the plan year, I must submit the Employee Benefits Enrollment/Change Form within 31 days of the qualifying work or life status event.

I authorize the County of Sonoma to withhold insurance premiums for the benefits requested in accordance with the applicable Memorandum of Understanding or Board of Supervisor's resolution.

I authorize the deduction of Federal and State Withholding taxes, Social Security, and Medicare taxes on employee and employer contributions allocated to my IRS Non-Qualified dependent(s).

PLEASE SUBMIT YOUR ELECTIONS FOR APPROVAL BY CLICKING "SUBMIT ELECTIONS FOR APPROVAL" BELOW.

SUBMIT ELECTIONS FOR APPROVAL

3) The Submit Open Enrollment agreement will open. Clicking 'OK' will finalize your elections for Annual Enrollment.

Submit Open Enrollment

Authorization and Agreement: I hereby elect the benefits I have electronically selected. I have read and understand the plan informational materials and I authorize the County of Sonoma to deduct the elected pre-tax Annual Election Amount during the plan year. Contributions withheld will be based on the Annual Election Amount and the number of pay periods remaining in the plan year. I understand that this election is binding and cannot be revoked or modified for the current plan year, except within 31 days of a qualifying event (e.g. marriage, divorce, birth). I further understand that any remaining funds will be forfeited in accordance with the current plan provisions and tax laws. You will electronically sign your election by clicking "OK' now.

OK   Cancel

4) You will receive a pop up confirming your elections have been successfully submitted and an email confirming your elections. Your new elections will be effective June 1, 2023.
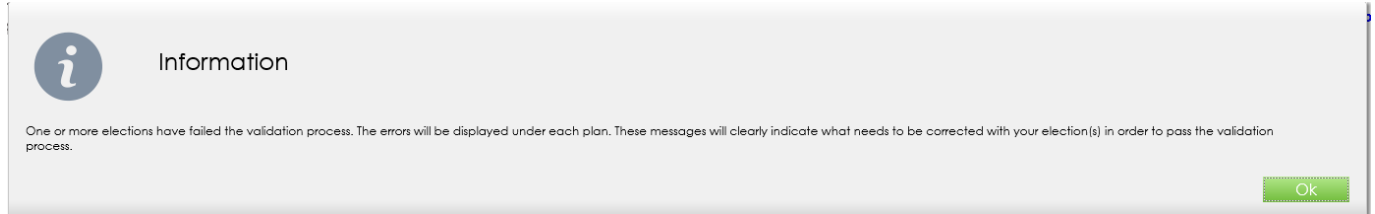
i Information

Thank you for your enrollment! Your benefit elections have been successfully submitted.

Ok

FAQ's

Q-1) Unable to login to ESS.

A-1) If you tried to reset your password, as outlined in Logging into ESS on page 1 of this document, and you were unsuccessful in doing so, please email benefits@sonoma-county.org for further assistance.

Q-2) Error received after clicking Validate Elections.

> **i** Information
>
> One or more elections have failed the validation process. The errors will be displayed under each plan. These messages will clearly indicate what needs to be corrected with your election(s) in order to pass the validation process.
>
> Ok

A-2a) You can find the item that needs to be corrected below the plan election box. In this instance, a selection has not been made for Dependent Life.

Plan : Dependent Life

Plan	Level of Coverage	Select Coverage	Full-Time Employee Pay Period Deduction	Full-Time County Pay Period Coverage
Dependent Life	Dependent Life	○	0.23	0.00
	Coverage Declined	○		
	Coverage To Be Decided	●		

ENSURE ACCURATE SELECTIONS BY CLICKING "VALIDATE ELECTIONS" BELOW. AFTER VALIDATION, PROCEED TO THE "3. UPLOAD REQUIRED DOCUMENTS" TAB.

Please Note : A decision must be made for the plan LIFE-DEPENDENT.

A-2b) If you are unable to locate an error message below one of the plans, verify that you signed the arbitration agreement. If the Sign-Arbitration button is still active you will need to complete that step before validating your elections.

Plan : Medical

Select/Verify Benefit Recipients by clicking the green magnifying glass : TOM CLEM, MIA CLE 🔍

SIGN-ARBITRATION

To Re-Open: Click Here, then reselect Sign-Arbitration

Q-3) Unable to Submit Elections

A-3) You will receive an error message if you have not validated your elections. Return to Q-2, for guidance in validating your elections.

> You cannot submit the enrollment until all of the election options are valid. Go to Tab 2 Select Benefit Plans to correct your elections. The errors which need correcting will show in red.
>
> Ok   Show Details