

Health Insurance

January 1

2025

This document is intended for use by Dane County Employees who are participating in the open enrollment for 2025 Health Insurance. This is a guide to help employees fill out their Health Insurance Forms online through a secure form application. Any questions can be directed to Carol Cady-Severson at cady-severson.carol@danecounty.gov.

**Online
Application
Instructions**

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INSURANCE APPLICATION FORM LOGIN

All employees will access the system application process at <https://www.connect2dane.com>. You will be able to access this site either from home or at work. Once you go to <https://www.connect2dane.com>, click on the “Insurance Plan Sign Up” button on the bottom of the page (figure 1).

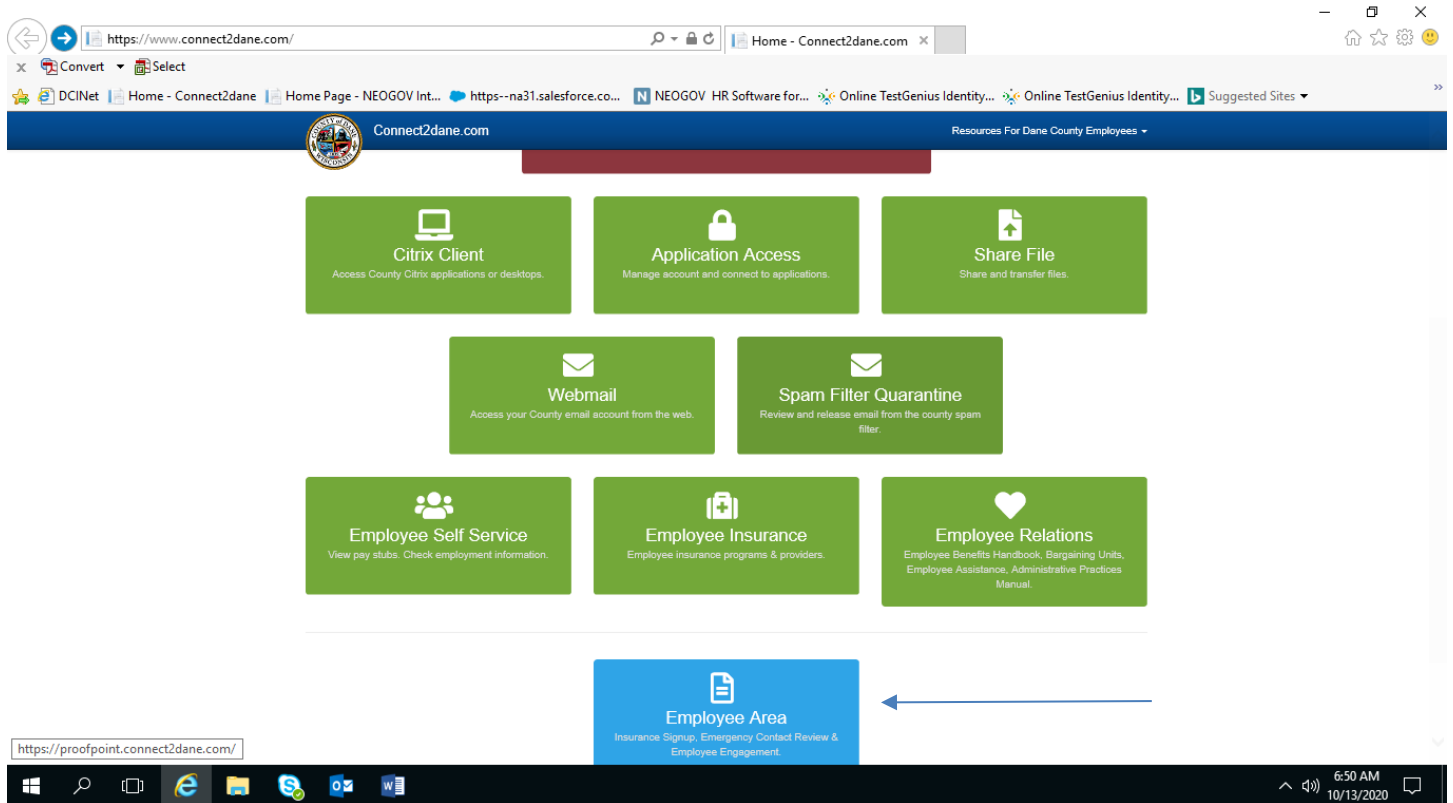


Figure 1: Screenshot of Connect2dane.com Website

If this is your first time logging in externally (from any place OTHER than work), please follow the steps under *ACCESS WHEN NOT AT A WORK COMPUTER* to get access to the online application. Otherwise you can skip directly to the section *DEAN HEALTH PLAN SIGN-UP*. The application will determine where you are coming from.

