

How to Complete Your Open Enrollment Elections/Changes in STARS ESS

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1.0 Important Changes in 2026

Open Enrollment is October 20 – October 31, 2025 for the upcoming plan year (1/1/26 – 12/31/26).

Changes for 2026 Plan Year:

 In addition to our current Base and Plus medical plans, you'll have the option to select our newer plan called the KelseyCare ACO. An ACO or Accountable Care Organization is a group of doctors, facilities and other healthcare professionals who work together to ensure your care is coordinated.

Adding dependents? Prepare your documents now!

Gather your supporting documentation now and have it ready for upload when you log in to STARS ESS during the open enrollment period. Dependents without supporting documentation uploaded in STARS will not be added to your plan. Please upload documentation by October 31, 2025. See page 14 of your Employee Benefits Guide to see who is eligible and required documents.

Important steps when adding dependents:

<u>Step 1</u> – Add all dependent information using the steps in section 3.0, including supporting documentation (required).

Step 2 – Add dependents to your final elections.

- Dependents added during open enrollment will be effective 12/27/2025.
- Dependents removed during open enrollment will be effective 12/26/2025.

Full instructions on how to add dependents are provided in Section 3.0.



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2.0 How to Elect the Same Benefits for 2026

If you would like to keep the exact same benefit elections as you had in 2025, you do not need to do anything! Your benefits will remain the same for 2026. You are all set!

3.0 How to Make Updates to Your Elections

You can now add and update dependents while updating your elections.

Note: If you are adding a new dependent, you must add them to all elections, including:

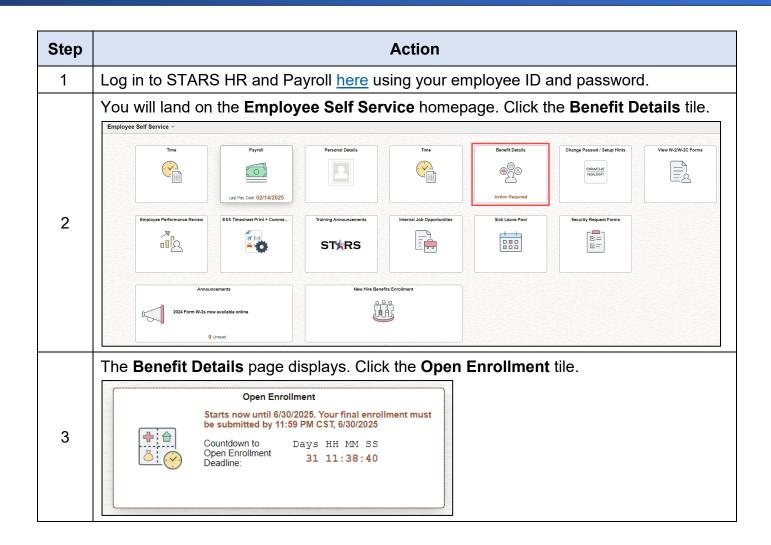
- Medical
 Dental
- Vision
 County Provided Dependent Life for Spouse/Child

Gather your supporting documents (birth certificate, adoption paperwork, marriage license, etc.), as those will be required when adding dependents.

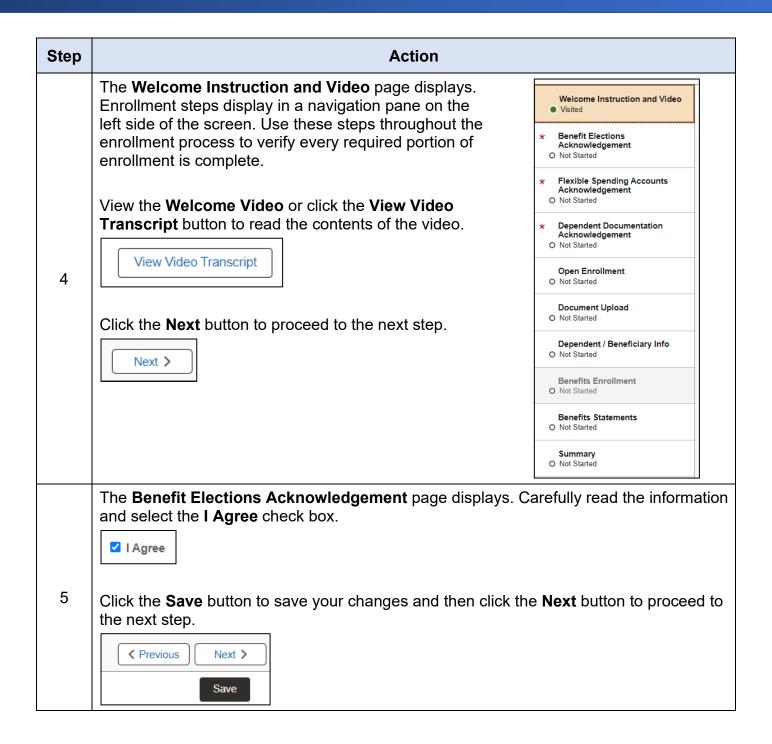
Once you have added information for your dependents and uploaded supporting documentation, you will be able to make your final elections for you and your dependents.

