

SELF SERVICE INSTRUCTIONS FOR BENEFITS ENROLLMENT



- 1 Log into [Oracle Self Service](#)
- 2 Click **BENEFITS**
Click **ACCEPT**
Click **NEXT**



Legal Disclaimer

Welcome,

As an employee eligible for benefits:

- Current employees may,
 - Review current benefits
 - Update their beneficiary information
- Newly hired employees, within 30 days of their date of hire, may,
 - Elect to enroll in,
 - medical, prescription, dental, vision coverage,
 - flexible spending account (FSA) (health and/or child care),
 - supplemental life insurance (optional life, spouse life, child life and/or long term disability)
 - Designate beneficiary(ies) for their life insurance

When electing benefits:

- Benefits coverage is effective the first of the month following the date you elect to enroll (ie. If you are electing coverage in October, coverage would be effective November 1st)
 - If you choose not to participate in benefits, you **MUST** elect the "no coverage option".
- All benefit eligible employees are eligible for PGGPS sponsored life insurance coverage, and are encouraged to update their beneficiaries as they experience life changing events. Updating your beneficiaries for your life insurance can be done at any time.

Disclaimer:

The Oracle Employee Self Service website is the gateway to selecting your benefits. Selections made within the Employee Self Service System are binding for the benefit plan year (January - December); unless you experience an IRS (Section 125) "qualifying life event", also known as "qualifying event" or "family status change". Examples of qualifying life events include, marriage, divorce, birth, adoption, loss of coverage, or gain of coverage.

If you experience a "qualifying event" or "family status change" you have 30 days from the date of the event or status change to make changes to your benefit elections during the plan year.

By proceeding, you agree that:

- All the information provided is accurate.
- You will provide the designated third party administrator with any required supporting documentation (marriage certificate, birth certificate(s), and Social Security Number(s) etc..) to properly enroll your dependent(s) on the benefit plan(s) elected.
- The information submitted represents your enrollment choice(s) and that you are authorizing contributions to be withheld from your pay on a pre-tax basis for the healthcare coverage selected.
- You authorize participating vendors to forward general information concerning medical services or supplies provided to you or to any of your family member(s) listed on the coverage for the purpose of review, investigation or payment of a claim. This authorization is valid for the duration of coverage.
- You will contact the Benefits Services Office immediately if your coverage level is incorrect, as you may be subject to a catch up deduction.

Questions and/or concerns: email pgcps.benefits@pgcps.org or contact 301-952-6600 for assistance.

Benefits Services

Accept
 Decline

Cancel Printable Page Next

- 3 Confirm each family member you are adding to your health/life insurance is listed in the box titled: **CONTACTS and BENEFICIARIES**. If the name is not listed, click **ADD ANOTHER PERSON** and enter dependent information.
Click **NEXT**

Contacts and Beneficiaries

Name Jane Doe

Cancel Next

Add Another Person

Name	Relationship	Social Security Number	Birth Date	Update
Michael Doe	Spouse	████████3333	15-Jan-1956	
Katy Doe	Child	████████6666	01-Sep-2016	
Henry Doe Jr.	Brother	████████8888	15-Jan-1973	
Shenelle Doe	Sister		14-Apr-1985	

TIP Press update icon to validate address and other information.
 TIP Click on the button labeled: "Next" to update your benefit elections.

Cancel Next

- Click **UPDATE BENEFITS**
Make sure you are on the **BENEFITS ENROLLMENT** tab and not on the **CURRENT BENEFITS** tab.

Benefits Enrollment | Current Benefits

Name: Jane L. Doe
Event Name: Open
Program: Active Benefits Program
Enrollment Period: 04-OCT-2016 - 28-OCT-2016

Update Benefits

Benefit Selections

Plan	Option	Coverage	Start Date	Coverage Cost 1	Cost 2	Cost 3	Cost 4
Life Insurance - Basic Life Insurance			01-Jul-2016	109000.00	0.00	0.00	8.10
Total				0.00	0.00	0.00	8.10

Beneficiaries

Plan	Option	Beneficiary	Relationship	Social Security Number	Primary	% Contingent	%
Life Insurance - Basic Life Insurance		Jarell Rauch	Child	[REDACTED]	90	0	
		Janette Do	Contact		10	0	

Update Benefits

Privacy Statement | Benefits Enrollment | Current Benefits | Home | Logout | Preferences | Help | Copyright (c) 2008, Oracle. All rights reserved.

- Check the box for each level of coverage you wish to elect, for example: **Medical, Dental, Vision, Prescription, Dependent Child Life Insurance, Spouse Life Insurance, Long Term Disability, Optional Life Insurance, Flexible Spending Accounts.**
Click **NEXT**

Benefits Enrollment | Current Benefits

Update Enrollments | Update Enrollments Additional Data | Cover Dependents | Update Beneficiaries | Update Primary Care Providers | Confirmation Statement

Update Benefits: Update Enrollments

Name: Jane L. Doe
Event Name: Open
Program: Active Benefits Program
Enrollment Period: 04-OCT-2016 - 28-OCT-2016

Medical Insurance

Plan	Option	Select	Cost
Medical	Employee Only	<input type="checkbox"/>	41.66
	Employee + 1	<input type="checkbox"/>	101.17
	Family	<input checked="" type="checkbox"/>	144.50
Medical-No Coverage			

Dental Insurance

Plan	Option	Select	Cost
Dental	Employee Only	<input type="checkbox"/>	0.18
	Employee + 1	<input type="checkbox"/>	0.44
	Family	<input checked="" type="checkbox"/>	0.46
Dental-No Coverage			

Prescription Insurance

Plan	Option	Select	Cost
Prescription	Employee Only	<input type="checkbox"/>	18.40
	Employee + 1	<input type="checkbox"/>	35.19
	Family	<input checked="" type="checkbox"/>	37.04
Prescription-No Coverage			

Next

- Click **NEXT** again

Benefits Enrollment | Current Benefits

Update Enrollments | Update Enrollments Additional Data | Cover Dependents | Update Beneficiaries | Update Primary Care Providers | Confirmation Statement

Update Benefits: Update Enrollments Additional Data

Name: Jane L. Doe
Event Name: Open
Program: Active Benefits Program
Enrollment Period: 04-OCT-2016 - 28-OCT-2016

* Indicates required field
The benefit selections you have made do not require any Enrollments Additional Data. Please click Next to continue.

Next

7 Check the box next to the name of dependent(s) you are adding to your **HEALTH AND LIFE INSURANCE**.
Click **NEXT**

Update Benefits: Cover Dependents

Name **Jane L. Doe** Program **Active Benefits Program**
Event Name **Open** Enrollment Period **04-OCT-2016 - 28-OCT-2016** Back Next

Dependent Selection

TIP Missing Persons may not be family members or are ineligible.

Medical Insurance : Medical Family

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Michael Doe	Spouse	[REDACTED]	Yes		<input checked="" type="checkbox"/>
Katy Doe	Child	[REDACTED]	Yes		<input checked="" type="checkbox"/>

Dental Insurance : Dental Family

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Michael Doe	Spouse	[REDACTED]	Yes		<input checked="" type="checkbox"/>
Katy Doe	Child	[REDACTED]	Yes		<input checked="" type="checkbox"/>

Vision Insurance : Vision Family

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Michael Doe	Spouse	[REDACTED]	Yes		<input checked="" type="checkbox"/>
Katy Doe	Child	[REDACTED]	Yes		<input checked="" type="checkbox"/>

Prescription Insurance : Prescription Family

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Michael Doe	Spouse	[REDACTED]	Yes		<input checked="" type="checkbox"/>
Katy Doe	Child	[REDACTED]	Yes		<input checked="" type="checkbox"/>

Dependent Child Life : Dependent Child Life \$10,000

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Katy Doe	Child	[REDACTED]	Yes		<input checked="" type="checkbox"/>

Dependent Spouse Life : Dependent Spouse Life \$20,000

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Michael Doe	Spouse	[REDACTED]	Yes		<input checked="" type="checkbox"/>

Add Dependents

The people listed above are eligible for dependent coverage. Please add any dependents you want to cover and restart the enrollment process.

Add Dependents

Back Next

8 Update your **BENEFICIARY AMOUNTS**

Note

Please ensure to update your beneficiary information for Basic Life and Optional Life insurance (if elected). The election amounts should total 100%.

Life Insurance : Basic Life Insurance

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Henry Doe Jr.	Brother	[REDACTED]	0	0	<input type="checkbox"/>
Janette Do	Contact	[REDACTED]	10	0	<input checked="" type="checkbox"/>
Jarell Rauch	Child	[REDACTED]	90	0	<input checked="" type="checkbox"/>
Katy Doe	Child	[REDACTED]	0	0	<input type="checkbox"/>
Michael Doe	Spouse	[REDACTED]	0	0	<input type="checkbox"/>
Shenelle Doe	Sister	[REDACTED]	0	0	<input type="checkbox"/>

Note The following beneficiaries do not exist: Janette Do , Jarell Rauch . You should remove these beneficiary designations.

Recalculate

Primary %	Contingent %
100	0

TIP Total Percentages for the plan must equal 100

Optional Life Insurance : Optional Life Insurance \$200,000

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Henry Doe Jr.	Brother	[REDACTED]	25	0	<input type="checkbox"/>
Katy Doe	Child	[REDACTED]	25	0	<input type="checkbox"/>
Michael Doe	Spouse	[REDACTED]	25	0	<input type="checkbox"/>
Shenelle Doe	Sister	[REDACTED]	25	0	<input type="checkbox"/>

9 Click NEXT

Please read the **WARNING** section that requires possible further action that you may be required to take. **Example:** If you elected Employee + One or Family health insurance coverage, our third-party administrator Bolton will contact you. (See message below)

Previous Update Primary Care Providers Confirmation Statement

Warning

- Your changes have been saved. However, there are additional action items to complete for the enrollments you selected. Any required action item suspends the election. Optional action items are requests for additional information. These include:
- Dental - <Optional> - Michael Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent. <Optional> - Katy Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent.
- Dependent Child Life - <Required> - Enrollment in this benefit requires that you complete the Personal Health Application (Evidence of Insurability) form. This form can be found on the Benefits Services webpage (www1.pgcps.org/benefits/index.aspx?id=139370). Please complete the required form and email it to benefits.documents@pgcps.org
- Dependent Spouse Life - <Required> - Enrollment in this benefit requires that you complete the Personal Health Application (Evidence of Insurability) form. This form can be found on the Benefits Services webpage (www1.pgcps.org/benefits/index.aspx?id=139370). Please complete the required form and email it to benefits.documents@pgcps.org
- Long Term Disability - <Required> - Enrollment in this benefit requires that you complete the Personal Health Application (Evidence of Insurability) form. This form can be found on the Benefits Services webpage (www1.pgcps.org/benefits/index.aspx?id=139370). Please complete the required form and email it to benefits.documents@pgcps.org
- Medical - <Optional> - Katy Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent. <Optional> - Michael Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent.
- Optional Life Insurance - <Required> - Enrollment in this benefit requires that you complete the Personal Health Application (Evidence of Insurability) form. This form can be found on the Benefits Services webpage (www1.pgcps.org/benefits/index.aspx?id=139370). Please complete the required form and email it to benefits.documents@pgcps.org
- Prescription - <Optional> - Katy Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent. <Optional> - Michael Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent.
- Vision - <Optional> - Katy Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent. <Optional> - Michael Doe - Designation of dependent for this benefit requires that you provide proper certification. You will be contacted by AON Hewitt with instructions on how to submit supporting documentation for this dependent.

10 Please review the Confirmation page. Click CONFIRMATION STATEMENT. (Print or save to your desktop) Click FINISH

Confirmation Statement

Name Jane L. Doe Program Active Benefits
Event Name Open Enrollment Period 04-OCT-2016 - 28-OCT-2016

Back Printable Page Confirmation Statement Finish

TIP Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave the application.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Cost 1	Cost 2	Cost 3
Medical Insurance - Medical	Family	01-Jan-2017		106.50	0.00	0.00
Dental Insurance - Dental	Family	01-Jan-2017		14.00	0.00	0.00
Vision Insurance - Vision	Family	01-Jan-2017		0.46	0.00	0.00
Prescription Insurance - Prescription	Family	01-Jan-2017		37.04	0.00	0.00
Life Insurance - Basic Life Insurance		01-Jul-2016	109000.00	0.00	0.00	0.00
Dependent Child Life - Dependent Child Life(Suspended)	\$10,000	01-Jan-2017	10000.00	0.00	0.23	0.00
Dependent Spouse Life - Dependent Spouse Life(Suspended)	\$20,000	01-Jan-2017	20000.00	0.00	7.89	0.00
Long Term Disability - Long Term Disability(Suspended)	LTD	01-Jan-2017	4539.66	0.00	29.90	0.00
Optional Life Insurance - Optional Life Insurance(Suspended)	\$200,000	01-Jan-2017	200000.00	0.00	52.62	0.00
Flexible Spending Accounts - FSA Dependent Care		01-Jan-2017	1000.00	38.46	0.00	0.00
Flexible Spending Accounts - FSA Health Care		01-Jan-2017	500.00	19.23	0.00	0.00
Total				215.69	0.00	0.00

NOTE FOR NEW HIRES

*** PGPCS has contracted Bolton to perform ongoing dependent eligibility verification services. All employees who added new dependents to PGPCS group health plans will be required to provide verification of eligibility of their newly enrolled dependent(s). Employees will receive correspondence directly from Bolton and are encouraged to respond to such correspondence as soon as possible. Dependents that are not verified in accordance with the terms included in the correspondence received from Bolton will not be eligible for coverage on PGPCS group health plans. ***