

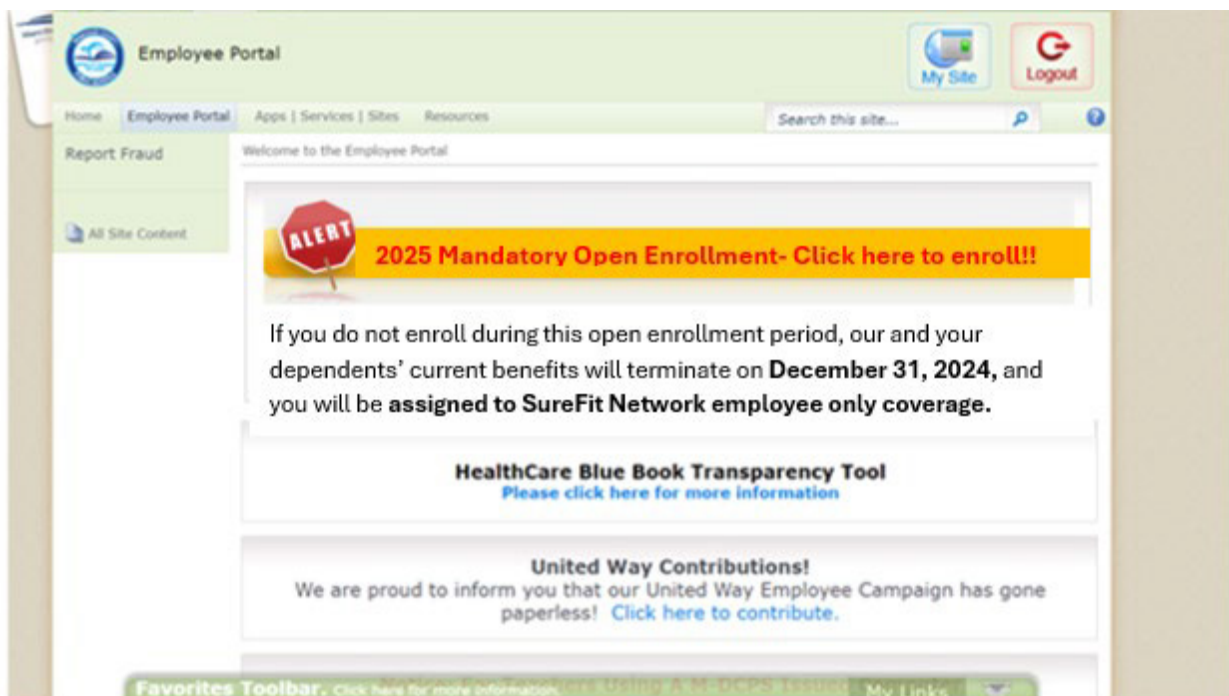
# Step 1

**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.

Home Development Landscape Backend Landscape **Employee Self-Service** Payroll Payroll-WEBGUI Risk Management Human Resources Procurement Finance Reports

Overview  
Employee Self-Service > Overview

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

Previous Click here to Continue

1 2 3 4 5 6 7 8

Your Current Benefits Statement Your 2025 Benefit Statement Personal and Address data Dependents and Beneficiaries Health Plans Insurance Plans Flexible Spending Accounts Review and S

The below Benefits Summary represents your current benefits and deductions for the 2024 plan year. Please use this Benefits Summary to evaluate if the plans you currently have still meet your needs. Please click on the above "Click here to Continue" button.

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**2024 Benefits Statement**  
Date 12/31/2024

WORK LOCATION	
PERSON ID	NAME

IMPORTANT INFORMATION - 2024 BENEFITS TERMINATE ON DECEMBER 31, 2024. YOU MUST ENROLL!

## 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 30<sup>th</sup>, 2023.

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

Home Development Landscape Backend Landscape **Employee Self-Service** Payroll Payroll-WEBGUI Risk Management Human Resources Procurement Finance Reports

Overview  
Employee Self-Service > Overview

**Open Enrollment: Step 2 of 8 (Your 2025 Benefit Statement)**

Previous Click here to Continue

1 2 3 4 5 6 7 8

Your Current Benefits Statement **Your 2025 Benefit Statement** Personal and Address data Dependents and Beneficiaries Health Plans Insurance Plans Flexible Spending Accounts Review and S

The below Benefits Summary represents your 2025 plan year benefits if you do not enroll during this enrollment period. Your benefits salary for the 2025 calendar year has been updated to reflect your annual base salary as of June 30, 2023. Please click on the above "Click here to Continue" button.

