

ONLINE ENROLLMENT USER GUIDE 2024

CITY OF CHATTANOOGA



THINGS TO KNOW BEFORE ENROLLING

- ▶ For Oracle cloud password reset contact the IT Service Desk at (423)643-6301.
- ▶ Be sure to add your dependents and beneficiaries to “People to Cover”. When you make your benefit selections you will use this list to select your dependents and make your beneficiary designations.
- ▶ Even if you are not enrolling in benefits, you MUST select a beneficiary for the Basic Life Insurance.
- ▶ The flexible spending accounts are only available at Open Enrollment.



HOW TO ACCESS ORACLE CLOUD

1. LOG IN TO LANDING.CHATTANOOGA.GOV.
2. ONCE LOGGED IN, CLICK ON THE LAUNCHER TAB, FOLLOWED BY THE ORACLE CLOUD LINK TO ACCESS THE COMPANY SINGLE SIGN-ON.

LOGIN SCREEN

- ▶ Click the Company Single Sign-on to access Oracle Cloud.

Note:

- ▶ For Oracle cloud password reset contact the IT Service Desk at (423)643-6301.

Sign In
Oracle Applications Cloud

Click here

Company Single Sign-On

or

User ID

Password

[Forgot Password](#)

Sign In

English

ORACLE

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BEGIN ENROLLMENT

1. To access the Benefit Enrollment Module, select “Me” from the heading, followed by “Benefits.”
2. On the next screen select “Before You Enroll”

The image displays two screenshots from a web portal. The first screenshot shows the main dashboard with a navigation menu at the top. The 'Me' option is circled in red, and a red arrow points to the 'Benefits' app icon in the 'APPS' section, labeled 'Click here' with a red '2.'. The second screenshot shows the 'Benefits' page with a large 'NB' icon and the text 'New Hire Benefits'. Below this, there is a grid of tiles. The 'Before You Enroll' tile is highlighted with a red arrow and 'Click here' text, with a red '3.' next to it.

DEPENDENTS & BENEFICIARIES

THIS IS “PEOPLE TO COVER”

Important Facts:

- ← Dependents are family members that meet the eligibility requirements to be covered under your employee medical, vision, dental and/or Supplemental Life insurance plans.
 - ← Dependents can also be beneficiaries.
 - ← To add dependents you must enter name, address, birth dates and social security numbers.
-
- ← Beneficiaries are people that you wish to designate as a recipient of the cash benefit for your Basic Life insurance plan or Supplemental Life insurance plan.
 - ← Beneficiaries do not have to be family members, but family members may also be a dependent.
 - ← To add beneficiaries, you must enter their name and address.

DEPENDENTS & BENEFICIARIES

You **MUST** add your dependents and beneficiaries **BEFORE** you make any changes.

Under “People to Cover”, click “Add” to add your dependents. (Enter the information required)

If you need to make a change to a dependent or beneficiary, click on the name of the person whose information needs to be changed, then click on the pencil icon to make the change.

After you make your changes, click on the caret icon to return to the previous page.

***Note:** If your dependent/beneficiary is already listed under “People to Cover”, **DO NOT** add them again.

Before You Enroll
New Hire Benefits

Information
To cover family and others in benefits, add them now before you enroll.

If you plan to designate dependents, then you must add them as contacts from the Contacts section before you proceed to the enrollment pages.

People to Cover

To Add New → **Add**

To Edit → **Test Spouse**

The “Beneficiary Organizations” is for a Trust designation. Please contact a Benefit Administrator for assistance with a Beneficiary Organizations designation.

Beneficiary Organizations **Add**

There's nothing here so far.

Test Spouse

Relationship

Relationship	Emergency Contact
Spouse	No
Relationship Start Date	Country
11/8/21	United States

Name

Start Date	Last Name
11/8/21	Spouse
	First Name
	Test

Demographic Info

Biographical Info

Address

DEPENDENTS & BENEFICIARIES

Add New Contact Screen

Enter a new dependent/beneficiary, select a relationship from the drop box and enter the information.

Select **“Submit”** when complete

New Contact Submit Cancel

Basic Information

*Last Name	Middle Name
<input type="text"/>	<input type="text"/>
First Name	Preferred Name
<input type="text"/>	<input type="text"/>
Suffix	
<input type="text"/>	
*Relationship	*Gender
Select a value	Select a value
*What's the start date of this relationship?	*Date of Birth
m/d/yy	m/d/yy
<input type="checkbox"/> This person is an emergency contact	
Student Status	Tobacco Use
Select a value	Select a value
Disability Type	Covered by another plan?
Select a value	No
Disability Status	Plan
Select a value	<input type="text"/>

Unsure of the relationship start date? Use your employment start date.

Relationship Start Date: This is the date the relationship with this dependent or beneficiary began.
Spouse = date of marriage
Child = date of birth
Friend = date relationship began
Sibling = siblings' birthdate or your birthdate

All fields with an asterisk (*) **MUST** be completed.

