



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 of your social security

ie: jsmith1234

Password: first time log on – the last 4 of your social security

You will be prompted to change it – please make note of it

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

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

PLEASE ADD EMERGENCY CONTACT INFORMATION.

HELP:

Technical Support e-mail contactess@fairfieldschools.org

For questions regarding personal information e-mail hress@fairfieldschools.org

For questions regarding Open Enrollment e-mail insurance@fairfieldschools.org

BENEFIT ENROLLMENT

Benefits provides a summary of your current-year benefit elections. Using this option, you can view and change current-year benefits 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](#) (go to page 3)

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

Benefits

Current Year Elections

You must complete your open enrollment before 5/7/2018.

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 \$0.20 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

Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". You must submit this enrollment by 5/7/2018.

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 May 7, 2018.

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:

- 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). (CTHEP.com). 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 OR you MUST complete the "Oxford SSN Refusal Letter" and return it to the Insurance Department.
- 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. The amount of your required contribution for the 2017-2018 Fiscal Year is set forth on the applicable rate schedule found here <http://fairfieldschools.org/faculty-staff/benefits/>
- Secretaries choosing the "Spouse Not Offered Insurance" options MUST provide a new "Spousal Benefit Affidavit" to be eligible. If the Insurance Department does not receive a new affidavit, you will not be eligible to receive the discounted rates.
- 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.

Links have been provided to help you navigate easily to important information. All links are in blue

When you click on a link, if you hold the "Ctrl" (control) key down while clicking on the link, it will open in a new tab.



If you do not hold the "Ctrl" key down, the link will bring you out to the desired site; however, you will need to hit the back button to get back to ESS.



Select the Benefit you would like to make an election for; your choices are
Medical/Prescription and Dental – Decline Benefits – click "Decline benefit"

No Changes-to keep the current level of coverage (and dependents)-
click "No changes"

Make New Election – to make a change to your current level of
coverage, add benefits or to add dependents,

click "Make New Election"

Health Care FSA and Dependent Care FSA – Because you must make this election on a yearly basis, 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 appear here.

To decline the benefit – click "Decline benefit" – New Election column will change from "Election Not Made" to "Declined"

PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE	Declined
---	----------

To keep the same level of benefits, click "No changes" – New Election column will change from "Election Not Made" to a replica of current benefits.

PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE	PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE
---	---

Your dependent information from your current coverage will copy over to new year elections.

To make a change to your medical/prescription benefits or add the benefit for 2018-2019, click "Make New Election"

Link to Vendor website is provided in the upper right corner

Benefits

MEDICAL/PRESCRIPTION

[Oxford Provider Look-Up](#)

Effective with my 2017-2018 benefit elections, I authorize FPS to reduce my compensation by the amount of my required contributions for the benefit option I have elected below.

- PRETAX - EMPLOYEE DEDUCTION - SINGLE COVERAGE
Employee Cost \$30.34
- PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE
Employee Cost \$65.03
- PRETAX - EMPLOYEE DEDUCTION - FAMILY COVERAGE
Employee Cost \$84.21
- POST TAX - EMPLOYEE DEDUCTION - SINGLE COVERAGE
Employee Cost \$30.34
- POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE
Employee Cost \$65.03
- POST TAX - EMPLOYEE DEDUCTION - FAMILY COVERAGE
Employee Cost \$84.21
- I Decline

Bo Jangles



[Add coverage](#) | [Add new dependent](#)

Coverage must be added for exactly 1 dependent.

There are no dependents to display.

Continue

Cancel

For single coverage you only need to click continue (no dependents involved).

To add a dependent already in our system – click “Add coverage”, review the dependent information, and click “OK” – **please confirm name and social security number match what is currently on your dependents’ 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	<input type="text" value="BO"/>
Middle initial	<input type="text"/>
Last name	<input type="text" value="JANGLES"/>
Suffix	<input type="text"/>
Date of birth	<input type="text" value="3/16/1954"/>
Gender	<input type="text" value="MALE"/>
Relationship	<input type="text" value="SPOUSE"/>
SSN # (include dashes)	<input type="text" value="123-45-6789"/>
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

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

If a Social Security number is not added, the “Oxford SSN Refusal Letter” must be completed and provided to the insurance department.

To add a new dependent – click “Add new dependent” Enter all information, including Social Security Number and click “OK”

”. Please confirm that the name and social security number entered here match what is currently on your dependents’ social security card; mismatched name and social security numbers 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 benefit for 2018-2019, click “Make New Election”

Benefits
DENTAL

[Cigna Provider Look-Up](#)

Effective with my 2017-2018 benefit elections, I authorize FPS to reduce my compensation by the amount of my required contributions for the benefit option I have elected below.

