

Compass Portal Job Aid

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Compass Portal Job Aid

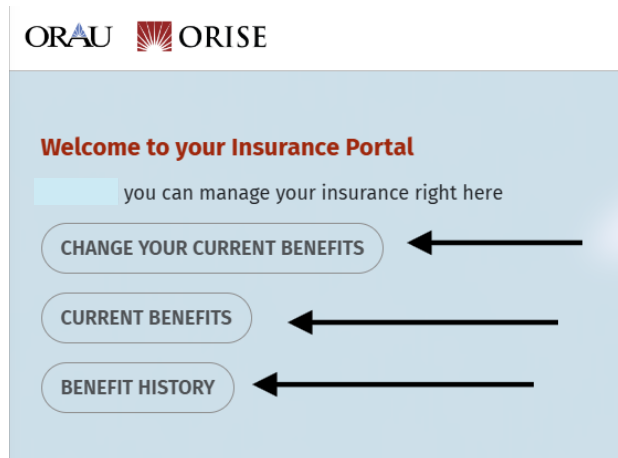
Initial Health Insurance Enrollment

There are two parts to the Health Insurance Enrollment.

- You will log into your Zintellect account at <https://zintellect.com> and navigate to the Health Insurance card.
 - Select “I will provide my own insurance” or “I wish to be enrolled in ORAU/ORISE insurance”. Upon selecting the “I wish to be enrolled in ORAU/ORISE insurance” option on the Health Insurance card, you will receive an email confirming the selection. The selection of “I wish to be enrolled in ORAU/ORISE insurance” will be sent to Compass every Tuesday and Thursday night.
- Once your selection has been processed with Compass, you will be given access to the Compass site and will receive an email with further information on how to enroll in coverage. You will receive a confirmation email from Compass upon enrollment.

Compass Dashboard

On your Compass Portal Dashboard, you will have the ability to change your current benefits, review current benefits, and review benefit history. Select one of the options to begin.



Change Your Current Benefits

After selecting “change your current benefits” option, you will have to select an insurance change event – each event has a description for when you will use the event. *It is important that you select the correct event, because the events are set up to only allow certain enrollment options based on the type of event.*

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Event Types:

- **Add Newborn Dependent Child(ren)**
 - Description: Run this event to enroll your natural, legally adopted, or foster newborn child(ren).
- **Add Dependent Child(ren) and/or Spouse**
 - Description: Run this event to enroll your natural, legally adopted, legal guardian, foster or step-child(ren) of you and/or your spouse.
- **Remove Dependent Child(ren) and/or Spouse**
 - Description: Run this event to remove your natural, legally adopted, legal guardian, foster or step-child(ren) of you and/or your spouse.
- **Change Dental/Vision Coverage – Add – *please note: ARL RAP participants must remain enrolled in Dental & Vision***
 - Description: Run this event if you would like to add Dental/Vision Enrollment
- **Change Dental/Vision Coverage – Waive – *please note: ARL RAP participants must remain enrolled in Dental & Vision***
 - Description: Run this event if you would like to remove Dental/Vision Enrollment
- **Death of a Dependent**
 - Description: Run this event if your dependent(s) passed away

Insurance Change

You are able to make certain changes to your benefits if you have experienced an insurance change (also known as a qualified life status change).

Select the appropriate family status change, and then click **SAVE AND CONTINUE**.

<input type="radio"/> ADD NEWBORN DEPENDENT CHILD(REN)	<input type="text" value="Description: Run this event to enroll your natural, legally adopted, or foster newborn child(ren)."/>
<input type="radio"/> ADD DEPENDENT CHILD(REN) AND/OR SPOUSE	<input type="text" value="Description: Run this event to enroll your natural, legally adopted, legal guardian, foster or step-child(ren) of you and/or your spouse."/>
<input type="radio"/> REMOVE DEPENDENT CHILD(REN) AND/OR SPOUSE	<input type="text" value="Description: Run this event to remove your natural, legally adopted, legal guardian, foster or step-child(ren) of you and/or your spouse."/>
<input type="radio"/> CHANGE DENTAL/VISION COVERAGE - ADD	<input type="text" value="Description: Run this event if you would like to add Dental/Vision Enrollment"/>
<input type="radio"/> CHANGE DENTAL/VISION COVERAGE - WAIVE	<input type="text" value="Description: Run this event if you would like to waive Dental/Vision Enrollment"/>
<input type="radio"/> DEATH OF A DEPENDENT	<input type="text" value="Description: Run this event if your dependent(s) passed away"/>

