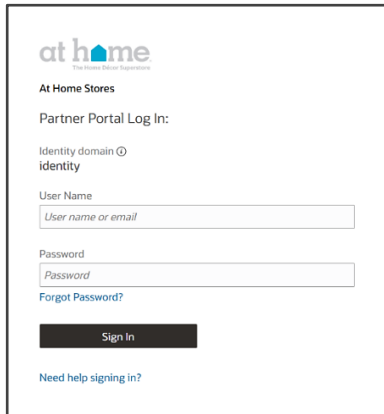


How to Enroll in Benefits

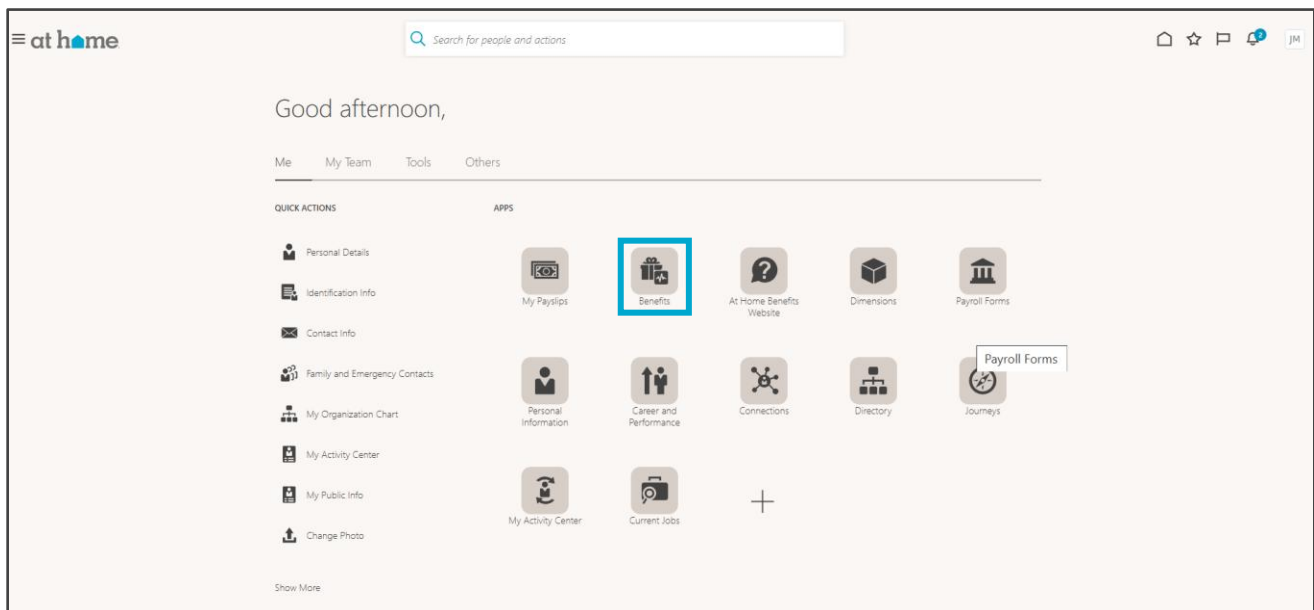
Short description of the functions covered in the job aid

LOCATING THE BENEFITS ENROLLMENT

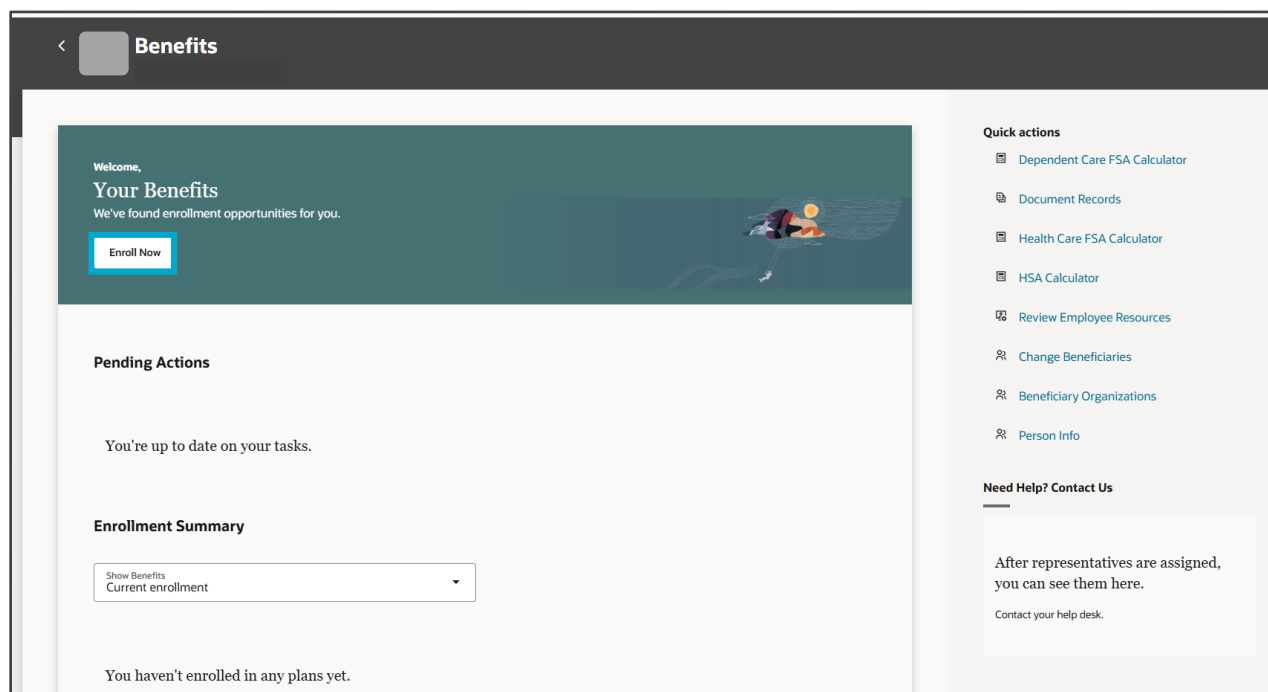
1. Log into [Oracle](#).



