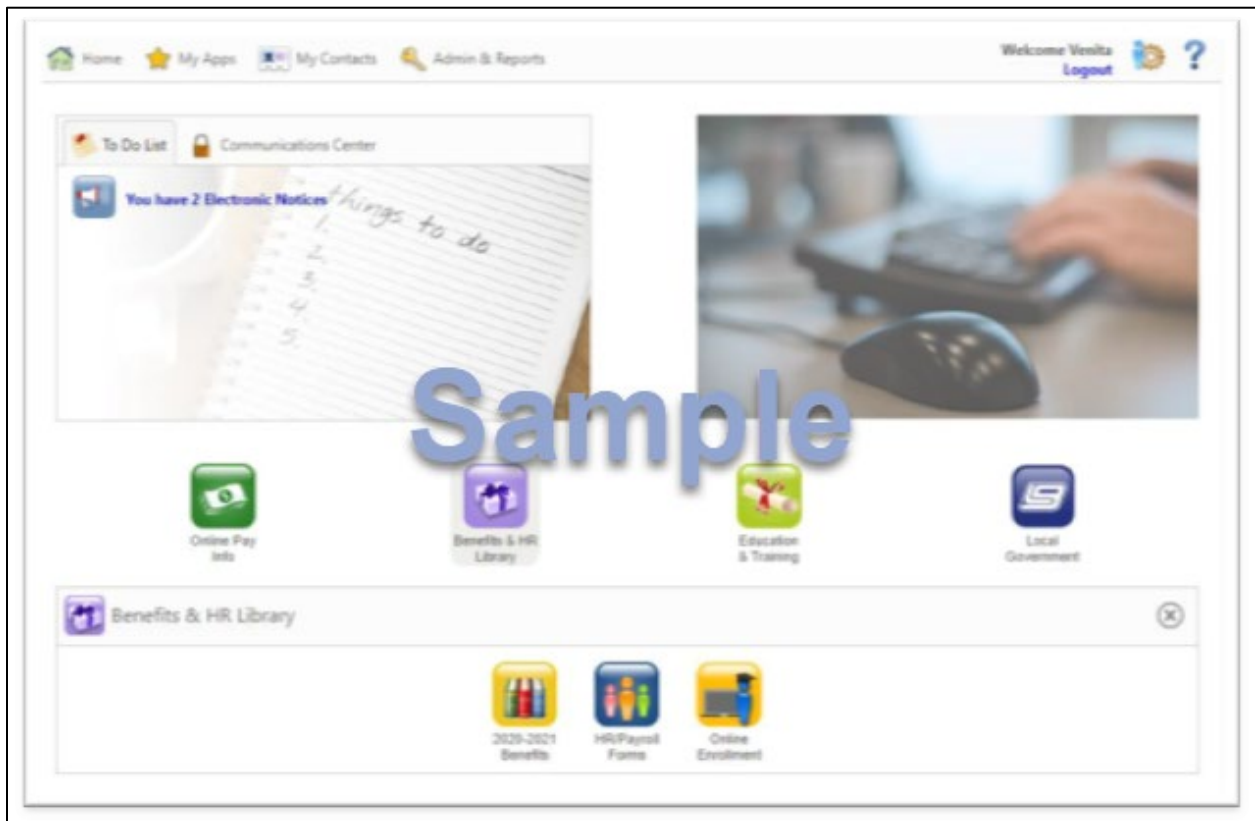


Robertson County Board of Education

In this document, you will find instructions on how to process your Open Enrollment Elections for the upcoming plan year. If you have any questions or issues, please contact **Bonnie Head** at bhead@robcofn.org .

Step 1:

After logging in to MBC, Click on the Benefits & HR Library Icon. Then you will click on the Online Enrollment Icon-this icon will take you directly to the online enrollment system:



Step 2:

After reviewing the enrollment home page, click Next to start the enrollment process:

Home You & Your Family My Benefits Sign & Submit Next

Welcome to Your Benefit Enrollment for Plan Year

At [redacted] we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment [here](#).

Click [Next](#) to begin.