Every event will ask you to:

- Select an event date/verify the date you are completing the event
- Certify that you have experienced the event
- Verify your personal information and address
- Verify your dependent(s) data and add new dependents, if applicable
- Select Insurance– you must select into each insurance tile to add/remove coverage to your dependent
- Review changes made
- Receive confirmation of enrollment

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My Information

The “My Information” step allows you to review your information that was entered by you in Zintellect. It is important that this information is accurate as this is the information that will be used for your insurance enrollments. If your information is incorrect, please update your information in Zintellect. Once your information is updated, it may take up to one week for your information to be updated with the insurance vendors. Please note for Foreign National participants, Zintellect will need to be updated with your Social Security Number upon receipt. Foreign National participants cannot enroll in Dental and Vision coverages without a Social Security Number.

Me

This is an overview of your personal information.

Any information displayed here, that requires updates or corrections, must be modified in Zintellect System. Please contact ORAU Zintellect Support at zintellect@orau.org for additional assistance.

My Information

Participant ID	SSN	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	Home Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	
Personal Email	<input type="text"/>	

My Addresses

Primary Address

Monthly Cost: \$108.62 ⓘ
Event Type: Add Newborn Dependent Child(Ren)

PREVIOUS

NEXT

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My Family

The “My Family” step allows you to add new dependents to your family or review and make some changes to your dependent information that is already in the Compass system. If your dependent information is incorrect and you cannot update their information in the Compass portal, please reach out to HRHealthInsurance@orau.org to update your dependent information on the Compass portal. Once their information is updated, it may take up to one week for this information to be updated with the insurance vendors.



My Family

Please review your dependent information.

Important Information Regarding Dependent Coverage

- A legal spouse (same or opposite gender).
- You may provide medical coverage to your child up to age 26 regardless of their marital, student, or tax status. Medical coverage for a child that has reached this age limit terminates at the end of the month in which the child turns 26.

My Dependents

ADD NEW

Name	Date of Birth	SSN	Gender	Relationship
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Update your dependents when you experience a family status change (i.e., a birth/adoption, marriage, divorce, death in the family, etc.).

Monthly Cost: \$108.62 ⓘ

Event Type: Add Newborn Dependent Child(Ren)

PREVIOUS

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Select Your Insurance

The “Select Your Insurance” step shows each benefit insurance cost, enrollment level (individual, member + one, family), effective date of coverage, and covered dependents. You must select any dependents that will be covered by the plan, before proceeding with insurance enrollments. If you have no dependents you are required to “save” your dependent selection to proceed with insurance enrollments.

On the left side, under the Select Your Insurance dashboard, the total insurance cost reflects the total rate to be paid for enrolled insurance. Please note this cost is the full rate not accounting for the supplement that may be provided from your program. On the right side, in green, under “Your Cost”, reflects the total insurance costs and deducts the program supplement provided, if applicable. You can select “more details” on the bottom left of each tile to review more information about your enrollments. Timing is critical for supplement changes.

Select Your Insurance

Scroll to view the insurance that you are eligible for and your current insurance elections. To make changes to your elections, click the **CHANGE** button.

MEDICAL

Plan: Decline Coverage
Cost: \$0.00
MONTHLY
Effective Date: 12/29/2025

CHANGE

MORE DETAILS

Select Your Medical Plan

Your Medical Plan is available through Blue Cross Blue Shield and determines your in-network and procedures, hospital stays, and more.

For detailed information about this plan, please visit the [Resources Page](#).

1. Select who you want to cover for your Medical

Choose the dependent(s) that will be covered by this plan.

i You currently do not have any dependents eligible for this benefit. To add a dependent...

+ ADD DEPENDENTS

SAVE DEPENDENT SELECTIONS

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2. Review and select your plan

ORAU/ORISE Insurance	TIER: MEMBER ONLY \$500.46 MONTHLY Select
----------------------	--

Decline Coverage Select This Plan To Waive Coverage. **Your Selection**

I'M DONE WITH MY SELECTION [BACK TO PREVIOUS PAGE](#)



Select Your Insurance

Scroll to view the insurance that you are eligible for and your current insurance elections. To make changes to your elections, click the **CHANGE** button, and choose a new plan.

YOU HAVE 6 BENEFITS TO REVIEW.

