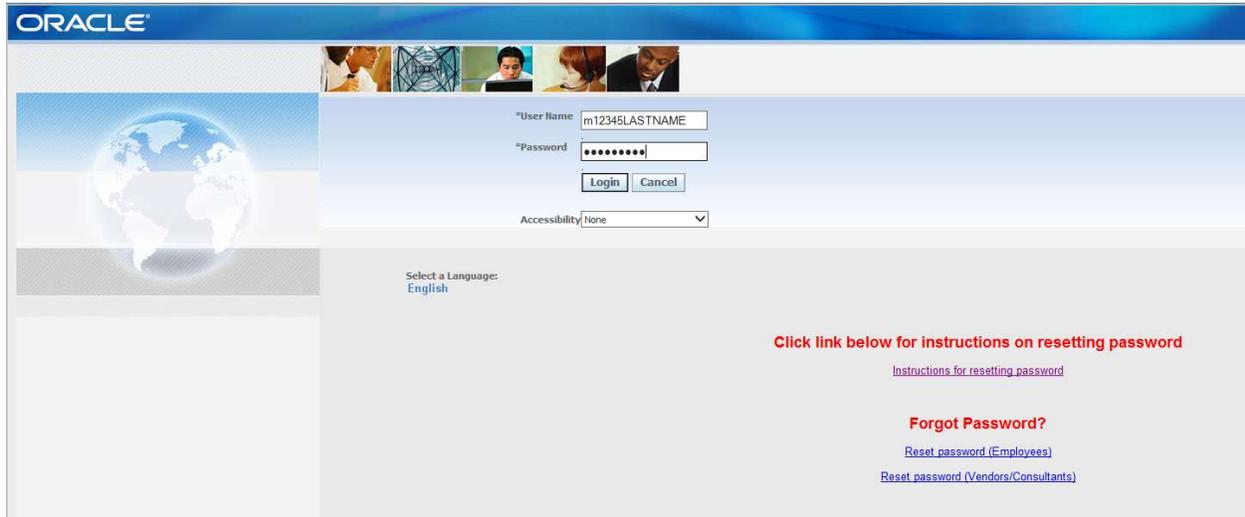


LA Metro Open Enrollment – Oracle Benefits Open Enrollment User Guide

Step 1: Logging In



Already have an Oracle/FIS or Employee Self Service access

Use your existing username and password.

If you do not have an Oracle/FIS or Employee Self Service access or have never logged into the system

Username: M + your 5 digit badge number + your last name
(Example: M12345SAMPLE)

Password: Last four digits of Social Security Number prefixed by letters a,b,c,d. You will be required to change password upon first login.
(Example: a1b2c3d4 - all lowercase)

To reset passwords during Open Enrollment

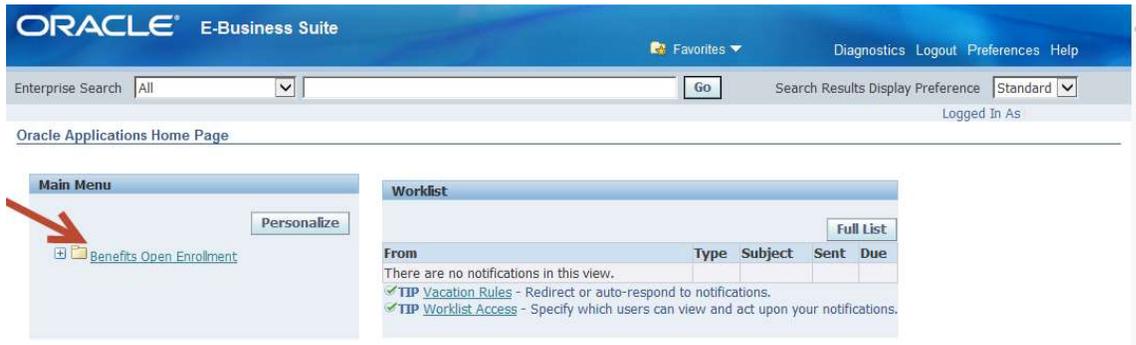
Follow the [Reset Password \(Employees\)](#) link on the Login Page and follow the instructions.

The rules to reset password are:

1. It has to be 6 character length or greater.
2. It has to have at least one number.
3. It has to have at least one character.
4. There cannot be any repeating numbers or characters.

If you have any questions regarding how to reset your password, please call the ITS HELP Desk @ 2-HELP.

Step 2: Begin Open Enrollment Process



- For those employees who do not access Oracle/FIS, the Open Enrollment process will automatically jump past step 2 and move to step 3.
- For those employees who have Oracle/FIS responsibilities - the Navigator Window lists all of your responsibilities in Oracle / FIS as folders down the left side of the page.
 - Click on *Benefits Open Enrollment* to begin the Open Enrollment process.

Step 3: Enter Dependents and Beneficiaries

ORACLE Navigator Favorites Diagnostics Home Logout Preferences Help

Dependents and Beneficiaries Name JOHN DOE Cancel Continue

STOP! Review Data Below Before Continuing!

The individuals you previously identified as eligible dependents are shown below. This list of dependents will determine your eligibility for several plans and coverage options. If you wish to add an individual, click the *Add Another Person* button. If you wish to review or change information about an individual, click the *Update* icon (pencil icon). If you wish to remove an individual, click the *Update* icon and change the Relationship Type to *Delete*(note: deleted records will continue to appear during open enrollment, but will be removed before the elections take effect January 1, 2017).

DO NOT attempt to update records designated as beneficiaries on this screen. All changes to beneficiaries must be updated using a Beneficiary Designation Form shown on a later screen.

When you are finished reviewing and updating this screen, click the *Continue* button. After you click *Continue* once, the system will process your changes, please be patient.

Name	Relationship	Social Security Number	Birth Date	Update
Jane Doe	Spouse		01-Sep-1985	
Sally Doe	Child		01-May-2012	
James Doe	Child		01-Apr-2015	

TIP Press update icon (pencil icon) to validate personal information about each individual listed above.

Cancel Continue

About this Page How to change Password Diagnostics Home Logout Preferences Help Copyright (c) 2008, Oracle. All rights reserved.

STOP!

It is very important that you review your Dependents Data before you continue.

All individuals who you would like to identify as a dependent must be shown on this page. Your list of dependents will determine your eligibility for several plans and coverage options.

- If you wish to add an individual, click the *Add Another Person* button.
- If you wish to review or change information about an individual, click the *Update* icon (pencil icon).

Not everyone listed must be a Dependent. This list could include Beneficiary, Emergency Contact, etc. Do not attempt to update beneficiaries on this page. Additional instructions and forms will be provided on later screens.

Individuals will be assigned as dependents for specific benefits plans at a later step in this process.

- When the list is complete and accurate, please click the *Continue* button.

Note: After you click Continue once, the system will take a minute or two to process, please be patient.

Instructions for adding/updating dependents are listed under Step 4. Once dependent information is complete and accurate, skip to Step 5 to continue the Open Enrollment process.

Step 4: Adding / Updating Dependents (optional)

ORACLE

[Navigator](#) [Favorites](#) [Diagnostics](#) [Home](#) [Logout](#) [Preferences](#) [Help](#)

Update Dependents and Beneficiaries
Name: JOHN DOE

Add or Update Personal Data for your contact below. To delete a person, change the *Relationship* to Delete.

Keep in mind that the Relationship Type, Date of Birth, Student Status, and Disabled Flag will determine whether or not this person can be identified as a Dependent.

Eligible dependents are Spouse, Domestic Partner, Child, Adopted Child, Domestic Partner Child, Foster Child, and Step Child. Children are eligible dependents through the end of the month in which they turn age 26. Disabled children are covered for life.

Dependents will be identified for each appropriate benefit plan at a later point in this process. Click the *Save and Continue* button when you have entered all relevant data.

Clicking on Tip icons (*i talk bubbles*) next to a field will provide additional information on the field.

* Indicates required field

Name and Relationship

* Relationship (example: 17-Aug-2017)

Relationship Start Date (example: 17-Aug-2017)

Title

* First Name

Middle Name

* Last Name

Suffix (example: Jr.)

Address Information

Check here if Individual lives with Employee
If you check the box above you don't need to fill in the address below

Miscellaneous Information

Gender

Social Security (example: 123-45-6789)

Date of Birth (example: 17-Aug-2017)

- Enter or Change all data relevant to your dependent
- Relationship
 - Note: Eligible dependents are Spouse, Domestic Partner, Child, Adopted Child, Domestic Partner Child, Foster Child, and Step Child. Children are eligible dependents through the end of the month in which they turn age 26.*
- Relationship Start Date
 - Note: Relationship Start Date identifies when the person was entered into the Metro Database. Please update as appropriate to be the correct Relationship Start Date. For example: date of marriage, date of birth, or other relationship start date.*
- Title
- First Name
- Middle Name
- Suffix

Address Information



- Address Information
 - If the person lives with the employee, check the box labeled - **Check if Individual lives with Employee**. This will identify that the same address is used for both the employee and the dependent.

- If the person does not live with the employee, enter the dependents address details (Address Type, Address Line 1/2/3, City, State, Zip Code, County, Country).

- Select an entry in **Gender** drop down
- Enter a Social Security number in **Social Security** field
- Enter the person's date of birth in the **Date of Birth** field
*Note: All dates in Open Enrollment must be entered in the DD-MMM-YYYY format
 For example: 01-JAN-2024.*
- Select an entry in the **Marital Status** drop down
- Select an entry in the **Is this Person Disabled?** drop down.
- Click the **Save and Continue** button to Continue

Step 5: View Default Enrollments

[Navigator](#) [Favorites](#) [Diagnostics](#) [Home](#) [Logout](#) [Preferences](#) [Help](#)

Benefits Enrollment Current Benefits

Benefit Enrollments

Name **JOHN DOE** Program **LA Metro Benefits Program**
 Event Name **Open** Enrollment Period **28-AUG-2017 - 28-SEP-2017** Continue

Below are your default enrollments for Calendar Year 2017. The Deductions listed are Bi-Weekly Pay Deductions. **Please click the *Continue* button** to review your available benefits options and make any desired changes.

Benefit Selections

Plan	Option	Coverage	Pre-Tax Deduction	After-Tax Deduction	Pre-Tax Credit
Medical - Blue Cross PPO (Non-Contract)	Family		160.00	0.00	0.00
Dental - Delta Dental PPO (Non-Contract)	Family		7.50	0.00	0.00
Vision - Vision Services Plan (Non-Contract)	Family		1.50	0.00	0.00
Basic Life Insurance - Basic Life Insurance (Non-Contract)	1 X Annual Salary	88,000.00	0.00	0.00	0.00
Supplemental Life Insurance - Supplemental Life Insurance (Non-Contract)	No Enrollment		0.00	0.00	0.00
Non-Smoker Life Insurance - Non-Smokers Life Insurance (Non-Contract)	Smoker		0.00	0.00	0.00
Spousal Life Insurance - Spousal Life (Non-Contract)	No Enrollment		0.00	0.00	0.00
Child Life Insurance - Child Life (Non-Contract)	Enrollment	10,000.00	0.00	0.06	0.00
Accidental Death & Dismemberment - AD&D (Non-Contract)	\$100,000 Family Coverage	100,000.00	1.11	0.00	0.00
Long Term Disability - Long Term Disability (Non-Contract)	180 Days / 50%		0.00	0.00	(5.11)
Health Care Flex Spending Account - Health Care FSA	No Enrollment		0.00	0.00	0.00
Dependent Care Flex Spending Account - Dependent Care FSA	No Enrollment		0.00	0.00	0.00
PERS - PERS	Active Employee		0.00	0.00	0.00
PERS 1959 Survivor Benefit - PERS 1959 Survivor Benefit	Active Employee		0.00	0.00	0.00
Total			170.11	0.06	(5.11)

