

# Step 1

**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.

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**Open Enrollment: Step 1 of 8 (Your Current Benefits Statement)**

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Your Current Benefits Statement Your 2024 Benefits Statement Personal and Address data Dependents and Beneficiaries Health Plans Insurance Plans Flexible Spending Accounts Review and Save

The below Benefits Summary represents your current benefits and deductions for the 2023 plan year. Please use this Benefits Summary to evaluate if the plans you currently have will meet your needs. Please click on the above "Click here to Continue" button.

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2025 Benefits Statement

Date: 12/31/2025

WORK LOCATION	
PERSON ID	NAME

## Step 3

### 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.

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Your Current Benefits Statement Your 2024 Benefits Statement Personal and Address data Dependents and Beneficiaries Health Plans Insurance Plans Flexible Spending Accounts Review and Save

The below Benefits Summary represents your 2024 plan year benefits if you do not enroll during this enrollment period. Your benefits salary for the 2024 calendar year has been updated to reflect your annual base salary as of June 30, 2022. Please click on the above "Click here to Continue" button.

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2026 Benefits Statement

Date: 01/01/2026

WORK LOCATION	
PERSON ID	NAME

## 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.

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Personal Data

First name: Minnie  
Middle name:  
Last name: Smith  
Gender: Female  
Date of birth: 07/23/1966

Addresses

Permanent residence

Street: 65 SW 1COURT  
City: MIAMI  
Telephone Number: 3053058007

Please review your personal data, if any of your personal data is incorrect, contact Employee Services at (305) 995-7888

If you want to change your address information, please click on the below button.

Change Address Information

## 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](mailto: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.

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**Open Enrollment: Step 5 of 8 (Health Plans)**

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1 Your Current Benefits Statement 2 Your 2021 Benefits Statement

Estimated Total Pre-Tax Cost 208.37 Bi-weekly

Before you begin your enrollment, please make sure you have added the dependents and/or beneficiaries you would want to select from during the enrollment process. To change a benefit selection, click the "Enroll" or "Change" button. Therefore it is a changes only enrollment for those plans if you do not elect, your plan and coverage level will remain the same as your current level. If you select to change the following plans, you will be prompted to re-enroll in the corresponding plans. Employee only Medical /Dependent Medical. You may do so by clicking on the "Enroll" button that will appear.

Actions Plan Type

- Enroll Employee Med
- Flex Credit
- Dependent Med
- Change Dental
- Change Vision
- Change Identity Theft
- Change Hospital Ind

This screen is for the employee healthcare plan selection only. Dependent healthcare plan selection is made on a separate page. If you select "Waive Employee Medical" you will be required to provide proof of other medical coverage.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
EE only OAP High	Employee Medical OAP High	Employee Only	51.69 USD Bi-weekly	
EE only OAP Standard	Employee Medical OAP Standard	Employee Only	35.08 USD Bi-weekly	
EE only SureFit	Employee Medical SureFit	Employee Only		
Waive Employee Medical	Waive Employee Medical	Waived Coverage		

Pre-Tax or Post-Tax Deduction

\* Pre-Tax Deduction

\* Post-Tax Deduction

If you select a plan that requires a deduction from your paycheck and you wish to have the deduction taken on a post-tax basis, please select the Post-Tax Deduction option. If a Pre-Tax/Post-Tax Deduction option does not appear, this premium deduction is only eligible to be taken on a post-tax basis.

PCP Information (Employee)

PCP Name: CORDOVA MARLENE T DO

PCP ID: OAP0104256

Med. Facility Name: LAKESIDE MEDICAL & AESTHETIC CENTER LLC

Next Cancel

2.58 USD Bi-weekly

Click on the box next to PCP selection and you can search by name, facility, city or zip code. To select the PCP you want, double click on the box next to the physician's information.

