



HOW TO ENROLL DURING OPEN ENROLLMENT Before You Start Your Web Enrollment

Prior to enrolling in your benefits online, it is to your advantage to thoroughly review your enrollment materials. If you are ready to enroll, but need assistance or have questions regarding your benefits, contact the on-site FBMC Service Center at 305-585-6512.

Once you have the answers you need, you may begin the enrollment process. Be sure to have the following information available before you begin the enrollment process:

- **Social Security Numbers (SSN)** for all your dependents.
- **Dates of birth** for all your dependents.
- **Proof of eligibility** for all your dependents.
- **Primary Care Physician (PCP)** if electing health insurance.

How to Enroll Online

1

Go to the Jackson Open Enrollment website at www.JacksonBenefits.org and select "Enroll Online."

2

Log On

You will be directed to the FBMC homepage (<http://www.myFBMC.com>). Enter your username and password..

User Name And Password

To access your account, you will need to register for a user name and password (if you have not already done so). You will need your name, your mailing ZIP code, a valid email address and one of the following: Your SSN, your Employee ID or your FBMC Member ID. You will use the email address and a password you select to access your enrollment and account information on www.myFBMC.com.

If you forget your password, click the "Forgot your password?" link for help, or you may contact a Service Center Representative at 855-56JHS4U (855-565-4748).

NOTE: Please be sure to keep this Reference Guide in a safe, convenient place, and refer to it for benefit.

The screenshot shows the FBMC Benefits Management website. The header includes navigation links: Home, My Benefits, My Account, My Profile, My Resources, and Contact Us. The main content area is titled "Welcome to myFBMC.com" and features a "LOGIN:" section with fields for "Email Address" and "Password", a "Submit" button, and a link for "Forgot your password? Click Here". Below the login section is a "New Users:" section with links for "Click here to register a new account", "Have a Registration Code?", "Click here to enter a registration code", "Need help logging into the System?", and "Click here for Frequently Asked Questions". A sidebar on the left contains "Resources" and "Ask our Customer Care Center". The footer includes "Forms", "Contact Customer Care", "Frequently Asked Questions", and social media icons for Facebook, Twitter, LinkedIn, and News. Copyright information and a BBB logo are also present.

Record Your Password Here.
Remember, this will be your
password for web access.

HOW TO ENROLL

3

Access Your Web Enrollment

After entering your user name and password at www.myFBMC.com, click the “Open Enrollment” link. A second “Open Enrollment 2024” link will then be provided - select this link to access your openenrollment application.

Current Enrollments

- Open Enrollment 2024
Click above to enroll in your 2024 benefits.

Other Links

- Enrollment History
View past Premier Enroll confirmation notices.
- Enrollment Reports
Enrollment Reports
- Change Password
If you select Change Password, you will be prompted to change it after your next login.

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Verify Your Dependent And Demographic Info

You can add dependent information by clicking on the “+”. You may update dependent information by clicking on the person’s name. You may remove dependents by clicking on the “-” icon.

MARIA H PUBLIC

First Name: MARIA, Middle Initial: H, Last Name: PUBLIC, Date of Birth: 01/01/1990, Employee ID: 01234567, SSN: 001-23-4567, Pay Frequency: 24, Salary: \$2000.00, Address: 123 SOME ST, MIAMI, FL 33033, Email Address: mariahp@jhs.miami.org, Phone: 305-555-1234, Work Phone: -, Marital Status: Selected, Sex: Female.

EMPLOYER ONLY: Should the employee get the Wellness medical rates? Yes No

Please specify your gender: Male Female Non-Binary Prefer Not to indicate

Is your spouse, domestic partner, or any dependent child employed by Jackson Health System and eligible for benefits? Yes No

Do you want to receive wellness information at the email address above? Yes No

The 1095-C Form is required under the Affordable Care Act (ACA). The IRS will use the information on the form to validate compliance with ACA Individual shared responsibility requirements. In other words, the form will be used, to some extent, as proof of insurance for the 2017 calendar year. Like the W-2 form, Jackson Health System offers 1095-C forms electronically via Lawson Employees Self-Services, under My Pay information. Employees who do not opt in will receive their form via traditional mail.

Click here to receive your 1095-C Form for the 2024 Plan Year electronically.

Selective Service Info

Selective Service Status: NIA

Emergency Contact Info

First Name: JOE, Last Name: PUBLIC, Telephone: 305-555-1234, Relationship: Father, Street Address: , Apt/PO Box: , City: , State: , Zip: .

Click here for eligibility information, including dependent verification.

Name	DOB	Relationship	Verified
SPOUSE PUBLIC	03/10/1990	Spouse	<input checked="" type="checkbox"/>

Before starting benefit elections, be sure to list all eligible dependents. Dependents can be added by clicking the + above. Review existing dependents for accuracy, e.g. birth dates and student status.

