

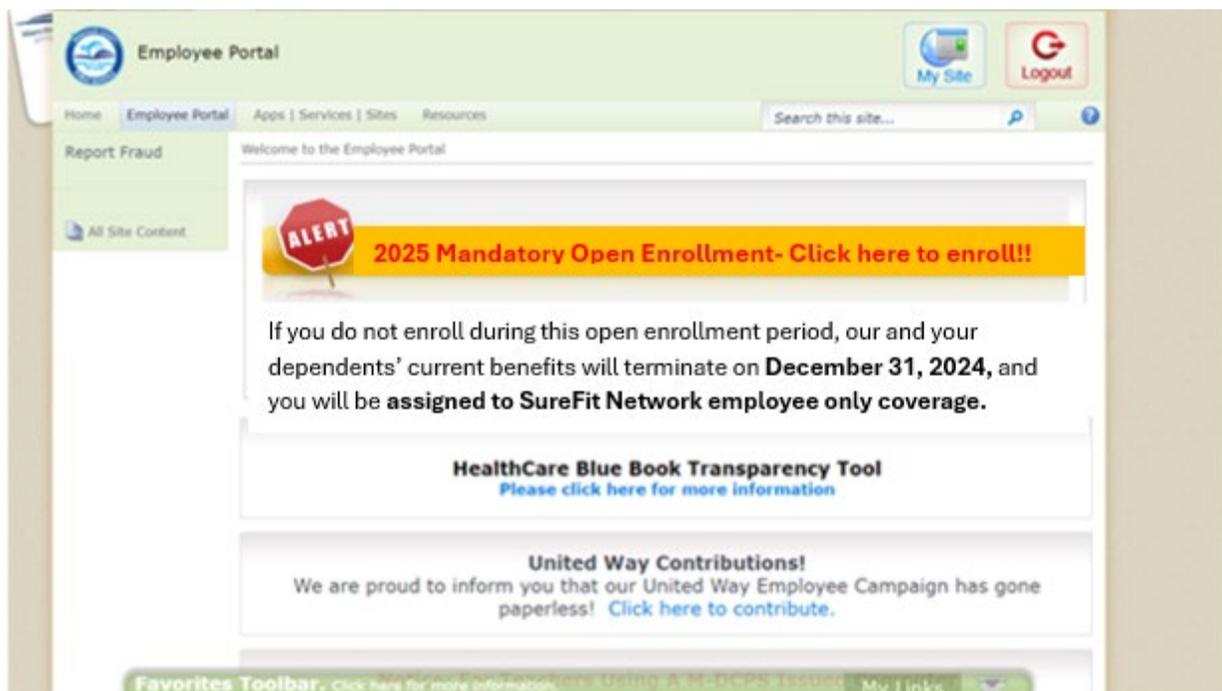
Step 1

REMINDER! Open Enrollment ends **December 16, 2024**.

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, 2024**; 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 2025 plan year and premium increases will automatically be applied.

