

EMPLOYEE USER GUIDE
Open Enrollment 2018
10/03/2017 — 10/27/2017



browardschools.com/benefits

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

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**EMPLOYEE CHECKLIST FOR
EMPLOYEE SELF-SERVICE (ESS)
BENEFITS ONLINE OPEN ENROLLMENT 2018**

Please make sure you have the following information to ensure that your Online Open Enrollment is successful:

Login ID: _____

Password: _____

Print out of current benefits information from ESS

Information for each dependent:

NAME	DATE OF BIRTH	SS#	ADDRESS

Flexible Spending Accounts (Dependent Care and/or Medical Reimbursement) must be entered as an **ANNUAL** amount. Minimum is \$100.00. The annual maximum amount for the Medical FSA is \$2,600 and the annual maximum amount for the Dependent Care FSA is \$5,000.

For general information on Voluntary Supplemental Insurance, please visit the Benefits Department website at browardschools.com/benefits, select the **“BCPS Benefits”** tab then click on the **“Supplemental Insurance”** link. **THESE SELECTIONS WILL NOT APPEAR IN ESS.** You **MUST** contact the vendors directly to enroll.

If you would like to cancel any of your Voluntary Supplemental Insurance (s), please complete the **Supplemental Insurance Deletion Form** located on the Benefits website at browardschools.com/benefits by selecting the **“Rates & Documents”** tab and return the completed form to the Benefits Department.

OPT-OUT PROCESS

Employees Currently Opted-Out of Health Coverage and Receiving Medical Opt-Out Supplement

Employees who are currently opted out of the health coverage and receiving the Opt-Out Supplement and would like to remain opted-out, are **NO longer required** to annually complete and submit the Medical Affidavit Form and proof of other coverage.

Employees Currently Opted-Out of Health Coverage and NOT Receiving Medical Opt-Out Supplement

Employees currently opted-out of the health coverage and **NOT** receiving the Opt-Out Supplement but wish to receive it for 2018, **MUST** provide proof of other coverage to the Benefits Department by **Friday, October 27, 2017**. Please email your proof of coverage to optout@browardschools.com and include your name, personnel number and in the **subject line: Medical Opt-Out Supplement**. **If your proof of coverage is not received by Friday, October 27, 2017**, you will remain opted-out of the health coverage for 2018 and will not receive payment of the Medical Opt-Out Supplement.

Employees Opting-Out For The First Time MUST access Employee Self-Service (ESS) by Friday, October 27th

and elect the Medical, Dental and/or Vision Opt-Out Plan Options. If you are currently opted-out, no action is required on your part. In addition, **completion and submission by email of the Medical Affidavit Form and proof of other coverage by Friday, October 27, 2017** to optout@browardschools.com is required in order to receive the annual stipend of \$750. Submission of the Medical Affidavit Form and proof of other coverage is **NOT** required annually. Employees may also opt-out of the dental and/or vision coverage; however, no stipend is available for these options and submission of an Affidavit Form is not required. Your current opt-out records will automatically rollover to plan year 2018. If you are opting-out of the health coverage for the first time and do not submit the Medical Affidavit Form and proof of other coverage by Friday, October 27th, you will be placed into a **Medical Non-Paid Opt-Out Plan for 2018**. The Medical Opt-Out Affidavit Form can be found on the Benefits Department website at www.browardschools.com/benefits by clicking on the “Rates & Documents” tab.

For Opt-Out Status Changes outside of the Open Enrollment period, employees must access the Benefits Department website at www.browardschools.com/benefits in order to download the Opt-Out Affidavit Form(s) and submit the completed form(s) and insurance documentation to the Benefits Department. Please see further details regarding the requirements delineated on the form(s) located in the “Rates & Documents” section of the Benefits Department website.

A Summary Plan Document (SPD), which summarizes important information about your health coverage options is available on the Benefits Department website at browardschools.com/benefits by selecting the “BCPS Benefits” tab then by clicking on the Health link. A copy is also available, free of charge, by calling 754-321-3100.

ALL NEW HIRES

New Hires who would like to make changes to their benefit elections after completing their Benefits Orientation, these changes **MUST** be completed within your 30-day Benefits Election Window (within 30-days from the date you completed your Benefits Orientation) as indicated on the Acknowledgement of Time Limitation Form. New Hires may choose to opt-out of any or all of the following plans—Medical, Dental and/or Vision; however, the \$750 annual supplement is provided to those who opt-out of the **Medical Plan only**. In addition, proof of insurance **MUST** be submitted to the Benefits Department with the New Hire Enrollment Form or within 30-days of the Benefits Orientation date.

LIFE INSURANCE - MUTUAL OF OMAHA

The District provides Basic Life Insurance Coverage, at no charge to all benefit eligible employees who work a minimum of 20 hours per week. The District also provides eligible employees with the option to increase the basic benefit by electing to enroll in the Enhanced Life Plan.

For all employees (with the exception of Paraprofessionals), the Group Term Life Insurance and Accidental Death and Dismemberment (AD&D) amount is 125% of their annual salary, rounded to the next higher \$1,000, if not an exact multiple of \$1,000. The minimum amount is \$7,000 and the maximum amount is \$50,000. In the event of accidental death, the insurance is doubled. For Paraprofessionals, Group Term Life Insurance is 125% of their earnings, rounded to the next higher \$1,000, subject to a minimum of \$20,000 and a maximum of \$50,000.

The Enhanced Life Insurance and AD&D benefit is in addition to the Basic Life Insurance benefit and AD&D. The coverage is affordable and convenient; premiums are remitted through payroll deductions. Employees are able to purchase additional group Term Life Insurance at competitive rates. Newly eligible employees may purchase life insurance from 1.25 times their annual salary up to 5 times their annual salary, not to exceed \$500,000 on a Guarantee Issue basis. In the event of accidental death, the insurance is doubled.

Employees on Leave are not eligible to enroll in the Enhanced Life Insurance plan.

If you did not select Enhanced Life Insurance at time of employment, you may only enroll during subsequent Open Enrollment periods, at which time Evidence of Insurability (EOI) will be required if increasing two or more levels. For benefit eligible employees, if you select Enhanced Life Insurance during Open Enrollment, no Medical Evidence of Insurability is required, unless you are applying for amounts over the Guarantee Issue amount and/or increasing more than one level.

The EOI can be downloaded by visiting the Benefits website at browardschools.com/benefits and clicking on the "Rates & Documents" tab. Please submit completed form to the Benefits Department by Friday, October 27, 2017. If the EOI Form is not received by the stated deadline, your Enhanced Life Insurance election will be reversed.

If you elect to enroll in the Enhanced Life Coverage, the premium will be deducted from your paycheck.

For rates and further details regarding the life insurance benefits, please visit the Benefits Department website at browardschools.com/benefits, select the "BCPS Benefits" tab then click on the Life Insurance link.

LIFE BENEFIT RIDER

The Living Benefit is available to employees who meet certain criteria. It is an innovative feature, which allows an insured employee to apply for an accelerated death benefit. This benefit will be paid during his or her lifetime, if the employee has a terminal condition, which is expected to result in death within twelve months. The maximum Living Benefit for which an employee can apply is 75% of his or her total life insurance amount with a maximum benefit of \$375,000. The amount paid under the Living Benefit will reduce the Beneficiary Life Insurance benefit.

DOMESTIC PARTNER ENROLLMENT

Employees may add a Domestic Partner to their coverage at any time during the year on a post-tax basis. This process **CANNOT** be completed through ESS. Employees **must** complete the **Domestic Partner Affidavit Form** and submit it to the Benefits Department prior to the activation of the insurance coverage and premium deductions.

The Domestic Partner Packet, along with instructions, can be found on the Benefits Department website at browardschools.com/benefits by selecting the “Rates & Documents” tab. Coverage for your Domestic Partner will become **effective the first of the month following receipt of the completed Domestic Partner Affidavit Form and required supporting documentation as noted in the packet.**

If you choose to enroll your Domestic Partner during the Open Enrollment period (October 3th—October 27th), effective for January 1, 2018, please make a note of this request on the Domestic Partner Affidavit Form. Otherwise, your request will be processed effective the 1st of the following month after receipt of the affidavit form and supporting documentation.

Employees may also discontinue coverage for their Domestic Partner by completing the **Statement of Disenrollment of Domestic Partner**. This form can be found on the Benefits Department website at browardschools.com/benefits by selecting the “Rates & Documents” tab. Coverage for your Domestic Partner will be discontinued effective the first of the month following receipt of the Statement of Disenrollment of Domestic Partner Form.

You are **not** permitted to file another Domestic Partner Affidavit Form Request for at least twelve (12) months from the time you filed a Statement of Disenrollment of Domestic Partner Form.

ENHANCED DEPENDENT ELIGIBILITY VERIFICATION PROCESS

ACTION REQUIRED!!!

With its commitment to continuous improvement and in an effort to better manage the District's Employees Benefits Program, the District has enhanced the Dependent Verification Process to ensure all current and future dependents enrolled in the health, dental and/or vision plans, meet the District's established **Dependent Eligibility Criteria**.

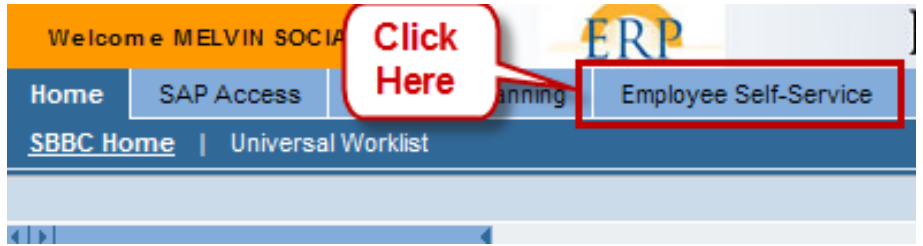
Beginning September 1, 2017, employees who are currently covering their dependent(s) on their Medical, Dental and/or Vision plan(s), are required to present documentation to verify their dependent's eligibility in order to remain on the District's insurance plan(s) for January 1, 2018. Information regarding the implementation of the District's new Dependent Verification Process was disseminated on May 24, 2017, July 24, 2017, and August 28, 2017 via a **BCPS Alert**, in order to provide employees an opportunity over the Summer to visit the Benefits Department and verify their dependent(s). In addition, the Benefits Department has coordinated the scheduling of Dependent Verification Sites across the District, in order to ensure the highest level of convenience to employees who wish to verify their current dependents and/or verify dependents they may wish to add during this year's annual Open Enrollment period in October. A listing of the Dependent Verification Sites can be found on the Benefits Department website at www.browardschools.com/benefits by clicking the Open Enrollment Link.

Employees who are currently covering or would like to add dependents during the Open Enrollment period, **are required to present their original document(s) to a Benefits Staff Member at the Benefits Department or at one of the listed Dependent Verification Sites, by Friday, October 27, 2017** in order to verify their dependent(s). If this deadline is not met, **unverified dependent(s)** will be deleted from or will not be enrolled on the your plan(s), effective, January 1, 2018.

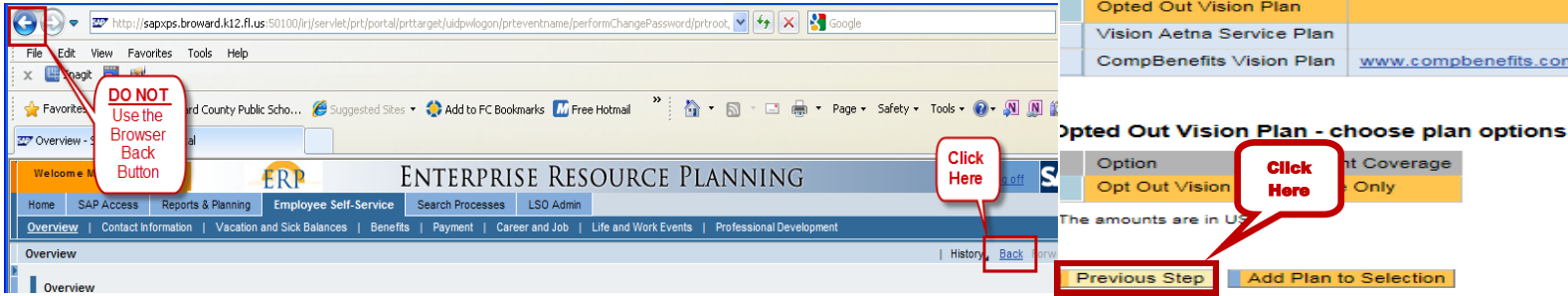
For further details regarding the Dependent Verification Process, please review the Dependent Eligibility Verification Documents, which can be found on the Benefits Department website at www.browardschools.com/benefits by clicking on the Open Enrollment Link.

ACCESSING BENEFITS OPEN ENROLLMENT VIA EMPLOYEE SELF-SERVICE (ESS)

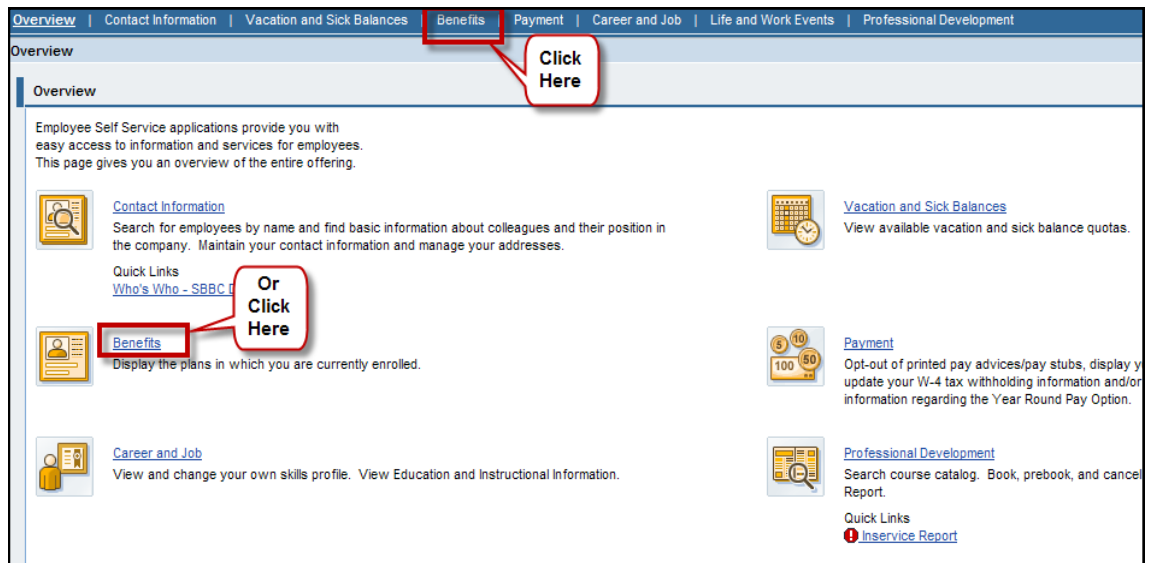
- Click on **Employee Self-Service** in order to access the ESS Menu



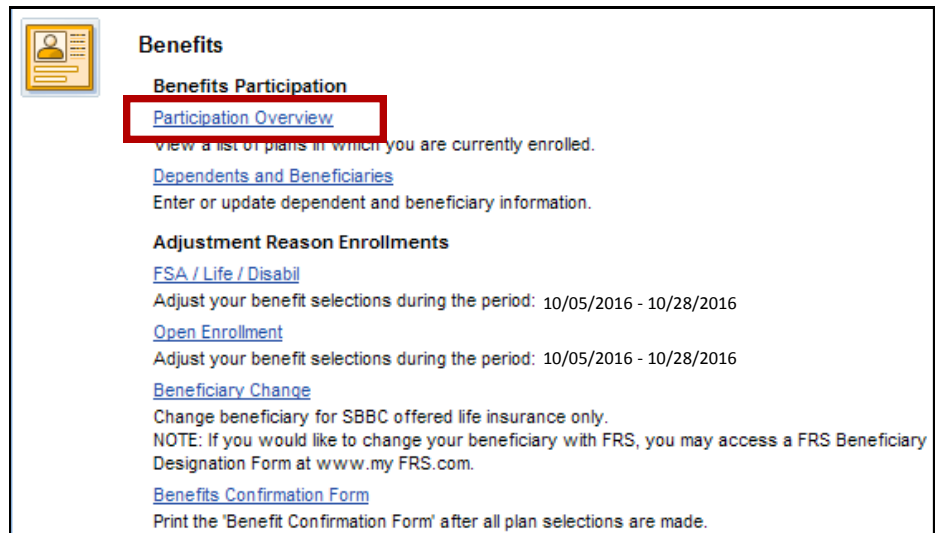
DO NOT USE THE BROWSER BACK BUTTON TO MOVE BETWEEN SCREENS



- Click either the **Benefits** tab from the top Navigation Bar or the **Benefits** link next to the Benefits icon to access the Benefits Menu.



- Click **Participation Overview** link to view your **current** Benefits information.



THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

VIEWING YOUR CURRENT BENEFITS ENROLLMENT

Benefits Participation

Show Participation Overview as of:

Participation overview as of 10/4/2017

Plan
Cafe- Cred Plan
 Cafe- Cred Plan

Dental
 Core Dental DHMO <http://our.humana.com/sbbc>

Medical
 Aetna HMO www.aetna.com

Vision
 Vision Aetna Service Plan

Disability Core
 Disability MetLife Core [BCPS Benefits Website](#)

Disability Enh
 Disability MetLife Enhanced [BCPS Benefits Website](#)

Life Ins. Core
 Life Mutual Omaha Core [BCPS Benefits Website](#)

Tax Shelt Annu
 ING

RetirementPlans
 FRS Regular [Florida Retirement System](#)

[Print Confirmation Form : All Plans](#)

Click Here

- Click on the radio button in front of each plan **separately** to view your Participation Details for that particular plan.
- Then click on **Show Participation Details** to view the details of each plan.

- Click the **Back** button to take you back to the Participation Overview.

