Online Services – Benefit Enrollment Online for Employees

It is now possible for employees to enroll or change their OCC benefits online through Online Services. Online Services is a secure Internet site that provides a web-based interface to information contained in OCC's database.

How do I get there?

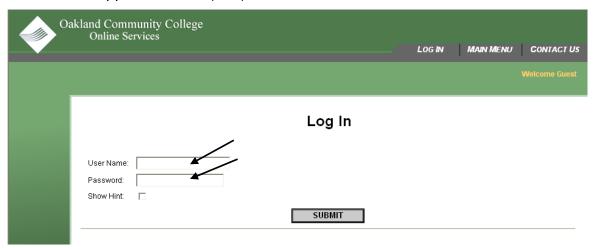There are two options to access Online Services.

- On any OCC computer, navigate to **Infomart**, if it is not already set to your homepage. Select **Online Services** in the upper right-hand corner.

- Or, go to OCC's home page (http://www.oaklandcc.edu) and select **Online Services** from the left-hand navigational links.

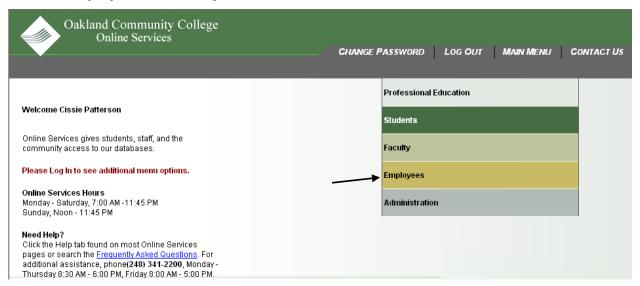## How do I find out my username?

1. Click on **Log in**.

2. Enter your **OCC network User Name** and **Password**. If you are unable to login, please contact the IT Support Center at (248) 341-2100.

3. Click **Submit**.

4. Select **Employees** from the right-hand side.

5. The **Online Services for Employees** menu appears. You will see two new additions to the Employee menu, listed under 'Employee Profile' – *Current Benefits* and *Benefit Enrollment*.

Employee Profile

The Employee Profile offers 2 areas to explore for OCC employee benefits:

> **Current Benefits** – List of benefits you are currently enrolled in.

> **Benefit Enrollment**– Your link to Benefit Enrollment Online.

Current Benefits

Choose **Current Benefits**. A list of those benefits for which you are currently enrolled will appear.

This screen indicates the current benefit, coverage/participation cost and dependents included on the plan.

Click **Employees Menu** to return to the Employee Profile Menu.

Benefit Enrollment

Choose **Benefit Enrollment**. The Benefit Enrollment screen will appear.

Your Current Benefit enrollment is listed on this screen. It includes the current benefits, coverage/participation cost and dependents included on the plan.

On the bottom of the screen are three radio buttons:

      O Enroll or Change Benefits – To enroll or change your current benefits, select this option and click on Continue.

      O Manage Dependents – To manage your dependents, select this option and click on Continue.

      O Proceed to Enrollment Completion – (*Not available this enrollment period.*) If you do not want to change your benefits for the year, select this option and click on Continue.

1. **Enroll or Change Benefits** – Select those benefits that you wish to enroll in (or change) for this election period.

2. The first benefit selection form will appear. In the picture below, the current medical insurance benefits are listed along with cost per pay.

3. Select the medical insurance benefit you wish to enroll in for this election period.

4. Make sure '**Save information and go to the next form**' is selected. Select **Submit.**

5. If you have selected an option with dependents, you will need to add your dependents for this benefit. Click Submit.

6. Select "ADD NEW" to add new dependents to this benefit. Click Submit.

7. Complete the required fields and make sure '*Save information and go to the next form*' is selected and click Submit.

8. You should see the added dependent listed on the screen. Select 'ADD NEW' to add additional dependents (repeat steps 6-8). If you are finished adding dependents, make sure '*Save information and go to the next form*' is selected and click Submit.

9. You will see the dependents you have added listed on the screen. Select the dependents you wish to add to this benefit (medical). Make sure '*Save information and go to the next form*' is selected and click Submit.

10. Once you click Submit, the next benefit form will appear.

Benefit Selection

Current Dental Insurance Benefits	Cost Per Pay
Dental Core- $1000/$2000 Ortho- 1 Person (No Cost)	Employee - $0.00

Please review your current dental benefit and select your choice for the current year.
For rate and benefit information click on the links below.

