

## EMPLOYEE SELF SERVICE (ESS) - OPEN ENROLLMENT INSTRUCTIONS

### **Open Enrollment begins in Munis ESS on October 24 and ends November 7, 2023.**

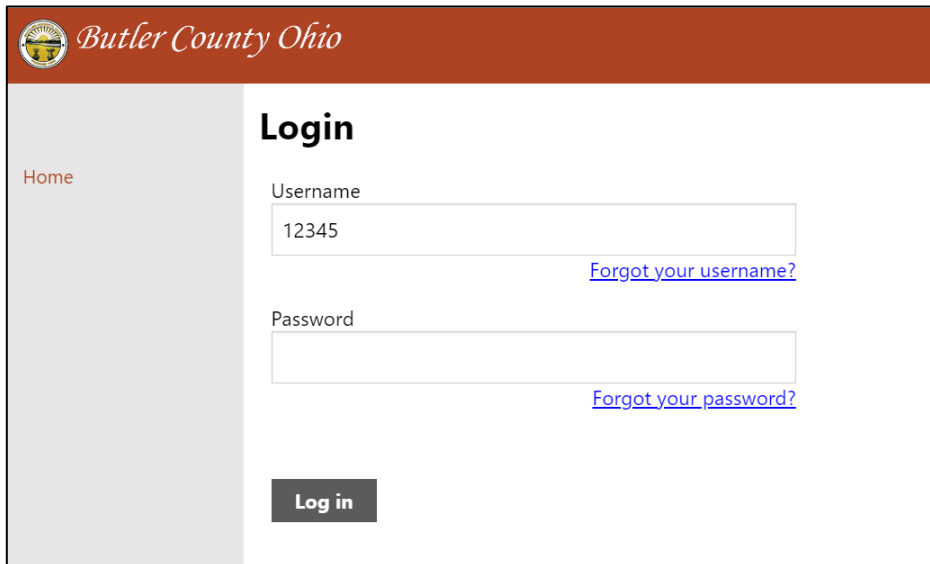
In order to use the ESS portal in MUNIS for 2024 benefit selection, you must know:

- Your Employee ID number
- Your Munis ESS password

Login to ESS by clicking [here](#), or copy & paste the URL below into your web browser:

<https://ess.butlercountyauditor.org/ess/login.aspx>

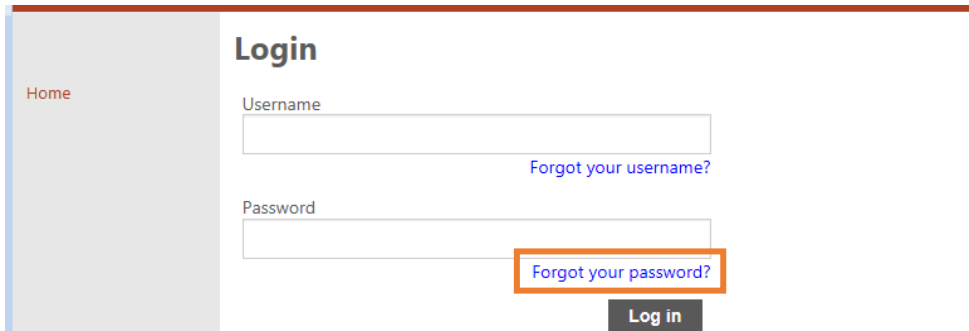
For your reference, below is a screen shot of the Munis employee ESS log-in page:



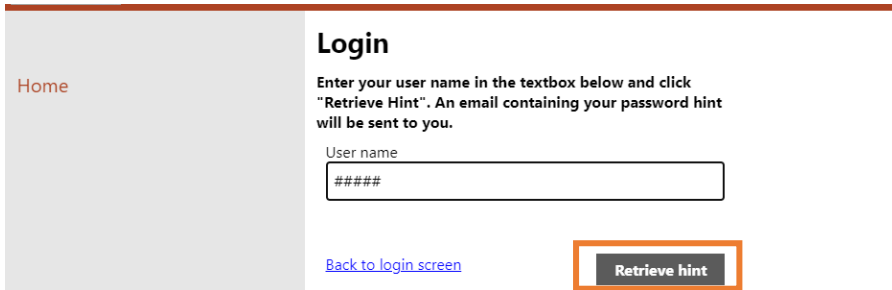
### **Your employee ID number = your Munis/ESS Username**

