



Dental/Vision Open Enrollment in ESS

Employee Self Service ess.cityofmadison.com

Employee Self Service (ESS) is a website that allows employees access to their employment information such as previous pay stubs and W2's through their personal computers or mobile devices.

If you've never logged into ESS before, the user ID is the employee number displayed on the upper left hand corner of your pay stub. The first time you log in, your password will be the last 4 digits of your social security number. You'll then be prompted to change the password. If you've forgotten your password and need it reset, please contact the City IT Helpdesk at 608-266-4193 or review the provided [guide](#). Wait times may be longer during open enrollment so please try to login as soon as possible to confirm you have access. For additional assistance, please contact Central Payroll at payroll@cityofmadison.com.

Employee Self Service

Benefits

Open Enrollment

Expense Reports

Pay/Tax Information

Personal Information

Time Off

Time Entry

ESS is used to process the annual open enrollment changes related to our Dental, Vision and Flex Medical/Dependent care programs. Employees may use ESS during the open enrollment period to view their current benefit elections as well as, enroll, change or cancel benefits for the 2027 plan year.

If you are not eligible to participate in the dental, vision and flex medical/dependent care programs, you will not have benefit information available to you in ESS.

Open enrollment for health insurance will be administered separately per ETF guidelines. Additional information may be found [here](#).

Please ensure you have a valid email address provided under Personal Information. This is used for your confirmation email of your open enrollment elections as well as any other ESS initiated employee changes.

Welcome to Open Enrollment for the 2027 Plan Year!

The Open Enrollment module is located under the Benefits section of ESS. **Click on Benefits then Select [Open Enrollment](#) to proceed.** All other changes in the current year due to a qualifying event should still be processed through HR at this time. ***Screenshots provided below may be from a prior benefit year, the enrollment process has not changed.***

Existing Benefits

! You must complete your [open enrollment](#) before 10/30/2026.

Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/30/2026.*

Welcome to Open Enrollment for the 2027 Plan Year!

- You will use this program to enroll, cancel or change your Dental or Vision insurance plans for the 2027 benefit year.
- Please see the [Open Enrollment page](#) on the Human Resources website to review information.
- Medical and Dependent Care Flex open enrollment will occur from November 9, 2026 to November 20, 2026.
- Dental and Vision open enrollment choices will be first reflected in premiums deducted from the 12/18/26 pay check for January 2027 coverage.
- Amounts noted as "per pay period" are the premium amounts deducted monthly on the second check of the month.
- Spouses are considered dependents for Dental & Vision benefits. Please make sure to add your spouse to EE&Spouse or Family plans.
- Questions? Please reach out to benefits@cityofmadison.com or 608-266-4615.
- **After selecting your changes, click continue and then submit.**

If you want to keep your current dental or vision benefits as is, choose **NO CHANGES**.

To cancel or decline benefits for the 2027 plan year, choose **DECLINE** for the appropriate benefit.

To enroll in new coverage OR to change your coverage level (for example, from a Single to a Family plan), choose **SELECT** on the appropriate benefit type to see the options available.

For plans level choices other than Single, dependent information must be added. Click on the + **ADD NEW DEPENDENT** link and complete the * required fields.

☐	DELTA SINGLE - EMPLOYEE ONLY Employee cost \$41.31
☐	DENTAL FAMILY - EMPLOYEE, SPOUSE & DEPENDENT CHILDREN Employee cost \$143.45
☐	DENTAL - EMPLOYEE & DEPENDENT CHILDREN Employee cost \$95.28
☐	DENTAL - EMPLOYEE & SPOUSE Employee cost \$94.50
☐	I Decline

Add a new dependent

First name*

Middle initial

Last name*

Suffix

Date of birth*

Gender

Relationship*

☐ Handicapped

Social Security number*

Dependent information will carry between the benefit types. Once a dependent is saved or linked with an active benefit, you'll be able to select the existing dependent from the drop down list that will appear under the + **ADD NEW DEPENDENT** link.

Please be sure to complete *all* fields and enter accurate dependent information. This is required by the plan providers to administer your benefits. Middle initial and Suffix may be left blank if not applicable.

Social Security number*

123-45-6789

Dashes must be entered as indicated in the Social Security number in order to save dependent information. You may enter your SSN instead of your dependents' for this benefit.

Once you have completed your elections, you may preview how the cost of the premiums will impact your net/take home pay with the paycheck simulator tool or select **CONTINUE**.

Estimated total cost per pay period

\$92.59

The [paycheck simulator](#) can show how this affects your net pay.

CONTINUE

The “pay period” or “per pay period” costs noted throughout the ESS open enrollment program reflect the premium amounts withheld monthly on the second check of the month, *not* every paycheck.

After selecting CONTINUE, you’ll be given a chance to review your open enrollment elections. The ANNUAL amount listed correctly reflects the monthly contributions x 12 months.

To make further changes, you may select MODIFY. **When you’re satisfied with your changes, SUBMIT your elections for processing.**

Review your enrollment

DELTA DENTAL INSURANCE
DENTAL - EMPLOYEE & DEPENDENT CHILDREN
JANE DOE
Pay period employee cost
Annual employee cost

\$80.40
\$964.80

DELTA VISION INSURANCE
VISION - EMPLOYEE & DEPENDENT CHILDREN
JANE DOE
Pay period employee cost
Annual employee cost

\$12.19
\$146.28

TOTAL PAY PERIOD EMPLOYEE COST
TOTAL ANNUAL EMPLOYEE COST

\$92.59
\$1,111.08

CANCEL MODIFY

SUBMIT

You’ll be presented with a confirmation screen. You may print/save for your records. You’ll also receive a confirmation email to the address stored under the Personal Information section of ESS. It is the same email you receive your biweekly pay statement if you participate in direct deposit.

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.

Regular Dental and Vision premium deductions are withheld on the second check of the month and the pay period amount noted below is the monthly premium amount. The benefit changes noted below will apply to coverage for the 2022 plan year. Premiums deducted on the December 23rd 2021 payroll check will be for your January 2022 coverage.

DELTA DENTAL INSURANCE
DENTAL - EMPLOYEE & DEPENDENT CHILDREN

 Reply  Reply All  Forward  IM



NoReply@MUNIS.com

Benefit Enrollment Summary:

Employees may continue to make changes to their Dental and Vision elections from October 5, 2026 to October 30, 2026 through the ESS open enrollment program. Once the open enrollment period is over, you will no longer be able to make changes in ESS.