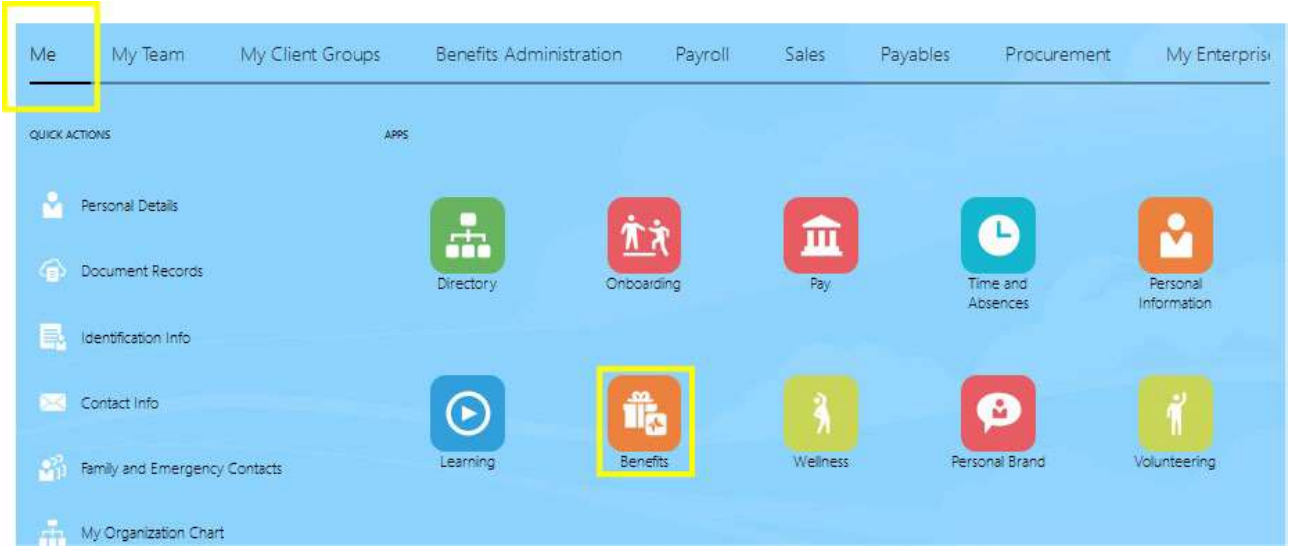# Completing 2023 Open Enrollment in Oracle

Middlebury College

The guide walks you through how to enroll in benefits during Open Enrollment.

Audience: All Benefit Eligible Employees

Process Step & Description	Action
1.0 Navigation Path	**Getting Started** ➢ Navigation Path Me > Benefits From the Home Screen, be on the "Me" tab. ● Click on the "**Benefits**" Icon.

● On this screen, click on "**Make Changes**"

Review your benefits package and relevant info before you enroll. Click on Make Changes to proceed.

Make Changes

Time Remaining	Make Changes Until
Days	11:59 PM EST

Pending Actions

Address your open items to complete enrollment

Your Benefits

See your current, past, and future enrollments

Report a Life Event

Record a life event for enrollment opportunities

Before You Enroll

Add family and others before you enroll

Document Records

Upload documents to support your enrollments

Need Help? Contact Us

Contact your representative for help

2.0 Review People to Cover

Before You Enroll

On the "**Before You Enroll**" screen:

● Review the people listed under People to Cover
● To Add additional people to cover under your plans or include as a beneficiary click **Add**.
● If you do not have any additional people to add (or after you have added new people), click **Continue**.

Before You Enroll   Continue   Cancel

Information
To cover family and others in benefits, add them now before you enroll.

People to Cover   + Add

Test Friend (Test Friend)
Other

Test Spouse (Test Spouse)
Spouse

- After clicking Add, enter the person's information. Be sure the start date of the relationship is the date the relationship began or your date of hire, whichever is later.
- After all information has been entered, click **Submit**.

New Contact

Submit   Cancel

Basic Information

Contact Effective Start Date should be the date when employee acquired the contact or their date of hire whichever is later.

*Legal Last Name	Middle Name
Spouse	

Legal First Name	*Preferred First and Last Name
Test	Test Spouse

Prefix	Preferred Pronoun
Select a value	Select a value

Suffix	Previous Last Name
Select a value	

*Relationship	Gender
Spouse	Female

*What's the start date of this relationship?	Date of Birth
01-Jun-2021	dd-mmm-yyyy

☑ This person is an emergency contact

3.0 Start Your Enrollment

- Click on your **Health & Welfare Program** icon to begin Open Enrollment.

Start Enrollment

Select a Benefit

MIDD - EFAP

Middlebury College Health and Welfare Program

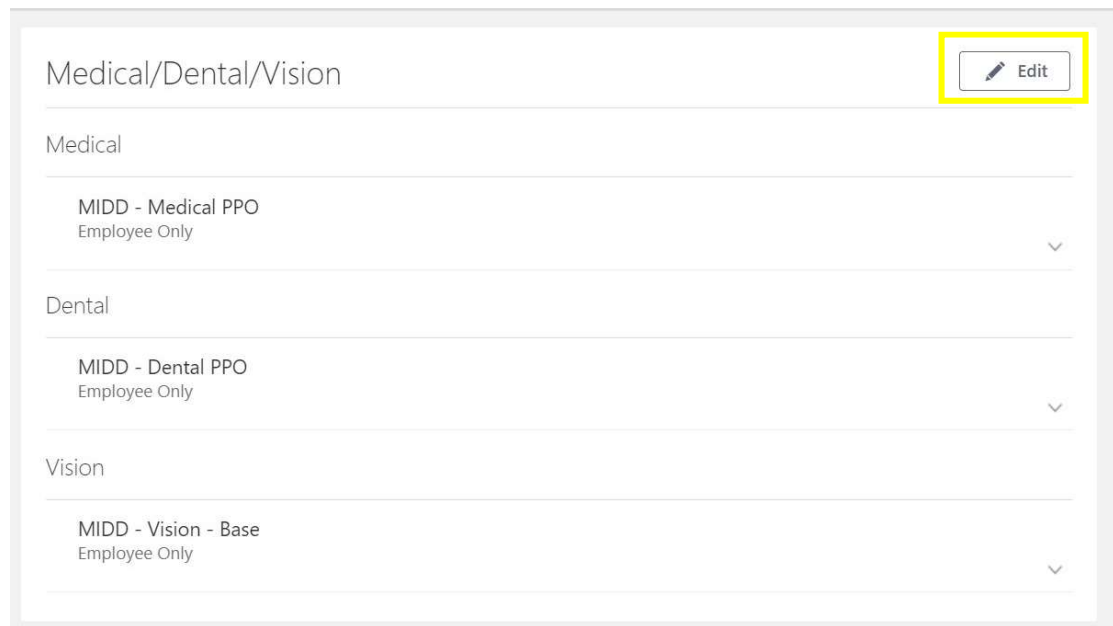● Read and **Accept** the Authorization.

Authorization

I hereby authorize Middlebury College to withhold the pre-tax employee portion of the medical, dental, and/or vision premium from my pay. I understand that employee contributions for medical, dental, and/or vision premiums are withheld on a pre-tax basis except those for civil union/marriage partners & Registered Domestic Partners, which are subject to federal and FICA taxation, and Non-State Registered domestic partner coverage which is subject to FICA, State, and Federal taxes and that Civil Union/Marriage and Domestic Partner (CA Registered and Non-State Registered) coverage also result in additional taxable imputed income equal to the Fair Market Value of the employer's contribution to the coverage. Additionally, I authorize Middlebury College to withhold premiums for voluntary coverage elections I make that are not pre-tax.

I also understand that I cannot change my coverage election until open enrollment unless I experience a change in family status, as defined by the IRS. By adding a dependent designated as a spouse or child: I attest that the person(s) listed are my dependents as defined in the Middlebury College Health and Welfare Benefit Plan Summary Plan Description, and I certify that I can provide proof of dependent status (valid marriage or civil union certificate, civil union certificate, CA domestic partnership registry certificate, birth/adoption certificate, proof of legal guardianship etc.) if requested to do so. I further agree to notify the GMHEC Benefits Services Team, at benefits@gmhec.org or by initiating a life event in Oracle, within 30 days of a change in family status that may affect benefits eligibility.

I understand that by electing to participate in the Flexible Spending Accounts(s) (FSA), I authorize the adjustment of my annual taxable salary, with the "tax protected" funds being transferred into my Flexible Spending Account(s). I understand that my election cannot be changed during the plan year, unless I experience an eligible change in status. I understand my total annual election, stated above, will be divided by the remaining number of payrolls in the calendar year to determine a per pay period amount. I understand that I will have until March 31 following the end of the plan year to submit receipts for reimbursement for services received during the plan year, and that any unused amounts remaining at the end of this claims run out period will be forfeited, per IRS regulations.

[Accept]   [Decline]

● From the Health and Welfare Program Page, click **Edit** next to the grouping of benefits you'd like to review or change your enrollment for. Medical/Dental/Vision is first.

Medical/Dental/Vision   ✏ Edit

Medical

MIDD - Medical PPO
Employee Only   ⌄

Dental

MIDD - Dental PPO
Employee Only   ⌄

Vision

MIDD - Vision - Base
Employee Only   ⌄

● If you would like to keep all of the same enrollments, click Continue at the top of the page.