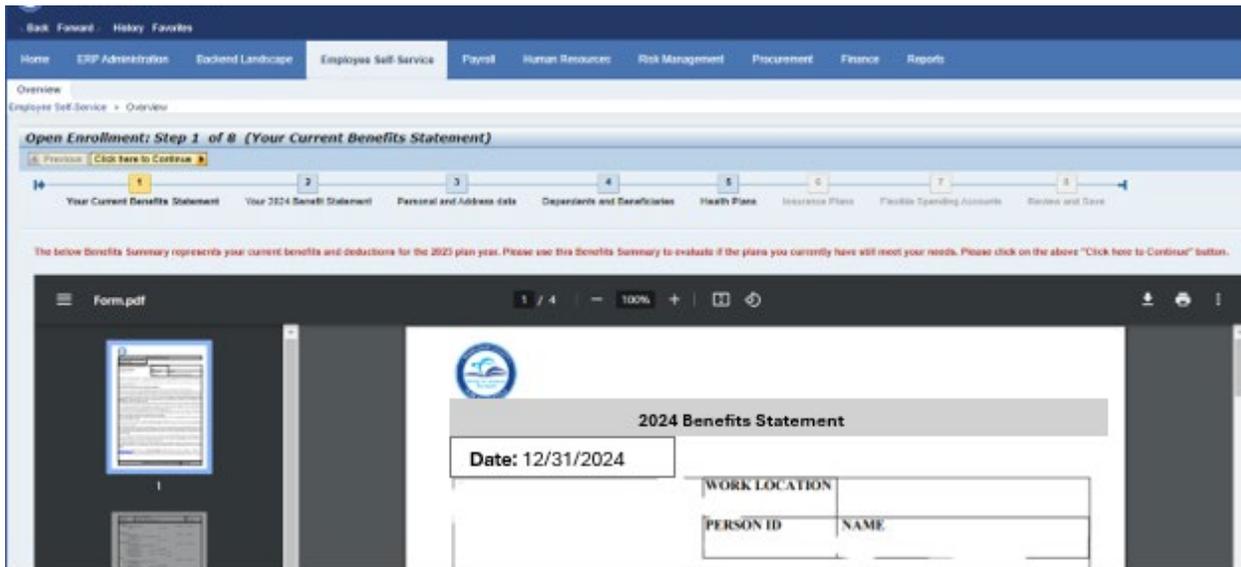
If you **do not enroll**, you will be automatically assigned to **Cigna SureFit Network (employee only) healthcare** plan.



Step 2

At the beginning of your enrollment session, print your current 2024 Benefits Statement to evaluate if your current plans still meet your needs.

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

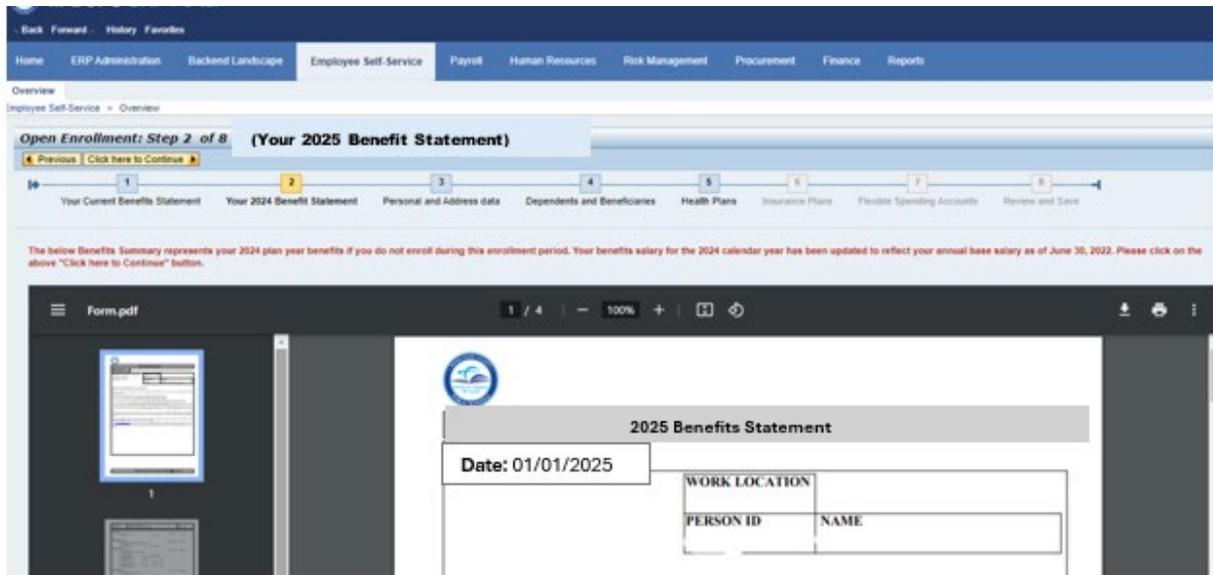


Step 3

Review your 2025 Benefits Statement.

