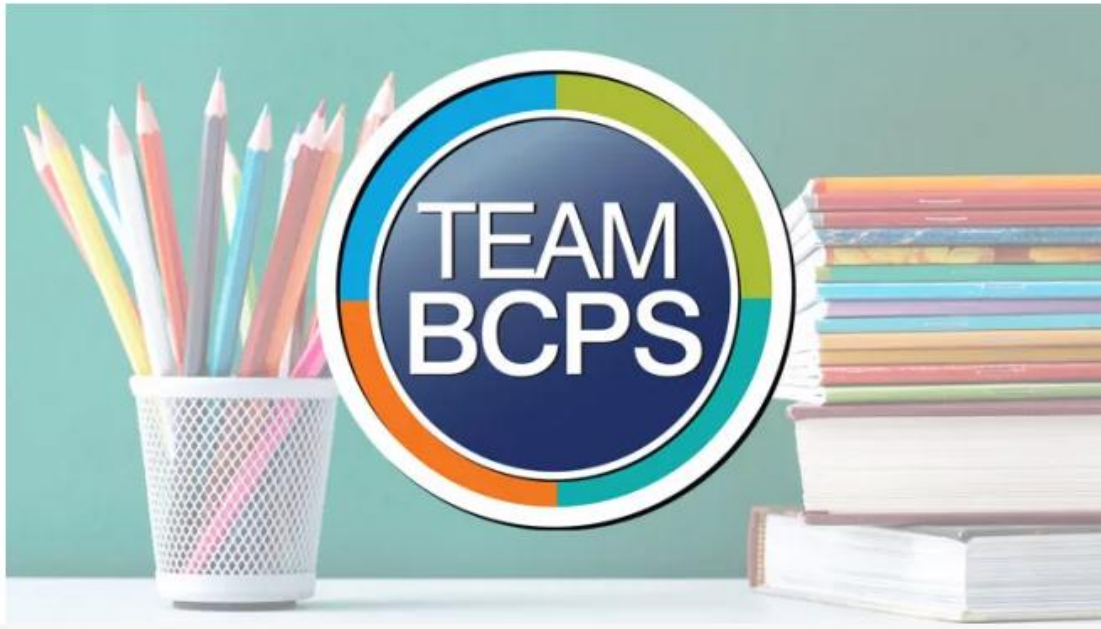


Cloud Benefits

Open Enrollment User Guide





Welcome to Open Enrollment 2026!

This guide is designed to help you successfully navigate the Open Enrollment period from **October 1 through October 24, 2025**, using the District's **Cloud Benefits Enrollment platform**.

At the beginning of this guide, you'll find key "Need to Know" information to help you make informed decisions and complete your Open Enrollment with confidence.

If you have any questions or need assistance, the **Benefits Staff** are here to help. You can contact them by phone at **754-321-3100** or via email at **benefits@browardschools.com**.

Additionally, the **Benefits Department**, along with the District's **benefits carriers**, will host **Virtual Open Enrollment Forums** on select dates throughout October. These online forums are a great opportunity to ask questions and get real-time support.

To view the schedule and learn how to participate, visit the Benefits Department's website at www.browardschools.com/benefits and click on the **Open Enrollment** link.

Need to Know Before You Enroll

Open Enrollment Period

October 1 – October 24, 2025

- Use the **Cloud Benefits Enrollment** platform.
 - Elections take effect **January 1, 2026**
-

What You Need to Know

- If you're **not making any changes**, your current benefits will **automatically roll over** for 2026.
 - To view the 2026 **Employee Monthly Rate Sheet**, click [here](#).
-

Before You Enroll – Important Reminders

- **Premiums & Deductions:**
 - Deductions begin from **December 2025** paychecks.
 - Premiums shown in the guide are examples; real per-check rates will appear next to each plan in Cloud Benefits and on your **Benefits Confirmation Statement (print or save this!)**.
- **Health Savings Account (HSA):**
 - Only select the HSA if you enroll in the **Premier Choice HSA Medical Plan**.
 - If you switch from the Premier Choice HSA Medical Plan, please be sure to **“STOP”** your HSA enrollment.
- **Adding Dependents:**
 - New dependents must be **verified** by the Benefits Department.
 - Submit documents by **Wednesday, October 22, 2025, at 5:00 p.m.** for them to be eligible by October 24, 2025, Open Enrollment deadline.

- **Finalizing Elections:**
 - “Pending” records are not complete.
 - You must **Save**
 - click **Review and Enroll (left side menu)**
 - click **Enroll** (bottom right corner)
 - click **Confirm** to finalize
 - Click the “BACK” tab on the Confirmation dialogue box and your Open Enrollment tab will now reflect “Enrollment Completed”.

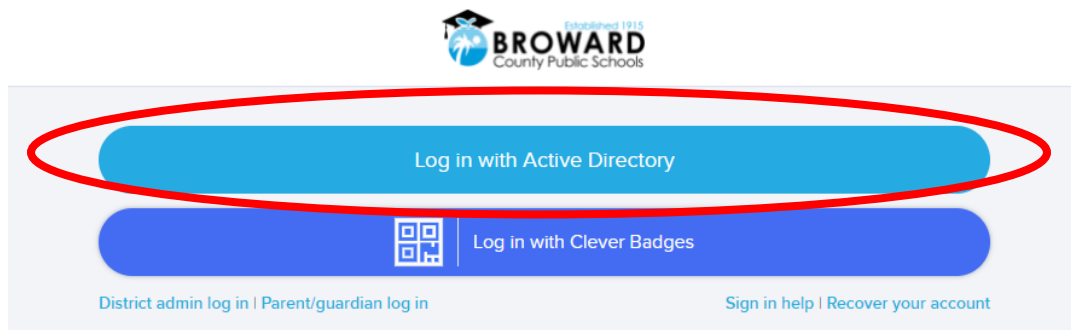
Need Help?

- **Contact Benefits Staff:** 754-321-3100 or email benefits@browardschools.com
- **Virtual Open Enrollment Forums:** Info and dates available at www.browardschools.com/benefits on the Open Enrollment link.

CLOUD BENEFITS ACCESS

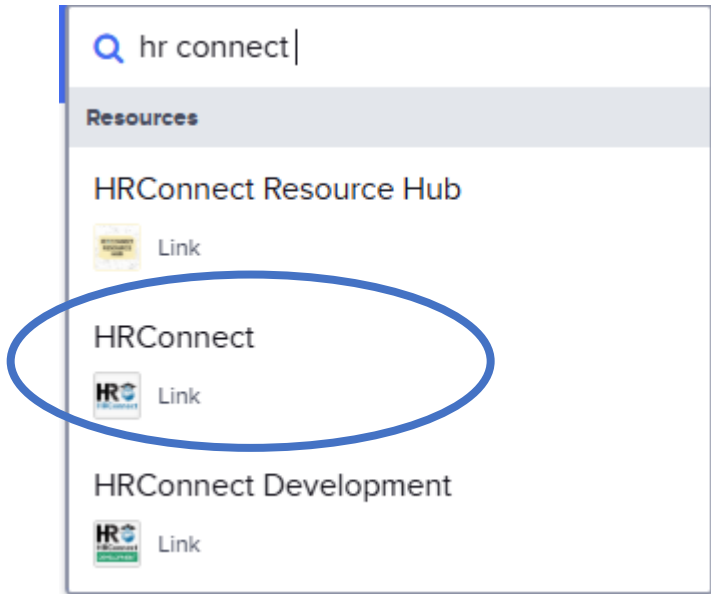
1. Log in to Clever via **Google Chrome** browser

- Go to: <http://sso.browardschools.com>
- Click: “**Log in with Active Directory**”



2. Access HR Connect

- In the upper right corner, locate the search option and type **HR Connect**



If you do not remember the answer to your authentication, you can complete an “Account Recovery” by clicking on the drop-down menu next to your name in the upper right corner on the Clever page. If you experience any technical issues, please contact the IT Service Desk at 754-321-0411, where the hours of operation are 7:00 a.m. to 4:00 p.m., Monday - Friday.

Important Note for Newly Hired Employees:

If you are a newly hired employee and see a **New Hire** tab available, please use the **New Hire** tab to complete your benefits enrollment. This ensures your coverage begins on the appropriate effective date.

Do not use the Open Enrollment tab if the New Hire tab is visible to you.

All changes made in the Open Enrollment tab will be effective 01/01/2025

3. Click the Cloud Benefits Tile located on the Home Screen under Organizational Updates
(you may need to scroll down to view)




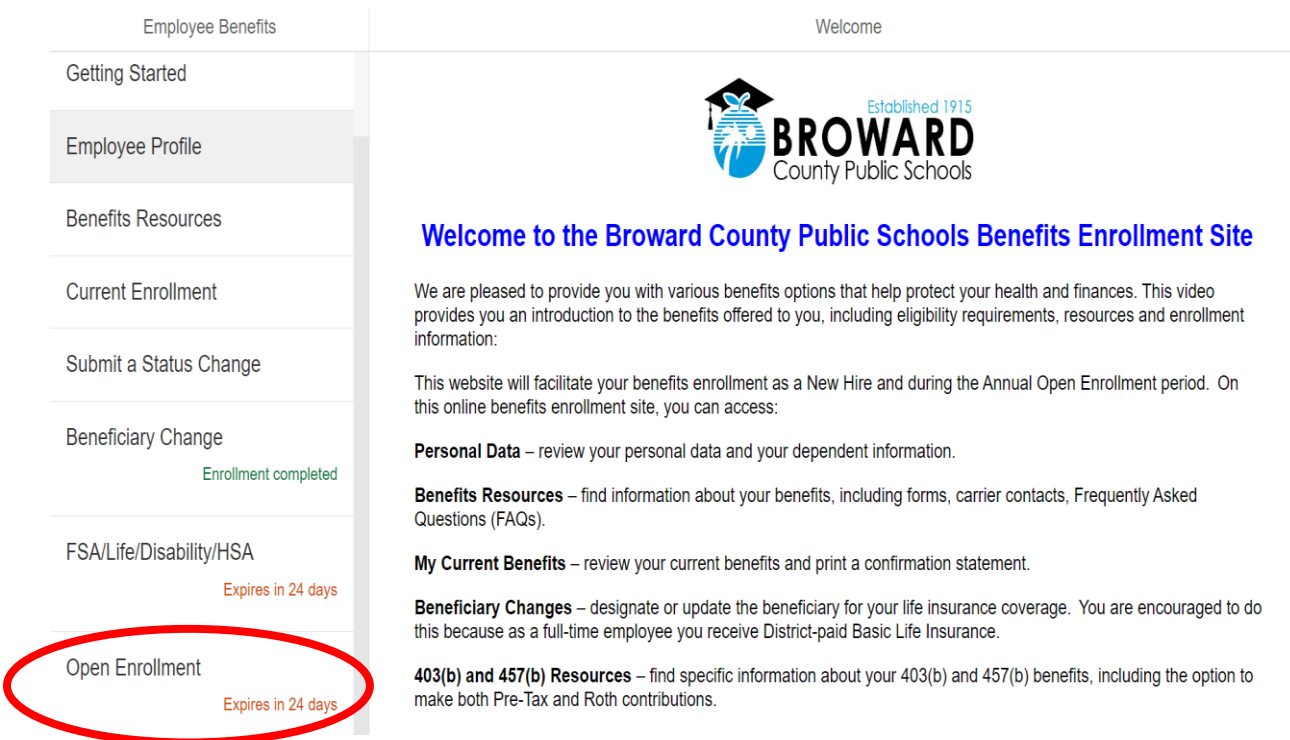
If you do not see the Cloud Benefits tile, please be sure you are on the HR Connect **"HOME"** page. You can click on the HR Connect icon located in the upper left corner of the screen to be directed to the HR Connect HOME page.

Steps to Complete Your Open Enrollment Selections

◆ If You're NOT a New Hire

Step 1:

 Click on the **Open Enrollment tab** on the left side menu to begin enrollment or review your current benefits



Employee Benefits | Welcome

Getting Started

Employee Profile

Benefits Resources

Current Enrollment

Submit a Status Change

Beneficiary Change
Enrollment completed

FSA/Life/Disability/HSA
Expires in 24 days

Open Enrollment
Expires in 24 days

Welcome to the Broward County Public Schools Benefits Enrollment Site

We are pleased to provide you with various benefits options that help protect your health and finances. This video provides you an introduction to the benefits offered to you, including eligibility requirements, resources and enrollment information:

This website will facilitate your benefits enrollment as a New Hire and during the Annual Open Enrollment period. On this online benefits enrollment site, you can access:

- Personal Data** – review your personal data and your dependent information.
- Benefits Resources** – find information about your benefits, including forms, carrier contacts, Frequently Asked Questions (FAQs).
- My Current Benefits** – review your current benefits and print a confirmation statement.
- Beneficiary Changes** – designate or update the beneficiary for your life insurance coverage. You are encouraged to do this because as a full-time employee you receive District-paid Basic Life Insurance.
- 403(b) and 457(b) Resources** – find specific information about your 403(b) and 457(b) benefits, including the option to make both Pre-Tax and Roth contributions.



