

Submitting an Open Enrollment Event (as of April 2025)

Note: If you are **not making any changes** to your current health insurance elections or the dependents you cover, **no action is needed. Only submit your Open Enrollment Event in Core-CT if you are making changes.**

Step 1: Open your browser to www.ess.uconn.edu. Click **Core-CT Sign on** and enter your Net ID and Password.

The screenshot shows the UConn Employee Self Service Portal. At the top is a dark blue header with the UConn logo and 'UNIVERSITY OF CONNECTICUT'. Below the header is a dark blue bar with the text 'UConn Employee Self Service Portal'. The main content area has a light blue background. On the left is a large blue banner with white text that reads 'Protect your financial information from fraud.' and 'Secure your login » with two-factor authentication'. On the right is a white box with two columns. The left column is titled 'My Employee Self-Service' and lists four items: 'Time Reporting & Approval', 'Smart HR', 'Updates to Personal Information', and 'Online W-4, CT-W4, Direct Deposit'. Below this list is a red button labeled 'Core-CT Sign On'. The right column is titled 'Core-CT Availability' and states 'Core is available 4am to 8pm daily except non-payweek Thursdays when it is unavailable.' Below this text is a blue button labeled 'Core-CT Job Aids'.

Step 2: Click on **Benefit Details**.

The screenshot shows the 'Employee Self Service' dashboard. At the top is a light blue header with the text 'Employee Self Service' and a dropdown arrow. Below the header is a grid of four white tiles. The top row contains 'Payroll' (with a green bill icon) and 'Personal Details' (with a person icon and a pencil). The bottom row contains 'Leave Management' (with a folder icon) and 'OPEB Start Date' (with the text 'Date of first retiree health contribution'). The 'Benefit Details' tile is highlighted with an orange border and contains a person icon with a plus sign and a house icon. Below the icon is the text 'Action Required'. An orange arrow points from the 'Employee Self Service' header to the 'Benefit Details' tile.

Step 3: Select **Benefits Summary** to review current selections. If making changes to Medical, Dental, and/or dependents, proceed to Step 4.

Benefit Details

Benefits Summary

Start Enrollment

Benefits Enrollment

Start Enrollment

Dependent/Beneficiary

None

Life Events

Start a Life Event

Benefits Attachment


Note: If you are **not making any changes** to your current health insurance elections or the dependents you cover, **no action is needed. Only submit your Open Enrollment Event in Core-CT if you are making changes.**

Step 4: Select **Benefits Enrollment**.

Benefit Details

Benefits Summary

Start Enrollment

Benefits Enrollment

Start Enrollment

Dependent/Beneficiary

None

Life Events

Start a Life Event

Benefits Attachment


Step 5: Please read the important information on this page. Click on the **Start** button to proceed.

Benefits Enrollment

1. If you and your spouse are both State of Connecticut employees and you have at least one eligible dependent, you must contact your Agency Benefits Specialist for assistance in enrolling in or making changes to the Family Less Employed Spouse (FLES) health options. FLES elections cannot be processed through Self Service.

2. If you or your spouse have been granted permanent or temporary guardianship of a child under age 18, you must contact your Agency Benefits Specialist for assistance enrolling the dependent. Guardians cannot be enrolled through Self-Service.

3. Before proceeding, please make sure the following documents are available. If you are adding dependents, you need to provide the long form birth certificate for children, adoption decree for adopted children and a marriage certificate for a spouse. Social Security Numbers are requested for all dependents.

After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change.

The information icon provides you with additional information about your enrollment.

The Start or Resume button next to an event means it is currently open for enrollment. Use the Start button to begin or the Resume button to continue your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Your Benefit Events

Event Description ↑↓	Event Date ↑↓	Event Status ↑↓	Job Title ↑↓
Open Enrollment 	10/04/2024	Open	

Step 6: The benefit options available to you will appear. Employees who wish to opt out of HEP, please contact UConn's benefit specialists at (860) 486-3034 as this cannot be processed in Core-CT. HEP does not apply to Postdoctoral Research Associates and Graduate Assistants. Click on the **Review** button to view the benefit plan enrollment options (e.g., Medical, Dental, etc.)

Note: The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.

Benefits Enrollment

[Return to Search](#) [Cancel](#) [< Previous](#) [Next >](#)

The Enrollment Summary will display which benefit options are open for edit. [Click Review button to begin your enrollment.](#)

Important: Your Enrollment is not complete until you click on the "Done" button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Quantum Health at 833.740.3258

Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.