- Dependents added during open enrollment will be effective 12/27/2025
- Dependents removed during open enrollment will be effective 12/26/2025

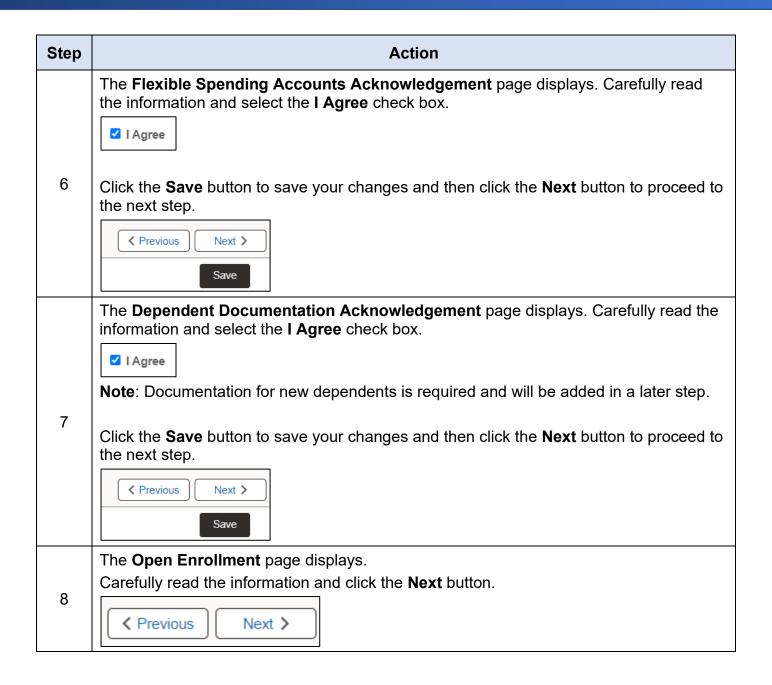




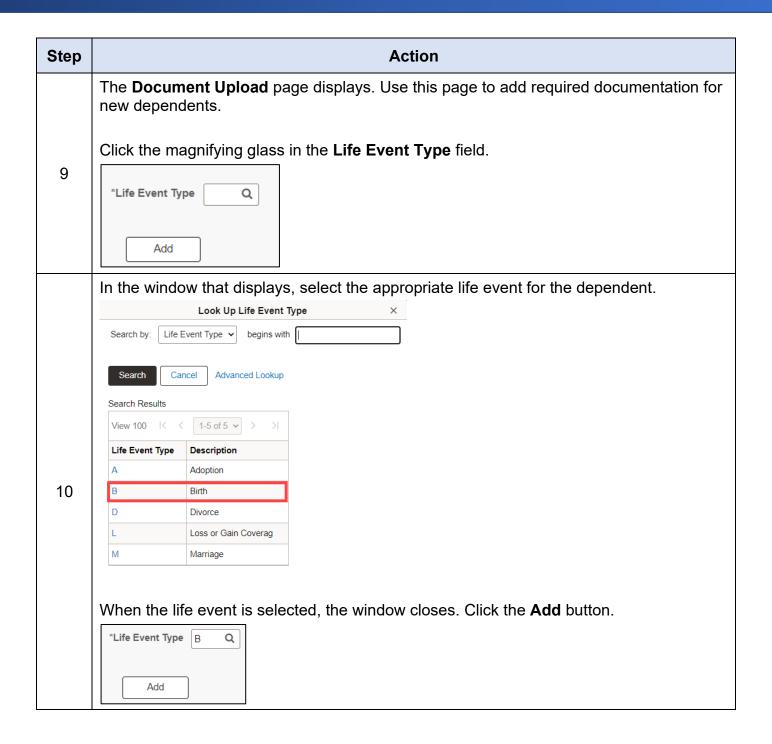




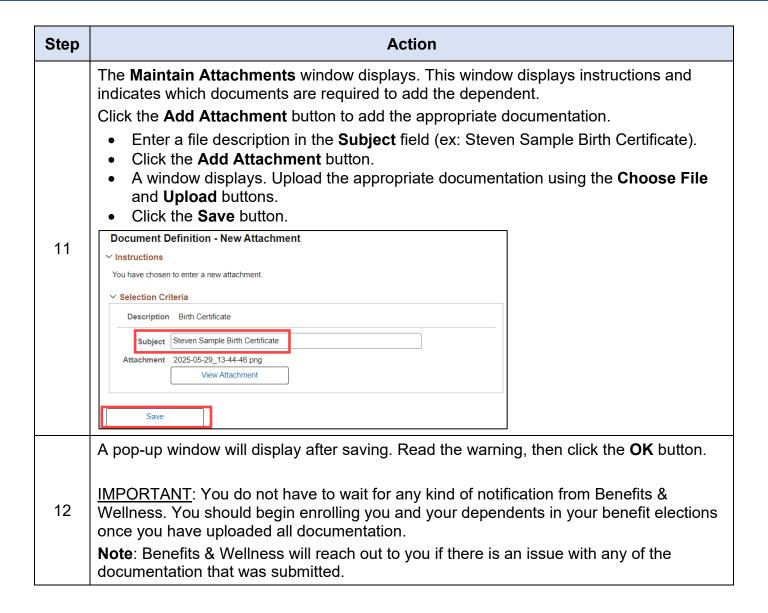




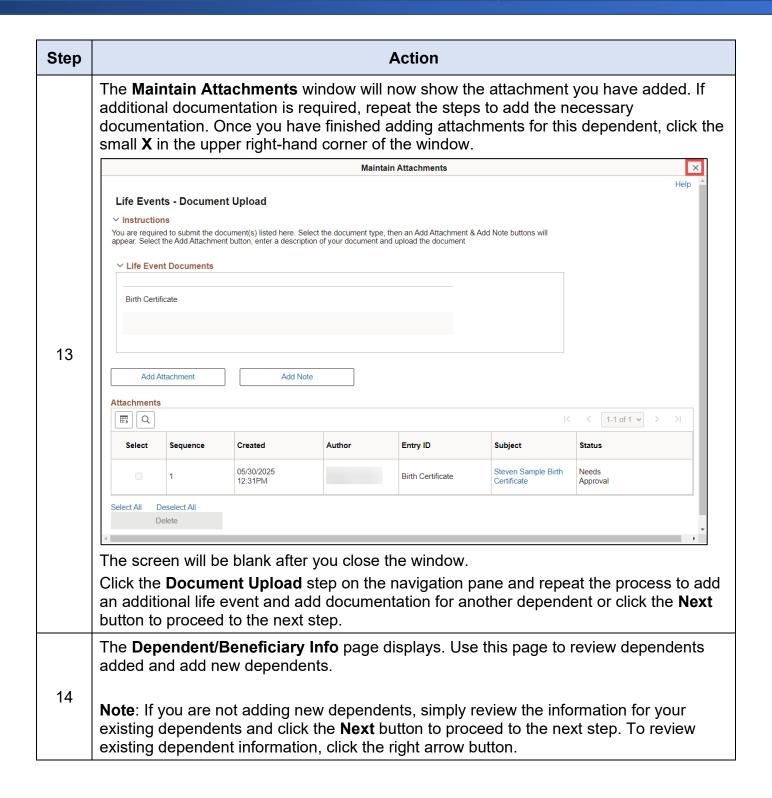














Step	Action		
	 To add a new dependent, click the Add Individual button. Note: You will not be able to add new dependents to your 2026 Benefit Elections if you skip this step. Click the Add Name button to display a window where the dependent's name can be added. Enter information in each field in the Personal Information section. Your address displays in the Address section. Click the right arrow button to update the address for the dependent, if needed. Click the Add National ID button to display a window where the dependent's social security number can be added. Click the Add Phone button to add the dependent's phone number. Click the Add Email button to add the dependent's email address. Click the Save button to save the new dependent and return to the Dependent/Beneficiary Info page. 		
15	Name Add Name Personal Information Date of Birth MM/DD/YYY		
	Address Address Type Same Address as mine Home Same as mine National ID No National ID Swists Add National ID Phone No Phone exists Add Phone Email No Email exists Add Email Repeat this step until all dependents have been added and reviewed. Then click the Next button.		



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Step	Action		
Step 16	The Benefits Enrollment page displays. Your elections from the prior benefit year are automatically entered. The Enrollment Summary section displays the total cost of your elections for each pay period. Venrollment Summary Your Pay Period Cost \$132.88 Status Pending Review Preview Statement Submit The Benefit Plans section displays 12 tiles, one for each benefit election. Each benefit tile displays a status, such as Pending Review, Visited, or Changed. To view benefit elections in list form, click the Grid icon. Benefit Plans		
	To make changes to your current elections, simply click the tile corresponding to the benefit you wish to change.		

3.1 Medical Benefit Enrollment/Change

Step	Action
1	Click the Medical tile.
2	Harris County offers three different medical plan options – Base, Plus, and KelseyCare. You also have the option to select the plan deduction before or after tax.



Step	Action		
	If you are not enrolling any dependents in medical coverage, skip to letter c.		
	Make sure whichever dependents you would like to enroll in medical coverage have a check in the checkbox in the Enroll Your Dependents section.		
	a. If you have dependents who are currently enrolled in the medical benefit, the checkbox next to their name will be selected.		
	Clear the checkbox for any dependents you wish to remove from medical coverage. b. If you wish to add a new dependent to the coverage, select the checkbox next to the		
	dependent's name. Note : If you do not see your dependents listed, make sure you have completed Steps 14 and 15 in Section 3.0.		
	Dependents		
	Susie Example		
	c. In the Enroll in Your Plan section, click the Select button corresponding to your		
3	desired election coverage. Note: Click the Overview of All Plans button to display a window where the costs of each plan option can be quickly compared.		
	Plan Name		
	Select Base PPO - AT (1)		
	✓ Base PPO - BT 🕦		
	Select Plus PPO - AT		
	Select Plus PPO - BT		
	Select KelseyCare ACO - BT 🕦		
	Select KelseyCare ACO - AT 🚯		
	Overview of All Plans		
	d. Click the Done button.		



Step	Action		
	You will be brought back to the Benefits Enrollment page. You should now see the Status is updated and the changes you made reflected in the dollar amount for each p period.		
	Medical		
4	New	Base PPO - BT Base PPO - BT ◆ Changed ★ 1 Dependents	
	Pay Period Cost	\$102.84 Review	



How to Complete Your Open Enrollment Elections/Changes in STARS ESS

3.2 Dental Benefit Enrollment/Change

Step	Action		
1	Click the Dental tile.		
2	Harris County offers PPO Dental coverage. You have the option to select the plan deduction before or after tax .		
	If you are not enrolling any dependents in dental coverage, skip to letter c.		
	Make sure whichever dependents you would like to enroll in dental coverage have a check in the checkbox under the Enroll Your Dependents section.		
	a. If you have dependents who are currently enrolled in the dental benefit, the checkbox next to their name will be selected.		
	 Clear the checkbox for any dependents you wish to remove from dental coverage. b. If you previously turned in documentation to have dependent(s) added, the checkbox corresponding to their name will not be selected. Select the checkbox to enroll them in the dental benefit. Note: If you do not see your dependents listed, make sure you have completed Steps 14 and 15 in Section 3.0. 		
	Dependents		
3	Susie Example		
	 c. In the Enroll in Your Plan section, click the Select button corresponding to your desired election coverage. Note: Click the Overview of All Plans button to display a window where the costs of each plan option can be quickly compared. 		
Plan Name			
	Select PPO After-Tax Requires enrollment to any Medical plan		
	PPO Before Tax Requires enrollment to any Medical plan		
	Overview of All Plans		
	d. Click the Done button.		