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**2025 Benefits Statement**  
Date 01/01/2025

WORK LOCATION	
PERSON ID	NAME

IMPORTANT INFORMATION - PLEASE READ

Below is a summary of the benefits you will be assigned for 2025 plan year if you elect not to enroll during this open enrollment period.

## 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.

Employee Self-Service > Overview

**Open Enrollment: Step 3 of 8 (Personal and Address data)**

← Previous **Click here to Continue** →

1 2 3 4 5 6 7 8

Your Current Benefits Statement Your 2025 Benefit Statement **Personal and Address data** Dependents and Beneficiaries Health Plans Insurance Plans Flexible Spending Accounts Review and Save

It is important that you verify this information and update as needed.

**Personal Data**

First name:

Middle name:

Last name:

Gender:

Date of birth:

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

**Addresses**

Permanent residence

Street:

City:

Telephone Number:

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.

Acti...	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 Plan Selection)**

Previous Click here to Continue Benefits Resources

Your Current Benefits Statement Your 2021 Benefits Statement

Estimated Total Pre-Tax Cost 208.37 Bi-weekly

Before you begin your enrollment, please make sure you have selected the correct dependent(s) to enroll. To change a benefit selection, click the "Enroll" or "Change" button. Therefore, if there is a change only enrollment for those plans if 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

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

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.

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	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 RAVENSWOOD 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 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.

Select a Dependent Med Plan

If you have selected any healthcare coverage that includes your domestic partner, you will be responsible for the taxes on the premium and the Board subsidy. Domestic partnership eligibility documents must be submitted annually. Additionally, you will be required to provide dependent documentation for all covered dependents, if not previously submitted. If not submitted, your dependent coverage will be terminated. 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/domestic partner's medical coverage status.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dep Med OAP Extended Network	Dependent Medical OAP Ext	Child/ren	272.77 USD Bi-weekly	
Dep Med OAP Extended Network	Dependent Medical OAP Ext	Family	777.69 USD Bi-weekly	
Dep Med OAP Extended Network	Dependent Medical OAP Ext	Spouse	384.46 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

(Spouse)

(Child)

(Child)

Next Cancel

Overview  
employee Self-Service > Overview

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

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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)**

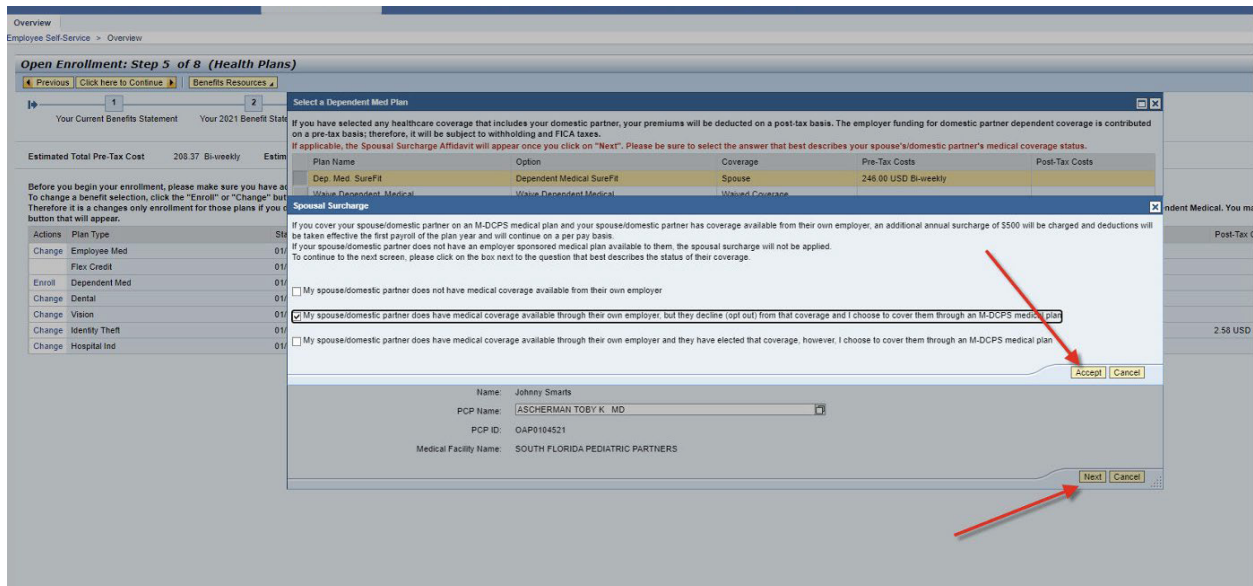
4 Previous Click here to Continue Benefits Resources

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.

