

Benefits Self-Service

To enroll or make changes to your benefits, you will need to log into Oracle and access Benefits self-service.

Go to: https://www.fedcapgroup.org/oracle

Enter your User ID and Password

Note: Firefox is the preferred browser for the best user experience. Google Chrome will also work if Firefox is not available.

View Benefits Page

1. From your home page, click the 'Benefits' Icon



- 2. You will be directed to the main Benefits page where you can take the following actions:
 - Enroll in Benefits
 - View Benefit Enrollments
 - Report a Life Event
 - Upload Document Records
 - Add Dependents and/or Beneficiaries
 - View Pending Actions

<	Benefits				
		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
		Primary Care Physicians Provide physician details for yourself and others	Document Records Upload documents to support your enrollments	Review Employee Resources Review enrollment guidelines before you enroll	Need Help? Contact Us Contact your representative for help

Create Dependents & Beneficiaries

- Before enrolling in Benefits, it is important to add any dependents you plan to cover under medical, dental and/or vision insurance or beneficiaries.
- Before starting the enrollment process, have the following information available it is required for Dependents.
 - o Date of Birth
 - o Gender
 - Social Security Numbers

1. On the Benefits Page, select 'Before You Enroll'

<	Benefits					
Review your benefits package and relevant info before you enroll. Make Changes						
		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	
		Primary Care Physicians Provide physician details for yourself and others	Document Records Upload documents to support your enrollments	Review Employee Resources	Need Help? Contact Us Contact your representative for help	

2. Click on '+ Add'

People to	o Cover	
	To cover family and others in benefits, add them now before you enroll.	
	People	+ Add
	There's nothing here so far.	

- 3. Complete the following fields:
 - Relationship
 - Relationship Date
 - o if you are a new hire, enter your hire date
 - o if you have experienced a life event, enter the date of the life event
 - Last Name
 - First Name
 - Gender (*required for Dependents*)
 - Date of Birth (*required for Dependents*)
 - National ID/ Social Security Number (*required for Dependents*)

New Contact					Sub <u>m</u> it	Cancel
	Basic Information					
	*Last Name		Suffix			
	*First Name		Middle Name			
	Select a value		Preferred Name			
	Prefix		Previous Last Name			
	*Relationship		Gender (required for Dependents)			
	Select a value *Relationship Start Date = HIRE DATE OR LIFE EVENT DATE		Select a value	~		
	m/d/yy	•	m/d/yy	Ċ		
			This person is an emergency contact			
	Student Status		Tobacco Use			
	Select a value		Select a value	~		
	Disability Type		Covered by another plan?			
	Select a value		No	~		
	Disability Status		Plan			
	Select a value					

- 4. When complete click 'Submit'
- 5. Confirm your contact has been saved

Before You Enroll



6. Click the arrow in the upper left-hand corner to return to main Benefits page

Enroll in Benefits

1. From the Benefits page, click 'Make Changes'



2. Click on '+ Add' to create additional contacts or Click 'Continue'

People to Cover			Continue	<u>C</u> ancel
	Information To cover family and others in benefits, add them now before you enroll.			
	People	+ Add		
	John Smith Spouse			

- 3. The next page will display the Programs in which you are eligible to participate
 - Click on one of the following programs to enroll in Medical, Dental, Vision, etc. benefits:
 - Fedcap Staff Benefits
 - Fedcap Client Worker Benefits
 - EasterSeals New York Upstate
 - o MVLE
 - EasterSeals Central Texas
 - EasterSeals North Texas
 - Apex Benefit Plans

Select Program or Plan



 If you receive this message before starting Enrollment, review and acknowledge the Benefits Authorization by clicking 'Accept'.

Authorization

Benefits Enrollment Acknowledgement

By completing your benefits enrollment process you acknowledge and agree to the following:

The information contained on this website is a summary of the various benefit plans and related costs that Fedcap ('Company') makes available to eligible employees. I understand that the operation of the benefit plans including events making me eligible or meighte or benefits are governed otherwise is inconsistent with the ordical Plan Documents. Larger that the provisions set forth in the Plan Document will govern in all cases. I understand that if i wish to review the Plan Document, I can request a copy from the Benefits Department or retrieve it from the Company's internal information vestbale.

I understand that unless I experience a qualifying life event (for example marriage, divorce, or birth of a child and various other events) that would permit a md-year benefit election change that I cannot change my benefit elections during the plan year. If I do experience a qualifying life event I have no more than 30 days from the event date to make a new election otherwise all benefit election changes must wait until the official annual Open Enrolment period of which I will be informed of.

By enrolling in any benefit plan, I authorize the Company to take payroll deductions to pay for these benefits on either a pre-tax and/or post-tax basis depending on the coverage(s) that I have elected.

For Supplemental Life insurance, Short Term and Long Term Disability plans. I understand that my eligibility to enroll in coverage may depend upon my completing and the insurance company approving an Evidence of Insurability document.

I further understand and acknowledge that my enrollment in any benefit plan is not a guarantee of employment and that under penalty of perjury that all of the information I am submitting for myself or my covered dependents is true, accurate and complete. Printable Page Decline Accept

Cancel

1. Medicare Eligibility

- a) Medicare will default your eligibility based on your age
- b) If you are unsure if you are eligible for Medicare, click 'Edit' to see the eligibility requirements
- c) Only 1 Option can be selected; more than 1 Option will produce an error
- d) Click 'Continue after making selections

Fedcap Staff Benefits		Sub <u>m</u> it	<u>C</u> ancel
	Currency in USD Your Total Cost 0.00 Per Pay Period		
	Medicare Eligibility Medicare Medicare Eligibility No.1 am not eligible for Medicare		
Medicare Eligibility		Continue	Cancel
	Currency in USD Your Total Cost 0.00 Per Pay Period		
	You may qualify for Medicare if: • You are 65 or older • You are 50 or older • You have 50 or older • You have 50 or older • You have 50 State Benal Disease (permanent kidney failure requiring dialysis or transplant, sometimes called ESRD) Benefit Service Center Contact the Benefit Service Center at 1-866-333-3227 if you have benefit questions or need assistance with enrollment. Benefit representatives are available Monday through Friday between 9:00 am and 7:00 pm ET during Open Enrollment. You may also send questions via email anytime at <u>benefitservice-center</u> @folcap.org.		
	Medicare Medicare Eligibility No, I am not eligible for Medicare		

2. Medical Benefits

- a) Click 'Edit'
- b) Based on the eligible contacts added, multiple options (Employee + Spouse, Employee + Child(ren) or Family) may be available
- c) Click the option you want to select; the button will turn grey
 - Under the option selected, check the dependents you want to cover for the Plan
- d) If you are declining / waiving coverage select the appropriate reason
- e) Only 1 Plan and 1 Option within a plan can be selected; more than 1 Plan or Option will produce an error
- f) Click 'Continue' after making selections

Medical			Continue <u>C</u> ancel
	Medical		
	Empire BCBS EPO1		
	Employee Only 2,661.10 Annually	102.35 Employee Rate Per Pay	
(Employee + Spouse 7,983.04 Annually	307.04 Employee Rate Per Pay	
	Empire BCBS EPO2		
	Employee Only 4.205.24 Annually	161.74 Employee Rate Per Pay	
	Employee + Spouse 10.837.84 Annually	416.84 Employee Rate Per Pay	
	Empire BCBS PPO		
	Employee Only 6.12430 Annually	235.55 Employee Rate Per Pay	
	Employee + Spouse 14.303.38 Annually	550.13 Employee Rate Per Pay	
	Empire BCBS HRA3000		
	Employee Only (Over \$25,000) 2.038.14 Annualiv	78.39	

Medical	
Empire BCBS EPO1	
Employee Only 2,661.10 Annually	102.35 Employee Rate Per Pay
	<u>o⊾</u> ⊆ancel
⚠️ You need to designate dependents or beneficiaries for your selected offerings.	
Empire BCBS EPO1 Employee + Spouse	307.04 Employee Rate Per Pay
Annual Amount 7,983.04	
Who do you want to cover?	

Note: Clicking on the links above the Medical Benefits options will provide information about the benefits provided.

To learn more about your medical plan offerings, please refer to your respective benefit guide listed below:

Fedcap All Staff		
Client Workers		
ESNY Rochester		
Easterseals Central Texas		
Easterseals North Texas		
MVLE		
APEX Technical School		
Benefit Service Center		

Contact the Benefit Service Center at 1-866-533-3227 if you have benefit questions or need assistance with enrollment. Benefit representatives are available Monday through Friday between 9:00 am and 7:00 pm ET during Open Enrollment. You may also send questions via email anytime at benefitservicecenter@fedcap.org.

3. Dental Benefits

- a) Click 'Edit'
- Based on the eligible contacts added, multiple options (Employee + Spouse, Employee + Child(ren) or Family) may be available
- c) Click the option the employee wants to select; the button will turn grey
 - Under the option selected, check the dependents you want to cover for the Plan
- d) If you are declining / waiving coverage select the 'Decline / Waive Coverage' option
- e) Only 1 Plan and 1 Option within a plan can be selected; more than 1 Plan or Option will produce an error
- f) Click 'Continue after making selections

Dental		Continue
	MyLE	
	Benefit Service Center	
	Contact the Benefit Service Center at 1-866-533-3227 if you have benefit questions or need assistance with enrollment. Benefit representatives are available Monday through Friday between 9:0 and 7:00 pm ET during Open Enrollment. You may also send questions via email anytime at <u>benefitsenvicecenter®fedcan.org</u> .	0 am
	Dental	
	Empire BCBS PPO1 Dental	
	Employee Only 6. 179.40 Annually Employee Rate Per Pr	90 ay
	Employee + Spouse 16. 421.46 Annually Employee Rate Per P	21 ay
	Empire BCBS PPO2 Dental	
	Employee Only 4. 112.04 Annually Employee Rate Per Pr	34 ay
	Employee + Spouse 9, 257.14 Annually Employee Rate Per Pr	89 ay
	Decline Dental Coverage	
	Decline Dental Coverage	

Dental	
Empire BCBS PPO1 Dental	
Employee Only 179.40 Annually	6.90 Employee Rate Per Pay
	O<u>K</u> ⊆ancel
You need to designate dependents or beneficiaries for your selected offerings.	
Empire BCBS PPO1 Dental	16.21
Employee + Spouse	Employee Rate Per Pay
Annual Amount 421.46	
Who do you want to cover?	
John Smith (Spouse)	

4. Vision Benefits

- a) Click 'Edit'
- b) Based on the eligible contacts added, multiple options (Employee + Spouse, Employee + Child(ren) or Family) may be available

- c) Click the option the employee wants to select; the button will turn grey
 - Under the option selected, check the dependents the employee was to cover for the Plan
- d) If you are declining / waiving coverage select the 'Decline / Waive Coverage' option
- e) Only 1 Plan and 1 Option within a plan can be selected; more than 1 Plan or Option will produce an error
- f) Click 'Continue' after making selections

Vision				С	ontinue	<u>C</u> ancel	
	Visio	n					
	Empire	e BCBS Vision					
		Employee Only 53.30 Annually	Employee Rate Per	.05 ^{Pay}			
		Employee + Child(ren) 85.28 Annually	Employee Rate Per	.28 Pay			
		Employee + Spouse 95.94 Annually	Employee Rate Per	.69 Pay			
		Family 138.84 Annually	Employee Rate Per	.34 ^{Pay}			
	Declin	e Vision Coverage					
		Decline Vision Coverage					

5. Flexible Spending Accounts

- a) Click 'Edit'
- b) If you select Health Care FSA option, the button will turn blue
- c) The coverage amount will default to the minimum enrollment amount of \$100, if you want to contribute more change the amount in the Coverage field
- d) If you select Dependent Care FSA option, the button will turn grey
- e) The coverage amount will default to the minimum <u>annual</u> enrollment amount of \$100, if you want to contribute more change the <u>annual</u> amount in the Coverage field
- f) If you are declining / waiving coverage select the 'Decline / Waive Coverage' option
- g) Click 'Continue' after making selections

 Flexible Spending Accounts (FSAs): FSAs allow you to pay for unreimbursed health care and/or dependent care expenses on a pre-tax basis.

 Health Care FSA: For yourself or any dependent claimed on your federal tax return

 Dependent Care FSA: For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13

 ANNUAL MINUMUM ELECTION AMOUNT IS \$100

 Flexible Spending Accounts (FSAs)

BRI Beniversal Health Care FSA

	Decline/Waive Coverage	
	Health Care FSA 100.00 Annually	3.85 Employee Rate Per Pay
BRI Ber	niversal Dependent Care FSA	
	Decline/Waive Coverage	
	Dependent Care FSA 100.00 Annually	3.85 Employee Rate Per Pay

6. Basic Life & AD&D

<u>Fedcap Staff</u>: Basic Life & AD&D Insurance are company paid benefits into which you are automatically enrolled. You cannot decline or deselect this coverage.

<u>Fedcap Client Workers</u>: Either select Basic Life and AD&D insurance and pay using your Health & Welfare credits earned or select the 'Decline / Waive Coverage' option

Click '**Edit**'. Under each Plan, select your beneficiary and next to the name of the individual, enter a percentage in the box next to their name. The amount must total 100 or an error will be produced. Click '**Okay**' then '**Edit**' to repeat the same steps under the next plan.

Click 'Continue' after enter beneficiary percentages for all plans

Basic Life & AD&D Insur	ance		Continue	<u>C</u> ancel
	Basic Life Insurance			
	Anthem Basic Life Staff			
	Anthem Basic Life Staff	OK Cancel		
	1x Annual Salary			
	Coverage Amount 100,000.00	Employer Rate Per Pay Period 8.31		
	Primary Beneficiaries	Contingent Beneficiaries		
	%	50 100 %		
	0% left	0% left		
	AD&D Insurance			
	Anthem AD&D Staff			
	✓ 1x Annual Salary			
	Coverage Amount 100,000.00	Employer Rate Per Pay Period 0.92		

7. Long-term and Short-term Disability

Fedcap Staff: Long-term Disability is a company paid benefit that employees are automatically enrolled into. You cannot decline or deselect this coverage.

Short-term Disability is state mandated in New York, New Jersey and Rhode Island. You are automatically enrolled in a plan based on the state in which you work. You cannot decline or deselect this coverage.

Company Paid - Long-Term Disability			
Anther	n LTD Staff		
	Enrolled - LTD		
	Coverage Amount 5,000.00	Employer Rate Per Pay Period 16.92	
Com	pany Paid - Short-Term Disability		
Anther	Anthem Non NY/NJ Employees STD		
	Enrolled - Non NY/NJ Employees		
	Coverage Amount 170.00	Employer Rate Per Pay Period 2.70	

8. Voluntary Benefits

a) You can enroll in Voluntary Short-term Disability and Legal. You are automatically defaulted into the 'Decline / Waive Coverage' option.

Volu	Voluntary Short-Term Disability				
Anthe	Anthem Voluntary STD				
	Voluntary STD 774.00 Annually	29.77 Employee Rate Per Pay			
	Coverage Amount 500.00				
	Decline/Waive Coverage				

b) To change the option, click 'Edit', deselect the 'Decline / Waive Coverage' option and select the 'Voluntary STD' and/or the 'Enrolled' option



Volu	Voluntary Life - Child					
Anthe	Anthem Voluntary Life - Child(ren)					
	Child Benefit Amount 1.62 Annually	0.06 Employee Rate Per Pay				
	Coverage Amount 1,000.00					
Acc	cident					
Accid	dent Coverage Fedcap Staff					
	Employee Only 127.92 Annually	4.92 Employee Rate Per Pay				
	Employee + Spouse 201.76 Annually	7.76 Employee Rate Per Pay				
	Employee + Child(ren) 213.20 Annually	8.20 Employee Rate Per Pay				
	Family 335.66 Annually	12.91 Employee Rate Per Pay				
Hos	pital Indemnity					
Hospi	ital Indemnity Coverage Fedcap Staff					
	Employee Only 103.48 Annually	3.98 Employee Rate Per Pay				
	Employee + Spouse 213.46 Annually	8.21 Employee Rate Per Pay				
	Employee + Child(ren) 162.50 Annually	6.25 Employee Rate Per Pay				
	Family 281.06 Annually	10.81 Employee Rate Per Pay				

