

# 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>

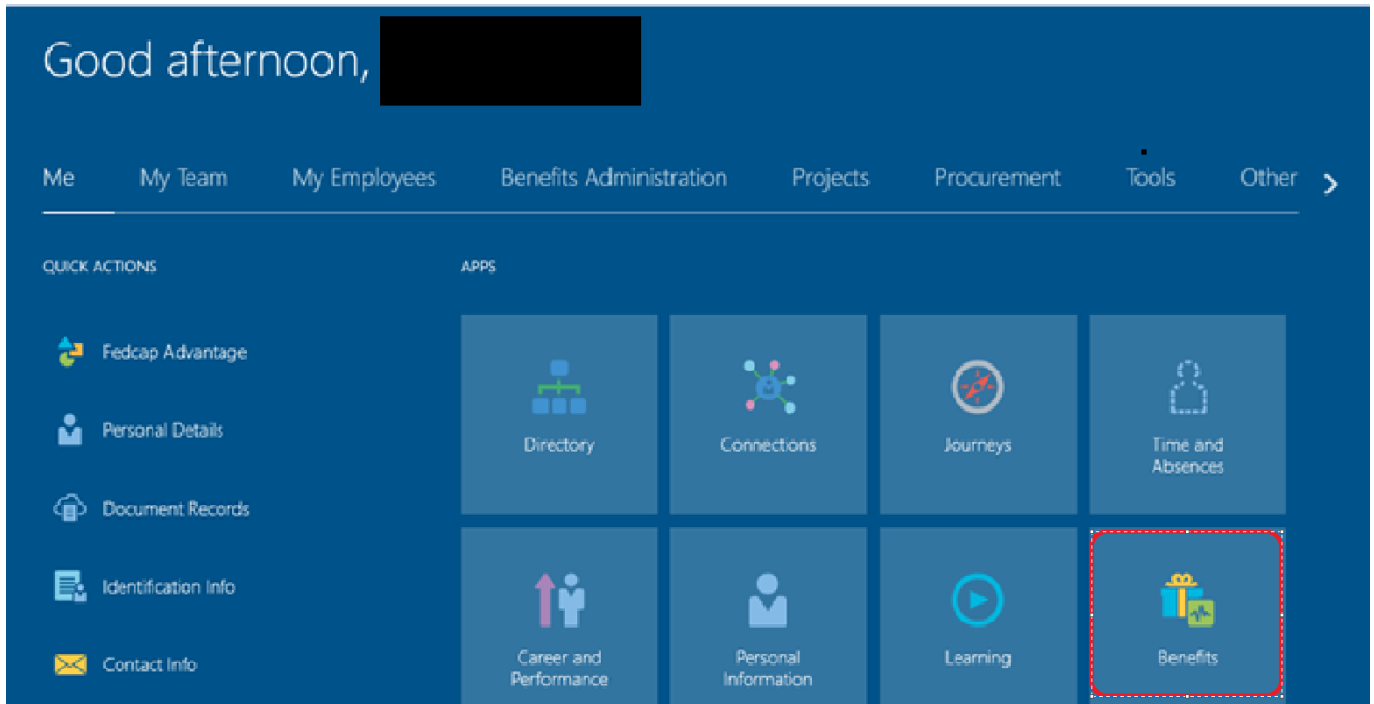
Enter your User ID and Password

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

## View Benefits Page

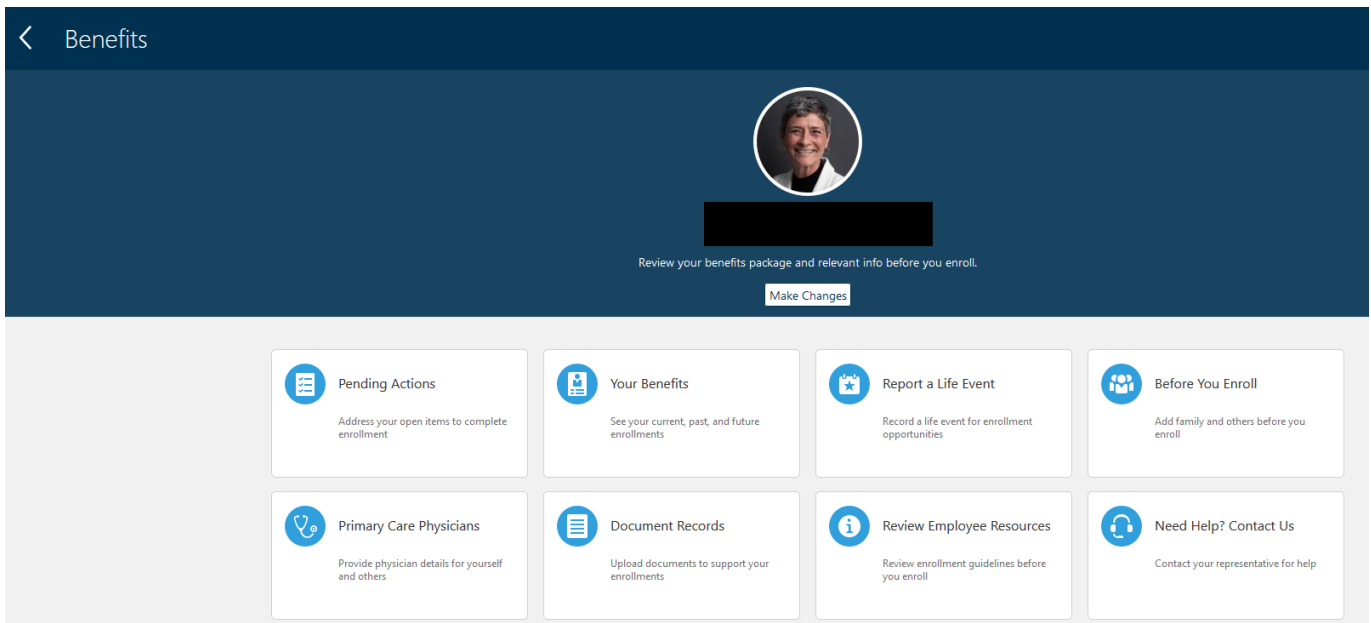
---

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



## Create Dependents & Beneficiaries

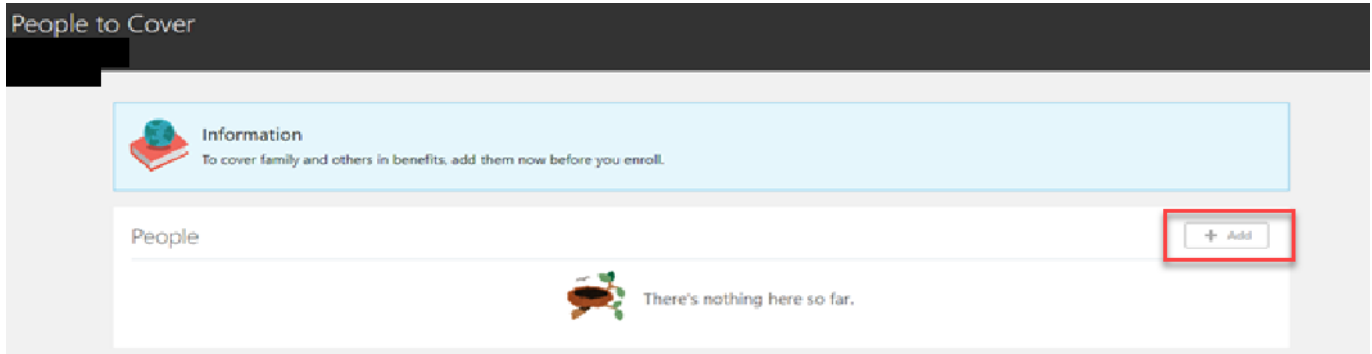
- Before enrolling in Benefits, it is important to add any dependents you plan to cover under medical, dental and/or vision insurance or beneficiaries.
- Before starting the enrollment process, have the following information available – it is required for **Dependents**.
  - Date of Birth
  - Gender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

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

The screenshot shows the 'Benefits' page interface. At the top, there is a dark blue header with a back arrow and the text 'Benefits'. Below the header, there is a profile section featuring a circular profile picture of a man and a redacted name. Below the profile picture, the text reads 'Review your benefits package and relevant info before you enroll.' and there is a 'Make Changes' button. The main content area is a grid of eight white cards with blue icons and text. The 'Before You Enroll' card is highlighted with a red border. The cards are as follows:

- 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

2. Click on '+ Add'



3. Complete the following fields:

- Relationship
- Relationship Date
  - if you are a new hire, enter your hire date
  - 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*)

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

## Before You Enroll



### Information

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

### People to Cover

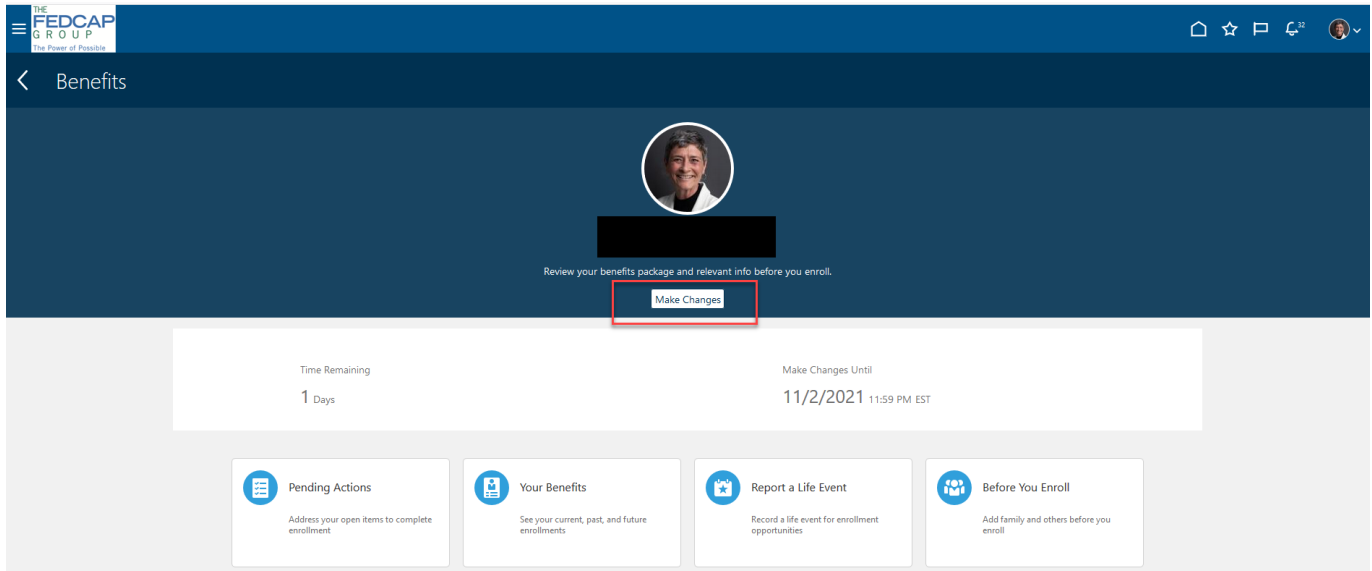
[Redacted]  
Spouse

[Redacted]  
Child

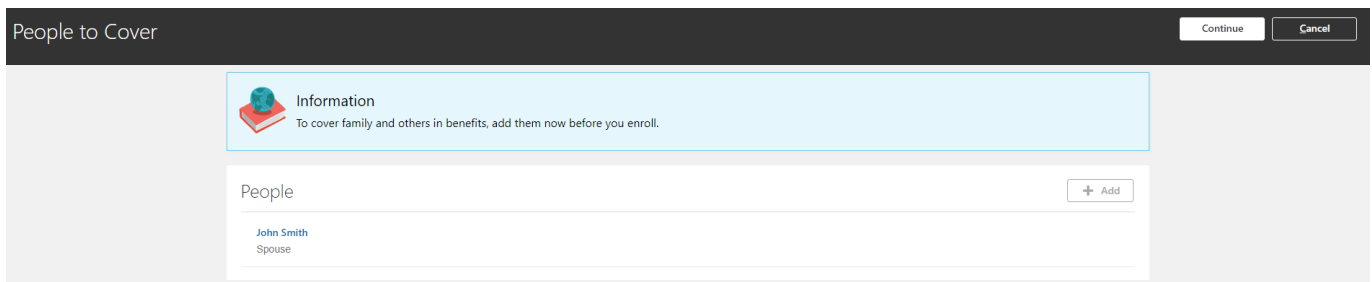
6. Click the **arrow in the upper left-hand corner** to return to main Benefits page