A PCP selection is required if you are selecting SureFit as your medical plan

Search: PCP Name

Search Criteria

Physician Name is Facility Name is City is ZIP Code is

Maximum Number of Results 500

Search Clear Entries Reset to Default

Results List: 244 results found for PCP Name

Identification No.	Physician Name	Facility Name	Address 1	Address 2	City	County	ZIP Co.
OAP0104256	CORDOVA MARLENE T DO	LAKESIDE MEDICAL & AES...	600 N HIATUS RD # 201		PEMBROKE PINES	BROWARD	33026
OAP0104256	CORDOVA MARLENE T DO	MARLENE TAGES CORDOV...	600 N HIATUS RD # 201		PEMBROKE PINES	BROWARD	33026
OAP0104305	CALONGE RICARDO O MD	RICARDO O CALONGE MD PA	3661 S MIAMI AVE # 401		MIAMI	MIAMI-DADE	33133
OAP0104441	CASTELLANOS JOSE V MD	JOSE V CASTELLANOS PLLC	900 NW 13TH ST # 203		BOCA RATON	PALM BEACH	33486
OAP0104477	CORHEN DENISE H DO	HOLLY CROOKS HOSPITAL	1174 RAYVIEW DR		FORT LAUDERDALE	BROWARD	33304

## Step 7

**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.

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**Open Enrollment: Step 5 of 8 (Health Plans)**

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Estimated Total Pre-Tax Cost 208.37 Bi-weekly Estimated Total Post-Tax Cost 9.18 Bi-weekly

Before you begin your enrollment, please make sure you have added the dependents and/or beneficiaries you would want to select from during the enrollment process. To change a benefit selection, click the "Enroll" or "Change" button. The medical plans effective January 1, 2021 are changing. It is MANDATORY enrollment for the employee medical and dependent medical plans. The Flexible Benefits i.e., dental, vision etc. are remaining the same. Therefore it is a changes only enrollment for those plans if you do not elect, your plan and coverage level will remain the same as your current level. If you select to change the following plans, you will be prompted to re-enroll in the corresponding plans. Employee only Medical /Dependent Medical. You may do so by clicking on the "Enroll" button that will appear.

Actions	Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
Change	Employee Med	01/01/2021	Changed	EE only SureFit	Employee Only			
Change	Flex Credit	01/01/2021	Changed	Employee Medical Plan Elected				
Enroll	Dependent Med	01/01/2021						
Change	Dental	01/01/2021		DeltaCare USA DHMO Low	Employee + Family	Johnny Smarts	9.48 USD Bi-weekly	
Change	Vision	01/01/2021		EyeMed Vision Plan	Employee + Family	Johnny Smarts	6.46 USD Bi-weekly	
Change	Identity Theft	01/01/2021		Identity Theft Plan	Employee Only			2.58 USD Bi-weekly
Change	Hospital Ind	01/01/2021		Employee + Family \$50 a day	Employee + Family	Johnny Smarts	2.11 USD Bi-weekly	

## Step 8

**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

**Open Enrollment: Step 5 of 8 (Health Plan)**

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Your Current Benefits Statement Your 2024 Benefit Statement

Estimated Total Pre-Tax Cost 269.00 Bi-weekly Estimated

To enroll in a healthcare plan of your choice, you must click on the **Enroll** button next to the plan you wish to select. If you select a plan, you will be assigned a participating provider based on your zip code.

Act...	Plan Type	Sta
Change	Employee Med	01/1
	Flex Credit	01/1
Change	Dependent Med	01/1
Enroll	Dental	01/1
	Vision	01/1
	Identity Theft	01/1
	Hospital Ind	01/1

Plan Name	Plan	Coverage	Estimated Cost	Enroll
DeltaCare USA DHMO Low	DHMO Low	Employee Only	3.72 USD Bi-weekly	
DeltaCare USA DHMO Low	DHMO Low	Employee + Family	9.46 USD Bi-weekly	
DeltaCare USA DHMO High	DHMO High	Employee Only	6.02 USD Bi-weekly	
DeltaCare USA DHMO High	DHMO High	Employee + Family	15.38 USD Bi-weekly	
Delta Dental PPO Std	PPO Std	Employee Only	8.98 USD Bi-weekly	
Delta Dental PPO Std	PPO Std	Employee + Family	27.51 USD Bi-weekly	
Delta Dental PPO High	PPO High	Employee Only	14.48 USD Bi-weekly	
Delta Dental PPO High	PPO High	Employee + Family	43.30 USD Bi-weekly	
UHC Solstice DHMO Std	UHC Solstice DHMO Std	Employee Only	3.40 USD Bi-weekly	
UHC Solstice DHMO Std	UHC Solstice DHMO Std	Employee + Family	8.71 USD Bi-weekly	
UHC Solstice DHMO High	UHC Solstice DHMO High	Employee Only	4.56 USD Bi-weekly	
UHC Solstice DHMO High	UHC Solstice DHMO High	Employee + Family	11.71 USD Bi-weekly	
UHC PPO Dental Std	UHC PPO Dental Std	Employee Only	8.53 USD Bi-weekly	
<b>UHC PPO Dental Std</b>	<b>UHC PPO Dental Std</b>	<b>Employee + Family</b>	<b>26.14 USD Bi-weekly</b>	
UHC PPO Dental High	UHC PPO Dental High	Employee Only	16.35 USD Bi-weekly	
UHC PPO Dental High	UHC PPO Dental High	Employee + Family	49.92 USD Bi-weekly	
Waive Dental Coverage	Waive Dental Coverage	Waived Coverage		

Pre-Tax or Post-Tax Deduction

☒ Pre-Tax Deduction

☐ Post-Tax Deduction

## 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.



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**Open Enrollment: Step 5 of 8 (Health Plans)**

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Estimated Total Pre-Tax Cost 473.00 Bi-weekly Estimated Total Post-Tax Cost 9.18 Bi-weekly

Before you begin your enrollment, please make sure you have added the dependents and/or beneficiaries you would want to select during the enrollment process. To change a benefit selection, click the "Enroll" or "Change" button. Therefore it is a change only enrollment for those plans if you do not elect, your plan and coverage level will remain the same as your current level. If you select to change the following plans, you will be prompted to re-enroll in the corresponding plans, Employee only Medical / Dependent Medical. You may click the "Enroll" or "Change" button that will appear.

**Select a Hospital Ind Plan**

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Employee Only \$50 a day	Employee Only \$50 a day	Employee Only	0.84 USD Bi-weekly	
Employee Only \$150 a day	Employee Only \$150 a day	Employee Only	2.48 USD Bi-weekly	
Employee & Family \$50 a day	Employee & Family \$50 a day	Employee + Family	2.11 USD Bi-weekly	
Employee & Family \$150 a day	Employee & Family \$150 a day	Employee + Family	6.25 USD Bi-weekly	
Waive Hosp. Indemnity Plan	Waive Hosp. Indemnity Plan	Waived Coverage		

Pre-Tax or Post-Tax Deduction

☒ Pre-Tax Deduction

☐ Post-Tax Deduction

If you select a plan that requires a deduction from your paycheck and you wish to have the deduction taken on a post-tax basis, please select the Post-Tax Deduction option. If a Pre-Tax/Post-Tax Deduction option does not appear, this premium deduction is only eligible to be taken on a post tax basis.

Enroll Dependents

☒ Johnny Smarts (Spouse)

Next Cancel

## Step 10

**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**.

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**Open Enrollment: Step 6 of 8 (Insurance Plans)**

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Estimated Total Pre-Tax Cost 473.00 Bi-weekly Estimated Total Post-Tax Cost 9.18 Bi-weekly

Before you begin your enrollment, please make sure you have added the dependents and/or beneficiaries you would want to select during the enrollment process. To change a benefit selection, click the "Enroll" or "Change" button. The medical plans effective January 1, 2021 are changing. It is MANDATORY enrollment for the employee medical and dependent medical plans. The Flexible Benefits i.e., dental, vision etc. are remaining the same. Therefore it is a change only enrollment for those plans if you do not elect, your plan and coverage level will remain the same as your current level. If you select to change the following plans, you will be prompted to re-enroll in the corresponding plans, Employee only Medical / Dependent Medical. You may click the "Enroll" or "Change" button that will appear.

