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Open Enrollment Frequently Asked Questions

What is Open Enrollment?

Open Enrollment is a period each year when you can sign up for benefits, such as health, dental, vision, and flexible spending accounts. FMOLHS hosts an Open Enrollment period from November 1 to November 15 annually. The enrollment selections you make during Open Enrollment are effective the following January 1. Benefits are elected by logging in to Oracle Employee Self-Service and following the Open Enrollment instructions. Once your benefit elections are complete, you will receive a confirmation email. Please print and save your Benefits enrollment summary to provide in the event that there are issues with your enrollment.

Is there a deadline to enroll as a new hire or a newly eligible team member?

Yes. You must enroll within 30 calendar days of your date of hire or the date that you become eligible. For example: If you are hired or transfer to a benefit eligible position on May 1, you must enroll by May 30.

If I miss the deadline for making elections as a new hire, newly eligible team member, or during Open Enrollment, is there an extension? There are no exceptions to the enrollment deadline. You must wait to enroll until the next year's Open Enrollment period unless you experience a qualifying event. Team members may request enrollment as a result of a

Qualifying Life Event by reporting the Life Event and uploading supporting documentation within 30 calendar days of the event. The request must include proof of the qualifying event and copies of any dependent verification documents that are required.

Note: To make an election change based on a qualifying event, federal law requires the event to result in a loss or gain of eligibility for coverage and general consistency rules must be met. For example, if you have employee and spouse health insurance coverage and you get a divorce, you may change your election to employee only coverage. However, you cannot cancel enrollment in health insurance because the event only changes the level of coverage eligibility. Cancellation would not be consistent with the nature of the event.

Do I have to verify that the dependents I enroll are eligible for coverage?

You must submit dependent verification documents by the deadline for any newly enrolled and previously unverified dependents enrolled in the plan or their coverage will be terminated.

- New Hires/Newly Eligible Enrollment and Dependent Verification Deadline Complete your benefit enrollment and submit complete dependent verification documentation within 30 calendar days of your eligibility date, e.g. New hire date May 1, document deadline May 30.
- Open Enrollment and Dependent Verification Deadline Complete your benefit enrollment and submit complete dependent verification documentation by November 15.

How do I submit the required dependent verification documents to add my dependents to insurance?

Download required documents to Document Records in Oracle Self Service before your deadline.

What happens if I do not supply the required dependent verification documents by the deadline?

There are no exceptions to the deadline. You must submit dependent verification documents by the deadline for any newly enrolled and previously unverified dependents enrolled in the plans or their coverage will be terminated. FMOLHS reserves the right to audit and request dependent verification documents at any time.

When will I receive my ID cards?

Our benefit vendors mail ID cards within 10 to 14 days of enrollment to the home address you have listed in Oracle Employee Self-Service.

I haven't received or I lost one of my ID cards. How can I get a new one?

If you never received your member ID card, please log in to Oracle Employee Self-Service to verify or update your home address as necessary. You can contact the vendor by telephone to request a new card or log on to the website to print a new card. Vendor contact information can be located on the Important Contacts page in the Team Member Guide to Benefits.