This Open Enrollment Self Service Guide offers assistance navigating the State of Delaware Employee Self Service (ESS) during Open Enrollment for the following items:

- Verify Personal Information
- myBenefitsMentor Online Consumer Decision Tool
- Benefits Enrollment for Group Universal Life (GUL) Insurance and Accident & Critical Illness Insurance
- Benefits Enrollment for Flexible Spending Account (FSA) Plan
- Benefits Enrollment for Medical, Dental and/or Vision Plans
- Review Your Benefits Summary
- Spousal Coordination of Benefits Form


**Verify Personal Information**

1. Access DE Employee Self Service
2. Select Personal Information and verify address, phone number, and email address, and check which one is preferred
3. Return to DE Employee Self Service

**myBenefitsMentor Online Consumer Decision Tool**

1. Access DE Employee Self Service
2. Select Benefits
3. Select myBenefitsMentor
   View FAQs about myBenefitsMentor

**Benefits Enrollment for Group Universal Life Insurance and/or Accident & Critical Illness Insurance**

1. Access DE Employee Self Service
2. Select Benefits
3. Select Benefits Websites, then choose Securian to access your online account through Single Sign On

**Benefits Enrollment for the Flexible Spending Account Plan**

1. Access DE Employee Self Service
2. Select Benefits
3. Select Benefits Websites, then choose ASIFlex Enrollment to access the online enrollment site

**Benefits Enrollment for Flexible Spending Account Plan**

<table>
<thead>
<tr>
<th>Home and Mailing Address</th>
</tr>
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<tbody>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>62 Freedom Dr</td>
</tr>
<tr>
<td>Dover, DE 19904</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

**NOTE:** Your preferred email address is used to send email confirmations during Open Enrollment, as well as to communicate important benefits information to you throughout the year.
Benefits Enrollment for Medical, Dental, and/or Vision Plans

Do not use the web browser navigation to return to a page, otherwise ALL information will be LOST. Your enrollment will NOT be completed.

1. Access DE Employee Self Service
2. Select Benefits
3. Select Benefits Enrollment
4. Verify Personal Contact Information
   - If yes, you will proceed to Benefits Enrollment.
   - If no, you will need to click “OK”, then the home screen icon, then the Personal Information tile. Here you may edit your Personal Contact Information before returning to Benefits Enrollment, by following steps 1, 2, and 3 above.
5. Click Select.

No Changes

1. If you do not want to make changes to your current benefit selections, select I Confirm My Selections at the bottom of the Enrollment Summary page.
2. Click Submit to send your final choices to be processed.
3. Click OK to return to the Benefits Enrollment page, or click Sign Out to exit Employee Self Service.

Making a Change:

1. If you want to make changes to your current benefit selections, select the Edit button next to the benefit you wish to change (i.e., Medical, Dental, Vision).
2. Select the plan option you wish to enroll in. To waive coverage, select “Waive” at the end of the plan choices.
   - Please Note: If selecting an HMO plan (Medical or Dental) you must complete the Primary Care Provider (PCP) section. Additional Instructions are in the Specify a Primary Care Provider (PCP) section of this guide.
3. Scroll down to see all eligible dependent(s). Dependents MUST have a check next to their name to be enrolled in a benefit plan. Select the checkbox to ADD or REMOVE the dependent(s).
   - You MUST repeat this for each benefit (i.e., Medical, Dental, Vision).
   - Additional Instructions to ADD and ENROLL a dependent are in the Adding Spouse and Dependent Children section of this guide.
4. Click Continue and review your benefit choice, plan costs, and covered dependents.
5. If correct, Click Continue. If not, Click Discard Changes.

Steps 6, 7, & 8 are located on Page 4
Specify a Primary Care Provider (PCP)
If you are enrolling yourself or an eligible dependent for the first time in an HMO plan (Medical or Dental), a PCP ID code must be on file.

1. After you select the **Edit** button for a medical or dental HMO plan, scroll down to **Choose a Primary Care Provider ID Number**.
2. Enter your provider ID number and select appropriate checkboxes.
   - If you don’t know your provider ID number, use the **Look up Provider ID Number** link (this will open a new window to the SBO’s website).
   - Select **Dependent Provider List** to enter PCP for dependents if different from your PCP.

**IMPORTANT**: Employees are responsible for confirming the PCPs listed on the Member ID cards are correct for themselves and covered eligible dependents. After Open Enrollment closes, employees wanting to change their PCP will need to contact the provider directly.

Adding Spouse and Dependent Children

1. After you Select the **Edit** button for the benefit you wish to change (i.e., Medical, Dental, Vision), scroll to the bottom of the page and select the **Add/Review Dependents** button.
2. Select **Add a Dependent**.
3. Enter all required dependent information, (including date of birth, social security number, relationship to the employee, and marital status).
4. Click **Save**.
5. After receiving the successful confirmation, Select **OK**.
6. Continue to Add Dependents, or Select **Return to Event Selection**.
7. Scroll down to see all eligible dependent(s).

**IMPORTANT**: Dependents MUST have a check next to their name for each benefit plan to be enrolled in that plan. Select the checkbox to ADD or REMOVE the dependent(s).

8. You **MUST** repeat this for each benefit (i.e., Medical, Dental, Vision).

**This is the end of Adding Spouse and Dependent Children Section. Continue to the Complete Benefits Enrollment section on the next page.**
Complete Benefits Enrollment for Medical, Dental, and/or Vision Plans
(continued from Page 2 Making a Change)

6. Review Enrollment Summary Page and edit additional benefit plans as needed, or Click Continue.
7. Click Submit to send your final choices to be processed.
8. Click OK to return to the Benefits Enrollment page, or Sign Out to exit Employee Self Service.

Review Your Benefits Summary
NOTE: Benefit changes made before 4:30pm can be viewed the following business day.

1. Access DE Employee Self Service
2. Select Benefits
3. Select Benefits Summary
4. Change the date in the box to 07/01/2024
5. Select Go
6. Review Your Benefits Summary

IMPORTANT: You can make changes to your benefits selections in State of Delaware Employee Self-Service up through the last day of Open Enrollment (May 17). If you notice an error on your Benefits Summary after Open Enrollment ends, you must contact your organization’s HR/Benefits Office to correct the errors before 12:00pm on Friday, May 24, 2024.

NO CORRECTIONS WILL BE MADE AFTER MAY 24, 2024.

Spousal Coordination of Benefits
You MUST complete a Spousal Coordination of Benefits form if you will be covering your spouse under a State of Delaware Group Health Insurance medical plan (Highmark Delaware or Aetna) as of July 1, 2024. Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.

To access the Spousal Coordination of Benefits Form:
1. Access DE Employee Self Service
2. Select Benefits
3. Select Spousal Coordination of Benefits

The Spousal Coordination of Benefits Self Service Guide offers step-by-step instruction for completing the SCOB Form online during Open Enrollment and year-round.