- This is the 2 - 5 digit ID # used to punch IN / OUT on Kronos clocks
- If you do not know your Employee ID number, reach out to your Payroll contact

Forget your ESS Login password? Click [**Forgot your password?**]



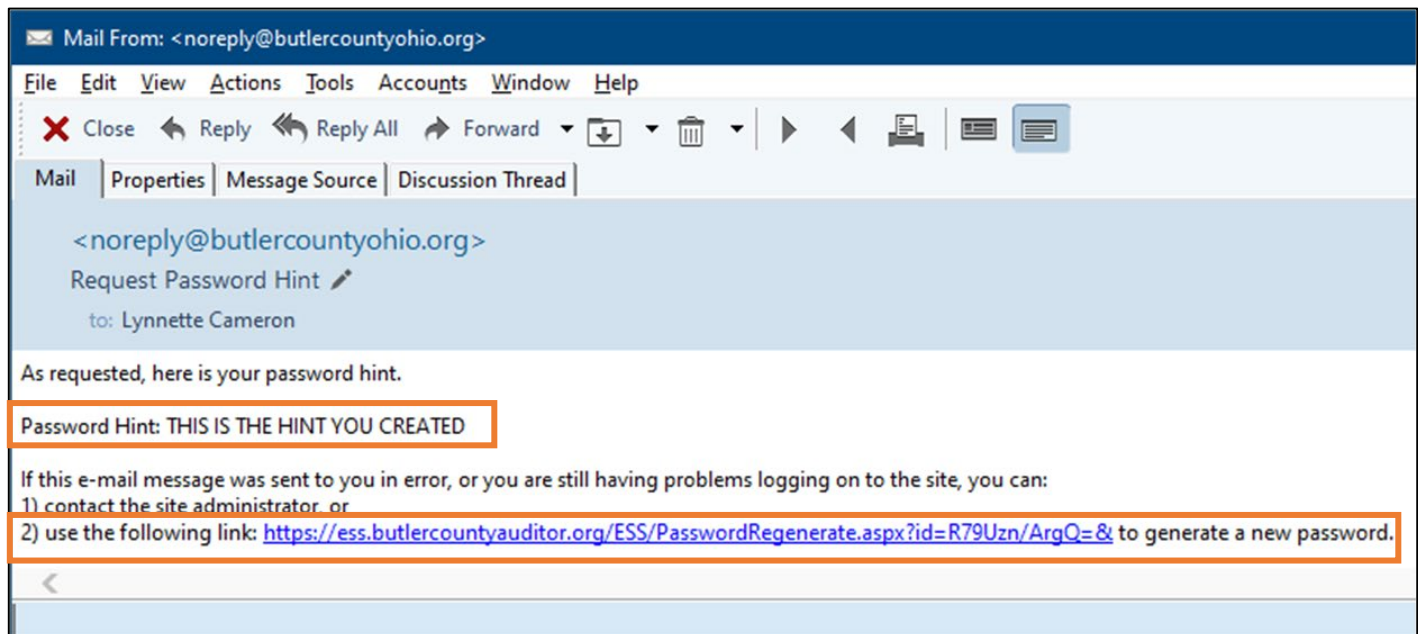
Enter your employee ID as the user name and click [**Retrieve Hint**].



The screenshot shows a web page with a sidebar on the left containing a "Home" link. The main content area is titled "Login" and contains the following text: "Enter your user name in the textbox below and click 'Retrieve Hint'. An email containing your password hint will be sent to you." Below this text is a text input field labeled "User name" containing the text "#####". At the bottom left of the main area is a blue link "Back to login screen". At the bottom right is a button labeled "Retrieve hint" which is highlighted with an orange border.

You will receive an email from [NoReply@butlercountyohio.org](mailto:NoReply@butlercountyohio.org) with a password hint.

If the hint doesn't help, Option 2 link will generate a new password and unlock your account.



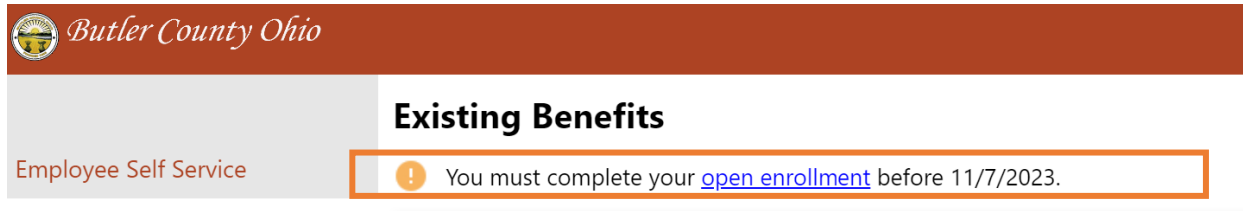
As long as you have a valid email address setup in ESS, you will not need anyone's assistance in getting your password.

If you do not have an email in ESS/Munis, please be sure to add it to your personal information record once you gain access to ESS.

Your Payroll contact can reach out on your behalf if you are unable to access your ESS account, please do not contact the Auditor's office for support.

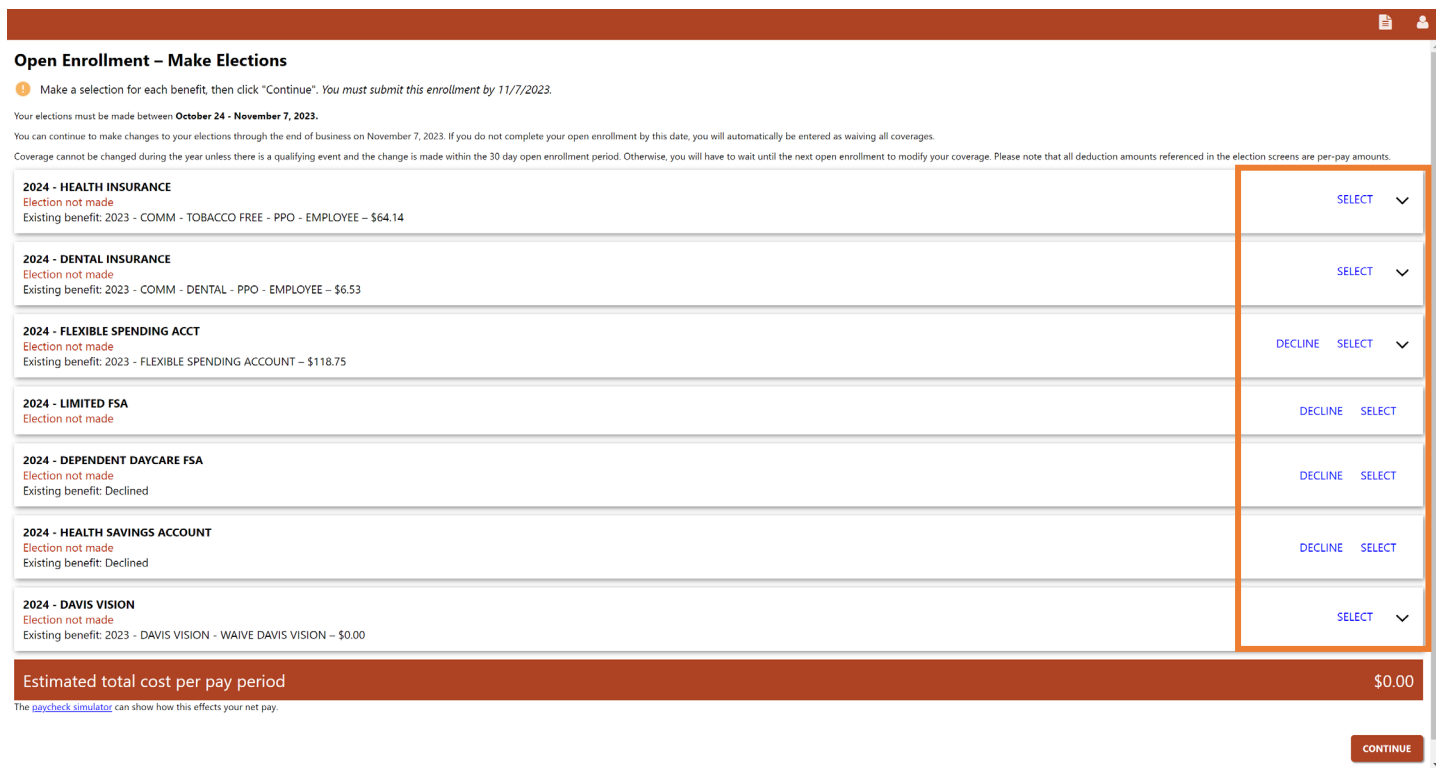
## OPEN ENROLLMENT

Upon logging in, ESS will display a note reminding you to complete open enrollment.