✓ Your Benefit Options

- [Cigna Medical](#)
- [Health Savings Account \(HSA\)](#)
- [Cigna Dental](#)
- [Cigna Vision](#)
- [Medical Reimbursement](#)
- [Dependent Care](#)
- [USABe Group Term Life](#)
- [USABe Group AD&D](#)
- [USABe Dependent Life](#)
- [USABe LTD 1](#)
- [USABe VGT1 2 - Employee](#)
- [USABe VGT1 2 - Spouse](#)
- [USABe VGT1 2 - Children](#)
- [USABe VDD&D - Employee](#)
- [USABe VDD&D - Spouse](#)
- [USABe VDD&D - Children](#)
- [USABe Accident Recovery](#)
- [USABe Cancer Care with Critical Care](#)
- [USABe Hospital Care](#)

Press [Next](#) to review personal information and begin enrollment. Next

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Step 3:

On the next page, you will have the opportunity to add any dependents that you would like to add coverage to under your medical, dental and/or vision plans. Click on the Add Dependent button to start this process:

Home You & Your Family My Benefits Sign & Submit

Dependents

****Please note:**

- If applying for new USABLE Life coverage on an adult dependent (spouse or children over age 18), the Authorization to Release Medical Information form may need to be signed by your dependent(s) based on the requested covered amount. You will be contacted to complete this form if applicable or you can click [here](#) to download.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No items found.						

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

+ Add Dependent

Back Next

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Enter dependent demographic information and click Save:

Home You & Your Family My Benefits Sign & Submit

Add Dependent

Add information on your dependents below. Optional fields are marked in *italics*.

Dependent Info

Relationship: Spouse

Name: First MI Last Suffix

Date of Birth: [Calendar Icon]

SSN: [Text Box]

Gender: Male Female Other

Full-time Student: <Please Select>

Upload Documentation

Here you may upload additional documentation.

Upload from my computer
Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.

Save Cancel

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Step 4:

On the Benefits Summary screen, click Review next to each plan that you want to elect. If you do not want to elect a benefit, click Quick Enroll. If you are currently enrolled in coverage and wish to make changes, you will see an Unlock button, click that to make changes.

Benefit Summary

Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

- Cigna Medical [Quick Enroll](#) [Review](#)
Based on your group's rules, choosing "Decline Coverage" will waive this benefit.
- Health Savings Account (HSA) [Quick Enroll](#) [Review](#)
Based on your group's rules, choosing "Decline Coverage" will waive this benefit.
- Cigna Dental [Quick Enroll](#) [Review](#)
Based on your group's rules, choosing "Decline Coverage" will waive this benefit.
- Cigna Vision [Quick Enroll](#) [Review](#)
Based on your group's rules, choosing "Decline Coverage" will waive this benefit.
- Medical Reimbursement [Review](#)
- USAbLe Cancer Care with Critical Care [Quick Enroll](#) [Review](#)
Based on your group's rules, choosing "Decline Coverage" will waive this benefit.
- USAbLe Hospital Care [Quick Enroll](#) [Review](#)
Based on your group's rules, choosing "Decline Coverage" will waive this benefit.

My Benefits

<input type="radio"/> Cigna Medical	\$0.00
<input type="radio"/> Health Savings Account (HSA)	\$0.00
<input type="radio"/> Cigna Dental	\$0.00
<input type="radio"/> Cigna Vision	\$0.00
<input type="radio"/> Medical Reimbursement	\$0.00
<input type="radio"/> Dependent Care	\$0.00
<input type="radio"/> USAbLe Group Term Life	\$0.00
<input checked="" type="radio"/> USAbLe Group AD&D	\$0.00
<input checked="" type="radio"/> USAbLe Dependent Life	\$0.00
<input type="radio"/> USAbLe LTD 3	\$0.00
<input type="radio"/> USAbLe VGLT2 - Employee	\$0.00
<input checked="" type="radio"/> USAbLe VGLT2 - Spouse	\$0.00
<input checked="" type="radio"/> USAbLe VGLT2 - Children	\$0.00
<input checked="" type="radio"/> USAbLe VAD&D - Employee	\$0.00
<input checked="" type="radio"/> USAbLe VAD&D - Spouse	\$0.00
<input checked="" type="radio"/> USAbLe VAD&D - Children	\$0.00
<input type="radio"/> USAbLe Accident Recovery	\$0.00
<input type="radio"/> USAbLe Cancer Care with Critical Care	\$0.00
<input type="radio"/> USAbLe Hospital Care	\$0.00
Pre-tax cost	\$0.00
Post-tax cost	\$0.00
Total Cost	\$0.00
Per Pay Period	

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If you are newly enrolling in coverage, chose the coverage tier and click Enroll under the dental/vision option you wish to elect. If you are waiving coverage, click the Decline button under the decline coverage section (note that rates shown below are not accurate and are for illustration purposes only).

