Oracle Self Service Open Enrollment Instructions
Open Enrollment for 2022 PGCPS Benefits
October 11th – 27th, 2021
(Benefits Effective: January 1, 2022)

1. Log into Oracle Self Service
2. Click Benefits
Welcome to Open Enrollment!

During open enrollment you may:

- Enroll in benefits
- Add or remove dependents (spouse and/or 21 or older)
- Make changes to your benefit elections
  - Add change or cancel coverage
  - Switch plans (CareFirst to Kaiser and vice versa)
- Elect to participate in the Flexible Spending Account (FSA) Health Care and/or Dependent Care.

If you do not make changes, your current benefits will remain the same in 2022.

Now for Plan Year 2022

Rate Changes (effective January 1, 2022)

- 3% rate increase for CareFirst medical and Caremark prescription plans
- 6% rate increase for Kaiser
- No increase for Aetna dental
- No increase for CareFirst Vision

Plan Changes

- CareFirst Vision plan design changes - enhanced vision coverage. Copays for vision plan services will be reduced and the benefit allowance for many of the vision plan benefits will increase, providing you with better coverage.

Review the Open Enrollment web page for more information.

Reminders

- To participate in FSA, you must re-enroll each year.
- All employees enrolled on the CareFirst medical plan will receive new member ID cards for 2022.
- To ensure all employees and their dependents have access to both medical and prescription coverage, employees who elect to cover their dependents on the CareFirst medical plan must also cover them on both their CVS/Caremark prescription plan and vice versa.
- Kaiser will offer limited out-of-network coverage which includes 10 out-of-network provider visits and 5 out-of-area pharmacies prescription fillings.
- Verification of dependents is required for employees that elect to add dependents to medical, prescription, dental and/or vision coverage.
- Statement of Health (SOH) are required for employees that elect to enroll or increase their coverage amounts for the Supplemental Life Insurance plans.
- You are encouraged to periodically review and/or update (if needed) your beneficiary(ies) information and/or your mailing address.

Questions

- Contact 301-952-6800 or by email at pgcps.benefits@pgcps.org.

Please review and accept the “Legal Disclaimer” before proceeding to Self Service elections

Legal Disclaimer:

The Oracle Employee Self Service website is the gateway to selecting your benefits. Selections made in the Employee Self Service System are binding for the benefit plan year (January - December). Unless you experience an R53 (Section 125) qualifying life event, also known as a “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 36 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, and Social Security Number etc.) to properly enroll your dependents(s) on the benefit plan(s) selected.
- 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.

- [ ] Accept
- [ ] Decline
3. Please confirm each family member you are adding to your health/life insurance on the **Dependents, Contacts and Beneficiaries Information** screen. If the name is not listed, click **Add Another Person**. Then, enter dependent information.

4. Click **Next**, then click **Update Benefits**.
5. 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. Please note the BCBS Plan option must match the Prescription Plan option.

Click Next
6. Check **Cover** next to the name of dependent(s) you are adding to your Health and Life Insurance coverage. Click **Next**.
7. Note: Please update your beneficiary information for Basic Life and Optional Life insurance (if elected). The election amounts should total 100%.

8. Click **Next**

Please read Confirmation Statement which defines further action you may be required to take. Example: If you elected Employee + 1 or Family health insurance coverage you will be contacted by our third party administrator (see message below). If you elected Optional Life Insurance, Spouse Life, or Long Term Disability you will need to complete a health application. Please note: you cannot elect an Optional Life insurance amount exceeding 5 times your annual salary.
Click Finish

Confirmation

Your enrollment is complete and your changes have been saved.

Notes:
If you added dependents to be covered on the medical, prescription, dental and/or vision plans, you will be contacted by our third party administrator to provide supporting documentation.

If you elected to enroll or increase your coverage amount for Optional Life, Dependent Spouse Life, or Long Term Disability (LTD), you must submit a Personal Health Application to be reviewed for approval. You will receive an email on how to submit the necessary information.

If you have questions regarding your enrollment(s), please contact Benefits Services at 301-952-4660 or via email: jgpas.benefits@jgpas.org.

Confirmation Statement

<table>
<thead>
<tr>
<th>Plan</th>
<th>Option</th>
<th>Coverage Start Date</th>
<th>Coverage</th>
<th>Cost 1</th>
<th>Cost 2</th>
<th>Cost 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Insurance - BCBS</td>
<td>Employee + 103-Jan-2019</td>
<td>106.23</td>
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<td>0.00</td>
<td>0.01</td>
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<td>Employee + 103-Jan-2019</td>
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<td>Employee + 103-Jan-2019</td>
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<tr>
<td>Life Insurance - Basic Life Insurance</td>
<td>Employee + 103-Jan-2019</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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</tr>
<tr>
<td>Dependent Child Life - Dependent Child Life (Suspended)</td>
<td>$1,000</td>
<td>01-Jan-2019</td>
<td>10,000.00</td>
<td>0.00</td>
<td>0.23</td>
<td>0.00</td>
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<tr>
<td>Dependent Spouse Life - Dependent Spouse Life (Suspended)</td>
<td>Employee + 103-Jan-2019</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Long Term Disability - Long Term Disability (Suspended)</td>
<td>LTD</td>
<td>01-Jan-2019</td>
<td>4,771.08</td>
<td>0.00</td>
<td>13.17</td>
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<tr>
<td>Optional Life Insurance - Optional Life Insurance (Suspended)</td>
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<td>01-Jan-2019</td>
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</table>

Covered Dependents

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<thead>
<tr>
<th>Plan</th>
<th>Option</th>
<th>Coverage Start Date</th>
<th>Dependent Relationship</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Insurance - BCBS</td>
<td>Employee + 103-Jan-2019</td>
<td>Janie Doe</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td>Dental Insurance - Dental</td>
<td>Employee + 103-Jan-2019</td>
<td>Janie Doe</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td>Vision Insurance - Vision</td>
<td>Employee + 103-Jan-2019</td>
<td>Janie Doe</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td>Prescription Insurance - Prescription</td>
<td>Employee + 103-Jan-2019</td>
<td>Janie Doe</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td>Dependent Child Life - Dependent Child Life</td>
<td>10,000</td>
<td>01-Jan-2019</td>
<td>Janie Doe</td>
<td>Child</td>
</tr>
</tbody>
</table>

Click Print Confirmation page
(print or save to your desktop)

Benefit Enrollments

Print Confirmation Page

Thank you for completing your 2022 Open Enrollment!

Return to Home Page
Adding new dependents
All employees who added new dependents to PGCPS group health plans will be required to provide verification of eligibility of their newly enrolled dependent(s). Employees will receive an email correspondence from our Dependent Verification Center, Bolton. Please comply with the requirements before the deadline mention in the notice. Dependents that are not verified by the Dependent Verification Center will not be eligible for coverage on PGCPS group health plans.

Optional Life, Spouse Optional Life, Long Term Disability elections
If you elected new or increased your Optional Life and/or Spouse Optional Life amount(s), you will be contacted by MetLife to complete a Statement of Health questionnaire.