**Select a Disability S Plan**

The School Board is providing all eligible, full time employees with Short-Term Disability-Standard. If you would like to upgrade this coverage for an additional premium, please select the upgrade level below or select "Waive STD Upgrades".

NOTE: If you do not select to upgrade, the first time you are eligible for the coverage, you will be subject to Evidence of Insurability.

Plan Name	Pre-Tax Costs	Post-Tax Costs
STD	4.48 USD Bi-weekly	
Waive STD Upgrades		

Pre-Tax or Post-Tax Deduction

☒ Pre-Tax Deduction

☐ Post-Tax Deduction

If you select a plan that requires a deduction from your paycheck and you wish to have the deduction taken on a post-tax basis, please select the Post-Tax Deduction option. If a Pre-Tax/Post-Tax Deduction option does not appear, this premium deduction is only eligible to be taken on a post tax basis.

Next Cancel

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**Open Enrollment: Step 6 of 8 (Insurance Plans)**

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Estimated Total Pre-Tax Cost 473.60 Bi-weekly Estimated Total Post-Tax Cost 9.18 Bi-weekly

Before you begin your enrollment, please make sure you have added the dependents and/or beneficiaries you would want to select from during the enrollment process. To change a benefit selection, click the "Enroll" or "Change" button. The medical plans effective January 1, 2021 are changing. It is MANDATORY enrollment for the employee medical and dependent medical plans. The Flexible Benefits i.e., dental, vision etc. are remaining the same. Therefore it is a change only enrollment for these plans if you do not elect, your plan and coverage level will remain the same as your current level. If you select to change the following plans, you will be prompted to re-enroll in the corresponding plans, Employee only Medical Dependent Medical. You may do so by clicking on the " button that will appear.

Actions	Plan Type	Starts On	Status	Plan Name	Coverage	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Change	Disability S	01/01/2021	Current	Waive STD Upgrades				
	Disability S	01/01/2021	Pending EOI	STD			4.48 USD Bi-weekly	
Change	Disability L	01/01/2021		Waive LTD Plans				
Change	Legal Plan	01/01/2021						
Change	Voluntary Life	01/01/2021						
Change	AD&D	01/01/2021						

**Select a Disability L Plan**

NOTE: If you do not select Long Term Disability(LTD), the first time you are eligible for the coverage, you will be subject to Evidence of Insurability.

Plan Name	Pre-Tax Costs	Post-Tax Costs
LTD		25.26 USD Bi-weekly
Waive LTD Plans		

If you select a plan that requires a deduction from your paycheck and you wish to have the deduction taken on a post-tax basis, please select the Post-Tax Deduction option. If a Pre-Tax/Post-Tax Deduction option does not appear, this premium deduction is only eligible to be taken on a post tax basis.

Next Cancel

## Step 11

### 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.

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**Open Enrollment: Step 8 of 8 (Review and Save)**

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Estimated Total Pre-Tax Cost 473.60 Bi-weekly Estimated Total Post-Tax Cost 9.18 Bi-weekly

Plan Changes	Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Dependent Med	01/01/2021	Changed	Dep. Med. SureFit	Spouse	Johnny Smarts			245.00 USD Bi-weekly	
Spousal Surchar	01/01/2021	Changed	Spousal Surcharge	SP Surcharge				19.23 USD Bi-weekly	
Disability S	01/01/2021	Pending EOI	STD					4.48 USD Bi-weekly	
Disability L	01/01/2021	Pending EOI	LTD						25.26 USD Bi-weekly

