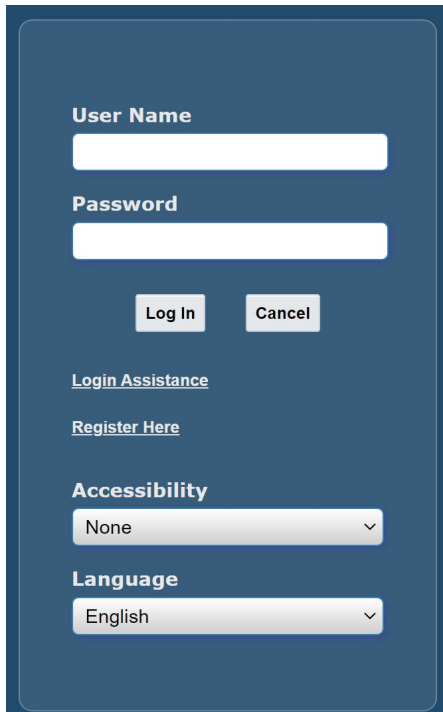


How to View and Enroll in Benefits for Retirees

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

1. Log into Oracle.
 - A. Enter your User Name. Your User Name is the retiree's personal email address that has previously been provided to Loudoun County. If the retiree's personal email address is not on file, enter the retiree's firstnamelastnameYYYY (YYYY = Date of Birth Year) (example: sampleretiree1947).
 - B. Enter your Password. Your initial password is welcome@XXXX (XXXX = last 4 digits of social security number) if you have a personal email on file (example: welcome@1234). If the retiree's personal email address is not on file, enter welcome@YYYY (YYYY = Date of Birth Year) (example: welcome@1947).



The screenshot shows a login form with a dark blue background. It includes fields for 'User Name' and 'Password', both with white text boxes. Below these fields are two buttons: 'Log In' and 'Cancel'. Further down, there are links for 'Login Assistance' and 'Register Here'. At the bottom, there are two dropdown menus: 'Accessibility' with 'None' selected and 'Language' with 'English' selected.

- c. Once logged in, it will ask you to reset your password.

2. Click Gov Retiree Self-Service under Personalize.

The screenshot shows the top navigation bar with 'TRNG' and 'E-Business Suite' on the left, and a star, gear, and notification bell icon on the right. Below the bar is a search area with 'Enterprise Search' and 'Contract Documents' dropdowns, a 'Go' button, and a 'Search Results Display Preference' dropdown set to 'Standard'. The main content area is titled 'Home' and is divided into two sections: 'Navigator' and 'Worklist'. In the 'Navigator' section, there is a 'Personalize' button and a folder icon labeled 'GOV Retiree Self-service'. A blue callout box with a pointer highlights this folder, containing the text 'Gov Retiree Self-Service'. The 'Worklist' section contains a 'Full List' button, a table with headers 'From', 'Type', 'Subject', and 'Sent Due', and a message 'There are no notifications in this view.' Below the table is a link for 'TIP Vacation Rules - Redirect or auto-respond to notifications.'


3. Click Benefits

4. Click View and Enroll in Benefits

This screenshot shows the same interface as the previous one, but with the 'GOV Retiree Self-service' folder expanded. Inside this folder, there are two items: 'Benefits' and 'View & Enroll in Benefits'. Two blue callout boxes with pointers highlight these items. The first callout box, labeled 'Benefits', points to the 'Benefits' item. The second callout box, labeled 'View and Enroll in Benefits', points to the 'View & Enroll in Benefits' item. The 'Worklist' section remains the same as in the previous screenshot.

5. 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

6. Next, the dependent window will appear. Select Next.
- a. Retirees cannot add dependents. If you choose not to cover a dependent currently listed, you will not select their name in one of the upcoming screens.

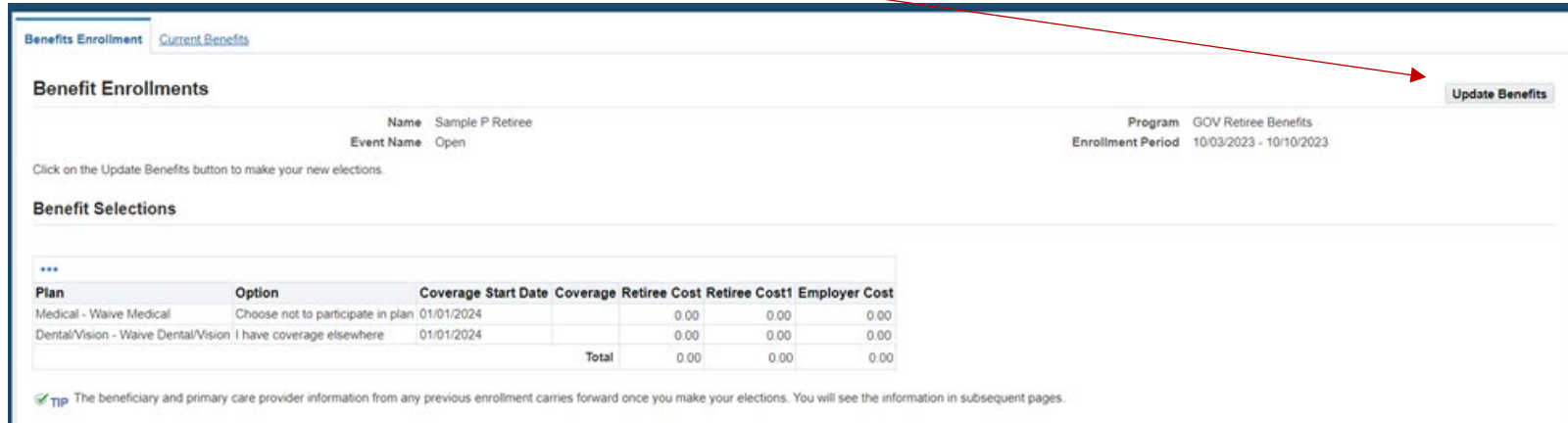
Dependents Cancel Next

Name Sample Retiree

Tell us about your family. We'll use this information to ensure that we present the benefit options that are available for you. Please note that you cannot add dependents to your plan that were not on your benefit plan at the time of your retirement as per [HR Policy Chapter 6 - Appendix B](#). Please contact the Benefits Office at benefits@loudoun.gov to add eligible dependents.

Name	Relationship	Birth Date	Update
██████████	Spouse	██████████	
██████████	Child	██████████	
██████████	Child	██████████	
██████████	Emergency -Other		

7. Select Update Benefits on the Benefit Enrollments screen.



The screenshot shows the 'Benefit Enrollments' screen. At the top, there are tabs for 'Benefits Enrollment' and 'Current Benefits'. Below the tabs, the 'Benefit Enrollments' section displays personal and program information. A red arrow points from the instruction text to the 'Update Benefits' button in the top right corner.

Benefit Enrollments


Name: Sample P Retiree
Event Name: Open

Program: GOV Retiree 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	Retiree Cost	Retiree Cost1	Employer Cost
Medical - Waive Medical	Choose not to participate in plan	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
Total				0.00	0.00	0.00

 **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.

8. 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 P Retiree

Program

GOV Retiree Benefits

Event Name

Open

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 for each medical and/or dental/vision plan. For more information about the plans, visit [Loudoun.gov/retirees](https://loudoun.gov/retirees) to view the summary of benefits for each plan.

If you have any benefit related questions, please send an email to benefits@loudoun.gov.

Medical

Pre-65 Retirees are offered a choice of three Cigna health plans to choose from, all of which include prescription drug coverage through [Express Scripts](#). Post – 65 and Medicare Eligible Retirees are offered the Cigna Medicare Surround plan which includes prescription and vision coverage.

Retirees that cover both a combined Pre-65 and Post-65 member, will be able to select from a combination of one of the three Cigna health plans for the Pre-65 members coupled with the Cigna Medicare Surround Plan.

Plan	Option	Select	Retiree	Employer
Retiree MDCR	1 Medicare	<input type="checkbox"/>	330.94	138.49
	2 Medicare	<input type="checkbox"/>	661.91	276.96
Retiree MDCR and OAP	1MDCR + 1NM	<input type="checkbox"/>	970.45	560.03
	1MDCR + 2NM	<input type="checkbox"/>	1,620.73	864.70
	2MDCR + 1NM	<input type="checkbox"/>	1,301.42	698.50

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

Dental

Retirees are offered a comprehensive dental plan through Delta Dental of Virginia. If you are a pre-65 retiree, your dental plan is bundled with vision coverage. Vision coverage is through Davis Vision. For detailed coverage information on dental select [Davis Vision](#).

To make your plan selection, select the appropriate option based on your scenario:

- If you have Pre-65 coverage, you will select Dental/Vision coverage.
- If you have Post-65 coverage, you will only select the option under Dental. A Post-65 member's vision coverage is through CIGNA.
- If you have a combined Pre-65/Post-65 coverage, select the option under Dental/Vision.

Plan	Option	Select	Retiree	Employer
Retiree MDCR Dental				
	1 Medicare	<input type="checkbox"/>	35.73	19.24
	2 Medicare	<input type="checkbox"/>	71.46	38.48

Dental/Vision

Plan	Option	Select	Retiree	Employer
Retiree MDCR Dental and Dental/Vision				
	1MDCR + 1NM	<input type="checkbox"/>	70.12	36.95
	1MDCR + 2NM	<input type="checkbox"/>	99.74	49.37
	2MDCR + 1NM	<input type="checkbox"/>	105.85	56.19
Waive Dental/Vision				
	Choose not to participate in plan	<input type="checkbox"/>		
	I have coverage elsewhere	<input checked="" type="checkbox"/>		

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

Benefits Enrollment | **Current Benefits**

Update Enrollments | **Cover Dependents** | Confirmation Statement

Update Benefits: Cover Dependents

Name: Sample P Retiree | Program: GOV Retiree 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.

[Back](#) [Next](#)

11. 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.

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: Sample P Retiree | Program: GOV Retiree Benefits
Event Name: Open | Enrollment Period: 10/03/2023 - 10/10/2023

[Back](#) [Printable Page](#) [Confirmation Statement](#) [Home](#)

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

- Premium will be automatically deducted from my bank account.
- Failure to make timely payments of my monthly health premium may result in an irrevocable cancellation of coverage.
- Elections under the Plan cannot be changed outside of Open Enrollment.**
- Under certain circumstances (qualifying life events) and in accordance with the IRC rules must be made within 30 days of the qualifying life event.
- Failure to report dependent eligibility changes will result in the loss of COBRA continuation rights for that dependent.
- The information I have furnished, to the best of my knowledge and belief, is correct and complete.
- I will be responsible for any claims and/or premiums paid on behalf of any individual who ceased to be eligible for benefits under the Plan.
- I must stay informed about plan updates at www.loudoun.gov/retiree.
- Medicare Enrollment in Parts A and B is required** for any retiree, dependent spouse and children who are eligible for Medicare due to age or disability to continue enrollment on the Loudoun County Group Health plan.
- It is my responsibility to notify the Loudoun County Benefits Division when I, my spouse or an eligible dependent child become eligible for Medicare and **provide proof of enrollment 45 days prior**.
- Knowingly filing false insurance claims may lead to insurance fraud.**
- Benefits are subject to conditions stated in the Plan Document.**
- The information I have furnished, to the best of my knowledge and belief, is correct and complete.

TIP Click Confirmation Statement to get a PDF document of your enrollments. Click Home to return to the main page. Click the Logout link when you are ready to leave the application.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Retiree Cost	Retiree Cost1	Employer Cost
