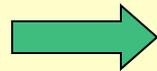


Employee Self Service

Benefits Open Enrollment - 2010



October 12 – 30, 2009

Revised: 10/06/2009

Tips for Electronic Enrollment

1) **Review** information that you have received about benefits open enrollment in order to determine your elections

2) **Discuss** all items with your family members before accessing ESS

3) Dental Plans

Do I want to change my dental enrollment?

Do I need to make a change to my dependent coverage option or to my dependents?

How do I know if my dentist is in the network? (See instructions on **How to Locate a Dental Network Provider**.)

What if I am a current participant in a dental plan but do not want to participate in either dental plan during 2010? (You must select "Waive Dental")

4) Flexible Spending Accounts

Am I eligible to participate in Child and Adult Day Care spending account (cost of care for children under age 13, a disabled spouse, or disabled dependents of any age – including parents)?

Based on my out-of-pocket medical expenses for 2009, my 2010 medical plan election, and projections of my expenses for 2010, how much do I want to contribute to my Health Care spending account?

5) Medical Plans

Do I want to change my medical enrollment?

Do I need to make a change to my dependent coverage option or to my dependents?

How do I know if my primary care physician (PCP) and my dependents' PCP is in the network? (See instructions on **How to Locate a CIGNA Network Provider** and also verify other in-network providers such as specialists or hospitals.)

NOTE: The Open Enrollment process is NOT meant for changing your PCP. Call CIGNA to make any changes to your PCP.

What if I am a current participant in a medical plan but do not want to participate in either medical plan during 2010? (You must select "Waive Medical")

6) Add a New Dependent

There are new steps to follow if you are adding a dependent to your medical and/or dental plan. Paper versions of a Certificate of Dependent Status must be completed, along with medical and/or dental enrollment forms. All documents must be completed and returned to the Benefits Office by the close of Open Enrollment. Forms are available in ESS.

How to Locate a Dental Network Provider

DELTA DENTAL PLAN

1. Access the Delta Dental Web Site at www.deltadentaltn.com
2. Click **Need A Dentist?**
3. **Product Selection**, click **Delta Dental Premier**
4. **Your Location**, enter Your **City and State** or **Zip code**
5. **Sorting, Distance and Number of Results**, you can select the way you want the information sorted (Distance, Name, City, Zip Code), the maximum distance you are willing to travel, and the Number of Results
6. **Additional Search Criteria**, you may also search by Dentist Last Name, Practice Name, or Specialty (Optional)
7. Click **Search for a Dentist**

METLIFE DENTAL PLAN

1. Access the MetLife Web Site at www.metlife.com
2. In the box labeled **Products & Services**, Click Dental
3. In the box labeled **Find a Dentist**, enter your ZIP Code and click Go (Optional - Click **Advanced Search** to search by specialty, dentist's name, language, and more)
4. In the box labeled **Modify Your Search**, you have the option of modifying your search if you need to make changes. Click **Search**

How to Locate a CIGNA Network Provider

CIGNA PLANS

1. Access the CIGNA Web Site at www.cigna.com
2. In the center of the screen, Find a Doctor, enter **Doctor's Name, City/State or Zip Code***
3. Click **Next**
4. **What type of plan you have** – accept the default "**Network (HMO) Plans or Point of Service (POS) Plans**"
5. Click the drop-down menu and select the geographic area you are searching for
6. If desired, indicate the type of Primary Care Physician (optional) or to search for a Specialist instead of Primary Care Physician and **Select type**
7. Click **Search**
8. Choose a physician from the listing. Please be sure that the physician(s) you choose is accepting new patients (if you are already a patient, this is not necessary)
9. Make sure you **record the PCP ID#** for entry during the enrollment process. (PCP ID# required for all covered dependents in the Point of Service plan)

*You may also **Search by specialty** for a specific doctor by clicking on Find doctors or dentists by specialty (Optional)

ORNL Home Page - Internal

Inside ORNL

OAK RIDGE NATIONAL LABORATORY
Managed by UT-Battelle for the Department of Energy

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- Lab Director's Blog
- Director's Forum

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Inside ORNL

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1) Click ESS

AGAIN THIS YEAR:
You can access ESS from home at
<http://benefits.ornl.gov/openenrollment/2010>
Click ENROLL NOW. You will be prompted
for your user id and password.

Inside ORNL > B&IS Directorate

OAK RIDGE NATIONAL LABORATORY
Managed by UT-Battelle for the Department of Energy

B&IS Directorate | Accounting | Asset Mgmt and Small Bus | Bus Analysis | Bus Mgmt | Bus Stra

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B&IS Directorate > B&IS Applications

My HR

- Bank Information
- Benefits Open Enrollment **NEW**

My Inf

- Emerg
- Home

2) Click Benefits Open Enrollment

SAP NetWeaver™
SAP Web Application Server

Note: Session cookies must be enabled in your browser.

User ID *

Password *

Log on

Copyright 2002-200

SAP

Enter UID and Password.
Click Log on.

Name or password is incorrect. Please re-enter

Computer Requirements:

You must have an active user id, password, and SAP account. If you do not have a user id and password, please call the Computer Helpline, 241-6765. Also request a SAPPRD010 account.

If you have a user id and password, but currently do not have a SAP account, follow the instructions on the url below:

<https://portal.ornl.gov/sites/bisd/apps/Help/sap/sapAcctInstr.aspx>

[The suggested platform for SAP ESS applications is Internet Explorer 6.0 or higher.]

If you have correctly entered your UID and Password **and** receive this message, you do not have a SAP account (see Computer Requirements)

Exit Benefits Open Enrollment application

Provides assistance

Exit Help

Welcome JOHN M DOE - Benefits Enrollment

Enrollment reasons

	Changes possible from - to	Confirmation form
OPEN ENROLLMENT	10/12/2009 – 10/30/2009	Display form

Confirmation form of your enrollments

Open enrollment dates

NOTES:

- **Dental/Medical:** If you are currently enrolled in a dental and/or medical plan and have no changes, you do not need to take any action.
- **Flexible Spending Accounts:** If you want to participate during 2010, you must enroll during Open Enrollment. *Note: The Grace Period is not available for 2010 elections.*
- **Adding a Dependent:** There are new steps to follow if you are adding a dependent to your medical and/or dental plan. Paper versions of a Certificate of Dependent Status must be completed, along with medical and/or dental enrollment forms. All documents must be completed and returned to the Benefits Office by the close of Open Enrollment at 4:00 p.m., October 30, 2009. [Print Dependent Forms](#)
- Open Enrollment elections you make will be automatically deducted from your pay beginning **January 2010**.

Click here to view your benefit open enrollment options

If you are **adding a new dependent**, please read and then click on [Print Dependent Forms](#) for your 2010 enrollment in dental/medical.

Exit Help

Benefits - Open Enrollment

Additional information

Useful links **About Your Benefits** Go!

Useful benefit web sites. Click the down arrow to select a site. Click Go! (NOTE: You can print FSA Child and Adult Day Care Expenses and FSA Health Care Worksheet to assist you in determining your FSA contribution amounts.)

Display the cost summary (employer and employee) for your benefits as well as contributions you have elected for flexible spending accounts prior to SUBMITTING your elections

Costs and contributions

Add a new Dependent

1) Do you need to add a new dependent?
(see page 5 for details)

View Dependents

Display your covered dependents for dental and medical plans prior to SUBMITTING your selections

Returns to Benefits – Open Enrollment home page

Open Enrollment Overview

SUBMIT SELECTIONS

Back to enrollment reasons

Dates are defaulted

After you make your 2010 enrollment elections, **click SUBMIT SELECTIONS** to process your enrollment

n/a

Open Enrollment Options

Selection	Plan	Participation period			
	***** DENTAL *****	-			
	METLIFE DENTAL	01/01/2010 - 12/31/9999			
	DELTA DENTAL	01/01/2010 - 12/31/9999	<input checked="" type="checkbox"/>		
	WAIVE DENTAL	01/01/2010 - 12/31/9999			
	***** MEDICAL *****	-			
	CIGNA POS	01/01/2010 - 12/31/9999	<input checked="" type="checkbox"/>		
	CIGNA OPEN ACCESS	01/01/2010 - 12/31/9999			
	WAIVE MEDICAL	01/01/2010 - 12/31/9999	<input type="checkbox"/>		
	*** FLEX SPENDING ***	-			
	CHILD AND ADULT DAY CARE FSA	01/01/2010 - 12/31/2010			
	HEALTH CARE FSA	01/01/2010 - 12/31/2010			

Indicates you are currently enrolled in this plan. (However, you **should** review your coverage option and dependents)