Action	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
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 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	6.71 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
UHC PPO Dental Std	UHC PPO Dental Std	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	

Pre-Tax or Post-Tax Deduction  
 Pre-Tax Deduction  
 Post-Tax Deduction

# 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.

Home Backend Landscape ERP Administration Employee Self-Service Payroll Human Resources Risk Management Procurement Finance Reports

Overview  
Employee Self-Service > Overview

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

Previous Click here to Continue Benefits Resources

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

Estimated Total Pre-Tax Cost 473.00 Bi-weekly Estimat

Before you begin your enrollment, please make sure you have at least one dependent listed. To change a benefit selection, click the "Enroll" or "Change" button. Therefore it is a changes only enrollment for those plans if you click the "Enroll" button that will appear.

**Hospital Indemnity enrollment requires the employee and their family to have the same level of coverage. You must also list those dependents you wish to have covered under this plan at the time you make the selection.**

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 Smalts (Spouse)

Next Cancel



# 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**.

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 this coverage, you will be subject to Evidence of Insurability. However, if you are currently enrolled in the Disability STD buy-up plan, this benefit will continue for the 2025 plan year and premiums will be automatically adjusted. If you elect to remove this plan, you will be subject to the EOI process when you re-enroll.

Plan Name	Pre-Tax Costs	Post-Tax Costs
<input type="checkbox"/> STD	4.98 USD Bi-weekly	
<input type="checkbox"/> Waive STD Upgrades		

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

Select a Disability L Plan

NOTE: If you do not select to upgrade, the first time you are eligible for this coverage, you will be subject to Evidence of Insurability. However, if you are currently enrolled in the Disability Long Term (LTD) plan, this benefit will continue for the 2025 plan year and premiums will be automatically adjusted. If you elect to remove this plan, you will be subject to the EOI process when you re-enroll.

Plan Name	Pre-Tax Costs	Post-Tax Costs
<input type="checkbox"/> LTD		24.22 USD Bi-weekly
<input type="checkbox"/> 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.

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

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: 9.10 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		248.00 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				4.40 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		8.48 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 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	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	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 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 or 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 REMOVE 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 employer may adjust 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 insure 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 FRINGE BENEFITS MANAGEMENT THE US 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 Employee's designee to serve as the agent 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 is guilty of a felony or the third degree. F.S. Section 617.234 (b)(3)(1998/FL. I certify 1) I will only use my FSA 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**.

**Open Enrollment**

What do you want to do next?  
[Print Benefits Confirmation Statement](#)  
[Go to Benefits Participation Overview](#)  
[Voluntary Benefits Enrollments](#)  
[Description Days Available 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	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

**Benefits Confirmation**

Date: 01/01/2021

Lin Smarts  
6511 SW 133 COURT  
MIAMI, FL 33177

PERSON ID	NAME
00238824	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
Flex Credit	01/01/2021	Changed	Employee Medical Plan Elected					
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 SureFit	SP Surcharge			19.23 USD Bi-weekly	
Hospital Ind	01/01/2021	Changed	Employee & Family STD Ind	Employee + Family	Johnny Smarts		2.11 USD Bi-weekly	
Dental	01/01/2021		DeltaCare USA DHMO Low	Employee + Family	Johnny Smarts		9.49 USD Bi-weekly	
Vision	01/01/2021		EyeMed Vision Plan	Employee + Family	Johnny Smarts		6.45 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	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				28.95 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
Flex Credit	01/01/2021	Changed	Employee Medi
Employee Med	01/01/2021	Changed	EE only SureFit
Dependent Med	01/01/2021	Changed	Dep. Med. Sure
Spousal Surchar	01/01/2021	Changed	Spousal Surchar
Hospital Ind	01/01/2021	Changed	Employee & Fa
Dental	01/01/2021		DeltaCare USA
Vision	01/01/2021		EyeMed Vision
Identity Theft	01/01/2021		Identity Theft P
Disability S	01/01/2021	Pending EOI	STD
Disability L	01/01/2021	Pending EOI	LTD
Legal Plan	01/01/2021		MetLife Legal P
Voluntary Life	01/01/2021		Voluntary Life
AD&D	01/01/2021		AD&D
Medical FSA	01/01/2021		Medical FSA
Dep. Care FSA	01/01/2021		Dep. Care FSA

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

### 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...