Click [Open Enrollment](#) to go to the next page and make elections.

Each available election will be listed. Either **[Select]** or **[Decline]** each election.



Benefit Name	2024 Status	Existing 2023 Benefit	Actions
2024 - HEALTH INSURANCE	Election not made	2023 - COMM - TOBACCO FREE - PPO - EMPLOYEE - \$64.14	SELECT
2024 - DENTAL INSURANCE	Election not made	2023 - COMM - DENTAL - PPO - EMPLOYEE - \$6.53	SELECT
2024 - FLEXIBLE SPENDING ACCT	Election not made	2023 - FLEXIBLE SPENDING ACCOUNT - \$118.75	DECLINE SELECT
2024 - LIMITED FSA	Election not made		DECLINE SELECT
2024 - DEPENDENT DAYCARE FSA	Election not made	Existing benefit: Declined	DECLINE SELECT
2024 - HEALTH SAVINGS ACCOUNT	Election not made	Existing benefit: Declined	DECLINE SELECT
2024 - DAVIS VISION	Election not made	2023 - DAVIS VISION - WAIVE DAVIS VISION - \$0.00	SELECT

Estimated total cost per pay period: **\$0.00**

[paycheck simulator](#) can show how this affects your net pay.

**CONTINUE**

When you click **[Select]**, ESS will display the various election options:

- Tobacco Free vs. Tobacco User
- High Deductible Health Plan (HDHP) vs PPO
- Coverage Levels: Employee Only, Employee & Spouse, Employee & Children, Family

Select your choice. If you select a choice that implies coverage for dependents, **you are required to add them to the new election.**

If you are enrolling spouses and/or dependents, **you will need their dates of birth and social security numbers.** Medical and dental coverage is available for children up to age 26.

For example, when selecting “Tobacco Free – HDHP – Employee & Family,” ESS will tell you to add coverage for at least 2 dependents.

Select your dependent from the “Add existing dependent” drop down. **If you do not see existing dependents, click [ADD NEW DEPENDENT].**

You will get a window allowing you to add the dependent. Enter their information and click [**Save**]. The dependent will be added to your selection.

When finished adding dependents for this election (and adding dependents), click [**Continue**] at the **BOTTOM** of the page.

You will return to the “**Open Enrollment – Make Elections**” page. Your new 2024 election information will be displayed below the benefit.

2024 - HEALTH INSURANCE		2024 - HEALTH INSURANCE	
2024 - COMM - TOBACCO FREE - PPO - EMPLOYEE – \$64.14		2024 - COMM - TOBACCO FREE - PPO - EMPLOYEE – \$64.14	
Existing benefit: 2023 - COMM - TOBACCO FREE - PPO - EMPLOYEE – \$64.14		Existing benefit: 2023 - COMM - TOBACCO FREE - PPO - EMPLOYEE – \$64.14	
<b>Your new election:</b>		<b>Your existing benefit:</b>	
2024 - COMM - TOBACCO FREE - PPO - EMPLOYEE		2023 - COMM - TOBACCO FREE - PPO - EMPLOYEE	
Pay period employee cost	\$64.14	Pay period employee cost	\$64.14
Pay period employer cost	\$334.33	Pay period employer cost	\$321.18
Annual employee cost	\$1,539.36	Annual employee cost	\$1,539.36
Annual employer cost	\$8,023.92	Annual employer cost	\$7,708.32

There is an “**Election not made**” under the insurance choices in which you still need to choose.

2024 - HEALTH SAVINGS ACCOUNT
<b>Election not made</b>
Existing benefit: Declined

Repeat the same steps for each benefit (i.e. click [**Select**] to enroll, add your dependents if applicable, or click [**Decline**]).

If you need to modify a choice already elected, click [**Edit**].

Your elections must be made between **October 24 - November 7, 2023**.

You can continue to make changes to your elections through the end of business on November 7, 2023. If you do not complete your open enrollment by this date, **you will automatically be entered as waiving all coverages**.