BENEFIT ENROLLMENT

1. After completing all dependent and beneficiary information, click “Continue.”
2. After reviewing the new hire presentation, click “Accept” to advance to the enrollment screen.

1. **Continue**

Information
To cover family and others in benefits, add them now before you enroll.

People to Cover **+ Add**

- Test Spouse
Spouse
- Oracle1 TEST
Child
- Child2 Test
Child

Beneficiary Organizations **+ Add**

There's nothing here so far.

The “Beneficiary Organizations” is for a Trust designation. Please contact a Benefit Administrator for assistance with a Beneficiary Organizations designation.

Start Enrollment **Cancel**

For more information on the City of Chattanooga benefit plans, check out the following links:

City of Chattanooga
OPEN ENROLLMENT BENEFITS PRESENTATION

This is your 24-hour Human Resources center! This portal is devoted to providing you with up-to-date information about our company and your insurance benefits. It's here when you need it, any time of day or night.

References

[Employee Benefit Guide](#)

Contact Benefits Team

We love hearing from you! You can reach our expert benefit team by phone or email:

benefits@chattanooga.gov

(423) 643-7220

2. **Accept** **Decline**

UPDATE BENEFITS

- On the “City Benefits Program” page, select the “edit” pencil next to the benefit type to make your new benefit selections.
- After you make your selection for each plan, click “OK”

The screenshot shows the 'City Benefits Program' interface. At the top, there are 'Submit' and 'Cancel' buttons. Below the header, the 'Your Total Cost' is displayed as '0.00 Per Pay Period'. The main content area is divided into sections for 'Medical', 'Wellness Program', and 'Dental'. Each section has a corresponding 'Edit' button with a pencil icon. The 'Edit' button for the 'Medical' section is circled in red. Below each section, there are dropdown menus for 'Waive Medical Coverage', 'Wellness Program Coverage', and 'Waive Dental Coverage'.

Note:

TOB = Tobacco User Plan

TF = Tobacco Free Plan

COVER DEPENDENTS

FROM THE "PEOPLE TO COVER" LIST

Add coverage to your dependent(s), for **Medical**, **Dental**, and **Vision**, by selecting the box next to each dependent for each plan.

Medical

3.

TF Employee & Family
3,744.96 Annually
Employee Per Pay Period
156.04

Employer Per Pay Period
1,562.84

2.

⚠ You need to designate dependents or beneficiaries for your selected offerings.

PPO Medical (Network S)
TOB Employee & Family
Employee Per Pay Period
163.54

Annual Amount
3,924.96
Employer Per Pay Period
1,562.84

1. Who do you want to cover?

- Test Spouse (Spouse)
- Baby TEST (Child)
- Child TEST (Child)
- Child2 Test (Child)
- Oracle1 TEST (Child)

PPO Medical (Network P) [See More Info](#)

TF Employee Only
1,495.68 Annually
Employee Per Pay Period
62.32

Employer Per Pay Period
523.92

After selecting your dependent(s), click "OK" followed by "Continue"

UPDATE BENEFICIARIES FROM THE "PEOPLE TO COVER" LIST

Basic Life and Supplemental Life

Designate distribution to Beneficiaries. A primary Beneficiary is required.

The screenshot shows the 'Life Insurance' interface for 'Basic Life and AD&D'. A yellow warning banner states: 'You need to designate dependents or beneficiaries for your selected offerings.' Below this, the 'Primary Beneficiaries' section is highlighted with a red circle and the number '1.'. It lists five categories: Test Spouse (75%), Oracle1 TEST (25%), Baby TEST, Child TEST, and Child2 Test. A progress bar at the bottom indicates '0% left'. The 'Contingent Beneficiaries' section is currently empty, with a progress bar at the bottom indicating '100% left'. A red circle and the number '2.' point to the 'OK' button in the top right corner of the warning banner. Another red circle and the number '3.' point to the 'Continue' button in the top right corner of the main interface. A red callout box on the right contains the text: 'After designating distribution to beneficiaries, click "OK" followed by "Continue"'.

Life Insurance

Basic Life

Basic Life and AD&D

You need to designate dependents or beneficiaries for your selected offerings.

Basic Life and AD&D
Enrolled

Coverage Amount
50,000.00

Employer Per Pay Period
1.98

Primary Beneficiaries

- Test Spouse 75%
- Oracle1 TEST 25%
- Baby TEST
- Child TEST
- Child2 Test

0% left

Contingent Beneficiaries

- Test Spouse
- Oracle1 TEST
- Baby TEST
- Child TEST
- Child2 Test

100% left

1. OK

2. OK

3. Continue

After designating distribution to beneficiaries, click "OK" followed by "Continue"

Unum Worksite

Unum Worksite

Waive Unum Critical Illness

Unum Worksite Hospital Indemnity

Waive Hospital Indemnity

Unum Worksite Accident Insurance

Waive Accidental Insurance



Unum Worksite

Unum Worksite Critical Illness

\$10000 Employee

Employee Per Pay Period
5.68

2.