Home You & Your Family My Benefits Sign & Submit

Cigna Medical

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the **Enroll** button to continue.

CIGNA LOCAL PLUS \$2000 DED

Your Cost: Per Pay Period

Employee Only: \$40.44

Employee + Spouse: \$64.70

Employee + Children: \$81.07

Employee+Family: \$107.56

Covered People:
Sarah Test

Enroll

CIGNA OPEN ACCESS \$2000 DED

Your Cost: Per Pay Period

Employee Only: \$53.76

Employee + Spouse: \$86.01

Employee + Children: \$107.50

Employee+Family: \$142.87

Covered People:
No Eligible Dependents

Enroll

CIGNA LOCAL PLUS \$500 DED

Your Cost: Per Pay Period

Employee Only: \$125.01

Employee + Spouse: \$200.03

Employee + Children: \$250.02

Employee+Family: \$326.13

Covered People:
No Eligible Dependents

Enroll

CIGNA OPEN ACCESS \$500 DED

Your Cost: Per Pay Period

Employee Only: \$144.26

Employee + Spouse: \$230.82

Employee + Children: \$288.50

Employee+Family: \$383.71

Covered People:
No Eligible Dependents

Enroll

My Benefits

- Cigna Medical \$0.00
- Health Savings Account (HSA) \$0.00
- Cigna Dental \$0.00
- Cigna Vision \$0.00
- Medical Reimbursement \$0.00
- Dependent Care \$0.00
- USABLE Group Term Life \$0.00
- USABLE Group AD&D \$0.00
- USABLE Dependent Life \$0.00
- USABLE LTD 3 \$0.00
- USABLE VGTL2 - Employee \$0.00
- USABLE VGTL2 - Spouse \$0.00
- USABLE VGTL1 - Children \$0.00
- USABLE VAD&D - Employee \$0.00
- USABLE VAD&D - Spouse \$0.00
- USABLE VAD&D - Children \$0.00
- USABLE Accident Recovery \$0.00
- USABLE Cancer Care with Critical Care \$0.00
- USABLE Hospital Care \$0.00

Pre-tax cost \$0.00
Post-tax cost \$0.00

Total Cost \$0.00
Per Pay Period

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.

Your Cost: \$0.00

Decline

IT
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Step 5:

Click Confirm on the next page to confirm your election or declination.

Home You & Your Family My Benefits Sign & Submit

Cigna Medical

Enrollment Details

Product Name: Cigna Local Plus \$2000 Deductible
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Gender	Relationship
Sarah		Test	1/1/1990	F	Employee

SemiMonthly Deduction

Cost: \$40.44 (pre-tax)

You have elected coverage under this plan. Please review the summary information above and press Confirm if it is correct. To make changes, press Back.

[Back](#) [confirm](#)

My Benefits

- Cigna Medical \$0.00
- Health Savings Account (HSA) \$0.00
- Cigna Dental \$0.00
- Cigna Vision \$0.00
- Medical Reimbursement \$0.00
- Dependent Care \$0.00
- USABLE Group Term Life \$0.00
- USABLE Group AG&D \$0.00
- USABLE Dependent Life \$0.00
- USABLE LTD 3 \$0.00
- USABLE VGLT12 - Employee \$0.00
- USABLE VGLT12 - Spouse \$0.00
- USABLE VGLT12 - Children \$0.00
- USABLE WADED - Employee \$0.00
- USABLE WADED - Spouse \$0.00
- USABLE WADED - Children \$0.00
- USABLE Accident Recovery \$0.00
- USABLE Cancer Care with Critical Care \$0.00
- USABLE Hospital Care \$0.00

Pre-tax cost \$0.00
Post-tax cost \$0.00
Total Cost \$0.00
Per Pay Period

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Repeat the process above to make your plan selections. Once you complete the core benefits you will be able to select the voluntary benefits you want.