ACCESS WHEN NOT AT A WORK COMPUTER

If once you click the button for “Insurance Plan Sign Up” you receive a login prompt (figure 2), the application has determined that you are trying to login from outside the network.



User Name

Password

Login

[+ Create an account](#) | [? Forgot your password](#)

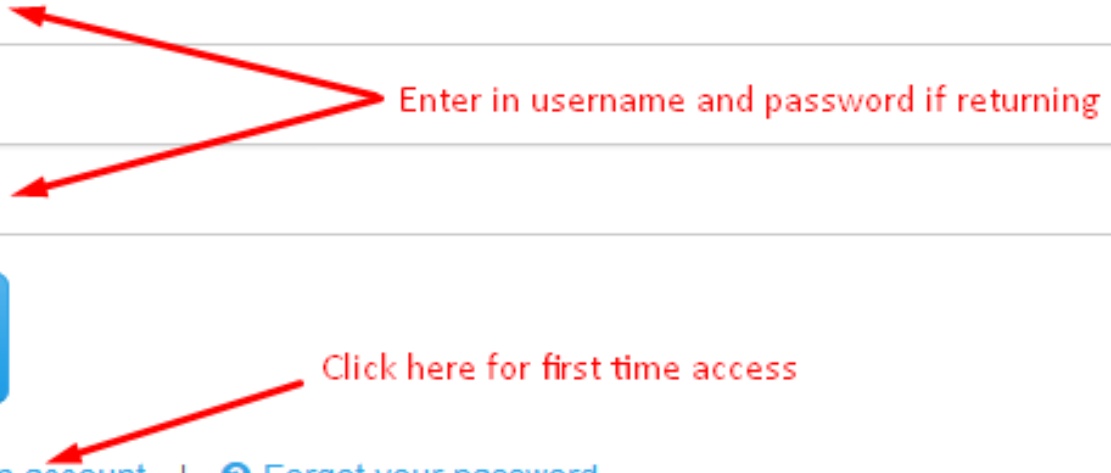


Figure 2: Screenshot of Login Section for external users

SIGNING IN FIRST TIME

If this is the first time an employee is signing in, they will need to click the *Create an account* button in the lower left corner (figure 2). This will display a screen that will allow the user to enter in their information for confirmation they are an employee (figure 3). **ONLY VALID COUNTY EMAIL ADDRESSES WILL BE ALLOWED INTO THE SYSTEM.** These include @danecounty.gov, @msnairport.com, @alliantenergycenter.com, @wicourts.gov, @da.wi.gov, @publichealthmdc.com, and @danesherriff.com. Please follow the steps below to register your account.



Passwords must follow the following rules:

- Be at least 6 characters in length
- Contain both upper and lower case letters
- Contain a number or special character (e.g. %, #, \$)

Create an account

Enter WORK email address here. This must be your WORK email address.
If questions, please contact the Dane County Help Desk at (608) 266-4440.

[Create Account](#)

Figure 3: Employee account form. All fields marked with an asterisk (*) must be filled out.

Required Fields – Designated by an asterisk (*) following the field name

Email: This must be you **WORK** email address for authentication and security reasons. Any other email will be voided and disallowed to access the system.

Email Confirm: Must be typed **EXACTLY** like the email address entered in the *Email* field

Password: Enter in a password you will remember. All passwords must be at least 6 characters in length, and contain at least 1 UPPER case letter, 1 lower case letter, and either 1 number or 1 special character (@, #, \$, etc.).

Password Confirm: Must be typed **EXACTLY** like the Password entered in the *Password* field

Optional Fields

Optional fields are not required to be filled out. This information will be retrieved through the application during a later step. However, an employee is more than welcome to fill out this information if they so wish.

Two Factor Authentication

In order to increase the security on the application, all employees using the external access will be required to have two forms of authentication. The first form is the username and login. The second form is either an email to the employees work account¹ or a text message to the employees phone. The first time an employee logs in, they **MUST** authenticate via their work email. Employees using a Dane County email address can access their work email from <https://mail.countyofdane.com>.

