

# eBenefits Guide



## Completing Benefit Elections on eBenefits

eBenefits is used by employees for online benefits enrollment and qualifying life event changes.

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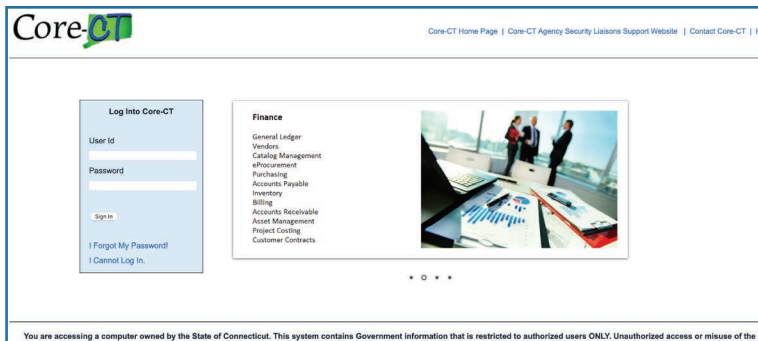
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### Need Help?

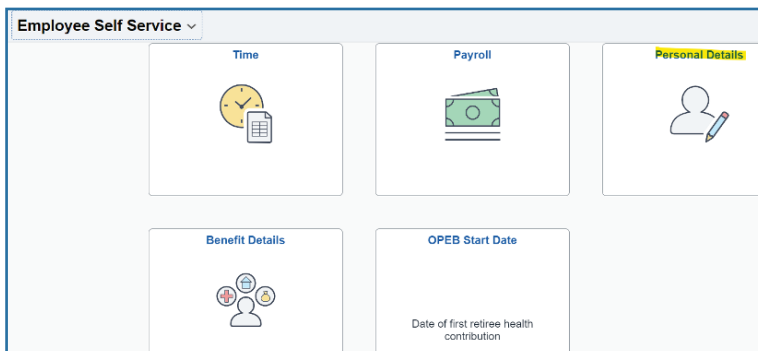
Contact your agency benefits specialist for help. If you don't know your agency benefits specialist, call a Care Coordinator at 833-740-3258.

# Making Open Enrollment Elections

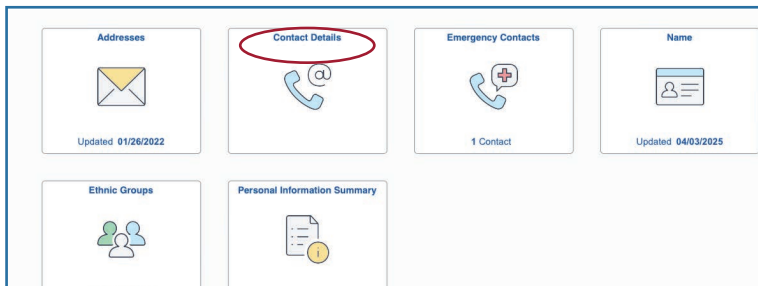
**Step 1:** Visit <https://corect.ct.gov/>. Log in with your user ID and password.

The screenshot shows the Core-CT Home Page. On the left is a 'Log Into Core-CT' box with fields for 'User id' and 'Password', a 'Sign In' button, and links for 'I Forgot My Password!' and 'I Cannot Log In.'. On the right is a 'Finance' menu with links: General Ledger, Vendors, Catalog Management, eProcurement, Purchasing, Accounts Payable, Inventory, Billing, Accounts Receivable, Asset Management, Project Costing, and Customer Contracts. To the right of the menu is a photo of three people in a meeting. At the bottom, a disclaimer states: 'You are accessing a computer owned by the State of Connecticut. This system contains Government information that is restricted to authorized users ONLY. Unauthorized access or misuse of the d'.


Confirm that your email is listed in Core-CT. To add a preferred email, select **Personal Details**.

The screenshot shows the 'Employee Self Service' dashboard. It has a dropdown menu labeled 'Employee Self Service'. Below it are five tiles: 'Time' (clock icon), 'Payroll' (dollar bill icon), 'Personal Details' (person icon with a pencil, highlighted in yellow), 'Benefit Details' (gears icon), and 'OPEB Start Date' (text: 'Date of first retiree health contribution').

Select **Contact Details**.

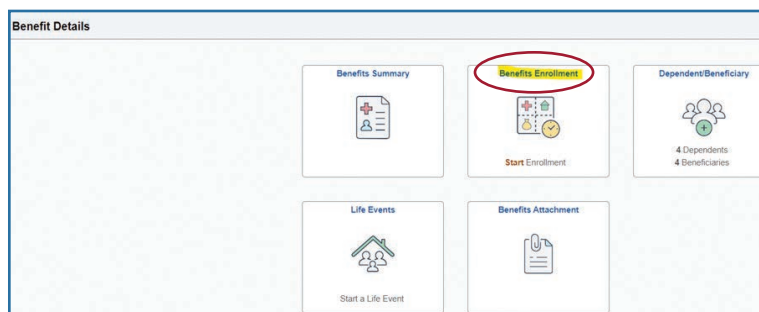
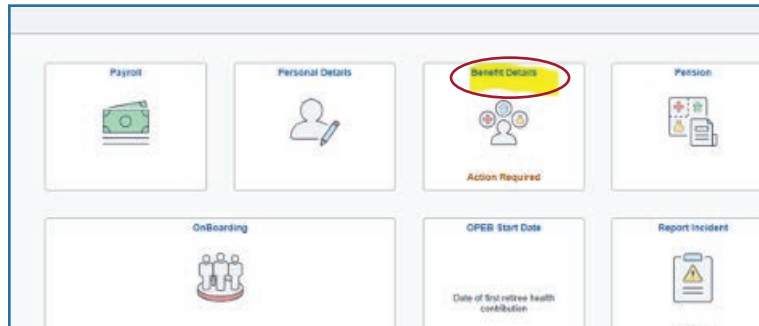
The screenshot shows a selection screen with six tiles: 'Addresses' (envelope icon, 'Updated 01/26/2022'), 'Contact Details' (phone and email icon, circled in red), 'Emergency Contacts' (phone with plus icon, '1 Contact'), 'Name' (ID card icon, 'Updated 04/03/2025'), 'Ethnic Groups' (group of people icon), and 'Personal Information Summary' (document icon).

Add your email address. You must have one preferred email.

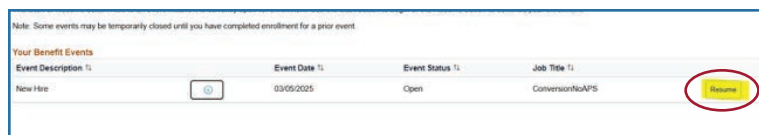
The screenshot shows the 'Contact Details' form. On the left is a sidebar with links: 'Addresses', 'Contact Details' (circled in red), 'Name', 'Ethnic Groups', 'Emergency Contacts', and 'Additional Information'. The main area has two sections: 'Phone' and 'Email'. The 'Phone' section has a table with columns: 'Number', 'Extension', 'Type', and 'Preferred'. It contains one entry: '203/767-3881', 'Mobile', and 'Preferred' (checked). The 'Email' section has a table with columns: 'Email Address', 'Type', and 'Preferred'. It contains one entry: 'Email Address', 'Business', and 'Preferred' (checked).

# Making Open Enrollment Elections

**Step 2:** From the **Main Menu**, select **Benefit Details > Benefits Enrollment**.



**Step 3:** Select **Start** or **Resume** next to the Open Enrollment event.



**Step 4:** Select **Review** under Medical or Dental to make a health benefit enrollment change and review the premiums based on the number of dependents you have enrolled.

**Benefits Enrollment**

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 undersigned 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 that 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.cj.gov/firm/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 (\$48.15 biweekly), a \$350 per participant per year deductible (\$1,400 family maximum), and will be ineligible for reduced co-pay 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**

**Benefit Plans**

Medical	Dental	Life
Current: Standard Access New: Standard Access Status: <b>Pending Review</b> in 1 Dependents	Current: Basic Dental New: Basic Dental Status: <b>Pending Review</b> in 1 Dependents	Current: Basic Group Life Insurance Salary X.1 New: Basic Group Life Insurance \$38,000 Status: <b>Not Available</b> in 4 Beneficiaries
Pay Period Cost: \$166.06 Annual Cost: \$4,317.56 <b>Review</b>	Pay Period Cost: \$11.59 Annual Cost: \$301.34 <b>Review</b>	Pay Period Cost: \$7.00 Annual Cost: \$197.60

# Making Open Enrollment Elections

**Step 5:** If you want to add a new dependent that is not listed, select **Add/Update Dependent**.


**Note:** If the mailing address for the new dependent is different from the employee mailing address, check the arrow by the address and change the **Yes** to **No** in the **Same as Mine** field. Select **Done**.

