

2012 Premier Enrollment Instructions

Employees have 15 days from the date they are available in the Premier Enroll Online system to complete their enrollment online. After 15 days, employees who have not completed an enrollment will be enrolled in the Non-Contributory Employee Only medical plan, Basic Life (\$10,000) and Flex dollars will be added to a Medical Flexible Spending Account (MFSA) VISA Card.

Welcome to your benefits online enrollment. A couple of important things to remember before you get started.

1. Create login and password at www.myFBMC.com
2. Please read all pop up information as this is important information regarding your enrollment.
3. If you are adding your spouse and/or children to your benefits, dependent verification documentation required. Please see page 14 of your DCPS Reference Guide.
4. If you enroll in the Long Term Care (LTC) and/or Hospital Income Protection (HIP) plans there is an application to be completed.
5. Your enrollment session will “Pend” for any of these type selections until the required documentation and/or applications are submitted to the Employee Benefits Department.
6. This documentation must be submitted by the 15th day of your enrollment period.
7. Failure to submit the dependent documentation will result in your selections being changed to “Employee only” for that benefit selection.
8. If the HIP or LTC application is not received, the benefit will be dropped.
9. The (i) icon has additional information available. Click on the (i) to see what information is available for that subject.
10. If you have any questions, you can call the Employee Benefits Department at 390-2351.
11. Dependent documentation must be brought into the Employee Benefits Office located at 1701 Prudential Drive, Jacksonville, FL 32207, Room 209. Monday through Friday from 8am to 5pm. You will receive a Dependent Verification Acknowledgement Form once completed.

As you move through your enrollment, you will see your elections of pre-tax and post-tax deduction amounts in the “Shopping Cart” located to the lower left on the screen. This is your bi-weekly deduction total.

A. To Begin:

1. Go to www.myFBMC.com
2. Follow the instructions to set up your own username and password.
3. Click the “Web Enrollment” link.

TURN OFF POP-UP BLOCKERS BEFORE YOU BEGIN. THIS IS NECESSARY FOR VIEWING AND PRINTING YOUR CONFIRMATION NOTICE AT THE END OF YOUR ENROLLMENT SESSION.

B. 1. Verify your employee information on the Demographics Screen

- Name
- Suffix (if any)
- Date of birth
- Date of hire
- Employee ID
- SSN (all 9 digits)
- *Address (updating address with FBMC does not update your address with DCPS, please contact HR)
- *Email Address
- *Phone

Please Note: Only the information with an asterisk may be changed during enrollment.

2. Adding Dependent Information:

Click (+) to the right of the word “Dependents” to add each dependent: (Please read pop up letter regarding qualifications and documentation required to add dependents.)

Note: If your dependent will be your beneficiary then you only need to add them as the dependent. If you have no dependents on your insurance, then you must add your beneficiary under beneficiary section.

*Name

*Suffix (if any)

*Relationship (click drop down box and select the appropriate one)

The following are the types of relationships that are available for choosing:

- Spouse
- Son and daughter
- Stepson and stepdaughter
- Grandson and Granddaughter (up to 18 months if son or daughter is on the plan)
- Legal Ward (court awarded documentation required)

*Date of Birth

*SSN (Important for insurance companies)

*Marital Status (Click Married or Unmarried)

*Gender (Click Male or Female)

Full/Part-time Student (click yes or no)

Disabled (click yes or no) (**If you are electing to cover an over age 25 disabled dependent , a physician statement must be provided certifying the over age 25 disabled dependent is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and is chiefly dependent upon the employee for support and maintenance. The dependent must otherwise be eligible for coverage as a dependent except for age.**)

*Address (if the same as yours, click box)

Email Address

Please Note: All information with the asterisk must be completed.

- . Click “Save Dependent”
- . If you have more dependents, repeat Step 2 for each dependent.

SUPPORTING DOCUMENTATION IS REQUIRED WHEN INSURING DEPENDENTS.

Please refer to the DCPS 2012 Flexible Benefits Plan Reference Guide (Page 14)

For the list of required documents

3. Adding Beneficiaries

Note: If your dependent will also be your beneficiary, you will not need to add that dependent to the Beneficiary section of the screen. If you do not have dependents that are covered on your insurance, then you must add your beneficiary under Beneficiary section.

Click + to add beneficiaries

*Name

*Suffix (if any)

*Relationship (click drop down box)

*Date of Birth

SSN

*Address (if the same as yours, click box)

*Email Address

Please Note: All information with the asterisk must be completed.