Select One	Dental Insurance Benefits	Coverage or Participation Levels	Rate Information
⦿	Dental Core- $1000/$2000 Ortho- 1 Person (No Cost)	Employee	
○	Dental Core- $1000/$2000 Ortho -2 Person (No Cost)	Employee + one other	
○	Dental Core- $1000/$2000 Ortho - Family (No Cost)	Family	
○	Dental Option I- $1000/$3000 Ortho - 1 Person	Employee	
○	Dental Option I- $1000/$3000 Ortho - 2 Person	Employee + one other	
○	Dental Option I- $1000/$3000 Ortho - Family	Family	
○	Dental Option II- $1200/$2000 Ortho - 1 Person	Employee	
○	Dental Option II- $1200/$2000 Ortho - 2 Person	Employee + one other	
○	Dental Option II- $1200/$2000 Ortho - Family	Family	
○	Dental Opt Out - $150 Refund - Non-Faculty	Opt Out	

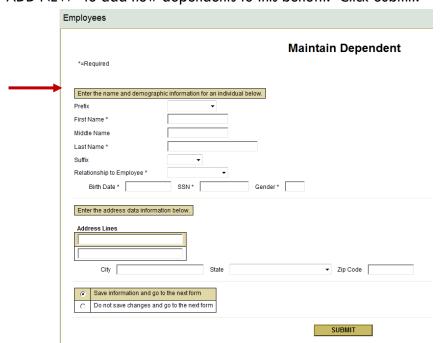|	
⦿	Save information and go to the next form
○	Do not save changes and go to the next form

SUBMIT

11. Select the benefit you wish to enroll in for this election period.

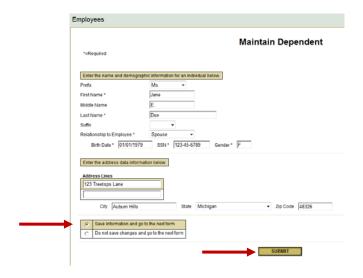12. Make sure '**Save information and go to the next form**' is selected. Select **Submit.**

13. Once again, you will see the dependents you have added listed on the screen. Select the dependents you wish to add to this benefit (i.e. dental). Make sure '*Save information and go to the next form*' is selected and click Submit.

Dependents for This Benefit

Benefit
Dental Core- $1000/$2000 Ortho - Family (No Cost) - Family

Select	Dependent Name	Relationship to Employee	Full Time Student
☑	Ms. Jane E. Doe	Spouse	No
☑	Miss Jennifer L. Doe	Child	No
☑	Mr. Jimmy D Doe	Child	No

⦿	Save information and go to the next form
○	Add or Manage Dependents
○	Do not save changes and go to the next form

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14. Repeat steps 10-13 for each type of benefit (i.e. vision, life insurance, short-term disability & long-term disability.)

15. You will then need to make a selection for Health Care FSA (flexible spending account) & Dependent Care FSA benefits.

16. You may select to opt out of the Health Care FSA or you select to enroll in Health Care Flex Spending (minimum of $120 or maximum of $2,500 per year.)

Benefit Selection

Current Health Care FSA Benefits	Cost Per Pay
You are currently not enrolled in any benefits.	

Pending Elections for This Enrollment Period	Enrollment Action	Cost Per Pay
Health Care Flex Spending. Min $120-Max $2500	Enroll	Flex Spending - Annual: $2,500.00; Pay Period: $100.00

☐ Opt out of Health Care FSA

Select One	Health Care FSA Benefits	Coverage or Participation Levels	Rate Information
☑	Health Care Flex Spending. Min $120-Max $2500	Flex Spending	

◉	Save information and go to the next form
○	Do not save changes and go to the next form

[SUBMIT]

17. In the above example, John Doe opted to participate in the Health Care FSA Benefits. The 'Enter Annual Flexible Spending Amount' screen appears. Enter the annual amount you wish to put in your FSA (minimum $120, maximum $2,500).

Enter Annual Flexible Spending Amount

Flexible Spending Benefit	Maximum Amount Allowed	Number of Pay Periods	Annual Amount
Health Care Flex Spending. Min $120-Max $2500 - Flex Spending	$5,000.00	25	2,500.00

◉	Save information and go to the next form
○	Do not save changes and go to the next form

[SUBMIT]

18. Repeat steps 16-17 for Dependent Care FSA & Adoption Care FSA benefits.

19. Once you have completed all of the benefit forms, you will be taken to the Enrollment Confirmation form. Review this form carefully to ensure all of your benefit selections have been saved.

Enrollment Confirmation

Pending Elections for This Benefit Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents
Adoption Flex Spending	Opt Out		
Aetna Single Coverage. Cost Sharing Required.	Cancel	Employee	
Aetna Family Coverage. Cost Sharing Required.	Enroll	Family	Jane Doe; Jennifer Doe; Jimmy Doe
Dental Core- $1000/$2000 Ortho- 1 Person (No Cost)	Cancel	Employee	
Dental Core- $1000/$2000 Ortho - Family (No Cost)	Enroll	Family	Jane Doe; Jennifer Doe; Jimmy Doe
Vision Core $65 Frames/$115 Contacts- 1 Person	Cancel	Employee	
Vision Core $65 Frames/$115 Contacts- Family	Enroll	Family	Jane Doe; Jennifer Doe; Jimmy Doe
College Provided Life Ins $70,000	Keep/Update	Employee	
Short Term Disability 60%	Keep/Update	Employee	
Long Term Disability 60%	Keep/Update	Employee	
Health Care Flex Spending. Min $120-Max $2500	Enroll	Flex Spending - Annual: $2,500.00; Pay Period: $100.00	
Dependent Care Flex Spending $520 Min/$5,000 Max	Enroll	Employee - Annual: $5,000.00; Pay Period: $200.00	

○	Save Choices and Complete Later
○	Save and go back to make other selections or corrections
○	Manage Dependents
●	Ready to sign

After confirming your elections, check "Ready to Sign" and "Electronic Signature for Final Enrollment" to complete the benefit enrollment process.

☑ Electronic Signature for Final Enrollment

SUBMIT

20. When you are ready to confirm your selections, you have four choices:
    o **Save Choices and Complete Later** (*this does not submit anything to HR*.)
    o **Save and go back to make other selections or corrections** (*this does not submit anything to HR*.)
    o **Manage Dependents** (this is used to add or change dependent information. *This does not submit anything to HR*.)
    o **Ready to Sign** (This option is used when all is correct and you want to **submit your selections to HR**.)

21. After confirming your selections, check "Ready to Sign" and then check the box next to Electronic Signature for Final Enrollment. Then click on Submit.

22. If you have any errors, or if information is missing, you will get the following screen:

Enrollment Confirmation

Your electronic signature cannot be accepted until the errors below are corrected. Please select "Save and go back to make other selections or corrections."

You must enter the appropriate number of dependents for Aetna Family Coverage. Cost Sharing Required..

Pending Elections for This Benefit Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents
Adoption Flex Spending	Opt Out		
Aetna Single Coverage. Cost Sharing Required.	Cancel	Employee	
Aetna Family Coverage. Cost Sharing Required.	Enroll	Family	
Dental Core- $1000/$2000 Ortho- 1 Person (No Cost)	Cancel	Employee	
Dental Core- $1000/$2000 Ortho - Family (No Cost)	Enroll	Family	Jane Doe; Jennifer Doe; Jimmy Doe
Vision Core $65 Frames/$115 Contacts- 1 Person	Cancel	Employee	
Vision Core $65 Frames/$115 Contacts- Family	Enroll	Family	Jane Doe; Jennifer Doe; Jimmy Doe
College Provided Life Ins $70,000	Keep/Update	Employee	
Short Term Disability 60%	Keep/Update	Employee	
Long Term Disability 60%	Keep/Update	Employee	
Health Care Flex Spending. Min $120-Max $5,000	Enroll	Flex Spending - Annual: $2,500.00; Pay Period: $100.00	
Dependent Care Flex Spending $520 Min/$5,000 Max	Enroll	Employee - Annual: $5,000.00; Pay Period: $200.00	

○	Save Choices and Complete Later
○	Save and go back to make other selections or corrections
○	Manage Dependents
○	Ready to sign

After confirming your elections, check "Ready to Sign" and "Electronic Signature for Final Enrollment" to complete the benefit enrollment process.

☐ Electronic Signature for Final Enrollment

SUBMIT

Make sure to correct any errors and re-submit.

23. When your enrollment selection is complete and you have signed using Electronic Signature for Final Enrollment, you will receive the following message:

Confirmation Complete

Thank you for enrolling online. The benefits you selected will be viewable through online services beginning January 1.

Should you wish to make changes to your benefit selections before enrollment closes, you may click on the button "Remove my signature and allow changes to my elections" at the bottom of the first page in the benefit enrollment. However, if you do this, please remember that no benefit election is in effect until you re-sign your electronic signature.

For additonal information please contact HR@oaklandcc.edu

24. You may then log-out of Online Services or return to the Employees Menu.

How do I log out?

Select **Log Out**. Be sure to close your browser (Internet Explorer) upon completion for security purposes.

What if I have questions regarding my information?

If you have any questions regarding your employee information, please contact the following:

♦ **ID / Password problems:**
  o Contact IT Support Center, 248.341.2100

♦ **Benefits Enrollment Questions:**
  o Auburn Hills, District Office (includes FH and PC) & Highland Lakes
    ▪ Contact Julie Hoyt, 248.341.2029 or e-mail www.HR@oaklandcc.edu
  o Orchard Ridge, Royal Oak & Southfield
    ▪ Contact Vanessa Belcher, 248.341.2030 or e-mail www.HR@oaklandcc.edu