Coverage cannot be changed during the year unless there is a qualifying event and the change is made within the 30 day open enrollment period. Otherwise, you will have to wait until the next open enrollment to modify your coverage. Please note that all deduction amounts referenced in the election screens are per-pay amounts.

2024 - HEALTH INSURANCE	EDIT
2024 - COMM - TOBACCO FREE - PPO - EMPLOYEE – \$64.14	▼
Existing benefit: 2023 - COMM - TOBACCO FREE - PPO - EMPLOYEE – \$64.14	

If desired, click the down arrow to view more information about an election you have made.

2024 - DENTAL INSURANCE		2024 - DENTAL INSURANCE		EDIT
2024 - COMM - DENTAL - PPO - EMPLOYEE – \$6.93		2024 - COMM - DENTAL - PPO - EMPLOYEE – \$6.93		▲
Existing benefit: 2023 - COMM - DENTAL - PPO - EMPLOYEE – \$6.53		Existing benefit: 2023 - COMM - DENTAL - PPO - EMPLOYEE – \$6.53		
<b>Your new election:</b>		<b>Your existing benefit:</b>		
2024 - COMM - DENTAL - PPO - EMPLOYEE		2023 - COMM - DENTAL - PPO - EMPLOYEE		
Pay period employee cost	\$6.93	Pay period employee cost	\$6.53	
Pay period employer cost	\$6.93	Pay period employer cost	\$6.53	
Annual employee cost	\$166.32	Annual employee cost	\$156.72	
Annual employer cost	\$166.32	Annual employer cost	\$156.72	

When you are completely finished, there will **NOT** be any “**Election not made**” listed.

Click [**Continue**] at the bottom of the page.

Estimated total cost per pay period

\$131.07

The [paycheck simulator](#) can show how this effects your net pay.

**CONTINUE**

**REVIEW YOUR ENROLLMENT**

Prior to submitting, you are given an opportunity to review your choices.

Scroll down to review your enrollment. Click [**Modify**] to change or edit your elections.

Once reviewed, click [**Submit**] to finalize your 2024 benefit elections.

**Review your enrollment**

<b>2024 - HEALTH INSURANCE</b>	
<b>2024 - COMM - TOBACCO FREE - PPO - EMPLOYEE</b>	
Pay period employee cost	<b>\$64.14</b>
Pay period employer cost	\$334.33
Annual employee cost	\$1,539.36
Annual employer cost	\$8,023.92
<b>2024 - DENTAL INSURANCE</b>	
<b>2024 - COMM - DENTAL - PPO - EMPLOYEE</b>	
Pay period employee cost	<b>\$6.93</b>
Pay period employer cost	\$6.93
Annual employee cost	\$166.32
Annual employer cost	\$166.32
<b>2024 - FLEXIBLE SPENDING ACCT</b>	
<b>2024 - FLEXIBLE SPENDING ACCOUNT</b>	
Pay period employee cost	<b>\$60.00</b>
Annual employee cost	\$1,440.00
Election amount	\$60.00
<b>2024 - LIMITED FSA</b>	
Declined	
<b>2024 - DEPENDENT DAYCARE FSA</b>	
Declined	
<b>2024 - HEALTH SAVINGS ACCOUNT</b>	
Declined	
<b>2024 - DAVIS VISION</b>	
<b>2024 - DAVIS VISION - WAIVE DAVIS VISION</b>	
Pay period employee cost	<b>\$0.00</b>
Pay period employer cost	\$0.00
Annual employee cost	\$0.00
Annual employer cost	\$0.00
<b>TOTAL PAY PERIOD EMPLOYEE COST</b>	<b>\$131.07</b>
<b>TOTAL ANNUAL EMPLOYEE COST</b>	<b>\$3,145.68</b>


CANCEL    MODIFY

**SUBMIT**

This is your confirmation page. Press **CTRL+P** on your keyboard to print this page.

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### **Confirmation**

 Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

Thank you for making your selections. You might want to print this page as verification of your choices.

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You will receive a confirmation email from [NoReply@butlercountyohio.org](mailto:NoReply@butlercountyohio.org) with a subject of "Benefits Enrollment Summary."

**Your 2024 Open Enrollment is now COMPLETE. Thank you!**