3.

1. Spouse Test (Spouse)

After selecting your dependent(s), click "OK" followed by "Continue"

Select any qualifying dependents you wish to cover

You need to designate dependents or beneficiaries for your selected offerings.

Unum Worksite Critical Illness
\$10000 Employee Plus Spouse

Employee Per Pay Period
8.94

Who do you want to cover?

\$20000 Employee

Employee Per Pay Period
10.62

Unum Worksite Plans

- ▶ To enroll in the Unum Worksite Plans, click the "edit" pencil next to the Unum Worksite section.
- ▶ When making your selections be sure to check the box next to any qualifying dependents you wish to cover.
- ▶ Once your enrollment choices have been made, click "Continue"

Notes:

- ▶ You do not have to be enrolled in any other benefit to enroll in these plans.
- ▶ Coverage is available for employees, legal spouses, and dependent children.
- ▶ If you choose Employee and Spouse, when enrolling in Critical Illness, the amount of the spouse coverage is **one half** of the amount of employee coverage.

REVIEW ELECTIONS

- Review your elections before submitting your enrollment.
- Click **“Submit”**
- If you added a dependent, you will have **“Pending Action Items”** on your record.

City Benefits Program

Submit

Cancel

Currency in USD

Your Total Cost

191.04

Per Pay Period

Medical

Edit

Medical

PPO Medical (Network S)

TOB Employee & Family

163.54

Who's covered?

You, Test Spouse, Child2 Test, Oracle1 TEST

Wellness Program

Wellness Program

Coverage

Dental

Edit

Dental

Dental 1000

Employee & Spouse

27.50

Who's covered?

You, Test Spouse

Confirmation
City Benefits Program

Print



Confirmation

Your benefit elections were saved.

You can make changes until 11:59 PM EST, 11/8/22.

Currency in USD

Your Total Cost Each Pay Period

191.04

Medical

PPO Medical (Network S)

TOB Employee & Family

163.54

Coverage Start Date

1/1/22

Annual Amount

3,924.96

Employer Per Pay Period

1,562.84

Who's covered?

You, Child2 Test, Oracle1 TEST, Test Spouse

 Pending Action Items

PENDING ACTION ITEMS

To clear pending action items, click on the back caret (<), you will be directed back to your “Benefits” page.

1.

The screenshot shows the City Benefits Program interface. On the left, a confirmation page displays: "Confirmation", "Your benefit elections were saved.", "You can make changes until 11:59 PM EST, 11/8/22.", "Currency in USD", "Your Total Cost Each Pay Period: 191.04", and "Medical" details for "PPO Medical (Network S)" including "TOB Employee & Family", "Coverage Start Date: 1/1/22", "Annual Amount: 3,924.96", "Employer Per Pay Period: 1,562.84", and "Who's covered?: You, Child2 Test, Oracle1 TEST, Test Spouse". A yellow banner at the bottom indicates "Pending Action Items". On the right, the "Benefits" page is visible, featuring a "New Hire Benefits" section with a "Make Changes" button and a grid of tiles. A red arrow labeled "1." points to a back caret icon in the top left. A red arrow labeled "2." points to the "Pending Actions" tile in the grid, with a red box around it and the text "Click here" inside.

On the “Benefits” page, click on the “Pending Actions” tile.

PENDING ACTION ITEMS

Pending Actions
New Hire Benefits

City Benefits Program

Dental

[Marriage certificate: Test Spouse](#)

Required

Pending approval

[View Attached Documents](#)

Medical

[Birth certificate: Oracle1 TEST](#)

PPO Medical (Network S) - TOB Employee & Family

Required

[Marriage certificate: Test Spouse](#)

PPO Medical (Network S) - TOB Employee & Family

Required

Pending approval

[View Attached Documents](#)

[Birth certificate: Child2 Test](#)

PPO Medical (Network S) - TOB Employee & Family

Required

To clear the pending action items, click on the blue hyperlink.

You can either drag a file to add or click to add an attachment.

Notes:

- If you added a spouse, a marriage certificate is required.
- If you added a child, a birth certificate is required.
- Social security cards are required for all dependents.
- The document only needs to be uploaded once if the dependent is enrolled in multiple plans.

Add Document
New Hire Benefits

Submit Cancel

Document Details

Document Type
Birth certificate

Country
All Countries

Category
Benefits

Description
Documents associated with benefits certification - Birth certificate

Context Value
[Dropdown]

Attachments

Drag files here or click to add attachment

Add File
Add Link

Click "Submit" when done.

CONFIRMATION STATEMENT

1. Your confirmation statement can be accessed at anytime following enrollment.
2. To access the “Benefits Confirmation and Summary” statement , select “**Me**” from the heading, followed by “**Benefits.**”
3. On the next screen select “**Your Benefits**” followed by “**Print**”
4. **Note:** Be sure to review this statement for accuracy and check your first paystub (following your benefits effective date) to ensure the correct rates are being deducted.