Click save beneficiary

If you wish to add more beneficiaries, repeat Step 3

C. **Start Benefit Elections**

1. Click “Start Benefit Election”
2. FBMC Privacy Notice - Read then click “Next Step”
3. Click yes or no on Dual Spouse Information (*Note: To be eligible for Dual Spouse both husband and wife must be DCPS employees and cover a dependent child on the medical plan. If you have questions about this, contact the Employee Benefits Department at 390-2351.*)

Medical

1. Choose a medical plan by clicking on one of the following benefit options:
 - DCPS Contributory
 - DCPS Non Contributory
 - High Deductible Health Plan (HDHP) (**Only certain union groups are eligible for this plan**). If you elect the HDHP plan, be sure to read the “Important Facts About High Deductible Health Plans (HDHP) with HSA’s”
2. Select your desired coverage level:
 - Employee only
 - Employee and spouse
 - Employee and child(ren)
 - Employee and Family
3. The per-pay premium amount for the elected medical will automatically populate.
4. Select pre-tax or post-tax deduction. (Pre-tax deduction is before taxes and Post-tax deduction is after taxes)
5. Click yes or no on “other medical insurance” question for yourself and your dependents.
6. If a dependent coverage level is selected click on the box to the left of the dependent’s name that will be covered under this benefit.
7. To determine how to calculate any adjustments, please refer to the Adjustment Calculation Sheet provided to you during your New Hire Orientation.
8. Click on “Next Step”

Dental

1. Choose one of the following benefit options or Waive Coverage:
 - Delta Care USA Pre-paid Plan (Employee **MUST** select a dental provider from a predetermined list)
 - Enter the facility number; or
 - Click facility search, select from the list, and it will automatically appear
 - Delta Dental PPO Indemnity (Employee **MAY** select any approved dental provider) see complete list at www.deltadentalins.com.
 - Waive coverage
2. If you have chosen a dental plan, please choose from the following coverage levels:
 - Employee only
 - Employee plus one
 - Employee plus two or more dependents
3. Per pay amount will automatically populate
4. Select pre-tax or post-tax deduction
5. If a dependent coverage level is selected, click on the box to the left of the dependent’s name that will be covered under this benefit. If Delta Care USA plan is selected, enter facility number or click “facility search” to select a facility for each dependent (you may select the same or a different facility for your dependents).
6. Click “Next Step”

Vision

1. Choose from the two options
 - Vision Coverage
 - Waive Coverage
2. If Vision is chosen, choose a coverage level:
 - EE only or
 - EE and Family
3. Per pay amount will automatically populate
4. Select pre-tax or post-tax deduction
5. If dependent coverage level is selected, click on the box to the left of the dependent's name that will be covered under this benefit.
6. Click "Next Step"

Group Term Life and AD& D

1. Employer paid coverage of \$10,000 is already populated.
2. If you wish to purchase additional coverage you may choose:
 - 1x Salary
 - 2x Salary
 - 3x Salary
 - Fixed amount of \$50,000

Note: for new hire employees no Evidence of Insurability (EOI) is required.

3. Click on the level of your choice
4. Click on your beneficiary
5. Select Primary or Contingent and enter percentage for each. The total can't be more than 100% if you select more than one beneficiary.
(Note: Amounts should be entered as 100.00 or 33.00 not 33.33 or 33.34)
6. Click "Next Step"

AHL Group Critical Illness

This benefit is only available during Open Enrollment. Click "Next Step"

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This benefit is only available during Open Enrollment. Click "Next Step"

Short Term Disability

1. Choose from the two options
 - Short Term Disability or
 - Waive Coverage
2. If you selected this benefit, choose the coverage level amount
3. Per Pay amount will automatically populate
4. Select pre-tax or post-tax deduction. (Note: Post-tax is already populated.)
5. Click "Next Step"

Long Term Disability

1. Choose from the two coverages
 - Long Term Disability
 - Waive coverage
2. If you select this benefit, choose the coverage level of the monthly benefit amount
3. Per pay amount will automatically populate
4. Select pre-tax or post-tax deduction. (Note: Post-tax is already populated.)
5. Click "Next Step"

Hospital Indemnity

1. To waive coverage, click “Next Step”
2. To elect this coverage, click the down arrow in Action field and select “Add Coverage”.
3. At “Selected” click on the drop down menu, select coverage level desired. (*Note: If you chose a dependent level of coverage, you must click on the box to the left of the dependent’s name that will be covered under this benefit.*)
4. Per Pay amount will automatically populate
5. Select pre-tax or post-tax deduction
6. Click “Next Step”
7. Read message in Pop-Up box. **This benefit requires an application that can be obtained in the Employee Benefits department.**
Click “OK”