MEDICAL

Plan: ORAU/ORISE Insurance
Cost: \$1,079.36
MONTHLY
Tier: Member + One
Effective Date: 04/07/2026
Covered: Baby
CHANGE
[MORE DETAILS](#)

PRESCRIPTION

Plan: Prescription
Cost: \$299.28
MONTHLY
Tier: Member + One
Effective Date: 04/07/2026
Covered: Baby
CHANGE
[MORE DETAILS](#)

DENTAL

Plan: Dental
Cost: \$73.12
MONTHLY
Tier: Member + One
Effective Date: 04/07/2026
Covered: Baby
CHANGE
[MORE DETAILS](#)

VISION

Plan: Vision
Cost: \$21.20
MONTHLY
Tier: Member + One
Effective Date: 04/07/2026
Covered: Baby
CHANGE
[MORE DETAILS](#)

Monthly Cost: \$108.62 ⓘ
Event Type: Add Newborn Dependent Child(Ren) [PREVIOUS](#) **NEXT**

Compass Portal Job Aid









Review Elections

The “Review Elections” step allows you to check that your enrollments are correct on one screen. This screen includes your program supplement amount as well. If you change programs or your supplement amount changes, this amount may take several days to update in the system. If you have any questions, reach out to your program point of contact to verify your supplement and cost amount. Please note that “Your Cost” may appear negative depending on the change made, it may take up to one week for this information to be updated.

Review Elections

Please take a moment to review all of your insurance selections to ensure they are correct. Click **Edit** next to any insurance that you wish to change.

Your Insurance Selections

Medical ORAU/ORISE Insurance Effective 04/07/2026 Tier: Member + One 	
DEPENDENTS COVERED	\$1,079.36 Monthly Cost
COST BREAKDOWN  Post-tax Cost: \$1,079.36	
Prescription Prescription Effective 04/07/2026 Tier: Member + One	
DEPENDENTS COVERED	\$299.28 Monthly Cost
COST BREAKDOWN  Post-tax Cost: \$299.28	
Dental Dental Effective 04/07/2026 Tier: Member + One 	
DEPENDENTS COVERED	\$73.12 Monthly Cost
COST BREAKDOWN  Post-tax Cost: \$73.12	
Vision Vision Effective 04/07/2026 Tier: Member + One	
DEPENDENTS COVERED	\$21.20 Monthly Cost
COST BREAKDOWN  Post-tax Cost: \$21.20	
Program Stipend Supplement Program Stipend Supplement Effective 04/07/2026 	
COST BREAKDOWN  Post-tax Cost: (\$1,364.34)	(\$1,364.34) Monthly Cost
Participant Assistance Program (PAP) Coverage Effective 04/07/2026	
	\$0.00 Monthly Cost

Monthly Cost: **\$108.62** 

Event Type: Add Newborn Dependent Child(Ren)

[PREVIOUS](#)

[SUBMIT ELECTIONS](#)

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Confirmation Step

The “Confirmation Step” provides an approval statement of all changes made during the event. It allows you to review updated coverage start date, event date, type of event, updated insurance information, covered dependents, updated cost amount, etc. This step gives you the choice of printing a copy of your event for your records. *Once this step has been confirmed, your change has been submitted. If any change is needed, you must begin a new event.*

Confirmation

Congratulations! Your insurance elections are confirmed and a confirmation number has been generated. Please print a copy of this summary for your records.

Making benefits matter, every day.

Download EmpyreanGO to access your benefits 24/7/365.



Participant	
Confirmation #	
Event	Change Dental/Vision Coverage
Requested Event Date	04/13/2026
Event Effective Date	04/13/2026



YOUR TOTAL: \$193.88 / Monthly Cost

Your Insurance Selections

Medical ORAU/ORISE Insurance Effective 04/13/2026 Tier: Member Only	
DEPENDENTS COVERED None	\$540.32 Monthly Cost
COST BREAKDOWN ⓘ Post-tax Cost: \$540.32	
Prescription Prescription Effective 04/13/2026 Tier: Member Only	
DEPENDENTS COVERED None	\$151.36 Monthly Cost
COST BREAKDOWN ⓘ Post-tax Cost: \$151.36	
Dental Dental Effective 04/13/2026 Tier: Member Only	
DEPENDENTS COVERED None	\$36.64 Monthly Cost
COST BREAKDOWN	
Monthly Cost: \$193.88 ⓘ	
Event Type: Change Dental/Vision Coverage	

You must select the “home” icon in the left corner to go back to your dashboard screen.


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Current Benefits

From the dashboard menu, select “Current Benefits” to review your current personal and dependent information and current insurance enrollments.