Once you have created your account, you will receive an email from webmaster@countyofdane.com or webmaster@danecounty.gov with a subject line of "Account Create". This is to notify the employee that the account has been created. The employee is then moved on to the Two Factor Authentication (figure 4)

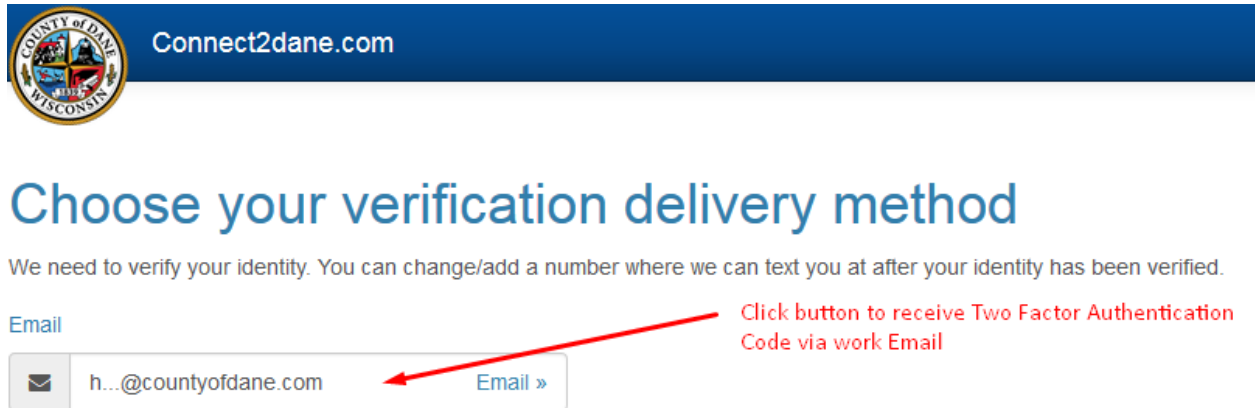


Figure 4: Two Form Authentication screen

Clicking on the "EMAIL" button will send an email to the employees work account from webmaster@countyofdane.com or webmaster@danecounty.gov with a random 6 digit code to be entered for authentication. This is a timed authentication. If the code is invalid, the employee will have the option of requesting a new code. Enter in the verification code into the field and click the "Verify" button (Figure 5).

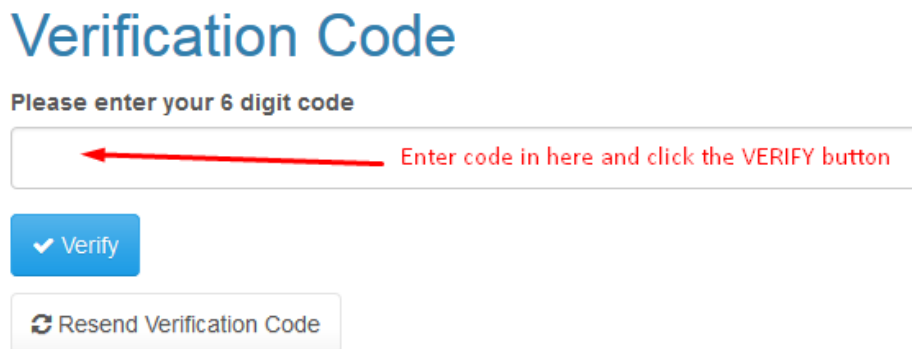


Figure 5: Verification code form

To complete the account setup, the employee will need to enter in their last name **as it appears on their paystub** and the last four digits of the employees social security number (figure 6). This links the account.

Set Up Account

Last Name as it appears on your paystub

Last 4 digits of your SSN

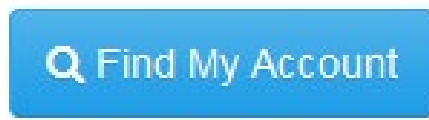


Figure 6: Account link form

Once the account is linked, the employee will be able to fill out their application following the steps under *DEAN HEALTH PLAN SIGN-UP*.

RETURNING TO APPLICATION

If an employee is returning to continue to work on their application, they will need to enter in their work email address and password that they associated with their account (please refer to figure 2). They will then need to enter in the Two Form Authentication code by entering in the 6 digit code either sent via email or a text message to the number they have associated (Please refer to figure 4).

In order to receive a text message to the employees phone with the Two Form Authentication code, the number of the phone must be entered into the employee's account. To get to this field, go to "Your Account" in the upper right hand corner (figure 18). Then enter number into the "Cell Number" field (figure 8).