● If you would like to change your enrollment, click the *check box* next to the plan you would like to enroll in.

Family
5,476.38 Annually   Employee Contribution

Employer Contribution
1,006.83

● Select the dependents to enroll, if applicable. Then, click **Ok**.

OK   Cancel

MIDD - Medical PPO
Family   Employee Contribution

Annual Amount
5,476.38

Employer Contribution
1,006.83

Who do you want to cover?
☑ Test Test Spouse (Test Spouse) (Spouse)
☑ Test Child (Test Child) (Child)

● Once you have reviewed each Medical, Dental, and Vision, and made applicable changes, scroll to the top and click **Continue**.

Medical/Dental/Vision   Continue   Cancel

Currency in USD
Your Total Cost   5.52
                                                                                     Per Pay Period

Please review your current enrollment in your medical, dental and vision plans. To change your current election, click on the blue Selected button. To add a new election, click on Select and add dependents by clicking the box. Dependents will show if you have entered them in the contact screen.

Medical

MIDD - Medical Panther HDHP

- The next group of benefits is FSA/HSA. If you would like to enroll in these benefits, the IRS requires active enrollment and elections each year. Click **Edit**.

FSA/HSA   ✏ Edit

HSA

There's nothing here so far.

FSA

There's nothing here so far.

FSA Limited Use

There's nothing here so far.

- Click the *check box* next to the Savings Account(s) you would like to enroll in.

- Enter the *dollar amount* you would like to set aside from your pay checks for the calendar year. Notice the bi-weekly paycheck amount appear. Click **Ok**.

OK   Cancel

MIDD - HSA Panther   192.31
Family   Employee Contribution

Annual Amount

5,000

Employer Contribution
76.92

- Once you have reviewed each FSA/HSA and made applicable changes, scroll to the top and click **Continue**.

- Scroll down to Life Insurance, click **Edit**.

Life Insurance   ✏ Edit

Life and AD&D Insurance

⚠ You haven't picked any beneficiaries yet.

MIDD - Basic Life Employee
Elect   ⌄

⚠ You haven't picked any beneficiaries yet.

MIDD - Basic AD&D Employee
Employee Only

- Click the pencil next to the Basic Life Employee to review and/or update your beneficiaries in the college paid benefit.

MIDD - Basic Life Employee

⚠ You haven't picked any beneficiaries yet.

☑ Elect   ✏

Coverage Amount   Employer Contribution
75,000.00   4.95

- Allocate your beneficiaries by placing percentages within the Primary and Contingent Beneficiaries sections. Click **Ok**. Be sure to do this for both your Basic Life and Basic AD&D Insurance provided by the college.

- To select any Voluntary Life or AD&D Coverage, select the *check box* next to the associated insurance you would like to purchase.

- Within each coverage type, enter the amount of coverage you would like to purchase, allocate your beneficiaries, and click **Ok**.

- After enrolling in each type of life insurance you would like to elect, click **Continue** at the top of the page.

- Scroll down to Accident Insurance/Critical Illness/Whole Life. Click **Edit.**
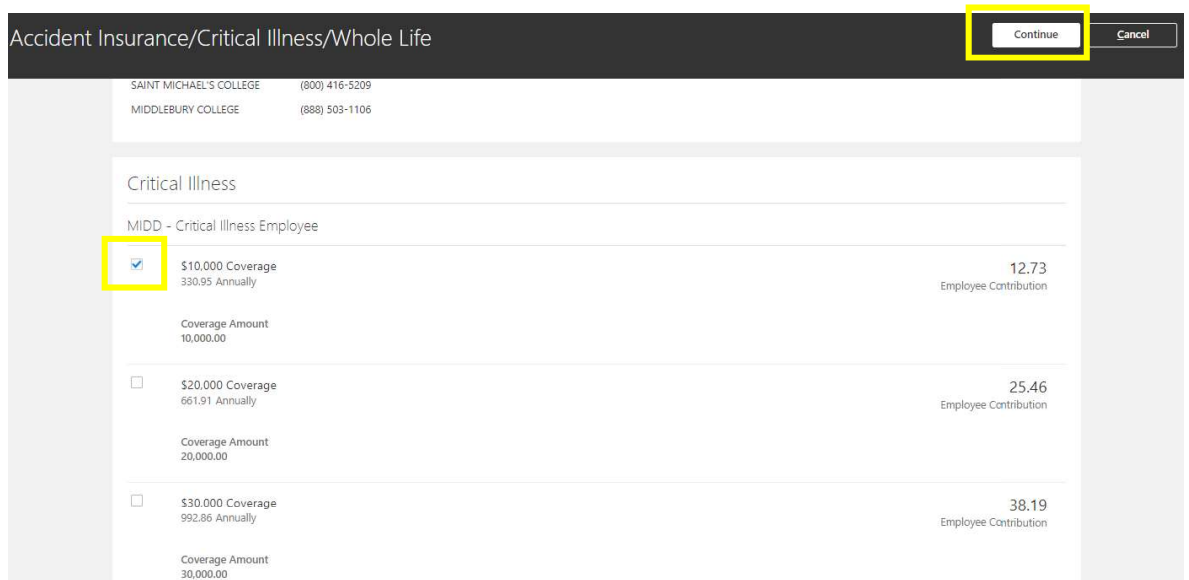
- Select the *check box* next to each coverage type you would like to elect. Click **Continue** when finished.