Hospital Intensive Care

1. Not available to new participants
2. Click “Next Step”

AFLAC Cancer

1. Not available to new participants.
2. Click “Next Step”

Dependent Care FSA

1. Choose from the two coverage options
 - Dependent Care FSA
 - Waive Coverage
2. If you selected this benefit, click in the Election\$ box to enter the annual amount to be deducted
3. Total Election and Per Pay amount will automatically populate
4. Enter tax filing status – either married/no married filing single or married filing jointly. (Each gives the minimum and maximum allowed for that status)
5. Click “Next Step”

Health Savings Account (HSA)

ONLY AVAILABLE IF YOU HAVE THE HIGH DEDUCTIBLE MEDICAL PLAN

1. Choose from the two coverage options
 - Health Savings Account
 - Waive Coverage
2. If you chose HDHP, the employer contribution for the remainder of the plan year will automatically populate.
3. If you wish to self fund an additional amount, click in the “**Employee** Contribution” box to enter the annual amount to be deducted.
4. Total Election and Per Pay amount will automatically populate
5. Click “Next Step”
6. Click “Next Step” (Note: You are not eligible for the Medical FSA because you have enrolled in the HSA)

Medical FSA

1. Read screen and click “Next Step”
2. If you elected the Contributory medical plan, the employer contribution for the remainder of the plan year will automatically populate.
3. Click to select Medical FSA
4. If you wish to self fund an additional amount, click on the **Employee** contribution box to add the amount you’d like to have deducted annually.
5. Click “Next Step”
6. If you do not wish to elect the Medical FSA, leave amount at zero and click “Next Step”

Long Term Care

The Long Term Care benefit is guaranteed issue for New Hire employees.

Coverage is available for spouses; however evidence of insurability is required thru a separate application.

This may be obtained from the Employee Benefits department.

1. Choose from the two coverage options

- Long Term Care
- Waive Coverage

2. Click the drop down menu to under “Coverage.”

3. Per pay amount will automatically populate

4. If choosing Spouse Coverage, click Spouse Long Term Care button and click the drop down button under “Coverage” to select level of coverage.

5. Per pay amount will automatically populate for Spouse Coverage (**Note: The spouse deduction will not begin until the spouse coverage is approved by UNUM.**)

6. Click “Next Step”

7. Read message in Pop-Up box. This benefit requires an application that can be obtained in the Employee Benefits department. Click “OK”

Trustmark Accident Plan

Only available during Open Enrollment, Click “Next Step”

Completion Information

Read and click “Next Step”

Confirmation Page

REVIEW ELECTIONS TO ENSURE THAT YOUR ELECTIONS ARE CORRECT.

1. Check the box agreeing to the Terms and Conditions

2. To confirm – electronically sign by typing your first and last name in step 1 box and by confirming your pre-tax deduction by retyping the dollar amount in the step 2 box.

3. Click Confirm and Submit.

4. Read pop-up box information and click “OK”

(Note: If dependent level coverage, HIP or LTC coverage is elected, a “Pending Approval” pop-up box will appear. Session will be pended until all documentation is received.)

5. Print confirmation for your records.

6. Review the confirmation page:

- Verify the benefit plans you elected are correct
- If you elected dependent coverage, make sure the dependents are listed with the correct benefits
- Make sure your beneficiary information is correct

Important Reminders

Remember: All enrollments will be “Pended” until all proper dependent documentation is received in the Employee Benefits department. Applications for Hospital Indemnity or Long Term Care must also be submitted.

You have until the 15 day deadline of your enrollment to submit your applications and dependent verification documentation. All changes must be made to your enrollment during those 15 calendar days.

If proper dependent verification documentation is not provided or application is not completed on the day of your New Hire Orientation, you will need to arrange to visit the Employee Benefits department at the Duval County School Board office to verify your dependents and/or complete Hospital Indemnity or Long Term Care application. We are located on the 2nd Floor at 1701 Prudential Drive, Jacksonville, FL 32207. Please call 904-390-2351 for further information.

If your documentation or applications are not received by the 15th calendar day, your benefit elections will revert to “Employee Only” for that selected benefit (Medical, Dental or Vision) and the HIP and/or LTC election will be removed.