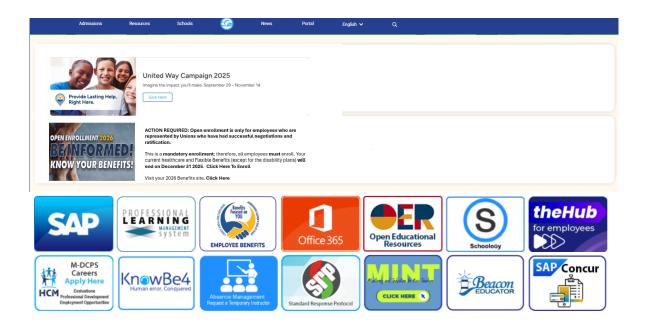
**REMINDER!** Open Enrollment ends **December 14, 2025.** 

At this time, open enrollment is only for employees who are represented by Unions who have had successful negotiations and ratification.

This banner will appear when you log in to the portal. To enter the enrollment application, click on "Click here to enroll!".

This is a **MANDATORY** enrollment for Healthcare and Flexible Benefits. Your and your dependents' current healthcare plan and/or Flexible Benefits will **terminate on December 31, 2025**; therefore, you **must** enroll during this open enrollment period. However, if you are currently enrolled in a Disability (STD buy-up and/or LTD) plan, those benefits will continue for the 2026 plan year.

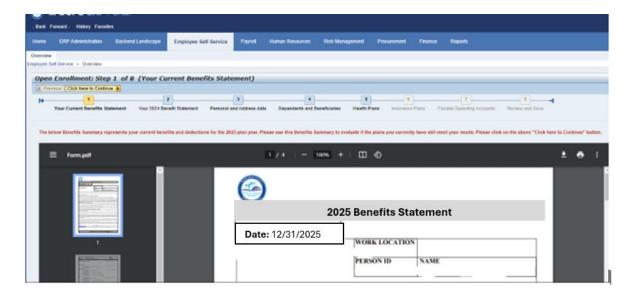
If you **do not enroll**, you will be automatically assigned to **Cigna SureFit Network** (employee only) healthcare plan.



### Step 2

At the beginning of your enrollment session, print your current 2025 Benefits Statement to evaluate if your current plans still meet your needs.

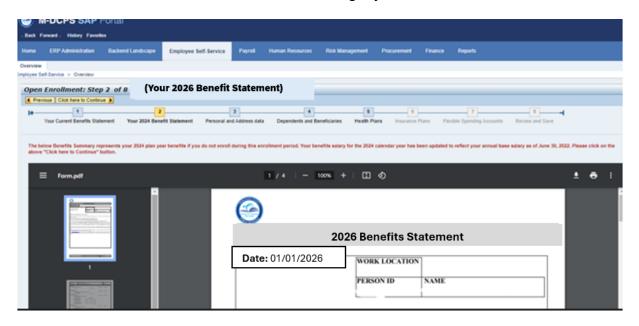
To proceed, you must click the "Click here to Continue" button.



#### Review your 2026 Benefits Statement.

This statement will display your benefits for the 2026 plan year if you **DO NOT enroll** during this open enrollment period. Please note it will reflect your per pay deductions based on your updated Benefit salary, as of June 30<sup>th</sup>, 2024.

Click the "Click here to Continue" button, to begin your enrollment.

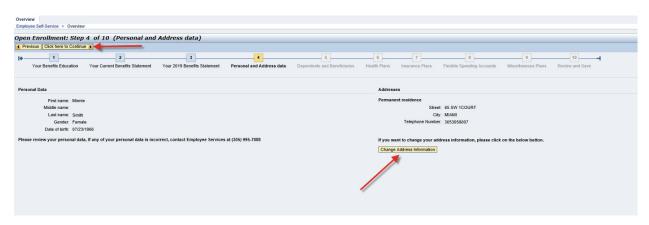


#### Step 4

#### Review your personal data.

Please review your personal data. If any of your personal data is incorrect, contact Employee Services Helpline at 1.305.995.7888.

Click the "Click here to Continue" button to proceed to your enrollment.



#### Step 5

Update your dependent and/or beneficiary information.

To elect coverage for your eligible dependent(s) or elect a person as a beneficiary on a Life and/or Accidental Death and Dismemberment (AD&D) plan, you must first add their information in this section of the enrollment application. If you **DO NOT** have changes to the information displayed, click the **"Click here to Continue"** button to proceed to the next step.

Please note based on historical data, a list of dependent/beneficiary will automatically display. At this time, you may correct the address for any dependent/beneficiary already listed. If the record for a dependent and/or beneficiary **DOES NOT** display, you will need to **add** it. Adding a dependent or beneficiary record in this section **DOES NOT** provide them insurance coverage or names them as your beneficiary.

This is the list of dependent/beneficiary you will be able to select from during your enrollment session. If you need to make any other type of correction, please contact mdcpsbenefits@fbmc.com.

or

To add or change your charity organization, will or trust.

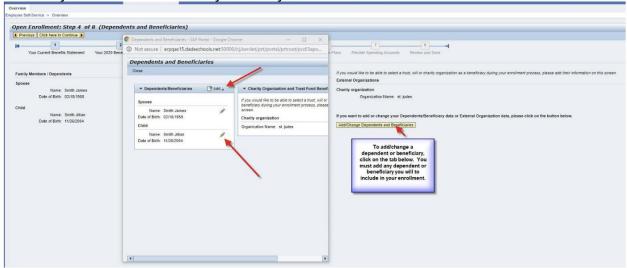
If you **DO NOT** have changes, click the "Click here to Continue" to proceed to the next step.

You may add or change a charity organization or add or change a will or trust designation by clicking on the add box.

If you would like to select a trust, will or charity organization as a beneficiary during your Employee Benefits enrollment process, please add their information in this section.

You do not need to include an address when adding a NATIONAL charity or organization.

Review your selection carefully before you click "Save and Back".



### Step 6

Enroll or Waive Employee Healthcare Coverage. This is a MANDATORY enrollment.

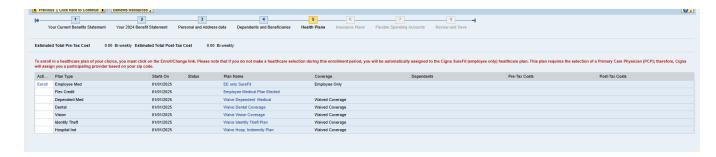
You must click on **Enroll** to view the available healthcare options for 2026. Click the Employee only healthcare plan you wish to select.

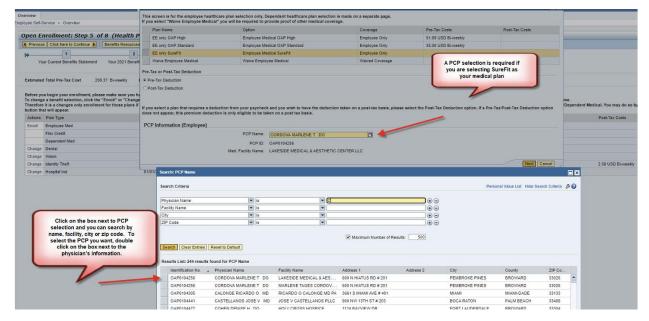
If you wish to decline healthcare coverage, select Waive Employee Medical.

If you wish to have your per pay cost deducted from your paycheck on a post-tax basis, simply click the button next to post-tax deductions.

Please note a PCP is required for the SureFit plan; therefore, click on the box next to **PCP Name** and search for them by Name, Facility, City or Zip Code. Click next to their name to populate.

Click **Next** to continue.





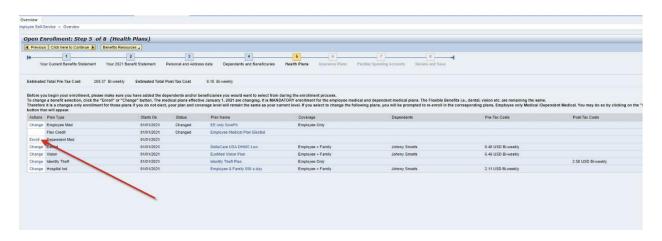
**Enroll or Waive Dependent Healthcare Coverage.** If you wish to have your dependent(s) covered in a medical plan in 2026, YOU MUST ENROLL THEM. Otherwise, your dependent(s) will not be covered under your medical plan.

**NOTE:** Your healthcare plan selection prompted you to take an additional step to verify whether you wish to enroll your dependents. You **must** click on Enroll.

If you do not wish to cover your dependent for the upcoming plan year, you must select **Waive Dependent Medical**.

Based on your dependents' benefits eligibility, different levels of dependent coverage will appear highlighted on the screen. **Your per pay deduction amount is listed.** 

Click **Next** to continue.



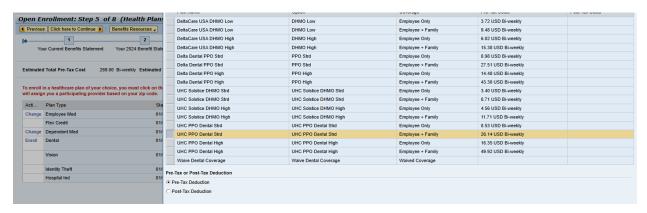
**Enroll or Waive Dental Coverage.** To select a dental plan, click on the **Enroll** button next to dental plans.