2) If you do not need to add new dependents, double click on a plan you want to enroll in or make a change to for 2010 (see page 10 for more details)

If you are currently enrolled in a dental or medical plan and **DO NOT** want to participate during 2010, select WAIVE DENTAL or WAIVE MEDICAL

SUBMIT SELECTIONS

Back to enrollment reasons

The information displayed on this screen will depend on the dental plan you have chosen

If you have no changes to your current dental enrollment, click **Back to Open Enrollment Options** to return to **Benefits – Open Enrollment**

Exit Help

Open Enrollment

Plan details

Make this Change Back to Open Enrollment Options Dental Locator Dentist Locator Help

Pers.No. 888460 JOHN M DOE
 Plan DELTA DENTAL
 Start 01/01/2010 - 12/31/9999
 Plan type DENTAL

Plan options

Health Plan Option COVERAGE LEVEL
 Dependent Coverage EMPLOYEE + 2 OR MORE

Costs Monthly (Deducted all Pay Periods)

Employee 26.00 USD Deductions Pre-Tax
 Employer 94.70 USD

Dependent selection

Select	Name	Relationship
<input checked="" type="checkbox"/>	JANE DOE	Spouse
<input checked="" type="checkbox"/>	JOHNNY DOE	Child

Instructions on "how to locate a dental network provider"

Click here to see if your dentist is a network provider for the dental plan you have selected

If you are currently enrolled in this dental plan, review your **DEPENDENT COVERAGE, and your DEPENDENTS** – (NOTE: if you need to add a new dependent, see page 5). If you want to change from **post- or pre- tax deductions**, you may do that too.

4) Click Make this Change to save your selection

If you have no changes or do not want to make changes at this time, click Back to Open Enrollment Options to return to Benefits – Open Enrollment

NOTE: If you have a dependent child who is age 24 or older and is eligible for coverage under your medical or dental plan, contact the Benefits Service Center, 574-1500. They will inform you of additional info that is needed.

1) If you need to change your coverage, click here.

2) If you want to change your tax option, click here to deselect pre-tax which changes you to post-tax.

3) Click to deselect the appropriate Dependent.

Click  to select all dependents. Click  to deselect all dependents.

The screenshot shows the 'Open Enrollment' web application interface. At the top, there are 'Exit' and 'Help' links. The main heading is 'Open Enrollment'. Below this, there are two buttons: 'Make this Change' and 'Back to Open Enrollment Options'. To the right, there are links for 'Dental Locator' and 'Dentist Locator Help'. The 'Plan details' section includes fields for 'Emps.No.' (888460), 'Name' (JOHN M DOE), 'Plan Name' (DELTA DENTAL), 'Effective Date' (01/01/2010 - 12/31/9999), and 'Plan Type' (DENTAL). The 'Options' section shows 'Health Plan Option' (COVERAGE LEVEL) and 'Dependent Coverage' (EMPLOYEE + 1). The 'Costs Monthly (Deducted all Pay Periods)' section shows 'Employee' (16.00 USD) and 'Employer' (58.00 USD), with a checked 'Deductions Pre-Tax' option. The 'Dependent selection' table lists 'JANE DOE' (Spouse) and 'JOHNNY DOE' (Child). At the bottom right, there are icons for selecting and deselecting all dependents.

Costs Monthly (Deducted all Pay Periods)	
Employee	16.00 USD
Employer	58.00 USD

Select	Name	Relationship
<input checked="" type="checkbox"/>	JANE DOE	Spouse
<input type="checkbox"/>	JOHNNY DOE	Child

Open Enrollment Overview

SUBMIT SELECTIONS Back to enrollment reasons

NOTE:
Please remember to SUBMIT SELECTIONS to complete your enrollment.

Open Enrollment Options

Selection	Plan	Participation period			
	***** DENTAL *****				
	METLIFE DENTAL	01/01/2010 - 12/31/9999			
	DELTA DENTAL	01/01/2010 - 12/31/9999			Undo
	WAIVE DENTAL	01/01/2010 - 12/31/9999			
	***** MEDICAL *****				
	CIGNA POS	01/01/2010 - 12/31/9999			
	CIGNA OPEN ACCESS	01/01/2010 - 12/31/9999			
	WAIVE MEDICAL	01/01/2010 - 12/31/9999			
	*** FLEX SPENDING ***				
	CHILD AND ADULT DAY CARE FSA	01/01/2010 - 12/31/2010			
	HEALTH CARE FSA	01/01/2010 - 12/31/2010			

SUBMIT SELECTIONS Back to enrollment reasons

When **SUBMIT SELECTIONS** is NOT grayed out, it indicates you have made an enrollment selection. You can **SUBMIT SELECTIONS** at any time for processing.

Until you **SUBMIT** your enrollment, you can Undo any changes you have just made.

The information displayed on this screen will depend on the medical plan you have chosen

If you have no changes or do not want to enroll in this medical plan, click Back to Open Enrollment Options to return to Benefits – Open Enrollment

If you are enrolling in Open Access, you are not required to select a Primary Care Physician (PCP) – but you are encouraged to.

If you are enrolling in the Point of Service Plan (POS) you **are required** to provide PCP ID# and Current Patient Information for you and your covered dependents.

If you are enrolling in the POS plan, click here if you do not know your PCP # – you must record the PCP # in the spaces below for you and your covered dependents.

Exit Help

Open Enrollment

Plan details

Make this Change Back to Open Enrollment Options Primary Physician Locator
Physician Locator Help

Pers.No. 888460 JOHN M. DOE
Plan CIGNA POS
Start 01/01/2010 - 12/31/9999
Plan type MEDICAL

Plan options

Health Plan Option COVERAGE LEVEL
Dependent Coverage EMPLOYEE + 2 OR MORE

REQUIRED for Employee & Dependents

PCP ID#
Current Patient Blank

Costs Monthly (Deducted all Pay Periods)

Employee 353.00 USD Deductions Pre-Tax
Employer 1,412.00 USD

Dependent selection

Select	Name	Relationship	PCP ID#	Patient?
<input checked="" type="checkbox"/>	JANE DOE	Spouse		Blank <input type="checkbox"/> Required if selected
<input checked="" type="checkbox"/>	JOHNNY DOE	Child		Blank <input type="checkbox"/> Required if selected

Instructions on "how to" find your PCP ID# based on your medical plan election

If you are a current participant in this plan, your tax election is displayed; otherwise, it will default to pre-tax. If you prefer post-tax, click the check mark to remove it.

NOTE: The Open Enrollment process is NOT meant for changing your PCP. Call CIGNA at 1-800-244-6224 or www.cigna.com to make any changes to your PCP

Open Enrollment

Plan details

Pers.No.
 Plan
 Start -
 Plan type

2) Complete your PCP ID# and Current Patient info (required for Point of Service plan) and press Enter

Plan options

Health Plan Option
 Dependent Coverage

REQUIRED for Employee & Dependents

PCP ID#
 Current Patient

1) Select dependent coverage applicable to your family

Click to select all dependents. Click to deselect all dependents.

Costs Monthly (Deducted all Pay Periods)

Employee Deductions Pre-Tax
 Employer

Dependent selection

Select	Name	Relationship	PCP ID#	Patient?
<input checked="" type="checkbox"/>	JANE DOE	Spouse	1212124	No <input type="button" value="..."/>
<input type="checkbox"/>	JOHN DOE	Child		Blank <input type="button" value="..."/>

3) Select dependents that should be covered

4) Complete your Dependents' PCP ID# and Patient info (required for Point of Service plan)

If you have no changes or do not want to make changes at this time, click Back to Open Enrollment Options to return to Benefits – Open Enrollment

Step 5: Click Make this Change to save your selection

The information displayed on this screen will depend on the flexible spending account you have chosen.

If you do not want to enroll, click Back to Open Enrollment Options

CAUTION!!
Please make sure you are enrolling in the correct flexible spending account

Exit Help

Open Enrollment

Plan details

Make this Change Back to Open Enrollment Options

Pers.No. 888460 JOHN M DOE

Plan HEALTH CARE FSA

Period 01/01/2010 - 12/31/2010

Option HEALTH FSA

PLEASE NOTE:
Reimbursements for this spending account are for HEALTH-related expenses such as medical, dental, vision, and drugs.

Target contribution period 01/01/2010-12/31/2010 (Deducted in Monthly Increments)

2010 Annual Amount USD Your 2009 Amount 4,000.00

The Bank Info below is used to deposit your pay and sent to Ceridian for Direct Deposit.

Bank ORNL FEDERAL CREDIT UNION Account 888460 01 Type Checking

To select a different account, please print form and mail to ORNL Be

Cancel Enrollment

NOTE: If you participated in this flexible spending account during the current year, you are provided that amount to assist you in planning for this enrollment.

You are no longer required to complete a Direct Deposit Form nor attach a cancelled check unless you want your FSA deposit sent to a different account

The Grace Period is not available for the 2010 plan year.

NOTE: GRACE PERIOD is not available for the 2010 plan year.

Before Open Enrollment ends at 4:00 p.m. on October 30, if you elect not to participate in this FSA after you have SUBMITTED your enrollment, click here to cancel your enrollment

2) Click Make this Change to save your selection

If you do not want to enroll or to save your changes, click Back to Open Enrollment Options

Exit Help

Open Enrollment

Plan details

Pers.No.

Plan

Period -

Option

PLEASE NOTE:
Reimbursements for this spending account are for HEALTH-related expenses such as medical, dental, vision, and drugs.

Target contribution period 01/01/2010-12/31/2010 (Deducted in Monthly Increments)

2010 Annual Amount	<input type="text" value="2,500.00"/>	USD	Your 2009 Amount	<input type="text" value="4,000.00"/>
--------------------	---------------------------------------	-----	------------------	---------------------------------------

The Bank Info below is used to deposit your pay and sent to Ceridian for Direct Deposit

Bank Account

To select a different account, please print form and mail to ORNL Ben

Cancel Enrollment

The Grace Period is not available for the 2010 plan year.

1) Enter your 2010 ANNUAL Amount (must be a value from \$100 to \$5,000)

You are no longer required to complete a Direct Deposit Form nor attach a cancelled check unless you want your FSA deposit sent to a different account

AGAIN THIS YEAR
You will receive an e-mail immediately confirming your 2010 open enrollment elections!!

Open Enrollment Overview

SUBMIT SELECTIONS Back to enrollment

NOTE:
Please remember to **SUBMIT SELECTIONS** to complete your enrollment.

Open Enrollment Options					
Selection	Plan	Participation period			
	***** DENTAL *****				
	METLIFE DENTAL	01/01/2010 - 12/31/9999			
✓	DELTA DENTAL	01/01/2010 - 12/31/9999		Undo	
	WAIVE DENTAL	01/01/2010 - 12/31/9999			
	***** MEDICAL *****				
✓	CIGNA POS	01/01/2010 - 12/31/9999		Undo	
	CIGNA OPEN ACCESS	01/01/2010 - 12/31/9999			
	WAIVE MEDICAL	Enrollment complete			
	*** FLEX SPENDIN				
	CHILD AND ADULT				
✓	HEALTH CARE FSA				

Your selection has been successfully processed.

SUBMIT SELECTIONS Print confirmation form

Back to Open Enrollment Options Back to enrollment reasons

1) Click **SUBMIT SELECTIONS** to process your open enrollment elections

You can make changes to your 2009 elections until 4:00 p.m. October 30, 2009.

3) After printing your confirmation form, **click** Back to Open Enrollment Options to view your enrollments

2) Click to **PRINT** a confirmation form of the benefits you have enrolled in

Exit Help

Benefits - Open Enrollment

Additional information

Useful links

Open Enrollment Overview

Open Enrollment Options					
Selection	Plan	Participation period			
	***** DENTAL *****				
	METLIFE DENTAL	01/01/2010 - 12/31/9999			
	DELTA DENTAL	01/01/2010 - 12/31/9999			
	WAIVE DENTAL	01/01/2010 - 12/31/9999			
	***** MEDICAL *****				
	CIGNA POS	01/01/2010 - 12/31/9999			
	CIGNA OPEN ACCESS	01/01/2010 - 12/31/9999			
	WAIVE MEDICAL	01/01/2010 - 12/31/9999			
	*** FLEX SPENDING ***				
	CHILD AND ADULT DAY CARE FSA	01/01/2010 - 12/31/2010			
	HEALTH CARE FSA	01/01/2010 - 12/31/2010			

1) Click **Exit** to exit Benefits - Open Enrollment

Green lights indicate that you have successfully completed the enrollment process!!

If you want to change any of your Open Enrollment elections, simply click on the plan and make your changes before 4:00 p.m. on October 30, 2009.



Please contact Becky Parks, parksrc1@ornl.gov .