2. Under the **Me** tab, click the **Benefits** tile.

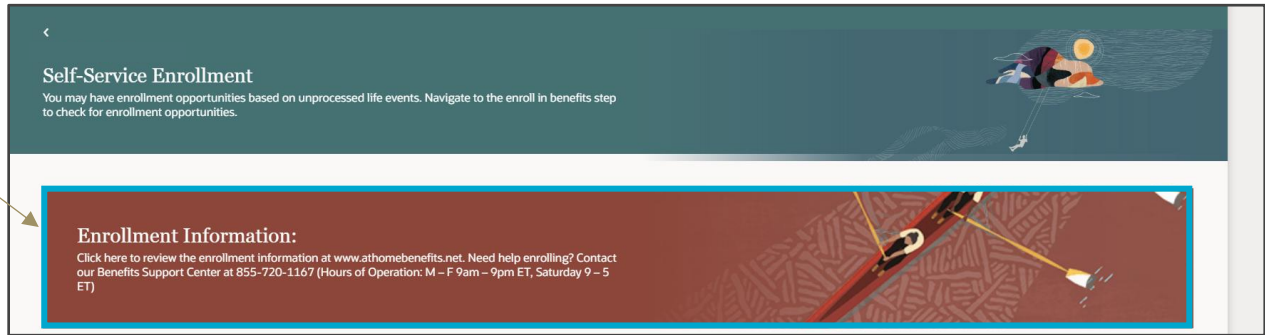


3. On the Benefits Page, choose the **Enroll Now** or **Update Enrollment** button. Choose Enroll Now if you are enrolling for the first time. If you are changing your enrollment due to a Qualifying Life event, choose **Update Enrollment**.