Author Election:
I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions by the health plan.

I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underserving department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.

I certify that all information on this form is correct to the best of my knowledge and belief and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).

I understand by enrolling in health coverage I will be automatically enrolled in the Health Enhancement Program (HEP) and that the rates on the Enrollment Statement are based on my participation. If I do not want to participate in HEP I will need to complete the opt-out form on the Care Compass website located at <https://carecompass.ct.gov/forms/health-enhancement-program-opt-out/> and submit it to my agency Benefits Specialist for processing. If I choose not to participate in HEP I understand that I will be responsible to pay an additional \$100 per month (\$48.16 biweekly), a \$350 per participant per year deductible (\$1,400 family maximum), and will be ineligible for reduced co-pays for certain prescriptions and office visits.

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.

I acknowledge my obligation to make Retiree Health Fund contributions for 10 years (if first hired before 7/1/17) or 15 years (if first hired after 7/1/17) or until I retire or terminate employment, whichever comes first. SERS, ARP and Hybrid members contribute 3% of compensation; TRS members 1.75% of compensation. I hereby authorize such deductions from my payroll check.

Select the Submit Enrollment button to send your final choices to the Benefits Department.

[Enrollment Summary](#)

Your Pay Period Cost **\$157.93**

Status: **Pending Review**

[Enrollment Preview Statement](#)

[Submit Enrollment](#)

Full Cost **\$157.93**

Benefit Plans

Medical	Dental	Life
Current: Quality First Select Access New: Quality First Select Access Status: ☒ Changed ☐ Same # 4 Dependents	Current: Enhanced Dental New: Enhanced Dental Status: Pending Review # 3 Dependents	Current: No Coverage New: Waive Status: Pending Review
Pay Period Cost \$148.14 Annual Cost \$3,851.64	Pay Period Cost \$9.79 Annual Cost \$254.54	Pay Period Cost \$0.00 Annual Cost \$0.00
Review	Review	Review

Step 7: Please read the important information provided. If adding new dependents, please click the **Add/Update Dependent** button. If no dependent changes are needed, skip to **Step 17**.

Cancel Medical Done

Each of the medical plans offered cover the same benefits, the same services and supplies. The amount you pay out of pocket at the time you receive services is very similar, yet your payroll coverage election varies. Visit carecompass.ct.gov/state/medical for full plan option details.

Important: You will continue with your current coverage election if you do not make a choice.

Your Enrollment is not complete until you click on the "Done" button and submit your changes for approval by your Agency Benefits Specialist.

▼ Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling.
Uncheck the Enroll box next to the name of the dependent(s) you are removing.
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add a Dependent or Beneficiary' button. Otherwise, click on the 'Done' button to continue.

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select 'Add a Dependent or Beneficiary' button.

You have no dependent registered

Add/Update Dependent

▼ Enroll in Your Plan

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

	Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	Anthem Out of Area Requires enrollment to Prescription Anthem Prescription OutOfArea ⓘ		\$74.40	\$74.40
Select	Expanded Access Requires enrollment to Prescription Caremark Anthem Prescription ⓘ		\$70.27	\$70.27
Select	Primary Care Access Requires enrollment to Prescription Caremark Anthem Prescription ⓘ		\$54.61	\$54.61
Select	Quality First Select Access Requires enrollment to Prescription Caremark Anthem Prescription ⓘ		\$42.94	\$42.94
Select	Standard Access Requires enrollment to Prescription Caremark Anthem Prescription ⓘ		\$59.32	\$59.32
✓	Waive			\$0.00

Overview of All Plans

Step 8: Click **Add Individual**.

Dependent and Beneficiary Information

No data exists

Add Individual

Step 9: Enter dependent's information in each section: Name, Personal Information, Address, Social Security Number, Phone, and Email. Next, click **Save**.

Cancel Add Individual Dependent/Beneficiary Information Save

* Indicates required field

Select Save after you have added your Dependent/Beneficiary's information.

Name

Add Name

Personal Information

Date of Birth MM/DD/YYYY ⓘ

*Gender ⓘ

*Relationship to Employee ⓘ

Dependent

Beneficiary

*Marital Status Single ⓘ

As of MM/DD/YYYY ⓘ

*Disabled No ⓘ

As of ⓘ

Address

Address	Address Type	Same Address as mine
Road Groton, CT 06340	Home	Same as mine ⓘ

Social Security Number

No Social Security Number exists.