If you notice an error in your dependent information, contact your agency benefits specialist to update the information. **Do not enter the same dependent more than once.**

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
	Spouse

**Add/Update Dependent**

**Step 6:** You will be brought back to the Dependent and Beneficiary Information page where you will see the **Attachment** column for the dependent shows as "Incomplete." Select **Incomplete** for the dependent.

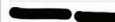



Add a Dependent/Beneficiary Info

Complete

Benefits Summary

Visited

Benefits Enrollment

Dependent	Relationship	Attachment
		Incomplete
	Child	
Joe 	Child	

**Step 7:** You will be brought to the Dependent Attachments page where you can **Add Attachment** or **Add Note**. Select **Done** in the upper right-hand corner of the page to continue. Your enrollment cannot be processed by your agency benefits specialist until the required documentation has been submitted.

Welcome to the Birth/Adoption (Add Children) Event

Complete

Benefits Summary

Visited

Dependent/Beneficiary Info

Complete

Benefit Enrollment

Complete

Document Upload

Visited

Document List

Document	Upload / Status	Approval / Status
Adoption Certificate	Required	Not Required
	Attachment Missing	
Birth Certificate	Required	Not Required
	Attachment Missing	

Add Document

\*Document Type: Birth Certificate

No Document has been attached.

**Add Attachment** **Add Note**

# Making Open Enrollment Elections

**Step 8:** Depending on what page you are returned to, select either **Done** or **X** in the upper right-hand corner until you are returned to the Benefits Enrollment page where you can review your enrollment and costs. Select **Submit Enrollment**.

Enrollment Summary

Your Pay Period Cost \$185.25

Full Cost \$185.25

Status Visited

Enrollment Preview Statement

Submit Enrollment

Life

Dental

Medical

**Step 9:** Once your enrollment/change has been submitted, the message shown in the image to the right will populate. Select **Done**. Your enrollment/change is complete.

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

# New Hire Enrollment


If you are enrolling as a new hire, your election process will be the same as the Open Enrollment process. However, you will not have any prior elections to review. Follow the steps on the previous pages.

If you elect basic life insurance coverage, you'll need to select at least one beneficiary. If you select more than one beneficiary, the total percent must equal 100% (whole numbers only). If you waive participation, or fail to enroll within 31 days of hire, and later choose to enroll in life insurance, you will be subject to evidence of insurability guidelines.

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 ↑↓
New Hire 	11/20/2024	Open	Accountant

Benefit Enrollment

● Visited

Document Upload

○ Not Started

Event Completion and Exit

○ Not Started

Enrollment Summary

Your Pay Period Cost \$77.87

Full Cost \$77.87

Status Pending Review

Enrollment Preview Statement

Submit Enrollment

Medical

Benefit Plans

Medical

Current Expanded Access  
New Expanded Access  
Status Pending Review  
0 Dependents

Pay Period Cost \$70.27  
Annual Cost \$1,827.02

Review

Dental

Current Enhanced Dental  
New Enhanced Dental  
Status Pending Review  
0 Dependents

Pay Period Cost \$0.00  
Annual Cost \$0.00

Review



# Life Event Changes

Once you make your benefit elections during Open Enrollment or your new hire period, they remain in effect from July 1 through June 30 of the following calendar year, unless you have a qualifying life event, such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Change in residence that affects your or your dependent's benefits eligibility
- Loss of your or a dependent's coverage under another plan (e.g., your spouse's plan)
- Change in your spouse's employment that results in a loss or gain of medical and/or dental coverage through their employer
- You and/or your dependent has Medicaid or Children's Health Insurance Program (CHIP) coverage that has been terminated, or you and/or your dependent becomes eligible for a state premium-assistance subsidy through one of these programs
- A significant midyear increase in the cost of coverage
- You enroll in Medicare, Medicaid, or health insurance through a Marketplace/Exchange

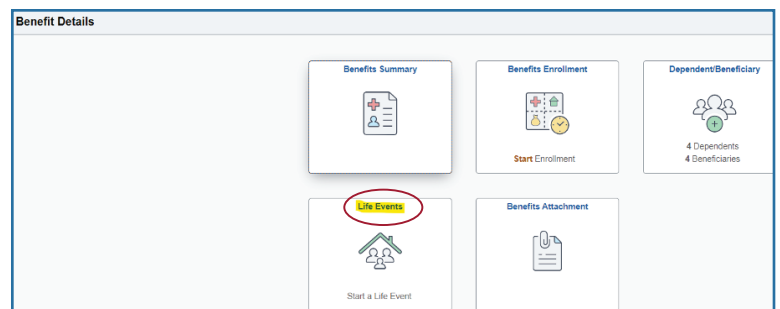
## Submitting Your Qualifying Life Event Election Change

**IMPORTANT!** To make a midyear coverage change, you must complete the steps below and provide required documentation within 31 days of the event.

