

# 2025 Benefits

## Open Enrollment

### ESS Instructions



CITY OF IOWA CITY

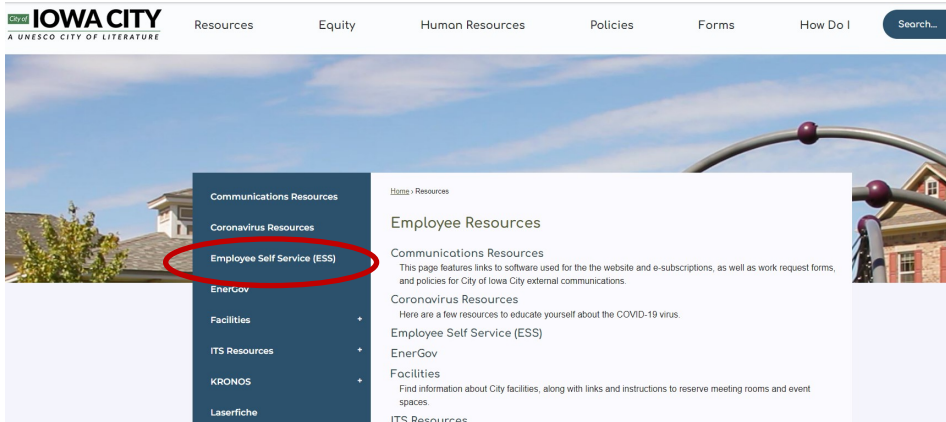
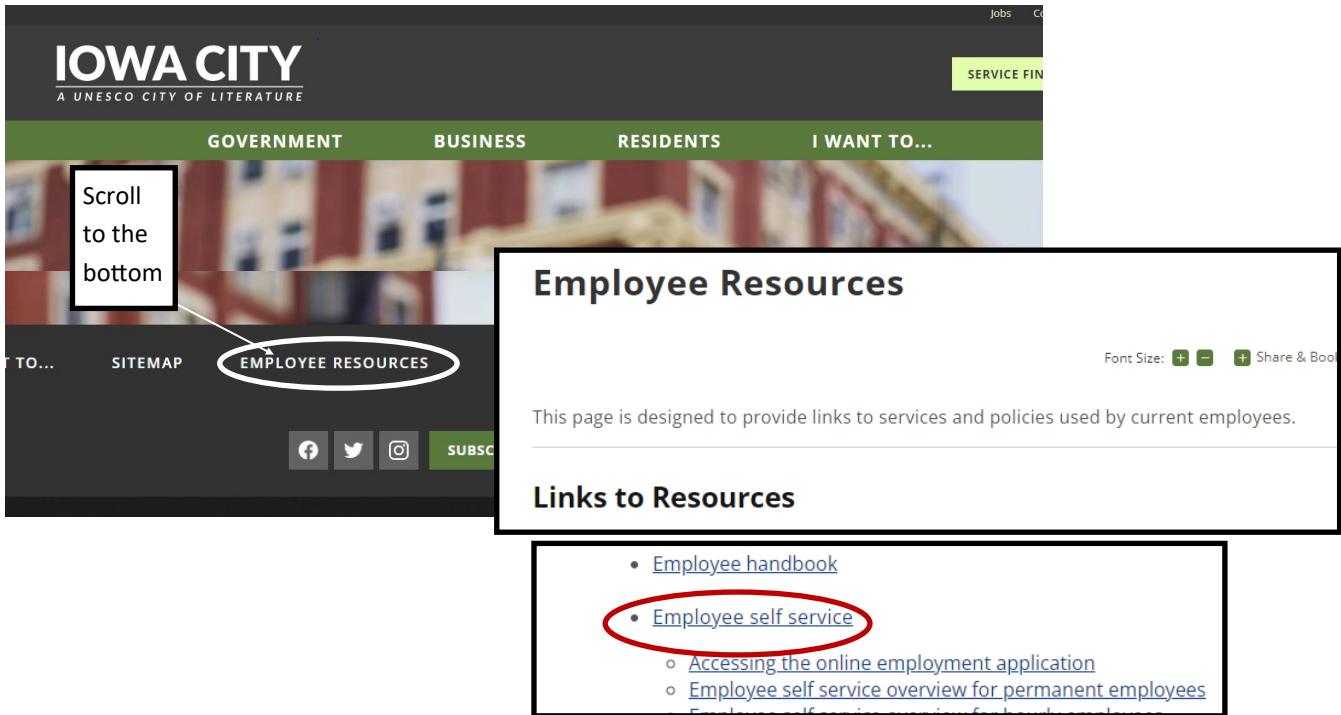
- Health Insurance
- Dental Insurance
- Vision Insurance
- Health Care Reimbursement
- Dependent Care Reimbursement

**Online election period: 11/1/2024 - 11/30/2024**

(for benefits effective 1/1/2025)

# Making Your Election in Munis ESS

Open enrollment elections must be submitted through Employee Self Service (ESS). ESS can be accessed through either the City's website or intranet.



## Logging in:

The Log In icon is located on the upper right corner of the ESS page.

Username: employee number

If logging in for the first time, your temporary password is the last 4 digits of your Social Security number. Your temporary password must be reset the first time you log in. Contact Human Resources at (319) 356-5020 if you need assistance logging in.

# Once logged in, select Benefits, then select Open Enrollment

**Welcome to Employee Self Service**

**Announcements**

Welcome to the City's Employee Self Services Page!

Self services provides employees access to check stubs, accrual balances, benefits elections, YTD total compensation information and the ability to maintain personal information including emergency contact information. For more information on how to access information through ESS, see the ESS Overview document located in resources.

Employees may also view current job postings and apply for open positions under the Employment Opportunities menu!

Contact Human Resources if you need assistance or have questions about Employee Self Service.

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Employee Self Service  
**Benefits**  
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Time Off  
Employment Opportunities

**Open Enrollment - Make Elections**

▲ Make a selection for each benefit, then click "Continue". You must submit this enrollment by 11/30/2023.

**Read Carefully:**

Please review the following options for each benefit and make an election for the 2024 calendar year for each benefit below. Remember that elections are irrevocable for the plan year unless you experience a qualifying status change event.

Before submitting, **Review your elections carefully!** Please pay particular attention to your health, dental and vision elections to ensure that you have elected payroll deductions on a pre-tax or post-tax basis according to your preference as this cannot be changed unless you experience a qualifying status change event. **If you fail to submit a 2024 health, dental or vision election, your current election will be carried forward on an irrevocable basis for the 2024 plan year.**

**Note:** Any changes from single to family health, dental or vision insurance or vice versa or any additions/deletions of dependents on your health, dental or vision coverage will require the submission of a corresponding enrollment form to Human Resources.

**Note:** The system will prompt you to complete a new enrollment form for any health, dental or vision election change (including pre/post status of deduction only). New enrollment forms are only necessary when adding or removing members from your health, dental or vision plan.

**Reminder:** Any new Delta Dental members added through open enrollment will be subject to a six-month waiting period before any treatment other than routine examinations will be covered.

Contact Human Resources with questions or for assistance.

HEALTH INSURANCE	DECLINE	NO CHANGES	SELECT
Election not made Existing benefit: PRE TAX FAMILY HEALTH INSURANCE - 1.0 FTE - \$127.49			▼
DENTAL INSURANCE	DECLINE	NO CHANGES	SELECT
Election not made Existing benefit: PRE TAX FAMILY DENTAL INSURANCE - 1.0 FTE - \$30.73			▼
FLEX HEALTHCARE REIMBURSEMENT	DECLINE	SELECT	
Election not made		▼	
FLEX DEP CARE REIMBURSEMENT	DECLINE	SELECT	
Election not made		▼	
VISION INSURANCE	DECLINE	NO CHANGES	SELECT
Election not made Existing benefit: PRE TAX VISION FAMILY - \$9.16			▼

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

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The Open Enrollment screen shows current and new elections for each benefit. For each benefit you have the option of declining or making a new election. Health, dental and vision also include a “no changes” option for those wishing to maintain their current health, dental and vision elections. To make a new election choose “select” and you will be provided with all available options. Note that there are both pre-tax and post-tax options for health, dental and vision coverage.

**Benefits - HEALTH INSURANCE**

▲ If you are changing your election or adding/removing dependents, a new Wellmark enrollment form must be submitted to Human Resources by November 30th. If your election change only affects the pre/post tax deduction status, no form is necessary.

[Wellmark website](#) | [Employee Benefits Information](#) | [Wellmark Enrollment Form](#)

**PRE TAX FAMILY HEALTH INSURANCE - 1.0 FTE**

Pay period employee cost	\$127.49
Pay period employer cost	\$1,031.52
Employee annual cost	\$3,059.76
Employer annual cost	\$24,756.48

**PRE TAX SINGLE HEALTH INSURANCE - 1.0 FTE**

Pay period employee cost	\$43.67
Pay period employer cost	\$353.27
Employee annual cost	\$1,048.08
Employer annual cost	\$8,478.48

**POST TAX FAMILY HEALTH INSURANCE - 1.0 FTE**

Pay period employee cost	\$127.49
Pay period employer cost	\$1,031.52
Employee annual cost	\$3,059.76
Employer annual cost	\$24,756.48

**POST TAX SINGLE HEALTH INSURANCE - 1.0 FTE**

Pay period employee cost	\$43.67
Pay period employer cost	\$353.27
Employee annual cost	\$1,048.08
Employer annual cost	\$8,478.48

**I Decline**

CANCEL **CONTINUE**

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If you elect health, dental or vision for the first time or change the level of coverage (e.g. change from single to family), you will need to complete an enrollment form and submit it to Human Resources. Hard copy enrollment forms can also be requested from Human Resources.

**Benefits – HEALTH INSURANCE**

Wellmark website | Employee Benefits Information | Wellmark Enrollment Form

**Warning:** If you are changing your election or adding/removing dependents, a new Wellmark enrollment form must be submitted to Human Resources by November 30th. If your election change only affects the pre/post tax deduction status, no form is necessary.

- PRE TAX FAMILY HEALTH INSURANCE - 1.0 FTE**  
Pay period employee cost \$127.49  
Pay period employer cost \$1,031.52  
Employee annual cost \$3,059.76  
Employer annual cost \$24,756.48
- PRE TAX SINGLE HEALTH INSURANCE - 1.0 FTE**  
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- POST TAX FAMILY HEALTH INSURANCE - 1.0 FTE**  
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Employee annual cost \$3,059.76  
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- POST TAX SINGLE HEALTH INSURANCE - 1.0 FTE**  
Pay period employee cost \$43.67  
Pay period employer cost \$353.27  
Employee annual cost \$1,048.08  
Employer annual cost \$8,478.48
- I Decline**

CANCEL CONTINUE

If electing health care and/or dependent care reimbursement, please be reminded that there are 26 pay periods in 2025.

**Benefits – FLEX HEALTHCARE REIMBURSEMENT**

Employee Benefits Information | Flexible Benefit Plan SPD

**Warning:** Please enter your 2024 election as a PER PAY PERIOD amount. There are 26 pay periods in 2024. Your per pay period election cannot exceed \$117.30.

- HEALTH CARE FLEX REIMBURSEMENT**  
Pay period employee cost \$0.00  
Employee annual cost \$0.00  
Amount:
- I Decline**

CANCEL CONTINUE

**Benefits – FLEX DEP CARE REIMBURSEMENT**

Employee Benefits Information | Flexible Benefit Plan SPD

**Warning:** Please enter your 2024 election as a PER PAY PERIOD amount. There are 26 pay periods in 2024. Your election cannot exceed \$192.30 per pay period.

- DEPENDENT CARE FLEX REIMBURSEMENT**  
Pay period employee cost \$0.00  
Employee annual cost \$0.00  
Amount:
- I Decline**

CANCEL CONTINUE

Review your elections carefully, then click “submit”. Your election is not complete until you complete this step. You will still be able to make changes and re-submit through November 30th.

**Review your enrollment**

Benefit Category	Cost
<b>HEALTH INSURANCE</b> POST TAX SINGLE HEALTH INSURANCE - 1.0 FTE Pay period employee cost: \$43.67 Pay period employer cost: \$353.27 Annual employee cost: \$1,048.08 Annual employer cost: \$8,478.48	\$43.67
<b>DENTAL INSURANCE</b> PRE TAX FAMILY DENTAL INSURANCE - 1.0 FTE Pay period employee cost: \$30.73 Pay period employer cost: \$16.73 Annual employee cost: \$737.52 Annual employer cost: \$401.52	\$30.73
<b>FLEX HEALTHCARE REIMBURSEMENT</b> Declined	
<b>FLEX DEP CARE REIMBURSEMENT</b> Declined	
<b>VISION INSURANCE</b> PRE TAX VISION FAMILY Pay period employee cost: \$9.16 Pay period employer cost: \$0.00 Annual employee cost: \$219.84 Annual employer cost: \$0.00	\$9.16
<b>ANNUAL AMOUNTS</b> TOTAL EMPLOYEE COST: \$2,005.44 TOTAL EMPLOYER COST: \$8,880.00	\$2,005.44 \$8,880.00
<b>PERIOD AMOUNTS</b> TOTAL EMPLOYEE COST: \$83.56 TOTAL EMPLOYER COST: \$370.00	\$83.56 \$370.00

CANCEL   MODIFY   **SUBMIT**

**NOTE:**

Your election has been successfully submitted when you receive the following confirmation message.

**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.

**Congratulations! You have now completed the Open Enrollment process.**

The following elections, if applicable, will also require the completion and submission of a corresponding enrollment form:

- Changing health, dental or vision coverage from single to family coverage or vice versa
- Adding or removing dependents from health, dental or vision coverage

Completed enrollment forms are to be turned into Human Resources by November 30th

Note: The system will prompt you to submit a new enrollment form if you make any change to health, dental or vision. If your elections only impacts the pre/post tax nature of your health, dental or vision election, no enrollment form is required.

Thank you!

Benefit Category	Cost
<b>POST TAX SINGLE HEALTH INSURANCE - 1.0 FTE</b> Pay period employee cost: \$43.67 Pay period employer cost: \$353.27 Annual employee cost: \$1,048.08 Annual employer cost: \$8,478.48	\$43.67
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<b>PERIOD AMOUNTS</b> TOTAL EMPLOYEE COST: \$83.56 TOTAL EMPLOYER COST: \$370.00	\$83.56 \$370.00

you can now...

- [Make changes to your new elections](#)
- [Use other services](#)