



Online Enrollment User Guide 2020 – 2021

City of Chattanooga



How to Access Oracle



Opening the Web Interface

- 1) Go to **ess.chattanooga.gov**
- 2) Log on to your Oracle account. Enter your **User Name** and **Password**.

A screenshot of the Oracle login web interface. The page has a blue header with the 'ORACLE' logo. Below the header is a row of five small images showing people working. On the left is a large, glowing globe. The main content area is light blue and contains the login form. The form has two input fields: '*User Name' and '*Password'. The '*User Name' field has a yellow highlight and a tooltip that says 'Your Employee ID is your User Name'. Below the '*Password' field is a 'Login' button and a 'Cancel' button. Below the buttons is a 'Login Assistance' link. At the bottom of the form is an 'Accessibility' dropdown menu set to 'None'. Below the form is a 'Select a Language:' section with 'English' as the selected option. At the very bottom is a blue footer with a 'Privacy Statement' link.

ORACLE®

*User Name (example: 55555)

*Password (example: city2013)

Login Cancel

Login Assistance

Accessibility None

Select a Language:
English

Privacy Statement

Login Assistance Screen

If you have forgotten your User Name or your Password, you can have the information sent to your email by doing one of the following:

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Login Assistance
* Indicates required field

Forgot Password

Enter your user name, instructions for how to reset your password will be emailed to you.

User Name

Forgot User Name

Enter the email address associated with your account, your user name will be emailed to you.

Email
(Example: first.last@domain.com)

Privacy Statement

Forgot your password?
Enter your User Name and select the "Forgot Password" button.

Forgot your User Name?
Enter your email address and select the "Forgot User Name" button.

Begin Enrollment

How to access Benefits

1. Expand (+) by the “City Employee Self Service Human Resources, City Business Group.”
2. Select “Benefits.”

The screenshot displays the Oracle E-Business Suite interface. At the top, the header includes the Oracle logo, "E-Business Suite", and navigation links for "Favorites", "Logout", "Preferences", and "Help". Below the header is an "Enterprise Search" bar with a dropdown menu set to "All", a search input field, and a "Go" button. To the right of the search bar are links for "Search Results Display" and "Logged In As".

Below the search bar is the "Oracle Applications Home Page" section. On the left, the "Main Menu" is visible, featuring a "Personalize" button and a list of links. The link "City Employee Self Service Human Resources, City Business Group" is circled in red, and a red arrow points from the text "Click Here" to the "Benefits" link below it. The "Benefits" link is also circled in red.

On the right, the "Worklist" section is shown, featuring a "Full List" button and a table with columns: "From", "Type", "Subject", "Sent", and "Due". The table contains the text "There are no notifications in this view."

Click Here

Main Menu

Personalize

City Employee Self Service Human Resources, City Business Group

Personal Information

Benefits

Worklist

Full List

From	Type	Subject	Sent	Due
There are no notifications in this view.				

Dependents & Beneficiaries

Dependents and Beneficiaries

Name **Open Enrollment Person**



Cancel

Next

Listed below are your current dependents, beneficiaries and emergency contacts. Click on **Add Another Person** button if you need to add a dependent or beneficiary. To change or review existing information, click on the **Update** icon.

If your dependent or beneficiary is an employee of the City or has ever worked for the City and you wish to include them as an eligible dependent or beneficiary - and you DO NOT see him/her listed below, Please contact the Benefits Dept at: 643-7221 or 643-7222. Thanks!

When you are finished adding information, click on the Next button to continue the enrollment process.

Add Another Person				
Name	Relationship	Social Security Number	Birth Date	Update
Spouse Test	Spouse	555-55-5555	25-Mar-1971	
Child Test	Child	555-55-5555	08-Nov-1997	

- Add **new** Dependents and Beneficiaries by selecting “Add Another Person.”
- If existing information is incorrect, select the pencil icon to make changes to existing records.

When all adds/updates are completed, select “Next” to continue

Dependents & Beneficiaries

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 HSA or Supplemental Life insurance plans.
 - Beneficiaries do not have to be family members but family members can be designated.
 - To add beneficiaries you must enter their name and address.

Dependents & Beneficiaries

Add Another Person Screen

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

Select “Apply” when complete

ORACLE City Employee Self Service Human Resources

Home Navigator Favorites Logout Preferences Help

Add Dependents and Beneficiaries

Name **New_Hire Test** Cancel Apply

* Indicates required field

Name and Relationship

* Relationship

Relationship Start Date

Title

* First Name

Middle Name

* Last Name

Suffix (example: Jr.)