To select your dental plan for the upcoming plan year, click the plan you wish to enroll in and level of coverage you want Employee only coverage or Employee + Family coverage.

You must click on **Next** to continue.

**NOTE:** If you select DeltaCare DHMO Low or High, you will need to select a PDP. Click on the small box next to PDP Name and search for your dentist then click next to their name to populate.

Proceed to click on the **Enroll** button for Vision and Identity Theft coverage and make your benefits selection

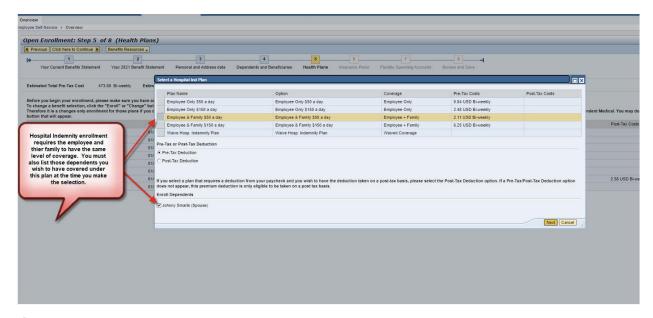


# Step 9

#### **Hospital Indemnity Coverage**

**Enroll or Waive Hospital Indemnity Coverage.** This benefit requires the employee and their dependents to have the same level of coverage. You must also list the dependents you wish to have covered on this plan at the time you make the selection. Click **Next.** 

You must click "Click Here to Continue" to proceed and view additional benefits.

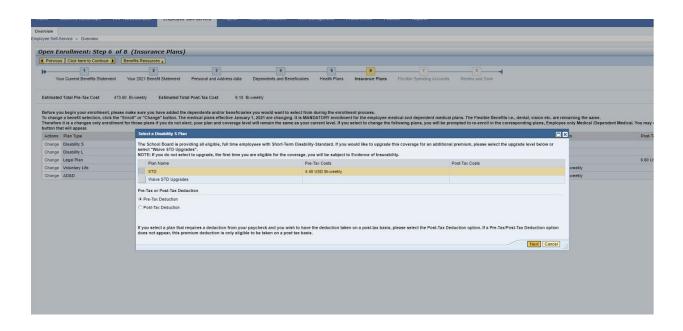


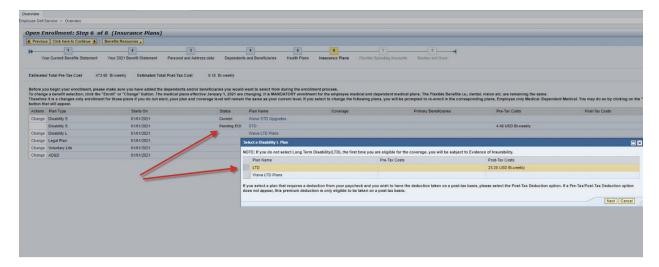
**Enroll or Waive Disability Plans**. The School Board provides all Full-time employees with Short-term Disability (STD) Standard. If you would like to upgrade this coverage for an additional premium, you may do so at this time.

You may also purchase Long-term Disability (LTD) during this enrollment. If you did not select to enroll in the STD Upgrade or the LTD plan last year and wish to select it for 2026 plan year, you will be subject to Evidence of Insurability (EOI).

However, if you are currently enrolled in a Disability (STD buy-up and/or LTD) plan, those benefits will continue for the 2026 plan year.

#### Click Next.





#### Completing your 2026 Enrollment.

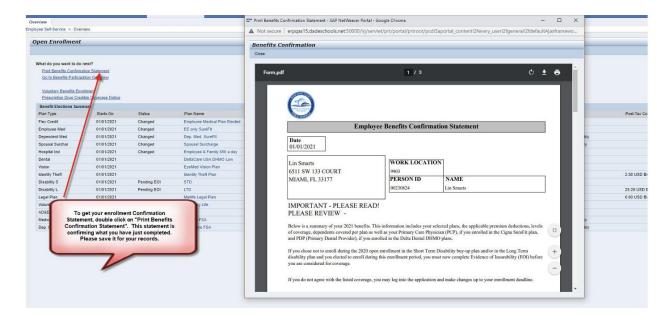
Click on the **"Click here to Continue"** to review and submit your enrollment. To submit your enrollment elections, scroll down, review your benefits and click on the **Submit** button.



# Step 12

#### **Employee Benefits Confirmation Statement**

Click to print a copy of your Employee Benefits Confirmation Statement by clicking on Print Benefits Confirmation Statement.



#### **Prescription Drug Credible Coverage Notice**

Please click on link displayed to review the Prescription Drug Credible Coverage Notice.