Add Social Security Number

Phone

No Phone exists.

Add Phone

Email

No Email exists.

Add Email

Step 10: Read the information regarding Supporting documents and click OK. **Note:** Supporting documents are added in the next step.

Supporting documents are required for the changes made.
Select the Attachments link from Dependent/Beneficiary Info or use Benefits Attachment to attach the documents.

OK

Step 11: Click  Incomplete in the Dependent and Beneficiary Information window (below) to attach supporting documents.

Dependent and Beneficiary Information				
Add Individual				
Name	Relationship	Beneficiary	Dependent	Attachment
Jane Smith	Child	✓	✓	 View
John Smith	Child	✓	✓	 View
Jeremy Smith	Child	✓	✓	  Incomplete

Step 12: Click **Add Attachment**.

Cancel

Dependent Attachments

Done

Event Value **Jeremy Smith**

Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment.
If you will be uploading your proof documentation, click Add Attachment. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click Add Note.

Document List

Document	Upload / Status	Approval / Status
Proof Document	Required	Not Required
	Attachment Missing	

Add Document

Add Attachment

Add Note

Step 13: Click **My Device**, locate the file, and click **Open**.

File Attachment

Choose From

 My Device

Step 14: Click **Upload** and **Done**.

File Attachment

Choose From

My Device

Upload

Clear

test.docx

File Size: 13KB

Step 15: Enter a document name in the Description field (e.g., birth certificate, marriage certificate), then click **Done**.

Cancel

Dependent Attachments

Done

Event Value Jeremy Smith

Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click Add Attachment. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click Add Note.

Document List

Document	Upload / Status	Approval / Status
Proof Document	Required Uploaded	Not Required

Add Document

Add Attachment

Add Note

Document Name	Description	Attached By	Attached	Status	2 rows
Certificate_(24).pdf	Birth Certificate		11/15/24 01:08:56 PM	Active	>

Step 16: Confirm attachment(s) uploaded, and click the **X** to close and continue. Repeat this process for each new dependent you are enrolling.

Dependent and Beneficiary Information

X

Add Individual

Name	Relationship	Beneficiary	Dependent	Attachment	
Jane Smith	Child	✓	✓	View	>
John Smith	Child	✓	✓	View	>
Jeremy Smith	Child	✓	✓	View	>

Step 17: The Medical options that are available to you will appear. Review to confirm the box next to each dependent you wish to include on the plan is checked, or uncheck the box next to any dependents you wish to remove. Click **Select** to change to a different Medical option. Click **Done** to proceed with changing other benefit plan options, or click **Cancel** to discard changes.

[Cancel](#) **Medical** [Done](#)

Important: You will continue with your current coverage election if you do not make a choice.
Your Enrollment is not complete until you click on the "Done" button and submit your changes for approval by your Agency Benefits Specialist.

✓ **Enroll Your Dependents**

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling.
Uncheck the Enroll box next to the name of the dependent(s) you are removing.
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add a Dependent or Beneficiary' button. Otherwise, click on the 'Done' button to continue.

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select 'Add a Dependent or Beneficiary' button.

Dependents	Relationship
☒ Jane Smith	Child
☒ John Smith	Child
☒ Jeremy Smith	Child

[Add/Update Dependent](#)

✓ **Enroll in Your Plan**

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select Anthem Out of Area ⓘ	\$269.80		\$269.80
Select Expanded Access ⓘ	\$224.27		\$224.27
Select Primary Care Access ⓘ	\$187.38		\$187.38
☒ Select Quality First Select Access ⓘ	\$148.14		\$148.14
Select Standard Access ⓘ	\$217.48		\$217.48
Select Waive			\$0.00

[Overview of All Plans](#)

Note: If you enrolled new dependents and supporting documentation was not loaded in *Steps 11-16*, the number of dependents in the window displayed below will not be correct.

Medical

Current: No Coverage
New: Quality First Select Access
Status: Changed
0 Dependents

Pay Period Cost: \$148.14
Annual Cost: \$3,851.64

[Review](#)

Step 18: You can now review your medical costs and enrolled dependents.