Start Benefit Election

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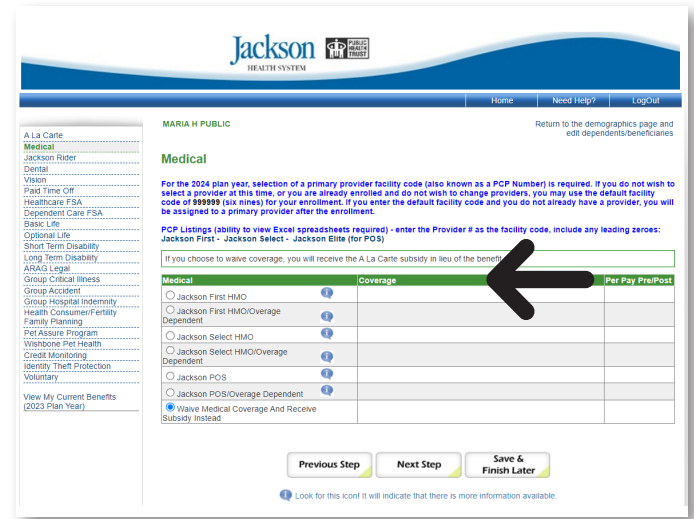
HOW TO ENROLL

5 Begin The Enrollment Process

For each benefit, choose your coverage level or election amounts and then go to the next benefit. Continue until enrollment is complete. If you decide to waive a benefit, you must select “waive” to continue to the next benefit.

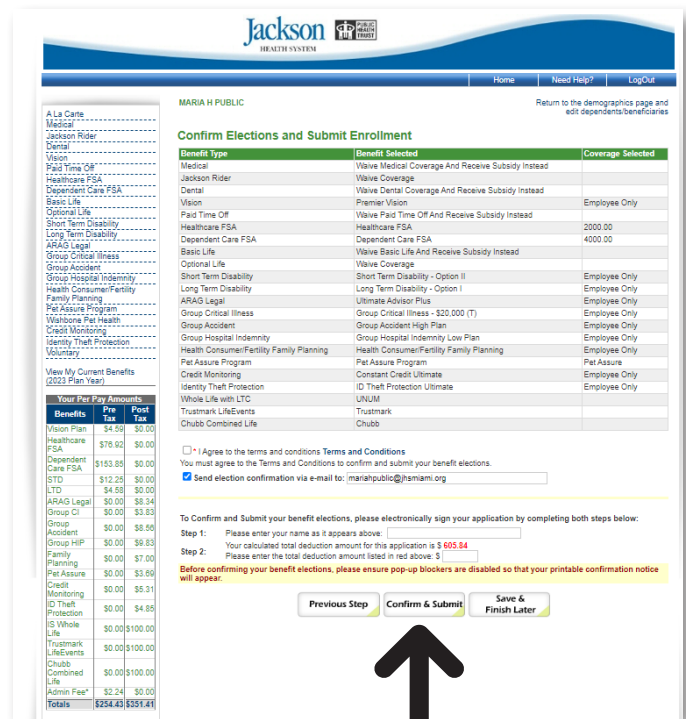
You may save your enrollment session progress and return later to complete the enrollment at any point once you have started the benefit selections by clicking the “Save & Finish Later” tab at the bottom of the screen.

If you are interested in electing or making a change to your voluntary benefits, please make an appointment with an Enrollment Counselor by going to www.JacksonBenefits.org and selecting “Make an Appointment.”



6 Review Elections

Click “Review/Submit Your Election” once you complete your benefits election. You will be given a description of your benefit selection.



7 Submit

Click “Submit Elections” to confirm your enrollment. Please print your Benefits Election page for your records. You will receive a confirmation email prior to your plan effective date

You may access the web enrollment 24 hours a day, 7 days a week, to make any changes to your benefits election during your new hire enrollment period (45 days). For questions, please contact the on-site FBMC Service Center at 305-585-6512.

View My Current Benefits (2023 Plan Year)

Benefits	Pre Tax	Post Tax
Vision Plan	\$4.69	\$0.00
Healthcare FSA	\$76.02	\$0.00
Dependent Care FSA	\$153.85	\$0.00
STD	\$12.25	\$0.00
LTD	\$4.58	\$0.00
ARAG Legal	\$0.00	\$5.34
Group CI	\$0.00	\$3.33
Group Accident	\$0.00	\$8.50
Group HIP	\$0.00	\$6.83
Family Planning	\$0.00	\$7.00
Pet Assure	\$0.00	\$3.60
Credit Monitoring	\$0.00	\$5.31
ID Theft Protection	\$0.00	\$4.85
IS Whole Life	\$0.00	\$100.00
Trustmark LifeEvents	\$0.00	\$100.00
Chubb Combined Life	\$0.00	\$100.00
Admin Fee	\$2.24	\$0.00
Totals	\$254.43	\$351.41