# Enroll in Benefits

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



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



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 (includes Apex, MVLE and Easterseals Lonestar)
  - Fedcap Client Worker Benefits
  - Easterseals New York – Upstate

Select Program or Plan

Cancel



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

Authorization

Printable Page Decline Accept

**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 ineligible for benefits are governed solely by the terms of the official Plan Documents. To the extent any of the information contained on this website or any information I receive otherwise is inconsistent with the official Plan Documents, I agree 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 website.

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 mid-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 Enrollment period of which I will be informed of.

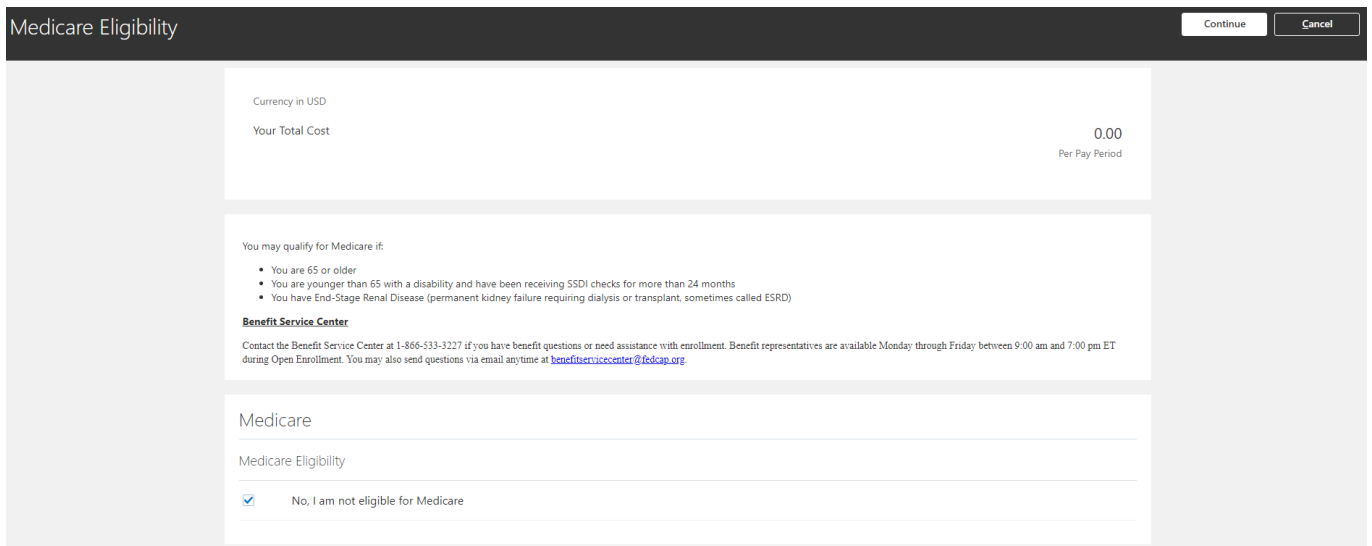
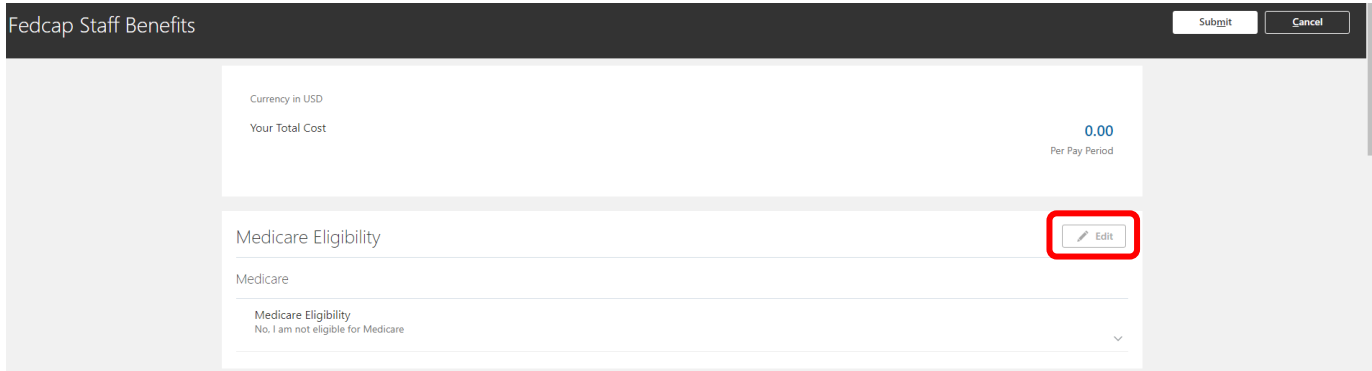
By enrolling in any benefit plan, I authorize the Company to take payroll deductions to pay for these benefits on either a pre-tax and/or post-tax basis depending on the coverage(s) that I have elected.

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.

# 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





## 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

Plan	Option	Annual Rate	Employee Rate Per Pay
Empire BCBS EPO1	Employee Only 2,661.10 Annually	102.35	Employee Rate Per Pay ...
	<input checked="" type="checkbox"/> 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 6,124.30 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 Annually	78.39	Employee Rate Per Pay ...

Medical

---

Empire BCBS EPO1

---

<input type="checkbox"/>	Employee Only 2,661.10 Annually	102.35 Employee Rate Per Pay ...
--------------------------	------------------------------------	-------------------------------------

---

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?

John Smith (Spouse)

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

**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 5:00 pm ET during Open Enrollment. You may also send questions via email anytime at [benefitservicecenter@fedcap.org](mailto:benefitservicecenter@fedcap.org).

For additional information, please refer to the appropriate Benefits Guide below:

All Staff Benefit Guide → [https://fedcapgroup.org/storage/2023/10/Fedcap\\_2024\\_Benefits\\_Guide\\_All\\_Staff\\_web.pdf](https://fedcapgroup.org/storage/2023/10/Fedcap_2024_Benefits_Guide_All_Staff_web.pdf)

Client Worker Benefit Guide → [https://fedcapgroup.org/storage/2023/10/Fedcap\\_2024\\_Benefits\\_Guide\\_Client\\_Workers\\_web.pdf](https://fedcapgroup.org/storage/2023/10/Fedcap_2024_Benefits_Guide_Client_Workers_web.pdf)

### 3. Dental 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 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

[MVL](#)

**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 [benefit@fedcao.org](mailto:benefit@fedcao.org).

Dental

Empire BCBS PPO1 Dental

<input type="checkbox"/>	Employee Only 179.40 Annually	6.90 Employee Rate Per Pay ...
<input checked="" type="checkbox"/>	Employee + Spouse 421.46 Annually	16.21 Employee Rate Per Pay ...

Empire BCBS PPO2 Dental

<input type="checkbox"/>	Employee Only 112.64 Annually	4.34 Employee Rate Per Pay ...
<input type="checkbox"/>	Employee + Spouse 257.14 Annually	9.89 Employee Rate Per Pay ...


Decline Dental Coverage

<input type="checkbox"/>	Decline Dental Coverage	
--------------------------	-------------------------	--

Dental

Empire BCBS PPO1 Dental

<input type="checkbox"/>	Employee Only 179.40 Annually	6.90 Employee Rate Per Pay ...
--------------------------	----------------------------------	-----------------------------------

 You need to designate dependents or beneficiaries for your selected offerings.

Empire BCBS PPO1 Dental  
Employee + Spouse

16.21  
Employee Rate Per Pay ...

Annual Amount  
421.46

Who do you want to cover?

<input checked="" type="checkbox"/>	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

The screenshot displays a web interface for selecting a vision plan. At the top, there is a dark blue header with the word "Vision" on the left and "Continue" and "Cancel" buttons on the right. The main content area is white and titled "Vision" and "Empire BCBS Vision". It lists four plan options, each with a checkbox, a description of the plan and its annual cost, and the employee rate per pay period. The "Employee Only" option is selected with a checked checkbox. Below the plan options is a section titled "Decline Vision Coverage" with a checkbox.

Plan Option	Annual Cost	Employee Rate Per Pay ...
<input checked="" type="checkbox"/> Employee Only	53.30 Annually	2.05
<input type="checkbox"/> Employee + Child(ren)	85.28 Annually	3.28
<input type="checkbox"/> Employee + Spouse	95.94 Annually	3.69
<input type="checkbox"/> Family	138.84 Annually	5.34

Decline 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 **annual** enrollment amount of \$100, if you want to contribute more change the **annual** 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 MINIMUM 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 Beniversal Dependent Care FSA

Decline/Waive Coverage

Dependent Care FSA  
100.00 Annually

**3.85**  
Employee Rate Per Pay ...

## 6. Basic Life & AD&D

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

**Fedcap Client Workers:** 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

The screenshot shows a web interface for configuring insurance. At the top, a dark blue header contains the text "Basic Life & AD&D Insurance" and two buttons: "Continue" and "Cancel".

The main content area is divided into two sections:

- Basic Life Insurance:**
  - Plan name: Anthem Basic Life Staff
  - Options: "OK" and "Cancel" buttons.
  - Plan details: Anthem Basic Life Staff, 1x Annual Salary.
  - Coverage Amount: 100,000.00
  - Employer Rate Per Pay Period: 8.31
  - Beneficiary selection:
    - Primary Beneficiaries:** A horizontal bar chart shows two beneficiaries. The first is selected with 100% (indicated by a blue bar and a text box containing "100 %"). The second is unselected with 0% (indicated by a yellow bar and a text box containing "0 %"). A "0% left" indicator is shown below the bars.
    - Contingent Beneficiaries:** A horizontal bar chart shows two beneficiaries. The first is selected with 100% (indicated by a blue bar and a text box containing "100 %"). The second is unselected with 0% (indicated by a yellow bar and a text box containing "0 %"). A "0% left" indicator is shown below the bars.
- AD&D Insurance:**
  - Plan name: Anthem AD&D Staff
  - Selection: A checked checkbox next to "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.

**Client Workers:** Long-term Disability is an employee-paid benefit and is voluntary.

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

---

Anthem LTD Staff

---



Enrolled - LTD

Coverage Amount  
5,000.00

Employer Rate Per Pay Period  
16.92

---

### Company Paid - Short-Term Disability

---

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.

Voluntary Short-Term Disability

---

Anthem Voluntary STD

---

<input type="checkbox"/>	<b>Voluntary STD</b> 774.00 Annually	<b>29.77</b> Employee Rate Per Pay ...
	Coverage Amount 500.00	
<input checked="" type="checkbox"/>	<b>Decline/Waive Coverage</b>	

---

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

Voluntary Life / AD&D - Employee

---

Anthem Voluntary Life - Employee

---

<input type="checkbox"/>	<b>Employee Benefit Amount</b> 6.60 Annually	<b>0.25</b> Employee Rate Per Pay ...
	Coverage Amount 10,000.00	

---

Voluntary Life - Spouse

---

Anthem Voluntary Life - Spouse

---

<input type="checkbox"/>	<b>Spouse Benefit Amount</b> 24.30 Annually	<b>0.93</b> Employee Rate Per Pay ...
	Coverage Amount 5,000.00	

---



## Voluntary Life - Child

### Anthem Voluntary Life - Child(ren)

<input type="checkbox"/>	<b>Child Benefit Amount</b> 1.62 Annually	<b>0.06</b> Employee Rate Per Pay ...
	Coverage Amount 1,000.00	

## Accident

### Accident Coverage Fedcap Staff

<input type="checkbox"/>	<b>Employee Only</b> 127.92 Annually	<b>4.92</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Employee + Spouse</b> 201.76 Annually	<b>7.76</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Employee + Child(ren)</b> 213.20 Annually	<b>8.20</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Family</b> 335.66 Annually	<b>12.91</b> Employee Rate Per Pay ...

## Hospital Indemnity

### Hospital Indemnity Coverage Fedcap Staff

<input type="checkbox"/>	<b>Employee Only</b> 103.48 Annually	<b>3.98</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Employee + Spouse</b> 213.46 Annually	<b>8.21</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Employee + Child(ren)</b> 162.50 Annually	<b>6.25</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Family</b> 281.06 Annually	<b>10.81</b> Employee Rate Per Pay ...

## Specified Disease

### Specified Disease Coverage Fedcap Staff

<input type="checkbox"/>	<b>Employee Only</b> 304.98 Annually	<b>11.73</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Employee + Spouse</b> 489.06 Annually	<b>18.81</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Employee + Child(ren)</b> 329.42 Annually	<b>12.67</b> Employee Rate Per Pay ...
<input type="checkbox"/>	<b>Family</b> 517.66 Annually	<b>19.91</b> Employee Rate Per Pay ...

## Legal

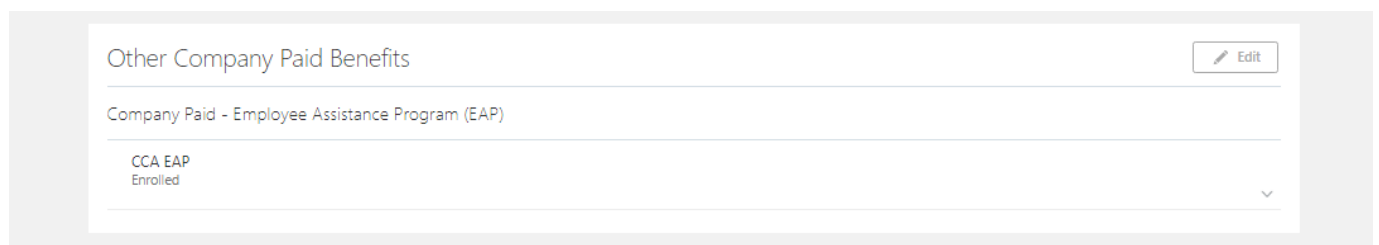
### MetLife Legal Plan Staff

<input checked="" type="checkbox"/>	<b>Decline/Waive Coverage</b>	
<input type="checkbox"/>	<b>Enrolled</b> 189.02 Annually	<b>7.27</b> Employee Rate Per Pay ...

c) Click '**Continue**' after making selections

## 9. Other Company Paid Benefits

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



Other Company Paid Benefits Edit

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

Confirmation  
Fedcap Staff 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

Good evening, [REDACTED]

Me My Team My Employees Benefits Administration Workspace Risk Management Service Help Desk >

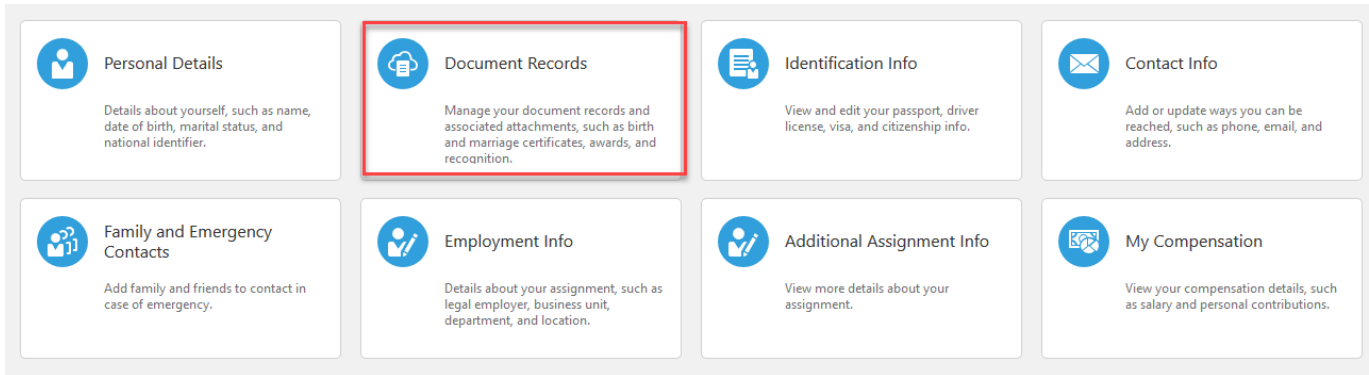
QUICK ACTIONS

APPS

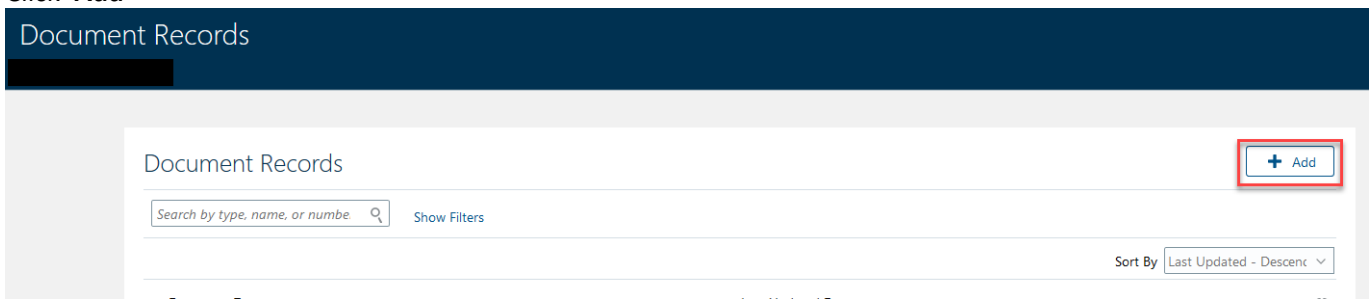
Personal Details  
Document Records  
Identification Info

Directory Pay Time and Absences Career and Performance Personal Information

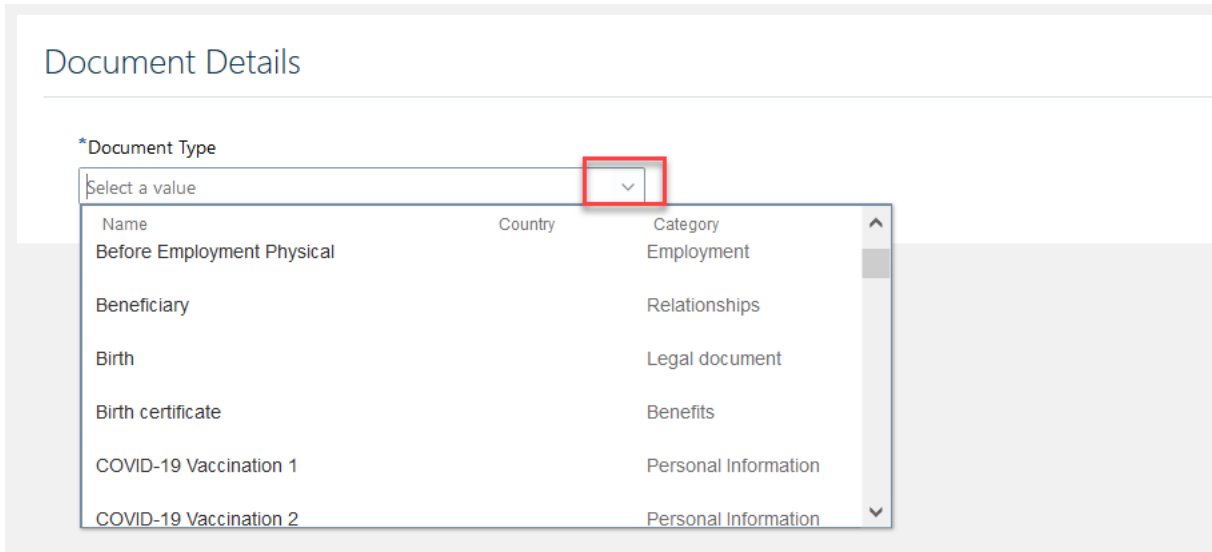
b) Click on Document Records



Click 'Add'



Select the document type from the menu



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

Drag files here or click to add attachment

Add File  
Add Link

Confirm the file has loaded

Document Details

\*Document Type  
Birth certificate

Category  
Benefits

Country  
All Countries

Description  
Documents associated with benefits certification - Birth certificate

Context Value

Attachments

Drag files here or click to add attachment

Sample Birth Cert.pdf (304.43 KB) [download icon]

By [redacted] 1/1/2021 [close icon]

Click 'Submit'

New document record is in the list

Document Records

+ Add

Search by type, name, or number [search icon] Show Filters

Sort By Last Updated - Descend [dropdown arrow]

Document Type	Last Updated Date	
Birth certificate	11/1/2021	69

Category  
Benefits

- November 2023