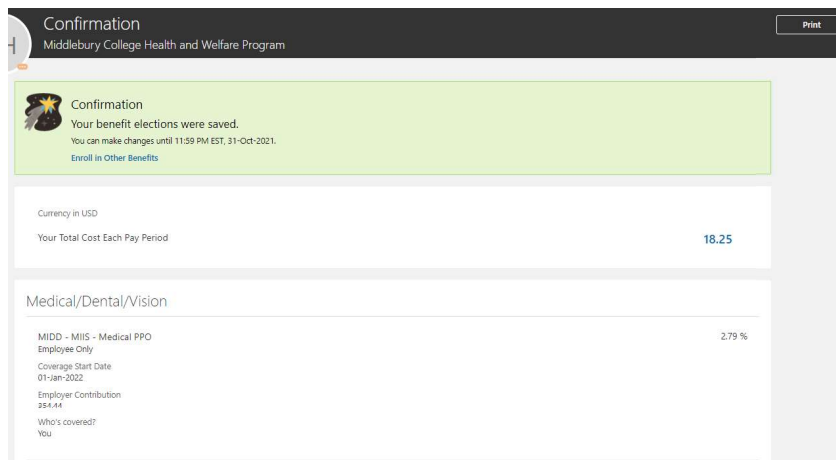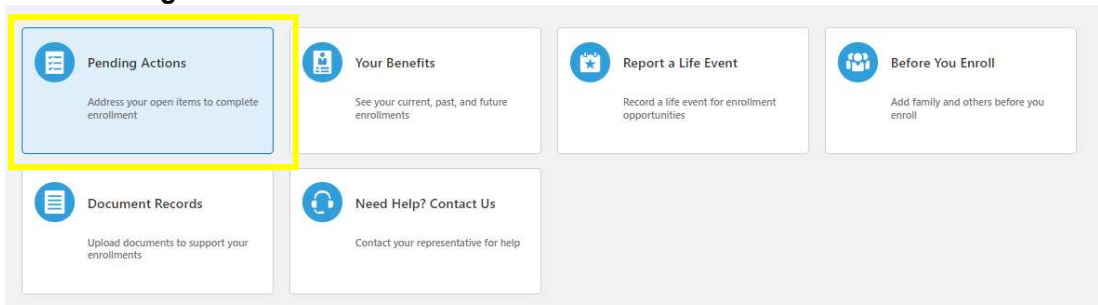|	
4.0 Submit Your Enrollment	● Once you have made all of your elections, scroll to the top of the page. Review your Per Pay Period cost. Click **Submit**. Middlebury College Health and Welfare Program — Submit — Cancel Currency in USD Your Total Cost — 44.17 Per Pay Period ● Review, save, or print your confirmation. Confirmation — Middlebury College Health and Welfare Program — Print Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST, 31-Oct-2021. Enroll in Other Benefits Currency in USD Your Total Cost Each Pay Period — 18.25 Medical/Dental/Vision MIDD - MIIS - Medical PPO — 2.79 % Employee Only Coverage Start Date 01-Jan-2022 Employer Contribution 354.44 Who's covered? You
5.0 Review and Resolve Action Items	● Navigate back to the Benefits home page. Click the **Oracle** Icon at the top > **Me** > **Benefits** ● Click **Pending Actions**. Pending Actions — Address your open items to complete enrollment Your Benefits — See your current, past, and future enrollments Report a Life Event — Record a life event for enrollment opportunities Before You Enroll — Add family and others before you enroll Document Records — Upload documents to support your enrollments Need Help? Contact Us — Contact your representative for help ● Review any actions requiring resolution. Click the item, review your elections, make necessary changes, and click **Submit**. (Note: If you have enrolled in Life Insurance requiring an Evidence of Insurability form, the benefits team will reach out to you with a link to the form and resolve this Pending Action for you once requirements have been met.) ● *You have now completed your benefits enrollment!*