City of St Petersburg

Using Oracle Self-Service

ENROLLMENTS CAN BE MADE FROM A NON-CITY COMPUTER
Employees may access Oracle Self-Service from a home computer or smart device

Go to http://www.stpete.org/Benefits
Click on Employee Self Service Portal

Send documentation to:
Benefits@stpete.org
HR/Benefits-MSC 4th floor
Phone: 727-893-7279 or 727-893-7819

Trouble with your password, please contact DOTS Call 727-893-7200

This Guide will be made available in alternate formats for persons with disabilities upon request
Please use this guide for instructions on how to make your benefits selections.

**Step 1** — Log into Oracle Self-Service by using your Username & Password.

You may access Oracle Self-Service as follows:

1. Visiting the home page of the Intranet, click on the Oracle eBusiness link and follow the prompts
2. Open Internet Explorer, click into the address area and type [http://zeus.stpete.org:8090](http://zeus.stpete.org:8090)

Remember: Your Oracle password should be 10 characters with at least one letter and one number and is case sensitive. Passwords should not be your username nor contain consecutive repeating characters.

**Step 2** — Click **CSP Employee Self-Service, City of St. Petersburg**

**Step 3** — Click **Benefits**
**Step 4** — “Dependents and Beneficiaries” this is where you enter contacts.

Your contacts are the people who will be covered by one of the City’s benefit plans as your dependent(s) or designated a your beneficiary(s).

To add an additional contact, click on the **Add Another Person**.
Repeat the previous steps beginning with clicking **Add Another Person** for each contact until all contacts have been entered into Oracle Self-Service. Click **APPLY** for each contact. Once saved, your contact(s) will appear in the Contact List under “Dependent and Beneficiaries”. Click **NEXT**.

**Step 5 — Enroll in Benefits**

Click in the circle in front of CSP Employee Benefits then click the **NEXT** button on the top right side of the screen.

The default Benefit Selections will appear. Click the **BENEFITS ENROLLMENT** tab. To enroll in eligible benefit plans, click the **UPDATE BENEFITS** button on the right side of the screen.
On the Benefits Selection page you will see the plans and coverage levels which you are eligible to participate.

Please note, to complete your enrollments, you must complete all tasks.

Click in the box next to plans in which you would like to be enrolled. Each plan is listed in the order as below. For new hires, plans are set to decline coverage with the exception, Basic Life and EAP.
<table>
  <thead>
    <tr>
      <th>Plan</th>
      <th>Option</th>
      <th>Select</th>
      <th>Pre-Tax</th>
    </tr>
  </thead>
  <tbody>
    <tr>
      <td>Decline Medical Coverage</td>
      <td>EE Only</td>
      <td></td>
      <td>$225.47</td>
    </tr>
    <tr>
      <td>Health (PPO)</td>
      <td>EE Plus One</td>
      <td></td>
      <td>$455.46</td>
    </tr>
    <tr>
      <td>Health (EPO)</td>
      <td>EE Only</td>
      <td></td>
      <td>$201.79</td>
    </tr>
    <tr>
      <td>Health (HMO)</td>
      <td>EE Plus One</td>
      <td></td>
      <td>$477.65</td>
    </tr>
    <tr>
      <td>Health (HMO-Basic)</td>
      <td>EE Only</td>
      <td></td>
      <td>$136.26</td>
    </tr>
    <tr>
      <td>Dental PPO</td>
      <td>EE Only</td>
      <td></td>
      <td>$27.55</td>
    </tr>
    <tr>
      <td>Dental HMO</td>
      <td>EE Plus One</td>
      <td></td>
      <td>$58.42</td>
    </tr>
    <tr>
      <td>Vision - High Option</td>
      <td>EE Only</td>
      <td></td>
      <td>$5.79</td>
    </tr>
    <tr>
      <td>Vision - Basic</td>
      <td>EE Plus One</td>
      <td></td>
      <td>$11.53</td>
    </tr>
    <tr>
      <td>Basic Life</td>
      <td>Basic Life</td>
      <td></td>
      <td>$10,000.00</td>
    </tr>
  </tbody>
</table>
NOTE:

You can contribute $300 - $3,050 per plan year to your Health Care FSA and $600 - $5,000 per plan year ($2,500 if married and filing separate tax returns) to your Dependent Care FSA ($600 minimum). The total amount you decide to contribute is deducted over the number of pay periods within your enrollment plan year. Be sure to estimate your yearly expenses carefully to determine your contribution amount. Unreimbursed funds left in the Dependent Care account at the end of the year are forfeited.
COVER DEPENDENTS

Step 6 — Choose individuals you wish to cover as dependents.

Click the box in the “Cover” column next to each person you wish to cover as a dependent for each plan.

Once selections are made, click NEXT at the top right of screen.

Step 7 — Designate beneficiaries for Life insurance coverage(s).

When complete, click the NEXT button.

Do not appoint yourself (‘Self’) as the Beneficiary or leave Beneficiaries blank as your Will/Estate will not be registered as the primary beneficiary by default. Please refer to the ‘Group Life Insurance Certificate of Coverage’ for the order of beneficiaries if a beneficiary is not listed. Group Certificates can be found on the Intranet in the Benefits Section or you can get a copy from the Benefits office.

Designate beneficiaries for Life insurance

REMEMBER: You cannot have the same person be both Primary and Contingent Beneficiary. To name an organization as a beneficiary, contact the Benefits Office, in writing to have that organization add to your record. Dependent(s) allocation total must equal 100%
After selections are made click “NEXT”

Step – 8

Selecting Primary Care Providers (PCP) for the Dental DHMO plan

If you are enrolling in the DHMO – HS195 for Dental coverage for the first time ONLY. You will need to enter the Provider ID and the Name of the Provider and Specialty.
If you do not enter a provider ID, your enrollment will go to the carrier however, you will not have an assigned provider. You will have to notify the carrier Member Services of your provider selection by calling 1-800-979-4760.

If you are currently enrolled in the Dental DHMO YOU DO NOT need to re-enter your PCP information. Updates to existing providers must be done through Member Services or online at the carrier’s website at www.humana.com or by calling 1-800-979-4760.

After selections are made click “NEXT” to advance to the next screen.

Confirmation Statement and Benefits Election Summary: Read carefully and print for your records.

Step 9 — Read, Confirm all information on the following pages.

If you need to submit Certifications (marriage certificate, birth certificate etc.) forward them to the Benefits Division in the MSC building, 4th Floor before the deadline.

For New Hires: Elections must be made in Oracle Self-Service and certifications received by the Benefits Division within your first 30 days of employment.

If you wish to print your confirmation page click the printable page button.

Click the FINISH button when you are satisfied with your selections.

Click Home in the upper right corner to be return to the Oracle Employee Self-Service homepage.
During Open Enrollment: If you receive a warning regarding certifications, please be aware that if you are continuing to cover a dependent that has previously been covered, no further action is necessary. **When Oracle processes run at night, prior certifications will be connected to your record.** If you are covering a dependent for the **first** time, you must submit documentation to the Benefits Office by the deadline. On your Oracle Confirmation Statement, **Interim** refers to your current enrollments) and **Suspended** refers to the coverage selected to take effect in the new plan year.

**Step 10** - Make sure to log out of Oracle