This statement will display your benefits for the 2025 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 30th, 2023.

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.

Overview
Employee Self-Service > Overview

Open Enrollment: Step 4 of 10 (Personal and Address data)

Previous Click here to Continue

1 Your Benefits Education 2 Your Current Benefits Statement 3 Your 2019 Benefits Statement 4 Personal and Address data 5 Dependents and Beneficiaries 6 Health Plans 7 Insurance Plans 8 Flexible Spending Accounts 9 Miscellaneous Plans 10 Review and Save

Personal Data

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

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

Addresses

Permanent residence

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

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 people 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 people you will be able to select from during your enrollment session. If you need to make any other type of correction, please contact The Office of Risk & Benefits Management at 1.305.995.7129.

or

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

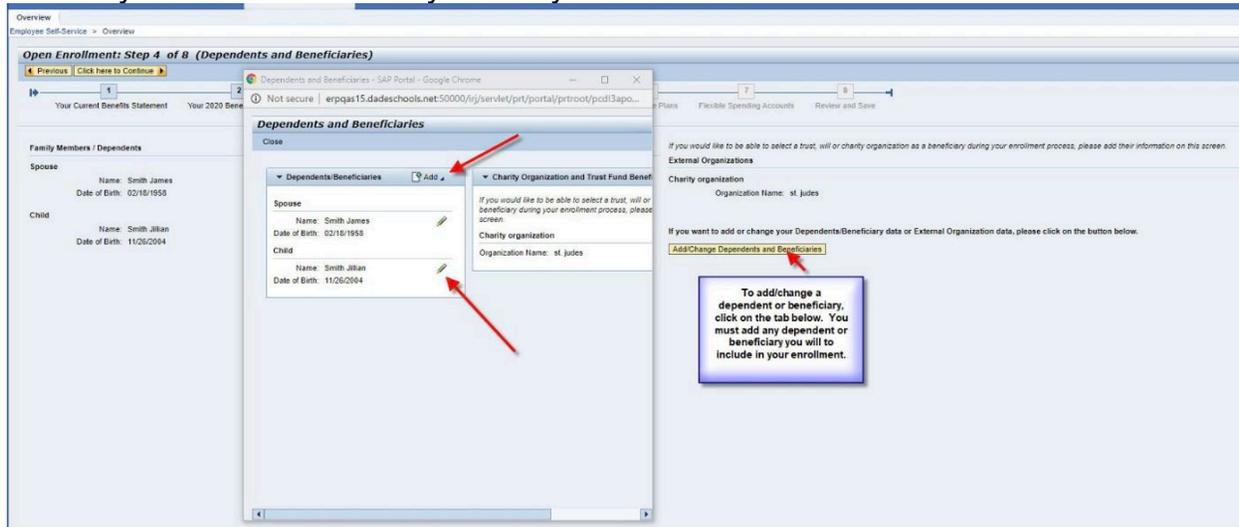
If you **DO NOT** have changes, click the **"Click here to Continue"** to proceed to the next step.

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 2025. 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.

To enroll in a healthcare plan of your choice, you must click on the Enroll/Change link. Please note that if you do not make a healthcare selection during this enrollment period, you will be automatically assigned to the Cigna SureFit (employee only) healthcare plan. This plan requires the selection of a Primary Care Physician (PCP); therefore, Cigna will assign you a participating provider based on your zip code.

