

## Employee Online Open Enrollment

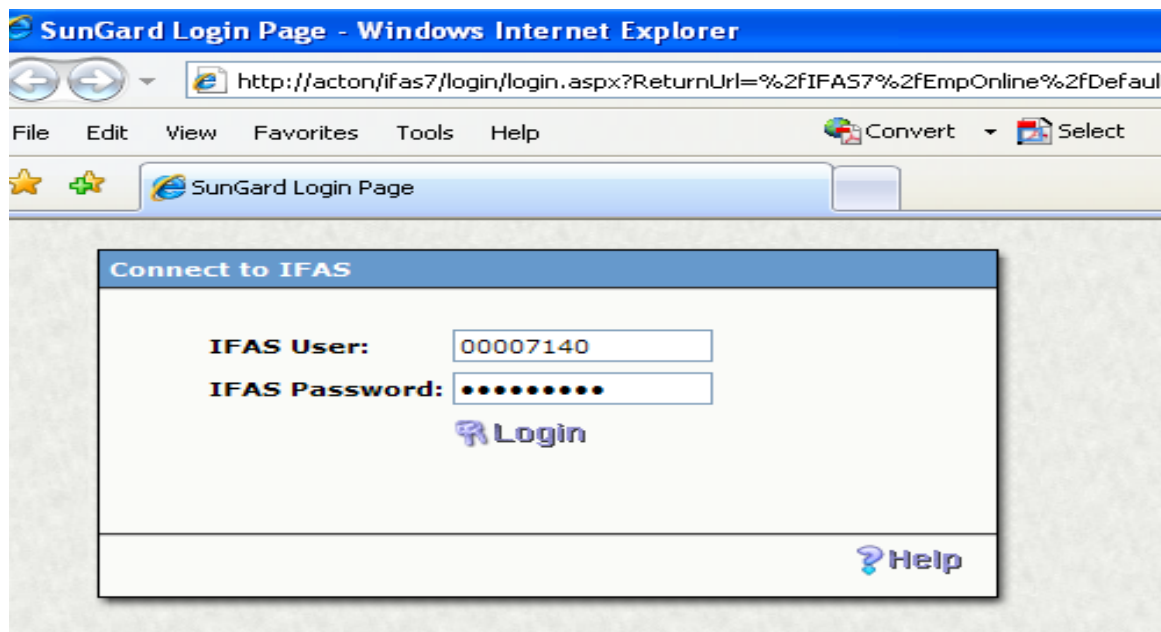
***This year you are required to complete your Open enrollment information to select your new insurance plans. Due to all of the changes and new plans available, the "Do nothing" option is not available this year; everyone will be required to complete this process.***

Go to InsideOsceola: <http://insideosceola/>

Click on **Employee Online** (left side menu)



***Login to Employee online, if you have not access employee online in the past three months, your initial User name will be your ID# and your password is your entire Social Security Number (no dashes). If you are an IFAS user, you can use your IFAS user name and password.***



