



OPEN ENROLLMENT OVERVIEW

- **How to complete your ESS Benefits Enrollment**

<http://ess.fultoncountyga.gov>

https://ess.fultoncountyga.gov/webapp/ESSAPROD/ESS

Fulton County ESS Login

CGI Advantage ess

User Login

User Name: 0000012345

Password: ●●●●●●●

Login Reset

[Forgot Your Password?](#)

[ESS Questions and Instructions](#)

Press CTRL+D to bookmark Fulton County ESS

Login with your Employee ID and personal password

Information

Benefits Enrollment Wizard

Welcome!



HPWEL - Welcome ! Choose a link below to view your profile information and password.

[View Profile](#)

[Update Emergency Contact](#)

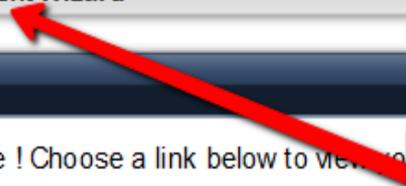
[Pas sword Management](#)

[Update Address](#)

[Process Name Change](#)

[View Licenses and Certifications](#)

Click "**Benefits Enrollment Wizard**"



Notifications

| Date | Type | Message | URL | Delete |
|------|------|---------|-----|--------|
|------|------|---------|-----|--------|

ESS Enrollment Wizard

Welcome to the new 2022 Open Enrollment Benefit Wizard, the latest offering in 24-hour employee self-service! You will be able to review your current coverage elections and confirm/maintain your benefits and dependent coverage.

ALL BENEFIT ELIGIBLE EMPLOYEES HIRED ON OR BEFORE AUGUST 31ST, 2021- MUST COMPLETE ENROLLMENT THROUGH THE ESS BENEFIT WIZARD TO ENSURE COVERAGE FOR 2022!

IMPORTANT REMINDERS: If you enroll in Medical Coverage for 2022, you must complete the Tobacco-Use Attestation BY OCTOBER 15th, 2021 to avoid the \$25 biweekly/\$50 monthly surcharge.

Employee Name: [Redacted]

Step 1 - Click the radio button to the left of "Open Enrollment"

Enrollment Type:

Open Enrollment

Access Expires at Midnight on: []

Welcome to Open Enrollment! You have until **Friday, October 15th, 2021** to enroll or alter your benefits.

Failure to complete your enrollment selections by the October 15th open enrollment deadline will result in the medical plan defaulting to Kaiser HMO for you and any covered dependents with no dental and vision coverage for the 2022 plan year.

If you currently waived medical coverage and do not make any changes during open enrollment, you will continue with waived medical coverage in 2022. If you currently waive medical coverage BUT you are enrolled in the dental and vision, you MUST enroll through ESS to keep those plans.

PLEASE NOTE: Proof of other Medical Coverage is required by October 15th. Please provide supporting documentation to Employee Benefits via email employeebenefits@fultoncountygga.gov or via fax (404) 612-3675 before the enrollment period ends.

To review and enroll for 2022 Voluntary Benefits, click [here](#)

Step 2 - Click "Next Page"

ESS Enrollment Wizard

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Employee Name

Enrollment Type:

Open Enrollment

Access Expires at Midnight on:

09/23/2021

Click "Continue with Enrollment"

Welcome to Open Enrollment! You have until **Friday, October 15th, 2021** to enroll or alter your benefits.

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Continue Enrollment Confirmation

Continue Enrollment

Continue with Enrollment Exit the Wizard

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To review and enroll for 2022 Voluntary Benefits, click [here](#)

Next Page

ESS Enrollment Wizard

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons

Step 2 - Select level of coverage

Current Enrollment: K **Step 1 - Select benefit coverage** PLUS FAMILY

Dependent Name: J. P.