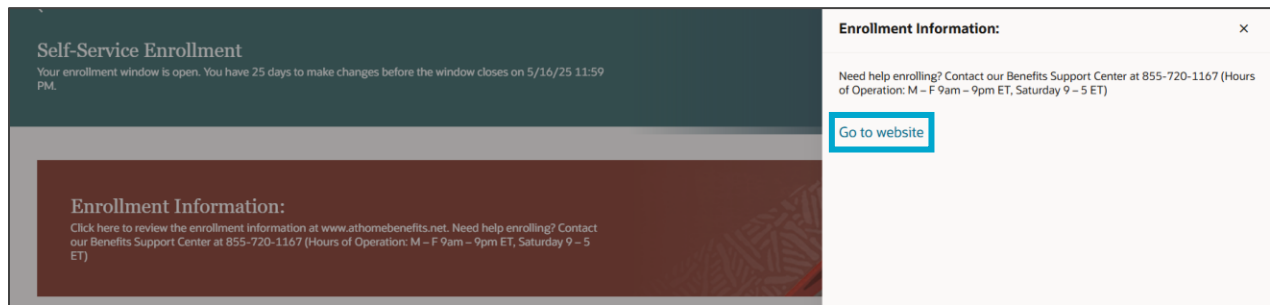


PRE-ENROLLMENT INFORMATION

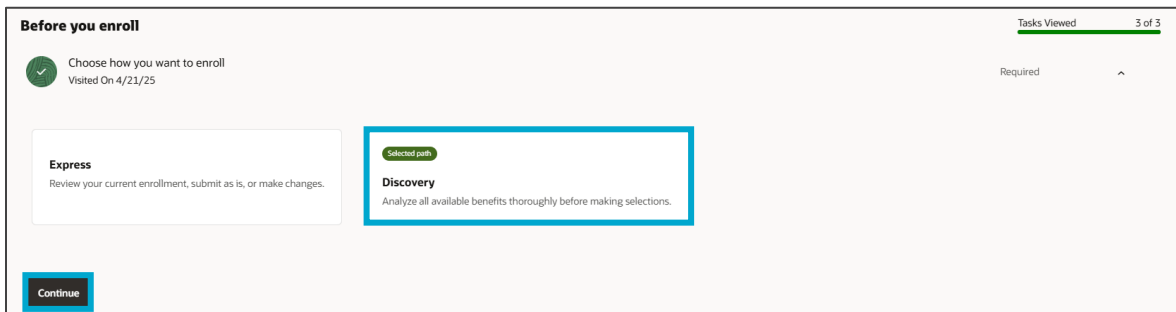
1. Before Enrolling, click on the maroon box to expand the details.



2. Click on the **Go to Website** to visit the Benefits Offerings, or visit athomebenefits.net.
Need help enrolling? Contact our Benefits Support Center at 855-720-1167
(Hours of Operation: M – F 9am – 9pm ET, Saturday 9 – 5 ET)



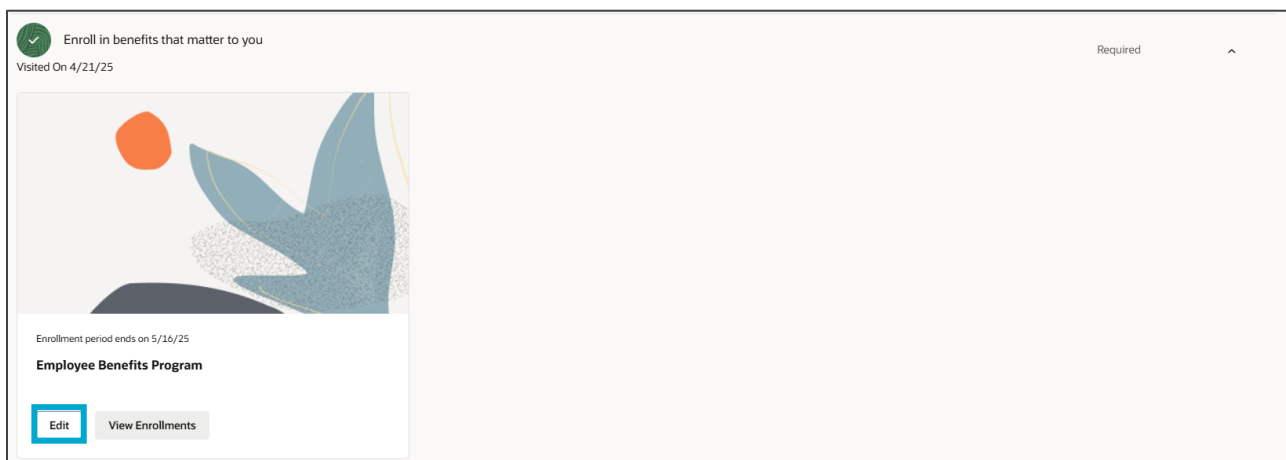
3. Complete the three **Before you Enroll** tasks.
4. On Task 1, choose **how you want to enroll** and select the **Discovery** tile path. Click **Continue**. Note: If you choose **Express** this will take you directly to the confirmation page and not walk you through each enrollment. If you take this path, you may miss important information.



- On Task 2, verify people you'd like to cover. Add or verify the necessary contacts under **My Contacts**. Those who will be receiving benefits or designated as a beneficiary should be added. **Beneficiary Organizations** will not be needed unless you are adding a Trust or other organizations before individual. To add a contact, click the **plus** sign on the right side.

- When adding a new contact for benefits, complete the following fields: **Last Name, First Name, Type of Relationship, Date of the start of the relationship with Oracle** (Hire Date or Qualifying Life Event Date), **Gender** and **National Identifiers** (Country, ID Type and ID Number such as a Social Security Number). Click **Submit**.

7. Click the **Edit** button to begin your enrollment. Once you begin, do not press **cancel** or you will have to start over. You can submit and come back to the enrollment to make changes within your first 31 days of employment with At Home.



ENROLLMENT

1. Before beginning enrollment, read through the disclaimer below and acknowledge by clicking **Accept**.

ML Review Legal Disclaimer

Authorization

Acknowledgment

By enrolling in the At Home Benefit Plans, I agree that I have read, understand, and acknowledge the following statements:

- I understand that, per IRS and plan guidelines, only specific circumstances allow changes to my benefits, including the annual open enrollment period and qualifying family status changes.
- I am aware that if I experience a qualifying event, I must notify At Home within 31 days of the event and provide the required documentation to support the event's date if I wish to make changes to my benefits.
- I understand that only specific dependents are eligible for coverage. I confirm that the dependents I have chosen for coverage meet the plan's guidelines as outlined on the At Home Benefits Website, athomebenefits.net.
- I acknowledge that children can remain covered up to age 26. Claims will not be paid beyond the month when a dependent turns 26.
- By enrolling in the High Deductible Health Plan, I grant At Home permission to open and manage a health savings account on my behalf. I also authorize At Home to exchange information with the bank, which may include my account number, for the purpose of administering this account.
- If I am employed on a part-time basis, I understand that my eligibility for the benefit plans is subject to the measurement period determined by At Home. My eligibility will be evaluated and determined annually in accordance with these rules.
- I acknowledge my responsibility for the plan premiums and commit to reviewing my confirmation statement for accuracy. In the event of an error, I agree to inform At Home immediately by emailing Benefits@athome.com, preferably within the first pay period with deductions.
- I am aware that the 2025 Required Benefit Plan Notices, the Summary of Benefits Coverage, and Summary Plan Descriptions are accessible at any time through the Resources page of the At Home Benefits Website, athomebenefits.net. I may request a paper copy of any or all documents by contacting Benefits at Benefits@athome.com.

- On the Medical Screen, the offerings are listed in the boxes below. You can view the details of the plans by clicking **View Details** and following the link to the Benefits website. Click the **Enroll** button once you have chosen your plan. Note: If you are enrolling in dependent coverage, designate your dependents by checking the box next to their name. If you are choosing not to enroll in benefits, make sure the Decline option says **Enrolled**. If you have enrolled in coverage, designate your beneficiaries.

Employee Benefits Program

ML Medical

Medical

At Home allows you to select from three distinct Blue Cross Blue Shield medical plans, allowing you to choose the best suits your needs. These plans include the Standard EPO, the Premier PPO, and the High Deductible Health Plan (HDHP). For comprehensive details on each plan, please visit our dedicated At Home Benefits Website athomebenefits.net.

We're here to support you in making the best decision for your health. Our Health Advocate service is available around the clock, offering personalized one-on-one consultations. Connect with them at <https://members.healthadvocate.com/> or call (866) 695-8622.

Complete the applicable steps and enjoy substantial savings, with a potential discount of up to \$1,200 on your medical premiums for you and your spouse/Domestic partner. The discount will be applied within 30 days of completing all steps. For specifics regarding eligibility and further information, please refer to the At Home Benefits Website at athomebenefits.net.

*Please note that Wellness Rates will be updated after enrollment and after steps are completed. **The rates you see during enrollment are the non-wellness rates.**

\$0.00 | \$0.00
Total Cost per Pay Period

Plan
All

Premier Medical PPO
\$97.62
Employee Only

Premier Medical PPO
\$97.62
Employee+Domestic Partner

High Deductible Health Plan
\$48.32
Employee Only

Premier Medical PPO
Employee+Domestic Partner

Employee Pretax Cost	Annually
\$97.62	\$2,538.00
Employer Cost	Employee AfterTax Cost
\$454.42	\$137.48

Instruction
Please visit the link below for more details:
See More Info
[Premier Medical PPO](#)

High Deductible Health Plan
\$48.32
Employee+Domestic Partner

Standard Medical EPO
\$61.07
Employee Only

Standard Medical EPO
\$61.07
Employee+Domestic Partner

Enrolled

Decline Medical

Health Savings Account
\$0.00
Employee Only

Health Savings Account
\$0.00
HSA Family

Standard Medical EPO
Employee+Domestic Partner

Show coverage and rates

▲ You haven't designated any dependents yet.

Who do you want to cover?

Doll Partin (Domestic partner)

- If you have chosen a High-Deductible Health Plan, you must enroll in a health saving plan. Indicate your desired coverage amount or leave the field as 0. Click **Save** to indicate your selections. Note: You do not need to contribute to receive the employer funding amount; however, you do need to enroll. If you have **Employee Only** coverage on the HDHP plan, elect HSA Employee only. If you have **Employee + Dependents** choose HSA Family.

Health Savings Account
Employee Only

Coverage
0

[Hide coverage and rates](#)

Employee Pretax Cost	Annually
\$0.00	\$0.00
Employer Cost	
\$19.23	

Cancel Save

- Complete the same steps on the Dental and Vision page. Click **Continue**.

Dental

Dental BCBS - High Option
\$15.07
 Employee Only
Enroll View Details

Enrolled Dental BCBS - High Option
\$15.07
 Employee+Domestic Partner
 Self, Doll Partin
Unenroll View Details ✎