Covered Dependents

Plan	Option	Coverage	Start Date	Dependent	Relationship	Social Security Number
Medical - Blue Cross PPO (Non-Contract)	Family		01-Nov-2015	Jane Doe	Spouse	
			01-Nov-2015	Sally Doe	Child	
			01-May-2017	James Doe	Child	
Dental - Delta Dental PPO (Non-Contract)	Family		01-Nov-2015	Jane Doe	Spouse	
			01-Nov-2015	Sally Doe	Child	
			01-May-2017	James Doe	Child	
Vision - Vision Services Plan (Non-Contract)	Family		01-Nov-2015	Jane Doe	Spouse	
			01-Nov-2015	Sally Doe	Child	
			01-May-2017	James Doe	Child	

Beneficiaries

Plan	Option	Beneficiary	Relationship	Social Security Number	Primary %
Basic Life Insurance - Basic Life Insurance (Non-Contract)	1 X Annual Salary	Jane Doe	Spouse		75
		Sally Doe	Child		25

TIP The values displayed above are based on the default elections.

Continue

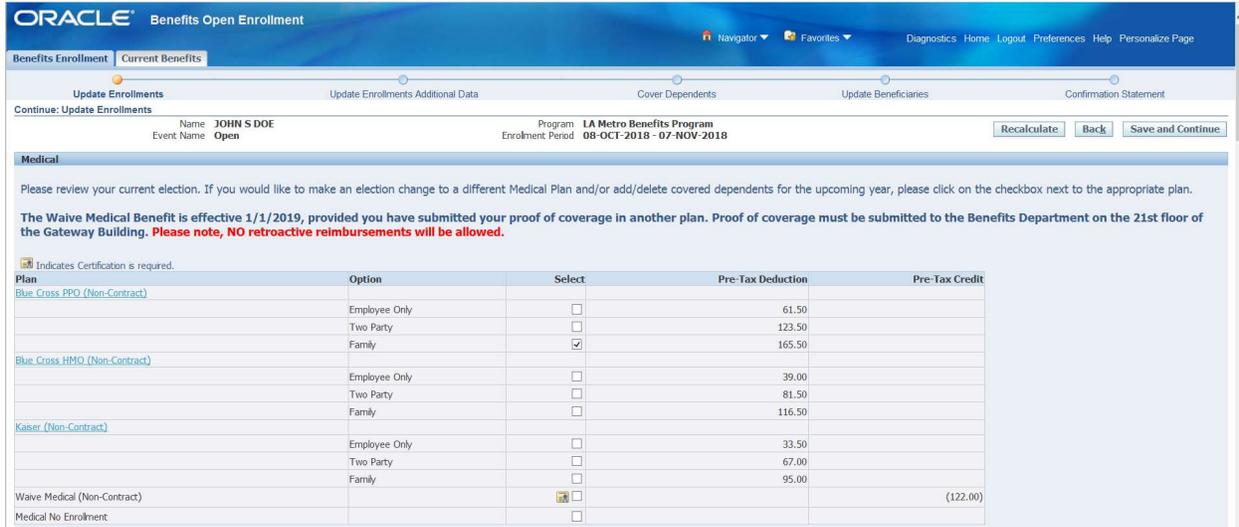
This screen displays the default enrollments for calendar year 2016. The default enrollments for most employees will be the same as their 2016 enrollments.

Some plans require you to actively enroll each year (For Example: Waive Medical Benefits, Flex Spending Accounts and Non Smokers Life Insurance).

- Click the **Continue** button to display all of your benefits options and make any necessary changes.

Step 6: Update Benefits

Note: *The Update Benefits page is a long page with your numerous Metro benefits options listed. You will need to scroll up and down the page using the navigation bar on the right side of your Internet Browser in order to see all of your options.*



ORACLE Benefits Open Enrollment

Benefits Enrollment | Current Benefits

Update Enrollments | Update Enrollments Additional Data | Cover Dependents | Update Beneficiaries | Confirmation Statement

Continue: Update Enrollments

Name: JOHN S DOE | Program: LA Metro Benefits Program
Event Name: Open | Enrollment Period: 08-OCT-2018 - 07-NOV-2018

Recalculate | Back | Save and Continue

Medical

Please review your current election. If you would like to make an election change to a different Medical Plan and/or add/delete covered dependents for the upcoming year, please click on the checkbox next to the appropriate plan.

The Waive Medical Benefit is effective 1/1/2019, provided you have submitted your proof of coverage in another plan. Proof of coverage must be submitted to the Benefits Department on the 21st floor of the Gateway Building. **Please note, NO retroactive reimbursements will be allowed.**

 Indicates Certification is required.

Plan	Option	Select	Pre-Tax Deduction	Pre-Tax Credit
Blue Cross PPO (Non-Contract)	Employee Only	<input type="checkbox"/>	61.50	
	Two Party	<input type="checkbox"/>	123.50	
	Family	<input checked="" type="checkbox"/>	165.50	
Blue Cross HMO (Non-Contract)	Employee Only	<input type="checkbox"/>	39.00	
	Two Party	<input type="checkbox"/>	81.50	
	Family	<input type="checkbox"/>	116.50	
Kaiser (Non-Contract)	Employee Only	<input type="checkbox"/>	33.50	
	Two Party	<input type="checkbox"/>	67.00	
	Family	<input type="checkbox"/>	95.00	
Waive Medical (Non-Contract)		<input checked="" type="checkbox"/>		(122.00)
Medical No Enrollment		<input type="checkbox"/>		

- Select the Medical Plan and Option you would like by checking the corresponding box in the Select column.

Employees must have valid, eligible dependents listed on the Dependents and Beneficiaries form (Step 3 in the Open Enrollment Process) in order to be eligible for Two Party or Family options.

Note: *AFSCME or Non-Contract Employees with existing Waive Medical benefits must re-enroll in Waive Medical if they wish to continue in that plan.*

Dental				
Please review your current election. If you would like to make an election change to a different Dental Plan and/or add/delete covered dependents for the upcoming year, please click on the checkbox next to the appropriate plan.				
Plan	Option	Select	Pre-Tax Deduction	Pre-Tax Credit
Deka Dental PPO (Non-Contract)	Employee Only	<input type="checkbox"/>	2.50	
	Two Party	<input type="checkbox"/>	4.50	
	Family	<input checked="" type="checkbox"/>	7.00	
DekaCare (Non-Contract)	Employee Only	<input type="checkbox"/>	1.00	
	Two Party	<input type="checkbox"/>	2.00	
	Family	<input type="checkbox"/>	2.50	
DHS (Non-Contract)	Employee Only	<input type="checkbox"/>	1.00	
	Two Party	<input type="checkbox"/>	1.50	
	Family	<input type="checkbox"/>	2.50	
Waive Dental (Non-Contract)		<input type="checkbox"/>		(17.50)
Dental No Enrollment		<input type="checkbox"/>		

- Select the Dental Plan and Option you would like by checking the corresponding box in the Select column.

Employees must have valid, eligible dependents listed on the Dependents and Beneficiaries form (Step 3 in the Open Enrollment Process) in order to be eligible for Two Party or Family options.

Vision			
Vision enrollment is only available for participants in Blue Cross PPO or HMO medical plans. Kaiser Participants are not eligible for a separate Vision Plan. Kaiser participants have a vision benefit included in their medical plan.			
Plan	Option	Select	Pre-Tax Deduction
Vision Services Plan (Non-Contract)	Employee Only	<input type="checkbox"/>	0.50
	Two Party	<input type="checkbox"/>	0.50
	Family	<input checked="" type="checkbox"/>	1.50
	No Enrollment	<input type="checkbox"/>	

- Select the Vision Option you would like by checking the corresponding box in the Select column.

Note: Vision enrollment is only available for participants in Blue Cross PPO or HMO medical plans. Kaiser participants have a vision benefit included in their medical plan.

Employees must have valid, eligible dependents listed on the Dependents and Beneficiaries form (Step 3 in the Open Enrollment Process) in order to be eligible for Two Party or Family options.



Basic Life Insurance			
Basic Life Insurance is provided by Metro at no cost to the employee.			
Plan	Option	Select	Coverage
Basic Life Insurance (Non-Contract)	1 X Annual Salary	<input checked="" type="checkbox"/>	86,000.00

Basic Life Insurance is provided by Metro at no cost to the employee. No election or action is required.

Supplemental Life Insurance				
All new elections or increases in coverage require completion of an evidence of insurability form and approval of the insurance company. Increased coverage is effective upon approval (no earlier than 1/1/2017). Please click on the plan name to download the form, then complete it and submit it for approval.				
Indicates Certification is required.				
Plan	Option	Select	Coverage	After-Tax Deduction
Supplemental Life Insurance (Non-Contract)				
	1 X Annual Salary	<input type="checkbox"/>	86,000.00	4.30
	2 X Annual Salary	<input type="checkbox"/>	172,000.00	8.60
	3 X Annual Salary	<input type="checkbox"/>	258,000.00	12.90
	4 X Annual Salary	<input type="checkbox"/>	344,000.00	17.20
	No Enrollment	<input checked="" type="checkbox"/>		

Metro provides Basic Life Insurance for all employees at no cost. Basic Life Insurance offers coverage equal to 1 X Annual Salary, which is rounded up to the next \$1,000 increment. In addition to Basic Life Insurance, Metro employees can purchase Supplemental Life Insurance.

- Select the Supplemental Life Option you would like by checking the corresponding box in the Select column.

Note: All new elections or increases in coverage require completion of an evidence of insurability form and approval of the insurance company. Increased coverage is effective upon approval, no earlier than first day of the year following the current Open Enrollment Period. For example, if the Open Enrollment Period is during November 2023, then the effective date of the coverage will start January 1, 2024.

Please click on the plan name to download the form, then complete it and submit the completed form to the Benefits Group for approval.

Non-Smoker Life Insurance			
Annual election is required to participate in this plan as a <i>Non-Smoker</i> . The default during Open Enrollment is <i>Smoker</i> .			
Plan	Option	Select	Coverage
Non-Smokers Life Insurance (Non-Contract)			
	Smoker	<input type="checkbox"/>	
	Non-Smoker	<input checked="" type="checkbox"/>	5,000.00

Metro provides Non-Smokers Life Insurance to all employees who certify that they do not smoke, at no cost to the employee. **Annual election is required** to participate in this plan as a *Non-Smoker*. The default during Open Enrollment is *Smoker*.

- Select the **Non-Smoker** checkbox if you are a Non-Smoker.

Spousal Life Insurance

Maximum Spousal Life Coverage is 50% of the combined Employee Life Coverage (Basic Life Insurance + Supplemental Life Insurance). Coverage must be entered in \$10,000 increments.

All new elections or increases in coverage require completion of an evidence of insurability form and approval of the insurance company. Increased coverage is effective upon approval (no earlier than 1/1/2017). Please click on the plan name to download the form, then complete it and submit it for approval.

If you change coverage amount, click recalculate at the top or bottom of the page to display the updated bi-weekly pay deduction.

 Indicates Certification is required.

Plan	Option	Select	Coverage	Annual Cost	After-Tax Deduction
Spousal Life (Non-Contract)	Enrollment	 <input type="checkbox"/>	10,000.00 		0.45
	No Enrollment	<input checked="" type="checkbox"/>			

Employees can elect to purchase Spousal Life Insurance in increments of \$10,000, up to 50% of the total Employee Life Insurance Coverage (Basic Life plus Supplemental Life).