Select the Submit Enrollment button to send your final choices to the Benefits Department.

✓ **Enrollment Summary**

Your Pay Period Cost: **\$148.14** Full Cost: \$148.14
Status: Pending Review
[Enrollment Preview Statement](#)
[Submit Enrollment](#)

Benefit Plans

Medical	Dental	Life
Current: No Coverage New: Quality First Select Access Status: Changed # 3 Dependents Pay Period Cost: \$148.14 Annual Cost: \$3,851.64 Review	Current: No Coverage New: Waive Status: Pending Review # 0 Dependents Pay Period Cost: \$0.00 Annual Cost: \$0.00 Review	Current: No Coverage New: Waive Status: Pending Review Pay Period Cost: \$0.00 Annual Cost: \$0.00 Review

Step 19: You now have the option of updating the dental plan by following the same process as the Medical example shown above. To update Dental, click **Review** under Dental.

Select the Submit Enrollment button to send your final choices to the Benefits Department.

▼ Enrollment Summary

Your Pay Period Cost **\$148.14** Full Cost **\$148.14**

Status **Pending Review**

[Enrollment Preview Statement](#)

[Submit Enrollment](#)

Medical

Benefit Plans

Medical

Current: No Coverage
New: Quality First Select Access
Status: **Changed**
3 Dependents

Pay Period Cost **\$148.14**
Annual Cost **\$3,851.64**

[Review](#)

Dental

Current: No Coverage
New: Waive
Status: **Pending Review**
8 Dependents

Pay Period Cost **\$0.00**
Annual Cost **\$0.00**

[Review](#)

Life

Current: No Coverage
New: Waive
Status: **Pending Review**

Pay Period Cost **\$0.00**
Annual Cost **\$0.00**

[Review](#)

Step 20: Review to confirm the box next to each dependent you wish to include on the plan is checked, or uncheck the box next to any dependents you wish to remove. Click **Select** to change to a different Dental option. Click **Done** to proceed or click **Cancel** to discard changes.

[Cancel](#) **Dental** [Done](#)

Dental coverage allows you and your dependents to have routine cleaning visits and additional services. Visit carecompass.ct.gov/state/dental for full plan option details.

You will continue with your current coverage election if you do not make a choice.

Your Enrollment is not complete until you click on the "Done" button and submit your changes for approval by your Agency Benefits Specialist.

▼ Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing.
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add a Dependent or Beneficiary' button. Otherwise, click on the 'Done' button to continue.

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select 'Add a Dependent or Beneficiary' button.

Dependents	Relationship
☒ Jane Smith	Child
☒ John Smith	Child
☒ Jeremy Smith	Child

[Add/Update Dependent](#)

▼ Enroll in Your Plan

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

	Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	Basic Dental ⓘ	\$11.59		\$11.59
Select	DHMO Dental ⓘ	\$5.35		\$5.35
☒	Enhanced Dental ⓘ	\$9.79		\$9.79
Select	Total Care DHMO ⓘ	\$6.67		\$6.67
Select	Waive			\$0.00

[Overview of All Plans](#)

Step 21: Review the changes.

Benefits Enrollment

Return to Search

Cancel

< Previous

Next >

The Enrollment Summary will display which benefit options are open for edit. Click Review button to begin your enrollment.

Important: Your Enrollment is not complete until you click on the "Done" button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Quantum Health at 833.740.3258

Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.

Authorize Elections:
I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions by the health plan.

I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.

I certify that all information on this form is correct to the best of my knowledge and belief and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependents).

I understand by enrolling in health coverage I will be automatically enrolled in the Health Enhancement Program (HEP) and that the rates on the Enrollment Statement are based on my participation. (If I do not want to participate in HEP, I will need to complete the opt out form on the Care Compass website located at <https://carecompass.d.gov/forms/health-enhancement-program-opt-out/> and submit it to my agency Benefits Specialist for processing. If I choose not to participate in HEP, I understand that I will be responsible to pay an additional \$100 per month (\$45.16 biweekly), a \$350 per participant per year deductible (\$1,400 family maximum), and will be ineligible for reduced co-pays for certain prescriptions and office visits.

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.

I acknowledge my obligation to make Retiree Health Fund contributions for 10 years (if first hired before 7/1/17) or 15 years (if first hired after 7/1/17) or until I retire or terminate employment, whichever comes first. SERS, ARP and Hybrid members contribute 3% of compensation; TRS members 1.75% of compensation. I hereby authorize such deductions from my payroll check.