Dental BCBS - Low Option
\$9.40
 Employee Only
Enroll View Details

Dental BCBS - Low Option
\$9.40
 Employee+Domestic Partner
Enroll View Details

Decline Dental
Enroll

Vision

Vision - Low Option
\$2.83
 Employee Only
Enroll View Details

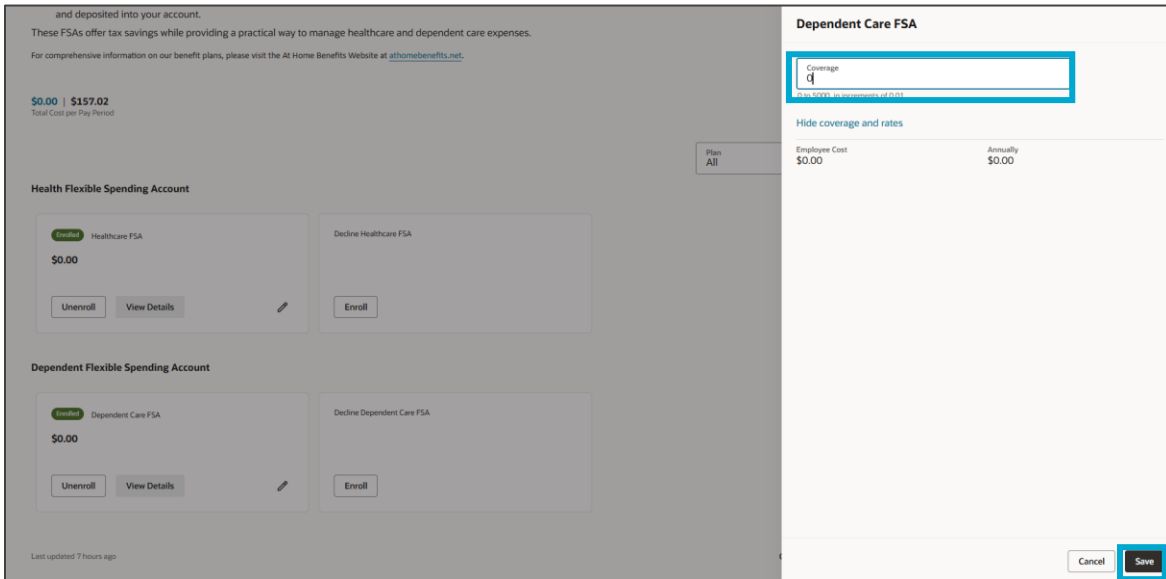
Enrolled Vision - Low Option
\$2.83
 Employee+Domestic Partner
 Self, Doll Partin
Enroll View Details

Vision - High Option
\$5.57
 Employee Only
 \$5.57
Enroll View Details

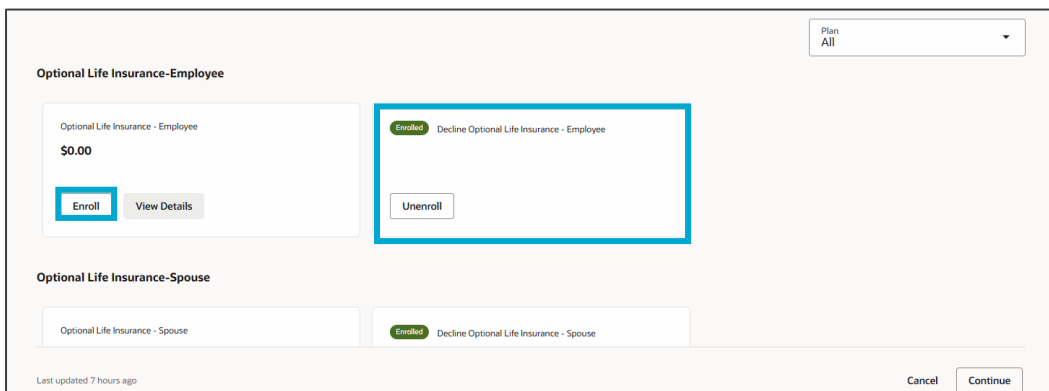
Last updated 7 hours ago

Cancel Continue

- On the **Flexible Spending Account** page, indicate if you want to enroll in these offerings. If yes, indicate the amount of desired coverage. The amount elected needs to match what you would spend on expenses for the months left in the calendar year, or for current plan year. Make sure the **Decline** option says **Enrolled**.



- On the **Life Insurance – Employee** page, review the offerings. Indicate if you would like to **Enroll** in Optional Life Insurance – Employee, Optional Life Insurance – Spouse, Optional Life Insurance – Dependents, Accident Insurance, Hospital Indemnity, Critical Illness – Employee, and Critical Illness – Spouse. To enroll in Spouse or Dependent life insurance, elect Employee Life insurance. A spouse can only be covered up to 50% of what employee elected. If you do not want any additional coverage, make sure the Decline option says **Enrolled**. If you have enrolled in coverage, designate your beneficiaries. If you are enrolling as a New Hire, you do not need to complete the EOI for STD or LTD or Life Insurance up to \$150,000.



- On the STD/ LTD enrollment page, follow the steps in the directions to complete the form on the standard’s website. If you are enrolling as a New Hire, you do not need to complete the EOI for STD or LTD or Life Insurance up to \$150,000.

STD/LTD

At Home offers a pair of disability plans designed to work together, providing financial support should you be unable to work due to illness, injury, or pregnancy.