- Select the **Enrollment** checkbox to enroll Spousal Life Insurance
- Enter the desired coverage amount in the **Coverage** field

Note: All new elections or increases in coverage require completion of an evidence of insurability form and approval of the insurance company. Increased coverage is effective upon approval, no earlier than the first day of the year following the current Open Enrollment Period. For example, if the Open Enrollment Period is during November 2023, then the effective date of the coverage will start January 1, 2024.

If you change coverage amount, click recalculate at the top or bottom of the page to display the updated bi-weekly pay deduction.

Child Life Insurance

Plan	Option	Select	Coverage	After-Tax Deduction
Child Life (Non-Contract)	Enrollment	<input checked="" type="checkbox"/>	10,000.00	0.06
	No Enrollment	<input type="checkbox"/>		

- Select the **Enrollment** checkbox to enroll in Child Life Insurance

Accidental Death & Dismemberment				
Metro provides \$50,000 Employee Only coverage at no cost to the employee.				
Plan	Option	Select	Coverage	Pre-Tax Deduction
AD&D (Non-Contract)	\$50,000 Employee Only	<input type="checkbox"/>	50,000.00	
	\$100,000 Employee Only	<input type="checkbox"/>	100,000.00	0.57
	\$150,000 Employee Only	<input type="checkbox"/>	150,000.00	1.14
	\$200,000 Employee Only	<input type="checkbox"/>	200,000.00	1.71
	\$250,000 Employee Only	<input type="checkbox"/>	250,000.00	2.27
	\$300,000 Employee Only	<input type="checkbox"/>	300,000.00	2.84
	\$350,000 Employee Only	<input type="checkbox"/>	350,000.00	3.41
	\$400,000 Employee Only	<input type="checkbox"/>	400,000.00	3.98
	\$450,000 Employee Only	<input type="checkbox"/>	450,000.00	4.54
	\$500,000 Employee Only	<input type="checkbox"/>	500,000.00	5.11
	\$50,000 Family Coverage	<input type="checkbox"/>	50,000.00	0.55
	\$100,000 Family Coverage	<input checked="" type="checkbox"/>	100,000.00	1.11
	\$150,000 Family Coverage	<input type="checkbox"/>	150,000.00	2.22
	\$200,000 Family Coverage	<input type="checkbox"/>	200,000.00	3.33
	\$250,000 Family Coverage	<input type="checkbox"/>	250,000.00	4.44
	\$300,000 Family Coverage	<input type="checkbox"/>	300,000.00	5.55
	\$350,000 Family Coverage	<input type="checkbox"/>	350,000.00	6.66
	\$400,000 Family Coverage	<input type="checkbox"/>	400,000.00	7.77
	\$450,000 Family Coverage	<input type="checkbox"/>	450,000.00	8.88
	\$500,000 Family Coverage	<input type="checkbox"/>	500,000.00	9.99

Metro provides \$50,000 Employee Only coverage at no cost to the employee.

- Select the desired option to enroll in Accidental Death & Dismemberment Insurance

Note: All new elections or increases in coverage require completion of an evidence of insurability form and approval of the insurance company. Increased coverage is effective upon approval, no earlier than the first day of the year following the current Open Enrollment Period. For example, if the Open Enrollment Period is during November 2023, then the effective date of the coverage will start January 1, 2024.

Long Term Disability				
Metro provides 180 day / 60% coverage at no cost to the employee.				
If you increase your coverage, you must complete and submit the Medical History Statement form. Please click on the plan name to download the form. Coverage is subject to the approval of the insurance provider. Increased coverage is effective upon approval (no earlier than 1/1/2017).				
 Indicates Certification is required.				
Plan	Option	Select	Pre-Tax Deduction	Pre-Tax Credit
Long Term Disability (Non-Contract)	180 Days / 50%	<input checked="" type="checkbox"/>		(4.96)
	180 Days / 60%	 <input type="checkbox"/>		
	180 Days / 70%	 <input type="checkbox"/>	25.86	
	90 Days / 50%	 <input type="checkbox"/>		(0.35)
	90 Days / 60%	 <input type="checkbox"/>	7.79	
	90 Days / 70%	 <input type="checkbox"/>	30.82	

Metro provides 180 day / 60% coverage at no cost to the employee.

- Select the desired option to enroll in Long Term Disability Insurance

If you increase your coverage, you must complete and submit the attached form to the Benefits group. Please click on the plan name to download the form. Coverage is subject to the approval of the insurance provider.

Note: All new elections or increases in coverage require completion of the Medical History Statement form and approval of the insurance company. Increased coverage is effective upon approval, no earlier than the first day of the year following the current Open Enrollment Period. For example, if the Open Enrollment Period is during November 2023, then the effective date of the coverage will start January 1, 2024.

Health Care Flex Spending Account

An election is required for participation in 2017. Enter the Annual Amount between \$240 and \$2600 and click recalculate at the top or bottom of the page to display the bi-weekly pay deduction.

Plan	Option	Select	Annual Cost	Pre-Tax Deduction
Health Care FSA	Enrollment	<input type="checkbox"/>	0.00 	0.00
	No Enrollment	<input checked="" type="checkbox"/>		

An election is required for participation in the new year. The default each year for all Flex Spending Accounts is No Enrollment.

- Select the Enrollment option and enter the Annual Cost amount

Dependent Care Flex Spending Account

An election is required for participation in 2017. Enter the Annual Amount between \$240 and \$5000 and click recalculate at the top or bottom of the page to display the bi-weekly pay deduction.

Plan	Option	Select	Annual Cost	Pre-Tax Deduction
Dependant Care FSA	Enrollment	<input type="checkbox"/>	0.00 	0.00
	No Enrollment	<input checked="" type="checkbox"/>		

An election is required for participation in 2018. The default each year for all Flex Spending Accounts is No Enrollment.

- Select the Enrollment option and enter the Annual Cost amount

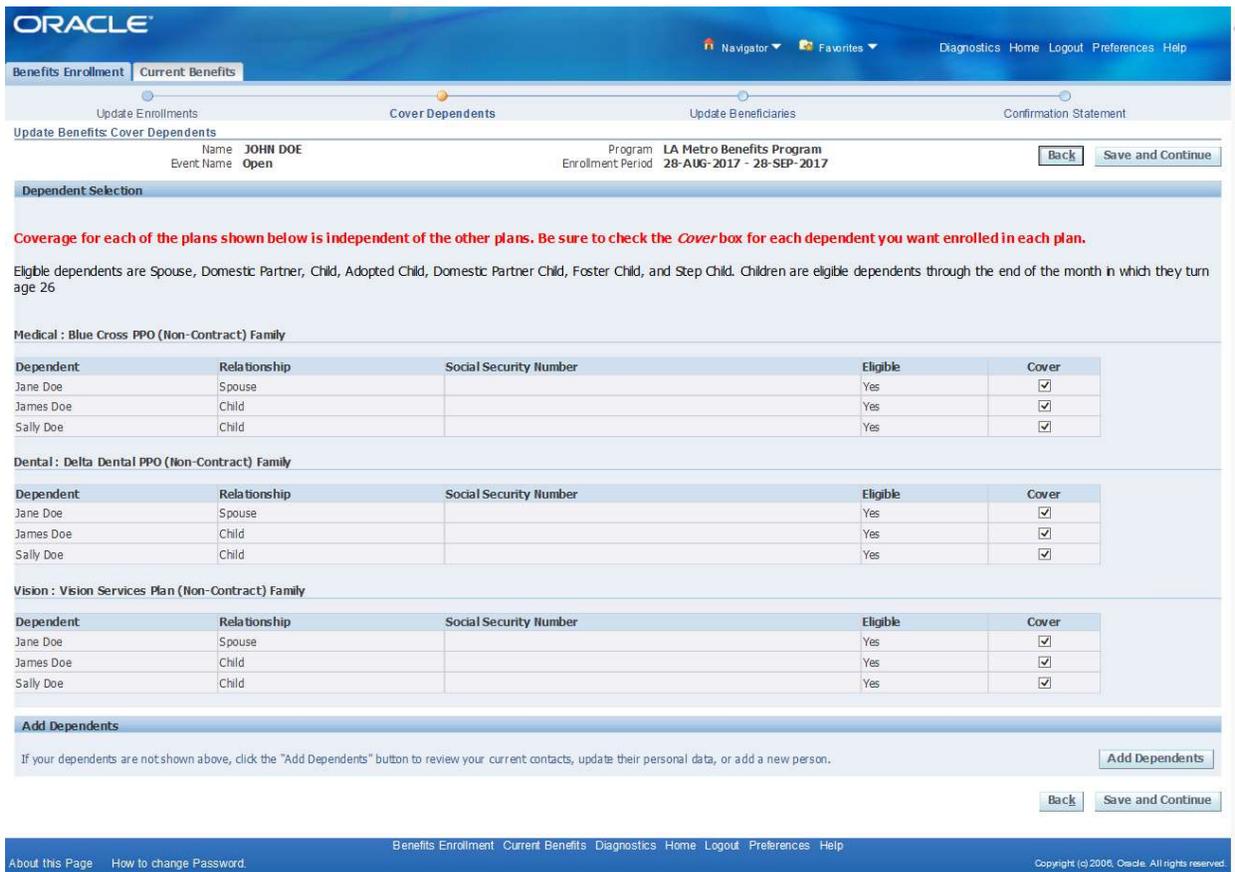


[About this Page](#)
[How to change Password](#)
[Benefits Enrollment](#)
[Current Benefits](#)
[Diagnostics](#)
[Home](#)
[Logout](#)
[Preferences](#)
[Help](#)

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Once you have completed your enrollment, click **Save and Continue**.

Step 7: Cover Dependents



ORACLE Navigator Favorites Diagnostics Home Logout Preferences Help

Benefits Enrollment **Current Benefits**

Update Enrollments **Cover Dependents** Update Beneficiaries Confirmation Statement

Update Benefits: Cover Dependents

Name: JOHN DOE Program: LA Metro Benefits Program
Event Name: Open Enrollment Period: 28-AUG-2017 - 28-SEP-2017

Dependent Selection

Coverage for each of the plans shown below is independent of the other plans. Be sure to check the **Cover** box for each dependent you want enrolled in each plan.

Eligible dependents are Spouse, Domestic Partner, Child, Adopted Child, Domestic Partner Child, Foster Child, and Step Child. Children are eligible dependents through the end of the month in which they turn age 26

Medical : Blue Cross PPO (Non-Contract) Family

Dependent	Relationship	Social Security Number	Eligible	Cover
Jane Doe	Spouse		Yes	<input checked="" type="checkbox"/>
James Doe	Child		Yes	<input checked="" type="checkbox"/>
Sally Doe	Child		Yes	<input checked="" type="checkbox"/>

Dental : Delta Dental PPO (Non-Contract) Family

Dependent	Relationship	Social Security Number	Eligible	Cover
Jane Doe	Spouse		Yes	<input checked="" type="checkbox"/>
James Doe	Child		Yes	<input checked="" type="checkbox"/>
Sally Doe	Child		Yes	<input checked="" type="checkbox"/>

Vision : Vision Services Plan (Non-Contract) Family

Dependent	Relationship	Social Security Number	Eligible	Cover
Jane Doe	Spouse		Yes	<input checked="" type="checkbox"/>
James Doe	Child		Yes	<input checked="" type="checkbox"/>
Sally Doe	Child		Yes	<input checked="" type="checkbox"/>

Add Dependents

If your dependents are not shown above, click the "Add Dependents" button to review your current contacts, update their personal data, or add a new person.