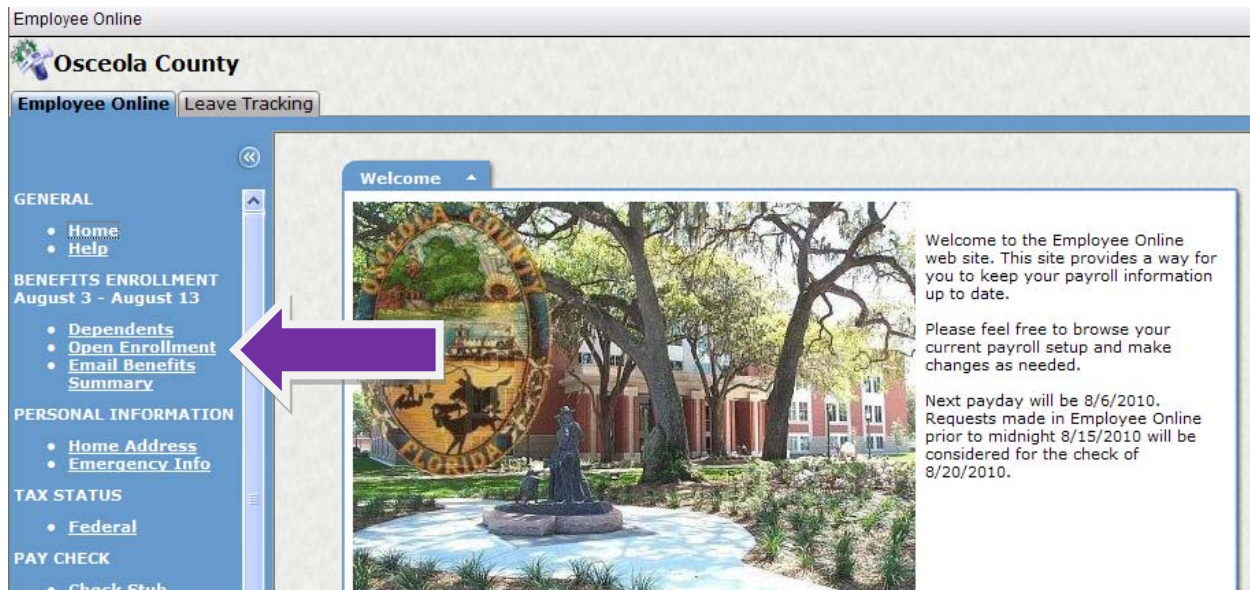
If you are unable to login or if you have forgotten your password, contact the IT Department at 407-742-2900 or [helpdesk@osceola.org](mailto:helpdesk@osceola.org)

*The IT Department will be able to assist you with any login or connection issues you may experience.*

***Please note: The IT Department is unable to answer any questions in regards to the open enrollment process or selections. Please contact the HR Department during regular business hours: 407-742-1256 or [benefits@osceola.org](mailto:benefits@osceola.org)***

Now, you have to complete/review the Benefit Enrollment Fields:

1. Dependents
2. Open Enrollment
3. Email Benefits Summary



## **Dependents**

Click here to **review/add** any new dependents. You cannot **DELETE** dependents from this site, contact Nancy Heath @407-742-1256, if you need to end the coverage of one or all of your dependents.

Your beneficiaries will also show on this window but, they will not display as an eligible dependent for insurance selections.

***Please note:*** any former dependents will continue to show on this view because they hold a record in our system. However, they will not display under eligible dependents in your Open Enrollment Selections.

## Open Enrollment

Click on ***Open Enrollment*** to begin your insurance selections.

This is where you will be able to make your insurance selections for each of the plans.

Select each plan individually. Only Pre-Tax options are available this year.

Make sure to **select your dependents** if any, every time you make a selection for each of the plans.

Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status
<a href="#">DENTAL</a>	DENTAL AFTER TAX EMPLOYEE ONLY		Not Selected
<a href="#">MEDICAL</a>	NET AFTER TAX EMPLOYEE ONLY		Not Selected
<a href="#">MEDICAL FSA</a>	none		Not Selected
<a href="#">DEPENDENT FSA</a>	none		Not Selected
<a href="#">VLIFE EMPLOYEE</a>	none		Not Selected
<a href="#">VLIFE CHILD</a>	none		Not Selected
<a href="#">VLIFE SPOUSE</a>	none		Not Selected
<a href="#">VISION</a>	VISION AFTER TAX EMPLOYEE ONLY		Not Selected
<a href="#">STD BUY-UP</a>	SHORT TERM DISABILITY BUY UP		Not Selected
<a href="#">LTD BUY-UP</a>	none		Not Selected

## Dental

Select: *Dental Plan Pre-Tax*

- Select your Coverage Category
- Select your Covered Dependents, if any
- Click **Save**. You are done with the Dental plan.