Act...	Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
Enroll	Employee Med	01/01/2025		EE only SureFit	Employee Only			
	Flex Credit	01/01/2025		Employee Medical Plan Elected				
	Dependent Med	01/01/2025		Waive Dependent Medical	Waived Coverage			
	Dental	01/01/2025		Waive Dental Coverage	Waived Coverage			
	Vision	01/01/2025		Waive Vision Coverage	Waived Coverage			
	Identity Theft	01/01/2025		Waive Identity Theft Plan	Waived Coverage			
	Hospital Ind	01/01/2025		Waive Hosp. Indemnity Plan	Waived Coverage			

Overview
Employee Self-Service > Overview

Open Enrollment: Step 5 of 8 (Health Plans)

Previous | Click here to Continue | Benefits Resources

Your Current Benefits Statement | Your 2021 Benefits Statement

Estimated Total Pre-Tax Cost: 208.37 Bi-weekly

Estimated Total Post-Tax Cost: 2.58 USD 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

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

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

Search PCP Name

Search Criteria

Physician Name | is | [input] | [clear] | [refresh]

Facility Name | is | [input] | [clear] | [refresh]

City | is | [input] | [clear] | [refresh]

ZIP Code | is | [input] | [clear] | [refresh]

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 & AESTHETIC CENTER LLC	600 N HIATUS RD # 201		PEMBROKE PINES	BROWARD	33026
OAP0104256	CORDOVA, MARLENE T. DO	MARLENE TAGES CORDOVA	600 N HIATUS RD # 201		PEMBROKE PINES	BROWARD	33026
OAP0104305	CALONGE, RICARDO O. MD	RICARDO O. CALONGE MD PA	3861 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. D.O.	HOLY CROSS HOSPITAL	1174 RAYVIEW DR		FORT LAUDERDALE	BROWARD	33304

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.

Step 7

Enroll or Waive Dependent Healthcare Coverage. If you wish to have your dependent(s) covered in a medical plan in 2025, **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.

Overview
Employee Self-Service > Overview

Open Enrollment: Step 5 of 8 (Health Plans)

Previous | Click here to Continue | Benefits Resources

Your Current Benefits Statement | Your 2021 Benefits Statement | Personal and Address data | Dependents and Beneficiaries | **Health Plans** | Insurance Plans | Flexible Spending Accounts | Review and Save

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

Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
Change Employee Med	EE only SureFit	Employee Only			
Change Flex Credit	Employee Medical Plan Elected	Employee Only			
Enroll Dependent Med					
Change Dental	DeltaCare USA DHMO Low	Employee + Family	Johnny Smarts	9.48 USD Bi-weekly	
Change Vision	EyeMed Vision Plan	Employee + Family	Johnny Smarts	6.46 USD Bi-weekly	
Change Identify Theft	Identify Theft Plan	Employee Only			2.58 USD Bi-weekly
Change Hospital Ind	Employee & Family \$50 a day	Employee + Family	Johnny Smarts	2.11 USD Bi-weekly	

Overview
employee Self-Service > Overview

Open Enrollment: Step 5 of 8 (Health Plans)

4 Previous Click here to Continue Benefits Resources

1 Your Current Benefits Statement 2 Your 2021 Benefit Statement

Select a Dependent Med Plan

If you have selected any healthcare coverage that includes your domestic partner, your premiums will be deducted on a post-tax basis. The employer funding for domestic partner dependent coverage is contributed on a pre-tax basis; therefore, it will be subject to withholding and FICA taxes.
If applicable, the Spousal Surcharge Affidavit will appear once you click on "Next". Please be sure to select the answer that best describes your spouse's/domestic partner's medical coverage status.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dep. Med. SureFit	Dependent Medical SureFit	Spouse	246.00 USD Bi-weekly	
Waive Dependent Medical	Waive Dependent 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.

Enroll Dependents

Johnny Smarts (Spouse)

PCP Information (Dependents) - You may select different facility for you and each of your dependents

Name: Johnny Smarts
PCP Name:
PCP ID:
Medical Facility Name:

Next Cancel

If you are selecting the medical plan SureFit, a PCP must be selected for each enrolled dependent.

Step 8

If you cover your spouse or domestic partner on your healthcare plan, you need to respond to the Spousal/Domestic Partner Surcharge Affidavit. The Affidavit will appear after you have selected their medical coverage and clicked on "Next".