How to Complete Your Open Enrollment Elections/Changes in STARS ESS

Step	Action		
You will be brought back to the Benefits Enrollment page. You shou Status is updated and the changes you made reflected in the dollar a period.			
	Dental		
	Current	PPO Before Tax	
		PPO Before Tax	
4	Status		
		然 1 Dependents	
	Pay Period Cost	\$5.76	
		Review	
			•

3.3 Vision Benefit Enrollment/Changes

Step	Action
1	Click the Vision tile.
2	For the Vision benefit, you have the option to select the plan deduction before or after tax .



Step	Action		
	If you are not enrolling any dependents in vision coverage, skip to letter c.		
	Make sure whichever dependents you would like to enroll in vision coverage have a check in the checkbox under the Enroll Your Dependents section.		
	 a. If you have dependents who are currently enrolled in the vision benefit, the checkbox next to their name will be selected. Clear the checkbox for any dependents you wish to remove from vision coverage. 		
 b. If you previously turned in documentation to have dependent(s) added, the corresponding to their name will not be selected. Select the checkbox to enthe vision benefit. Note: If you do not see your dependents listed, make sure you have complete. 			
	Steps 14 and 15 in Section 3.0. Dependents		
3	Susie Example		
	 c. In the Enroll in Your Plan section, click the Select button corresponding to your desired election coverage. Note: Click the Overview of All Plans button to display a window where the costs of each plan option can be quickly compared. 		
	Plan Name		
	Vision After-Tax Requires enrollment to any Medical plan		
	Vision Before-Tax Requires enrollment to any Medical plan		
	Overview of All Plans		
	d. Click the Done button.		



How to Complete Your Open Enrollment Elections/Changes in STARS ESS

Step	Action		
	You will be brought back to the Benefits Enrollment page. You should now see the Status is updated and the changes you made reflected in the dollar amount for each period.		
4	Vision Current Vision Before-Tax New Vision Before-Tax Status Changed ☆ 1 Dependents		
	Pay Period Cost \$0.43 Review		

3.4 County Provided Employee Life

Step	Action		
1	Click the Cnty Provided Employee Life + AD&D tile.		
	For the County Provided Employee Life benefit, basic life insurance for the employee is automatically selected, but beneficiaries must be selected. a. You can change the primary and secondary allocations to be a Flat Amount or		
	leave them as a Percentage.b. Make any desired changes in the New Primary Percentage and New Secondary Percentage columns if desired.		
	New Primary Percentage	New Secondary Percentage	
	25	0	
2	25	0	
	50	0	
	100	0	
c. Click the Done button. Note: If you would like to add or change your beneficiaries, click the transfer of the control of			peneficiaries click the Add/Undate
	Beneficiary button. Full instructions on how to add and update beneficiaries can be accessed <u>here</u> .		
	Add/Update Beneficiary		



How to Complete Your Open Enrollment Elections/Changes in STARS ESS

Step	Action
3	You will be brought back to the Benefits Enrollment page. You should now see the Status is updated.

3.5 Employee Optional Life Enrollment/Changes

Step	Action
1	Click the Employee Optional Life +AD&D tile.
4	For the Optional Life AD&D Benefit, you have the option to waive the benefit or elect between 1 and 3x your salary before or after taxes. Click the Select button corresponding to the election you wish to choose for the optional life benefit. Note : If you select an option with Proof Required in the Proof of Coverage column, you must provide Evidence of Insurability before the benefit will take effect.
5	 a. You can change the primary and secondary allocations to be a Flat Amount or leave them as a Percentage. b. Make any desired changes in the New Primary Allocation and New Secondary Allocation columns if desired. New Primary Percentage New Secondary Percentage 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Add/Update Beneficiary If you chose an election that requires proof, a message window displays.
	Click the OK button.



How to Complete Your Open Enrollment Elections/Changes in STARS ESS

Step	Action
6	You will be brought back to the Benefits Enrollment page. You should now see the Status is updated and the changes you made reflected in the dollar amount for each pay period.

3.6 County Provided Dependent Life for Spouse/Child

Harris County provides **Dependent Life** coverage for your enrolled dependents. This is required if you have enrolled dependents in your medical/dental/vision coverage.

- If you enrolled a spouse in your medical/dental/vision coverage in 2025, they will automatically receive **County Provided Dependent Life Spouse** coverage.
- If you enrolled your child/children in your medical/dental/vision coverage in 2025, they will automatically receive **County Provided Dependent Life Child** coverage.

If you are adding a new dependent in your medical/dental/vision coverage for 2026, you must also enroll the dependent(s) in the **County Provided Life** coverage. Follow the steps below to complete the enrollment. The steps are shown for the **County Provided Dependent Life for Child**. The same steps should be taken for the **Spouse** elections.

Step	Action
1	Click Cnty Provided Dep Life+AD&D Spouse tile or the Cnty Provided Dep Life+AD&D Child tile.



Step	Action
2	For the County Provided Dependent Life Benefit for your spouse or child, you must enroll all dependents that are enrolled in your medical/dental/vision coverage. a. Indicate whether you want to waive the benefit by clicking the Select button corresponding to the desired benefit option. Plan Name Select Waive Dependent Life Child (\$2,000) b. In the Enroll Your Dependents section, select the checkbox(es) to indicate which dependents that should be covered under the benefit listed (spouse or child). Dependents Susie Example C. Click the Done button.
3	You will be brought back to the Benefits Enrollment page. You should now see the Status is updated to either Changed or Visited (if no changes were made).

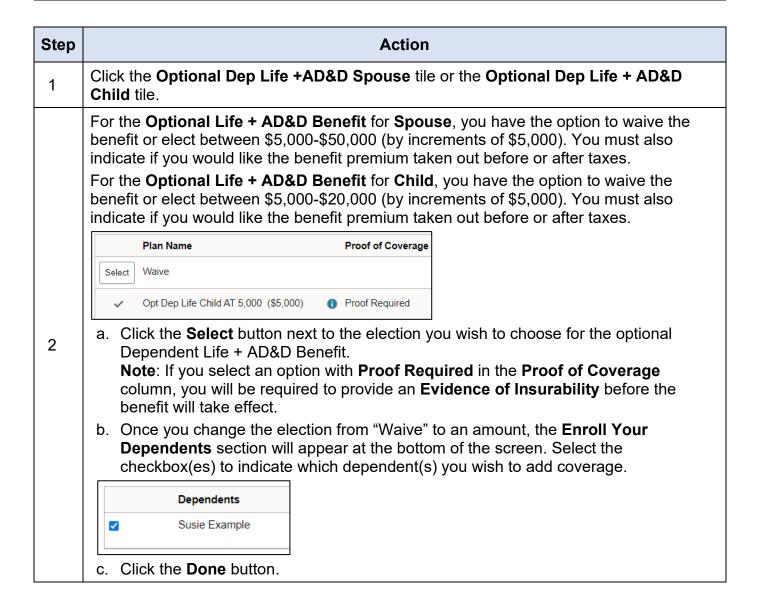


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3.7 Optional Dependent Life + AD&D Spouse/Child

To elect the **Optional Dependent Life + AD&D** for spouse or child, you must have elected **Optional Life** coverage for yourself (employee).

Follow the instructions below to complete any desired changes for **Optional Dependent Life + AD&D** for spouse or child.





How to Complete Your Open Enrollment Elections/Changes in STARS ESS

Step	Action
	If proof of insurability is required, a message window will display. Review the information and click the OK button.
3	Your enrollment in Opt Dep Life Child AT 5,000 requires proof of of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.
4	You will be brought back to the Benefits Enrollment page. You should now see the Status is updated and the changes you made reflected in the dollar amount for each pay period.

3.8 Optional LTD Enrollment/Changes

Follow the instructions from Section 3.5 **Optional Life Enrollment** to complete any desired changes for **Optional LTD**.

3.9 Flex Spending – Health and Dependent Care – Enrollment/Changes

Notes:

- The maximum election amount for FSA health account is \$3,400 and FSA dependent daycare maximum election is \$7,500. If you wish to increase or decrease from your original amount, you will need to make that change during your open enrollment. Otherwise, your 2026 elected amount will stay the same.
- The minimum election amount for both health and dependent care FSA is \$300.
- The Dependent Daycare Account is only for the care of a child under the age of 13 while you are at work. It is NOT for healthcare expenses.
- The IRS allows pre-tax contributions to Flexible Spending Accounts as long as the plan does not favor Highly Compensated Employees (HCEs) as defined by the IRS. For the 2026 plan year, an employee who earns more than \$160,000 is considered an HCE. If you are an HCE, your Dependent Daycare FSA deduction may not exceed \$900.