Back Save and Continue

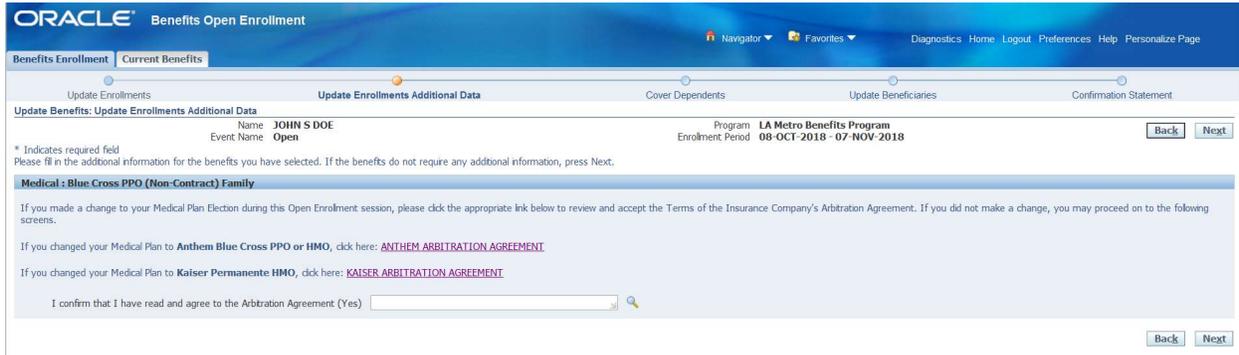
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- Check the Cover box next to the dependents you would like to cover under each insurance plan.

Coverage for each of the plans shown below is independent of the other plans. For example it is possible to cover your Spouse and Children with Medical Insurance, but only cover your Children with Dental Insurance. **Be sure to check the Cover box for each dependent you want enrolled in each plan.**

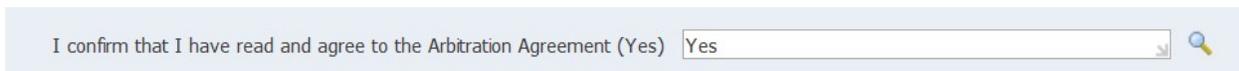
Eligible dependents are Spouse, Domestic Partner, Child, Adopted Child, Domestic Partner Child, Foster Child, and Step Child. Children are eligible dependents through the end of the month in which they turn age 26.

Step 8: Arbitration



The screenshot shows the Oracle Benefits Open Enrollment interface. At the top, there's a navigation bar with 'ORACLE Benefits Open Enrollment' and various utility links like 'Navigator', 'Favorites', 'Diagnostics', 'Home', 'Logout', 'Preferences', 'Help', and 'Personalize Page'. Below this is a progress bar with five steps: 'Update Enrollments', 'Update Enrollments Additional Data', 'Cover Dependents', 'Update Beneficiaries', and 'Confirmation Statement'. The current step is 'Update Enrollments Additional Data'. The main content area displays the user's name 'JOHN S DOE', event name 'Open', and program details 'LA Metro Benefits Program' with an enrollment period of '08-OCT-2018 - 07-NOV-2018'. There are 'Back' and 'Next' buttons. A section titled 'Medical : Blue Cross PPO (Non-Contract) Family' contains instructions about reviewing the Arbitration Agreement. It provides links for 'ANTHEM ARBITRATION AGREEMENT' and 'KAISER ARBITRATION AGREEMENT'. At the bottom, there is a confirmation field: 'I confirm that I have read and agree to the Arbitration Agreement (Yes)' followed by a dropdown menu currently showing 'Yes' and a search icon.

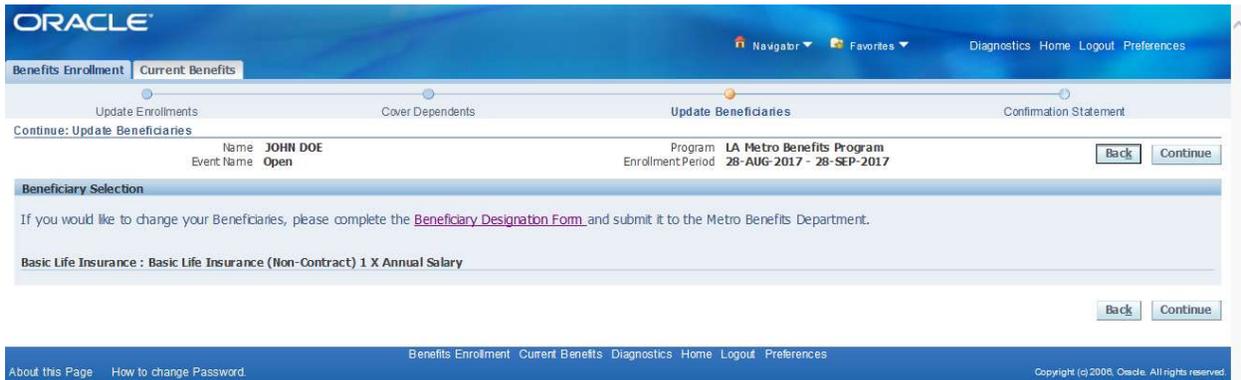
If you made a change to your Medical Plan election, you will need to review the Arbitration Agreement from the Insurance Carrier of the new plan. Review of the Arbitration Agreement is required in lieu of filling out a form. Click on the link of the appropriate Arbitration Agreement and review the Terms of the Agreement.



This is a close-up of the confirmation field from the screenshot. It shows the text 'I confirm that I have read and agree to the Arbitration Agreement (Yes)' followed by a dropdown menu. The dropdown menu is currently set to 'Yes' and has a search icon to its right.