Click on the appropriate box that best describes your spouse's/domestic partners' medical coverage status and click **Accept**.

Overview
employee Self-Service > Overview

Open Enrollment: Step 5 of 8 (Health Plans)

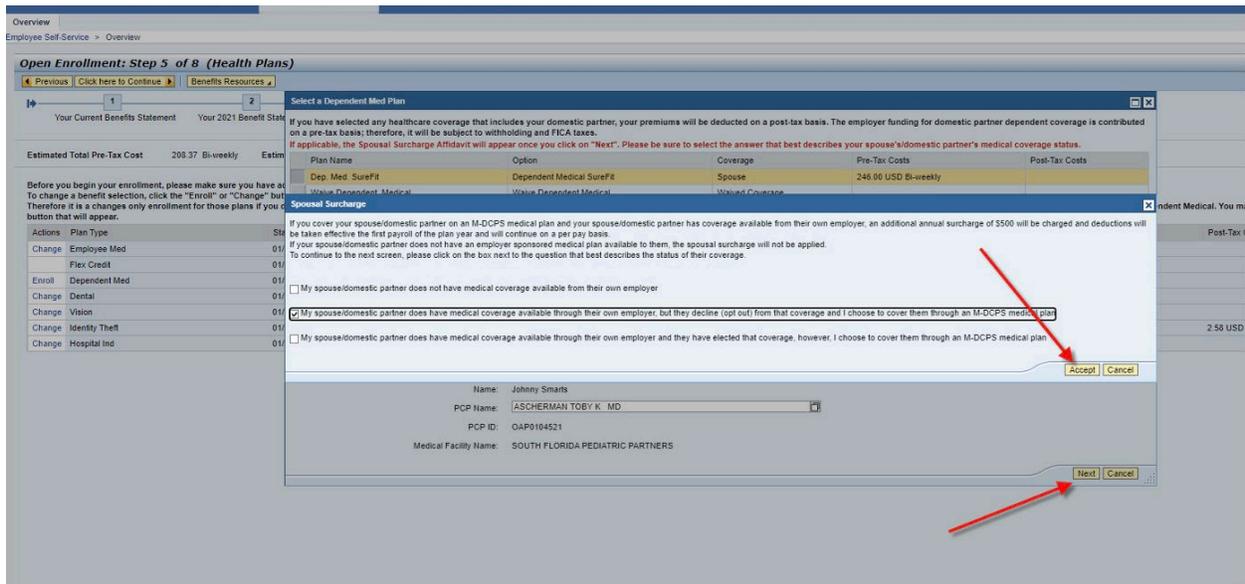
4 Previous Click here to Continue Benefits Resources

1 Your Current Benefits Statement 2 Your 2021 Benefit Statement 3 Personal and Address data 4 Dependents and Beneficiaries 5 **Health Plans** 6 Insurance Plans 7 Flexible Spending Accounts 8 Review and Save

Estimated Total Pre-Tax Cost: 200.37 Bi-weekly
Estimated Total Post-Tax Cost: 9.10 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 "I" 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			
	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	9.45 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			2.50 USD Bi-weekly
Change	Hospital Ind	01/01/2021		Employee + Family \$50 a day	Employee + Family	Johnny Smarts	2.11 USD Bi-weekly	



Step 9

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

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
DeltaCare USA DHMO Low	DHMO Low	Employee Only	3.72 USD Bi-weekly	
DeltaCare USA DHMO Low	DHMO Low	Employee + Family	9.48 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 Strd	PPO Strd	Employee Only	8.98 USD Bi-weekly	
Delta Dental PPO Strd	PPO Strd	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 Strd	UHC Solstice DHMO Strd	Employee Only	3.40 USD Bi-weekly	
UHC Solstice DHMO Strd	UHC Solstice DHMO Strd	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 Strd	UHC PPO Dental Strd	Employee Only	8.53 USD Bi-weekly	
UHC PPO Dental Strd	UHC PPO Dental Strd	Employee + Family	26.14 USD Bi-weekly	
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		

Step 10

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.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Employee Only \$50 a day	Employee Only \$50 a day	Employee Only	0.04 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		

Step 11

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 2025 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 2025 plan year and premium increases will be automatically applied.

Click **Next**.

Overview
Employee Self-Service > Overview

Open Enrollment: Step 6 of 8 (Insurance Plans)

Previous Click here to Continue Benefits Resources

1 Your Current Benefits Statement 2 Your 2021 Benefit Statement 3 Personal and Address data 4 Dependents and Beneficiaries 5 Health Plans 6 **Insurance Plans** 7 Flexible Spending Accounts 8 Review and Save

Estimated Total Pre-Tax Cost 473.60 Bi-weekly Estimated Total Post-Tax Cost 9.10 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.

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

Overview
Employee Self-Service > Overview

Open Enrollment: Step 6 of 8 (Insurance Plans)

Previous Click here to Continue Benefits Resources

1 Your Current Benefits Statement 2 Your 2021 Benefit Statement 3 Personal and Address data 4 Dependents and Beneficiaries 5 Health Plans 6 **Insurance Plans** 7 Flexible Spending Accounts 8 Review and Save

Estimated Total Pre-Tax Cost 473.60 Bi-weekly Estimated Total Post-Tax Cost 9.10 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	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Change	Disability S	01/01/2021	Current	Waive STD Upgrades				
Change	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		25.29 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 12 Completing your 2025 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.

Overview
Employee Self-Service > Overview

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

4 Previous | Click here to Continue

1 Your Current Benefits Statement | 2 Your 2021 Benefit Statement | 3 Personal and Address data | 4 Dependents and Beneficiaries | 5 Health Plans | 6 Insurance Plans | 7 Flexible Spending Accounts | 8 Review and Save

Estimated Total Pre-Tax Cost: 473.80 Bi-weekly | Estimated Total Post-Tax Cost: 9.18 Bi-weekly

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				4.45 USD Bi-weekly	
Disability L	01/01/2021	Pending EOI	LTD					25.26 USD Bi-weekly

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	DeltaCare USA DHMO Low		Employee + Family	Johnny Smarts		9.45 USD Bi-weekly	
Vision	01/01/2021	EyeMed Vision Plan		Employee + Family	Johnny Smarts		6.46 USD Bi-weekly	
Identify Theft	01/01/2021	Identify Theft Plan		Employee Only				2.50 USD Bi-weekly
Hospital Ind	01/01/2021	Employee & Family 550 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	Mettife 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		500,000.00 USD	Johnny Smarts (100%)		3.00 USD Bi-weekly	
Medical FSA	01/01/2021	Medical FSA					28.85 USD Bi-weekly	
Dep. Care FSA	01/01/2021	Dep. Care FSA					153.85 USD Bi-weekly	

I agree to complete and submit to any provider of health services such as health plans, 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 benefit 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 wherever 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 CANNOT 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 not 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 issue to the Central Fund of my Employer (MDCPS) to 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 FRINGE BENEFITS MANAGEMENT THE 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 the beneficiary of employees, in accordance with Section 627.589 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 in pursuit of a policy or the third degree F.S. Section 617.224 (FOIA)1988(F.L. 1) 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 13

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 Drive Creditable Coverage Notice](#)

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 550 a day
Dental	01/01/2021		DeltaCare USA DHMO Low
Vision	01/01/2021		EyeMed Vision Plan
Identify Theft	01/01/2021		Identify Theft Plan
Disability S	01/01/2021	Pending EOI	STD
Disability L	01/01/2021	Pending EOI	LTD
Legal Plan	01/01/2021		Mettife Legal Plan
Volunt			Life
AD&D			Medical FSA
Medic			Dep. Care FSA
Dep. Care FSA			

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.