Step 6

Review your selections on the Sign and Submit screen. If changes need to be made, click on the name of the plan you wish to change and you will be directed back to the enrollment page for that benefit. Once that is complete, click Next to move on.

Home You & Your Family My Benefits Sign & Submit [Next >](#)

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost
Cigna Medical	Cigna Local Plus \$2000 Deductible, EO	\$43.44	\$0.00
Health Savings Account (HSA)	\$150	\$150.00	\$0.00
Cigna Dental	Cigna Dental High Plan, EO	\$8.46	\$0.00
Cigna Vision	Cigna Vision, EO	\$2.04	\$0.00
Medical Reimbursement	Waived		
Dependent Care	Waived		
USABLE Group Term Life	Accident, EO	\$0.00	\$0.00
USABLE Group AD&D	\$50,000	\$0.00	\$0.00
USABLE Dependent Life	N/A		
USABLE LTD 1	Waived		
USABLE VGLT1 - Employee	Waived		
USABLE VGLT2 - Spouse	Waived		
USABLE VGLT2 - Children	N/A		
USABLE VSD&D - Employee	N/A		
USABLE VSD&D - Spouse	N/A		
USABLE VSD&D - Children	N/A		
USABLE Accident Recovery	Waived		
USABLE Cancer Care with Critical Care	Waived		
USABLE Hospital Care	Waived		
Total		\$200.94	\$0.00

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Benefit Election Form	Unsigned	

[Next >](#)

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Review the benefits confirmation on the next page. If everything is correct, scroll to the bottom of the page and enter your PIN (the last 4 digits of your SSN plus the last 2 digits of your birth year) then click Sign Form.

Home You & Your Family My Benefits Sign & Submit Next >

Review / Sign Forms

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Benefit Election Confirmation / Payroll Authorization

Name Sarah Test				Address 123 Any St Nashville, TN 31231			
Employee ID	SSN	Location	Plan Year				
0	***-**-6458		09/23				

Benefit Description	Status	Effective Date	Ded	Prior Cost	Employee Cost		Employer Cost
					Pre-tax	After-tax	
Cigna Medical	Cigna Local Plus \$2000 Deductible; E	Changed	08/01/2023	24		40.44	209.60
Health Savings Account (HSA)	\$150	Existing	08/01/2023	24	150.00	150.00	0.00
Cigna Dental	Cigna Dental High Plan; EO	Changed	08/01/2023	24		8.46	3.56
Cigna Vision	Cigna Vision	Changed	08/01/2023	24		2.04	1.12

[Download Form](#)

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

Sign Form

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You will see the Sign/Submit Complete page where you can view your elections. When you are done reviewing, click Logout.

The screenshot displays a web interface for a benefits enrollment system. At the top, a blue navigation bar contains links for Home, You & Your Family, My Benefits, and Sign & Submit, along with a Logout button. The main heading is "Sign/Submit Complete". Below this, a "Congratulations!" message states that enrollment is complete and provides instructions to log in to review elections. A "Recap of Your Elections" section follows, with a note to scroll to the bottom for completed enrollment forms. The primary content area features a large "Sample" watermark and details for a Cigna Medical enrollment, including the product name "Cigna Local Plus \$2000 Deductible" and coverage level "Employee Only". A table below lists enrollment forms, with one entry for "Benefit Election Form" dated 07/26/2023. A "Return" button is located at the bottom right, and a copyright notice "© 2023 - Powered by Seleris" is at the bottom right of the page.

Home You & Your Family - My Benefits - Sign & Submit Logout

Sign/Submit Complete

Congratulations!
Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections
Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

Cigna Medical
Enrollment Details

Product Name: Cigna Local Plus \$2000 Deductible
Coverage Level: Employee Only

Product Name	MI	Last Name	DOB	Gender	Enrollment Date
Benefit Election Form					07/26/2023

Return

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