

Open Enrollment Instructions

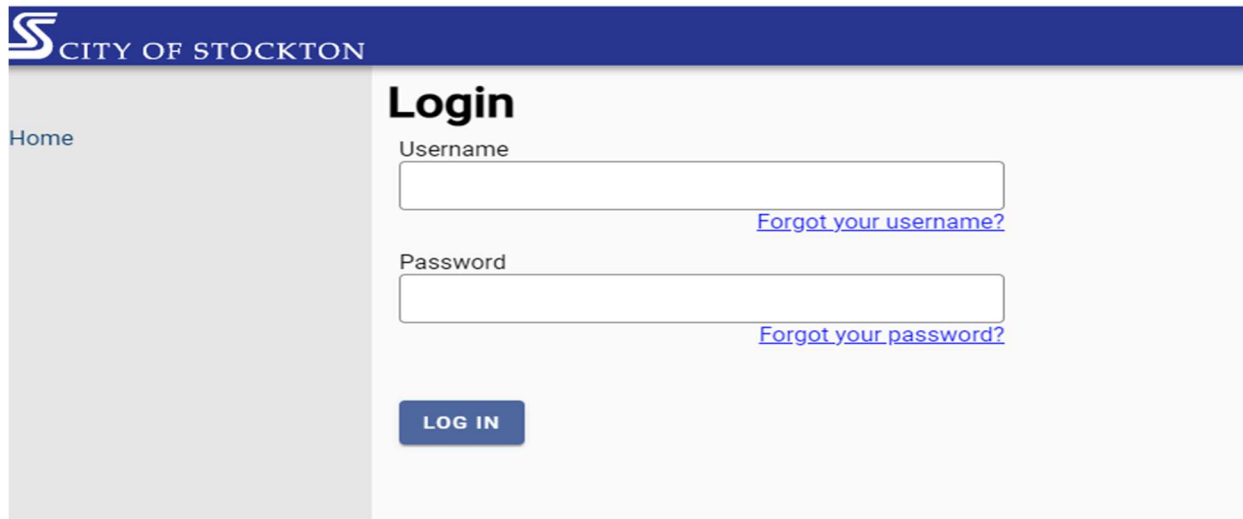
Process Overview:

1. Login to Tyler Munis ESS
2. View Existing Benefits
3. Make Elections
4. Review Enrollment
5. Confirm Choices

Step 1: Login to Tyler Munis ESS

<https://stocktoncaemployees.munisselfservice.com/default.aspx>

Please note that your ESS login username is your first initial, last name and employee number.



The screenshot shows the login interface for the City of Stockton's Tyler Munis ESS. At the top, there is a dark blue header with the City of Stockton logo and name. Below the header, on the left, is a grey sidebar with a "Home" link. The main content area is white and features a "Login" heading. Under the heading, there are two input fields: "Username" and "Password". Each field has a corresponding "Forgot your [username/password]?" link below it. At the bottom of the login section, there is a blue "LOG IN" button.

CITY OF STOCKTON

Home

Login

Username

[Forgot your username?](#)


Password

[Forgot your password?](#)

LOG IN

Step 2: View Existing Benefits

Step 3: Click on Open Enrollment to start making your elections

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Open Enrollment – Make Elections


 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 3/31/2023.*

Open Enrollment 05/01/2023 through 05/31/2023. This is your opportunity to enroll or make changes to your health insurance coverage. You MUST either "EDIT" OR "DECLINE" each option in order to Continue. Only the following dependents of an enrolled employee are eligible for medical, dental, and vision coverage: legal spouse, qualified domestic partner, children up to age 26, disabled children age 26 and over (who are unmarried, incapable of sustaining employment due to a physical or mental disability, supporting documentation is required). All employees adding dependents must submit documentation verifying the eligibility of their covered dependents. For spouses, provide a marriage certificate; for qualified domestic partners, provide a domestic partnership certificate and complete the Registered Domestic Partner Dependent Certification Form; for children up to age 26, provide a birth certificate. If documentation is not received by June 1, the dependent will not be added to the plan.

WAIVE MEDICAL Election not made	DECLINESELECT
HMO MEDICAL PLAN Election not made Existing benefit: KAISER HMO W/ PPO DENTAL AND VISION – \$98.17	DECLINESelect
POINT OF SERVICE MEDICAL PLAN Election not made	DECLINESelect
HDHP MEDICAL PLAN Election not made	DECLINESelect
DENTAL Election not made	Enrollment in this section requires enrollment in WAIVE MEDICAL

- If you select employee plus one or family plans, you must add dependents
- If you are electing NEW dependent, you MUST provide marriage/birth/adoption certificate
- All employees **must provide Social Security Number** for each enrollee.

Employers are required by law to collect the social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year


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Benefits – HMO MEDICAL PLAN

EMPLOYEE ONLY

EMPLOYEE PLUS ONE


FAMILY PLANS

☐ KAISER HMO W/ DHMO DENTAL AND VISION
Pay period employee cost \$170.43
Employee annual cost \$0.00
Monthly cost \$0.00

☒ KAISER HMO W/ PPO DENTAL AND VISION
Pay period employee cost \$202.65
Employee annual cost \$0.00
Monthly cost \$0.00
Coverage must be added for at least 2 dependents
+ ADD NEW DEPENDENT
Add existing dependent ▼

☐ SUTTER HMO W/ DHMO DENTAL AND VISION
Pay period employee cost \$195.42
Employee annual cost \$0.00
Monthly cost \$0.00

- Voluntary Life and Voluntary AD&D Insurance – please note that benefits amount for these MUST match. Beneficiaries must be indicated for employee.


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Election not made

VOL LIFE INS EMPLOYEE

Election not made

Existing benefit: VOLUNTARY LIFE INSURANCE FOR EMPLOYEE – \$22.50

DECLINE

SELECT

VOL LIFE INS SPOUSE

Election not made

DECLINE

SELECT

VOL LIFE INS CHILD(REN)

Election not made

Existing benefit: VOLUNTARY LIFE INSURANCE PLAN FOR CHILDREN – \$1.16

DECLINE

SELECT

VOL AD&D EMPLOYEE

Election not made

Existing benefit: VOLUNTARY AD&D FOR EMPLOYEE – \$4.20

Enrollment in this section requires enrollment in VOL LIFE INS EMPLOYEE

VOL AD&D SPOUSE

Election not made

Existing benefit: VOLUNTARY AD&D FOR SPOUSE – \$0.32

Enrollment in this section requires enrollment in VOL LIFE INS SPOUSE

VOL AD&D CHILD(REN)

Election not made

Existing benefit: VOLUNTARY AD&D CHILD(REN) – \$0.28

Enrollment in this section requires enrollment in VOL LIFE INS CHILD(REN)

- Voluntary Life and Voluntary AD&D rates tables for your reference:

Voluntary Life Rates			
Employee Monthly Rates per \$1000 of Benefit			
Ages		Rate	
0 - 29		\$ 0.0600	
30 - 39		\$ 0.0900	
40 - 49		\$ 0.1500	
50 - 59		\$ 0.4300	
60 - 69		\$ 1.2700	
70 - 99		\$ 2.0600	
Spouse Monthly Rates per \$1000 of Benefit			
Ages		Rate	
0 - 29		\$ 0.0800	
30 - 39		\$ 0.1200	
40 - 49		\$ 0.2500	
50 - 59		\$ 0.7400	
60 - 69		\$ 2.3500	
70 - 99		\$ 4.3500	
Child Monthly Rates per \$1000 of Benefit			
		\$0.2320	


Voluntary AD&D Rates	
Employee Monthly Rates per \$1000 of Benefit	
Ages	Rate
0-99	\$0.0280
Spouse Monthly Rates per \$1000 of Benefit	
Ages	Rate
0-99	\$0.0210
Child Monthly Rates per \$1000 of Benefit	
	\$0.0550

- Hospital Indemnity and Short-Term Disability rates tables for your reference:

Hospital Indemnity	
Tier	Monthly Rate
Employee	\$18.43
Employee + Spouse	\$52.07
Employee + Child(ren)	\$35.41
Employee + Family	\$66.66

Short Term Disability	
Age based monthly rates per \$10 of MONTHLY BENEFIT	
Ages	Rate
0 - 49	\$ 0.2750
50 - 59	\$ 0.4620
60 - 99	\$ 0.6210

- Medical/Dependent Care flexible account, Parking/Transit FSA, of HSA - please ensure that you are selecting per period amount and take note of annual limits.

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Benefits – PARKING REIMBURSEMENT FSA

 The Parking Expense Reimbursement Plan enables you to avoid taxes on the money you use to pay for work-related parking expenses on your paychecks pre-tax. If you enroll in this plan you will receive a debit card that can be used to pay for your parking expenses. The amount will be automatically added to your current debit card. If the parking facility does not accept debit cards, you may submit an expense report for reimbursement.

☐ **PARKING REIMBURSEMENT FLEXIBLE SPENDING ACCT**


Pay period employee cost	\$0.00
Pay period employer cost	\$0.00
Employee annual cost	\$0.00
Employer annual cost	\$0.00
Monthly cost	\$0.00

Amount

0

☐ **I Decline**

- Select “Continue” after all elections are made.

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VOL LIFE INS CHILD(REN)
Declined
Existing benefit: VOLUNTARY LIFE INSURANCE PLAN FOR CHILDREN – \$1.16
EDIT

VOL AD&D EMPLOYEE
Declined
Existing benefit: VOLUNTARY AD&D FOR EMPLOYEE – \$4.20
Enrollment in this section requires enrollment in VOL LIFE INS EMPLOYEE

VOL AD&D SPOUSE
Declined
Existing benefit: VOLUNTARY AD&D FOR SPOUSE – \$0.32
Enrollment in this section requires enrollment in VOL LIFE INS SPOUSE

VOL AD&D CHILD(REN)
Declined
Existing benefit: VOLUNTARY AD&D CHILD(REN) – \$0.28
Enrollment in this section requires enrollment in VOL LIFE INS CHILD(REN)

VOL SHORT TERM DISABILITY INS
Declined
EDIT

Estimated total cost per pay period

\$202.65

CONTINUE

Step 4: Review Enrollment and Submit

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Review your enrollment

WAIVE MEDICAL
Declined
Monthly Cost

\$0.00

HMO MEDICAL PLAN
KAISER HMO W/ PPO DENTAL AND VISION
ISABELLA REFT
MADELEINE REFT
SHAUN REFT
Pay period employee cost
Annual employee cost
Monthly Cost

\$202.65

\$4,863.60

\$405.30

POINT OF SERVICE MEDICAL PLAN
Declined
Monthly Cost

\$0.00

HDHP MEDICAL PLAN
Declined
Monthly Cost

\$0.00

DENTAL
Declined
Monthly Cost

\$0.00

VISION
Declined
Monthly Cost

\$0.00

Monthly Cost

\$0.00

ANNUAL AMOUNTS
TOTAL EMPLOYEE COST

\$4,863.60

PERIOD AMOUNTS
TOTAL EMPLOYEE COST
TOTAL EMPLOYER COST

\$202.65

\$0.00


CANCEL

MODIFY

SUBMIT

Step 5: Confirm Choices

- Print Confirmation page for your records. Once your elections are approved you can no longer make changes.

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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.

Please review your selections carefully and print this page for your records. These benefits will take effect on July 1, 2023, with payroll deductions beginning on July 21, 2023. No changes can be made after your selections are approved.

WAIVE MEDICAL Declined Monthly Cost	\$0.00
HMO MEDICAL PLAN KAISER HMO W/ PPO DENTAL AND VISION ISABELLA REFT MADELEINE REFT SHAUN REFT Pay period employee cost Annual employee cost Monthly Cost	\$202.65 \$4,863.60 \$405.30
POINT OF SERVICE MEDICAL PLAN Declined Monthly Cost	\$0.00
HDHP MEDICAL PLAN Declined Monthly Cost	\$0.00
DENTAL Declined Monthly Cost	\$0.00

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