Print Benefits Confirmation Statement - SAP NetWeaver Portal - Google Chrome

Not secure | erpqas15.dadeschools.net:5000/ij/servelet/prt/portal/prtroot/pcd13aportal_content/2fevery_user/2fgeneral/2/default/ajafamewo...

Benefits Confirmation

Close

Form.pdf 1 / 3

Employee Benefits Confirmation Statement

Date: 01/01/2021

Lin Smarts
6511 SW 133 COURT
MIAMI, FL 33177

WORK LOCATION	PERSON ID	NAME
9903	00239824	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.

Step 14

Voluntary Benefits Enrollment

To view and participate in the Voluntary Benefits Enrollment, please click on the link displayed.

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](#)

Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Plan Credit	01/01/2021	Changed	Employee Medical Plan Elected	Employee Only				
Employee Med	01/01/2021	Changed	EE only SureFit	Employee Only				
Dependent Med	01/01/2021	Changed	Dep. Med. SureFit	Spouse	Johnny Smarts		246.00 USD Bi-weekly	
Spousal Surchar	01/01/2021	Changed	Spousal Surcharge	SP Surcharge			19.23 USD Bi-weekly	
Hospital Ind	01/01/2021	Changed	Employee & Family STD Plan	Employee + Family	Johnny Smarts		2.11 USD Bi-weekly	
Dental	01/01/2021		DeltaCare USA DHMO Low	Employee + Family	Johnny Smarts		9.48 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
Disability S	01/01/2021	Pending EOI	STD				4.49 USD Bi-weekly	
Disability L	01/01/2021	Pending EOI	LTD					25.28 USD Bi-weekly
Legal Plan	01/01/2021		MetLife Legal Plan					6.60 USD Bi-weekly
Voluntary Life	01/01/2021		Voluntary Life		Johnny Smarts (75%), Matthew Smarts (25%)		4.42 USD Bi-weekly	
AD&D	01/01/2021		AD&D		500,000.00 USD	Johnny Smarts (100%)	3.69 USD Bi-weekly	
Medical FSA	01/01/2021		Medical FSA				28.85 USD Bi-weekly	
Dep. Care FSA	01/01/2021		Dep. Care FSA				153.85 USD Bi-weekly	

Step 15

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](#)

Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Flex Credit	01/01/2021	Changed	Employee Med	Employee Only				
Employee Med	01/01/2021	Changed	EE only SureFit	Employee Only				
Dependent Med	01/01/2021	Changed	Dep. Med. SureFit	Spouse	Johnny Smarts		46.00 USD Bi-weekly	
Spousal Surchar	01/01/2021	Changed	Spousal Surchar	SP Surcharge			9.23 USD Bi-weekly	
Hospital Ind	01/01/2021	Changed	Employee & Fa	Employee + Fa	Johnny Smarts		11 USD Bi-weekly	
Dental	01/01/2021		DeltaCare USA	Employee + Family	Johnny Smarts		46 USD Bi-weekly	
Vision	01/01/2021		EyeMed Vision	Employee + Family	Johnny Smarts		46 USD Bi-weekly	
Identity Theft	01/01/2021		Identity Theft P	Employee Only				48 USD Bi-weekly
Disability S	01/01/2021	Pending EOI	STD					
Disability L	01/01/2021	Pending EOI	LTD					
Legal Plan	01/01/2021		MetLife Legal P					62 USD Bi-weekly
Voluntary Life	01/01/2021		Voluntary Life		Johnny Smarts (75%), Matthew Smarts (25%)		60 USD Bi-weekly	
AD&D	01/01/2021		AD&D		500,000.00 USD	Johnny Smarts (100%)	8.85 USD Bi-weekly	
Medical FSA	01/01/2021		Medical FSA				8.85 USD Bi-weekly	
Dep. Care FSA	01/01/2021		Dep. Care FSA				53.85 USD Bi-weekly	

Important Notice to those Covered under Sponsor Plans 1 / 3

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011 0486 0038-0090

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:

1. 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.
2. 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