- Our Short-term Disability (STD) plan offers income protection when you experience a brief period of disability, ensuring you have financial support during such times.
- Additionally, eligible Team Members can access our Long-Term Disability (LTD) plan. In the event of extended disability, LTD benefits come into play, replacing up to 60% of your monthly income, with a maximum benefit of \$10,000 per month if you cannot work for more than 26 weeks.

If you enroll in Disability Insurance outside of your initial enrollment period (during Open Enrollment, for example), you will be required to provide Proof of Good Health to obtain coverage.

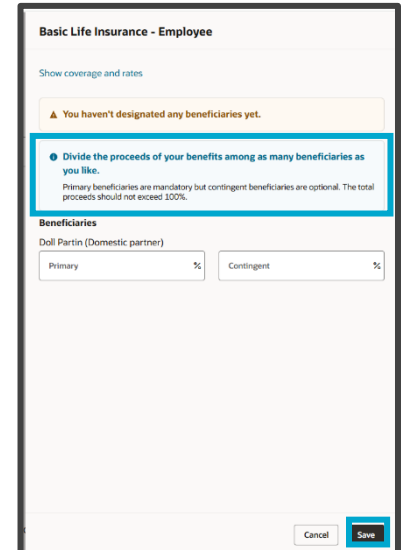
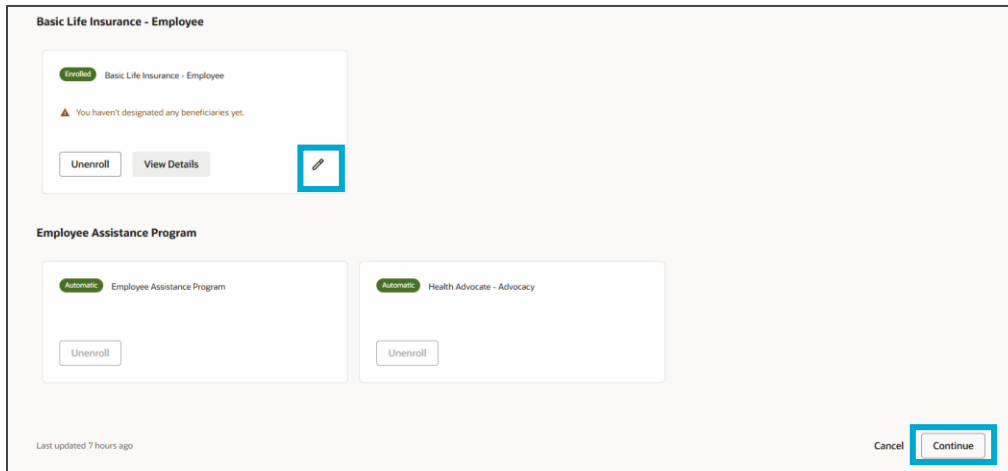
This form can be completed on The Standard's website at <https://myeoi.standard.com/752114> (use group #752114 to complete the form). Please note that payroll deductions and coverage will commence once At Home receives approval from the carrier. Note that EOI declination for Team Member coverage could affect Spouse and Child coverage.

To access comprehensive information about our benefit plans, please visit the At Home Benefits Website at athomebenefits.net.

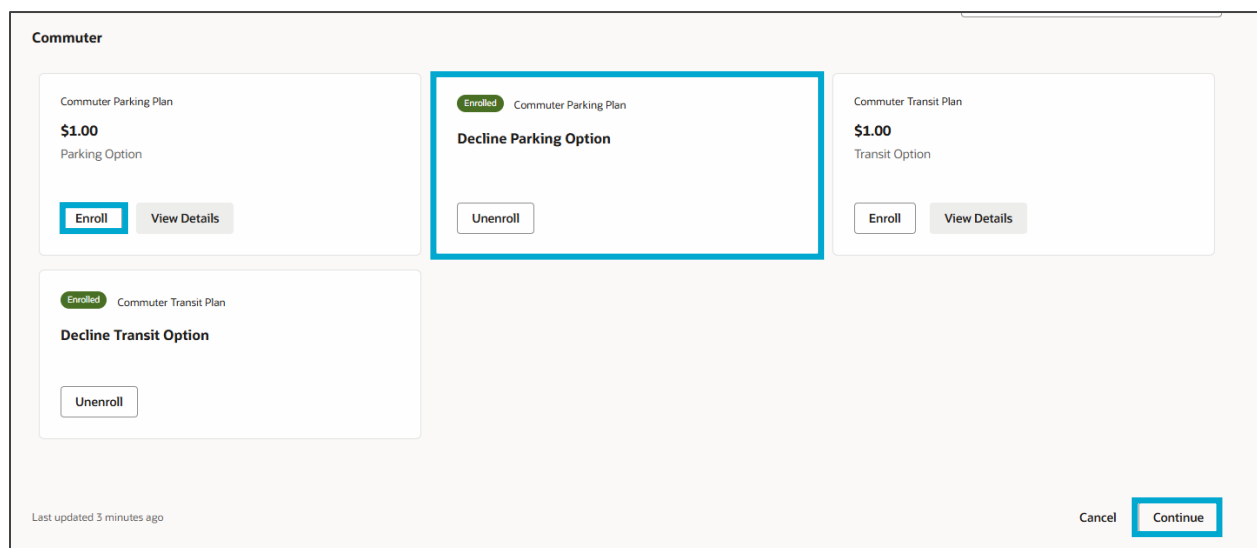
- Next, indicate if you would like to enroll in long-term disability. Click **Continue** and make sure the Decline option says **Enrolled**.

The screenshot displays the 'Long Term Disability' enrollment page. On the left, a card shows the plan name 'Long-Term Disability' and the cost '\$19.82'. Below this card are two buttons: 'Enroll' and 'View Details'. To the right of this card is a larger box titled 'Decline Long Term Disability' which contains an 'Unenroll' button. At the top of this box, the status 'Enrolled' is displayed in a green pill. At the bottom right of the entire interface, there are 'Cancel' and 'Continue' buttons, with 'Continue' being highlighted with a blue border.

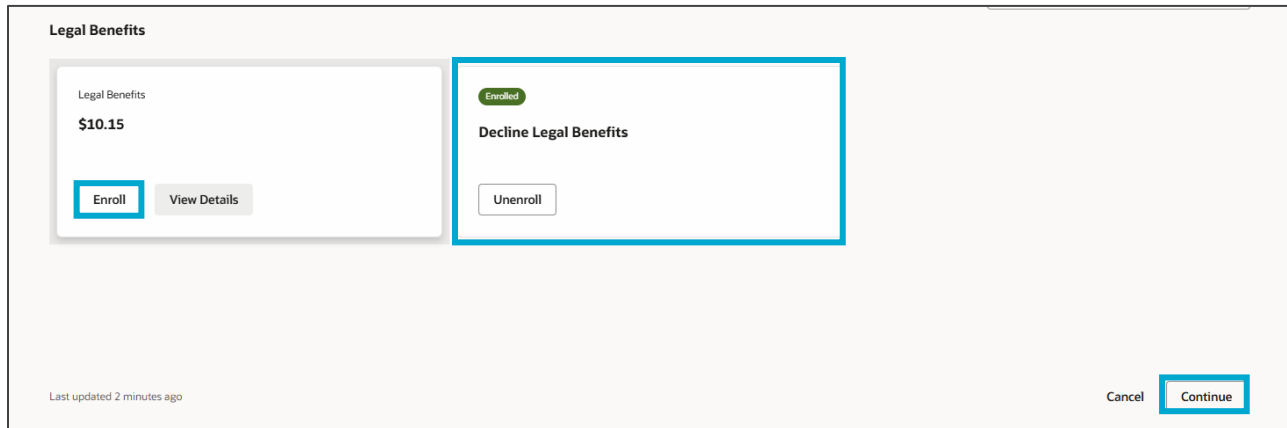
- On the **Employer Paid Benefits** page, designate your beneficiaries. This life insurance coverage is provided at no cost to you. **Do not** change this enrollment status. Designate the beneficiaries by clicking on the pencil. Click save and **Continue**.



