

ONLINE ENROLLMENT USER GUIDE 2023

City of Chattanooga





THINGS TO KNOW BEFORE ENROLLING

- For Oracle cloud login credentials/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 eportal.chattanooga.gov.
2. Once logged in, click on the Oracle Cloud tab to access the Company Single Sign-on.

The screenshot displays the City of Chattanooga Employee Portal. At the top left is the City of Chattanooga logo and the text "City of Chattanooga Employee Portal". The top navigation bar includes links for Home, Departments, Employee Resources, Wellness Resources, News, and Oracle Cloud. The "Oracle Cloud" link is circled in red with a red "1." next to it. Below the navigation bar, the "Oracle Cloud" section is highlighted. It contains a description of Oracle Cloud as the City's self-service platform. Below this, a red arrow points to a red "2." next to the "Click here" text, which is positioned above the "Oracle Cloud Employee Login" button. The button is also circled in red. Below the button are two other buttons: "Oracle Cloud EPM" and "Oracle Cloud Test". To the right of the Oracle Cloud section is a "Quicklinks" section with links for "One-Page Guides", "Chart of Accounts", and "EBS". At the bottom of the page, there are two sections: "OTL Manager Toolkit" and "Training Videos". The "OTL Manager Toolkit" section includes a description and a button labeled "OTL Line Manager Toolkit". The "Training Videos" section includes a description and a button labeled "Oracle Training Playlist". At the very bottom of the page is a link for "One-Page Guides".

City of Chattanooga
Employee Portal

Home Departments Employee Resources Wellness Resources News **1. Oracle Cloud**

Oracle Cloud

Oracle Cloud is the City of Chattanooga's self-service platform for managing many processes, including timekeeping, benefits enrollment, and approvals.

Logging in: Select "Oracle Cloud Employee Login," then select "Company Single Sign-On" to log in.

2.
Click here **Oracle Cloud Employee Login**

Oracle Cloud EPM Oracle Cloud Test

Quicklinks

- One-Page Guides
- Chart of Accounts
- EBS

OTL Manager Toolkit

The Oracle Cloud Time and Labor Line Manager Toolkit is a one-stop-shop for all timekeeping training materials for managers. Consult the FAQ for answers to Oracle Cloud quirks.

OTL Line Manager Toolkit

Training Videos

View the full archive of Oracle Cloud tutorials and how-to videos on YouTube.

Oracle Training Playlist

One-Page Guides

LOGIN SCREEN

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

Note:

- For Oracle cloud login credentials/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

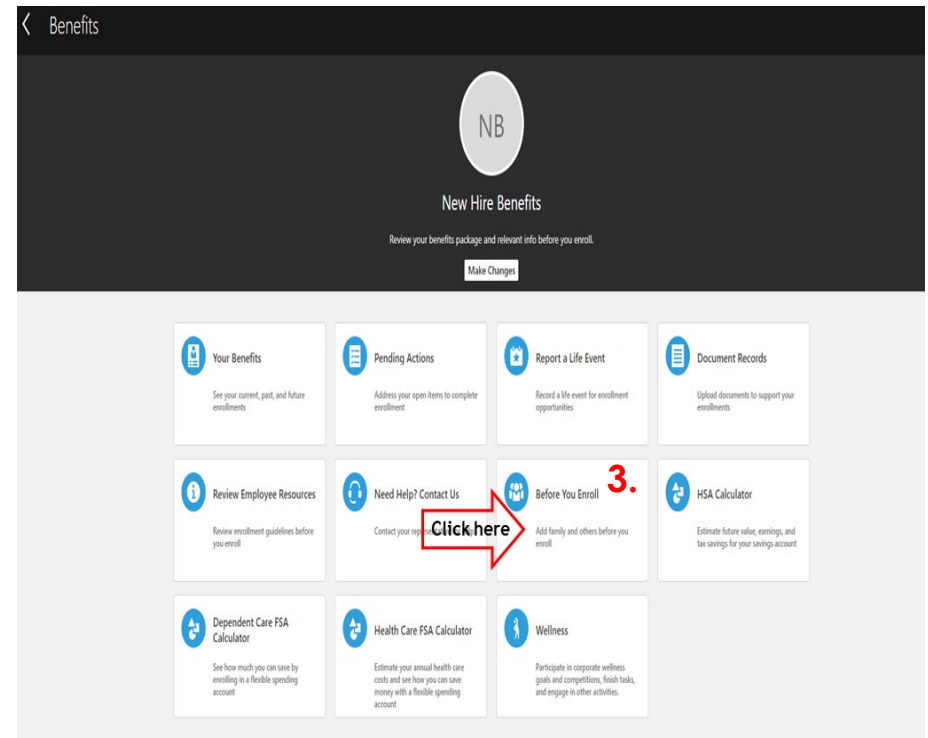
English

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”



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

Continue

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

To Edit

Test Spouse
Spouse

Cricket TEST
Child

Child2 Test
Child

Beneficiary Organizations

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.

