



FAIRFIELD PUBLIC SCHOOLS

Benefit Enrollment

Open Enrollment

Addendum to Employee Self Service User Guide Version 11.3

<https://fairfieldboe.munisselfservice.com>

Log in:

Username: first initial, last name, last 4 digits of your social security number i.e. jsmith1234

Password: first time log on -> the last 4 digits of your social security number

You will be prompted to change it. Please make a note of your new password.

PLEASE DO NOT CHANGE THE HOME PHONE THAT SAYS PRIMARY. THERE'S A FIELD LISTED BELOW IT – THAT ONE CAN BE CHANGED.

PLEASE DO NOT CHANGE YOUR WORK E-MAIL – ONLY ADD OR UPDATE THE ALTERNATE EMAIL.

PLEASE ADD EMERGENCY CONTACT INFORMATION.

FOR ASSISTANCE :

Technical Support: email contactess@fairfieldschools.org

For questions regarding personal information: email hress@fairfieldschools.org

For questions regarding Open Enrollment: email insurance@fairfieldschools.org

BENEFIT ENROLLMENT

Benefits provides a summary of your current-year elections. Using this option, you can view and change current-year elections and make elections for the upcoming year during the open-enrollment period.

OPEN ENROLLMENT

Log into Employee Self Service (ESS)

Click Here [Go to Open Enrollment](#)

Or

Click on Benefits

- Home
- Employee Self Service**
- Benefits
- Certifications
- Pay/Tax Information
- Personal Information
- Time Off

Your “Current Year Elections” and current cost per pay period will display below. These deduction amounts refers to “estimated” for employees with adjustments and/or FSA fees.

Click on Open Enrollment from either link.

Benefits

Current Year Elections

You must complete your open enrollment before 5/31/2018.

Report View Life Events

Benefit	Current Election
MEDICAL/ PRESCRIPTION	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$66.57 details
DENTAL	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$3.30 details
HEALTH CARE FSA	Declined
DEPENDENT CARE FSA	Declined
LONG TERM DISABILITY	LONG TERM DISABILITY \$0.00 details

All costs are per pay period. Your estimated total cost per pay period is \$70.07.

- Home
- Employee Self Service
- Benefits**
- Open Enrollment**
- Certifications
- Pay/Tax Information
- Personal Information
- Time Off

PLEASE READ THOROUGHLY

Action is required of all benefit eligible employees, whether you want to change your insurance election, maintain current coverage, or decline coverage.
Inaction will result in a loss of coverage.

Elections MUST be made on/or before 11:59pm on May 5, 2021.

For information about the insurance plans, the Health Enhancement Program (HEP), rates or the Pre-Tax/Post-Tax Options, please visit the Fairfield Public Schools (FPS) website at: <http://fairfieldschools.org/faculty-staff/benefits/>

IMPORTANT NOTES:

- If you elect to participate in any of the benefit options below, you authorize Fairfield Public Schools (FPS) to reduce your compensation by the amount of your required contributions that you have elected under the Pre-Tax/Post-Tax Employee Contribution Option. **PLEASE NOTE:** Open Enrollment is for 7/1/2021-6/30/2022. At this time, the rates for 7/1/2021-6/30/2022 have not been provided to us by the State of CT. The rates that are currently posted on the FPS website are effective until 6/30/2021. An email notification will go out once the new Medical & Dental rates are available and posted on the FPS website.
- Employees that elect the Medical/Prescription coverage for themselves and any eligible family member(s) are encouraged to participate in the Health Enhancement Program (HEP). **Failure to participate in HEP and comply with HEP requirements will result in a \$100/mo premium cost increase for each month you remain out of compliance; you will also be subject to annual medical deductibles.**
- Employees that elect the Medical/Prescription coverage for themselves and any eligible family member(s) must provide a social security number for each member enrolled.
- 10 month Secretaries and, Paraprofessionals have slightly higher per pay period deductions in order to cover the July and August insurance coverage. These deductions are not included in the per pay period calculations below.
- Dependent Daycare FSA's – Daycare for Children and Elders. The Dependent Care FSA can be used to pay for the care of your children who have not reached their 13th birthday (12 years and younger) and family members who cannot physically or mentally care for themselves. Detailed information can be found on the FPS website under Benefits.

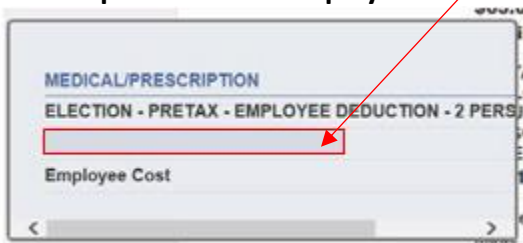
Healthcare FSA and Dependent Daycare FSA –

You only have a choice to “Decline Benefit” or “Make New Election”.

Benefit	Current Election	New Election	
MEDICAL/PRESCRIPTION	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	Election Not Made	Decline benefit No changes Make New Election
DENTAL	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	Election Not Made	Decline benefit No changes Make New Election
HEALTH CARE FSA	No Election Made	Election Not Made	Decline benefit Make New Election
DEPENDENT CARE FSA	No Election Made	Election Not Made	Decline benefit Make New Election

To view the details of your current coverage, hover over the word “Details”.

Your dependents will display here



To decline the benefit, click “Decline Benefit”.

The New Election column will change from “Election Not Made” to “Declined”.

PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE	Declined
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Your dependent information from your current coverage will copy over to new year elections. Please make sure this information is accurate. Add or delete dependents, if applicable.

Links to the Vendor websites are provided in the upper right hand corner of each benefit option. (i.e Anthem, Cigna & Chard-Snyder websites)

To make a change to your Medical/Prescription benefits or add the benefits, click “Make New Election”.

Benefit	Current Election	New Election
MEDICAL/PRESCRIPTION	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	Election Not Made Decline benefit No changes Make New Election
DENTAL	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	Election Not Made Decline benefit No changes Make New Election
HEALTH CARE FSA	No Election Made	Election Not Made Decline benefit Make New Election
DEPENDENT CARE FSA	No Election Made	Election Not Made Decline benefit Make New Election

For employee single coverage only, click “Continue”. (No dependents included)

To add a dependent already in the system, click “Add Coverage”, review the dependents information and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s social security card.

Mismatched name and social security errors under the Affordable Care Act (ACA) will be rejected by the IRS.

Bo Jangles

First name

Middle initial

Last name

Suffix

Date of birth

Gender ▼

Relationship ▼

SSN # (include dashes)

Your dependent(s) information will display here. Please confirm information prior to adding. If you want your dependent(s) to be covered, you MUST add each one individually.

To add a new dependent, click “Add New Dependent”. Enter the dependents information, including the social security number and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s social security card.

Mismatched name and social security errors under the Affordable Care Act (ACA) will be rejected by the IRS.

Add a new dependent

First name

Middle initial

Last name

Suffix

Date of birth

Gender

Relationship

SSN # (include dashes)

To make a change to your Dental benefits or add the benefits, click “Make New Election”.

Benefit	Current Election	New Election
MEDICAL/PRESCRIPTION	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	Election Not Made Decline benefit No changes Make New Election
DENTAL	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	Election Not Made Decline benefit No changes Make New Election
HEALTH CARE FSA	No Election Made	Election Not Made Decline benefit Make New Election
DEPENDENT CARE FSA	No Election Made	Election Not Made Decline benefit Make New Election

For employee single coverage only, click “Continue”. (No dependents included)

To add a dependent already in the system, click “Add Coverage”, review the dependents information and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s social security card.

Mismatched name and social security errors under the Affordable Care Act (ACA) will be rejected by the IRS.

The screenshot shows a form titled "Bo Jangles" with the following fields and values:

First name	BO
Middle initial	
Last name	JANGLES
Suffix	
Date of birth	3/16/1954
Gender	MALE
Relationship	SPOUSE
SSN # (include dashes)	123-45-6789

Buttons: OK, Cancel

Your dependent(s) information will display here. Please confirm information prior to adding. If you want your dependent(s) to be covered, you MUST add each one individually.

To add a new dependent, click “Add New Dependent”. Enter the dependents information, including the social security number and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s social security card.

Mismatched name and social security errors under the Affordable Care Act (ACA) will be rejected by the IRS.

The screenshot shows an empty form titled "Add a new dependent" with the following fields:

First name	
Middle initial	
Last name	
Suffix	
Date of birth	
Gender	
Relationship	
SSN # (include dashes)	

Buttons: OK, Cancel

Healthcare FSA & Dependent Daycare FSA – you can either Decline these benefits or Make New Election.

Benefit	Current Election	New Election	
MEDICAL/PRESCRIPTION	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	Election Not Made	Decline benefit No changes Make New Election
DENTAL	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	Election Not Made	Decline benefit No changes Make New Election
HEALTH CARE FSA	No Election Made	Election Not Made	Decline benefit Make New Election
DEPENDENT CARE FSA	No Election Made	Election Not Made	Decline benefit Make New Election

To elect one or both of the FSA's, click "Make New Election" for each.
 Please note: Dependent Daycare FSA's can be used for Daycare for Children and Elders.

Benefits
HEALTH CARE FSA Chard-Snyder | Benefits

Contributions MUST be entered on a per pay period basis. A \$3.75 (per employee/per month) fee will be applied. Refer to the FPS website for minimum/maximum contributions.



HEALTH CARE FSA - 48 PAY PERIODS
Employee Cost \$0.00
Amount :

I Decline

This example showing 48 pay periods is for monthly employees.
 Bi-weekly employees will see 20 pay periods.
 A link to the Vendor website is provided in the upper right hand corner.

You must make a selection for each benefit option that's listed.
The system won't allow you to continue if you don't.

Open Enrollment

 Please make an election for each benefit before continuing. 

Make Elections

Benefit	Current Election	New Election	
MEDICAL/PRESCRIPTION	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	Decline benefit Change New Election
DENTAL	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	Decline benefit Change New Election
HEALTH CARE FSA	No Election Made	Election Not Made	Decline benefit Make New Election
DEPENDENT CARE FSA	No Election Made	Declined	Change New Election

When you have finalized your elections, click "Continue".

Benefit	Current Election	New Election	
MEDICAL/PRESCRIPTION	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$65.03 details	Decline benefit Change New Election
DENTAL	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$2.91 details	Decline benefit Change New Election
HEALTH CARE FSA	No Election Made	HEALTH CARE FSA - 48 PAY PERIODS \$25.00 details	Decline benefit Change New Election
DEPENDENT CARE FSA	No Election Made	Declined	Change New Election

[Continue](#)

You will be asked to “Review Your Enrollment” information. Please verify that the elections you’ve made are listed correctly and that your dependents, if applicable are correct.
Please note: as the employee, you are the subscriber, so your name will not display. For insurance purposes, spouses are considered dependents.
If you need to edit information, click “Modify” to make the corrections.
If everything is correct, click “Submit Choices”.

Review your enrollment

Review

MEDICAL/PRESCRIPTION

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

Employee Cost	\$65.03
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DENTAL

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

Employee Cost	\$2.91
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HEALTH CARE FSA

ELECTION - HEALTH CARE FSA - 48 PAY PERIODS

Employee Cost	\$25.00
Election amount	\$25.00

DEPENDENT CARE FSA

ELECTION - Declined

TOTAL EMPLOYEE COST	\$92.94
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Submit Choices
Modify
Cancel

Once you “Submit Choices”, you will receive a confirmation page showing your elections. We suggest that you print a copy for your records. If you don’t receive a confirmation page, go back to the beginning of the screens and make sure you enter through all of the screens to the end.

Confirmation

Confirmation

Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

We have received your insurance elections. You have until May 5, 2017 to make any changes to your elections. Please print this page for your records.

[Printer friendly page](#)

MEDICAL/PRESCRIPTION

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

Bo Jangles	
Employee Cost	\$65.03

DENTAL

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

Employee Cost	\$2.91
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HEALTH CARE FSA

ELECTION - HEALTH CARE FSA - 48 PAY PERIODS

Employee Cost	\$25.00
Election amount	\$25.00

DEPENDENT CARE FSA

ELECTION - Declined

TOTAL EMPLOYEE COST	\$92.94
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You can now...

- [Make changes to your new elections](#)
- [Use other services](#)

Changes can be made even after you have submitted your elections up until the cutoff date. If you make any changes at all, you will need to submit your elections again. Make sure you enter through all of the screens and receive a confirmation page at the end.

Elections MUST be made on/or before 11:59pm on Wednesday May 5, 2021.

PLEASE NOTE:

All of the carriers have the option to create usernames & passwords on their websites, so you can view your claims, print ID cards and have access to other useful tools and resources.

ANTHEM – www.anthem.com

Member Support – 1-800-922-2232

CIGNA - www.mycigna.com

Member Support – 1-800-244-6224

CVS CAREMARK – www.caremark.com

Customer Service – 1-800-552-8159

HEP (Health Enhancement Program) – www.connect2yourhealth.com

Customer Service – 1-877-687-1448

CHARD-SNYDER (Healthcare / Dependent Daycare FSA's) – www.chard-snyder.com

Customer Service – 1-800-982-7715