Switch Open Enrollment Benefit		Help
<b>Plan Name</b>	DENTAL-RETIRED	<b>New Switch Request</b>
<b>Plan Type</b>	PRE-TAX	DENTAL PLAN
<b>Description</b>	DENTAL PRE TAX EMPLOYEE + 1	PRE-TAX
<b>Coverage Vendor</b>	<a href="#">AMERITAS</a>	<b>Vendor Info</b>
<b>Employer Cost</b>	\$12.91	\$18.59
<b>Employee Cost</b>	\$11.52	\$17.16
<b>Coverage Category</b>	<input type="radio"/> Dual with Dependents <input type="radio"/> Dual <input type="radio"/> Employee Only <input checked="" type="radio"/> Employee + 1 <input type="radio"/> Employee + Family	<input type="radio"/> Dual with Dependents <input type="radio"/> Dual <input type="radio"/> Employee Only <input type="radio"/> Employee + 1 <input checked="" type="radio"/> Employee + Family
<b>Covered Dependents</b>	<input checked="" type="checkbox"/> (SPOUSE) <input checked="" type="checkbox"/> (CHILD)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<a href="#">Back</a>		<a href="#">Save</a>

## Medical

Select the plan that better fits your family/medical needs:

### HRA Plan (HRA)

### Open in Network (OAPIN)

### Open Access (OAP)

- Select your Coverage Category
- Select your Covered Dependents, if any
- Click **Save**. You are done with your Medical Selections.

*Please note:* You can select all or some of your dependents for each of the plans. For example, you can have Medical Coverage for you and all of your dependents and only Employee + 1 (you and only one of your dependents) on the other plans. Each plan will be treated separately.

	Current Plan	New Switch Request
<b>Plan Name</b>	NETWORK-RETIRED	HRA PLAN
<b>Plan Type</b>	PRE-TAX	PRE-TAX
<b>Description</b>	NETWORK PLAN PRE TAX FAMILY	
<b>Coverage Vendor</b>	<a href="#">CIGNA</a>	<a href="#">Vendor Info</a>
<b>Employer Cost</b>	\$359.45	\$638.66
<b>Employee Cost</b>	\$146.82	\$52.02
<b>Coverage Category</b>	<input type="checkbox"/> Dual with Dependents <input type="checkbox"/> Dual <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 <input checked="" type="checkbox"/> Employee + Family	<input type="radio"/> Dual with Dependents <input type="radio"/> Dual <input type="radio"/> Employee Only <input checked="" type="radio"/> Employee + 1 <input type="radio"/> Employee + Family
<b>Covered Dependents</b>	<input checked="" type="checkbox"/> (SPOUSE) <input checked="" type="checkbox"/> (CHILD) <input checked="" type="checkbox"/> (CHILD)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

[Back](#) [Save](#)

In this example, the employee changed his plan from Network (our current plan) to the HRA Plan. It also shows a change from Employee + Family (Under Current plan) to Employee + 1 (New Switch Request). As a result, only one dependent is being selected. You can pick any of your eligible dependents to be covered. Remember: you have to save your selections every time you select a new plan or make a change.

## Medical FSA and Dependent FSA

If you choose to make contributions to the Medical FSA or Dependent Care FSA accounts, enter each contribution amount to each of the plans individually. You can either pick one or both of the plans.

- Enter the Employee Cost (this is the amount you would like to contribute on every pay check)
- Click **Save**
- **Repeat steps for Dependent FSA if would like to contribute to this account if not, skip.**
- You are done with these plans. Select the next plan to continue.

	Current Plan	New Request
Plan Name	none	MED FLEX SPEND
Plan Type		PRE-TAX
Description		MEDICAL FLEX SPENDING ACCOUNT
Coverage Vendor		Vendor Info
Employer Cost		N/A
Employee Cost		<input type="text" value="80.00"/>
Coverage Category		<input checked="" type="checkbox"/> Employee

[Back](#) [Save](#)

## Voluntary Life

Voluntary life for *Employee, Spouse, and Child* are also available.

- Coverage Amount (This is the amount of coverage you would like to select) Select the dependent(s) and Click **Save**.
- Repeat steps for the other two plans if coverage is desired.