Benefits Participation


Benefits Participation

Details of Plan Aetna HMO

Participation Period	Starts on 04/01/2015
Plan Option	Premier Plus
Dependent Coverage	Employee Only
Employer Cost	301.55 USD Bi-weekly
Deduction Model	Benefit Deductions BB (24 Cks)

- Click on the **Exit** button to take you back to the main Benefits Menu.
- Click on the **Benefits Confirmation Form** link to print your Open Enrollment Confirmation Form which will open in a new window.
- On a MAC close “Benefits Confirmation” window by clicking the **“RED”** button in the upper left corner.

Disability Core [BCPS Benefits Website](#)
 Disability MetLife Core [BCPS Benefits Website](#)
 Disability MetLife Enhanced [BCPS Benefits Website](#)
 Life Mutual Omaha Core [BCPS Benefits Website](#)
 ING
 FRS Regular
[Show Participation Details](#)
[Print Confirmation Form : All Plans](#)

 **Benefits**
Benefits Participation
[Participation Overview](#)
 View a list of plans in which you are currently enrolled.
[Dependents and Beneficiaries](#)
 Enter or update dependent and beneficiary information.
Adjustment Reason Enrollments
[FSA / Life / Disabi](#)
 Adjust your benefit selections during the period: 09/09/2011 - 10/03/2011
[Open Enrollment](#)
 Adjust your benefit selections during the period: 09/09/2011 - 10/03/2011
[Beneficiary Change](#)
 Change beneficiary for SBBC offered life insurance only.
 NOTE: If you would like to change your beneficiary with FRS, you may access a FRS Beneficiary Designation Form at www.my.FRS.com.

 Print the 'Benefit Confirmation Form' after all plan selections are made.

- Then click on the **Benefits** tab to return to the Benefits Main Menu.


[Home](#) | [SAP Access](#) | [Employee Self-Service](#) | [Search Processes](#) | [BI-IP Depts & Grants](#)
[Overview](#) | [Contact Information](#) | [Vacation and Sick Balances](#) | | [Payment](#) | [Car](#)
Benefits Confirmation Form
 Detailed Navigation

DEPENDENTS AND BENEFICIARIES

- Click on **Dependents and Beneficiaries** link to display, create or update dependent and/or beneficiary information. **Dependent and Beneficiary information MUST be added prior to completing the Open Enrollment section.**

IMPORTANT: When adding or changing dependents/beneficiaries in the Open Enrollment section, you will be asked to select from the list of dependents/beneficiaries you have created in this section. If your dependents/beneficiaries **have not** been entered, you may not see the correct plans appear in Open Enrollment section. In addition, you will not be able to select the dependent(s) if they have not been entered in this section.

DEPENDENT TIP: Employees **MUST** enter the social security number (s), birth date(s) and addresses for each dependent before selecting benefit plans.

Benefits
 **Benefits**
Benefits Participation
[Participation Overview](#)
 View a list of plans in which you are currently enrolled.

 Enter or update dependent and beneficiary information.

Click Here

- If there are no changes, click the **Exit** link on the bottom of the page to return to the Benefits Main Menu.
- To add a dependent and/or beneficiary, click on the Family Member Type.

OR

- Click on the **Edit** link for the dependent/beneficiary you wish to edit.
- **YOU MUST CREATE YOUR DEPENDENT(S) AND/OR BENEFICIARY(IES) HERE IN ORDER FOR YOU TO SELECT THEM AS DEPENDENT(S) AND/OR BENEFICIARY(IES) IN THE ENROLLMENTS SECTION.**

Family Member/Dependents

1 Overview 2 Edit 3 Review and Save 4 Confirmation

Spouse

First Name: Sam
Last Name: Social
Date of Birth: 7/21/1956
Edit Delete

Child

William
First Name: William
Last Name: Social
Date of Birth: 10/6/1990
Edit Delete

Tammy
First Name: Tammy
Last Name: Social
Date of Birth: 9/30/1998
Edit Delete

New Child

Previous Step Father Mother Domestic Partner Domestic Partner Child Child Aunt
Uncle Cousin Grandchild Sister Brother
Guardian Stepchild Related persons Friend Exit

EDITING DEPENDENTS AND BENEFICIARIES

- Enter dependent(s)/beneficiary(ies) information.
- Fields with an * are required information.
- Also add address information. Remember you **MUST** first enter the **Country** prior to choosing the **State**.
- Click the **Review to Save** button.
- Then click the **Save** button.

Family Member/Dependents

1 Overview 2 Edit 3 Review and Save 4 Confirmation

Child:

Name

First Name: * BRENT
Last Name: * SOCIAL
Other Title: [Dropdown]

Data at Birth

Date of Birth: * 8/22/2006 [Calendar]
Name at Birth: [Text]
Gender: Male Female

Other Personal Data

Social Security Number: * 345-98-0356
Reference Personnel Number: [Text]

Address

Country: USA [Dropdown]
Street and House Number: 332 LAKESIDE CT.
Address Line 2: [Text]
City: HOLLYWOOD
State: Florida [Dropdown]
ZIP Code: 33065
Telephone: 954 675-8456

Valid from Today
 Valid as of Future Date
 Validity Period

Previous Step Review to Save Exit

Status and Challenge

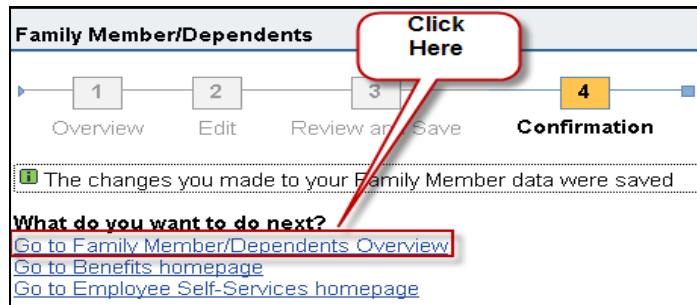
Status:
Challenged: No
Disability Date:
Notification Date:
Valid from 8/26/2009

Previous Step Save Exit

- Then click the **Save** button.

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- Click the **Go To Family Member/Dependents Overview** button to return to the Family Member/Dependents screen.
- Repeat these steps for each Family Member/Dependent(s)/Beneficiary(ies) you wish to add or edit.

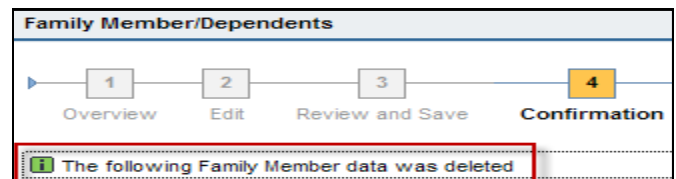
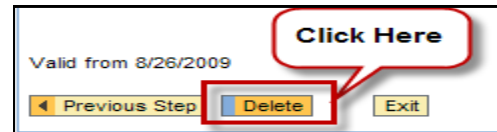
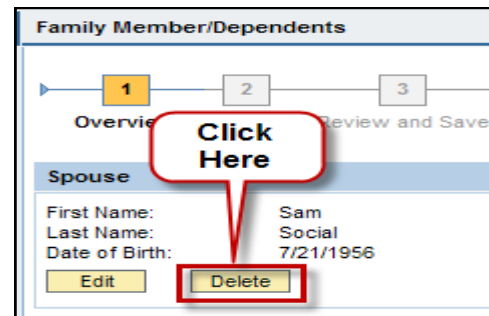


DELETING DEPENDENTS

NOTE: Dependents currently covered in a plan cannot be deleted in this section now. You must first make a new plan selection in the Open Enrollment section for 2018, then return to Family Member/Dependents Overview after January 1, 2018 to delete the formerly enrolled Family Member/Dependent whose coverage ends on 12/31/2017.

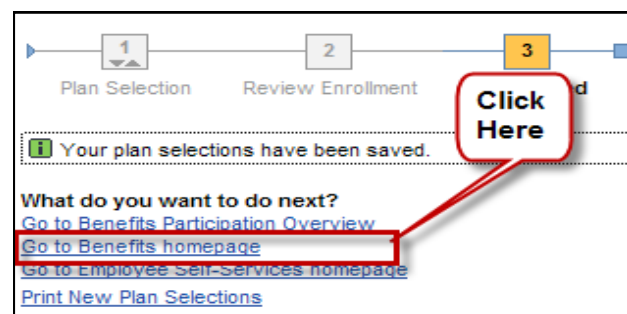
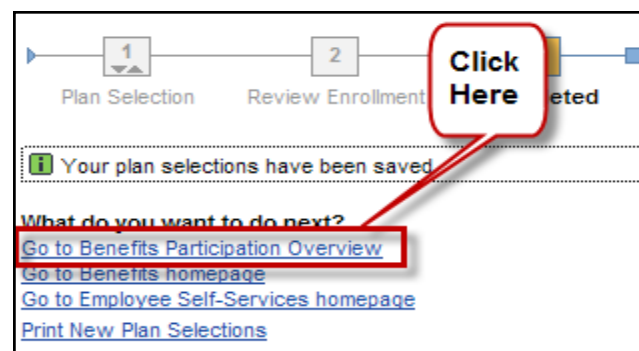


- To delete a dependent after January 1, 2018, click on the **Delete** button below the dependent's name you wish to delete.
- Then click the **Delete** button next to "Previous Step" to return to the confirmation that *"The following Family Member Data was deleted"*.
- You must first delete the dependent from the plan they are currently enrolled in the **Open Enrollment** section (only during the Open Enrollment window) before you can delete them from the **Dependents and Beneficiaries** section.



EXITING FAMILY MEMBER/DEPENDENTS MENU

- Click the **Go To Family Member/Dependents Overview** button to return to the Family Member/Dependents screen to make additional changes or review the updated Family Member Information.
- **OR** click the **Go to Benefits homepage** to return to the Benefits Main Menu.



THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

SAVING CHANGES

Selection for Open Enrollment

Plan	Costs
Dental	
<input type="radio"/> CompBenefits Dental PPO	14.21 USD Bi-weekly (Pre-Tax)
Medical	
<input type="radio"/> Aetna HMO	0.00 USD Bi-weekly (Pre-Tax)
Vision	
<input checked="" type="radio"/> Vision Aetna Service Plan	0.00 USD Bi-weekly (Pre-Tax)

*This column contains estimated contributions, based on your salary.

- Your plan selections **are not saved** until you click the **Review Enrollment** button and then select the **Save** button.
- It is recommended that you save your work after each selection/change to ensure you don't lose your completed work should you be interrupted during enrollment.

Selection for Open Enrollment

Plan	Costs
Dental	
CompBenefits Dental PPO	14.21 USD
Medical	
Aetna HMO	0.00 USD
Vision	
Vision Aetna Service Plan	0.00 USD

This column contains estimated contributions

- Click on the **Go to Benefits homepage** to return to the Benefits Main Menu.

Your plan selections have been saved.

What do you want to do next?

[Go to Benefits Participation Overview](#)
[Go to Benefits homepage](#) Click Here
[Go to Employee Self-Services homepage](#)
[Print New Plan Selections](#)

NOT MAKING ANY OPEN ENROLLMENT CHANGES

- Select the **Participation Overview** link

Benefits

Benefits Participation

[Participation Overview](#)

View a list of plans in which you are currently enrolled.

[Dependents and Beneficiaries](#)
Enter or update dependent and beneficiary information.

Adjustment Reason Enrollments

[FSA / Life / Disabil](#)
Adjust your benefit selections during the period: 10/05/2016 - 10/28/2016

[Open Enrollment](#)
Adjust your benefit selections during the period: 10/05/2016 - 10/28/2016

[Beneficiary Change](#)
Change beneficiary for SBBC offered life insurance only.
NOTE: If you would like to change your beneficiary with FRS, you may access a FRS Beneficiary Designation Form at www.my.FRS.com.

[Benefits Confirmation Form](#)
Print the 'Benefit Confirmation Form' after all plan selections are made.

Show Participation Overview as of: **01/01/2018**



Participation overview as of **01/01/2018**

Plan	
Cafe- Cred Plan	
<input checked="" type="radio"/> Cafeteria Credit	
Dental	
<input type="radio"/> CompBenefits Dental PPO	www.compbenefits.com
Medical	
<input type="radio"/> Aetna HMO	www.chcflorida.com
Vision	
<input type="radio"/> Vision Aetna Service Plan	
Disability Core	
<input type="radio"/> Disability MetLife Core	BCPS Benefits Website
Disability Enh	
<input type="radio"/> Disability MetLife Enhanced	BCPS Benefits Website
Life Ins. Core	
<input type="radio"/> Life Mutual Omaha Core	BCPS Benefits Website
Life Ins. Enh	
<input type="radio"/> Life Mutual Omaha Enhanced	BCPS Benefits Website
RetirementPlans	
<input type="radio"/> FRS Regular	Florida Retirement System
FSA-Medical	
<input type="radio"/> FSA - Medical	PayFlex.com

Show Participation Details

[Print Confirmation Form : All Plans](#)



- In the box to the right of **Show Participation Overview as of:** type in **01/01/2018** and select **Go**
- Then click on the **Exit** link which will take you back to the main Benefits Menu.
- Click on the **Benefits Confirmation Form** link to print your Open Enrollment Confirmation Form which will open in a new window. The **“Contribution for bonus”** on the Confirmation Form is **not** an additional deduction. It is for Internal Use Only.
- On a MAC close “Benefits Confirmation” window by clicking the **“RED”** button in the upper left corner.

Benefits

Benefits Participation

[Participation Overview](#)

View a list of plans in which you are currently enrolled.

[Dependents and Beneficiaries](#)
Enter or update dependent and beneficiary information.

Adjustment Reason Enrollments

[FSA / Life / Disabil](#)
Adjust your benefit selections during the period: 10/5/2016 - 10/28/2016

[Open Enrollment](#)
Adjust your benefit selections during the period: 10/5/2016 - 10/28/2016

[Beneficiary Change](#)
Change beneficiary for SBBC offered life insurance only.
NOTE: If you would like to change your beneficiary with FRS, you may access a FRS Beneficiary Designation Form at www.my.FRS.com.

[Benefits Confirmation Form](#)
Print the 'Benefit Confirmation Form' after all plan selections are made.

- Then click on the **Benefits** tab to return to the Benefits Main Menu.

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[Overview](#) | [Contact Information](#) | [Vacation and Sick Balances](#) | **[Benefits](#)** | [Payment](#) | [Car](#)

Benefits Confirmation Form

Detailed Navigation | **Print Preview of LOCL**

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

OPEN ENROLLMENT MENU

- To Access Open Enrollment click on the **Open Enrollment** link



Benefits

Benefits Participation
[Participation Overview](#)
 View a list of plans in which you are currently enrolled.

[Dependents and Beneficiaries](#)
 Enter or update dependent and beneficiary information.

Adjustment Reason Enrollments
[FSA / Life / Disabil](#)
 Adjust your benefit selections during the period: **10/03/2017 - 10/27/2017**

Open Enrollment
 Adjust your benefit selections during the period: **10/03/2017 - 10/27/2017**

[Beneficiary Change](#)
 Change beneficiary for SBBC offered life insurance only.
 NOTE: If you would like to change your beneficiary with FRS, you may access a FRS Beneficiary Designation Form at www.my.FRS.com.

[Benefits Confirmation Form](#)
 Print the 'Benefit Confirmation Form' after all plan selections are made.

MAKING YOUR BENEFIT PLAN SELECTIONS AND BUILDING YOUR BENEFITS PLAN

- Click on the radio button in front of the plan you would like to edit and then click the **Edit Plan** button.
- Please note, the start date on the record represents the month in which the premium deductions, if applicable, for plan year **2018** coverage will commence. Coverage will take effect, **January 1, 2018**.

Selection for Open Enrollment

Plan	Costs	Remarks
Dental		
<input type="radio"/> CompBenefits Dental DHMO	0.00 USD Bi-weekly (Pre-Tax)	Enhanced - Employee Only
KIDS Basic 5-26		
<input type="radio"/> Enroll		
KIDS Enh 5 -26		
<input type="radio"/> Enroll		
Medical		
<input checked="" type="radio"/> Aetna HMO	0.00 USD Bi-weekly (Pre-Tax)	Premier Plus - Employee Only
Vision		
<input type="radio"/> Vision Aetna Service Plan	0.00 USD Bi-weekly (Pre-Tax)	Enhanced - Employee Only

*This column contains estimated contributions, based on your salary. Therefore, the amounts shown here n

Add Plan
Edit Plan
Remove Plan

◀ Previous Step
Review Enrollment to Save ▶
Exit

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- Click the check box in front of the plan you want to select.
- Then click the check box in front of the plan **option** you want to select.
- Please note, the start date on the record represents the month in which the premium deductions, if applicable, for plan year **2018** coverage will commence.
- Click the **Select Dependents** button.

Click Here

Offer for Medical

<input type="checkbox"/>	Aetna HMO
<input checked="" type="checkbox"/>	Aetna Premier Choice HSA Plan
<input type="checkbox"/>	Opted Out Med Non-Pd Plan
<input type="checkbox"/>	Opted Out Medical Plan

Aetna Premier Choice HSA Plan - choose plan options (starts on 12/1/2017)

Option	Dependent Coverage	Employee Cost (Bi-weekly)*	Employer costs (Bi-weekly)*
Premier Choice	Employee Only	0	235.79
Premier Choice	Employee + 1 Dep	202.77	294.74
Premier Choice	Employee + Family	400.84	294.74

The amounts are in USD.

- Click in the check box next to the dependent(s) you are adding. If selecting Employee Only option, no dependents will be displayed.
- Then click the **Add Plan to Selection** link.
- Select **Review Enrollment to Save** then click the **Save** button to save your changes.

