

Employee Self-Service (ESS) Portal User Guide



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Employee Self-Service (ESS) Portal

honors one enthusiastic and innovative county wellness coordinator or sponsor.

Take Full Advantage of These Resources

Employee Self-Service (ESS) Portal

Access your confidential, online benefits and wellness portal to view your benefits, access claims, find a local provider and much more.

24-hour Nurseline

Call (866) 412-8795, day or night, to speak with an experienced registered nurse who can help with your health care concerns.

Tobacco Cessation Prescription

Healthy County Portal

All TAC HEBP member employees have access to Healthy County's integrated health and physical activity portal. Energized by Sonic Boom.

Condition Management

This voluntary program is available to help you manage a range of health conditions.

Medicine Match

Find Your
Wellness
Consultant

Hundreds of lives have been positive transformed through the Healthy County Wellness Program.

Share Your
Story

Contact Healthy County

To access ESS: • Navigate to



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<https://mybenefits.county.org> •

Click the Employee Self-Service
(ESS) Portal link.



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Sign In

Welcome to Texas Association of Counties employee enrollment system, your online resource for benefit programs at Texas Association of Counties.

Username: _____

[Forgot Username?](#)

Next

[First time user? Create an account →](#)

Logging into ESS:

- Enter your username. Your username is your email address.
- Click “First Time User” to create an Account.

(All users will need an email address to login)

reen



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Multi-Factor Authentication (MFA)

MFA enhanced security login:

- Enter your UID#.

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Account Setup

Tell Us About Yourself

Do you know your UID number (found on your BCBS ID card)?

☒ Yes
☐ No

UID:

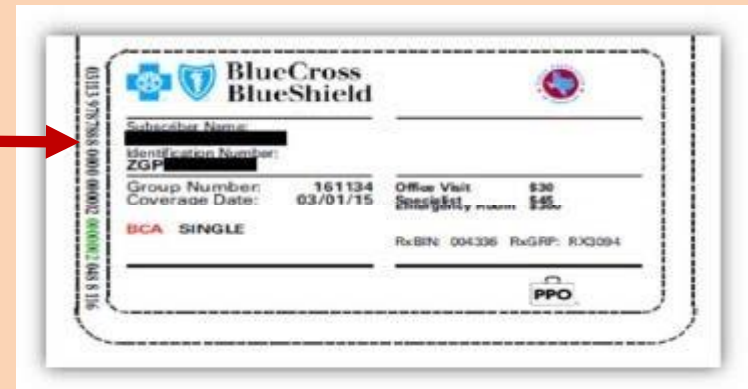
Last 4 Digits of Your SSN:

Birth Date (mm/dd/yyyy):

Use your UID to register your account. If you don't know it or don't have access to it, you will be able to identify yourself using your Social Security Number.

Your UID is your unique identification number located on your BCBS ID card.

Your UID# is the unique identification 9-digit number found at the front of your Blue Cross Blue Shield Medical ID Card.



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- **Enter the last 4-digits of your SSN.**
- **Enter your Birth Date.**
- **Click Next.**

Multi-Factor Authentication (MFA) (cont'd)



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If you do not have a UID#, enter:

- Your full SSN.
- Your Date of Birth.
- Click Next.

Account Setup

Tell Us About Yourself

Do you know your UID number (found on your BCBS ID card)?

☐ Yes
☒ No

Do you know your Social Security Number?

☒ Yes
☐ No

Social Security Number:

Birth Date (mm/dd/yyyy):

Use your UID to register your account. If you don't know it or don't have access to it, you will be able to identify yourself using your Social Security Number.

Your UID is your unique identification number located on your BCBS ID card.

[Cancel](#)

Next

Account Set-Up



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Account Setup

Enter and confirm your email address below to continue.

Email:

Confirm Email:

Next

You can change the email address
registered to your account once you
have logged into the site.