| Benefit | Coverage Level | Persons Covered | Summary |
|---|--|-----------------|---------|
| <input type="radio"/> ANTHEM BCBS HMO PLAN | <input type="radio"/> Employee Plus Dependent | | |
| <input type="radio"/> BCBS HEALTH SAVINGS ACCOUNT (HSA) | <input type="radio"/> Employee Plus Family | | |
| <input type="radio"/> BCBS POINT OF SERVICE PLAN (POS) | <input type="radio"/> Employee only | | |
| <input type="radio"/> KAISER HMO PLAN | <input type="radio"/> COVERED BY COUNTY SPOUSE | | |
| <input type="radio"/> WAIVE HEALTH COVERAGE | <input type="radio"/> WAIVED COVERAGE | | |

Next Page >

Exit

Medical

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Home Time and Leave Compensation Benefits Performance Workers' Comp

Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Medical

Please confirm the coverage for the following benefit by clicking the Confirm or Modify Persons Covered button.

If Employee Plus Dependent or Employee Plus Family is selected, identify persons to be covered by clicking "Confirm or Modify Persons Covered."

Current Enrollment: K
Dependent Name(s): F

| Benefit | Coverage Level | Persons Covered | Summary |
|---|---|---|------------------------------|
| <input checked="" type="radio"/> ANTHEM BCBS HMO PLAN | <input type="radio"/> Employee Plus Dependent | Confirm or Modify Persons Covered | Employee Cost:\$185.86 |
| <input type="radio"/> BCBS HEALTH SAVINGS ACCOUNT (HSA) | <input checked="" type="radio"/> Employee Plus Family | | Employer Cost:\$743.42 |
| <input type="radio"/> BCBS POINT OF SERVICE PLAN (POS) | <input type="radio"/> Employee only | | Deduction Frequency:Biweekly |
| <input type="radio"/> KAISER HMO PLAN | | | |
| <input type="radio"/> WAIVE HEALTH COVERAGE | | | |

Next Page > Exit

ESS Enrollment Wizard

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered button.

Current Enrollment: KAISER HMO PLAN Coverage Level: EMPLOYEE PLUS FAMILY

Dependent Name(s):

Select "Add New Dependent" or "Add Existing Dependent"

- ANTHEM BCBS HMO
- BCBS HEALTH SAVINGS ACCOUNT (HSA)
- BCBS POINT OF SERVICE PLAN (POS)
- KAISER HMO PLAN
- WAIVE HEALTH COVERAGE

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

| | Person Covered | Relationship | Primary Care Physician | Primary Care Physician Look Up |
|---------------------------------------|----------------|--------------|------------------------|--------------------------------|
| <input type="button" value="Remove"/> | | | | |

[Add New Dependent](#) [Add Existing Dependent](#)

| Summary |
|------------------------------|
| Employee Cost:\$185.86 |
| Employer Cost:\$743.42 |
| Deduction Frequency:Biweekly |

Next Page > Exit

Close

Benefits - Medical

Please confirm the correct dependents are being covered for this enrollment.

Current Enrollment: ANTHEM BCBS POINT OF SERVICE PLAN (POS)

Dependent Name(s): DOE, JOHN; DOE, JANE

Benefit

- ANTHEM BCBS HEALTH SAVINGS ACCOUNT (HSA)
- ANTHEM BCBS HMO PLAN
- ANTHEM BCBS POINT OF SERVICE PLAN (POS)
- KAISER HMO PLAN
- WAIVE HEALTH COVERAGE

Deselect Benefits

Next Page > Exit

Add Dependent

Please add ELIGIBLE DEPENDENT below. If you do not have supporting documentation on hand, please save and exit, return when you have the missing required information before the enrollment period ends. Once ELIGIBLE DEPENDENT has been added and enrollment submitted, please provide supporting documentation to employeebenefits@fultoncountyga.gov or via fax (404)612-3675 before the enrollment period ends. If supporting documentation is not received your dependents will not be added to coverage.

*First Name:

Middle Name:

*Last Name:

Suffix: Optional

*Birth Date:

*Gender: Select

*Relationship: Select

Wedding Date:

Divorce/Separated Date:

Social Security Number:

SSN Applied For:

Disabled:

Student:

Please Note: When adding a dependent, **ALL** dependents' social security numbers (*requirement of the Presidential Healthcare Law*), marriage certificate, birth certificate, or confirmation of birth, must be provided to the Benefits Office by October 9th. Without the supporting documents, the process of adding your dependent(s) to coverage may be delayed or denied.

Apply Changes

Cancel Changes

Summary

Employee Cost \$264.66
Employer Cost \$793.98
Deduction Frequency: Every Paycheck

ESS Enrollment Wizard

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered button.

Current Enrollment: BCBS POINT OF SERVICE PLAN (POS) Coverage Level: EMPLOYEE ONLY

Dependent Name(s):

| Benefit | Coverage Level | Persons Covered | Summary |
|---|--|---|-------------------------------|
| <input checked="" type="radio"/> ANTHEM BCBS HMO PLAN | <input checked="" type="radio"/> Employee Plus Dependent | Confirm or Modify Persons Covered | Employee Cost:\$136.97 |
| <input type="radio"/> BCBS HEALTH SAVINGS ACCOUNT (HSA) | <input type="radio"/> Employee Plus Family | | Employer Cost:\$547.88 |
| <input type="radio"/> BCBS POINT OF SERVICE PLAN (POS) | <input type="radio"/> Employee only | | Deduction Frequency: Biweekly |
| <input type="radio"/> KAISER HMO PLAN | | | |
| <input type="radio"/> WAIVE HEALTH COVERAGE | | | |

Next Page > Exit

Select the dependent to be covered and click "Add to Benefit"

Add Existing Dependent

Existing Dependents

Please check the dependent(s) you want to be added to the Benefit for coverage and select Add To Benefit button.

| First Name | Middle Name | Last Name | Relationship |
|-------------------------------|-------------|-----------|--------------|
| <input type="checkbox"/> JOHN | | DOE | SON |

[Add To Benefit](#) [Cancel](#)

Confirm or Modify Person(s) Covered

Employee Name : [REDACTED]

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

| | Person Covered | Relationship | Primary Care Physician | Primary Care Physician Look Up |
|--|----------------|--------------|------------------------|--------------------------------|
| | | JOHN DOE | SON | |

[Add New Dependent](#) [Add Existing Dependent](#)

[Close](#)

Dental

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Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Dental

Please confirm the correct dependents and coverage level for each dependent. **Step 1 - Select benefit coverage** Confirm or Modify Person **Step 2 - Select level of coverage**

Current Enrollment: DENTAL PPO PLAN

Dependent Name(s):

| Benefit | Coverage Level | Persons Covered | Summary |
|--|--|---|------------------------------|
| <input type="radio"/> DENTAL HMO PLAN | <input checked="" type="radio"/> Employee Plus Dependent | Confirm or Modify Persons Covered | Employee Cost:\$8.80 |
| <input checked="" type="radio"/> DENTAL PPO PLAN | <input type="radio"/> Employee Plus Family | | Employer Cost:\$26.69 |
| <input type="radio"/> WAIVE DENTAL COVERAGE | <input type="radio"/> Employee only | | Deduction Frequency:Biweekly |

< Prior Page Next Page > Exit

VISION

ESS Enrollment Wizard

Benefits - Vision

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered button.

Step 1 - Select benefit coverage

NEW for 2022! Vision plan premiums are changing to a 3-tier rate structure

You can waive coverage by clicking the appropriate waive plan

OR

Select coverage for Employee Only or Employee Plus Dependent or Employee Plus Family

Step 2 - Select level of coverage

Current Enrollment: Coverage Level:

Dependent Name(s):

| Benefit | Coverage Level | Persons Covered | Summary |
|---|--|-----------------|---------|
| <input type="radio"/> VISION INSURANCE | <input type="radio"/> Employee Plus Dependent | | |
| <input type="radio"/> WAIVE VISION COVERAGE | <input type="radio"/> Employee Plus Family | | |
| | <input type="radio"/> Employee only | | |
| | <input type="radio"/> COVERED BY COUNTY SPOUSE | | |
| | <input type="radio"/> WAIVED COVERAGE | | |

Deselect Benefits

Life Insurance

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Home

Time and Leave

Compensation

Benefits

Performance

Workers' Comp

Information Benefits Enrollment Wizard

Benefits - Life Insurance

****Please select the Supplement Life Insurance plan you want to enroll in. You may only elect one of the coverage levels offered below. ****

If you do not wish to elect Supplemental Life Insurance, Select WAIVE SUPPLEMENTAL LIFE INSURANCE.

You may also elect Dependent Life Insurance coverage for your dependent(s). If you do not wish to elect Dependent Life Insurance, Select WAIVE DEPENDENT LIFE INSURANCE.

After you have made all your elections, click NEXT PAGE TO CONTINUE ENROLLMENT.

Current Enrollment: LIFE INSURANCE SUPP TERM (LIFE INSURANCE SUPP 200), DEPENDENT LIFE (waive DEPENDENT LIFE INSURANCE coverage)

Coverage Level: 08 SUPPLEMENTAL LIFE EMPLOYEE ONLY 200,000, WAIVE DEPENDENT LIFE INSURANCE COVERAGE

Dependent Name(s): DOE, JOHN; DOE, JANE

| Life Insurance Benefit | Select Coverage Level(s) | Confirm or Modify Action |
|--------------------------|---|--------------------------|
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 01 SUPPLEMENTAL LIFE EMPLOYEE ONLY 25,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 02 SUPPLEMENTAL LIFE EMPLOYEE ONLY 50,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 03 SUPPLEMENTAL LIFE EMPLOYEE ONLY 75,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 04 SUPPLEMENTAL LIFE EMPLOYEE ONLY 100,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 05 SUPPLEMENTAL LIFE EMPLOYEE ONLY 125,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 06 SUPPLEMENTAL LIFE EMPLOYEE ONLY 150,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 07 SUPPLEMENTAL LIFE EMPLOYEE ONLY 175,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 08 SUPPLEMENTAL LIFE EMPLOYEE ONLY 200,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 09 SUPPLEMENTAL LIFE EMPLOYEE ONLY 225,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 10 SUPPLEMENTAL LIFE EMPLOYEE ONLY 250,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 11 SUPPLEMENTAL LIFE EMPLOYEE ONLY 275,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> 12 SUPPLEMENTAL LIFE EMPLOYEE ONLY 300,000 | |
| LIFE INSURANCE SUPP TERM | <input type="checkbox"/> WAIVE SUPPLEMENTAL LIFE INSURANCE COVERAGE | |
| DEPENDENT LIFE | <input type="checkbox"/> DEPENDENT LIFE | |
| DEPENDENT LIFE | <input type="checkbox"/> WAIVE DEPENDENT LIFE INSURANCE COVERAGE | |

If additional coverage is desired, please select from the list of SUPPLEMENTAL LIFE options. If no additional Life Insurance is desired, you must select "WAIVE SUPPLEMENTAL LIFE INSURANCE COVERAGE"

If DEPENDENT LIFE coverage is desired, please select DEPENDENT LIFE to elect coverage for new or existing dependents. If no DEPENDENT LIFE coverage is desired, you must select "WAIVE DEPENDENT LIFE INSURANCE COVERAGE"

Tobacco Attestation

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Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Other

Current Enrollment: TOBACCO USAGE SURCHARGE NICOTINE USER

Dependent Name(s):

| Benefit | Coverage Level | Options Covered | Summary |
|--|---|-----------------|---------|
| <input checked="" type="radio"/> TOBACCO USAGE SURCHARGE | <input type="radio"/> I am a current Nicotine User | | |
| | <input type="radio"/> I am a current Nicotine User but I Pledge to Quit | | |
| | <input type="radio"/> I certify that I am not a current Nicotine User | | |

Deselect Benefits

Step 1 - Select the radio button to the left of "TOBACCO USAGE SURCHARGE"

Step 2 - Select the radio button to the left of one of these answers

Step 3 - Click "Next Page"

