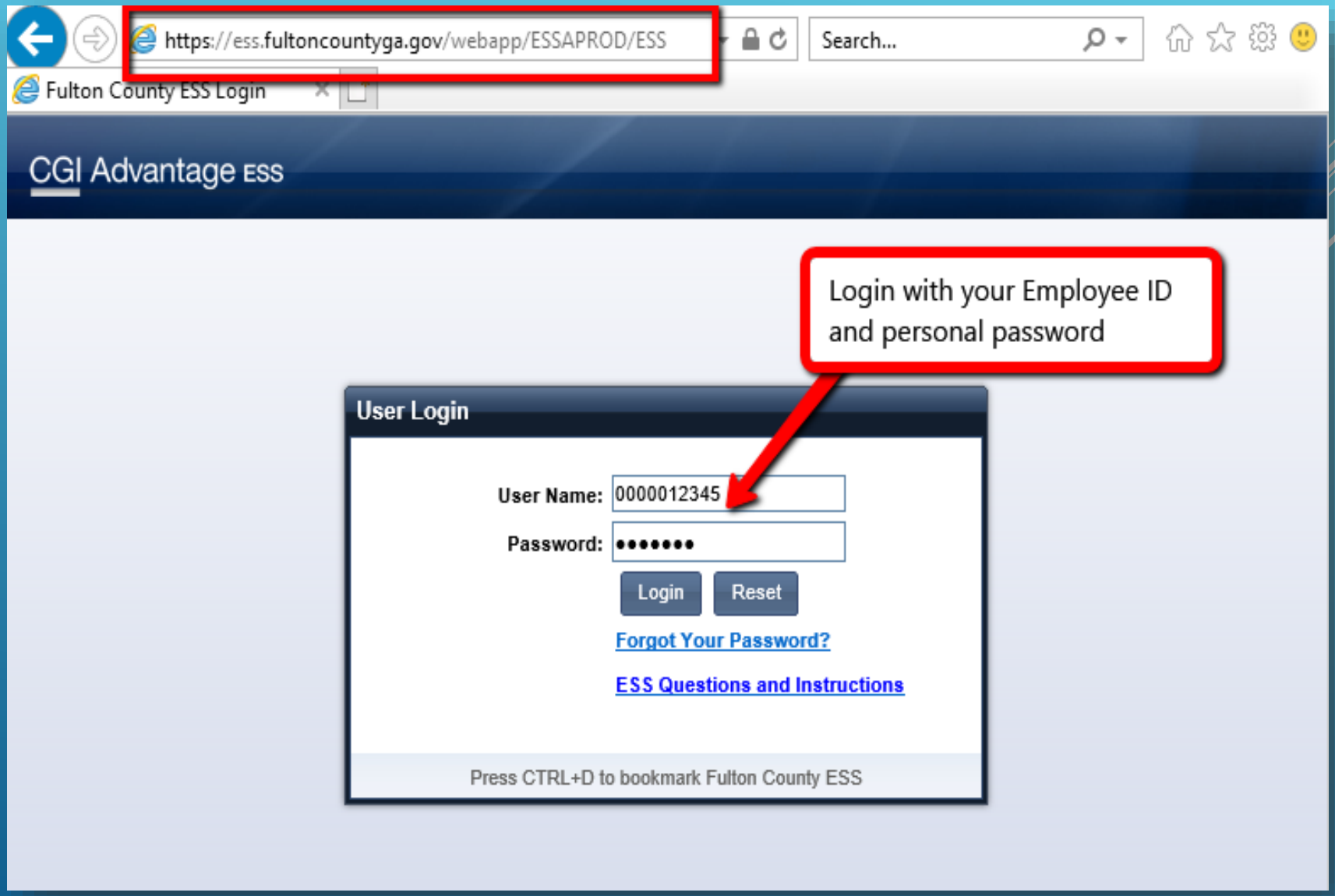
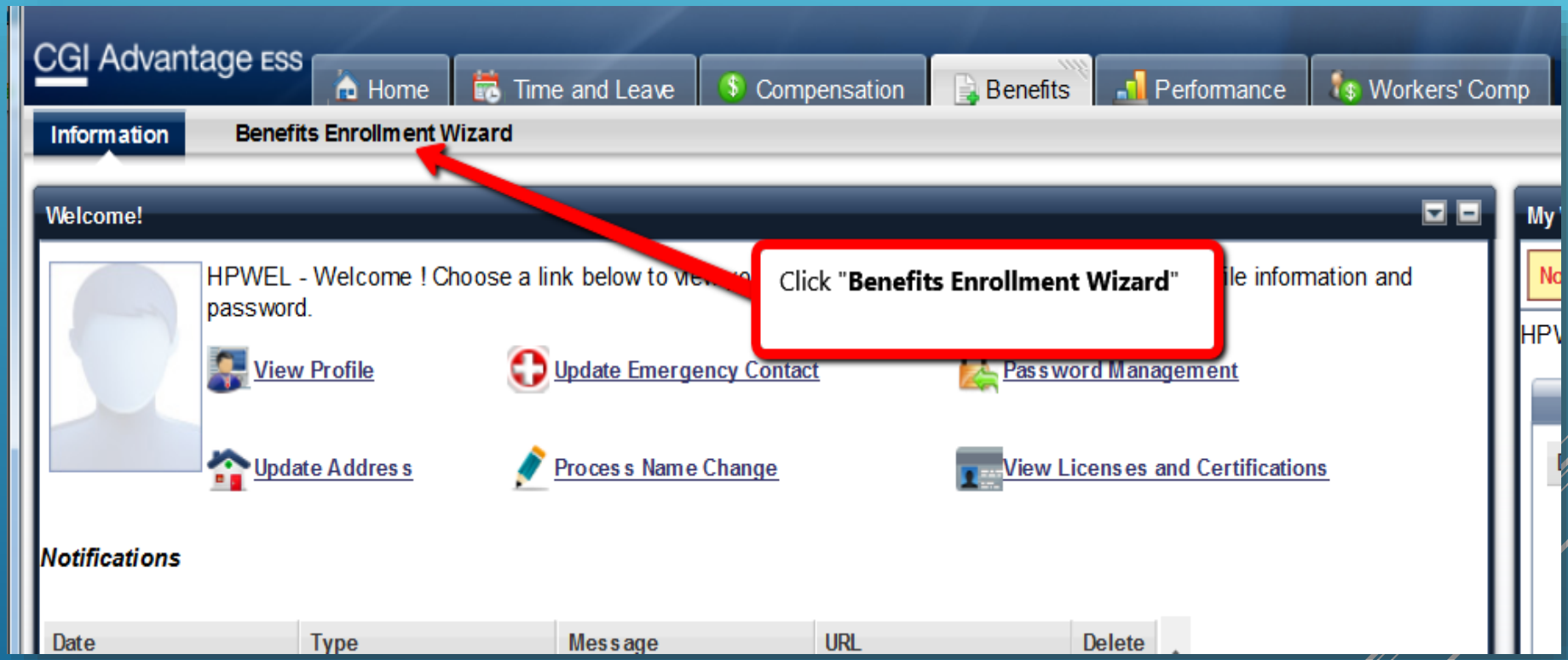
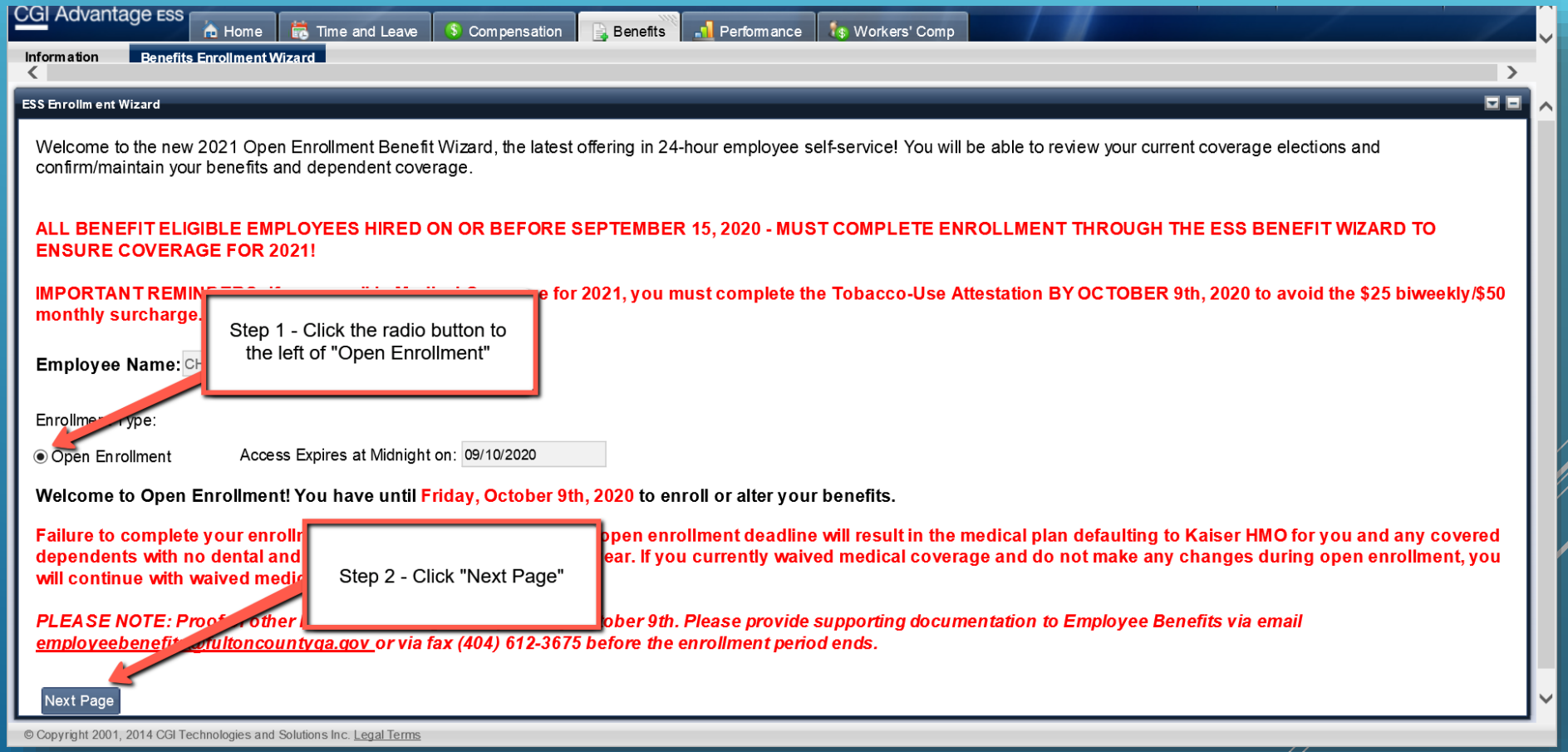
OPEN ENROLLMENT OVERVIEW