	Current Plan	New Request
Plan Name	none	VOL LIFE SPOUSE
Plan Type		AFTER TAX
Description		VOLUNTARY LIFE FOR SPOUSE
Coverage Vendor		<a href="#">STANDARDVLIF</a>
Group #		654321
Employer Cost		N/A
Employee Cost		Calculated at Payroll Time
Coverage Amount		<input type="text" value="\$10,000"/>
Coverage Category		<input checked="" type="checkbox"/> Not Applicable
Covered Dependents		<input type="checkbox"/>
(SPOUSE)		<input type="checkbox"/>
(CHILD)		<input type="checkbox"/>
(CHILD)		

[Back](#) [Save](#)

## VISION

Select: *Vision Pre-Tax*

- Select your Coverage Category
- Select your Covered Dependents, if any
- Click **Save**. You are done with the Vision plan.

	Current Plan	New Switch Request
<b>Plan Name</b>	VISION-RETIRED	VISION
<b>Plan Type</b>	PRE-TAX	PRE-TAX
<b>Description</b>	VISION PRE TAX EMPLOYEE + 1	
<b>Coverage Vendor</b>	<a href="#">HUMANA</a>	<a href="#">Vendor Info</a>
<b>Employer Cost</b>	N/A	N/A
<b>Employee Cost</b>	\$5.27	\$7.05
<b>Coverage Category</b>	<input type="radio"/> Employee Only <input type="radio"/> Employee + Family <input checked="" type="radio"/> Employee + 1	<input type="radio"/> Employee Only <input checked="" type="radio"/> Employee + Family <input type="radio"/> Employee + 1
<b>Covered Dependents</b>	(SPOUSE) <input checked="" type="checkbox"/> (CHILD) <input type="checkbox"/> (CHILD) <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

[Back](#) [Save](#)

## Short Term and Long Term Disability Buy-Ups

If you would like to buy additional Short and/or Long Term Disability, select the plan and click save.

	Current Plan	New Request
<b>Plan Name</b>	none	ST TERM DIS BU
<b>Plan Type</b>		AFTER TAX
<b>Description</b>		SHORT TERM DISABILITY BUY-UP
<b>Coverage Vendor</b>		<a href="#">CIGNA</a>
<b>Employer Cost</b>		N/A
<b>Employee Cost</b>		Calculated at Payroll Time
<b>Coverage Category</b>		<input checked="" type="checkbox"/> Employee Only

[Back](#) [Save](#)

If you would like to end the coverage for one or both of these plans, click on Delete this request box and click Save.

	Current Plan	Pending Change Request
<b>Plan Name</b>	ST TERM DIS BU	ST TERM DIS BU
<b>Plan Type</b>	AFTER TAX	AFTER TAX
<b>Description</b>	SHORT TERM DISABILITY BUY-UP	SHORT TERM DISABILITY BUY-UP
<b>Coverage Vendor</b>	<a href="#">CIGNA</a>	<a href="#">CIGNA</a>
<b>Employer Cost</b>	N/A	N/A
<b>Employee Cost</b>	Calculated at Payroll Time	Calculated at Payroll Time
<b>Coverage Category</b>	✓ Employee Only	✓ Employee Only

Delete this request

[Back](#) [Save](#)

After you are done making all of your selections, click on Email Benefits Summary

**Osceola County**  
Employee Online | Leave Tracking

GENERAL

- Home
- Help

BENEFITS ENROLLMENT  
August 3 - August 13

- Dependents
- Open Enrollment
- Email Benefits Summary**

Enter your ID number and the last 2 digits of your social security number and click Submit confirmation. A Benefit Summary with your changes will be sent to your email account. You have now completed the Open Enrollment Process.

**Benefits Summary Confirmation Email Request**  
**E-mail me my Benefits Summary Statement**

You are requesting to have your benefits summary statement sent to you via email. Please fill out the form below to confirm your identity and authorize the sending of this information.

Please Confirm Your Identity

Employee ID:

Last 2 of SSN: