



Employee Self Service 2024 Benefits Guide Acknowledgement and Benefits Open Enrollment Instructions

Step 1: Visit www.knoxcounty.org/benefits and click on the Munis Employee Self Service (ESS) link.

Step 2: Enter username. Enter the last 4 digits of your social security number as your password.

PLEASE NOTE: ALL passwords were reset to the last 4 digits of your social security number at the beginning of open enrollment.

Step 3: You will be prompted to change your password for future logins.

- Current Password will be the password you used to get to this screen (last 4 digits of your social security number).
- Make a new password using criteria listed on the login screen, fill in the other fields and then click "Change."

**If you have already completed your 2024 Benefits Guide Acknowledgement, skip to Step 10.*

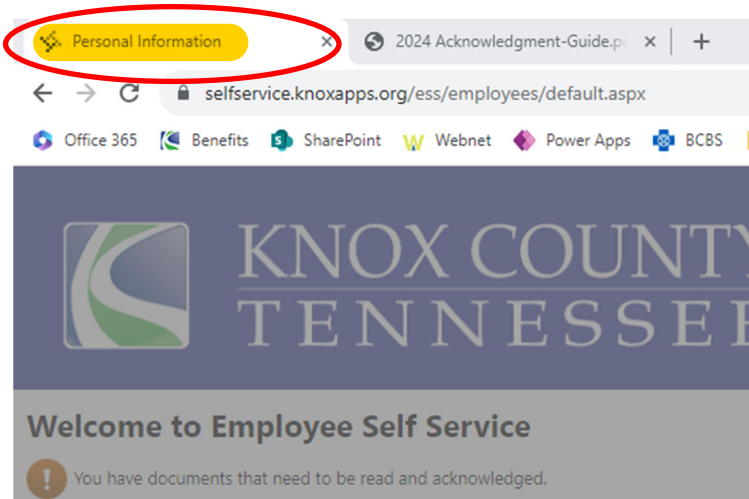
Step 4: Acknowledge your 2024 Benefits Guide.

On the home page, click the link under Required Reading that says "2024 Benefits Guide Ack."

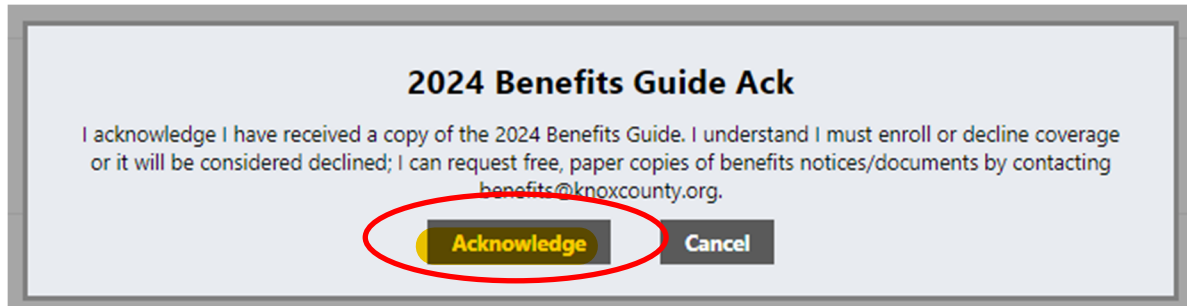
Step 5: A box will open in the middle of your screen. Click "View Document."

Step 6: A second window/tab will open with the 2024 Benefits Guide Acknowledgement and 2024 Benefits Guide. **Read the full acknowledgement.**

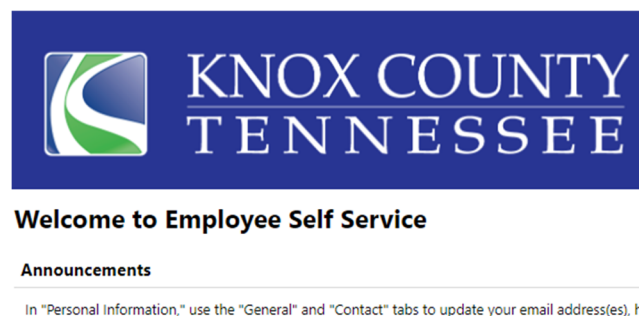
Step 7: Once you have read the acknowledgement, click on the original window/tab at the top of your screen that says **“Personal Information”** to return to ESS.



Step 8: Another box will be displayed in the middle of your screen. Click **“Acknowledge”** to confirm you have read the full 2024 Benefits Guide Acknowledgement.



Step 9: To confirm you have acknowledged your 2024 Benefits Guide, you will no longer see the **“Required reading”** section on the home page of ESS.



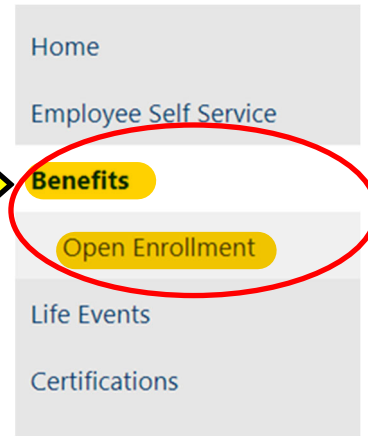
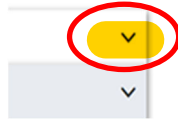
If you have issues completing your 2024 Benefits Guide Acknowledgement, contact Benefits at 865-215-3800 or benefits@knoxcounty.org.



Employee Self Service Benefits Open Enrollment Instructions

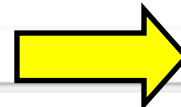
Step 10: On the main screen, review contact information and update if needed. Once email and home address are verified/updated, click on the Benefits tab to view your existing benefits.

* Click the dropdown arrows on each selection to view details of current benefits.



Click on Open Enrollment to view your new selection options.

Step 11: For each new enrollment option, click Select or Decline.



MEDICAL & PHARMACY PLAN Election not made	DECLINE SELECT
DENTAL PLANS Election not made	DECLINE SELECT
VISION PLAN Election not made	DECLINE SELECT
MEDICAL FLEX SPENDING Election not made	DECLINE SELECT
DEPENDENT CARE FLEX SPENDING Election not made	DECLINE SELECT
LIFE INSURANCE BENEFICIARIES Election not made	SELECT

Step 12: To enroll in medical, dental or vision plans, click Select, click on the Option you want to enroll in and then click on the circle beside the level of coverage to make your selection.

Benefits – MEDICAL & PHARMACY PLAN

[2024 Medical Benefit Info](#) | [2024 Pharmacy Benefit Info](#)

Choose a health insurance plan and select the dependents you would like to enroll in this benefit. If a dependent is not listed, you can add them here. (26 pay periods per year)

OPTION 1 ^

OPTION 2 v

OPT 2 - EMPLOYEE ONLY
Employee cost \$38.00
Employer cost \$205.03

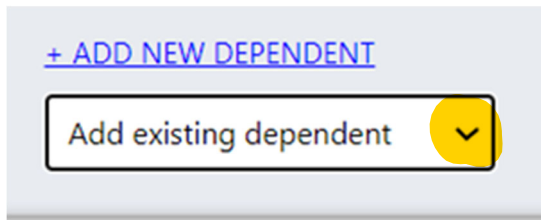
OPT 2 - EMP-SPOUSE
Employee cost \$128.00
Employer cost \$522.62

OPT 2 - EMP-CHILD OR CHILDREN
Employee cost \$107.00
Employer cost \$474.16

OPT 2 - EMP- FAMILY
Coverage must be added for at least 2 dependents
Employee cost \$178.00 [+ ADD NEW DEPENDENT](#)
Employer cost \$573.79



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Step 13: To add dependents to your medical/pharmacy, dental or vision plans, click the arrow on the dropdown list called “Add existing dependent” and if listed there click on the dependent you wish to add. If not listed there, follow instructions below.

Step 14: To add new dependents, click the +ADD NEW DEPENDENT button and fill in each field with a red asterisks beside it (*), then click Save.

Add a new dependent

First name*

Middle initial

Last name*

Suffix

Date of birth*

Gender

Relationship*

Handicapped

Social Security number*

Step 15: To enroll in Medical or Dependent Flex Spending, click the circle next to the plan you want, and then enter the amount you wish to have taken out of each paycheck.

Note: Amount per pay period will be the total dollars you wish to elect for the year/26. *Use the FSA Deduction Calculator [here](#) to calculate your deduction amount per pay period.

MEDICAL FLEXIBLE SPENDING ACCOUNT

Employee cost	\$0.00
Amount	<input type="text" value="40.00"/>



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Step 16: To enroll in a Health Savings Account, you must enroll in Knox County’s Option 1 medical plan (High Deductible Health Plan). Choose the plan that matches your Option 1 medical plan. For example, choose the “Employee Only” option if you chose the Employee Only plan on Option 1. Choose “Employee Plus Dependents” if you have dependents on your Option 1 medical plan.

Benefits – HEALTH SAVINGS ACCOUNT

! For out-of-pocket medical expenses to teammates enrolled in (per year)

EMPLOYEE ONLY

EMPLOYEE PLUS DEPENDENTS

Decline

Step 17: Click the circle next to the plan you want, and then enter the amount you wish to have taken out of each paycheck.

Note: Amount per pay period will be the total dollars you wish to elect for the year/26. *Use the HSA Deduction Calculator [here](#) to calculate your deduction amount per pay period.

Benefits – HEALTH SAVINGS ACCOUNT

! For out-of-pocket medical expenses to teammates enrolled (per year)

EMPLOYEE ONLY

EMPLOYEE ONLY HSA (ENTER PER PAYCHECK AMOUNT)

Employee cost \$0.00

Amount

40.00

EMPLOYEE PLUS DEPENDENTS

EMPLOYEE PLUS DEPENDENTS HSA (ENTER PER PAYCHECK AMOUNT)

Employee cost \$0.00


Amount

0

Step 18: If you enroll in “Employee Plus Dependents,” add the dependents you chose for your Option 1 medical plan.

Coverage must be added for at least 1 dependent

[+ ADD NEW DEPENDENT](#)

Add existing dependent 



Employee Self Service Benefits Open Enrollment Instructions

Step 19: Even if declining all benefits, you must choose at least one primary life insurance Beneficiary for your employer-sponsored plans.

If you previously entered beneficiaries in ESS, review your existing beneficiaries. If no changes are needed, click "No Changes."

To add or change Life Insurance Beneficiaries:

1. Choose an existing beneficiary from the dropdown menu (at least one primary beneficiary must be chosen but you can have multiple). If not listed in existing, click +ADD NEW BENEFICIARY.
2. If adding a new beneficiary, enter their information in each field.
3. Be sure to enter the percentage of funds for each beneficiary — **MUST add up to 100% total.**
4. Be sure the circle next to the word "Primary" is chosen under the Designation field.
5. Click Save once all beneficiaries have been entered.

Optional: Enter Contingent beneficiaries using the same instructions listed above but click the circle next to the word "Contingent" under the Designation field.

**Contingent beneficiaries will receive funds in the event the primary is unavailable.*

Step 20: Select or decline supplemental life insurance offerings. For Employee and Spouse coverage amounts, **enter the total amount of life insurance coverage you wish to elect (no commas, no decimals).**

****DO NOT enter the cost of coverage.****





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Step 21: If enrolling in National Fitness Center, click Select and then click the circle beside the level of membership you want. Add dependents if needed using the same instructions as previously listed.

Note: Visit your local YMCA to enroll there anytime during the year.

1 National Fitness Center discounted gym membership open enrollment (effective the date your other benefits become effective). Enroll in a discounted YMCA membership by visiting a local YMCA and showing your ID/paystub. (24 pay periods per year)

NFC - EMPLOYEE ONLY
Employee cost \$22.48

NFC - EMPLOYEE + 1
Employee cost \$27.48
Coverage must be added for exactly 1 dependent
[+ ADD NEW DEPENDENT](#)
Add existing dependent ▾

NFC - FAMILY
Employee cost \$44.98

Decline

[+ ADD NEW DEPENDENT](#)
Add existing dependent ▾

CANCEL CONTINUE

Step 22: After all benefit offerings have been selected or declined and beneficiaries have been added, click CONTINUE at the bottom of the page.

Step 23: Review your elections and modify or edit as needed. If you select Modify, you will return to the previous election page to make edits. If your selections are correct, click Submit.

CANCEL MODIFY **SUBMIT**

Step 24: Once selections are submitted, you will receive a confirmation page which can then be printed and saved for your records. You can modify your enrollment selections anytime during the Open Enrollment window.

Benefits Department Information

Email: benefits@knoxcounty.org

Phone: (865) 215-3800

Office Hours: 8:00 a.m. to 4:30 p.m.