Plan Selection Plan Adjustment Select

[Show PlanTypeOfTodayView](#)

Select between 2 and 20 dependent(s)

Name	Relationship	Select
JOHN SOCIAL	Spouse	<input checked="" type="checkbox"/>
MELISSA SOCIAL	Child	<input checked="" type="checkbox"/>
BRENT SOCIAL	Child	<input checked="" type="checkbox"/>

SELECTING A KIDS PLAN

- You can select the Aetna Kids HMO Basic or Enhanced Plan.
- Select the appropriate age group (0-4) means newborn up to 4 years old.
- Click on the radio button in front of the KIDS plan you want to choose.
- Then click on the **Add Plan** button to select dependents to add to the plan.
- **Please ensure you choose the correct KIDS plan and age group.**

Selection for Open Enrollment

Plan	Costs	Remarks
Dental		
<input type="radio"/> CompBenefits Dental DHMO	0.00 USD Bi-weekly (Pre-Tax)	Enhanced
KIDS Basic 3-26		
<input type="radio"/> Enroll		
KIDS Enh 0-4		
<input checked="" type="radio"/> Enroll		
KIDS Basic 0-4		
<input type="radio"/> Enroll		
KIDS Enh 5 -26		
<input type="radio"/> Enroll		
Medical		
<input type="radio"/> Aetna HMO	0.00 USD Bi-weekly (Pre-Tax)	Premier P
Vision		
<input type="radio"/> CompBenefits Vision Plan	0.00 USD Bi-weekly (Pre-Tax)	Enhanced

*This column contains estimated contributions, based on your salary. Therefore

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- Review plan option, dependent coverage and (Bi-weekly) cost.
- Click in the box in front of the plan based on the number of dependents you are adding.
- Then click on the **Select Dependent (s)** button to select the dependent (s) you want to add to the plan.

[Show GeneralLinksView](#) [Show PlanTypeOfTodayView](#)

Offer for KIDS Basic 5-26

Aetna Kids Basic - Age 5-26 - choose plan options (starts on 12/1/2017)

Option	Dependent Coverage	Employee Cost (Bi-weekly)*
<input type="checkbox"/> Basic Age 5- 26 Years	Kids Plan-1 Child	96.41

The amounts are in USD.

[Previous Step](#) [Select Dependents](#)

- This screen will display those dependents eligible for the plan type selected.
- Click in the check box to the right of the name to select dependent (s).
- Select **Add Plan to Selection** button
- Select **Review Enrollment to Save** then click the **Save** button.

[Show PlanTypeOfTodayView](#)

Select 1 dependent(s) for plan **Aetna Kids Basic - Age 5-26**.

Name	Relationship	Select
MELISSA SOCIAL	Child	<input checked="" type="checkbox"/>

[Previous Step](#) [Add Plan to Selection](#)

ADDING A DEPENDENTS TO A CURRENT KIDS PLAN

- Click on the radio button in front of the current KIDS Plan.
- Then click on the **Edit Plan** button to select dependent (s) to add to the plan.
- Click in the check box in front of the Plan Option you want to which you want to add the dependent.
- Please ensure you choose the correct dependent coverage.
- Then click on the **Select Dependent (s)** link to select the dependent (s) to add.

Selection for Open Enrollment

Costs

CompBenefits Dental DHMO 0.00 USD Bi-weekly (Pre-Tax)

KIDS Basic 5-26

Aetna Kids Basic - Age 5-26 96.41 USD Bi-weekly (Pre-Tax)

KIDS Enh 5 -26

Enroll

Medical

Aetna HMO 0.00 USD Bi-weekly (Pre-Tax)

Vision

CompBenefits Vision Plan 0.00 USD Bi-weekly (Pre-Tax)

*This column contains estimated contributions, based on your salary.

[Add Plan](#) [Edit Plan](#) [Remove Plan](#)

[Previous Step](#) [Review Enrollment to Save](#) [Exit](#)

[Show GeneralLinksView](#) [Show PlanTypeOfTodayView](#)

Offer for KIDS Enh 5 -26

Aetna Kids Enh - Age 5-26 - choose plan option

Option	Dependent Coverage	Employee Cost (Bi-weekly)*
<input type="checkbox"/> Enhanced Age 5 - 26 Years	Kids Plan-1 Child	
<input checked="" type="checkbox"/> Enhanced Age 5 - 26 Years	Kids Plan-2 Children	

The amounts are in USD.

[Previous Step](#) [Select Dependents](#)

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- This screen will display those dependent (s) eligible for the plan type selected.
- Review plan option, dependent coverage and per check cost.
- Click in the check box to the right of the name to select dependent (s).
- Then click the **Add Plan to Selection** link
- Select **Review Enrollment to Save** then click the **Save** button.

[Show GeneralLinksView](#) [Show PlanTypeOfTodayView](#)

Select 2 dependent(s) for plan Aetna Kids Enh - Age 5-26.

Name	Relationship	Select
ADELE B. SOCIAL	Child	<input checked="" type="checkbox"/>
LARENZO D. SOCIAL	Child	<input checked="" type="checkbox"/>

[Previous Step](#) [Add Plan to Selection](#)

REMOVING DEPENDENT OR STOPPING PARTICIPATION IN A KIDS PLAN

- Click on the radio button in front of the plan from which you wish to stop participation of your dependent (s) .
- Then click the **Edit Plan** link.

Selection for Open Enrollment

Plan	Costs
<input type="radio"/> CompBenefits Dental DHMO	0.00 USD Bi-weekly (Pre-Tax)
KIDS Basic 5-26	
<input checked="" type="radio"/> Aetna Kids Basic - Age 5-26	96.41 USD Bi-weekly (Pre-Tax)
KIDS Enh 5-26	
<input type="radio"/> Enroll	
Medical	
<input type="radio"/> Aetna HMO	0.00 USD Bi-weekly (Pre-Tax)
Vision	
<input type="radio"/> CompBenefits Vision Plan	0.00 USD Bi-weekly (Pre-Tax)

*This column contains estimated contributions, based on your salary

[Add Plan](#) [Edit Plan](#) [Remove Plan](#)

[Previous Step](#) [Review Enrollment to Save](#) [Exit](#)

- Click on the check box in front of the plan option in which you wish to enroll (ex. If removing one dependent from the Kids Plan-2 Children, you would need to click in the box in front of Kids Plan-1 Child since you will now have 1 Child in that plan).

Aetna Kids Basic - Age 5-26 - choose plan options (starts on 12/1/2017)

Option	Dependent Coverage	Employee Cost (Bi-weekly)*
<input checked="" type="checkbox"/> Basic Age 5- 26 Years	Kids Plan-1 Child	96.41
<input type="checkbox"/> Basic Age 5- 26 Years	Kids Plan-2 Children	192.82

The amounts are in USD.

- Click the **Select Dependent (s)** link.

[Previous Step](#) [Select Dependents](#)

- Click in the check box next to the dependent you wish to stop participation, this will remove the check mark from the box.

- Then click the **Add Plan to Selection** button to return to the Enrollment Menu.

- Select **Review Enrollment to Save** then click the **Save** button.

Select 1 dependent(s) for plan Aetna Kids Basic - Age 5-26.

Name	Relationship	Select
ADELE B. SOCIAL	Child	<input checked="" type="checkbox"/>
LARENZO D. SOCIAL	Child	<input checked="" type="checkbox"/>

[Previous Step](#) [Add Plan to Selection](#)

- To completely stop participation in a KIDS Plan, click on the radio button in front of the plan you wish to remove.
- Then click the **Remove Plan** button. This will stop participation in the plan and remove all dependents from the plan.
- Select **Review Enrollment to Save** then click the **Save** button.

Selection for Open Enrollment

Plan	Costs
Dental	
<input type="radio"/> CompBenefits Dental DHMO	0.00 USD Bi-weekly (Pre-Tax)
KIDS Basic 5-26	
<input checked="" type="radio"/> Aetna Kids Basic - Age 5-26	96.41 USD Bi-weekly (Pre-Tax)
KIDS Enh 0-4	
<input type="radio"/> Enroll	
KIDS Basic 0-4	
<input type="radio"/> Enroll	
KIDS Enh 5 -26	
<input type="radio"/> Enroll	
Medical	
<input type="radio"/> Aetna HMO	0.00 USD Bi-weekly (Pre-Tax)
Vision	
<input type="radio"/> CompBenefits Vision Plan	0.00 USD Bi-weekly (Pre-Tax)

*This column contains estimated contributions, based on your salary.

MAKING A DENTAL PLAN SELECTION

- To change Dental Plans and/or add/delete dependent (s), click on the radio button in front of your current dental plan.
- Then click on the **Edit Plan** button.

Enrollment

1 Plan Selection 2 Review Enrollment 3 Completed

[Show GeneralLinksView](#) [Show PlansOfTodayView](#)

This is your selection of benefit plans. From this list, you can

Select **Click Here** in Enrollment

Plan	Costs
<input checked="" type="radio"/> CompBenefits Dental PPO	14.21 USD Bi-weekly (Pre-Tax)
Medical	
<input type="radio"/> Aetna HMO	0.00 USD Bi-weekly (Pre-Tax)
Vision	
<input type="radio"/> Vision Aetna Service Plan	0.00 USD Bi-weekly (Pre-Tax)

*This column contains estimated contributions, based on your salary. The

Offer for Dental Click Here

<input type="checkbox"/>	CompBenefits Dental DHMO	http://our.humana.com/sbbc	You are currently enroll
<input type="checkbox"/>	MetLife Dental Plan	www.metlife.com/mybenefits	
<input type="checkbox"/>	SafeGuard Dental	www.safeguard.net	
<input type="checkbox"/>	CompBenefits Dental PPO	http://our.humana.com/sbbc	
<input type="checkbox"/>	Opted Out Dental Plan		

- Click on the check box in front of the plan in which you wish to enroll.
- Then click on the check box in front of the plan option you wish to choose.
- If choosing add/delete dependent coverage, click on the **Select Dependents** button.
- Please note, the start date on the record represents the month in which the premium deductions, if applicable, for plan year **2018** coverage will commence.

CompBenefits Dental DHMO - choose plan options (starts on 12/1/2017)

	Option	Dependent Coverage	Employee Pre-Tax (Bi-weekly)*	Employer costs
<input type="checkbox"/>	Basic	Employee Only	0	
<input type="checkbox"/>	Basic	Employee + 1 Dep	3.2	
<input type="checkbox"/>	Basic	Employee + Family	5.78	
<input type="checkbox"/>	Enhanced	Employee Only	0	
<input type="checkbox"/>	Enhanced	Employee + 1 Dep	4.23	
<input type="checkbox"/>	Enhanced	Employee + Family	7.48	

The amounts are in USD. Click Here

- Click in the check/deselect box next to the dependent you wish to add/delete.
- Then click the **Add Plan to Selection** button to return to the Enrollment Menu.
- Select **Review Enrollment to Save** then click the **Save** button.

Select between 2 and 20 dependent(s) for plan CompBenefits Dental DHMO.

Name	Relationship	Select
DELON K. SOCIAL	Spouse	<input checked="" type="checkbox"/>
ADELE B. SOCIAL	Child	<input checked="" type="checkbox"/>
LARENZO D. SOCIAL	Child	<input checked="" type="checkbox"/>
ALLISON J. SOCIAL	Child	<input type="checkbox"/>

MAKING A VISION PLAN SELECTION

- To change Vision Plans or add/delete dependent (s), click on the radio button in front of your current Vision Plan.
- Then click on the **Edit Plan** button.

Selection for Open Enrollment

Plan	Costs
Dental	
<input type="radio"/> CompBenefits Dental PPO	14.21 USD Bi-weekly (Pre-Tax)
Medical	
<input type="radio"/> Aetna	0.00 USD Bi-weekly (Pre-Tax)
Vision	
<input checked="" type="radio"/> Vision Aetna Service Plan	0.00 USD Bi-weekly (Pre-Tax)

*This column contains estimated contributions, based on your salary

Offer for Vision Plan

<input type="checkbox"/>	CompBenefits Vision Plan	www.compbenefits.com
<input checked="" type="checkbox"/>	Vision Aetna Service Plan	

Vision Aetna Service Plan - choose plan options (starts on 01/01/2025)

Option	Dependent Coverage	Employee Pre-Tax (Bi-weekly)*
<input checked="" type="checkbox"/>	Basic Employee Only	0.00
<input type="checkbox"/>	Basic Employee + 1 Dep	2.12
<input type="checkbox"/>	Enhanced Employee Only	0.00
<input type="checkbox"/>	Enhanced Employee + 1 Dep	3.53

The amounts are in USD.

- Click on the check box in front of the Vision Plan you wish to choose.
- Then click on the check box in front of the plan option you want.
- Click the **Select Dependent (s)** button or the **Add Plan to Selection** button, depending on which selection appears based on your enrollment.

- If choosing to add dependent coverage, click in the check box next to the dependent you wish to add.
- OR**
- If choosing to remove dependent coverage deselect the check box next to the dependent you wish to remove.
 - Then click the **Add Plan to Selection** button.
 - Select **Review Enrollment to Save** then click the **Save** button.


Select between 2 and 20 dependent(s)

Name	Relationship	Select
JOHN SOCIAL	Spouse	<input checked="" type="checkbox"/>
MELISSA SOCIAL	Child	<input type="checkbox"/>
BRENT SOCIAL	Child	<input type="checkbox"/>
SAVANNAH SOCIAL	Child	<input type="checkbox"/>

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

HEALTH SAVINGS ACCOUNT (HSA) EMPLOYEE CONTRIBUTION

- Please note, in order to contribute to the HSA, you **MUST** be enrolled in the Premier Choice Plan.
- On the main Benefits Menu Click on the **FSA/ Life/Disabil** link to view your plan options.



Benefits

Benefits Participation

[Participation Overview](#)
View a list of plans in which you are currently enrolled.

[Dependents and Beneficiaries](#)
Enter or update dependent and beneficiary information.

Adjustment Reason Enrollments

FSA / Life / Disabil
Adjust your benefit selections during the per **10/03/2017 - 10/27/2017**

[Open Enrollment](#)
Adjust your benefit selections during the per **10/03/2017 - 10/27/2017**

[Beneficiary Change](#)
Change beneficiary for SBBC offered life insurance only.
NOTE: If you would like to change your beneficiary with FRS, you may access a FRS Beneficiary Designation Form at www.my.FRS.com.

[Benefits Confirmation Form](#)
Print the 'Benefit Confirmation Form' after all plan selections are made.

- Click in the **HSA Plan** radio button and select the **Add Plan** button.
- Enter the Bi-Weekly amount to be taken from your paycheck based on the number of paychecks you earn per year. Please ensure you review the 2018 IRS Employee Contribution Limits in your 2018 Open Enrollment Brochure. The brochure, along with other Open Enrollment information can be found on the Benefits Department website at:
<http://www.broward.k12.fl.us/benefits/Open2018.html>
- Select the **Add Plan to Selection** button.
- As a reminder, if you are **NOT** enrolled in the Premier Choice Plan, you will not be permitted to contribute to the HSA. You will receive an error message.

Selection for FSA / Life / Disabil

Plan	Costs
Disability Enh	
<input type="radio"/> Disability MetLife Enhanced	5.00 USD Bi-weekly (Pre-Tax)
Life Ins. Enh	
<input type="radio"/> Enroll	
HSA Plan	
<input checked="" type="radio"/> Enroll	
FSA-Dependent	
<input type="radio"/> Enroll	
FSA-Medical	
<input type="radio"/> Enroll	

*This column contains estimated contributions, based on your salary. T

Add Plan
Edit Plan
Remove Plan

◀ Previous Step
Review Enrollment to Save ▶
Exit

i To participate in this plan, you must also enroll in Aetna Premier Choice HSA Plan for the same period.

[▶ Show GeneralLinksView](#) [▶ Show PlanTypeOfTodayView](#)

Offer for HSA Plan

Health Savings Plan - Select plan contributions (starts on 1/1/2018)

Regular (Bi-weekly)

Pre-Tax Amount: USD (Minimum: 3.85 USD - Maximum: 409.62 USD)

◀ Previous Step Add Plan to Selection

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

HSA Plan

Health Savings Plan 300.00 USD Bi-weekly (Pre-Tax)

FSA-Dependent

Enroll

FSA-Medical

Enroll

*This column contains estimated contributions, based on your salary. Then


[Add Plan](#) [Edit Plan](#) [Remove Plan](#)

[Previous Step](#) [Review Enrollment to Save](#) [Exit](#)

MAKING FLEXIBLE SPENDING ACCOUNT (FSA), LIFE INSURANCE & DISABILITY SELECTIONS

NOTE: All employees are automatically covered with the Core Disability Plan. There is no cost to the employee, as this is a District paid benefit.

- On the main Benefits Menu. Click on the **FSA/Life/Disabil** link to view your plan options.



Benefits

Benefits Participation

[Participation Overview](#)
View a list of plans in which you are currently enrolled.

[Dependents and Beneficiaries](#)
Enter or update dependent and beneficiary information.

Adjustment Reason Enrollments

[FSA / Life / Disabil](#)
Adjust your benefit selections during the period: 10/03/2017 - 10/27/2017

[Open Enrollment](#)
Adjust your benefit selections during the period: 10/03/2017 - 10/27/2017

[Beneficiary Change](#)
Change beneficiary for SBBC offered life insurance only.
NOTE: If you would like to change your beneficiary with FRS, you may access a FRS Beneficiary Designation Form at www.my.FRS.com.

[Benefits Confirmation Form](#)
Print the 'Benefit Confirmation Form' after all plan selections are made.

- To review your current enrollment click on the **Review Enrollment to Save** button.

Selection for FSA / Life / Disabil

Plan	Costs	Remarks
Disability Enh		
<input checked="" type="radio"/> Disability MetLife Enhanced	5.20 USD Bi-weekly (Pre-Tax)	Disability MetLife Enh
Life Ins. Enh		
<input type="radio"/> Enroll		
FSA-Dependent		
<input type="radio"/> Enroll		
FSA-Medical		
<input type="radio"/> Enroll		

*This column contains estimated contributions, based on your salary. Therefore, the amo

[Add Plan](#) [Edit Plan](#) [Remove Plan](#)

[Previous Step](#) [Review Enrollment to Save](#) [Exit](#)

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- If you are **NOT** making any changes to your current plans, click the **Save** link to return to the FSA/Life/Disability Enrollment Menu.

- Click on the **Benefits Confirmation Form** link to print your Open Enrollment Confirmation Form which will open in a new window. The **“Contribution for bonus”** on the Confirmation Form is not an additional deduction. This is for Internal Use Only.
- On a MAC close “Benefits Confirmation” window by clicking the **“RED”** button in the upper left corner.

- Then click on the **Benefits** tab to return to the Benefits Main Menu.

ADDING ENHANCED LIFE INSURANCE OPTIONS (OPTIONAL)

NOTE: All employees are automatically covered for Basic Life Insurance in the amount of 125% of your base salary up to \$50,000.00.

If you choose to enhance your Life Insurance from the Core Coverage (District provided) plan to more than one level, Evidence of Insurability (EOI) will be required. Please visit the Benefits Department website at www.browardschools.com/benefits and select the “Rates & Documents” tab to download the EOI Form. This form **MUST** be submitted to the Benefits Department by Friday, October 27, 2017.

- Enhancement for 2018 includes up to five (5) times an employee’s basic annual salary.
- Click the radio button in front of **Life Ins. Enh** to enroll in Options 1 - 5.
- Click **Add Plan** button.

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- Click in the check box in front of **Group Life Enhanced** to select the plan option you desire.
- Then click the **Select Beneficiaries** link to choose your beneficiaries.

Life Mutual Omaha Enhanced - choose plan options (starts on 1/1/2018)

Option	Employee Pre-Tax (Bi-weekly)*
<input type="checkbox"/> Group Life Enhanced - x1	3.88
<input type="checkbox"/> Group Life Enhanced - x2	8.75
<input type="checkbox"/> Group Life Enhanced - x3	15.75
<input type="checkbox"/> Group Life Enhanced - x4	21
<input checked="" type="checkbox"/> Group Life Enhanced - x5	26.17

The amounts are in USD.

Click Here

◀ Previous Step **Select Beneficiaries** ▶

- Enter the Beneficiary Percentage amount next to the beneficiary (ies) of your choice.

AMOUNTS MUST ADD UP TO 100%

- Then click the **Add Plan to Selection** button to return to the FSA/Life/Disability Main Menu.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

Select your beneficiaries and contingent beneficiaries for plan Life Mutual Omaha Enhanced

Name	Relationship	Beneficiary Percentage	Contingent Percentage
DELON K. SOCIAL	Spouse	100	0
ADELE B. SOCIAL	Child	0	34
LARENZO D. SOCIAL	Child	0	33
ALLISON J. SOCIAL	Child	0	33

◀ Previous Step **Add Plan to Selection**

CHANGING ENHANCED LIFE INSURANCE OPTION (OPTIONAL) (CHANGE FROM 1X TO 5X OR 2X TO CORE)

- Click the radio button in front of **Life Insurance Enhanced** change from either 1X to 5X OR 2X to Core Life Insurance.
- Then click the **Edit Plan** link.

Selection for FSA / Life / Disability

Plan	Costs
Disability Enh	
<input type="radio"/> Disability MetLife Enhanced	5.20 USD Bi-weekly (Pre-Tax)
Life Ins. Enh	
<input checked="" type="radio"/> Life Mutual Omaha Enhanced	3.88 USD Bi-weekly (Pre-Tax)
FSA-Dependent	
<input type="radio"/> Enroll	
FSA-Medical	
<input type="radio"/> Enroll	

*This column contains estimated contributions, based on your salary. The

Add Plan **Edit Plan** Remove Plan

◀ Previous Step **Review Enrollment to Save** ▶ **Exit**

Click Here

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- Click in the check box in front of the Group Life Enhanced plan option in which you want to participate.
- Then click the **Select Beneficiaries** link.

Life Mutual Omaha Enhanced - choose plan options (starts on 1/1/2018)

Option	Employee Pre-Tax (Bi-weekly)*
<input type="checkbox"/> Group Life Enhanced - x1	3.88
<input type="checkbox"/> Group Life Enhanced - x2	8.75
<input type="checkbox"/> Group Life Enhanced - x3	15.75
<input type="checkbox"/> Group Life Enhanced - x4	21
<input checked="" type="checkbox"/> Group Life Enhanced - x5	26.17

The amounts are in USD.

Click Here

◀ Previous Step **Select Beneficiaries** ▶

- Enter the Beneficiary Percentage amount next to the beneficiary (ies) of your choice.

AMOUNT MUST EQUAL 100%

- Then click the **Add Plan to Selection** link to return to the **FSA/Life/Disability** Main Menu.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

Select your beneficiaries and contingent beneficiaries for plan Life M

Name	Relationship	Beneficiary Percentage	Contingent Percentage
DELON K. SOCIAL	Spouse	100	0
ADELE B. SOCIAL	Child	0	34
LARENZO D. SOCIAL	Child	0	33
ALLISON J. SOCIAL	Child	0	33

◀ Previous Step **Add Plan to Selection** ▶

DELETING ENHANCED LIFE INSURANCE OPTION (OPTIONAL)

- To remove your current Enhanced Life Insurance option, click on the radio button in front of **Life Insurance-Enhanced**.
- Then click on the **Remove Plan** button.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

Selection for FSA / Life / Disabil

Plan	Costs
Disability Enh	
<input type="radio"/> Disability MetLife Enhanced	5.20 USD Bi-weekly (Pre-Tax)
Life Ins. Enh	
<input checked="" type="radio"/> Life Mutual Omaha Enhanced	3.88 USD Bi-weekly (Pre-Tax)
FSA-Dependent	
<input type="radio"/> Enroll	
FSA-Medical	
<input type="radio"/> Enroll	

*This column contains estimated contributions, based on your salary. The

Add Plan Edit Plan **Remove Plan**

◀ Previous Step Review Enrollment to Save ▶ Exit

Click Here

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

ADDING ENHANCED DISABILITY OPTION (OPTIONAL)

- To choose Enhanced Disability click on the radio button in front of **Enroll Disability Enh.**
- Then click on the **Add Plan** button.

Selection for FSA / Life / Disabil

Plan	Costs
Disability Enh	
<input checked="" type="radio"/> Enroll	
Life Ins. Enh	
<input type="radio"/> Life Mutual Omaha Enhanced	26.17 USD Bi-weekly (Pre-Tax)
FSA-Dependent	
<input type="radio"/> Enroll	
FSA-Medical	
<input type="radio"/> Enroll	

*This column contains estimated contributions, based on your salary.

Add Plan **Edit Plan** **Remove Plan**

◀ Previous Step **Review Enrollment to Save** ▶ **Exit**

- Click the **Add Plan to Selection** button.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

Disability MetLife Enhanced - choose plan options (starts on 1/1/2018)

Option	Employee Pre-Tax (Bi-weekly)*
<input checked="" type="checkbox"/> Disability MetLife Enhanced	5.2

The amounts are in USD.

Click Here

◀ Previous Step **Add Plan to Selection**

DELETING ENHANCED DISABILITY OPTION (OPTIONAL)

- Click the radio button in front of **Disability MetLife Enhanced**.
- Then click the **Remove Plan** button.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

Selection for FSA / Life / Disabil

Plan	Costs
Disability Enh	
<input checked="" type="radio"/> Disability MetLife Enhanced	5.20 USD Bi-weekly (Pre-Tax)
Life Ins. Enh	
<input type="radio"/> Enroll	
FSA-Dependent	
<input type="radio"/> Enroll	
FSA-Medical	
<input type="radio"/> Enroll	

*This column contains estimated contributions, based on your salary.

Add Plan **Edit Plan** **Remove Plan**

◀ Previous Step **Review Enrollment to Save** ▶ **Exit**

ADDING FLEXIBLE SPENDING ACCOUNTS (FSA) (OPTIONAL)

- Please be advised, in accordance with IRS guidelines, employees who are currently contributing to a Medical FSA are NOT PERMITTED to maintain their Medical FSA if they enroll in the Premier Choice HSA Plan, effective, January 1, 2018.
- To enroll in a Flexible Spending Account (FSA) for either Dependent Care or Medical, click on the radio button in front of **Enroll** for the FSA Plan you want.
- Then click the **Add Plan** button.
- Enter the Annual Amount you wish to contribute for Dependent Care or Medical Expenses.
- Minimum amount is \$100.00 per year.
- Maximum amount is \$5,000.00 per year for Dependent Care Plan and \$2,600.00 for the Medical Reimbursement Plan.
- USD is United States Dollars.
- Then click the **Add Plan to Selection**.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

Plan	Costs
Dis.Ins.Enh	
<input type="radio"/> Enroll	
Life Ins. Enh	
<input type="radio"/> Life Insurance	9.60 USD Bi-weekly (Pre-Tax)
FSA-Dependent	
<input checked="" type="radio"/> Enroll	
FSA-Medical	
<input type="radio"/> FSA - Medical	1,000.00 USD in FSA plan year

*This column contains estimated contributions, based on your salary

Offer for FSA-Medical

Contribution for plan FSA - Medical for the target period

Contribution Amount: USD (Minimum: 100.00 USD - Maximum: 2600.00 USD)

DELETING FLEXIBLE SPENDING ACCOUNTS (FSA) (OPTIONAL)

- To cancel a Flexible Spending Account (FSA) for either Dependent Care or Medical Expenses, click the radio button in front of the plan you wish to delete.
- Click the **Remove Plan** button.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

Plan	Costs
Dis.Ins.Enh	
<input type="radio"/> Enroll	
Life Ins. Enh	
<input type="radio"/> Life Insurance	9.60 USD Bi-weekly (Pre-Tax)
FSA-Dependent	
<input type="radio"/> Enroll	
FSA-Medical	
<input checked="" type="radio"/> FSA - Medical	1,000.00 USD in FSA plan year

*This column contains estimated contributions, based on your salary

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

EDITING FLEXIBLE SPENDING ACCOUNTS (FSA) (OPTIONAL)

NOTE: If you do not change your Flexible Spending Account election, it will automatically rollover for 2018.

- To edit a Flexible Spending Account (FSA) click the radio button in front of the FSA plan you want to edit.
- Then click the **Edit Plan** button to make changes in the annual amount.
- Enter the New Annual Amount.
- Minimum amount is \$100.00 per year.
- Maximum amount is \$5,000.00 per year for Dependent Care Plan and \$2,600.00 for the Medical Reimbursement Plan.
- Then click the **Add Plan to Selection** button.
- To complete your enrollment, please select **Review Enrollment to Save** button then select the **Save** button.

PRINTING BENEFITS ENROLLMENT CONFIRMATION

- Click on the **Benefits Confirmation Form** link on the Benefits Main Menu to print your Open Enrollment Confirmation Form which will open in a new window. The **“Contribution for bonus”** on the Confirmation Form is not an additional deduction. This is for Internal Use Only.
- On a MAC close “Benefits Confirmation” window by clicking the **“RED”** button in the upper left corner and then the **Back** link to return to the Participation Overview.

- Then click on the **Benefits** tab to return to the Benefits Main Menu.

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

ADD/CHANGE BENEFICIARY FOR SBBC LIFE INSURANCE

NOTE: YOU CAN ADD/CHANGE BENEFICIARY(IES) FOR SBBC OFFERED LIFE INSURANCE. AT ANYTIME, NOT JUST DURING OPEN ENROLLMENT.

- NOTE: You must have previously entered the beneficiary (ies) in the **Dependents and Beneficiaries** section of Benefits Participation. Please refer to Page 8 where these instructions are addressed.
- Click on the **Beneficiary Change** link.

Benefits

Benefits Participation
[Participation Overview](#)
 View a list of plans in which you are currently enrolled.
[Dependents and Beneficiaries](#)
 Enter or update dependent and beneficiary information.

Adjustment Reason Enrollments
[FSA / Life / Disabil](#)
 Adjust your benefit selections during the period: **10/03/2017 - 10/27/2017**
[Open Enrollment](#)
 Adjust your benefit selections during the period: **10/03/2017 - 10/27/2017**
[Beneficiary Change](#)

Change beneficiary for SBBC offered life insurance only.
 NOTE: If you would like to change your beneficiary with FRS, you may access a FRS Beneficiary Designation Form at www.my.FRS.com.
[Benefits Confirmation Form](#)
 Print the 'Benefit Confirmation Form' after all plan selections are made.

- Click the radio button in front of **Life Insurance Core**.
- Then click on the **Edit Plan** button.
- You cannot add or delete Life Insurance Plan here, you must go to Open Enrollment to perform that function.

NOTE: IF YOU HAVE LIFE INSURANCE ENHANCED YOU WILL NEED TO COMPLETE THESE STEPS FOR BOTH CORE AND ENHANCED LIFE INSURANCE PLANS.

Selection for Beneficiary Change

Plan	Costs
<input checked="" type="radio"/> Life Insurance-Core	0.00 USD Bi-weekly (Pre-Tax)
<input type="radio"/> Life Insurance- Enhanced	9.60 USD Bi-weekly (Pre-Tax)

*This column contains estimated contributions, based on your salary

[Add Plan](#) [Edit Plan](#) [Remove Plan](#)

[Previous Step](#) [Review Enrollment to Save](#) [Exit](#)

- Click on the **Select Beneficiaries** button.

Life Insurance choose plan options (st

Option	Employer costs (Bi-weekly)*
<input checked="" type="radio"/> Group Life Core	4.38

The amounts are in USD.

[Previous Step](#) [Select Beneficiaries](#)

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

- Enter the Beneficiary Percentage amount next to the beneficiary (ies) of your choice.

**AMOUNTS
MUST ADD UP TO 100%**

- Click the **Add Plan to Selection** button.

NOTE: Individual Beneficiaries can be selected only once-either for Beneficiary Percentage or Contingent Percentage, but not both.

[Show PlanTypeOfTodayView](#)

Select your beneficiaries and contingent beneficiaries for plan Li

Name	Relationship	Beneficiary Percentage	Contingent Percentage
Sam Social	Spouse	100	0
Mary Smith	Mother	0	0
William Social	Child	0	34
Tammy Social	Child	0	33
BRENT SOCIAL	Child	0	33

- Then click the **Review Enrollment to Save** button.

Selection for Beneficiary Change

Plan	Costs	Remarks
Life Ins. Core		
<input checked="" type="radio"/> Life Insurance-Core	0.00 USD Bi-weekly (Pre-Tax)	Group L
Life Ins. Enh		
<input type="radio"/> Life Insurance- Enhanced	9.60 USD Bi-weekly (Pre-Tax)	Group L

*This column contains estimated contribution based on your salary. Therefore

- Click the **Save** link to complete the Selection for Beneficiary Change.

Selection for Beneficiary Change

Plan	Costs	Actions
Life Ins. Core		
Life Insurance-Core	0.00 USD Bi-weekly (Pre-Tax)	Modified
Life Ins. Enh		
Life Insurance- Enhanced	Bi-weekly (Pre-Tax)	Unchanged

This column contains estimated contributions, based on your salary. Therefore

- You have now completed your Selection for Beneficiary Change.
- If you have Enhanced Life Insurance, you must also select beneficiaries for that plan.
- You can now Log Off (refer to instructions on Page 30 to securely log off).

Plan Selection Review Enrollment **Completed**

Your plan selections have been saved.

What do you want to do next?

[Go to Benefits Participation Overview](#)
[Go to Benefits homepage](#)
[Go to Employee Self-Services homepage](#)
[Print New Plan Selections](#)

Selection for Beneficiary Change

Plan	Costs	Actions
Life Ins. Core		
Life Insurance-Core	0.00 USD Bi-weekly (Pre-Tax)	Modified
Life Ins. Enh		
Life Insurance- Enhanced	4.25 USD Bi-weekly (Pre-Tax)	Unchanged

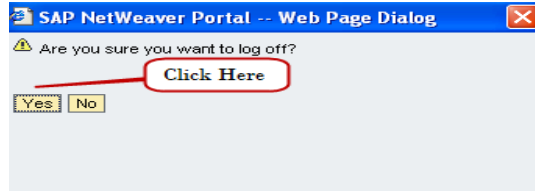
THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY

LOGGING OFF OF EMPLOYEE SELF-SERVICE

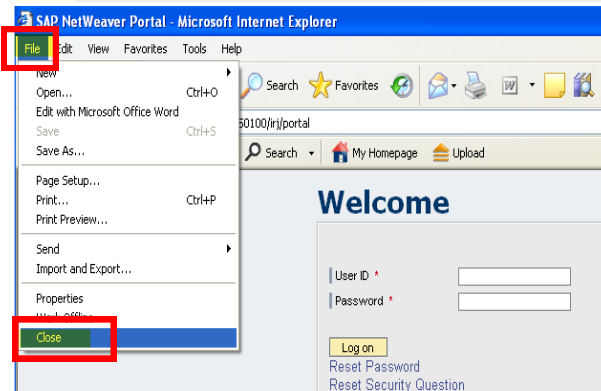
In order to ensure that you are securely logged out of the ERP portal, you must select the "Log Off" link on the top right corner of your browser window.



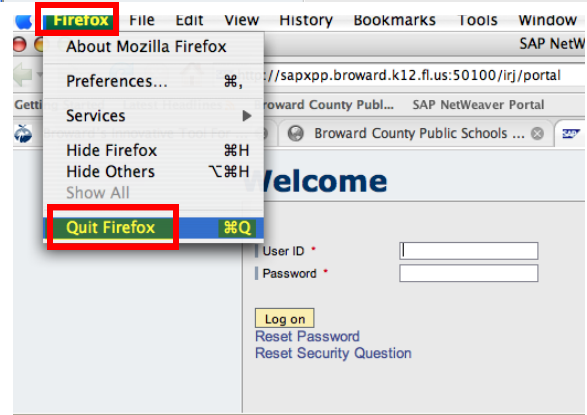
When prompted, click "Yes" to the question "Are you sure you want to log off?"



After the log off, for Windows Internet Explorer users, you must also close all browsers by clicking the X on the top right corner, or use the menu path **File > Close or Exit**



For MAC Firefox users, you must also **quit** Firefox completely through the menu path **Firefox > Quit Firefox**.



WARNING! After "Log Off" please make sure to close all browser windows of Internet Explorer, or quit Firefox completely as explained above. Otherwise, if someone uses your computer and launches your Web browser, they WILL have access to your personal data. In addition, not logging off properly will result in the locking of employee records (any employees you were working on when you left the system) for all users including yourself if you log back in until the records are systematically released, up to 2 hours later.

CAN YOU MAKE CHANGES?

- Employees can make changes to any of their selection until 11:59 p.m. on 10/27/2017. Please note, the ETS Help Desk will not be available after 4:00 p.m., Mondays - Fridays nor on weekends.

Examples

- Add/delete a dependent (s)
 - Select a different plan
 - Select specific plan (s) you wish to change
- Employees **MUST** reprint their Benefits Confirmation Form each time a change is made. (Note: These are Date Stamped each time you print).

THE RATES LISTED ARE FOR ILLUSTRATION PURPOSES ONLY