

HOW TO ENROLL ONLINE 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, contact FBMC Service Center at 855-56JHS4U (855-565-4748).

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 JacksonBenefits.org and select “Self Enroll Online.”

2 **Log On** - You will be directed to the FBMC homepage (myFBMC.com). Enter your username and password.

Username and Password

To access your account, you will need to register for a username 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 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 information.

The screenshot shows the FBMC myFBMC.com website. At the top, there is a navigation bar with links for Home, My Benefits, My Account, My Profile, My Resources, and Contact Us. Below the navigation bar, there is a "Welcome to myFBMC.com" message. A hand icon points to the "Have a Registration Code?" section, which includes a form for entering a registration code. Below this, there is a "Registered Users:" section with a form for entering an email address and password, and a "Forgot your password?" link. There is also a "New Users:" section with a "Click here to register a new account" link. The website footer includes the year 2018, FBMC logo, and various links and social media icons.

Record Your Password Here.

Remember, this will be your password for web access.

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Access Your Web Enrollment

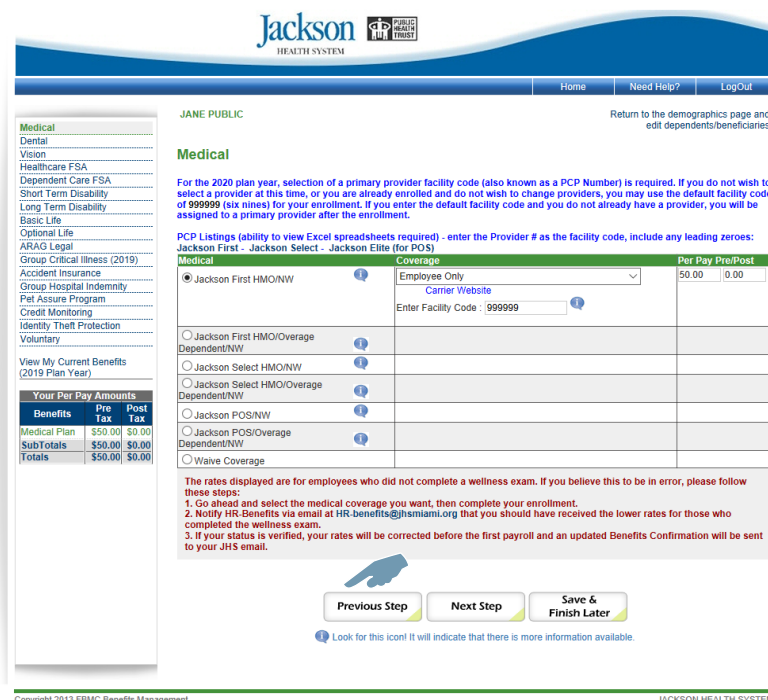
After entering your username and password at myFBMC.com, click the "Open Enrollment" link. A second "Open Enrollment 2020" link will then be provided - select this link to access your open enrollment application.



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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.



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 JacksonBenefits.org and selecting “Make an Appointment.”

For the 2020 plan year, selection of a primary provider facility code (also known as a PCP Number) is required. If you do not wish to select a provider at this time, or you are already enrolled and do not wish to change providers, you may use the default facility code of 999999 (six nines) for your enrollment. If you enter the default facility code and you do not already have a provider, you will be assigned to a primary provider after the enrollment.

PCP Listings (ability to view Excel spreadsheets required) - enter the Provider # as the facility code, include any leading zeroes:
 Jackson First - Jackson Select - Jackson Elite (for POS)

Medical	Coverage	Per Pay Pre/Post
<input type="radio"/> Jackson First HMO/NW		
<input type="radio"/> Jackson First HMO/Overage Dependent/NW		
<input type="radio"/> Jackson Select HMO/NW		
<input type="radio"/> Jackson Select HMO/Overage Dependent/NW		
<input type="radio"/> Jackson POS/NW		
<input type="radio"/> Jackson POS/Overage Dependent/NW		
<input type="radio"/> Waive Coverage		

The rates displayed are for employees who did not complete a wellness exam. If you believe this to be in error, please follow these steps:
 1. Go ahead and select the medical coverage you want, then complete your enrollment.
 2. Notify HR-Benefits that you should have received the lower rates for those who completed the wellness exam.
 3. If your status is verified, your rates will be corrected before the first payroll.

Buttons: Previous Step, Next Step, Save & Finish Later

Look for this icon! It will indicate that there is more information available.

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6 Print and Keep Your Confirmation Notice

Once you have completed the enrollment process, you will receive a confirmation number and be able to print a confirmation notice for your records.

You may access the web enrollment 24 hours a day, 7 days a week, to make changes to your benefit selections. You have until the end of Open Enrollment period to make any changes to your benefits.

Confirmation Details

Confirmation No: 201719
 Enrollment Date: 10/11/2019 2:01:25 PM ET

Employee Information

First Name:	JANE	Address1:	ANYWHERE STREET
Middle Initial:		Address2:	
Last Name:	PUBLIC	City:	SOMEWHERE
Suffix:		State:	FL
Date of Birth:	03/30/1956	Zip:	32303
Date of Hire:	09/28/1988	Email Address:	
Employee ID:	123456789	Phone:	--
SSN:	***-**-6780	Gender:	Female
Pay Frequency:	26		
Salary:	0.00		

Dependent Information

Name:	DEPENDENT PUBLIC	Created:	10/11/2012
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Election Details

Benefit Type	P	Per Pay PreTax	Per Pay PostTax
Medical	A	\$50.00	\$0.00
Dental	D	\$2.10	\$0.00
Vision	D	\$1.91	\$0.00
Healthcare FSA	P	\$100.00	\$0.00
Dependent Care FSA	P	\$0.00	\$0.00
Short Term Disability	R	\$18.30	\$0.00
Long Term Disability	R	\$27.38	\$0.00
Basic Life	R	\$0.00	\$0.00
Optional Life	R	\$0.00	\$0.00
ARAG Legal	ARAG	\$0.00	\$6.15
Group Critical Illness (2019)	Allstate Benefits	\$0.00	\$0.00
Accident Insurance	Allstate Benefits	\$0.00	\$0.00
Group Hospital Indemnity	Allstate Benefits	\$0.00	\$0.00
Pet Assure Program	Pet Assure's Locator Service (FALS)	\$0.00	\$0.00
Credit Monitoring	Ocenture	\$0.00	\$0.00
Identity Theft	Ocenture	\$0.00	\$0.00

This site says...

Your Benefit elections have been submitted.

Your confirmation number is 201719.

Please print this page for your records. (The print dialog will automatically open a few seconds after you click OK.)

OK