Unchanged Plans	Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Flex Credit	01/01/2021		Employee Medical Plan Elected						
Employee Med	01/01/2021		EE only SureFit	Employee Only					
Dental	01/01/2021		DentalCare USA CHMO Low	Employee + Family	Johnny Smarts			6.48 USD Bi-weekly	
Vision	01/01/2021		EyeMed Vision Plan	Employee + Family	Johnny Smarts			6.48 USD Bi-weekly	
Identity Theft	01/01/2021		Identity Theft Plan	Employee Only					2.58 USD Bi-weekly
Hospital Ind	01/01/2021		Employee & Family \$59 a day	Employee + Family	Johnny Smarts			2.11 USD Bi-weekly	
Disability S	01/01/2021		Waive STD Upgrades						
Disability L	01/01/2021		Waive LTD Plans						
Legal Plan	01/01/2021		MetLife Legal Plan						6.60 USD Bi-weekly
Voluntary Life	01/01/2021		Voluntary Life	50,000.00 USD	Johnny Smarts (75%), Matthew Smarts (25%)			4.62 USD Bi-weekly	
AD&D	01/01/2021		AD&D	569,906.09 USD	Johnny Smarts (100%)			3.09 USD Bi-weekly	
Medical FSA	01/01/2021		Medical FSA					28.85 USD Bi-weekly	
Dep. Care FSA	01/01/2021		Dep. Care FSA					153.55 USD Bi-weekly	

I agree to complete and submit to any provider of health services such as contracts, releases and other assignments as are reasonably necessary for any provider. In accordance with its rights under the Group Agreement, to be subrogated to my rights or a family member's rights or to coordinate with other health benefits plans or insurance policies. In addition, I authorize any provider of health services to provide, upon written request, any information concerning the health condition, or treatment, of any covered person whenever such information is considered necessary for the proper disposition of a claim submitted for payment in fulfillment of obligation. I agree for myself and other covered members of my family to be bound by the benefit, deductibles, co-payment, exclusions, limitations, and other terms of the Group Agreement. I hereby authorize my Employer (MDCPS) to reduce my gross salary before federal income taxes are calculated by the total amount of Employee-Paid Salary Reduction per pay period specified above. I understand that I CAN NOT CHANGE THE AMOUNT OF SALARY REDUCTION OR REVOKE THE SALARY REDUCTION AGREEMENT DURING THE PLAN CALENDAR YEAR UNLESS THERE IS A CHANGE IN MY FAMILY STATUS AS DEFINED BY IRS RULES. I further understand that any amount remaining in my Flexible Spending Account that is not used during the Plan Year or any temporary period my employee may adopt CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR. If there is a balance left in these accounts at the end of this time period, that amount will be returned to the Central Fund of my Employer (MDCPS) for the benefit of all the participants. The Salary Reduction amount specified above will continue in effect until I submit a new Salary Reduction authorization for a subsequent enrollment, terminate employment, take an unpaid leave of absence from employment or discontinue or modify my Employee-Paid Benefits in a subsequent enrollment. I UNDERSTAND AND AGREE THAT MY EMPLOYER (MDCPS), UNION AND PIRCE BENEFITS MANAGEMENT THE PIRCE BENEFIT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATING IN THE FLEXIBLE BENEFITS PLAN OR DUE TO MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby appoint my Employer (MDCPS) or Employer's designee to serve as beneficiary of employees, in accordance with Section 627.569 Florida Statutes, as amended. Any person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony or the third degree. F.S. Section 617.234 (b)(b)1995/FL. I certify 1) I will only use my FSA to pay for IRS-qualified expenses and only for me and my IRS-eligible dependents, 2) I will exhaust all other sources of reimbursement from my FSA, 3) I will not seek reimbursement through any other source, and 4) I will collect and maintain sufficient documentation to validate the foregoing.

## Step 12

### Employee Benefits Confirmation Statement

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



Overview

Employee Self-Service > Overview

Open Enrollment

What do you want to do next?

[Print Benefits Confirmation Statement](#)  
[Go to Benefits Participation Overview](#)  
[Voluntary Benefits Enrollment](#)  
[Prescription Drug Credible Coverage Notice](#)

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name
Flex Credit	01/01/2021	Changed	Employee Medical Plan Elected
Employee Med	01/01/2021	Changed	EE only SureFit
Dependent Med	01/01/2021	Changed	Dep. Med. SureFit
Spousal Surchar	01/01/2021	Changed	Spousal Surcharge
Hospital Ind	01/01/2021	Changed	Employee & Family \$50 a day
Dental	01/01/2021	Changed	DeltaCare USA DHMO Low
Vision	01/01/2021	Changed	EyeMed Vision Plan
Identity Theft	01/01/2021	Changed	Identity Theft Plan
Disability S	01/01/2021	Pending EOI	STD
Disability L	01/01/2021	Pending EOI	LTD
Legal Plan	01/01/2021	Changed	MetLife Legal Plan
Voluntary Life	01/01/2021	Changed	Voluntary Life
AD&D	01/01/2021	Changed	AD&D
Medical FSA	01/01/2021	Changed	Medical FSA
Dep. Care FSA	01/01/2021	Changed	Dep. Care FSA

Print Benefits Confirmation Statement - SAP NetWeaver Portal - Google Chrome

Not secure | erpqas15.dadeschools.net:50000/irj/portal/prtroot/pcd13aportal\_content2fevery\_user2fdefaultAjaxframewo...

Benefits Confirmation

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Employee Benefits Confirmation Statement

Date

01/01/2021

Lin Smarts

6511 SW 133 COURT

MIAMI, FL 33177

WORK LOCATION

9903

PERSON ID

00230824

NAME

Lin Smarts

IMPORTANT - PLEASE READ!

PLEASE REVIEW -

Below is a summary of your 2021 benefits. This information includes your selected plans, the applicable premium deductions, levels of coverage, dependents covered per plan as well as your Primary Care Physician (PCP), if you enrolled in the Cigna SureFit plan, and PDP (Primary Dental Provider), if you enrolled in the Delta Dental DHMO plans.

If you chose not to enroll during the 2020 open enrollment in the Short Term Disability buy-up plan and/or in the Long Term disability plan and you elected to enroll during this enrollment period, you must now complete Evidence of Insurability (EOI) before you are considered for coverage.

If you do not agree with the listed coverage, you may log into the application and make changes up to your enrollment deadline.

To get your enrollment Confirmation Statement, double click on "Print Benefits Confirmation Statement". This statement is confirming what you have just completed. Please save it for your records.

## Step 13

### Prescription Drug Credible Coverage Notice

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

Overview

Employee Self-Service > Overview

Open Enrollment

What do you want to do next?

[Print Benefits Confirmation Statement](#)  
[Go to Benefits Participation Overview](#)  
[Voluntary Benefits Enrollment](#)  
[Prescription Drug Credible Coverage Notice](#)

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name
Flex Credit	01/01/2021	Changed	Employee Medical
Employee Med	01/01/2021	Changed	EE only SureFit
Dependent Med	01/01/2021	Changed	Dep. Med. SureFit
Spousal Surchar	01/01/2021	Changed	Spousal Surcharge
Hospital Ind	01/01/2021	Changed	Employee & Family
Dental	01/01/2021	Changed	DeltaCare USA
Vision	01/01/2021	Changed	EyeMed Vision
Identity Theft	01/01/2021	Changed	Identity Theft Plan
Disability S	01/01/2021	Pending EOI	STD
Disability L	01/01/2021	Pending EOI	LTD
Legal Plan	01/01/2021	Changed	MetLife Legal Plan
Voluntary Life	01/01/2021	Changed	Voluntary Life
AD&D	01/01/2021	Changed	AD&D
Medical FSA	01/01/2021	Changed	Medical FSA
Dep. Care FSA	01/01/2021	Changed	Dep. Care FSA

Prescription Drug Credible Coverage Notice - SAP NetWeaver Portal - Google Chrome

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Important Notice to those Covered under Sponsor Plans

Options

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Important Notice from Miami-Dade County Public Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Miami-Dade County Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Miami-Dade County Public Schools has determined that the prescription drug coverage offered by the Cigna medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay