



Employee Self Service Benefits Open Enrollment Instructions

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

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

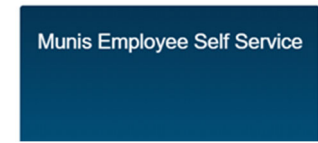
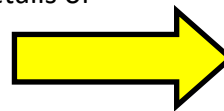
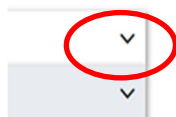
PLEASE NOTE: ALL passwords were reset to the last 4 digits of your social security number at the beginning of open enrollment.

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."

Step 4: 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.



Login

Username

[Forgot your username?](#)

Password

[Forgot your password?](#)

Login

Before proceeding you must change your password.

New password must be at least 8 characters long, contain at least 1 numeric character, contain at least 1 non-alphanumeric character and contain at least one uppercase character and one lowercase character.

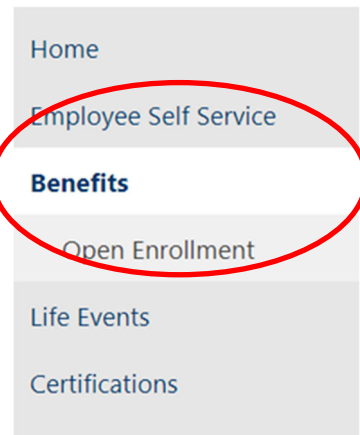
Current password

New password

Password strength Acceptable

Confirm new password

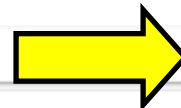
New password hint



Click on Open Enrollment to view your new selection options.

Step 5: For each new enrollment option, click Select or Decline.

MEDICAL & PHARMACY PLAN Election not made	<input type="button" value="DECLINE"/> <input type="button" value="SELECT"/>
DENTAL PLANS Election not made	<input type="button" value="DECLINE"/> <input type="button" value="SELECT"/>
VISION PLAN Election not made	<input type="button" value="DECLINE"/> <input type="button" value="SELECT"/>
MEDICAL FLEX SPENDING Election not made	<input type="button" value="DECLINE"/> <input type="button" value="SELECT"/>
DEPENDENT CARE FLEX SPENDING Election not made	<input type="button" value="DECLINE"/> <input type="button" value="SELECT"/>
LIFE INSURANCE BENEFICIARIES Election not made	<input type="button" value="SELECT"/>





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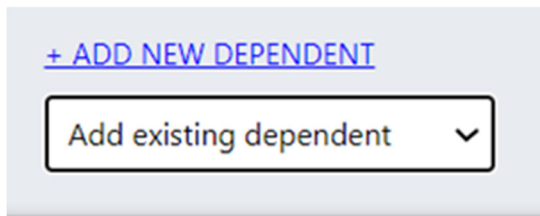
Step 6: To enroll in medical, dental or vision plans, click Select, click on the Option you want to enroll in and then click on the circle beside the level of coverage to make your selection.

Benefits – MEDICAL & PHARMACY PLAN

[2021 Medical Benefit Info](#) | [2021 Pharmacy Benefit Info](#)

1 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	▼
<input type="radio"/> OPT 2 - EMPLOYEE ONLY Employee cost \$37.00 Employer cost \$205.03	
<input type="radio"/> OPT 2 - EMP + SPOUSE Employee cost \$127.00 Employer cost \$522.62	
<input type="radio"/> OPT 2 - EMP + CHILD OR CHILDREN Employee cost \$106.00 Employer cost \$474.16	
<input checked="" type="radio"/> OPT 2 - EMP + FAMILY Employee cost \$177.00 Employer cost \$573.79	Coverage must be added for at least 2 dependents + ADD NEW DEPENDENT Add existing dependent ▼



Add a new dependent

First name*

Middle initial

Last name*

Suffix

Date of birth*

Gender

Relationship*

Handicapped

Social Security number*



Save

Cancel

Step 7: 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 8: To add new dependents, click the +ADD NEW DEPENDENT button and fill in each field with a red asterisks beside it (*), then click Save.



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Step 9: 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"/>

Step 10: 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.

Step 11: 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.

Step 12: If you enroll in “Employee Plus Dependents,” add the dependents you chose for 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

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

EMPLOYEE PLUS DEPENDENTS

EMPLOYEE PLUS DEPENDENTS HSA (ENTER PER PAYCHECK AMOUNT)

Employee cost \$0.00

Amount

Coverage must be added for at least 1 dependent

[+ ADD NEW DEPENDENT](#)

▼



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Step 13: 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.”

Add a new beneficiary

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 14: 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 15: 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/Court South 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/COURT SOUTH - EMPLOYEE ONLY
Employee cost \$19.98

NFC/COURT SOUTH - EMPLOYEE + 1
Employee cost \$24.98
Coverage must be added for exactly 1 dependent
[+ ADD NEW DEPENDENT](#)
Add existing dependent

NFC/COURT SOUTH - FAMILY
Employee cost \$44.98

I Decline

CANCEL **CONTINUE**

Step 16: After all benefit offerings have been selected or declined and beneficiaries have been added, click CONTINUE at the bottom of the page.

Step 17: 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 18: 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.