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

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

Dependents & Beneficiaries

The new dependent/beneficiary will be displayed in the list.
When all entries are complete, select “Next” to continue

ORACLE® City Employee Self Service Human Resources

Navigator Favorites Home Logout Preferences Help Personalize Page

Dependents and Beneficiaries




Name **Open Enrollment Person** Cancel Next

Listed below are your current dependents, beneficiaries and emergency contacts. Click on **Add Another Person** button if you need to add a dependent or beneficiary. To change or review existing information, click on the **Update** icon.

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When you are finished adding information, click on the Next button to continue the enrollment process.

Add Another Person

Name	Relationship	Social Security Number	Birth Date	Update
Spouse Test	Spouse	555-55-5555	25-Mar-1971	
Child Test	Child	555-55-5555	08-Nov-1997	
Test Contact	Contact	555-55-5555	08-Dec-1999	

Benefit Enrollment

Select “Update Benefits” from the Benefit Enrollment tab to make your new benefit selections.



ORACLE City Employee Self Service Human Resources

Navigator Favorites Home Logout Preferences Help

Benefits Enrollment Current Benefits

Benefit Enrollments

Name	New Hire Test	Program	City Benefits Program
Event Name	Open	Enrollment Period	15-MAY-2014 - 06-JUN-2014

Update Benefits

Benefit Selections

Below is a detailed record of your current elections. The costs displayed are per pay period rates.

Please click on the **Update Benefits** button to continue the enrollment process.

Plan	Option	Coverage Start Date	Coverage Pre-Tax	Post-Tax
Medical Insurance - BC BS PPO Medical (Network P)	TF Employee & Family	03-Apr-2013	127.10	0.00
Health Savings Account - Waive Health Savings Acct Employee Contributions		01-Apr-2013	0.00	0.00
Dental Insurance - BC BS Dental	Employee & Family	03-Apr-2013	36.00	0.00
Vision - BC BS Vision	Employee & Family	01-Apr-2013	7.26	0.00
Short Term Disability - Short Term Disability	50% STD	01-Apr-2013	288.46	7.07
Flexible Spending Account Health Care - Waive FSA Health Care		01-Jul-2013	0.00	0.00
Flexible Spending Account Dependent Care - Waive FSA Dependent Care		01-Jul-2013	0.00	0.00
Supplemental Life - Employee - Employee Supplemental Life		01-Apr-2013	100,000.00	0.00
Supplemental Life - Spouse - Spouse Supplemental Life		01-Apr-2013	20,000.00	0.00
Supplemental Life - Child - Child Supplemental Life		01-Apr-2013	10,000.00	0.00
Employee Assistance Program - Employee Assistance Program	Enrolled	01-Apr-2013	0.00	0.00
Total			177.43	16.32

Update Benefits

Select one option per benefit type to enroll.

Update Enrollments	Cover Dependents	Update Beneficiaries	Confirmation Statement
Update Benefits: Update Enrollments			
Name	Joe Employee	Program	CoC Benefit Program
Event Name	Open	Enrollment Period	15-MAY-2014 - 06-JUN-2014
			<input type="button" value="Recalculate"/> <input type="button" value="Back"/> <input type="button" value="Next"/>

[Personalize Flow Layout: \(BnftUomRegion.UomTextRN\)](#)

Below is a detailed record of your elections. Please review and make changes as needed. The costs displayed are per pay period rates except where noted.

Please refer to the current City Benefits Guide if you have any questions.

Medical Insurance

The City offers two plans for Medical coverage. The PPO plan is copay and coinsurance based. The High Deductible plan requires you to accumulate savings to pay for medical expenses. Both plans offer the choice of **Network P** or **Network S**. Network P is more comprehensive where Network S is more exclusive. By selecting a plan under Network S you are agreeing to participate in the more exclusive BlueCross BlueShield of Tennessee network and agree that it is your responsibility to verify that your medical providers are participants in Network S.

Each plan offers a **Tobacco Free (TF)** monthly discount if both the employee and spouse are tobacco free. Otherwise employees will need to select the **Tobacco (TOB)** option.

If you elect any of the tobacco free options, you are stating that both you and your spouse (if covered under the City's health plan) are tobacco free. Falsifying this enrollment statement will result in an increase of premium.

The costs shown are per pay period rates. Please choose the medical plan which best meets your family's needs.

Plan	Option	Select	Pre-Tax
BC BS PPO Medical (Network P)		<input type="checkbox"/>	
	TOB Employee & Children	<input type="checkbox"/>	88.60
	TOB Employee & Family	<input type="checkbox"/>	141.33
	TOB Employee & Spouse	<input type="checkbox"/>	99.67

Select the "Waive" option in each section if no coverage is desired.
Select "Next" once all selections are completed.

Cover Dependents

Add coverage to your dependents by selecting the box under “Cover” for each plan.

Dependent Selection

Use this page to cover a dependent under a plan. You must check the cover box next to your eligible dependents in order to enroll them.

When you have finished designating your dependents, click on the **Next** button to continue the enrollment process.

Medical Insurance : BC BS PPO Medical (Network P) TF Employee & Family

Must select each dependent that needs to be covered under each plan

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Spouse Test	Spouse	555-12-1234	Yes		<input checked="" type="checkbox"/>
Child Test	Child	554-12-1234	Yes		<input checked="" type="checkbox"/>

Dental Insurance : BC BS Dental Employee & Family

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Spouse Test	Spouse	555-12-1234	Yes		<input checked="" type="checkbox"/>
Child Test	Child	554-12-1234	Yes		<input checked="" type="checkbox"/>

Vision : BC BS Vision Employee & Family

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Spouse Test	Spouse	555-12-1234	Yes		<input checked="" type="checkbox"/>
Child Test	Child	554-12-1234	Yes		<input checked="" type="checkbox"/>

Add Dependents

The people listed above are eligible for dependent coverage. Please add any dependents you want to cover and restart the enrollment process.

Add Dependents

Select “Next” to continue.

Update Beneficiaries



Designate distribution to Beneficiaries. A primary Beneficiary is required.

Update Enrollments Cover Dependents **Update Beneficiaries** Confirmation Statement

Update Benefits: Update Beneficiaries

Name **New_Hire Test** Program **City Benefits Program**
Event Name **Open** Enrollment Period **15-MAY-2014 - 06-JUN-2014**

[Back](#) [Next](#)

Beneficiary Selection

Use this page to cover a beneficiary under a plan. You must designate a primary beneficiary for each plan (sum of % must = 100). Designating a contingent beneficiary is optional.

When you have finished designating your beneficiaries, click on the **Next** button to continue the enrollment process.

Supplemental Life - Employee : Employee Supplemental Life

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Child Test	Child	554-12-1234	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>
New_Hire Test	Self	111-88-4444	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>
Spouse Test	Spouse	555-12-1234	<input type="text" value="100"/>	<input type="text" value="0"/>	<input checked="" type="checkbox"/>
Test Contact	Contact	111-22-3333	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>

[Recalculate](#)

Primary %	Contingent %
100	0

✓ **TIP** Total Percentages for the plan must equal 100

Select "Next" to continue

Confirmation Statement

Review selections then print your “Confirmation Statement”.

Confirmation Statement

Name **New_Hire Test**
Event Name **Open**

Program **City Benefits Program**
Enrollment Period **20-MAY-2013 - 07-JUN-2013**

[Back](#)[Printable Page](#)[Confirmation Statement](#)[Finish](#)

✓ **TIP** Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave the application.

Benefit Selections

This serves as confirmation of your benefit selections. Changes/cancellations are not permitted until the next annual open enrollment period or until you experience a qualified life event.

If you have chosen any of the tobacco free options, you are stating that both you and your spouse (if covered under the City's health plan) are tobacco free for a minimum of 90 days. Tobacco refers to the use of cigars, cigarettes, pipes, smokeless tobacco, snuff, herbal tobacco products and any other not mentioned tobacco products. Falsifying this enrollment statement will result in an increase of premium.

The City offers two plans for Medical coverage. The PPO plan is copay and coinsurance based. The High Deductible plan requires you to accumulate savings to pay for medical expenses. You must select a network for either plan. Network P is more comprehensive where Network S is more exclusive. In the Chattanooga area, Network S in-network coverage is only available through the Erlanger Memorial and Parkridge Medical Systems. By selecting a plan under Network S you are agreeing to participate in the more exclusive BCBST network. It is your responsibility to verify that your medical providers are in your chosen network.

If you have enrolled in Short Term Disability for the first time, coverage is suspended and you cannot receive benefits until you have been approved for coverage through the Evidence of Insurability process.

New full time employees are automatically enrolled in Long Term Disability and City Basic Life but are not eligible for coverage and cannot receive benefits until six (6) full months after their hire date. LTD applies to General Pension employees only.

Please review this page carefully and make corrections before the end of your enrollment period.

Refer to the current City Benefits Guide for more information.

Finish and Log Out



After reviewing and printing, select “Finish.”

Confirmation Statement

Name **New_Hire Test**
Event Name **Open**

Program **City Benefits Program**
Enrollment Period **20-MAY-2013 - 07-JUN-2013**

[Back](#)[Printable Page](#)[Confirmation Statement](#)[Finish](#)

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Log out to end your session