

Open Enrollment Changes in My Insurance Benefits

Welcome to Open Enrollment! All Open Enrollment changes for the next Plan Year must be submitted via the My Insurance Benefits portal online. My Insurance Benefits looks a little different for Open Enrollment changes, but the steps are functionally the same as they are for midyear qualifying event changes.

Before you submit any change(s) to health insurance coverage, please review the important reminders outlined below!

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Access the My Insurance Benefits portal at the QR code to the left. **Direct URL:**
<https://apps.etf.wi.gov/MemberPortalWeb/>

Important Open Enrollment Reminders

Before you submit any change(s) to health insurance coverage, please review the important reminders outlined below!

Access to My Insurance Benefits

You must have a **MyWisconsin ID** to access My Insurance Benefits. MyWisconsin ID is a State-run portal and is **fully separate** from all City login credentials. If you have not yet set up a MyWisconsin ID, you should do so **ASAP** (using a personal email address), as it can take 1-2 days to finish setup.

- For troubleshooting assistance, please contact the State Division of Enterprise Technology at **(608) 471-6667**.

Health Premiums

Ignore the health insurance premiums in the My Insurance Benefits portal. They do not include the employer contribution to health insurance coverage. Correct premiums for the next Plan Year are included in the memo packet for your Benefit Group, available on the Open Enrollment page of the HR Benefits website: <https://www.cityofmadison.com/human-resources/benefits/open-enrollment>

Family Coverage Requirement

If you are enrolled in **Family** health insurance coverage, ETF regulations require you to cover **any/all** spouse + minor dependent(s) on your plan. This means that if you are covering child(ren) on your health plan **and** are married, you **must also** cover your spouse, and vice versa.

Documentation Requirement

If you are **newly adding** a spouse/dependent(s) to health insurance, **documentation is required** (e.g. proof of marriage, parenthood, and/or legal guardianship). After you submit your change, you will be prompted to upload documentation if this applies to you.

- While you will have **90 calendar days** to upload this documentation, it is best to upload your documentation **as soon as possible**, as your change cannot be approved until your documentation has been provided. If your documentation is not provided by the deadline, **your change will be denied**.

Qualifying Events

If you need to make both a qualifying event change **and** an Open Enrollment change, your qualifying event change must be **fully finalized in the portal** (including any required documentation) **before** your Open Enrollment change can be submitted. If this applies to you, **please contact the Benefits Team immediately** at (608) 266-4615 or benefits@cityofmadison.com so we can assist.

When You Log In

If you are currently enrolled, you will see your benefits listed on the screen and summary when you log in (purple arrow). You will also see the number of days you have left to make Open Enrollment changes (green arrow).

If this is your first time logging in during Open Enrollment (or at all), the portal will prompt you to update your communication preferences when you select **Edit your benefits** (orange arrow).

Welcome to My Insurance Benefits!

Here you can enroll in and manage your insurance benefits.

To access benefits materials such as plan comparisons, covered providers and services, plan documents, contact information and more, visit the [Insurance page](#) on ETF's website.

[Show more](#)

[Edit your benefits >](#)

Welcome back, [redacted]
Monday, October 5 at 9:22 AM CDT

25
DAYS LEFT TO ELECT BENEFITS
[View your benefits](#)

4
ACTIVE BENEFITS
[View benefits](#)

[View your benefits](#) [Change your current benefits](#) [Print your benefits](#) [View your medicare info](#) [Create dependent profile](#)

Review and update any communication preferences; then, select **Next** (or Continue) at the bottom of the screen to advance.

- **If your address is incorrect**, please first check the Employee Self Service (ESS) portal and submit an address update if your address on file in ESS is also outdated. Once you have confirmed your address on file with the City is correct, send an email to benefits@cityofmadison.com with a request for your mailing address to be updated.

Your profile

Review and complete the required (*) information for your profile below.

[About you](#) [Communication preferences](#)

Here's what we know about you

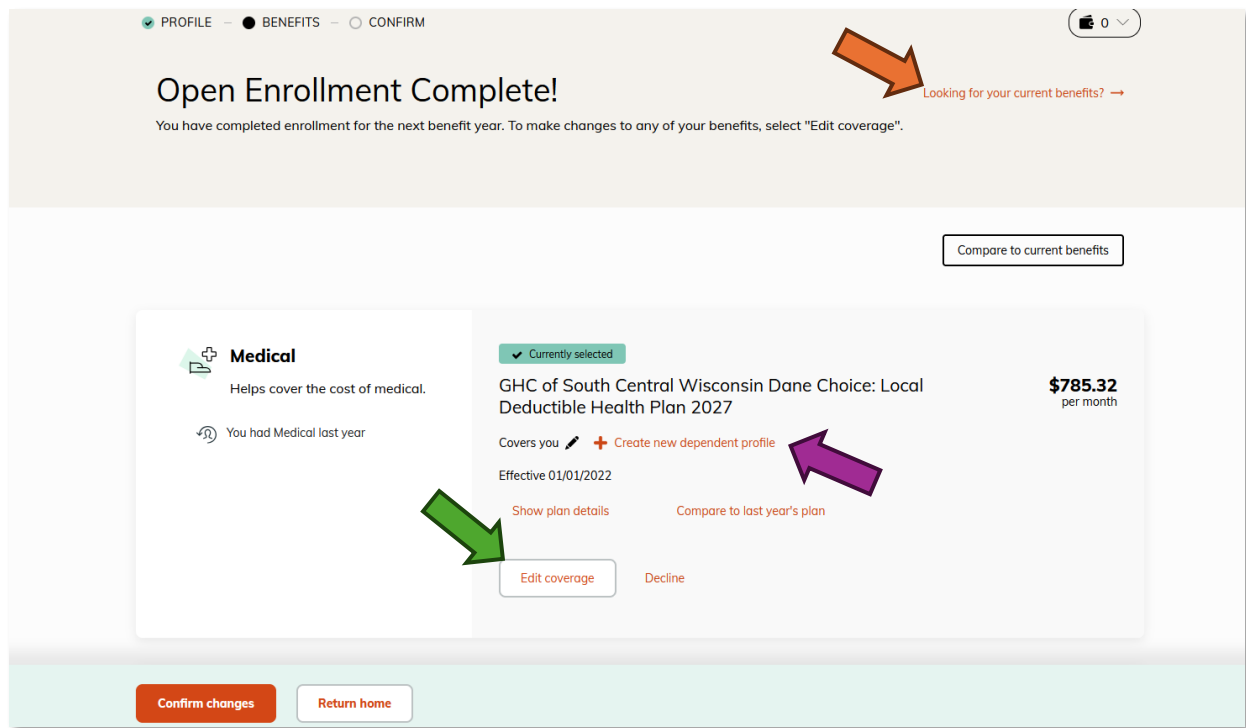
Some of your information is managed in another system. To change it, contact your employer, if you're no longer employed, please contact the Department of Employee Trust Funds (ETF).

Your personal information [EDIT](#)

Name [redacted]

Preferred name

You will be taken to the main Open Enrollment screen. It will say “Open Enrollment Complete!” at the top. This is because your current coverage will **continue automatically** into the new year at the rates for the new year **if you do not submit any changes**. See below for instructions on how to submit changes for the next Plan Year!



Submitting Changes

If you are making changes to health insurance, this is where you'll take action. See the above screenshot for arrows.

- Adding people to your plan as an Open Enrollment change?
 - Select **Create new dependent profile** (purple arrow).
 - If you are also changing your health plan, add your family members to coverage **first**.
- Changing your health plan as an Open Enrollment change?
 - Select **Edit coverage** (green arrow).
- Cancelling coverage as an Open Enrollment change?
 - Select **Edit coverage** (green arrow).
- Submitting a qualifying event change (e.g. midyear birth/adoption, marriage, loss of coverage, etc.)?
 - Select **Looking for your current benefits** (orange arrow). This will take you to the normal qualifying event change page, where you can select a life event to begin the process.
 - Please also contact the Benefits Team at benefits@cityofmadison.com **immediately** if this applies to you. If you need to make both a qualifying event change **and** an Open Enrollment change, your qualifying event change must be **fully finalized in the portal** (including any required documentation) **before** your Open Enrollment change can be submitted.

Adding Dependent(s)

If you are adding dependent(s) to coverage (including a spouse), you will be taken to the **Medical: Who do you want to cover?** page. You will see yourself and any preexisting dependent(s) listed.

Medical: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Sex	Actions
☒	[REDACTED]	Subscriber	[REDACTED]	[REDACTED]	

[Create dependent profile](#) 

[Decline coverage](#) I would like to decline Medical coverage.

[Next](#) [Previous](#)

To add people to coverage for the next Plan Year, select **Create dependent profile** (purple arrow). Enter all information for each person, selecting either **Save** or **Save & add another** at the bottom of the screen once you have entered their details.

When you are done adding dependent(s), select **Save** a final time, then select **Next** at the bottom of the screen. This should take you to the **Summary** screen.

✓ PROFILE - BENEFITS - ○ CONFIRM

Health P14 - Local Deductible Health Plan 2027 Summary

Your Health P14 - Local Deductible Health Plan 2027 benefit summary is shown below. Please note that your benefits have not been saved. You must click Save to complete the section.

Medical

GHC of South Central Wisconsin Dane Choice: Local Deductible Health Plan 2027

Offered By: GHC-SC

Effective Date: 01/01/2022

You Pay: \$785.32 per month

Persons Covered: [REDACTED]

Additional Insurance  [Edit](#)

No policy on record

No additional insurance policy information on record

[Edit coverage](#) [Plan details](#)

Cost Details

Monthly Deduction

Type	Cost
Medical	\$785.32
Pharmacy	\$188.82
Wellness Program	\$8.26
Administrative Fee	\$23.34
Total	\$1,005.74 Monthly

[Save](#) [Cancel](#)

If you are **also** changing plans for next year, select **Edit coverage** (green arrow, above), and proceed to the next section of this guide (Changing Plans).

If adding dependent(s) is the **only** change you are making and everyone is listed under **Persons Covered** (purple arrow, previous page), select **Save** at the bottom center of the page, **then proceed to the Finalizing Your Open Enrollment Election** section of this guide.

Changing Plans

When you select Edit coverage, you will be taken to the **Choose your Medical plan** page. Find your chosen health plan, then select the orange **Select plan** button in the white box for that plan.

Important Reminders

- If you are covering more than just yourself on your plan, **make sure that each person has been selected for coverage** (purple arrow). Folks who are selected for coverage will be in green bubbles with a checkmark to the left of their name, while folks who have not yet been selected will be in white bubbles.
- **Ignore the premiums listed in My Insurance Benefits** – they do not include the employer contribution to coverage.

Choose your Medical plan.

Choose your medical plan type

 **Who do you want to cover on this plan?** Add Dependent

Health Insurance Premiums

Resources

[ETF's Health & Pharmacy page](#)
Find plan comparisons, health plans in your area, drug costs, in-network pharmacies, and more.

[ETF's Well Wisconsin page](#)
Learn about resources and tools available through the wellness program.

[Terms and Conditions](#)
I acknowledge that I have read and agree to abide by the terms and conditions of the benefit.

Aspirus: Local Deductible Health Plan 2027 \$1,245.56 Monthly Cost Plan details Compare to last year Select plan	CareSource Wisconsin: Local Deductible Health Plan 2027 \$1,099.52 Monthly Cost Plan details Compare to last year Select plan	Dean Health Plan by Medica: Local Deductible Health Plan 2027 \$1,114.88 Monthly Cost Plan details Compare to last year Select plan
Prevea360 East: Local Deductible Health Plan 2027	Medica West and Mayo Clinic Health System: Local Deductible Health Plan 2027	GHC of Eau Claire Greater Wisconsin: Local Deductible Health Plan 2027

Once you have selected a plan, select **Next** at the bottom left corner of the page. This should take you to the **Summary** screen.

Compare to last year Select plan	Compare to last year Select plan	Compare to last year Select plan
Decline coverage I would like to decline Medical coverage.		
Next	Previous	Cancel

PROFILE - BENEFITS - CONFIRM

Health P14 - Local Deductible Health Plan 2027 Summary

Your Health P14 - Local Deductible Health Plan 2027 benefit summary is shown below. Please note that your benefits have not been saved. You must click Save to complete the section.

Medical

GHC of South Central Wisconsin Dane Choice: Local Deductible Health Plan 2027

Offered By: GHC-SC
Effective Date: 01/01/2022
You Pay: \$785.32 per month
Persons Covered: [REDACTED]

Additional Insurance **Edit**

No policy on record

No additional insurance policy information on record

Edit coverage **Plan details**

Cost Details

Monthly Deduction

Type	Cost
Medical	\$785.32
Pharmacy	\$188.82
Wellness Program	\$8.26
Administrative Fee	\$23.34
Total	\$1,005.74 Monthly

Save **Cancel**

Review your details, paying particular attention to your chosen health plan name and to the **Persons Covered** list (purple arrow). If all looks correct, select **Save** at the bottom center of the page, then proceed to the **Finalizing Your Open Enrollment Election** section of this guide.

Cancelling Coverage

After you select Edit coverage, scroll down to the bottom. Above the **Next** button, there is a **Decline coverage** option. Select **Decline coverage** (purple arrow).

Compare to last year

Select plan

Compare to last year

Select plan

Compare to last year

Select plan

Decline coverage I would like to decline Medical coverage.

Next **Previous** **Cancel**

The page should automatically redirect you to the **Summary** page, which will show a 12/31/2026 cancellation. Select **Save** (purple arrow), then proceed to the **Finalizing Your Open Enrollment Election** section of this guide.

PROFILE - BENEFITS - CONFIRM

Health P14 - Local Deductible Health Plan 2027 Summary

Your Health P14 - Local Deductible Health Plan 2027 benefit summary is shown below. Please note that your benefits have not been saved. You must click Save to complete the section.

Medical

Cancelled as of 12/31/2026

Edit coverage

Cost Details

You have not enrolled in any benefits.

Save **Cancel**

New Enrollment

After you have added any dependent(s) and selected a Medical plan (see previous pages for screenshots and instructions), you will be prompted to **choose a Pharmacy plan** and accept ETF's **Administrative Fee**.

- **Note:** these coverages cannot be declined.

Choose your Pharmacy plan.

Please choose your coverage level and select your plan.

Navitus Pharmacy 2027 \$188.82
Monthly Cost

For plan details, visit [etf.wi.gov/benefits-by-employer](#).
Visit [etf.wi.gov/benefits-by-employer](#)
Copy and paste the URL into your browser.

Select plan **Plan details**

Please Note:
This benefit cannot be declined.

Previous **Cancel**

Choose **Select plan** on each page (purple arrow). This will take you to the **Summary** page.

PROFILE — BENEFITS — CONFIRM

Health P14 - Local Deductible Health Plan 2027 Summary

Your Health P14 - Local Deductible Health Plan 2027 benefit summary is shown below. Please note that your benefits have not been saved. You must click Save to complete the section.



Medical

GHC of South Central Wisconsin Dane Choice: Local Deductible Health Plan 2027

Offered By: GHC-SC

Effective Date: 01/01/2022

You Pay: \$785.32 per month

Persons Covered: [REDACTED]

Additional Insurance  **Edit**

No policy on record

No additional insurance policy information on record

Edit coverage **Plan details**

Cost Details

Monthly Deduction	
Type	Cost
Medical	\$785.32
Pharmacy	\$188.82
Wellness Program	\$8.26
Administrative Fee	\$23.34
Total	\$1,005.74 Monthly

Save **Cancel**

If all looks correct, select **Save** at the bottom center of the page, then proceed to the **Finalizing Your Open Enrollment Election** section of this guide.

Finalizing Your Open Enrollment Election

After you select **Save** on the Summary page, you will be returned to the **Open Enrollment Complete** page. **However, your election is not yet finalized!**

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[0](#)

Open Enrollment Complete!

You have completed enrollment for the next benefit year. To make changes to any of your benefits, select "Edit coverage".

[Looking for your current benefits? →](#)

[Compare to current benefits](#)

Medical

Helps cover the cost of medical.

You had Medical last year.

Currently selected

GHC of South Central Wisconsin Dane Choice: Local Deductible Health Plan 2027

Covers you [Create new dependent profile](#)

Effective 01/01/2022

[Show plan details](#) [Compare to last year's plan](#)

[Edit coverage](#) [Decline](#)

\$785.32
per month

Pharmacy

Helps you manage the cost of prescription drugs.

You had Pharmacy last year.

Currently selected

Navitus Pharmacy 2027

Covers you

Effective 01/01/2022

[View coverage](#) [Show plan details](#)

\$188.82
per month

[Confirm changes](#) [Return home](#)

To finalize your change for the next Plan Year, you must first select **Confirm changes** at the bottom of the **Open Enrollment Complete** page (purple arrow, above). This will take you to the Review and Confirm Your Enrollment page (see next page for screenshot).

On the **Review and Confirm Your Enrollment** page, select **Complete Enrollment** (green arrow, next page). This will bring up a confirmation screen.

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[CONFIRM](#)

Review and confirm your enrollment

Great work selecting your benefits! Just a few more things to do to confirm your enrollment.

Review your benefit elections

4 benefits enrolled

Take one final look of your benefits and make sure everything looks good to go!

Your enrolled benefits

Plan name	Persons covered	Cost ()
GHC of South Central Wisconsin Dane Choice: Local Deductible Health Plan 2027	Just you	\$785.32
Navitus Pharmacy 2027	Just you	\$188.82
Wellness Program 2027	Just you	\$8.26
Administrative Fee 2027	Just you	\$23.34

Your declined benefits

You have not declined any benefits

[Edit benefits](#)

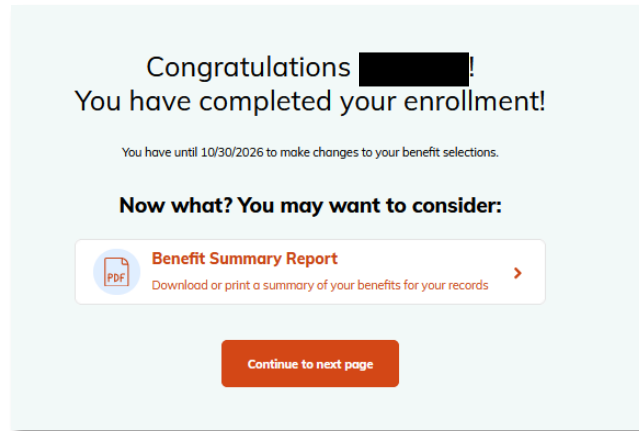
Cost Summary

Monthly Deduction **\$1,005.74**

[View Details](#)

[Complete enrollment](#) [Previous](#) [Cancel & return home](#)

You are done once you see the confirmation message “Congratulations, you have completed your enrollment!”



Final Reminders

- **If you added any dependent(s) for the next Plan Year**, the portal will prompt you to upload documentation.
- **If you cancelled coverage**, please double-check to make sure a 12/31/2026 end date has been applied to your health insurance.
- **For all Open Enrollment submissions**, please double-check your Benefit Summary Report to make sure everything looks correct.