Type 'Yes' in the field as shown in the above screenshot then **Next** to proceed.

Step 9: Beneficiaries



The screenshot shows the Oracle Metro web application interface. At the top, the Oracle logo is on the left, and navigation links for 'Navigator', 'Favorites', 'Diagnostics', 'Home', 'Logout', and 'Preferences' are on the right. Below this is a breadcrumb trail: 'Benefits Enrollment' > 'Current Benefits'. A progress bar shows four steps: 'Update Enrollments', 'Cover Dependents', 'Update Beneficiaries' (the current step), and 'Confirmation Statement'. The main content area displays 'Continue: Update Beneficiaries' with a table of user information:

Name	JOHN DOE	Program	LA Metro Benefits Program
Event Name	Open	Enrollment Period	28-AUG-2017 - 28-SEP-2017

Buttons for 'Back' and 'Continue' are located to the right of the table. Below the table is a section titled 'Beneficiary Selection' with the text: 'If you would like to change your Beneficiaries, please complete the [Beneficiary Designation Form](#) and submit it to the Metro Benefits Department.' Below this text, a list item is shown: 'Basic Life Insurance : Basic Life Insurance (Non-Contract) 1 X Annual Salary'. Another 'Back' and 'Continue' button pair is at the bottom right of this section. The footer contains 'About this Page', 'How to change Password', and 'Copyright (c)2008, Oracle. All rights reserved.'

Current Beneficiaries will be listed on the Confirmation Statement on the next page.

If you would like to change your Beneficiaries, please complete the Beneficiary Designation Form by clicking the link and submitting it to the Metro Benefits Department.

Click the **Continue** Button

ORACLE Navigator Favorites Diagnostics Home Logout Preferences Help

Benefits Enrollment **Current Benefits**

Update Enrollments Cover Dependents Update Beneficiaries Confirmation Statement

Confirmation
Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.

Confirmation Statement

Name: **JOHN DOE** Program: **LA Metro Benefits Program** [Back] [Print Confirmation Statement] [Return to Beginning]
 Event Name: **Open** Enrollment Period: **28-AUG-2017 - 28-SEP-2017**

You have completed your enrollment. Please review the benefits elections you have made (displayed below).
 If you need to make changes, click the *Return to Beginning* button to return to the start of the Open Enrollment Process.
 If the elections below are accurate click the *Print Confirmation Statement* button, then print the page (type Ctrl + p), and retain a hard copy confirmation statement for your records. After printing, close the confirmation statement window to return to this screen and then close your internet browser window.

Benefit Selections

Plan	Option	Coverage	Pre-Tax Deduction	After-Tax Deduction	Pre-Tax Credit
Medical - Blue Cross PPO (Non-Contract)	Family		160.00	0.00	0.00
Dental - Delta Dental PPO (Non-Contract)	Family		7.50	0.00	0.00
Vision - Vision Services Plan (Non-Contract)	Family		1.50	0.00	0.00
Basic Life Insurance - Basic Life Insurance (Non-Contract)	1 X Annual Salary	88,000.00	0.00	0.00	0.00
Supplemental Life Insurance - Supplemental Life Insurance (Non-Contract)	No Enrollment		0.00	0.00	0.00
Non-Smoker Life Insurance - Non-Smokers Life Insurance (Non-Contract)	Smoker		0.00	0.00	0.00
Spousal Life Insurance - Spousal Life (Non-Contract)	No Enrollment		0.00	0.00	0.00
Child Life Insurance - Child Life (Non-Contract)	Enrollment	10,000.00	0.00	0.06	0.00
Accidental Death & Dismemberment - AD&D (Non-Contract)	\$100,000 Family Coverage	100,000.00	1.11	0.00	0.00
Long Term Disability - Long Term Disability (Non-Contract)	180 Days / 50%		0.00	0.00	(5.11)
Health Care Flex Spending Account - Health Care FSA	No Enrollment		0.00	0.00	0.00
Dependent Care Flex Spending Account - Dependant Care FSA	No Enrollment		0.00	0.00	0.00
PERS - PERS	Active Employee		0.00	0.00	0.00
PERS - 1959 Survivor Benefit - PERS 1959 Survivor Benefit	Active Employee		0.00	0.00	0.00
Total			170.11	0.06	(5.11)

Covered Dependents

Plan	Option	Coverage	Start Date	Dependent	Relationship	Social Security Number
Medical - Blue Cross PPO (Non-Contract)	Family	01-Nov-2015	Jane Doe	Spouse		
			Sally Doe	Child		
			James Doe	Child		
Dental - Delta Dental PPO (Non-Contract)	Family	01-Nov-2015	Jane Doe	Spouse		
			Sally Doe	Child		
			James Doe	Child		
Vision - Vision Services Plan (Non-Contract)	Family	01-Nov-2015	Jane Doe	Spouse		
			Sally Doe	Child		
			James Doe	Child		

Beneficiaries

Plan	Option	Beneficiary	Relationship	Social Security Number	Primary	% Contingent	%
Basic Life Insurance - Basic Life Insurance (Non-Contract)	1 X Annual Salary	Jane Doe	Spouse		75	0	
		Sally Doe	Child		25	0	

[Back] [Print Confirmation Statement] [Return to Beginning]

About this Page How to change Password Benefits Enrollment Current Benefits Diagnostics Home Logout Preferences Help Copyright (c)2008, Oracle. All rights reserved.

CONGRATULATIONS! You have completed Open Enrollment!

- Please review the benefits elections you have made.
- If you need to make changes, click the **Return to Beginning** button to return to the start of the Open Enrollment Process.
- If the elections below are accurate click the *Print Confirmation Statement* button, then print the page (type Ctrl + P), and retain a hard copy confirmation statement for your records. After printing, close the confirmation statement window to return to this screen and then close your internet browser window.

If all of your elections are accurate, please close your internet browser.