Spec	Specified Disease					
Specifi	Specified Disease Coverage Fedcap Staff					
	Employee Only 304.98 Annually	11.73 Employee Rate Per Pay				
	Employee + Spouse 489.06 Annually	18.81 Employee Rate Per Pay				
	Employee + Child(ren) 329.42 Annually	12.67 Employee Rate Per Pay				
	Family 517.66 Annually	19.91 Employee Rate Per Pay				
Lega						
MetLife	e Legal Plan Staff					
	Decline/Waive Coverage					
	Enrolled 189.02 Annually	7.27 Employee Rate Per Pay				

c) Click 'Continue' after making selections

9. Other Company Paid Benefits

Fedcap Staff: EAP (Employee Assistance Program) is a company paid benefit into which you are automatically enrolled. You cannot decline or deselect this coverage.

Fedcap Client Workers: not eligible for this benefit.

Company Paid - Employee Assistance Program (EAP)	
CCA EAP Enrolled	~

Review your choices for each section then click 'Submit' to submit your benefit selections

Confirmation Page

- Date through which you can make changes
- Benefit selections and costs
- Coverage Start Dates
- Interim coverage (until documentation is received and approved)
- Suspended Enrollment that requires documentation
- Covered Dependents
- Pending Actions

Confirma Fedcap Staff	tion Benefit Plans	Print
	Confirmation Your benefit elections were saved. You can make changes until 11:59 PM EST. 11/2/2021. Enroll in Other Benefits	
	Currency in USD Your Total Cost Each Pay Period 106.	99

- Click 'Print' to print a hard copy of the Confirmation Page
- Click the top left Arrow to return to Benefits page
- Click 'Make Changes' to select another Program to enroll into or click the Arrow again to return to Home Page

Uploading Documents

a) From your home page, click the 'Personal Information' Icon



b) Click on Document Records

0	Personal Details Details about yourself, such as name, date of birth, marital status, and national identifier.		Document Records Manage your document records and associated attachments, such as birth and marriage certificates, awards, and recognition.	E	Identification Info View and edit your passport, driver license, visa, and citizenship info.	Contact Info Add or update ways you can be reached, such as phone, email, and address.
3	Family and Emergency Contacts Add family and friends to contact in case of emergency.	?	Employment Info Details about your assignment, such as legal employer, business unit, department, and location.	2	Additional Assignment Info View more details about your assignment.	My Compensation View your compensation details, such as salary and personal contributions.

Click 'Add'

Documer	nt Records	
	Document Records	+ Add
	Search by type, name, or numbe. Q Show Filters	
		Sort By Last Updated - Descenc ~

Select the document type from the menu

ocument Details			
*Document Type		_	
Select a value		\sim	
Name Before Employment Physical	Country	Category Employment	^
Beneficiary		Relationships	
Birth		Legal document	
Birth certificate		Benefits	
COVID-19 Vaccination 1		Personal Information	
COVID-19 Vaccination 2		Personal Information	~

Click on 'Add File' or 'Add Link' to select the file you want to load

Document Details	
*Document Type Birth certificate	Category Benefits Country All Countries
Description Documents associated with benefits certification - Birth certificate Context Value	
Attachments	,
	s here or click to add attachmont

Confirm the file has loaded

Document Type		Category
Birth certificate	\sim	Benefits
		Country All Countries
Description		
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Context Value		
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.ttachments	Crag	files here or click to add attachment 🗸

Click 'Submit'

New document record is in the list

Document Records			
Document Records Search by type, name, or numbe	R Show Filters		+ Add
			Sort By Last Updated - Descent ~
Document Type Birth certificate		Last Updated Date 11/1/2021	69
Category Benefits			~