Test Spouse

Delete

Relationship

Relationship
Spouse

Emergency Contact
No

Relationship Start Date
11/8/21

Country
United States

Name

Start Date
11/8/21

Last Name
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
[Text Field]

First Name
[Text Field]

Suffix
[Text Field]

*Relationship
Select a value

*What's the start date of this relationship?
[Date Picker: m/d/yy]

Student Status
Select a value

Disability Type
Select a value

Disability Status
Select a value

Middle Name
[Text Field]

Preferred Name
[Text Field]

*Gender
Select a value

*Date of Birth
[Date Picker: m/d/yy]

☐ This person is an emergency contact

Tobacco Use
Select a value

Covered by another plan?
No

Plan
[Text Field]

Communication

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.

Before You Enroll
New Hire Benefits

1. [Continue](#)

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

Warning: 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 [+ Add](#)

- [Test Spouse](#)
Spouse
- [Oricket TEST](#)
Child
- [Child2 Test](#)
Child

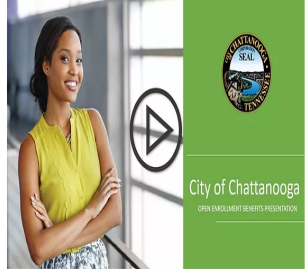
Beneficiary Organizations [+ Add](#)

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 video:



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”

City Benefits Program

Submit Cancel

Currency in USD

Your Total Cost 0.00
Per Pay Period

Medical Edit

Medical

Waive Medical Coverage

Wellness Program

Wellness Program Coverage

Dental Edit

Dental

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.

The screenshot shows the 'Medical' coverage selection interface. It features a list of plans and a section for selecting dependents. Red callouts with numbers 1, 2, and 3 point to specific elements: 1. A red circle around the 'Who do you want to cover?' section, which includes a list of dependents with checkboxes. 2. A red circle around the 'OK' button. 3. A red circle around the 'Continue' button. A red arrow points from the 'OK' button to the 'Continue' button, with a text box stating: 'After selecting your dependent(s), click "OK" followed by "Continue"'. The interface also displays a yellow warning message: 'You need to designate dependents or beneficiaries for your selected offerings.'.

Medical

1. ☒ Test Spouse (Spouse)
☐ Baby TEST (Child)
☐ Child TEST (Child)
☒ Child2 Test (Child)
☒ Oracle1 TEST (Child)

2.

3.

TF Employee & Family
3,744.96 Annually
Employer Per Pay Period
1,562.84
Employee Per Pay Period
156.04

PPO Medical (Network S)
TOB Employee & Family
Annual Amount
3,924.96
Employer Per Pay Period
1,562.84
Employee Per Pay Period
163.54

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

TF Employee Only
1,495.68 Annually
Employer Per Pay Period
523.92
Employee Per Pay Period
62.32

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

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.

Life Insurance

Basic Life

Basic Life and AD&D

2.

3.

1.

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

Warning: 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

<input checked="" type="checkbox"/> Test Spouse	<input type="text" value="75"/> %
<input checked="" type="checkbox"/> Oracle1 TEST	<input type="text" value="25"/> %
<input type="checkbox"/> Baby TEST	<input type="text"/> %
<input type="checkbox"/> Child TEST	<input type="text"/> %
<input type="checkbox"/> Child2 Test	<input type="text"/> %

0% left

Contingent Beneficiaries

<input type="checkbox"/> Test Spouse	<input type="text"/> %
<input type="checkbox"/> Oracle1 TEST	<input type="text"/> %
<input type="checkbox"/> Baby TEST	<input type="text"/> %
<input type="checkbox"/> Child TEST	<input type="text"/> %
<input type="checkbox"/> Child2 Test	<input type="text"/> %

100% left

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) 163.54
TOB Employee & Family
Who's covered?
You, Test Spouse, Child2 Test, Orade1 TEST

Wellness Program

Wellness Program Coverage

Dental Edit

Dental

Dental 1000 27.50
Employee & Spouse
Who's covered?
You, Test Spouse

< NB 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) 163.54
TOB Employee & Family
Coverage Start Date
1/1/22
Annual Amount
3,924.96
Employer Per Pay Period
1,562.84
Who's covered?
You, Child2 Test, Orade1 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 image shows two side-by-side screenshots of a web application. The left screenshot is the 'Confirmation' page, titled 'Confirmation City Benefits Program'. It features a green confirmation message, a 'Print' button, and a table showing 'Your Total Cost Each Pay Period' as 191.04. Below this is a 'Medical' section with details for 'PPO Medical (Network S)' and a 'Pending Action Items' section at the bottom. A red circle and arrow labeled '1.' point to a back caret icon in the top left corner. The right screenshot is the 'Benefits' page, titled 'Benefits' and 'New Hire Benefits'. It features a 'Make Changes' button and a grid of tiles. A red circle and arrow labeled '2.' point to the 'Pending Actions' tile, which has the text 'Click here' overlaid on it.

Confirmation
City Benefits Program

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
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

Benefits

New Hire Benefits

Review your benefits package and relevant info before you enroll.

Make Changes

2. Click here

Pending Actions
Address your open items to complete enrollment

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
Pending approval
[View Attached Documents](#)

[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.
- You only have to upload the document once if the dependent is enrolled in multiple plans.

Add Document
New Hire Benefits

Document Details

Document Type: Birth certificate
Category: Benefits
Description: Documents associated with benefits certification - Birth certificate
Context Value:
Attachments:

Country: All Countries

Drag files here or click to add attachment. [Add File](#) [Add Link](#)

[Submit](#) [Cancel](#)

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.