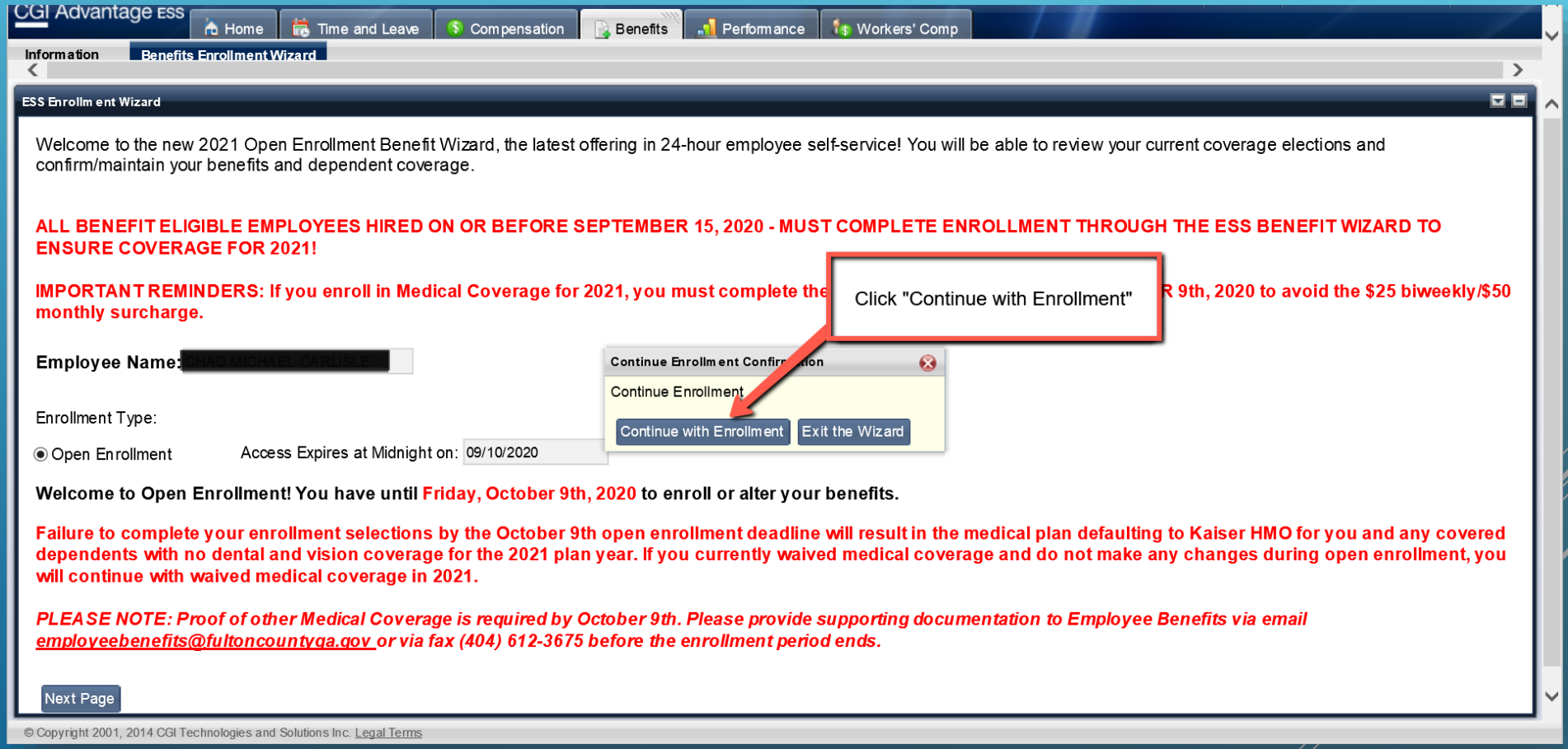
- **How to complete your ESS Benefits Enrollment**