Select the Submit Enrollment button to send your final choices to the Benefits Department.

▼ Enrollment Summary

Your Pay Period Cost **\$157.93**

Full Cost **\$157.93**

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment



Benefit Plans

Medical

Current Quality First Select Access

New Quality First Select Access

Status **Changed**

4 Dependents

Pay Period Cost **\$148.14**

Annual Cost **\$3,851.64**

Review

Dental

Current Enhanced Dental

New Enhanced Dental

Status **Pending Review**

3 Dependents

Pay Period Cost **\$9.79**

Annual Cost **\$254.54**

Review

Life

Current No Coverage

New Waive

Status **Pending Review**

Pay Period Cost **\$0.00**

Annual Cost **\$0.00**

Review

Step 22: Click Enrollment Summary and read the important information.

▼ Enrollment Summary

Your Pay Period Cost **\$165.53**

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment



Benefit Plans

Medical

Current Quality First Select Access

New Quality First Select Access

Status **Changed**

4 Dependents

Pay Period Cost **\$148.14**

Annual Cost **\$3,851.64**

Review

Dental

Current Enhanced Dental

New Enhanced Dental

Status **Pending Review**

3 Dependents

Pay Period Cost **\$9.79**

Annual Cost **\$254.54**

Review

Life

Current No Coverage

New Waive

Status **Pending Review**

Pay Period Cost **\$0.00**

Annual Cost **\$0.00**

Review

Step 23: Click the X button (top right corner) to return to the prior Benefits Enrollment page.

Review Enrollment

Statement Type Enrollment Preview

Description New Hire

Print View

X

Enrollment Effective Date 10/04/2024

Statement Issue Date 11/19/2024 12:50PM

This statement records your State of CT Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information at the time your enrollment is submitted. If an error has been made in recording your elections, please correct your elections before the event is closed. For further question, contact your benefits administrator. Please keep the statement for your records until you receive a confirmation statement.

Statement Sections

Expand All

> Personal Information

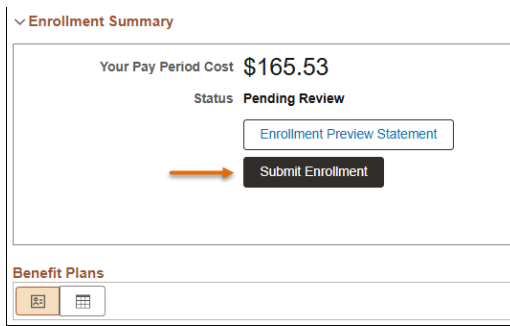
> Cost Summary

> Election Summary

> Dependents and Beneficiaries

> Dependent Enrollments

Step 24: Click **Submit Enrollment** once all benefit enrollment updates are entered.



Enrollment Summary

Your Pay Period Cost **\$165.53**

Status **Pending Review**

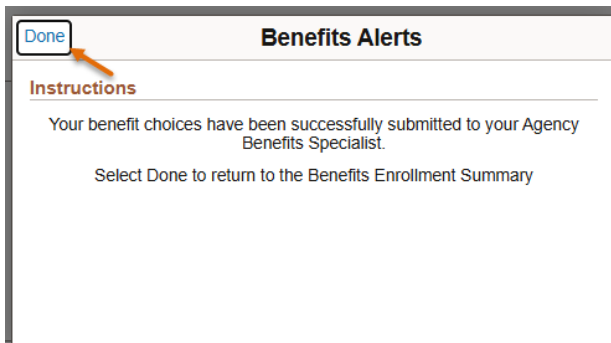
[Enrollment Preview Statement](#)

Submit Enrollment

Benefit Plans

Note: If you do not complete your submission or fully submit changes, no changes will be made during this open enrollment.

Step 25: The *Submit Confirmation* page will appear confirming your submission has been sent to your Agency Benefits Specialist for approval. Click **Done** to complete your submission.



Done

Benefits Alerts

Instructions

Your benefit choices have been successfully submitted to your Agency Benefits Specialist.

Select Done to return to the Benefits Enrollment Summary

Note: You will receive an email confirmation once changes are finalized by your Agency Benefits Specialist. If you **do not fully submit, you will not receive a confirmation and changes will not be made during this open enrollment.**