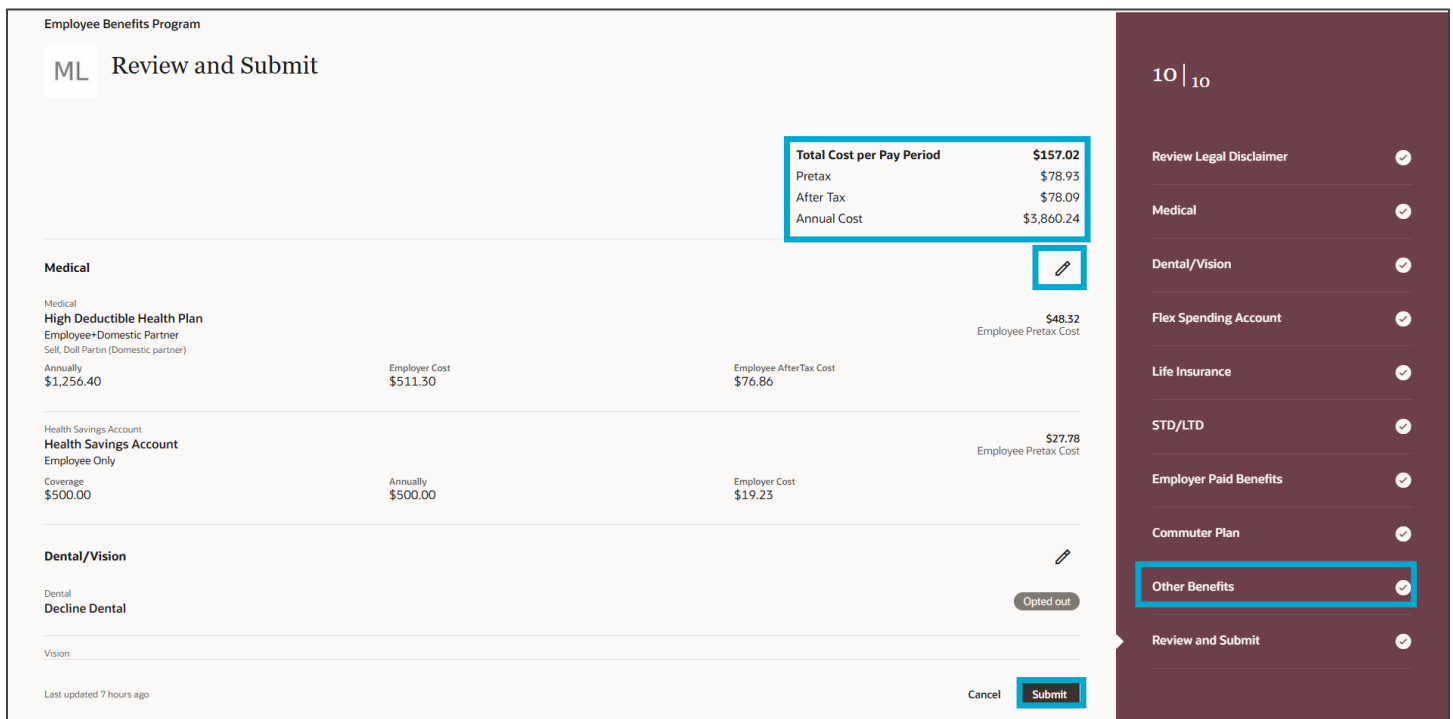
- On the **Commuter Plan** page, indicate if you want to enroll in commuter parking or transit plans. If you do not enroll, ensure the **Decline** option says **Enrolled**. If electing coverage, type in your desired amount up to the limit.



11. On the **Other Benefits** page, indicate if you want to enroll in a **Legal Benefits** plan. If you do not want to enroll, ensure the **Decline** option says **Enrolled**.





12. On the **Review and Submit** page, you will see an indication of your cost per pay period at the top of the page. Scroll to review your benefits selections to ensure accuracy. To make changes, use the **pencil icon** to navigate to that page. You can also click the page title on the right side.



13. After confirming your selections, click the **Submit** button. If you click **cancel**, your submissions will not be saved. After submission, you will receive two confirmation notifications. You can make election edits at any time by following steps 1 through 13 within your first 31 days of hire.

 **Enrollment submitted**

You can go ahead and enroll in other benefits that are available to you. Or you can continue with the rest of the process.

 **Enrollment submitted** 

POST ENROLLMENT TASKS

1. If applicable complete **Post Enrollment** tasks. Should you have any pending actions such as an EOI (Evidence of Insurability) or a Domestic Partner affidavit etc., they will be listed here.

Enrollment Information:
 Click here to review the enrollment information at www.athomebenefits.net. Need help enrolling? Contact our Benefits Support Center at 855-720-1167 (Hours of Operation: M – F 9am – 9pm ET, Saturday 9 – 5 ET)

Before you enroll	Tasks Viewed 3 of 3
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> ✓ Choose how you want to enroll <small>Visited On 4/21/25</small> </div> <div style="flex-grow: 1; border-bottom: 1px solid #ccc;"></div> <div style="text-align: right; font-size: 12px;"> Required ▾ </div> </div>	
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> ✓ Verify people you'd like to cover <small>Visited On 4/21/25</small> </div> <div style="flex-grow: 1; border-bottom: 1px solid #ccc;"></div> <div style="text-align: right; font-size: 12px;"> Required ▾ </div> </div>	
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> ✓ Enroll in benefits that matter to you <small>Visited On 4/21/25</small> </div> <div style="flex-grow: 1; border-bottom: 1px solid #ccc;"></div> <div style="text-align: right; font-size: 12px;"> Required ▾ </div> </div>	
Post-enrollment	Tasks Viewed 1 of 1
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> ✓ Complete pending actions <small>Visited On 4/21/25</small> </div> <div style="flex-grow: 1; border-bottom: 1px solid #ccc;"></div> <div style="text-align: right; font-size: 12px;"> Optional ▴ </div> </div> <div style="margin-top: 5px; font-size: 10px;"> Vision Domestic partner affidavit Vision - Low Option, Employee+Domestic Partner </div>	Required ✎

Done

Questions? Please contact Benefits@athome.com or our Enrollment support center.
 Need help enrolling? Contact our Benefits Support Center at 855-720-1167
 (Hours of Operation: M – F 9am – 9pm ET, Saturday 9 – 5 ET)