It is important that this information is accurate as this is the information that will be used for your insurance enrollments. If your information is incorrect, please log into Zintellect and update the information which will then be sent to Compass on Tuesday and Thursday nights.

You must select the “home” icon in the left corner to go back to your dashboard screen.

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Current Benefits Profile as of Today

This is an overview of the personal information we have on record, as well as details of your current coverage and address. If your personal information is invalid, then you must modify in Zintellect System. Please contact ORAU Zintellect Support at zintellect@ornl.gov for additional assistance.

Participant insurance coverages do not require beneficiaries.

Me

Participant ID	SSN	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	Home Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

Personal

Personal Email

Addresses

Primary Address

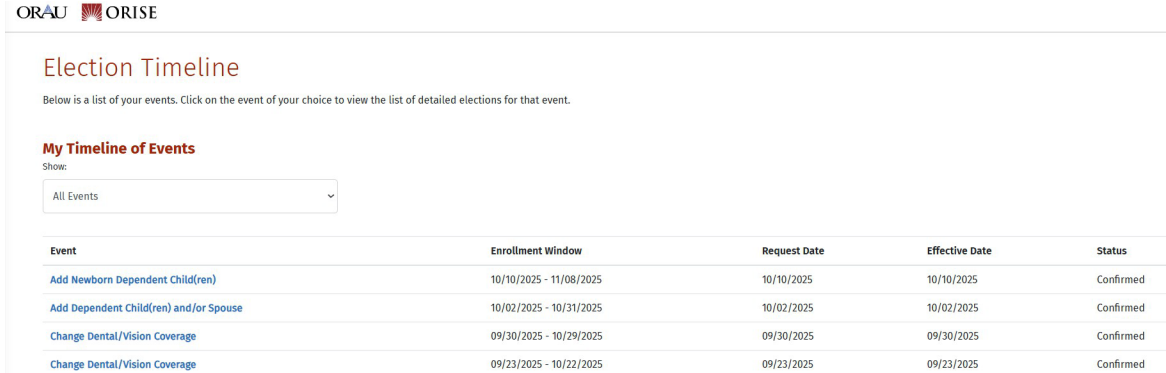
Current Coverage	Dependents
<p>Medical</p> <p><small>ORAU/ORISE INSURANCE</small></p> <p><small>Effective Date: 09/01/2025</small></p> <p><small>Tier: Member + One</small></p>	<p>Dependents Covered</p>
<p>Prescription</p> <p><small>PRESCRIPTION</small></p> <p><small>Effective Date: 09/01/2025</small></p> <p><small>Tier: Member + One</small></p>	<p>Dependents Covered</p>
<p>Dental</p>	

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Benefit History

From the dashboard menu, select “Benefit History” to review a timeline of all insurance enrollment events that have been completed. You can select into each event to review what changes were made. If you have any questions regarding an event, please reach out to your program point of contact (POC).

You must select the “home” icon in the left corner to go back to your dashboard screen.



ORAU ORISE

Election Timeline

Below is a list of your events. Click on the event of your choice to view the list of detailed elections for that event.

My Timeline of Events
Show:

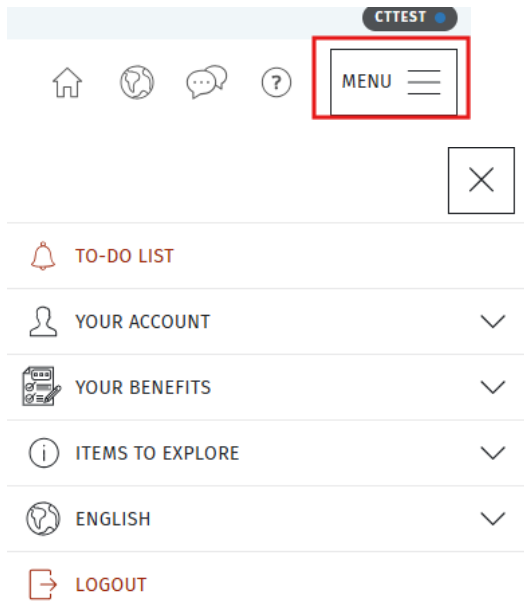
All Events

Event	Enrollment Window	Request Date	Effective Date	Status
Add Newborn Dependent Child(ren)	10/10/2025 - 11/08/2025	10/10/2025	10/10/2025	Confirmed
Add Dependent Child(ren) and/or Spouse	10/02/2025 - 10/31/2025	10/02/2025	10/02/2025	Confirmed
Change Dental/Vision Coverage	09/30/2025 - 10/29/2025	09/30/2025	09/30/2025	Confirmed
Change Dental/Vision Coverage	09/23/2025 - 10/22/2025	09/23/2025	09/23/2025	Confirmed

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Menu

On the left side of the dashboard screen, select “Menu” for additional information regarding your insurance.