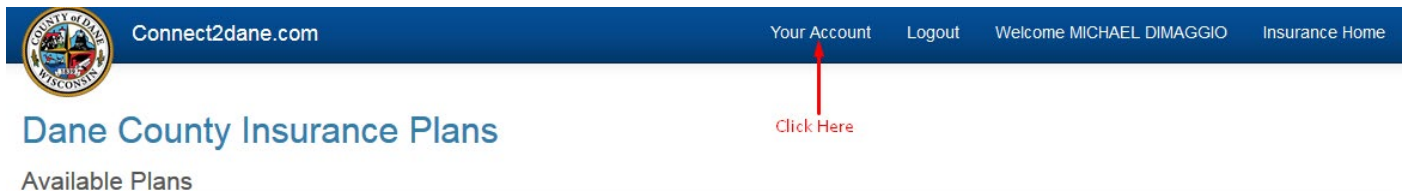


Figure 18: Button "Your Account" to take employee to cell number entry

Two Factor Authentication

Cell Number **Enter Cell Number here if you wish to receive text messages for authentication**



Figure 8: Field for text messages for Two Factor Authentication. If this field is left blank, the Two Factor Authentication will occur through the employee's work email address.

Once entered, click the *"Update Account"* button in the lower left hand corner. Employees will now be able to receive their Two Form Authentication via text message OR email.

DEAN HEALTH PLAN SIGN-UP

Once the employee has gained access to the system, they will need to choose the “*Dean Health Plan Sign-Up*” button to complete the health insurance forms (figure 9). The Delta Dental Plan will be available during open enrollment for that plan.

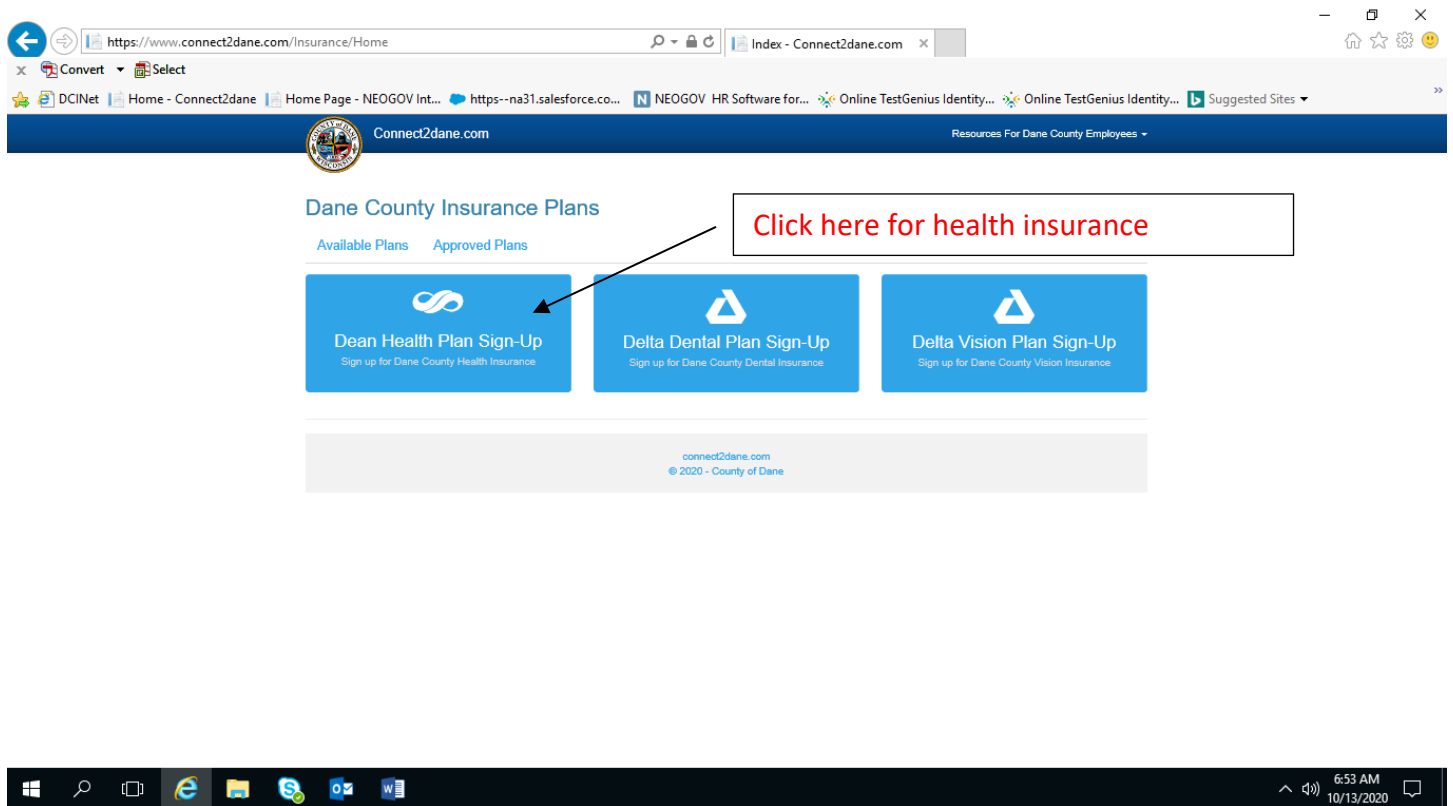


Figure 9: Plan options page

This will take you to the application form. Many employee fields will be pre-filled from other County Systems. All asterisk (*) fields must be filled out. If you have any questions, please contact Carol Cady-Severson at cady-severson.carol@danecounty.gov and she will be able to help.

FILLING OUT THE EMPLOYEE INFORMATION

Most information is pre-filled from the employees payroll account. All fields marked with an asterisk (*) are required to be entered. If an employee does not have a middle name, they can select the **NONE** check box and leave the field blank.

If the Marital Status is anything other than *Single*, the employee **MUST** enter the *Marital Status Change Date*. This would reflect the actual date of the event (wedding, divorce, death, etc.) that the event occurred.

An employee must select either the “Dean HMO” plan or the “Point of Service (POS)” plan from the *Plan Type* field and either “Single” or “Family” from the *Desired Coverage* field. Information on cost of each plan and coverage was communicated via email. If there are additional questions, please contact your Dane County

Payroll Clerk. A primary clinic **MUST** be selected when choosing the “Dean HMO” plan. A list of clinics can be found at <http://www.deancare.com/clinic-locations/> and entering the search criteria.

Employee Information

* Indicates a required field

Personal Information

Last Name *	First Name *	Middle Name *	<input type="checkbox"/> None	Gender *
<input type="text"/>	<input type="text"/>	<input type="text"/>		Male
Date of Birth *	Social Security Number *			
<input type="text"/>	<input type="text"/>			
Marital Status *	Marital Status Change Date *	Maiden Name (if any)		
Select your marital status	<input type="text"/>	<input type="text"/>		
Home Address *				Home Phone Number *
<input type="text"/>				<input type="text"/>
Address Line 2				County of Residence *
<input type="text"/>				<input type="text"/>
DEFOREST	WI	53532	- ext	

Work Information

Work Phone Number *	Department *	Date of Hire *
<input type="text"/>	ADMINISTRATION	<input type="text"/>
Email *	Hours Per Week *	Are you full time? Actively at work?
<input type="text"/>	40	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No

Insurance Information

Plan Type *	Desired Coverage *	Your Primary Clinic Site *	Are you disabled?
Select desired plan	Select desired coverage	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Figure 10: Employee Information Form

FOR FAMILY COVERAGE

All family members must be entered into the application. All fields must be entered for each family member. You can add a family member by selecting the “Add New Family Member” button in the upper right hand corner. You will need to add for each family member (figure 11).

Family Members

Click here to add a new family member

[Add New Family Member](#)

	First Name	Last Name	Relation	Date of Birth
Edit Remove			Spouse	
Edit Remove			Child	
Edit Remove			Child	
Edit Remove			Child	

Figure 11: Family Member form

Add Family Member ✕

* Indicates a required field

Last Name *	First Name *	Middle Name * <input type="checkbox"/> None
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship *	Gender *	Social Security Number *
<input type="text" value="Select a value"/>	<input type="text" value="Select a value"/>	<input type="text"/>
Date of Birth *	Primary Clinic Site *	Is this family member is disabled?
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> No <input type="radio"/> Yes

Figure 12: Add family member form.

NOTE: If you marked “Single” coverage on the EMPLOYEE INFORMATION section, you will not see this screen. Please make sure to appropriately mark the right coverage.

TRANSFER/CHANGE IN COVERAGE

For open enrollment: Make sure you choose the “Open Enrollment” option from the *Transfer/Change Type* field. You will be able to continue at this point as no other field is required (figure 13). If choosing any other option in the *Transfer/Change Type* field, all other fields are required. You can obtain this information from your Health Provider Card.

Transfer/Change in coverage * Indicates a required field

! Complete this section to make any of the following types of changes or for a change in carrier during the annual choice period.

Transfer/Change Type *

Name of present Group Health Insurance

Group or File Number

Subscriber Number

Figure 13: Transfer/Change in coverage form

COVERAGE OTHER

This section is only required if at least a single family member and/or the employee has additional health insurance coverage. If the employee does not have additional coverage, the employee can continue to the next session by clicking the button below (figure 14).

Coverage Other

* Indicates a required field

! Complete this section if you or anyone listed as a family member is covered under other group insurance.

Group Number

Subscriber (Policy) Number

Group Name

Insurance Company

Name of insured
Select a family member.

[< Coverage](#) [Medicare Information >](#)

Figure 14: Other coverage form

MEDICARE

This section is only required if at least a single family member and/or the employee has Medicare coverage. If the employee does not have additional coverage, the employee can continue to the next session by clicking the button below (figure 15).

Medicare

* Indicates a required field

! Complete this section if anyone in your family (**including yourself**) is covered by Medicare.

Subscriber Medicare Number <input type="text"/>	Name of spouse or dependent covered Select a family member. <input type="text"/>
Effective Date (Hospital) Part A <input type="text"/>	Effective Date (Hospital) Part A <input type="text"/>
Effective Date (Medical) Part B <input type="text"/>	Effective Date (Medical) Part B <input type="text"/>

[< Coverage](#) [Review >](#)

Figure 15: Medicare Form

REVIEW

The employee has the ability to print out the review by clicking the *PRINT* button in the upper right hand corner. All employees should review the data entered prior to moving on to TERMS AND CONDITIONS. Once all fields have been verified correct, continue on to TERMS AND CONDITIONS (figure 16).

The screenshot shows a 'Review' form with the following sections:

- Personal Information:** Fields for First Name, Middle Name, Last Name, Date of Birth, Gender, Social Security Num..., Address, County, Home Phone, Marital Status, Status Changed On, and Maiden Name.
- Work Information:** Fields for Work Phone, Department, Date of Hire, Email, Hours Per Week (40), Actively At Work (Yes), and Full Time (Yes).
- Insurance Information:** Fields for Plan Type (Dean HMO), Desired Coverage (Family), Primary Clinic Site (Dean East Clinic), and Are you disabled? (No).
- Family Members:** A table with columns: Name, Gender, SSN, DOB, Clinic, and Disabled. It lists four family members, all with 'DEAN EAST CLINIC' as the clinic and 'No' as disabled.
- Transfer/Change in coverage:** Fields for Change Type (Open Enrollment), Present Insurance, Group or File Number, and Subscriber Number.

At the bottom, there are buttons for '< Medicare' and 'Terms & Conditions >', and a 'PRINT' button in the top right corner.

Figure 16: Review form

TERMS AND CONDITIONS

An employee must read all terms and conditions when enrolling in coverage. The employee will have the option of accepting the application or declining health insurance coverage. **ALL EMPLOYEES MUST EITHER ACCEPT OR DECLINE COVERAGE** if they are a regular Dane County employee (figure 17). Once the "SAVE" button is pressed, an employee will not be able to make changes until the application is reviewed. If changes need to occur, please contact Carol Cady-Severson at Cady-Severson.carol@danecounty.gov.

✔ Acceptance of Insurance

I apply for the insurance under the indicated health insurance plan made available to me through the County of Dane and upon the terms and conditions listed above. I am fully aware that benefits may be reduced if I or an insured family member fail to follow any applicable requirements of the plan. A copy of this application is to be considered as valid as the original. Checking the "I Agree ..." box below is your signature for purposes of electronic online enrollment.

I Agree to the insurance and the terms and conditions listed above.

Must select one OR the other for ALL regular Dane County employees

⚠ Employee's refusal of health insurance

I further certify that I fully understand that by this refusal I will not be entitled to any benefits whatsoever under such portion of the Group Insurance program, and that if I wish to become a participant in such portion of the Group Insurance program at a future date, I may be required to go through medical underwriting.

I decline the insurance and the terms and conditions listed above.

Figure 17: Final acceptance/refusal selection. Once completed, the application will be locked until approved/denied by the Benefit Specialist