BEFORE ENROLLING IN PLANS

Step 2:

 **Add Dependents/Beneficiaries**

1. Click on the **Dependent/Beneficiary Tab**

GENERAL

Enrollment Instructions

Personal Data

Dependents and Beneficiaries


2. Click **New Dependent/Beneficiary** tab **located on the bottom right corner** to add info (SSN + DOB required when adding dependents)

New Dependent/Beneficiary

Relationship:

First Name: *

Last Name: *

Date of Birth: * 

Gender: * Male
 Female

Telephone Number:

Social Security Number: *

Country: 

Address line 1:

City:

State: 

Zipcode:

3. Click on the drop-down Relationship menu to select the relationship. NOTE: Beneficiaries do not need to be verified.

Domestic Partner

Domestic Partner Child

Child

Grandchild

Stepchild

Beneficiary

4. Save → Review Terms → Click **Confirm**

5. If you need to add more dependents/beneficiaries; repeat numbers 2-4 above

Step 3:

 **Dependent Verification (If applicable)**

After you have entered your dependent(s) information in Cloud Benefits

1. Complete the Dependent Verification Form
2. Gather the required documents (birth certificate(s), marriage license, etc.)
3. Email both to:

 **benefits@browardschools.com**

 **Due by Wednesday October 22, 2025 @ 5:00 p.m.**

NOTE: You will receive confirmation once your dependent(s) have been verified, and you can complete your Open Enrollment selections at that time.

 **Resources:**

[Open Enrollment 2026](#)

(Click link above to be directed to the Open Enrollment link on the Benefits page)

⚠ You won't be able to enroll your dependent(s) for 2026. The system will block you with an error saying: "Ineligible, proof of eligibility not submitted"

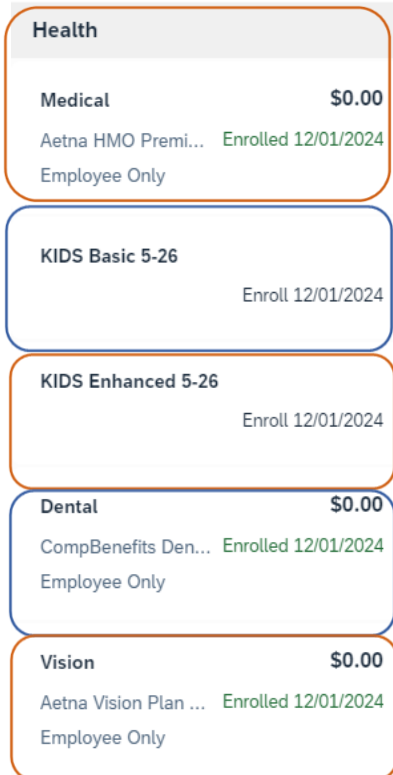
Step 1: Select Dependents

<input type="checkbox"/> Name	Relationship	Date of Birth	Information
<input type="checkbox"/> Rolando Alexander	Child	10/11/2000	Ineligible: Proof of eligibility not submitted

Step 4:

 **HEALTH, DENTAL, VISION ENROLLMENT**

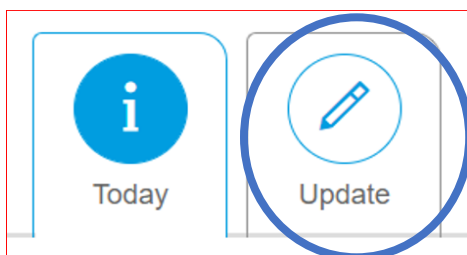
1. Click the appropriate tab to complete each enrollment (i.e. Medical/Kids/Dental/Vision)



The screenshot shows a list of enrollment options for Health, Dental, and Vision. Each option is in a rounded rectangular box with a blue border. The 'Health' section includes 'Medical' for \$0.00, 'KIDS Basic 5-26', and 'KIDS Enhanced 5-26'. The 'Dental' section includes 'Dental' for \$0.00. The 'Vision' section includes 'Vision' for \$0.00. Each option shows 'Enrolled 12/01/2024' and 'Employee Only'.

Category	Plan Name	Cost	Enrollment Date	Notes
Health	Medical	\$0.00	Enrolled 12/01/2024	Aetna HMO Premi... Employee Only
	KIDS Basic 5-26		Enroll 12/01/2024	
	KIDS Enhanced 5-26		Enroll 12/01/2024	
Dental	Dental	\$0.00	Enrolled 12/01/2024	CompBenefits Den... Employee Only
Vision	Vision	\$0.00	Enrolled 12/01/2024	Aetna Vision Plan ... Employee Only

2. Click **Update** → Select Plan → Add verified dependents if applicable by checking the box in front of the dependent(s) name. **NOTE: You must click UPDATE for the plans to POPULATE**



3. Click **Save tab** located in the bottom right corner
4. Repeat for each coverage type

PREMIER CHOICE HSA PLAN

The enrollment and dis-enrollment functions for the Premier Choice Health Savings Account (HSA) Plan are not currently available.

- To enroll, please send an email to: benefits@browawrdschools.com requesting to be placed into the specific plan option (e.g. Premier Choice HSA Employee Only + 1 Dependent) and identify the Employee per check HSA Contribution, if desire to add.
- If you would like to disenroll yourself from this plan, send an email the benefits@browardschools.com and identify the new plan option (e.g. Premier Plus Employee only) you desire to be enrolled in effective, January 1, 2026.

⚠ HSA Note:

- If you enroll in the **Premier Choice HSA Medical Plan**, you can also enroll in **Health Savings Plan to contribute additional monies up to the IRS maximum**
- You cannot have an **FSA Medical Plan** and HSA at the same time
- Must not be enrolled in **Medicare/TRICARE**

✗ To Opt-Out and Receive the \$750 Medical Opt-Out Supplement for 2026:

1. Select the “Opt-Out” Option

<input checked="" type="radio"/>	Opted Out Med Non-Pd Plan	Employee Only	0.00	0.00	0.00
----------------------------------	---------------------------	---------------	------	------	------

2. Click the “Save” Button

– Finalize your selection by clicking *Save* after opting out.

3. Send Proof of Medical Health Coverage

- Email your proof of medical coverage to benefits@browardschools.com
- **Deadline: Friday, October 24, 2025**

⚠ Important:

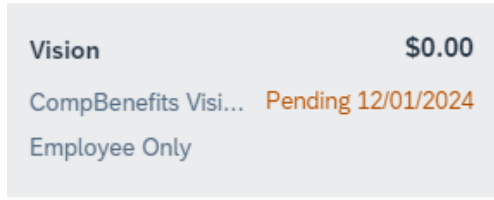
- If you don’t send proof by the deadline, you will **still be opted out** for 2026, but **you will not receive the \$750 supplement.**
- If you would like to opt-out (decline) of the dental and vision coverages, select the opt-out option in each respective sections and the **“Save”** button upon completion. **There is no supplemental incentive for opting out of dental and/or vision coverages.**

REVERSING CHANGES BEFORE FINALIZING

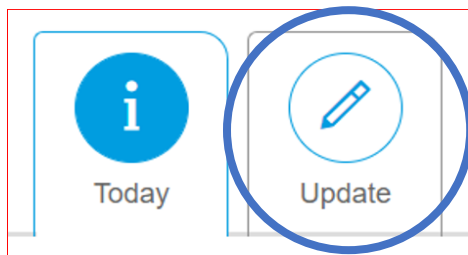
Use **Undo Pending** or **Stop** tabs, if needed before clicking “**Enroll**”

To reverse a selection before finalizing your enrollment (prior to the close of the Open Enrollment period):

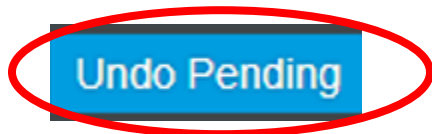
1. Click on the **pending or applicable coverage** tab



2. Select the **Update** tab

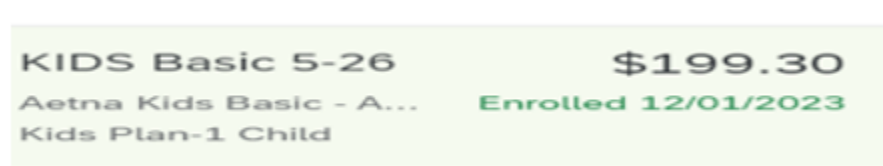


3. Click the **Undo Pending** tab located in the bottom right corner

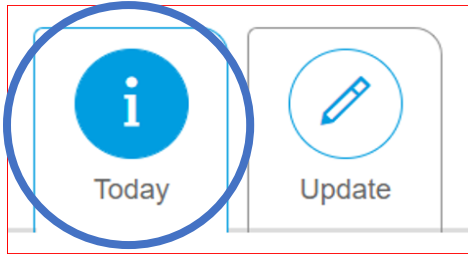


To Remove a Dependent from the Kids Plan:

1. Click the Kids Plan tab



2. Select the “**Today**” tab



3. Uncheck the box next to the dependent(s) you want to remove

Step 1: Select Dependents

<input type="checkbox"/>	Name	Relationship	Date of Birth	Information
<input checked="" type="checkbox"/>	QUEEN OFORI	Child	08/19/2014	

Step 2: Select Health Plan

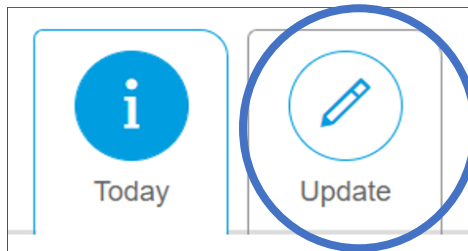
Plan	Coverage Option	Employee Cost Per Paycheck	Post-Tax	Employer Cost Per Paycheck	Plan Information
No data					

4. Click the **“Stop”** tab located in the bottom right corner



 **To Remove a Dependent from *Health, Dental, and/or Vision Plan(s)*:**

1. Click the **“Update”** tab




2. Uncheck the box for the dependent(s) you want to remove

3. Choose your new plan option

4. Click **“Save”**

ENROLLMENT AND D IS-ENROLLMENT OF FSA/LIFE/DISABILITY/HSA

 FLEXIBLE SPENDING ACCOUNT (FSA), LIFE, DISABILITY ENROLLMENT OPTIONS

- **FSA Medical / Dependent Care**

Minimum: \$100 | Max: \$3,300 (Medical)

Minimum: \$100 | Max: \$7,500 (Dependent Care) per household

- **Life / Disability Enhancements**

Optional – make updates under respective tabs

Be sure your **beneficiaries = 100% total**

PLEASE NOTE THE FOLLOWING:

- **Beneficiaries do not need to be verified**
- **To enroll in the HSA Plan, you must be enrolled in the Premier Choice HSA Medical Plan**
- **You cannot enroll in the HSA and FSA-Medical Plans simultaneously**
- **Medical and Dependent Care FSAs/Enhanced Life Insurance/Long-term Disability Plans are optional**

You are automatically enrolled in the Life Insurance and Long-term Disability Core Plans, which are paid by Broward County Public Schools. You are required to designate your beneficiary and/or beneficiaries for your Life Insurance plan(s).

To add or update a beneficiary, please click [here](#) and locate the Beneficiary Change Guide for step-by-step instructions.

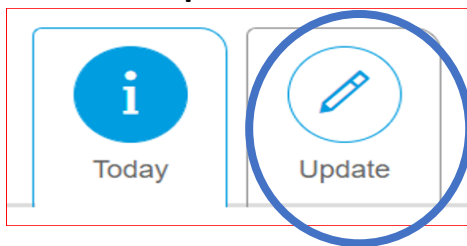
To remove a beneficiary, please send an email to benefits@browardschools.com with your request to have the beneficiary(ies) record shut down. Please ensure that you include the **full name** and **relationship** of the beneficiary you wish to have shut down.

Step 1:

1. Click the Life Insurance Core tab to designate your beneficiary and/or beneficiaries. If you need to add beneficiary/beneficiaries, please refer to page 8 for instructions on how to add. **Reminder: You are automatically enrolled in the Core Life Insurance Policy at no cost to you.**

Insurance	
Life Insurance Core	\$0.00
Life Mutual Omaha ...	Enrolled 09/30/2024

2. Click the **“Update”** tab



3. Scroll down to **“Step 2: Select Beneficiaries”**. The beneficiary/beneficiaries’ option(s) will appear, here is where you will assign the primary and/or contingent percentages, which must equal 100%, if more than one beneficiary is designated. Please note, the system will only accept whole numbers e.g. 34, **not 33.3**.

NOTE: The same person cannot be both the primary and contingent beneficiary.

Here's why:

- Primary beneficiary: This is the person (or people) who will receive the benefit first, if they are alive at the time of your passing.
- Contingent (or secondary) beneficiary: This person only receives the benefit if the primary beneficiary is unable to (e.g., deceased or disqualified).

If someone is listed as both, it defeats the purpose of having a backup plan in case the primary beneficiary can't receive the benefit.

Step 2: Select Beneficiaries

Name	Relationship	Primary Percentage %	Contingent Percentage %
JOHN DOE NEWMAN	Spouse	<input type="text" value="0"/>	<input type="text" value="0"/>
JANE JOE NEWMAN	Child	<input type="text" value="0"/>	<input type="text" value="0"/>

Once you have assigned your Primary percentage(s), please click the “SAVE” tab located in the bottom right corner.

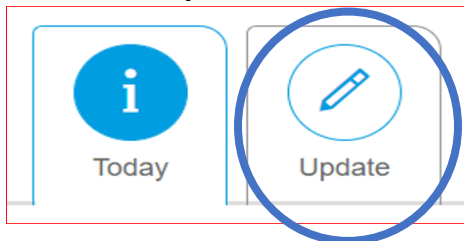
Step 2:

1. This step is **optional** if you want to enhance or dis-enroll in Enhanced Life Insurance. Click the Life Insurance Enhanced tab on the left side menu

Life Insurance Enhanced **\$6.38**
Life Mutual Omah... Enrolled 01/01/2025

NOTE: Once you click the Life Insurance Enhanced tab, it will be defaulted to “Today”
To dis-enroll, click the **Stop** tab located in the bottom right corner of the screen.

2. Click the “**Update**” tab to enroll



Step 1: Select Insurance Plan

Plan	Coverage Option	Coverage	Employee Cost Per Paycheck	Post-Tax	Employer Cost Per Paycheck
<input type="radio"/> Life Mutual Omaha Enhanced	Group Life Enhanced - x1	\$50,000.00	6.38	0.00	0.00
<input type="radio"/> Life Mutual Omaha Enhanced EOI Required	Group Life Enhanced - x2	\$100,000.00	14.50	0.00	0.00
<input type="radio"/> Life Mutual Omaha Enhanced EOI Required	Group Life Enhanced - x3	\$229,000.00	33.21	0.00	0.00
<input type="radio"/> Life Mutual Omaha Enhanced EOI Required	Group Life Enhanced - x4	\$306,000.00	44.37	0.00	0.00
<input type="radio"/> Life Mutual Omaha Enhanced EOI Required	Group Life Enhanced - x5	\$382,000.00	55.39	0.00	0.00

Step 2: Select Beneficiaries

Name	Relationship	Primary Percentage %	Contingent Percentage %
JOHN DOE NEWMAN	Spouse	<input type="text" value="0"/>	<input type="text" value="0"/>
JANE JOE NEWMAN	Child	<input type="text" value="0"/>	<input type="text" value="0"/>

IMPORTANT NOTICE:

If you are increasing your coverage by more than one (1) level, you must complete the Evidence of Insurability (EOI) Form.

- The completed form must be emailed to: benefits@browardschools.com
- **Deadline: Friday, October 24, 2025**
- ▲ If the EOI Form is not received by the deadline, or is not approved by Mutual of Omaha, your election will be reversed.

 Click [here](#) to download the EOI Form

3. Review “**Step 1 – Select Insurance Plan**”. Select your plan by clicking on the radio button. Stroll down to “**Step 2: Select Beneficiaries**” and repeat the process on page 16.

FSA Medical Reimbursement Spending Account

- **Covers:** Eligible out-of-pocket medical expenses not covered by insurance (e.g., deductibles, co-pays, co-insurance, some services and supplies).
- **Contribution Limits (2026):**
 - **Minimum:** \$100/year
 - **Maximum:** \$3,300/year
- **Important:**
 - You **cannot** enroll in this if you choose the **Premier Choice HSA Medical Plan** in 2026.
 - Funds must be **used by year-end** or will be **forfeited** (use-it-or-lose-it rule).

 **FSA Dependent Care Spending Account**

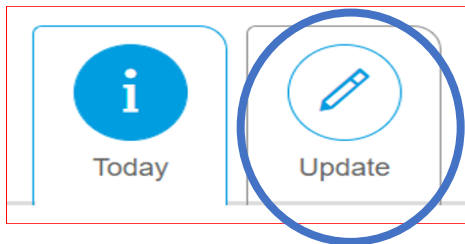
- **Covers:** Child/dependent care expenses so you (and your spouse, if applicable) can work full-time.
- **Eligibility:**
 - Both spouses must be employed, or one must be disabled or a full-time student.
- **Contribution Limits (2026):**
 - **Minimum:** \$100/year
 - **Maximum:** \$7,500/year
- **Also subject to:** Use-it-or-lose-it rule.

 **How to Enroll**

1. Go to the **FSA Medical** or/and **Dependent Care** tab.

Flexible Spending Accounts	
FSA- Medical	Enroll 01/01/2025
FSA- Dependent	Enroll 01/01/2025

2. Click the **Update** button.




3. Enter your desired **Annual Employee Contribution** (within limits).

FSA Medical info.

Step 1: Select Flexible Spending Account			
Plan	Annual Employee Contribution	Minimum Contribution	Maximum Contribution
<input checked="" type="radio"/> FSA - Medical	<input type="text"/>	\$100.00	\$3,300.00

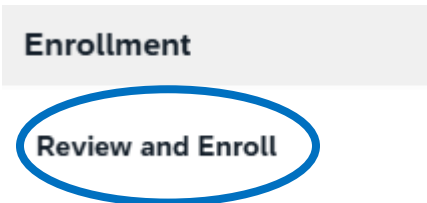
Step 1: Select Flexible Spending Account			
Plan	Annual Employee Contribution	Minimum Contribution	Maximum Contribution
<input type="radio"/> FSA - Dependent	<input type="text" value="0.00"/>	\$100.00	\$5,000.00

4. Click  tab located in the bottom right corner of the screen

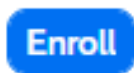
Step 1:

 **FINALIZE ENROLLMENT**

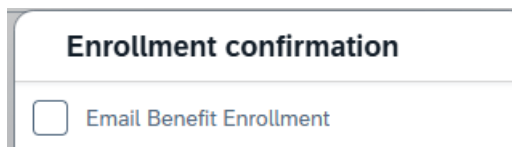
1. Click on the **Review and Enroll** tab on the left side menu (last tab)



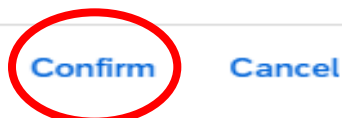
- a. Please be sure to review your selections to ensure that you and your eligible dependent(s) if applicable, are covered by your selections
2. Click on the Enroll tab **located on the bottom right corner**



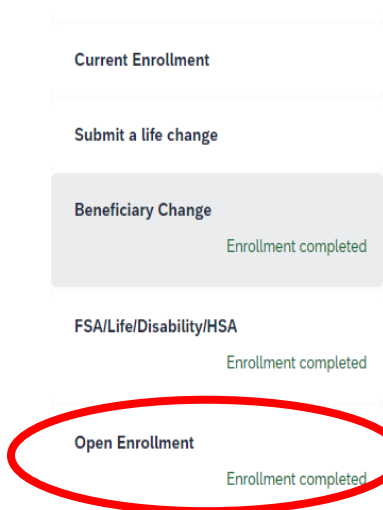
3. **DO NOT check the Email Benefit Enrollment check box (the Benefit Confirmation Statement will be sent to your work email automatically)**



4. Click on the **Confirm** tab located on the bottom right corner of the screen.



5. The Confirmation dialogue box will appear, you can click the Download tab for the option to save a PDF copy of your Benefit Confirmation Statement to your desktop or print it
6. Click the **“BACK”** tab on the Confirmation dialogue box and your Open Enrollment tab will now reflect **“Enrollment Completed”**.



Current Enrollment

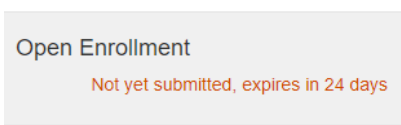
Submit a life change

Beneficiary Change
Enrollment completed

FSA/Life/Disability/HSA
Enrollment completed

Open Enrollment
Enrollment completed

◆ If your Open Enrollment tab reflects “Not yet submitted”, this means that you have not successfully confirmed your selections, please repeat steps 1-4 above.



Open Enrollment
Not yet submitted, expires in 24 days

CONGRATULATIONS!

You have successfully completed your enrollment for 2026. **Remember to Print or Save your “Benefits Confirmation” for your records.**

IMPORTANT DEADLINES

- Open Enrollment Ends: Friday October 24, 2025, at 11:59 p.m.
- Dependent Verification Due: Wednesday October 22, 2025, no later than 5:00 p.m.

Need Help?

- IT Service Desk: 754-321-0411 (7:00 a.m. – 4:00 p.m., M–F)
- Benefits Email: benefits@browardschools.com
- Benefits Department: 754 321-3100