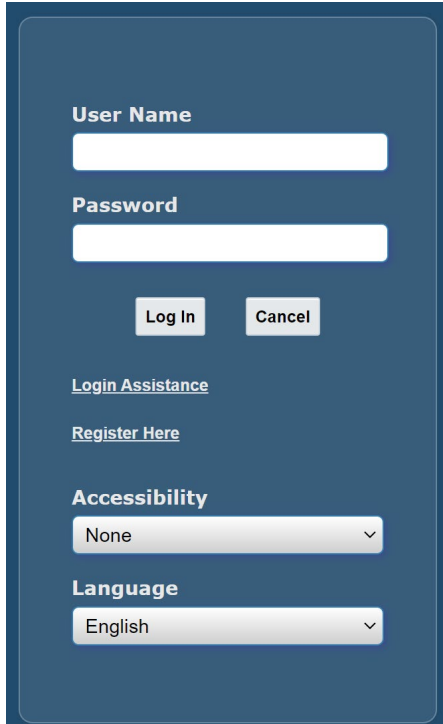


## How to View and Enroll in Benefits for Active Employees

Please follow the instructions below to guide you through the steps for enrolling in benefits in myLoudoun (Oracle Employee Self-Service).

1. Log into Oracle.
  - A. Using your active directory username and password.

A screenshot of the Oracle Employee Self-Service login interface. The page has a dark blue background with a lighter blue rounded rectangle containing the login fields. At the top, it says "User Name" above a white text input field. Below that is "Password" above another white text input field. Under the password field are two buttons: "Log In" and "Cancel". Below the buttons are two links: "Login Assistance" and "Register Here". At the bottom, there are two dropdown menus: "Accessibility" with "None" selected, and "Language" with "English" selected.

2. Click Gov Employee Self-Service

TRNG

E-Business Suite

★ ⚙️ 🔔 0 | Logged In As

Enterprise Search Contract Documents Go Search Results Display Preference Standard

Home

Navigator

Personalize

GOV Employee Self-Service

Gov Employee Self Service

Worklist

Full List

From

Type

Subject

Sent Due

There are no notifications in this view.

TIP

Vacation Rules

- Redirect or auto-respond to notifications.

2. Click Benefits

Navigator

Personalize

GOV Employee Self-Service

Employee Directory

Performance Management

All Actions Awaiting Your Attention

Employee Review

Personal Information

My Information

Extra Information

Talent Profile

Manage Payroll Payments

Tax Form

Payslip

Employee W-2

W2 - Online Consent

My Appraisal

Time Entry

My Learning

**Benefits**

Professional Details

Worklist

Full List

From

Type

Subject

Sent

Due

There are no notifications in this view.

☒ TIP [Vacation Rules](#) - Redirect or auto-respond to notifications.

3. Click View and Enroll in Benefits

The screenshot displays the Loudoun County Employee Self-Service portal. On the left is a sidebar with a tree view of navigation options. The 'Benefits' folder is expanded, and the 'View & Enroll in Benefits' option is highlighted with a red rectangle. The main content area on the right is titled 'Worklist' and contains a table with columns 'From', 'Type', 'Subject', and 'Sent Due'. The table is currently empty, with a message stating 'There are no notifications in this view.' Below the table, there is a tip: 'TIP Vacation Rules - Redirect or auto-respond to notifications.'

**Worklist**

Full List

From	Type	Subject	Sent Due
There are no notifications in this view.			

TIP Vacation Rules - Redirect or auto-respond to notifications.

4. Next, the Legal Disclaimer window will appear. Please select Accept to move forward, then select Next.

**Legal Disclaimer** Cancel Printable Page Next

TIP Please read the Legal Disclaimer and accept to proceed with making benefit enrollments.

## Welcome to myLoudoun Benefits Center!

This site is intended to provide a brief summary of benefits and services. **If there is an inconsistency between this site and the plan documents, the plan documents will govern.** Loudoun County Government reserves the right, at its discretion, to modify, change, or revoke any of the plans, programs, practices or policies described here, as Loudoun County Government may require, with or without notice at any time.

☒ Accept  
☐ Decline

5. Next, the dependent window will appear. If you need to add a dependent, select the Add Another Person button to add the dependent's information.

**Dependents** Cancel Next

Name Sample Employee

TIP Tell us about your family. We'll use this information to ensure that we present the benefits that are appropriate for you.

Add Another Person \*\*\*

Name	Relationship	Birth Date	Update
No results found.			

TIP Press update icon to validate address and other information.

6. Enter all of the required information as indicated by the asterisk. Once the information is complete, select the Apply button. Do this for each new dependent being added for the first time.

### Add Dependents and Beneficiaries

Cancel Apply

Name [REDACTED]

\* Indicates required field

#### Name and Relationship

\* Relationship

\* Relationship Start Date

If you are a new employee, this will be your date of hire. Otherwise, enter the date of your qualified event (i.e., birth, marriage, change in employment status, etc.) as mm/dd/yyyy.

\* Title

\* First Name

\* Middle Name

\* Last Name

Suffix

(example: Jr.)

#### Address Information

☐ Shared Residence

If you check the box above you don't need to fill in the address below

Address Type

Address Style

US Address Style

\* Address Line 1

Address Line 2

\* City

State

\* Zip Code

County

\* Country

United States

Personal Email Address

Payroll Tax City

7. Once all of the dependents have been added, select Next.

Dependents

Cancel

Next

Name Sample Employee

Tell us about your family. We'll use this information to ensure that we present the benefits that are appropriate for you.

Add Another Person

\*\*\*

Name	Relationship	Birth Date	Update
No results found.			

TIP

Press update icon to validate address and other information.

8. The Select Program screen will appear. To enroll, select Active Benefits and then click Next.

**Select Program**

Name Sample Employee

Cancel Back Next

- To enroll or make a change, select "Active Benefits". Then, click "Next"

- To view your retirement benefits, such as VRS, your enrollment in the 457 Deferred Compensation Plan, or Payroll Roth IRA, select "Retirement Benefits".

\*\*\*

**Select Program Name**

☒ GOV Active Benefits

☐ GOV Retirement Benefits



9. Select Update Benefits on the Benefit Enrollments screen.

Benefits Enrollment | Current Benefits

---

**Benefit Enrollments**

[Change Program](#)
[Update Benefits](#)

Name: Sample Employee  
 Event Name: Open

Program: GOV Active Benefits  
 Enrollment Period: 10/03/2023 - 10/10/2023

Click on the Update Benefits button to make your new elections.

**Benefit Selections**

\*\*\*

Plan	Option	Coverage Start Date	Coverage	Employee PreTax	Employee PostTax	Employer
Medical - Waive Medical	Choose not to participate in plan	01/01/2024		0.00	0.00	0.00
Health Savings Account - Waive Health Savings Account		01/01/2024		0.00	0.00	0.00
Dental/Vision - Waive Dental/Vision	I have coverage elsewhere	01/01/2024		0.00	0.00	0.00
Health Care Flexible Spending Account - Waive Health Care FSA		01/01/2024		0.00	0.00	0.00
Dependent Care Flexible Spending Account - Waive Dependent Care FSA		01/01/2024		0.00	0.00	0.00
Optional Employee Life Insurance - Waive Optional Employee Life		07/01/2023		0.00	0.00	0.00
Optional Spouse Life Insurance - Waive Optional Spouse Life		07/01/2023		0.00	0.00	0.00
Optional Child Life Insurance - Waive Optional Child Life		07/01/2023		0.00	0.00	0.00
Employer Paid Benefits - Basic Life/Basic AD&D - 2 x Base Salary		07/01/2023	196,000.00	0.00	0.00	54.47
Employer Paid Benefits - Core STD		07/01/2023	4,878.06	0.00	0.00	1.13
Employer Paid Benefits - Hybrid STD		07/01/2023	4,878.06	0.00	0.00	1.13
Employer Paid Benefits - Hybrid Disability		07/01/2023	4,878.06	0.00	0.00	16.26
Employer Paid Benefits - EAP		07/01/2023		0.00	0.00	0.34
			<b>Total</b>	0.00	0.00	73.33

**TIP** The beneficiary and primary care provider information from any previous enrollment carries forward once you make your elections. You will see the information in subsequent pages.

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

10. The Update Benefits: Update Enrollments screen will display next. You can choose from the different benefit plan options available. Scroll down the page to select your benefit options for each plan. After you have made your selections, click Next.

**Benefits Enrollment** | Current Benefits

Update Enrollments | Cover Dependents | Confirmation Statement

**Update Benefits: Update Enrollments** Recalculate Back Next

Name: Sample Employee  
Event Name: Open  
Program: GOV Active Benefits  
Enrollment Period: 10/03/2023 - 10/10/2023

Currency = US Dollar

Below are the benefit plans that are electable during the annual open enrollment period (11/1/2023 - 11/30/2023). To elect a benefit, select the option or indicate a coverage amount that is applicable for each plan. For additional information about the benefits offered, please select on the applicable link below. View your Summary of Benefits and Coverage notices and other legal notices [here](#).

If you have any benefit related questions, please send an email to [benefits@loudoun.gov](mailto:benefits@loudoun.gov)  
If you are adding a new dependent, please provide [supporting documents](#) to [eligibility@loudoun.gov](mailto:eligibility@loudoun.gov) no later than **November 30, 2023**.

**Medical**

Employees are offered a choice of four Cigna health plans to choose from, all of which include prescription drug coverage through [Express Scripts](#).

Need help determining which plan is right for you? Visit [Cigna's Easy Choice plan comparison tool](#) to compare Cigna medical plans. Enter access code: **QYQSNUWA** if working 30 or more hours per week. Enter access code: **MICJDVC1** if working 20-29 hours per week.

Plan	Option	Select	Pre Tax	Employer	Other
CIGNA Choice HRA	Employee Only	<input type="checkbox"/>	18.02	294.62	0.00
CIGNA Choice HSA	Employee Only	<input type="checkbox"/>	18.02	294.62	

11. If you elect the Cigna Choice plan with an HSA account, select either a single or family HSA account. If you are not contributing, select zero for the coverage amount to receive the County's contribution. When entering your coverage amount, enter your annual election amount.





#### Health Savings Account

If you are enrolling in the CIGNA Choice HSA plan, you will receive a contribution from Loudoun County on your behalf to a Health Savings Account (HSA). You may also elect to contribute to the HSA on a pre-tax basis. A Health Savings Account will be opened automatically for you when you enroll in the Plan through HSA Bank (unless HSA Bank needs verification from you to complete this process). An HSA is a bank account controlled by you, and it remains yours even if you change health plans or employers. Unlike a Flexible Spending Account, the funds in a Health Savings Account are never forfeited.

Loudoun County Government contributes up to \$1,000 per employee and \$2,000 per family annually (full-time employer contributions) and \$482 per employee and \$910 per family annually (part-time employer contribution) for the CIGNA Choice HSA, however, you must elect the HSA account in order for these funds to process. In 2024, your HSA contributions plus employer contributions cannot exceed IRS maximum contributions which are \$4,150 individual; \$8,300 family. If you are 55 years of age or older, an additional \$1,000 can be contributed. Use the [HSA calculator](#) to help you determine your HSA contribution.

Select your plan option below. Then, enter your annual amount in the Coverage field below if you wish to contribute beyond the employer's contribution.

 Indicates Certification is required.

Plan	Option	Select	Coverage	Annual Cost	Pre Tax	Employer
HSA	Single	 <input type="checkbox"/>	<input type="text" value="0.00"/> 	0.00	0.00	41.67
	Family	 <input type="checkbox"/>	<input type="text" value="0.00"/> 	0.00	0.00	83.34
Waive Health Savings Account		<input checked="" type="checkbox"/>				

12. Make sure you make both a Medical and Dental/Vision election unless you are waiving coverage.

#### Dental/Vision

Employees are offered a comprehensive dental plan through Delta Dental of Virginia which is combined with vision coverage through Davis Vision. For detailed coverage information on dental and vision coverage select [Delta Dental](#) and [Davis Vision](#).

Plan	Option	Select	Pre Tax	Employer
Delta Dental/Davis Vision	Employee Only	<input type="checkbox"/>	4.06	22.99
Waive Dental/Vision	Choose not to participate in plan	<input type="checkbox"/>		
	I have coverage elsewhere	<input checked="" type="checkbox"/>		

13. You must make your Flexible Spending Account elections to participate in Health Care or Dependent Care Flexible Spending accounts for plan year 2024. When entering the coverage amount, be sure to enter your annual election. (Biweekly amount times 24). **Reminder:** FSA is a use-or-lose-it account. Be mindful of this as you are making your elections. You must include the employer's contribution as part of your dependent care annual election amount.

#### Health Care Flexible Spending Account

A Health Care Flexible Spending Account (FSA) allows you to set aside money from each paycheck before taxes to pay for certain qualified health care expenses such as physician office visit and prescription drug co-pays, orthodontia, eyeglasses, medical plan deductibles and coinsurance. Funds can also be used for over-the-counter medications as long as you have a doctor's prescription. The maximum you may contribute is \$3,050.

The money left over in your Health Care FSA at the end of the plan year is forfeited, so you should contribute no more than what you think you will spend on eligible out-of-pocket health care expenses this year.

If you participate in the Cigna Choice HSA plan, you can only enroll in the Limited Health Care FSA.

**\*\*Please note:** If currently contributing to the flexible spending account, mid-year changes to your election amount cannot be less than amount already deducted.

Would you like to enroll in a Health Care Flexible Spending Account? Enter your annual amount in the Coverage field below.

Plan	Select	Coverage	Annual Cost	Pre Tax
Health Care FSA	<input type="checkbox"/>	0.00 <a href="#">i</a>	0.00	0.00
Limited Health Care FSA	<input type="checkbox"/>	0.00 <a href="#">i</a>	0.00	0.00
Waive Health Care FSA	<input checked="" type="checkbox"/>			

#### Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account is a pre-tax benefit account used to pay for dependent care expenses such as childcare fees while you are at work. The money you contribute to a Dependent Care FSA is pre-tax, so you end up paying less in taxes and taking home more of your paycheck. Under this type of account, a "dependent" is a child under 13 years of age (until the day of their 13th birthday), adult dependents (spouse or elderly parent) or a disabled child. Please keep in mind that they must live with you and be claimed as dependents on your tax return. Please review the [eligible expense list](#) to see what's covered under a Dependent Care FSA.

**IMPORTANT NOTE:** Loudoun County Government provides a Dependent Care Flexible Spending Account (FSA) Match. The match is dollar for dollar up to a maximum of \$1,000 (\$41.67 per pay period, pro-rated for mid-year enrollments). Your annual election must include the employer match. Your payroll deduction will be adjusted accordingly.

For example: If you need \$5,000 for dependent care, you must enter \$5,000 for your annual election (\$4,000 you + \$1,000 employer match). The employer match must be included in the total election amount in order for you to receive it from Loudoun County Government.

**\*\*Please note:** If currently contributing to dependent care, mid-year changes to your election amount cannot be less than amount already deducted.

**Note:** Annual household maximum is \$5,000 - used in lieu of tax credit for dependent care.

Would you like to enroll in a Dependent Care FSA? Enter your annual amount in the Coverage field below.

Plan	Select	Coverage	Annual Cost	Pre Tax	Employer
Dependent Care FSA	<input type="checkbox"/>	0.00 <a href="#">i</a>	0.00	0.00	0.00
Waive Dependent Care FSA	<input checked="" type="checkbox"/>				

14. After completing your elections, select the Next button.

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Confirmation Statement

**Update Benefits: Update Enrollments**

Name: Sample Employee  
Event Name: Open

Program: GOV Active Benefits  
Enrollment Period: 10/03/2023 - 10/10/2023

Recalculate | Back | **Next**

Currency = US Dollar

Below are the benefit plans that are electable during the annual open enrollment period (11/1/2023 - 11/30/2023). To elect a benefit, select the option or indicate a coverage amount that is applicable for each plan. For additional information about the benefits offered, please select on the applicable link below. View your Summary of Benefits and Coverage notices and other legal notices [here](#)

If you have any benefit related questions, please send an email to [benefits@loudoun.gov](mailto:benefits@loudoun.gov)  
If you are adding a new dependent, please provide supporting documents to [eligibility@loudoun.gov](mailto:eligibility@loudoun.gov) no later than **November 30, 2023**.

**Medical**

Employees are offered a choice of four Cigna health plans to choose from, all of which include prescription drug coverage through [Express Scripts](#).  
Need help determining which plan is right for you? Visit [Cigna's Easy Choice plan comparison tool](#) to compare Cigna medical plans. Enter access code: **QYQ\$NUWA** if working 30 or more hours per week. Enter access code: **MICJDVC1** if working 20-29 hours per week.

Plan	Option	Select	Pre Tax	Employer	Other
<a href="#">CIGNA Choice HRA</a>	Employee Only	<input type="checkbox"/>	18.02	294.62	0.00
<a href="#">CIGNA Choice HSA</a>	Employee Only	<input type="checkbox"/>	18.02	294.62	

15. Please select the ☐ check box next to the name of each dependent you chose to cover. Select Next.

The screenshot shows a web interface for 'Benefits Enrollment' with a progress bar at the top. The progress bar has three steps: 'Update Enrollments' (completed), 'Cover Dependents' (current step), and 'Confirmation Statement' (pending). Below the progress bar, the title 'Update Benefits: Cover Dependents' is displayed. To the right of the title are 'Back' and 'Next' buttons. A red arrow points from the instruction text above to the 'Next' button.

Name	Sample Employee	Program	GOV Active Benefits
Event Name	Open	Enrollment Period	10/03/2023 - 10/10/2023

☒ TIP Select dependent(s) to cover.

**Dependent Selection**

The benefit selections you have made do not require the designation of any dependents. Please click Next to continue.

16. Once you have reached the Confirmation Statement page, you have completed your enrollments. You may print the confirmation statement page by clicking the Confirmation Statement button. It will pop up as a PDF that you can print or save. Click the Home button to return to the main menu.

Benefits Enrollment
Current Benefits

Update Enrollments
Cover Dependents
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


☆

Back
Printable Page
Confirmation Statement
Home

Name
Sample Employee
Event Name
Open
Program
GOV Active Benefits
Enrollment Period
10/03/2023 - 10/10/2023

By submitting the coverage selections for my listed dependents and myself, I agree to the following:

1. Deductions of the required contributions toward the cost of coverage, if any, may be automatically taken from my pay;
2. **Selections under the Plan cannot be changed outside of Open Enrollment**;
3. Under certain circumstances (qualifying life events) and in accordance with the IRC rules you may make changes to your elections during the year that is a result of, and consistent with a life event (as defined by the Plan), or as otherwise permitted under federal law, including the HIPAA Special Enrollment regulations;
4. **In all cases, change must be made within 30 days of the qualifying life event**;
5. An "election" is any action you take related to your eligibility which may include enrolling in the plan, changing your level of coverage to add or remove dependents, or dropping coverage.
6. The information I have furnished, to the best of my knowledge and belief, is correct and complete;
7. I understand that any person who knowingly and with the intent to defraud any insurance company or other person:
  - a. files an application for insurance or statement of claim containing any materially false information; or
  - b. conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act;
8. I understand all benefits are subject to conditions stated in the Plan Document.

 **TIP** Click Confirmation Statement to get a PDF document of your enrollments. Retain a copy of your confirmation statement for your records. Click the Home button when you are ready to leave the application.

Benefit Selections