Cancel

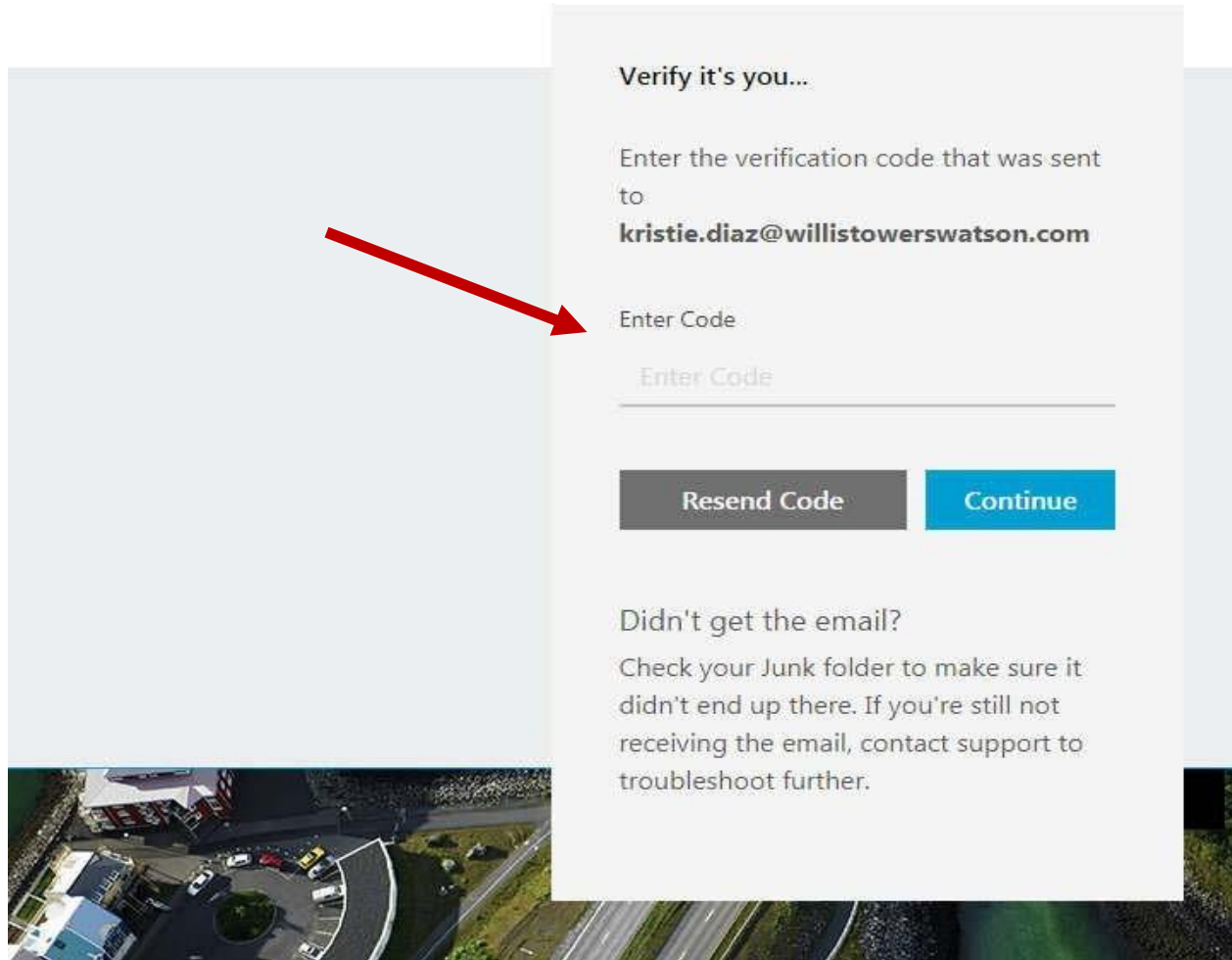
Establish Username:

- Enter your email address. Your email address will be your username.
- Confirm email address.
- Click Next.

(All users will need an email address to set-up an account)



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Verify it's you...

Enter the verification code that was sent to
kristie.diaz@willistowerswatson.com

Enter Code

Enter Code

Resend Code Continue

Didn't get the email?

Check your Junk folder to make sure it didn't end up there. If you're still not receiving the email, contact support to troubleshoot further.

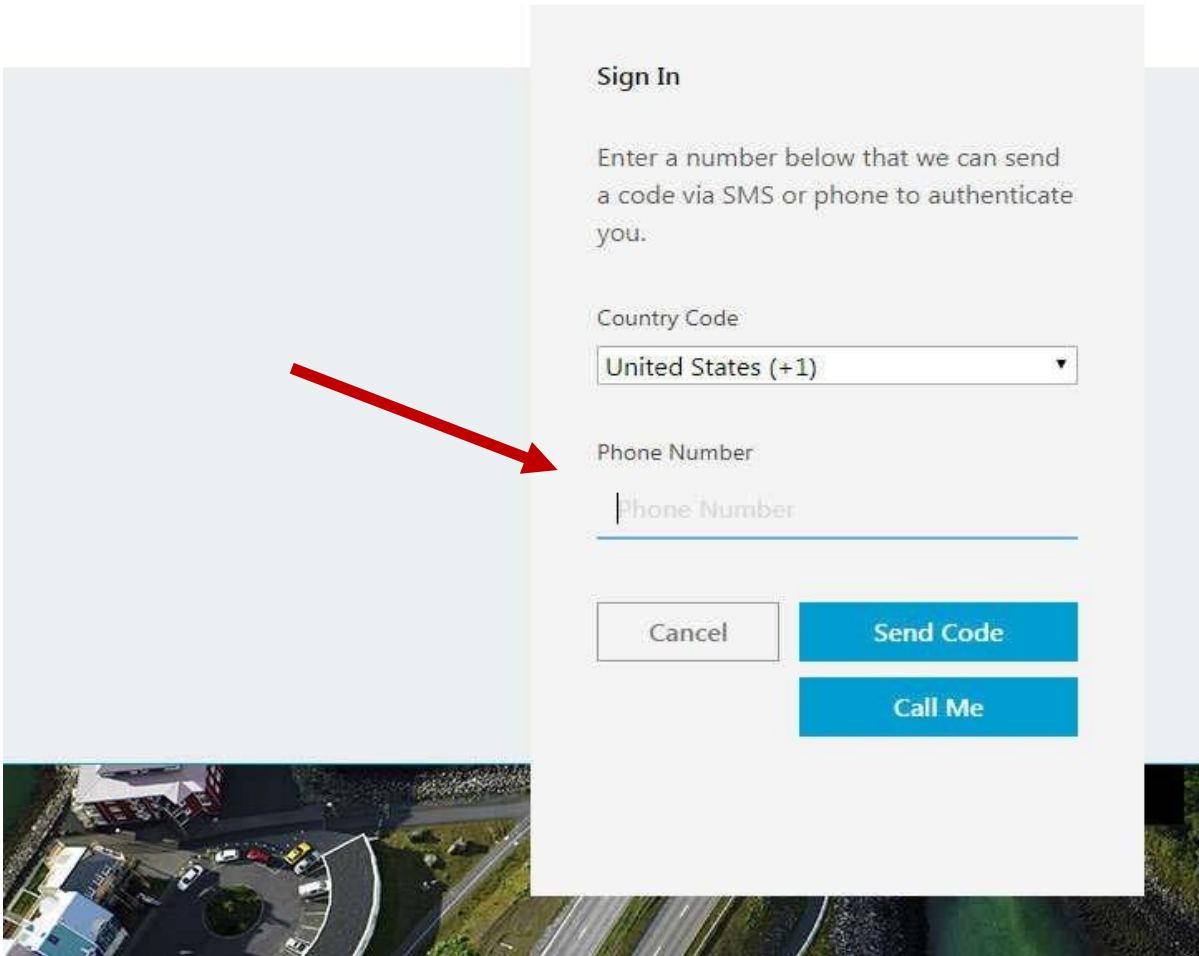
Verify by email:

- A 6-digit verification code will be sent to the email you entered.
- Click Continue to also verify by phone.

on Code



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Sign In

Enter a number below that we can send a code via SMS or phone to authenticate you.

Country Code

United States (+1)

Phone Number

Phone Number

Cancel Send Code Call Me

Verify by phone:

- Enter a phone number to receive another 6-digit verification code by phone.
- Choose 'Send Code' for a text message verification code or 'Call Me' to get an automated phone call.

Verification Code (Cont'd)



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Authentication & Access:

- Set up password.
- Click Save.



Create New Password

Password must be at least 8 characters long and contain at least 3 of the following: uppercase letters, lowercase letters, numbers, and symbols.

New Password

Confirm Password

Cancel

Save

rd Set-Up



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Login

Online Authorization

To access this site you must agree to the following information.

On behalf of myself and my eligible dependent(s), I certify that any dependents enrolled under any coverage are eligible dependents under the terms of the Plan. Further, I agree to and understand the following:

1. I understand that my benefit choices may result in certain deductions from my paycheck. I authorize any deductions from my pay resulting from my benefit choices and/or my enrollment in this and in any future year.
2. I understand that, unless it is during the Annual Enrollment period or I experience a Change in Status as described in the Summary Plan Description for the applicable plan, my benefit choices and payroll authorization may not be changed or revoked during a calendar year.
3. I understand that by accepting the authorization my Change in Status Event is truthful and accurate. Alliance Data reserves the right to request appropriate and/or legal documentation reflecting the proof of my Change in Status Event.
4. I am aware that the plan(s) I may choose to enroll in have prescribed benefits, exclusions, and other limitations.
5. Should my employment terminate, I authorize Alliance Data to make any required payroll deductions associated with my benefit elections from my final paycheck.
6. Any material omission or misrepresentation in answering the questions in this system may result in the denial of benefits, termination of coverage and enrollment for me and my dependents and/or disciplinary action including and up to termination of employment.

DECLINE

ACCEPT

Online authorization:

- **Accept the online authorization.**
- **Access is granted to ESS.**

Authorization



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Navigating at the home screen:

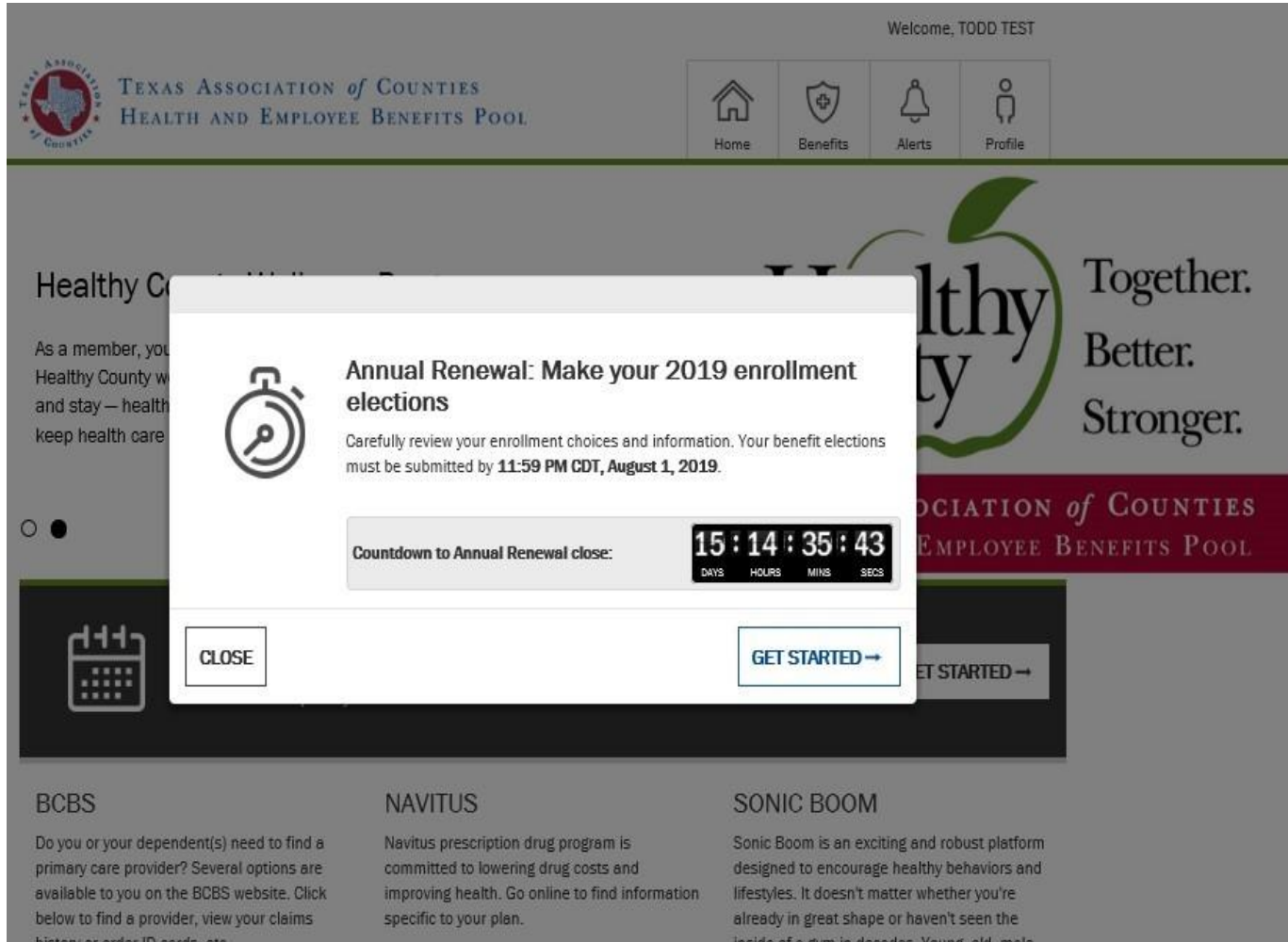
- Click and browse information and links.
- Click on the links to goto the provider websites.
- Click on video imagesto view videos.

e Screen



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Home Screen



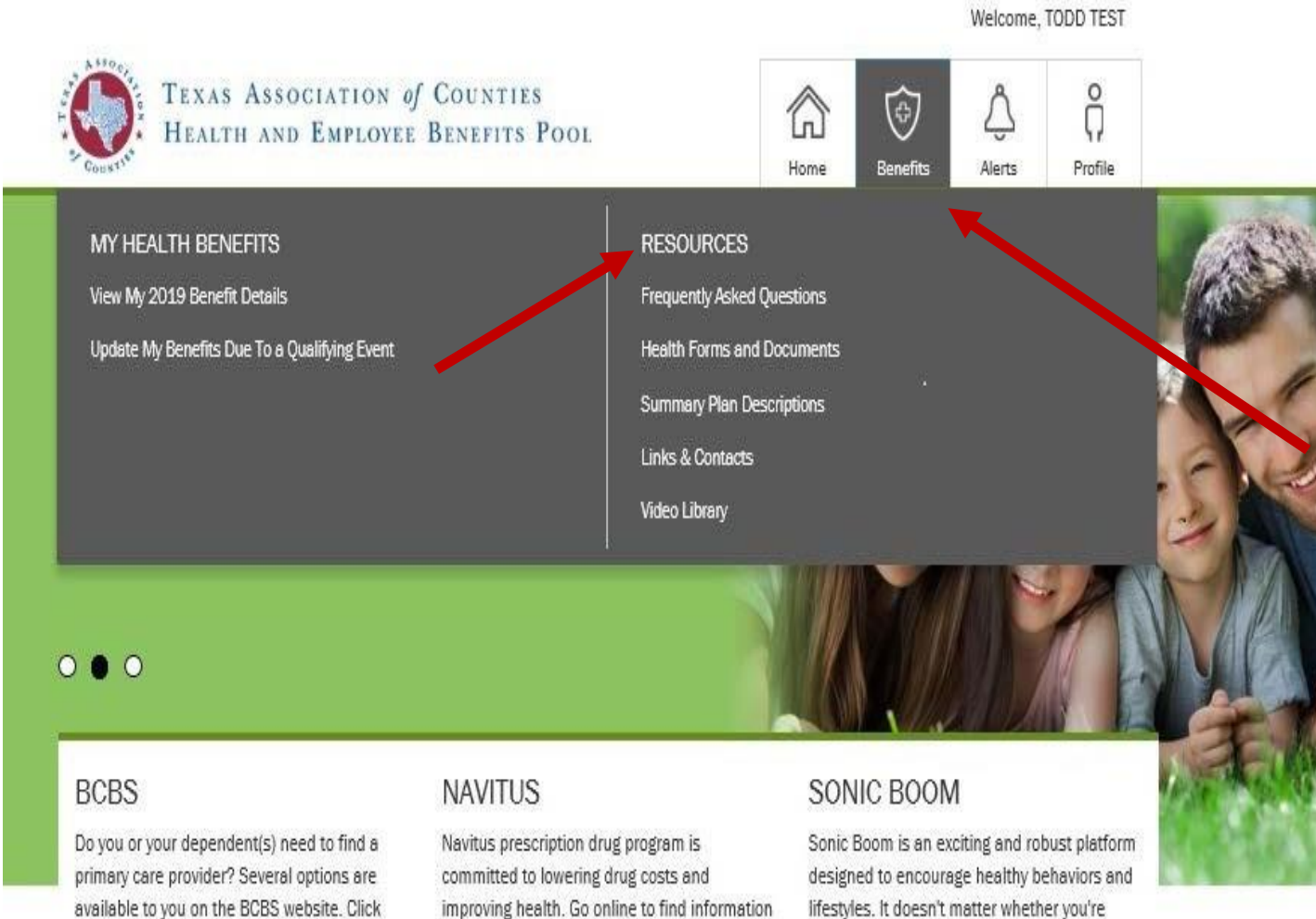
If you have not enrolled in benefits :

- A dialog box will display to show the number of days remaining to enroll in benefits.
- Click on "Get started" to



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Home Screen



begin your enrollment or “Close” to enroll later.

Navigating at the home screen:

- Click “Benefits” at the top navigation



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Home Screen (cont'd)

tabs view your
benefits • Under the
Resources tab, you
can find helpful
information.

Home Screen

Welcome, TODD TEST

 TEXAS ASSOCIATION *of* COUNTIES
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2019 Annual Renewal

Confirmation

 You have successfully purchased your 2019 PM CDT, August 1, 2019 to revise your elections.

After this date, your elections will be final and cannot be changed until the Annual Enrollment period or you experience a qualified life event, such as marriage or a birth.

[Learn more about your benefit plans here.](#)

[View and print a confirmation statement →](#)

Alerts

YOU HAVE 1 NEW ALERT

Complete Evidence of Insurability.

[Go to Alert Center →](#)

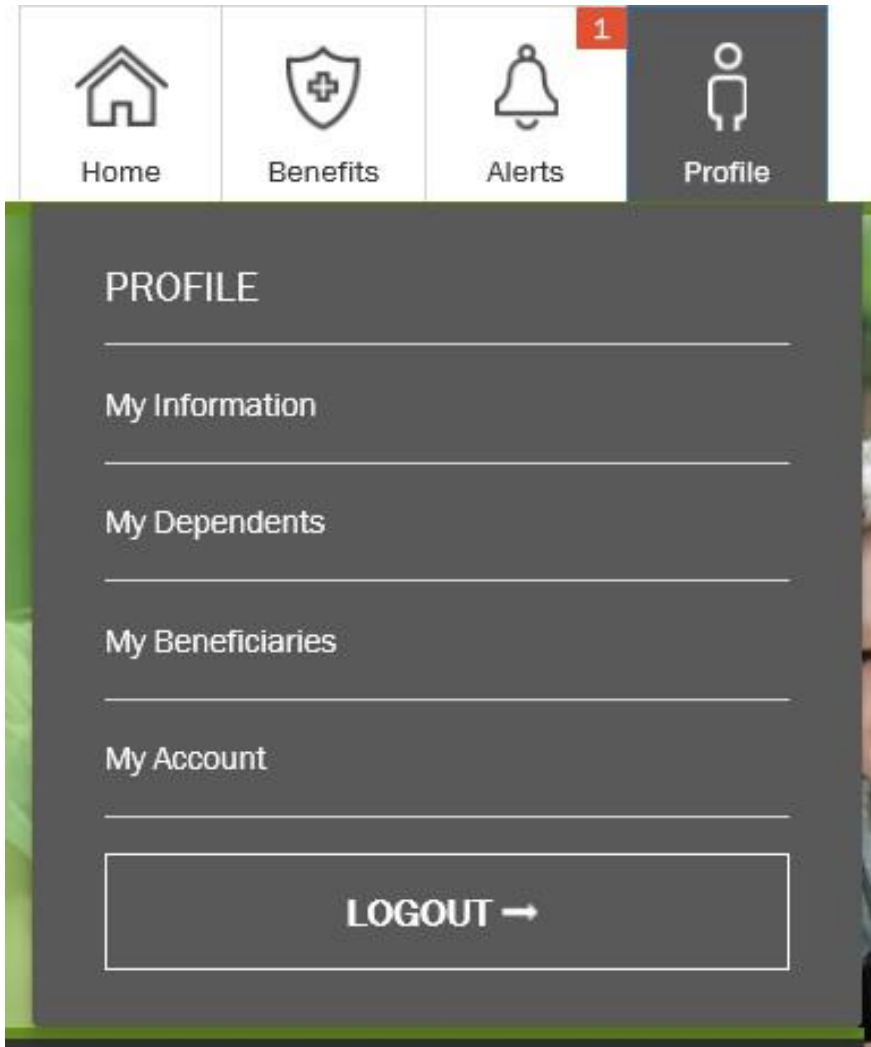
Click the Alert tab:

- To see important reminders or required actions you need to complete.

What you can do next:



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Click the “Profile” tab to:

- View your information.
- Edit your contact information such as address or email.
- View your benefits.
- View your beneficiaries.
- Add / change your dependents.



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Profile



Basic Information

To update your basic information, home/work phone, and/or home address, please contact your County or District Human Resources or Benefits Administrator.

Title:

Birth Date:

First Name:

Gender:

Middle Name:

Last Name:



Address

Below is your address information on file. If you have multiple addresses on file, mailed materials will be sent to your preferred address.

Home

Line 1:

City:

State:

Zip Code:

Country:



Phone

The listed phone number below may be used to contact you in response to service inquiries and other benefit services. It will not be used for marketing purposes.

Home:



Add Phone Number



Email

Your email address may be used to communicate important enrollment event reminders, confirmations and other notifications of actions you may need to take related to your Health benefits. It will not be used for marketing purposes.

Email:

At the “Profile Information” window, you can:

- Edit your home address (please use your mailing address).
- Edit or add an email address and/or phone number.



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MY VENDORS AND OTHER SITES

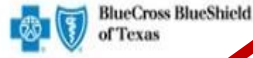
[View All →](#)

 Medical

 Dental

 Prescriptions

Other



BlueCross and BlueShield of Texas (BCBSTX) is among the financially strongest health insurers in the nation, providing us with a high level of confidence and security. To help you manage your everyday life, BCBSTX administers a portfolio of programs such as Condition Management, Fitness Program, 24/7 Nurseline, WellonTarget, and much more.

[Go to Blue Cross Blue Shield Member Site](#)

MDLIVE

Health care just got simpler with MDLIVE®. Whether you are at home or traveling, low-cost telemedicine has made it easy to visit a doctor at your convenience using your smart phone, tablet or computer 24/7.

[Go to MD Live Member Site](#)

RESOURCE LIBRARY

Check out additional educational and reference material.

[View the Resource Library →](#)

My Vendors tab to view plan information:

- Click each plan tab to view the vendor information and website.
- Click on Resource Library to access your County or District resource guides, documents and benefit highlights.



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Resource Library



Resources



Resource Library

▲ Collapse All ▼ Expand All

Here, you'll find helpful documents and tools for understanding and managing your benefits.

Health Forms and Documents



Summary Plan Descriptions



These documents provide detailed summaries of your benefits and important information about claims and appeals.

Medical

Medical Plan 700

Prescriptions

RX 3A

Dental

Dental Option II w/ Ortho

Learn about your benefits Under the Resource Library:

- Access health forms & documents.
- Click on Summary plan descriptions to view the benefit highlights for plans offered by your County or District.
- Click the file to download a PDF copy.

Open Enrollment





2019 Annual Renewal

Welcome to Annual Renewal

Review and Confirm Your Information

Please take a minute to review and confirm the information we have for you.

Your Basic Information

First Name: TODD
Last Name: TEST
Birth Date: 5/5/1964

Address Line 1: 1234 TEST DRIVE
Address Line 2:
City: TEST
State: TEXAS
ZIP Code: 55555

To update your basic information, home/work phone, and/or home address, please contact your County or District Human Resources or Benefits


To enroll in new benefits:

- Click annual renewal under the benefits tab.
- Review your and confirm your information is correct.
- Make corrections or changes if needed.

Dependents



For disabled dependents, please provide required documents to your Benefits Administrator.

 Add Dependent

New Dependent

First Name:

Middle Name:

Last Name:

SSN:

Birth Date:

Gender:

Relationship:

Disabled ☐

Child/Grandchild:

☒ Use my home address for this dependent

Line 1:

Line 2:

City:

State:

Zip Code:

Country:

CANCEL

SAVE

To add new dependents:

- You can access the dependent tab from the Profile page or as you move through the enrollment process.
- Click “Add Dependent” and enter dependent information.
- Fill independent information.
- When finished, click “Save”.

Enroll in Benefits



Home



Benefits



Alerts



Profile

2019 Annual Renewal 0% Enrollment Complete

Medical - Who Will You Cover?

0 Benefits Added

View Cart →

Your Total Cost Per Month

\$0.00

Select the family members you want to cover:

The number of family members you include under your coverage affects your contribution amount (what comes out of your paycheck). The more people you cover, the more you pay. [Learn more](#)

Family Member

☒ TODD TEST

☒ BABY TEST (Child)

[Update Dependents](#) →

Coverage Level (based on selections above)



benefits: • Click the benefit you



wish to enroll. • Check the family dependent you wish to add to your benefits. • Make your elections; eg. employee+child, etc.

Benefit Selection



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Home



Benefits



Alerts



Profile

2019 Annual Renewal 22% Enrollment Complete

Medical - Coverage Options

Staying in network can save you costs. Search for a provider near you at www.bcbstx.com

Coverage Level



Employee + Child(ren):

TODD, BABY

[Update](#)

Displaying 1 of 1 Coverage Options

Your 2019 Plan



BlueCross BlueShield
of Texas

Plan 700

[Learn more about Plan 700](#)

2 Benefits Added

[View Cart](#)

Your Total Cost Per Month

\$862.80

Medical

Coverage: Plan 700

Tier: Employee + Child(ren)

Cost: \$862.80

[Change Selection](#)

Prescription Drug

Coverage: RX-3A

Cost: \$0.00

Included with Medical



Added to Cart

[MOVE ON TO DENTAL](#)

When selecting benefits:

- Choose and add dependents to your elections.
- Continue through all your benefits until all elections are completed.

You can only add a dependent if you are doing open enrollment or if you are a new hire electing benefits.

Benefit Selection (cont'd)



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Welcome, TODD TEST



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Home



Benefits



Alerts



Profile

2019 Annual Renewal 0% Enrollment Complete

Medical - Coverage Options

0 Benefits Added

View Cart →

Your Total Cost Per Month

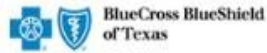
\$0.00

Staying in network can save you costs. Search for a provider near you at www.bcbstx.com

Displaying 1 of 1 Coverage Options

Sort By Current Plan ▾

Your 2019 Plan



Plan 700

\$862.80

Cost Per Month

[Learn more about Plan 700](#)

[ADD TO CART](#)

Coverage Level



Employee + Child(ren):

TODD, BABY

[Update](#) →



[Learn more](#) →

Add all benefits to cart:

- Even if you are not making changes to a benefit, the benefit **must** be added to your to the cart to add it to your the plan year benefits.



[Learn more →](#)

Basic Term Life



Benefit Choices

Cost

☐ Waive Coverage

\$0.00

Your 2019 Plan

☒ \$30,000

\$0.00

Voluntary Term Life



Benefit Choices

Cost

☐ Waive Coverage

\$0.00

Cost Per Month

☒ \$10,000*

\$5.40

Cost Per Month

☐ \$20,000*

\$10.80

Cost Per Month

* You are required to provide Evidence of Insurability (EOI). Your new coverage will not take effect until approved by Voya. Please proceed to the Evidence of Insurability (EOI) form. You must print, complete and mail the EOI form to Voya to request approval.

[Download and print the Evidence of Insurability Form](#)

When selecting life benefits:

- An Evidence of Insurability (EOI) form must be completed for any life coverage changes or increases.
- New hires selecting life for the first time do not need to complete an EOI.



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Profile



Beneficiary Summary

Your current beneficiary designations are listed below. Please review these designations to ensure they are up to date. You can add or change beneficiaries at any time.

AVAILABLE BENEFICIARIES

Relationship	SSN / Tax ID	Birth Date
██████████	***-**-████	████/██/██

BENEFICIARY DESIGNATIONS

[Edit Beneficiary Designations →](#)



Need to add a beneficiary?

To add a new beneficiary please contact at 888-888-0000.



Need to update your designations?

You can designate new beneficiaries for your benefits and change the allocation percentage or assignment of your current beneficiaries.

[Update Beneficiary Designations →](#)

Add or change a beneficiary:

- View your beneficiary summary under the “Profile” tab.
- Click “Update Beneficiary Designations” to add or change your beneficiaries.
- Click “Edit Beneficiary Designations” to change a beneficiary information; address, phone number, etc.



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Beneficiary Designations

You can assign or update beneficiaries for all benefits that are eligible for beneficiary designations. As you are making updates, please consider the following:

- If you do not see a beneficiary available to be added, you must first add the beneficiary here: [Add a Beneficiary](#)
- Each beneficiary may only be designated once per benefit

If you have questions regarding the setup of your beneficiaries, please contact the Benefits Administrator at your county or district.

BENEFITS

Primary	Contingent
<div>TED TEST, Sibling</div> <div>100% Remove</div> <div>Select a beneficiary ... </div>	<div>TIM TEST, Parent</div> <div>100% Remove</div> <div>Select a beneficiary ... </div>
Primary Total: 100%	Contingent Total: 100%

Assigning a beneficiary:

- Add a new beneficiary to your benefits.
- Select benefit percent on each beneficiary. Total percentages must add up to 100%



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Your Cart

9 Benefits Added

Checkout →

All values represent per month amounts.

HEALTH				
Benefit	Coverage Details	Coverage For	Employer Cost	Your Cost
Medical Change →	Coverage: Plan 700	Employee + Child(ren) TODD, BABY	\$0.00	\$862.80
Prescription Drug <i>Included with Medical</i>	Coverage: RX-3A		\$0.00	\$0.00
Dental Change →	Coverage: Dental - II-O	Employee + Child(ren) TODD, BABY	\$0.00	\$39.26
Basic Vision Change →	Coverage: Plan I	Employee Only TODD Not Covered: BABY Change Coverage →	\$6.68	\$0.00
PROTECTION				

Review the benefits in your cart to:

- Make sure you have selected and added your changes.
- Click on 'change' to make corrections to your elections.





Home



Benefits



Alerts



Profile

Health Benefits

My 2019 Benefit Details

PRINT CONFIRMATION

You and your listed dependents

Name	Relationship	Birth Date
TODD TEST	Self	5/5/1964

Below are your benefit elections for 2019 as of 7/17/2019 8:07:02 AM

[Learn more about your benefit plans here.](#)

All values represent per month amounts.



HEALTH

Benefit	Coverage Details	Coverage For	Employer Cost	Your Cost
Medical	Coverage Plan 700	Employee Only	\$0.00	\$554.58

Benefits confirmation:

- Print or save your benefits confirmation for your files.



TAC Health and Employee Benefit Pool Survey



You have successfully purchased your 2019 benefits! You have until 11:59 PM CDT, August 1, 2019 to revise your elections.

After this date, your elections will be final and cannot be changed until the Annual Enrollment period or you experience a qualified life event, such as marriage or a birth.

[Learn more about your benefit plans here.](#)

[View and print a confirmation statement →](#)



Enrollment Survey

We are interested in your feedback. Please take a few minutes to complete this survey. Simply click on the button next to the response that matches your opinion and add any comments in the box below. Your responses will be kept completely confidential.

When you are finished, click on the [Next] button to save your survey responses. If you would rather not complete the survey, you can click [Next] below.

1. Accessing and logging into the site was easy:

- ☐ Strongly Agree
☐ Somewhat Agree

Voluntary survey questionnaire:

- You may wish to take the survey at the completion of your enrollment.
- A confirmation statement can also be printed here.