< Prior Page Next Page > Exit

Summary of Benefits

Please select the icon next to the coverage level to see the dependents 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 |
|---|---|---|------|-----------------------------|-------------------------|
| ANTHEM BCBS POINT OF SERVICE PLAN (POS) |  | EMPLOYEE PLUS FAMILY | 0.00 | 264.66 | 793.98 |
| DENTAL PPO PLAN |  | EMPLOYEE PLUS FAMILY | 0.00 | 11.57 | 34.98 |
| DEPENDENT LIFE |  | WAIVE DEPENDENT LIFE INSURANCE COVERAGE | 0.00 | 0.00 | 0.00 |
| LIFE INSURANCE SUPP TERM |  | WAIVE SUPPLEMENTAL LIFE INSURANCE COVERAGE | 0.00 | 0.00 | 0.00 |
| TOBACCO USAGE SURCHARGE |  | I CERTIFY THAT I AM NOT A CURRENT NICOTINE USER | 0.00 | 0.00 | 0.00 |
| VISION INSURANCE |  | EMPLOYEE VISION | 0.00 | 3.00 | 4.21 |

BENEFITS WAIVED

Waive Benefit Coverage Type

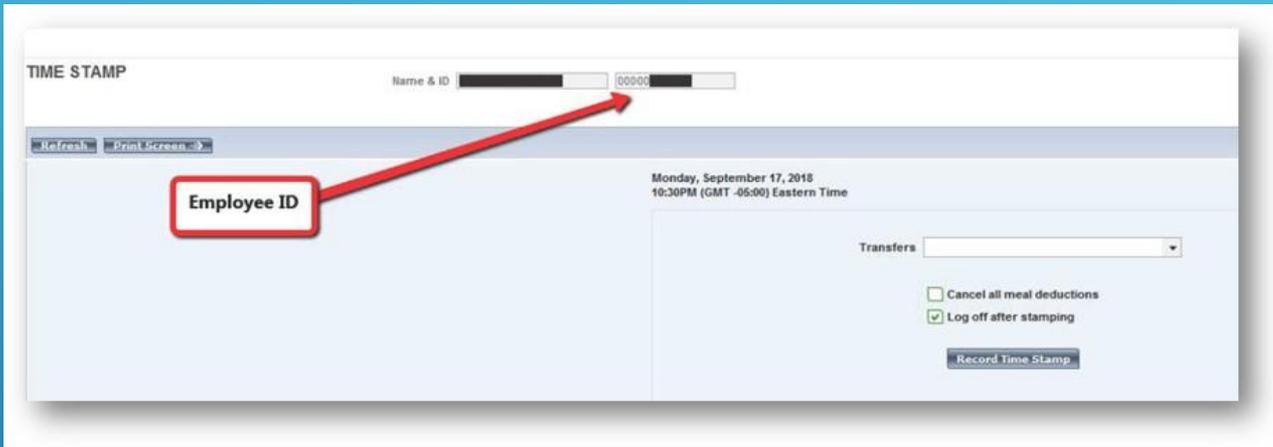
No plans have been waived

Once coverage levels have been verified, click "Submit Enrollment"

[< Prior Page](#) [Exit](#) [Attachments](#) [Print](#) [Email](#) [Submit Enrollment](#)

NEED ASSISTANCE?

You must know your 10 digit employee ID number to access ESS. Most employees can retrieve their employee id# in Kronos within the **Name & ID** fields on the TIME STAMP page. Employees can also contact their Department HR Liaison.



The screenshot shows the 'TIME STAMP' interface. At the top, there is a 'Name & ID' field. A red box highlights the 'Employee ID' portion of this field, with a red arrow pointing to it. Below the field are 'Refresh' and 'Print Screen' buttons. The date and time are displayed as 'Monday, September 17, 2018 10:30PM (GMT -05:00) Eastern Time'. There is a 'Transfers' dropdown menu, checkboxes for 'Cancel all meal deductions' and 'Log off after stamping', and a 'Record Time Stamp' button.

IT ESS Support

For technical issues or help with your access including ESS password reset, contact the Technical Support Center at 404.612.7334 or email technical.Support@fultoncountyga.gov. Technical Support Center hours are Monday - Friday from 8:30 a.m. to 5:00 p.m.

Benefits and Payroll Questions

For more information, please contact the Employee Benefits Division at (404) 612-7605 or email employeebenefits@fultoncountyga.gov.