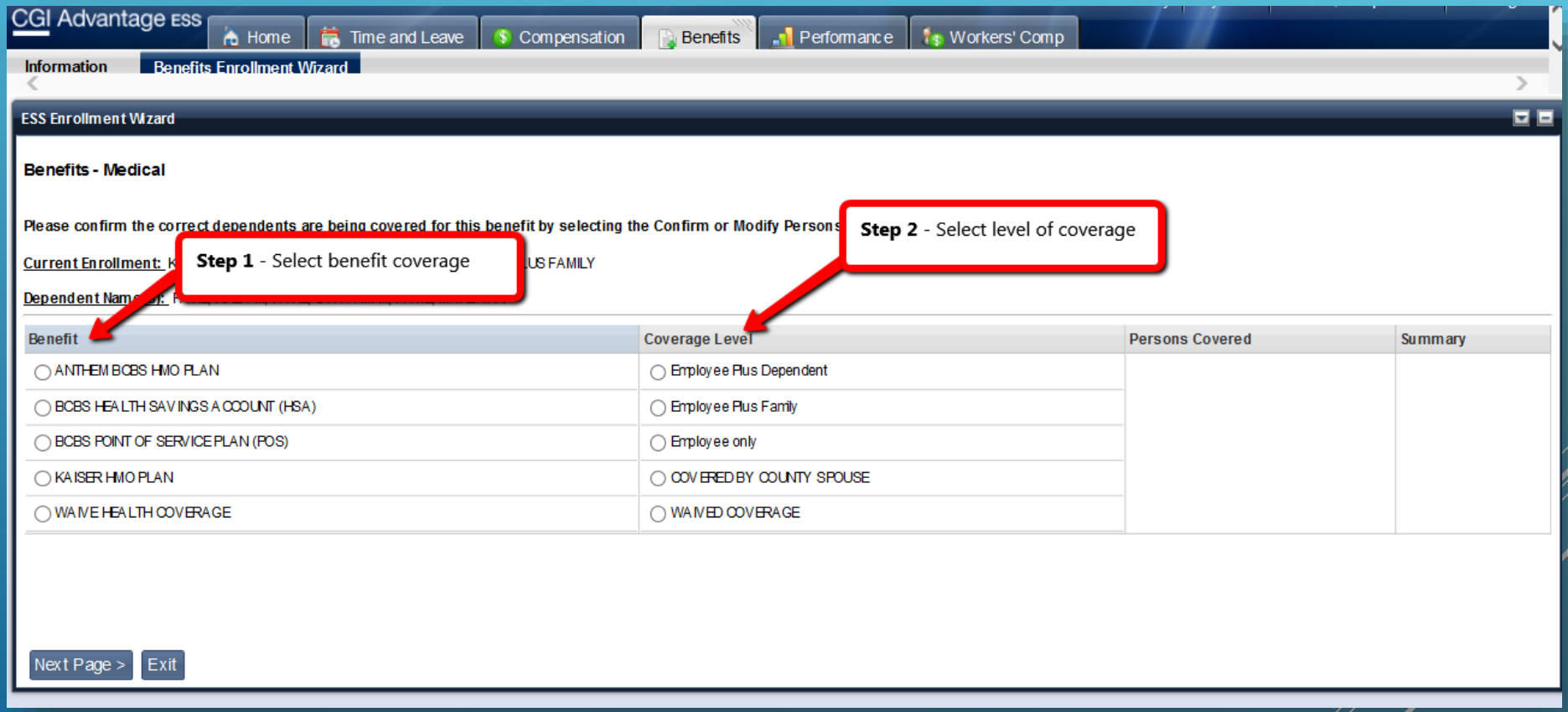
http://ess.fultoncountyga.gov



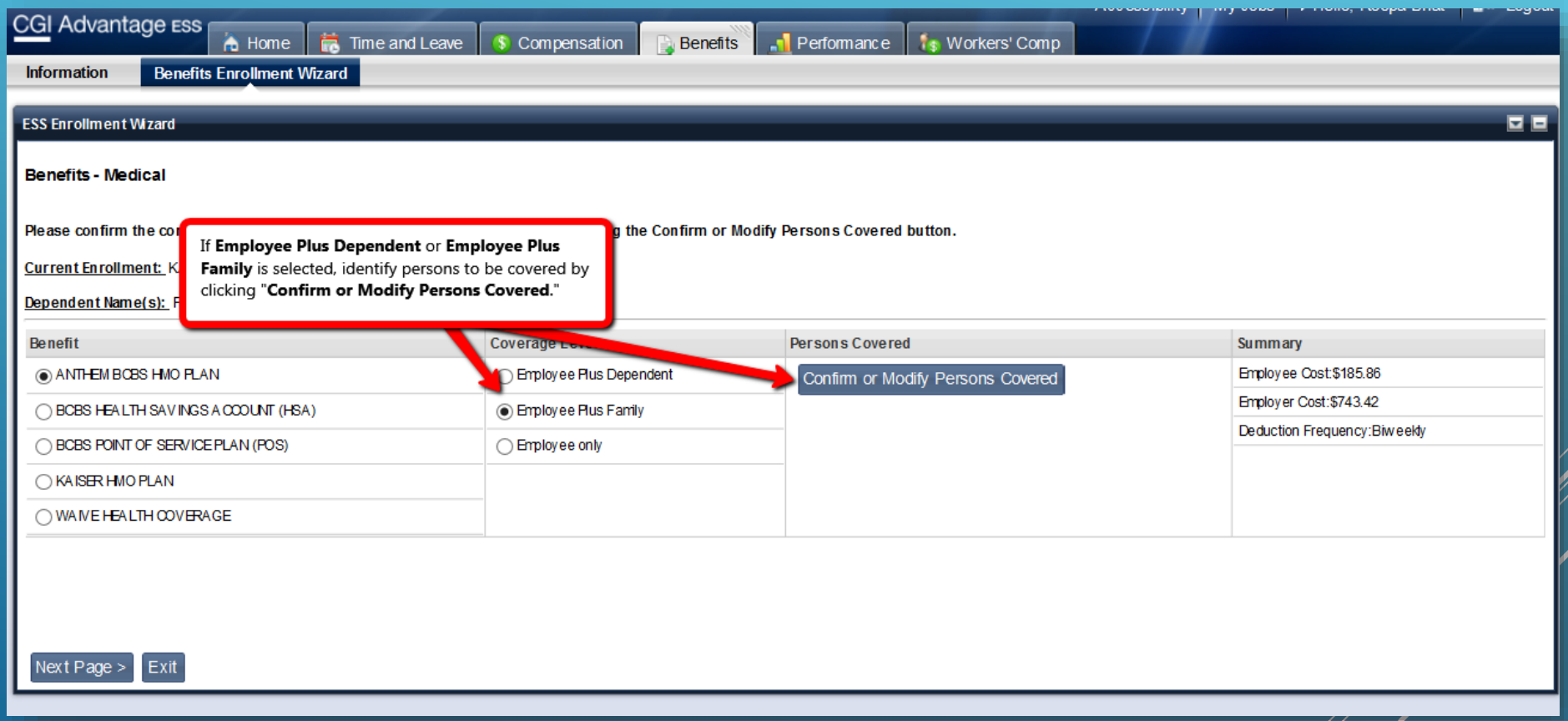

CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
Welcome!
Click "Benefits Enrollment Wizard"
HPWEL - Welcome ! Choose a link below to
ile information and
password.
View Profile
Update Emergency Contact
Password Management
Update Address
Process Name Change
View Licenses and Certifications
Notifications
Date
Type
Message
URL
Delete

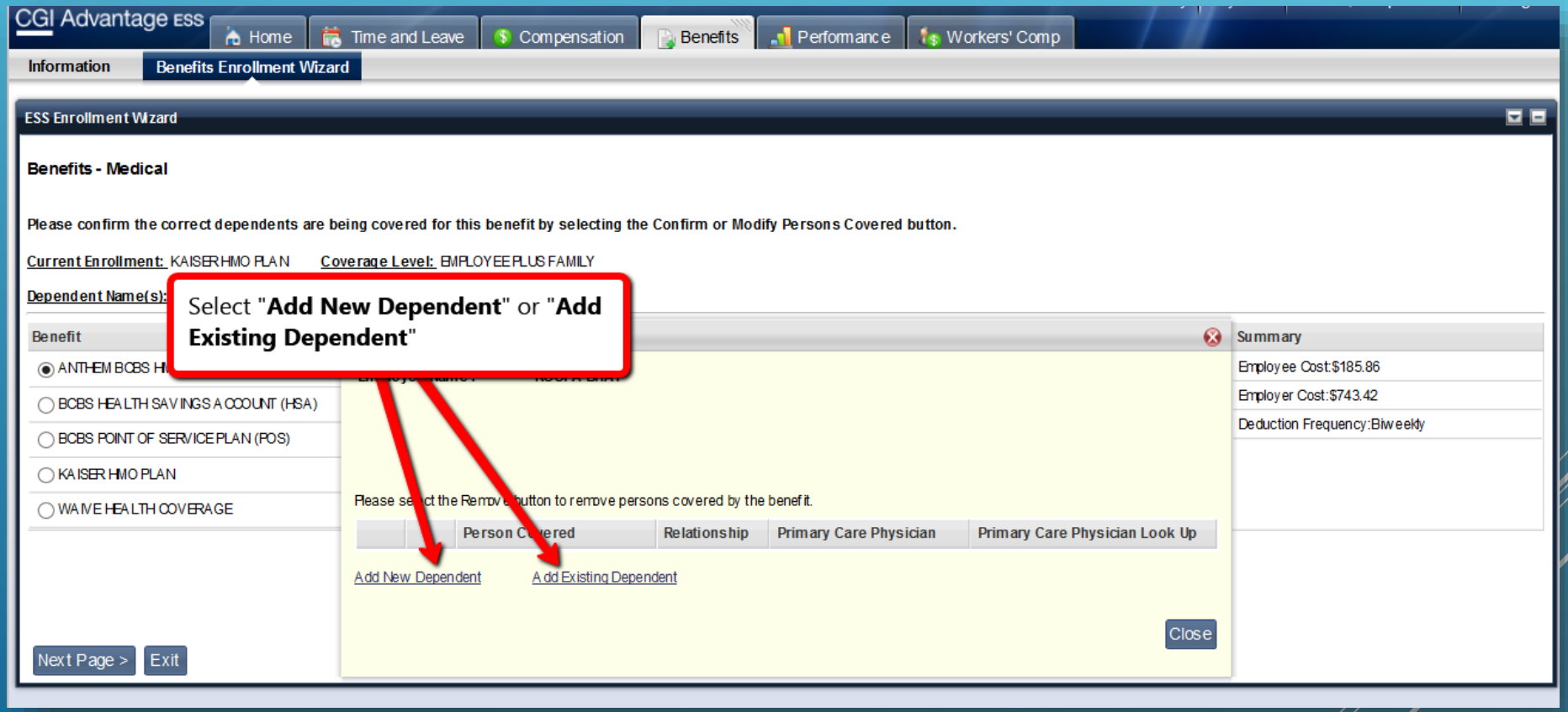

CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
ESS Enrollment Wizard
Welcome to the new 2021 Open Enrollment Benefit Wizard, the latest offering in 24-hour employee self-service! You will be able to review your current coverage elections and confirm/maintain your benefits and dependent coverage.
ALL BENEFIT ELIGIBLE EMPLOYEES HIRED ON OR BEFORE SEPTEMBER 15, 2020 - MUST COMPLETE ENROLLMENT THROUGH THE ESS BENEFIT WIZARD TO ENSURE COVERAGE FOR 2021!
IMPORTANT REMIN
e for 2021, you must complete the Tobacco-Use Attestation BY OCTOBER 9th, 2020 to avoid the $25 biweekly/$50 monthly surcharge.
Step 1 - Click the radio button to the left of "Open Enrollment"
Employee Name:
Enrollme ype:
Open Enrollment
Access Expires at Midnight on: 09/10/2020
Welcome to Open Enrollment! You have until Friday, October 9th, 2020 to enroll or alter your benefits.
Failure to complete your enrolln
pen enrollment deadline will result in the medical plan defaulting to Kaiser HMO for you and any covered dependents with no dental and
ear. If you currently waived medical coverage and do not make any changes during open enrollment, you will continue with waived medi
Step 2 - Click "Next Page"
PLEASE NOTE: Proof
ober 9th. Please provide supporting documentation to Employee Benefits via email
employeebenefit
fultoncountyga.gov
or via fax (404) 612-3675 before the enrollment period ends.
Next Page
© Copyright 2001, 2014 CGI Technologies and Solutions Inc. Legal Terms

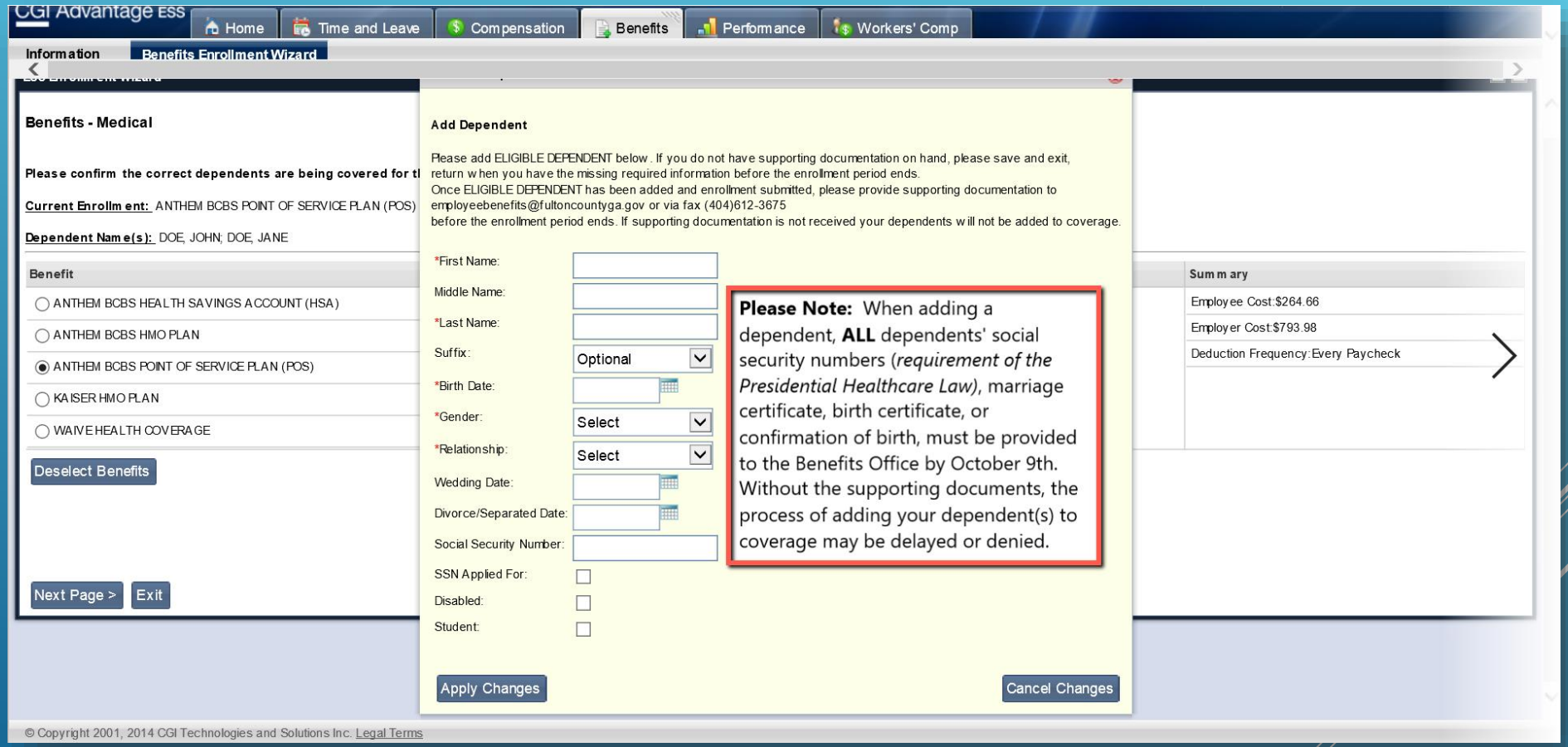

CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
ESS Enrollment Wizard
Welcome to the new 2021 Open Enrollment Benefit Wizard, the latest offering in 24-hour employee self-service! You will be able to review your current coverage elections and confirm/maintain your benefits and dependent coverage.
ALL BENEFIT ELIGIBLE EMPLOYEES HIRED ON OR BEFORE SEPTEMBER 15, 2020 - MUST COMPLETE ENROLLMENT THROUGH THE ESS BENEFIT WIZARD TO ENSURE COVERAGE FOR 2021!
IMPORTANT REMINDERS: If you enroll in Medical Coverage for 2021, you must complete the
R 9th, 2020 to avoid the $25 biweekly/$50 monthly surcharge.
Click "Continue with Enrollment"
Employee Name:
Continue Enrollment Confirmation
Continue Enrollment
Continue with Enrollment
Exit the Wizard
Enrollment Type:
Open Enrollment
Access Expires at Midnight on: 09/10/2020
Welcome to Open Enrollment! You have until Friday, October 9th, 2020 to enroll or alter your benefits.
Failure to complete your enrollment selections by the October 9th 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 2021 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 2021.
PLEASE NOTE: Proof of other Medical Coverage is required by October 9th. Please provide supporting documentation to Employee Benefits via email employeebenefits@fultoncountyga.gov or via fax (404) 612-3675 before the enrollment period ends.
Next Page
© Copyright 2001, 2014 CGI Technologies and Solutions Inc. Legal Terms

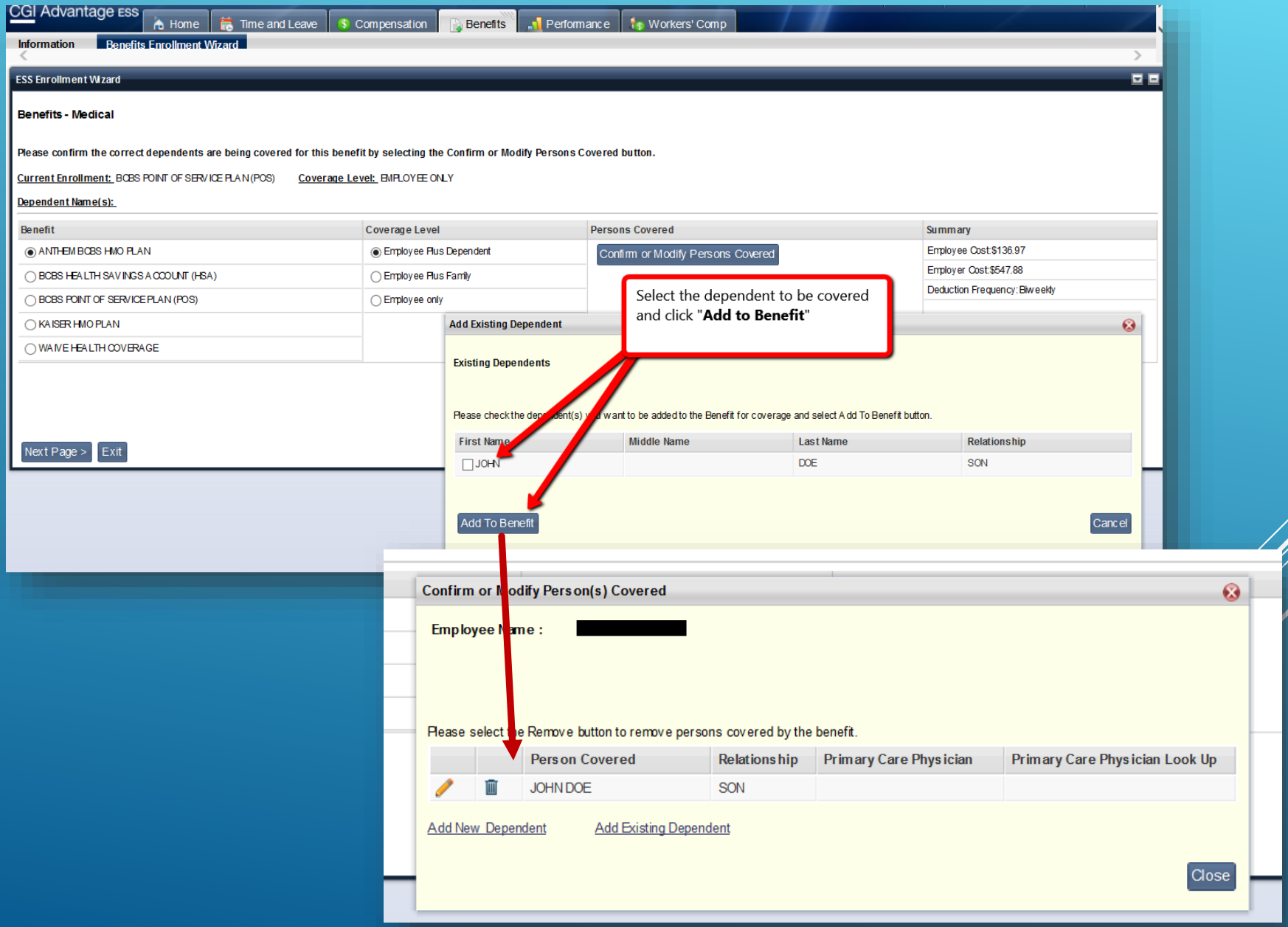

CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
ESS Enrollment Wizard
Benefits - Medical
Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons
Step 1 - Select benefit coverage
Step 2 - Select level of coverage
Current Enrollment:
US FAMILY
Dependent Name(s):
Benefit
Coverage Level
Persons Covered
Summary
ANTHEM BCBS HMO PLAN
BCBS HEALTH SAVINGS ACCOUNT (HSA)
BCBS POINT OF SERVICE PLAN (POS)
KAISER HMO PLAN
WAIVE HEALTH COVERAGE
Employee Plus Dependent
Employee Plus Family
Employee only
COVERED BY COUNTY SPOUSE
WAIVED COVERAGE
Next Page >
Exit

Medical

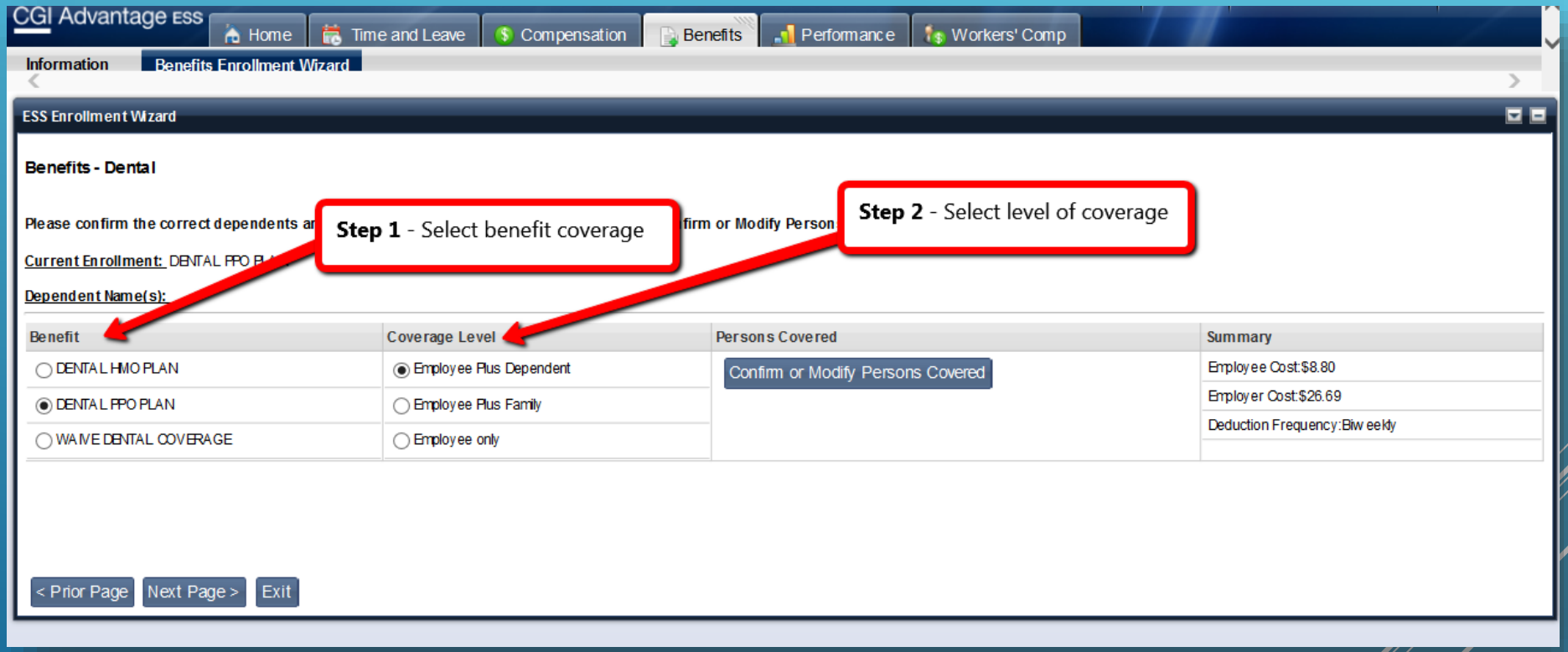

CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
ESS Enrollment Wizard
Benefits - Medical
Please confirm the co
g the Confirm or Modify Persons Covered button.
Current Enrollment: K
Dependent Name(s): F
If Employee Plus Dependent or Employee Plus Family is selected, identify persons to be covered by clicking "Confirm or Modify Persons Covered."
Benefit
Coverage Le
Persons Covered
Summary
ANTHEM BCBS HMO PLAN
BCBS HEALTH SAVINGS ACCOUNT (HSA)
BCBS POINT OF SERVICE PLAN (POS)
KAISER HMO PLAN
WAIVE HEALTH COVERAGE
Employee Plus Dependent
Employee Plus Family
Employee only
Confirm or Modify Persons Covered
Employee Cost:$185.86
Employer Cost:$743.42
Deduction Frequency:Biweekly
Next Page >
Exit


CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
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"
Benefit
ANTHEM BCBS H
BCBS HEALTH SAVINGS ACCOUNT (HSA)
BCBS POINT OF SERVICE PLAN (POS)
KAISER HMO PLAN
WAIVE HEALTH COVERAGE
Summary
Employee Cost:$185.86
Employer Cost:$743.42
Deduction Frequency:Biweekly
Please select the Remove button to remove persons covered by the benefit.
Person Covered
Relationship
Primary Care Physician
Primary Care Physician Look Up
Add New Dependent
Add Existing Dependent
Close
Next Page >
Exit

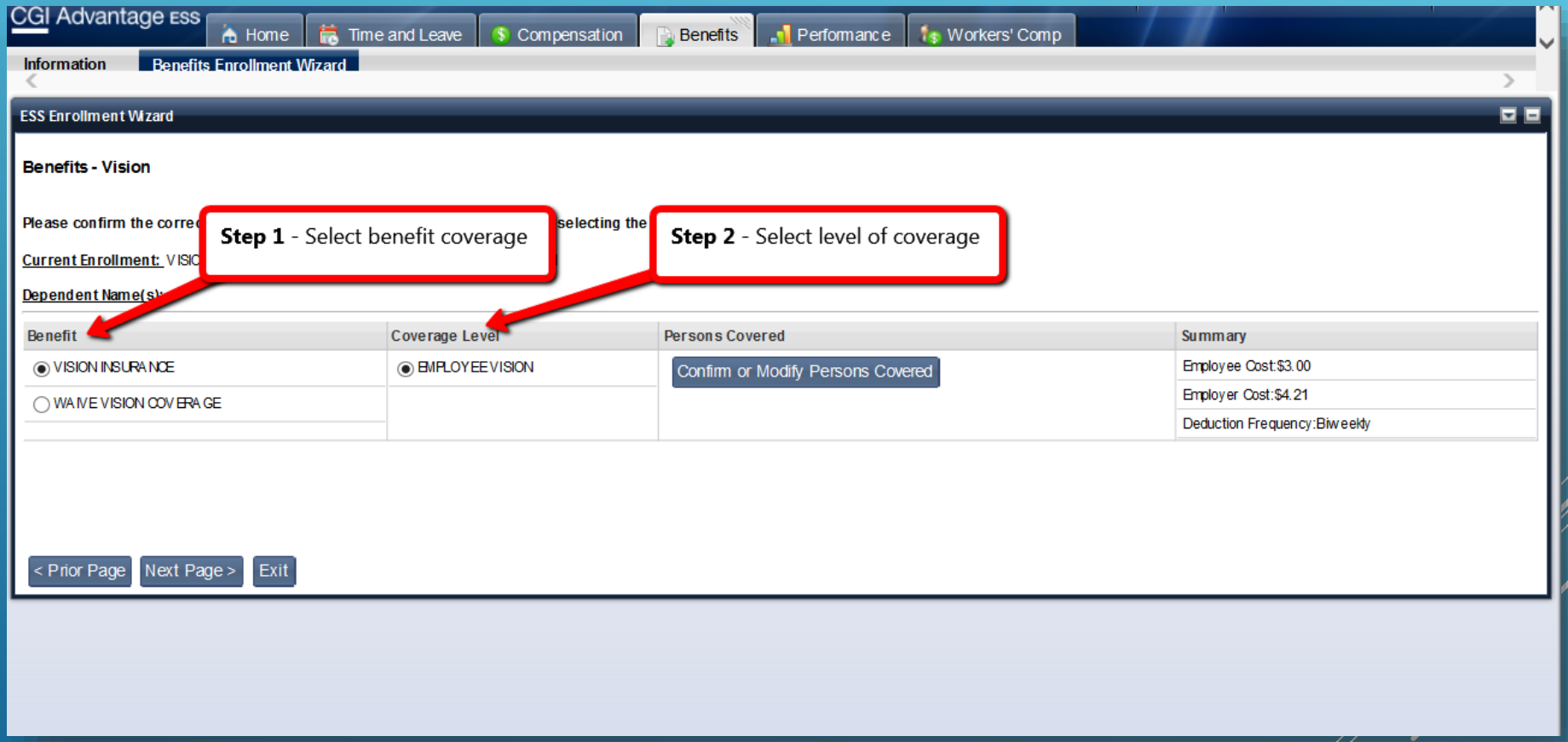

CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
Benefits - Medical
Please confirm the correct dependents are being covered for t
Current Enrollment: ANTHEM BCBS POINT OF SERVICE PLAN (POS)
Dependent Name(s): DOE, JOHN; DOE, 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
Summary
Employee Cost:$264.66
Employer Cost:$793.98
Deduction Frequency:Every Paycheck
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
© Copyright 2001, 2014 CGI Technologies and Solutions Inc. Legal Terms


CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
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
ANTHEM BCBS HMO PLAN
BCBS HEALTH SAVINGS ACCOUNT (HSA)
BCBS POINT OF SERVICE PLAN (POS)
KAISER HMO PLAN
WAIVE HEALTH COVERAGE
Employee Plus Dependent
Employee Plus Family
Employee only
Confirm or Modify Persons Covered
Employee Cost:$136.97
Employer Cost:$547.88
Deduction Frequency:Biweekly
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
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

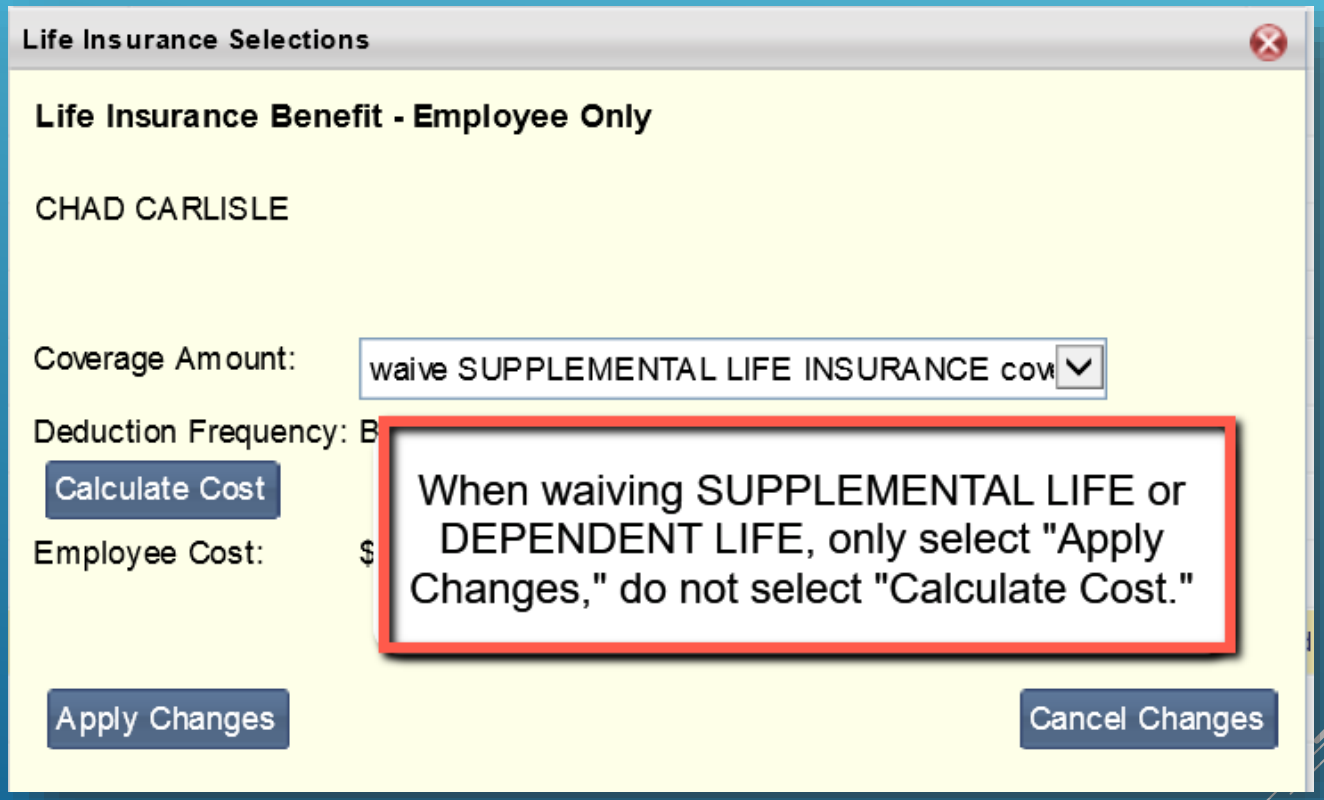
Dental


CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
ESS Enrollment Wizard
Benefits - Dental
Please confirm the correct dependents ar
firm or Modify Person
Current Enrollment: DENTAL PPO PL
Dependent Name(s):
Step 1 - Select benefit coverage
Step 2 - Select level of coverage
Benefit
Coverage Level
Persons Covered
Summary
DENTAL HMO PLAN
DENTAL PPO PLAN
WAIVE DENTAL COVERAGE
Employee Plus Dependent
Employee Plus Family
Employee only
Confirm or Modify Persons Covered
Employee Cost:$8.80
Employer Cost:$26.69
Deduction Frequency:Biweekly
< Prior Page
Next Page >
Exit

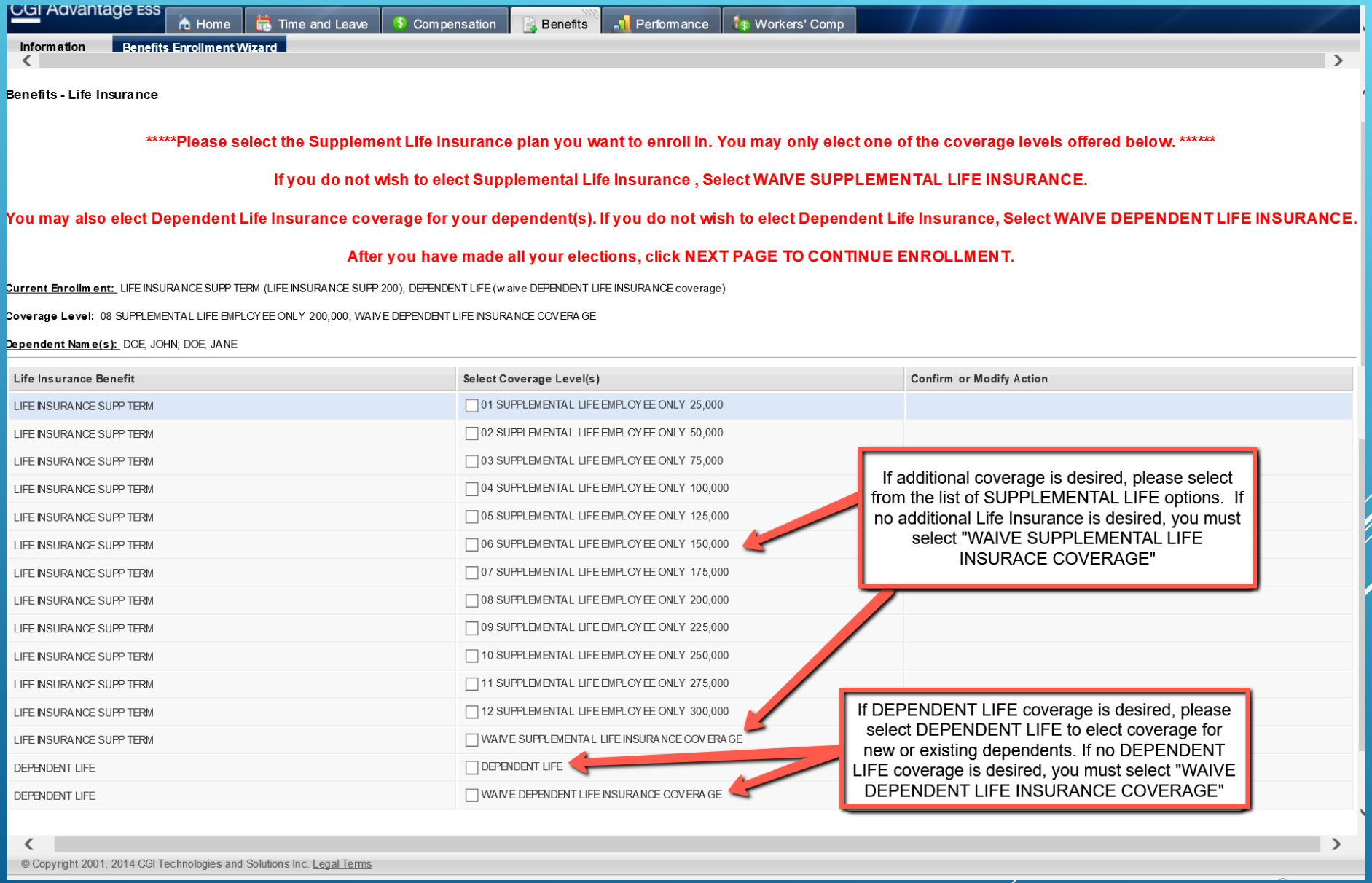
Vision


CGI Advantage ESS
Home
Time and Leave
Compensation
Benefits
Performance
Workers' Comp
Information
Benefits Enrollment Wizard
ESS Enrollment Wizard
Benefits - Vision
Please confirm the corre
selecting the
Current Enrollment: VISIC
Dependent Name(s):
Step 1 - Select benefit coverage
Step 2 - Select level of coverage
Benefit
Coverage Level
Persons Covered
Summary
VISION INSURANCE
EMPLOYEE VISION
Confirm or Modify Persons Covered
Employee Cost:$3.00
Employer Cost:$4.21
Deduction Frequency:Biweekly
WAIVE VISION COVERAGE
< Prior Page
Next Page >
Exit

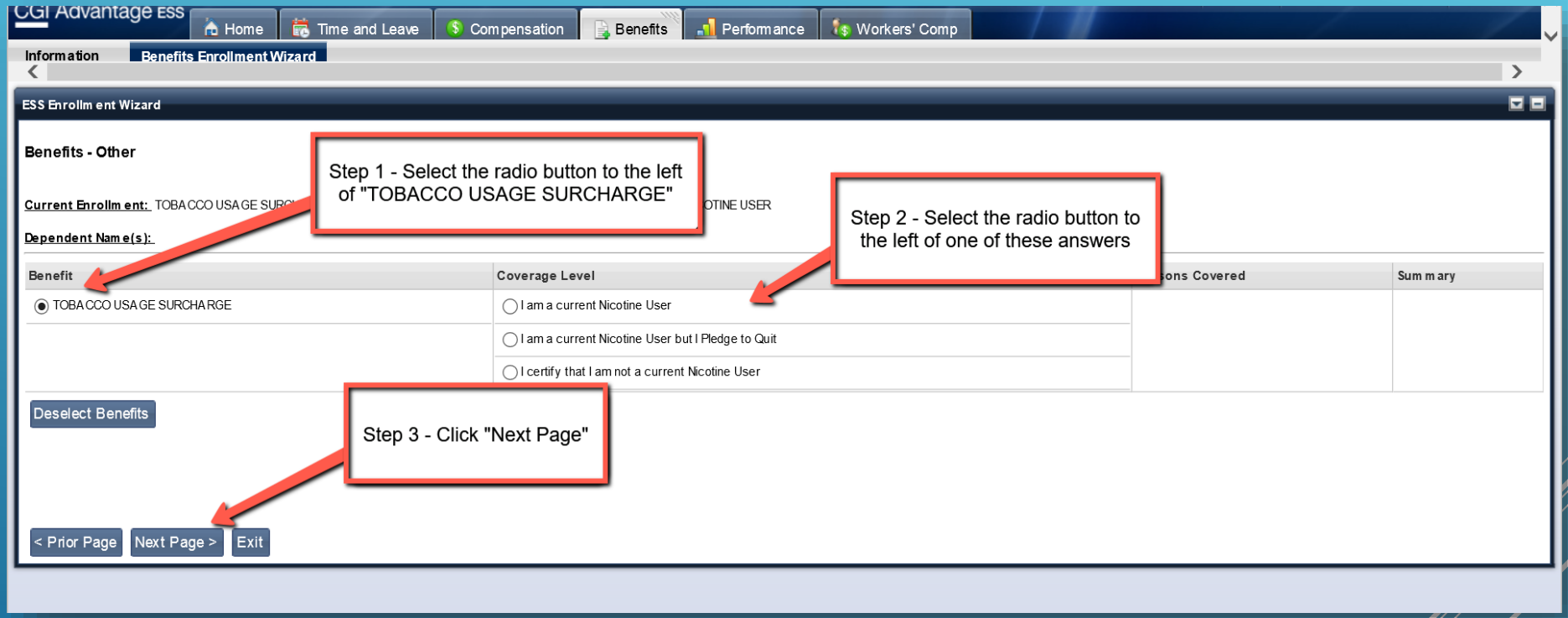
Waiving LIFE DEPENDENT or SUPPLEMENT LIFE



Life Insurance



Tobacco Attestation



Summary of Benefits

Please select the icon next to the coverage level to see the dependents 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
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

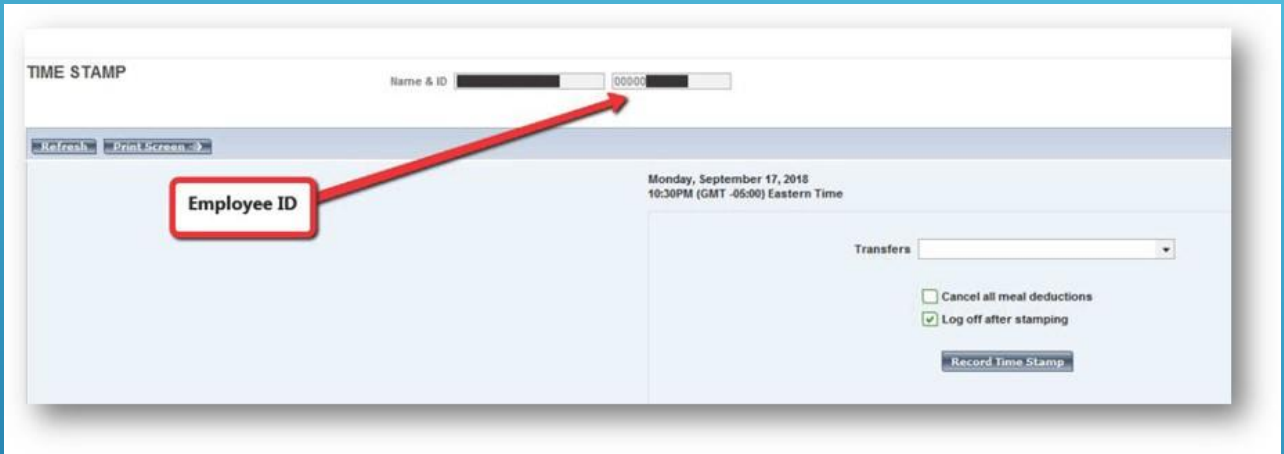
No plans have been waived

< Prior Page | Exit | Attachments | Print | Email | Submit Enrollment

Once coverage levels have been verified, click "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.



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.