How to Complete Your Open Enrollment Elections/Changes in STARS ESS

Enrolling in Flex Spending for Dependent Care will be completed the same way that the Flex Spending Health enrollment is completed. Follow the steps below to enroll for Flex Spending Health and/or for Flex Spending Dependent Care.

Step	Action
1	Flex Spending Health - U.S. tile or the Flex Spending Dependent Care tile.
2	If you were enrolled in either of the FSAs in the previous benefit plan year, the amount you elected will be shown. If you were not enrolled previously, the Waive option will be selected. Plan Name Select Waive FSA Click the Flexible Spending Account Worksheet button to help calculate your annual pledge for this plan year. Employee Annual Pledge Minimum Employee Pledge \$300.00
	Maximum Employee Pledge \$3,200.00 Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,050.00. Flexible Spending Account Worksheet a. If you do not want to enroll in FSA, choose the Select button corresponding to the Waive option.
	 If you <u>do</u> want to enroll in FSA, click the Select button corresponding to the FSA option.
	c. Enter your annual pledge amount.d. Click the Done button.
3	You will be brought back to the Benefits Enrollment page. You should now see the Status is updated and the changes you made reflected in the dollar amount for each pay period.



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4.0 Saving and Submitting Your Benefit Enrollment/Changes

You may save your elections at any time by clicking the **Exit** button at the top left of the screen. Do not click the **Submit Enrollment** button on the **Open Enrollment** page until you are ready to submit your final benefit elections!

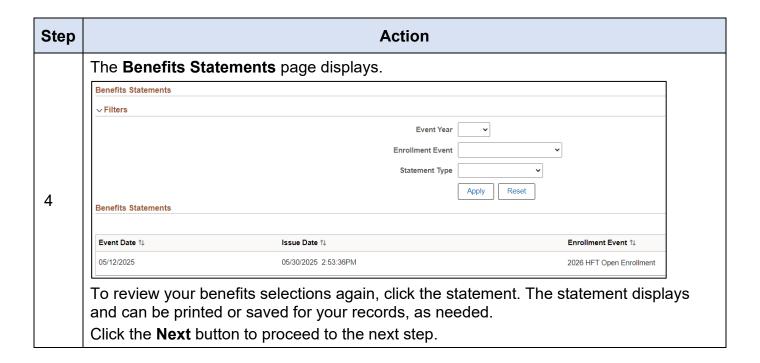
Follow the steps below to submit your benefit elections/changes for the new plan year.

Step		Action		
	_	g your benefit elections you can click the Preview summary of your election choices.		
	Click the Submit Enrollment button to send your final choices to the Benefit Department.			
1	Your Pay Period Cost \$132.88			
	Status Pending Review			
	Preview Statement			
	Submit			



Step	Action		
	A window displays to confirm your elections have been submitted. If any warning messages for your enrollment elections exist, such as if the enrollment selection you made will require proof of insurability when requested by the insurance carrier, they will also display on this window.		
	Done Benefits Alerts View		
	Instructions		
	Your benefit choices have been successfully submitted to the Benefits Department.		
	Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary		
2	Warning statements here listing the warnings for the entire benefits enrollment.		
	Employee Your enrollment in this benefit plan requires Optional Life + ADD proof of insurability. You will need to submit the Warning Warning BlueCross Blue Shield. Your new coverage will not take effect until proof of insurability is received and approved by BlueCross BlueShield.		
	⚠ Optional Dep Life + ADD Child + ADD Child Warning Warning Warning Warni		
	Click the Done button.		
	The Benefits Enrollment page displays and the Status field is updated to Submitted .		
3	Click the Next button.		







Step	Action		
		indicates the status of the step. Of the Date Completed column. In a	•
	Status	Date Completed	Required
	Visited		No
	Complete	05/30/2025	Yes
	Complete	05/30/2025	Yes
	Complete	05/30/2025	Yes
	Visited		No
5	Visited		No
	Complete	05/30/2025	No
	Complete	05/30/2025	No
	Visited		No
		step that needs to be completed, e step.	
	Verify each step ha	s been completed and click the Ex	it button.
	, ,	mitted your Open Enrollment Be	
6	Should you have ar	ny additional benefits questions, pla Benefits department at 713-274-55	