Menu Options

- **To-Do List**
 - This will show any items that are outstanding and waiting for you to complete (i.e. enrollment event)
- **Your Account**
 - This will show your personal information, dependent information, and current insurance enrollments.
- **Your Benefits**
 - This will show your current benefits, dependents, and benefit history. Please note: the menu option “beneficiaries” is shown, but not applicable to your insurance coverage. Participant insurance coverage does not require beneficiaries. Please disregard this menu option.
- **Items to Explore**
 - Resources option provides a variety of documents that will guide you with online insurance account registration, insurance plan information, Participant Frequently Asked Questions (FAQs), and more. You can select each option for more detailed information.
 - Vendor Contacts option provides customer service numbers and websites for each insurance vendor.
- **English/Preferred Language**
 - This will give you the option to change your preferred language to either English, Español, or Français.
- **Logout**
 - This will give you the option to log out of your Compass account.

You must select the “home” icon in the left corner to go back to your dashboard






Compass Portal Job Aid

Resources

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Resources

 BENEFIT GUIDES & NOTICES	
 MEDICAL & PRESCRIPTION	
 DENTAL	
 VISION	
 PARTICIPANT ASSISTANCE PROGRAM	

FREQUENTLY USED RESOURCES

- Blue Cross Blue Shield of Tennessee
- CVS Caremark
- Delta Dental
- VSP
- Telus Health

NEED HELP?
Participant Health Insurance Service Center
Tel. 888-844-0260

Insurance Contact
#HealthInsurance@oras.org

Vendor Contacts

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Vendor Contacts

Carrier Benefit Program	Phone	Electronic Communication
Medical		
Blue Cross Blue Shield/Group # 89513	800-810-2583	bcbst.com
Blue Cross Blue Shield Claims Service	800-565-9140	bcbst.com
Blue Cross Blue Shield Out-of-State	800 810-BLUE (2583)	bcbst.com
Prescription		
CVS Caremark Member Services	(844) 345-2786	https://www.caremark.com/
CVS Specialty Pharmacy Member Services	800-237-2767	https://www.caremark.com/
Dental		
Delta Dental Member Services	(800) 524-0149	www.memberportal.com
Vision		
VSP Member Services/Group # 30049242	(800) 877-7195	vsp.com
Participant Assistance Program (PAP)		
Telus Health	844-664-0379	one.telushealth.com Shared Login User Name: orau Password: orau
Virtual Doctor		
Teladoc Health	800-835-2362	https://www.bcbst.com/teladoc

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Dashboard – Additional Items to Explore

ADDITIONAL ITEMS TO EXPLORE

Oak Ridge Associated Universities (ORAU) | Oak Ridge Institute For Science And Education (ORISE) | ORAU Participant Insurance Communication | FAQs For Participants |

- **ORAU Website**
 - This link will take you directly to the ORAU main site.
- **ORISE Website**
 - This link will take you directly to the ORISE main site.
- **ORAU Participant Insurance Communication**
 - This will provide you with the most recent participant insurance communication.
- **FAQs for Participants**
 - This will provide you with Frequently Asked Questions (FAQs) regarding your ORAU/ORISE Insurance.

Dashboard – Frequently Used Resources and Need Help

FREQUENTLY USED RESOURCES

- Blue Cross Blue Shield of Tennessee
- CVS Caremark
- Delta Dental
- VSP
- Telus Health

NEED HELP?

Participant Health Insurance Service Center
Tel. 888-844-0260

Insurance Contact

HRHealthinsurance@orau.org

- **Frequently Used Resources**
 - Provides links to each insurance vendor’s website
- **Need Help?**
 - Provides contact information for the Participant Health Insurance Service Center (Compass System) and ORAU Insurance email address.

Additional Dashboard Options



- **Home Icon**
 - Will take you back to the Dashboard page.
- **World Icon**
 - Will give you the option to change your preferred language.
- **Text Bubble Icon**
 - Will give you the option to chat online with a Health Insurance Service Center (Compass) Representative
- **? Icon**
 - Will give you the Health Insurance Service Center help information: online chat or request