The change you make must be consistent with the life event. For example, if you get married, you can add your spouse to your health benefits. Plan changes can only be made during Open Enrollment. The change will be effective the 1st of the month following the date of the qualifying event.

**Step 1:** Visit <https://corect.ct.gov/>. Log in with your user ID and password.

**Step 2:** Select the **Life Events** tile.



**Step 3:** Read the instructions. Then, select the applicable life event from the list. Enter the event date and select **Start Life Event**.

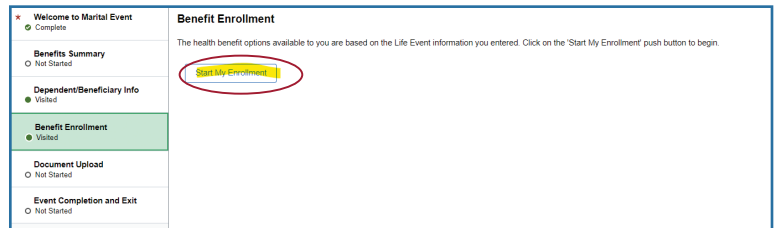
Employee
<input type="radio"/> Birth/Adoption (Add Children)
<input type="radio"/> Marriage (Add Spouse/Stepchildren)
<input type="radio"/> Divorce/Legal Separation (Drop Spouse/Stepchildren)
<input type="radio"/> Loss of Dependent Coverage (Spouse/Children)
<input type="radio"/> Loss of Coverage (Self and Spouse/Children, if applicable)

# Life Event Changes

**Step 4:** Select **Next** in the upper right corner. You will be brought to the Benefits Summary page where you can review your current benefits.

**Step 5:** Select **Next** in the upper right corner. You will be brought to the Dependent/Beneficiary Info page where you can review your current dependents and add new ones. **Remember to upload the required documentation for the new dependent(s).**

**Step 6:** Select **Next** in the upper right corner. You will be brought to the Benefit Enrollment page. Select **Start My Enrollment**.

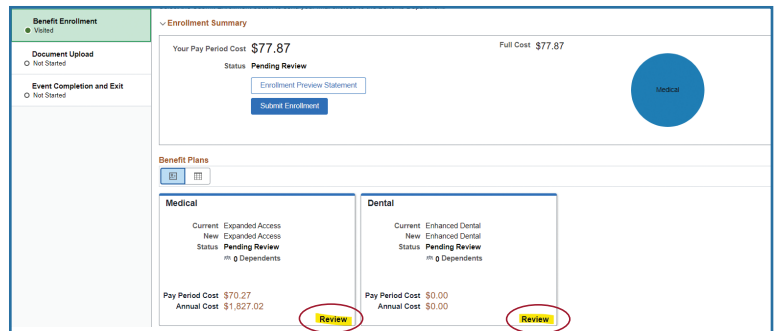


Benefit Enrollment

The health benefit options available to you are based on the Life Event information you entered. Click on the 'Start My Enrollment' push button to begin.

**Start My Enrollment**

**Step 7:** Select **Review** under Medical/Dental to add new dependent(s) to your coverage.



Enrollment Summary

Your Pay Period Cost: \$77.87 Full Cost: \$77.87

Status: Pending Review

**Review**

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

Medical

Current: Expanded Access  
New: Expanded Access  
Status: Pending Review  
# of Dependents: 0

Pay Period Cost: \$70.27  
Annual Cost: \$1,827.02

**Review**

Dental

Current: Enhanced Dental  
New: Enhanced Dental  
Status: Pending Review  
# of Dependents: 0

Pay Period Cost: \$0.00  
Annual Cost: \$0.00

**Review**

**Step 8:** Before submitting your elections, select **Enrollment Preview Statement** to review. When your enrollment/change is complete, select **Submit Enrollment**.

**Step 9:** Once your enrollment/change has been submitted, a message will populate letting you know the submission has been sent to your agency benefits specialist. Select **Done**. Your enrollment/change is complete.