



4 WAYS TO ENROLL DURING OPEN ENROLLMENT

SELF-ENROLLMENT ONLINE

- Go to the Jackson Open Enrollment website at JacksonBenefits.org and select “Self Enroll Online.”
- 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 only one of the following, (not all three IDs): 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.

ONSITE ENROLLMENT

For assistance in scheduling an onsite enrollment session, call 866-998-2915 or simply visit JacksonBenefits.org to access the appointment scheduler and select an onsite enrollment session date.

During Onsite enrollment, the following safety measures will be in place to protect employees and staff against the spread of COVID-19:

1. Benefits Counselors will be screened daily according to CDC guidelines, including temperature screening
2. Counselors will wear face masks at all times

3. Meeting spaces will be sanitized between each appointment
4. Social distancing of six feet or more will be observed between Counselors and employees
5. A desk shield will be in place between Counselors and employees
6. A thorough response procedure is prepared for any potential COVID 19 exposure

TELEPHONIC ENROLLMENT

For assistance in scheduling a telephonic enrollment session, call 866-998-2915 or simply visit JacksonBenefits.org to access the appointment scheduler and select a telephonic session date. You'll receive a follow up phone call from a highly trained Benefits Counselor at your scheduled appointment time.

VIRTUAL ENROLLMENT SESSION

For assistance in scheduling a virtual enrollment session, call 866-998-2915 OR simply visit JacksonBenefits.org to access the appointment scheduler and select a virtual enrollment session date. You will receive a follow up phone call from a highly trained Benefits Counselor, who will provide you a link to join your virtual session. You must prepare to have your session in front of a computer (no cell phones or tablets).

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 **only one of the following, (not all three ID's)**: 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.



Record Your Password Here.

Remember, this will be your password for web access.

HOW TO ENROLL

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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 2021” 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 2021 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 38950 (see above) 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 (facility code) to view Excel spreadsheets (optional): enter the Provider # as the facility code, include any leading zeros.
 Jackson First Jackson Select Jackson Elite (for PDR)

Benefit	Coverage	Per Pay Period
<input type="checkbox"/> Jackson First HMO/NOV		
<input type="checkbox"/> Jackson First HMO/Coverage		
<input type="checkbox"/> Jackson Select HMO/NOV		
<input type="checkbox"/> Jackson Select HMO/Coverage		
<input type="checkbox"/> Jackson PDR/NOV		
<input type="checkbox"/> Jackson PDR/Coverage		
<input type="checkbox"/> Waive Coverage		

Remember: Employees have Fiscal Year 2021 (October 1, 2020 - September 30, 2021) to complete an annual wellness visit with their respective physician; employees who do not complete their wellness visit will see a medical premium increase of \$300 annually for the 2021 plan year. Click here to download the wellness verification form.

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 via email at hr_benefits@jackson.org 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 and an updated benefits Confirmation will be sent to your J&J email.

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

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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: 201732
 Enrollment Date: 9/17/2020 1:06:03 PM ET

Employee Information			
First Name:	JANE	Address1:	ANYWHERE STREET
Middle Initial:		Address2:	
Last Name:	PUBLIC	City:	SOMEWHERE
Suffix:		State:	FL
Date of Birth:	03/30/1958	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	DOB	Relationship	Verified
DEPENDENT PUBLIC	12/16/1997	Son	10/26/2012

Election Details

Benefit Type	Provider	Plan Selected	Coverage	Effective Date	Per Pay PreTax	Per Pay PostTax
Medical	AUMED	Jackson First HMO/NOV	Employee Only	01/01/2021	\$50.00	\$0.00
Dental	Denta Dental	Benefit Waived	None		\$0.00	\$0.00
Vision	Davis Vision	Premier Vision	Employee Only	01/01/2021	\$4.59	\$0.00
Healthcare FSA	PayFlex	Benefit Waived	None		\$0.00	\$0.00
Dependent Care FSA	PayFlex	Benefit Waived	None		\$0.00	\$0.00
Short Term Disability	Raliance/Standard	Short Term Disability - Option 1	Employee Only	01/01/2021	\$18.30	\$0.00
Long Term Disability	Raliance/Standard	Benefit Waived	None		\$0.00	\$0.00
Basic Life	Raliance	Basic Plan		01/01/2021	\$0.00	\$0.00
Optional Life	Raliance	Benefit Waived	None		\$0.00	\$0.00
ARAG Legal	ARAG	Benefit Waived	None		\$0.00	\$0.00
Group Critical Illness (2019)	Allstate Benefits	Benefit Waived	None		\$0.00	\$0.00
Accident Insurance	Allstate Benefits	Benefit Waived	None		\$0.00	\$0.00
Group Hospital Indemnity	Allstate Benefits	Benefit Waived	None		\$0.00	\$0.00
Pet Assure Program	Pet Assure's Localor Service (PAL3)	Pet Assure Program	Pet Assure	01/01/2021	\$0.00	\$3.69
Credit Monitoring	OneTrust	Benefit Waived	None		\$0.00	\$0.00
Identity Theft Protection	OneTrust	Benefit Waived	None		\$0.00	\$0.00
Administrative Fees	FEMC	Admin Fees		01/01/2021	\$0.20	\$0.00
Total					\$73.09	\$3.69