Link to Vendor website is provided in the upper right corner

upper right

Please follow same procedure and process as medical/prescription starting on page 5.

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

Link to Vendor website is provided in the upper right corner

This will show 20 PAY PERIODS for 10 / 10.5 month employees

Benefits

DEPENDENT CARE FSA

Chard-Snyder | Benefits

Link to Vendor website is provided in the upper right corner

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.

DEPENDENT CARE FSA - 48 PAY PERIODS

Employee Cost \$0.00

Amount :

I Decline

Continue



Cancel

This will show 20 PAY PERIODS for 10 / 10.5 month employees

FSA elections (Health Care and Dependent) must be made on a yearly basis. You only have a choice to “Decline benefit” or “Make New Election”

You MUST make a selection for each benefit option. You will not be allowed to continue if you do not.

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 are done making your selections, 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 the elections you made are listed correctly and dependents, if applicable. If not, click on **“Modify”** and make corrections. If correct, click **“Submit Choices”**.

Review your enrollment

Review

MEDICAL/PRESCRIPTION

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

No dependents

Employee Cost \$65.03

DENTAL

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

Employee Cost \$2.91

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

[Submit Choices](#) [Modify](#) [Cancel](#)

Once you “Submit Choices” you will receive a Confirmation of your elections. We suggest that you print a copy for your records.

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 Janzles	
Employee Cost	\$65.03

DENTAL

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

Employee Cost	\$2.91
---------------	--------

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
----------------------------	----------------

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.

Elections MUST be made on/or before May 7, 2018.

LINKS:

You can get to these pages by clicking on the links in ESS or from the hyperlinks provided below.

BENEFITS OPEN ENROLLMENT

<http://fairfieldschools.org/faculty-staff/benefits/>

CTHEP.com

<https://www.connect2yourhealth.com/ParticipantPortal/Default.aspx>

File Edit View Favorites Tools Help
Google Home - Report Manager Munis Support Tyler Tech... MUNIS Self Services Welcome to Fairfield Publ... SchoolDade Login Munis Canned Reports

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT AND CARE MANAGEMENT SOLUTIONS -- A CONNECTICARE AFFILIATE

Welcome to the State
of Connecticut Health
Enhancement
Program (HEP)

Create Account

Please Note Employee, spouse and dependents over age 18 must create their own account

Username

Password

Login

[I forgot my username](#) [I forgot my password](#)

HEP REQUIREMENTS

CHRONIC CONDITIONS

HELP AND FORMS

CONTACT

SCHEDULE A PHYSICAL

ENROLLMENT INFO

"Oxford SSN Refusal Letter"

http://cdn.fairfieldschools.org/faculty-staff/benefits/2016/Oxford_SSN_Refusal_Letter.pdf



The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other private group health plan

(GHP) insurance in addition to their Medicare benefits. There are federal rules that determine whether Medicare or the other GHP insurance pays first.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that group health insurance plans, certain claims processing third-party administrators, and certain employer self-funded/self-administered plans report specific information about Medicare beneficiaries who have other group coverage. This reporting is to assist CMS and other health insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

Subscribers and dependents should routinely cooperate in furnishing either their Social Security Number (or Health Insurance Claim Number (HICN) if they do not have a SSN available) as requested by their group health plan. If an individual refuses to furnish a SSN or HICN, please complete the form below and submit to your employer group. **If an individual refuses to furnish a SSN or HICN, please complete the form below, submit the completed form to the Oxford Enrollment Department, and maintain a copy of your record.**

Oxford Enrollment Department
P.O. Box 29142
Hot Springs, AR 71903

MS-09-436 (Rev1 – 3/04/14)



Refusal to Provide Requested SSN or HCIN Information

Subscriber Name (Please Print)

Subscriber's Plan ID

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information

Name of Individual Providing This Information (Please Print)

Signature of Individual Providing This Information

Date

MS-09-436 (Rev1 – 3/04/14)

"Spousal Benefit Affidavit"

http://cdn.fairfieldschools.org/faculty-staff/benefits/2016/Spousal_Benefit_Affidavit.pdf

FAIRFIELD BOARD OF EDUCATION SPOUSAL BENEFITS AFFIDAVIT

I, _____, being duly sworn, depose and state that:

1. I am over the age of eighteen and believe in the obligations of an oath.
2. I am employed by the Fairfield Board of Education as a _____ and I am a member of the bargaining unit known as the Fairfield Association of Educational Office Professionals ("FAEOP") which is subject to a collective bargaining agreement ("CBA") with the Fairfield Board of Education.
3. My spouse, _____, is, or was, employed by _____ . Through this employer, my spouse was eligible for and received health insurance.
4. Due to the change in circumstances described below, my spouse is not otherwise eligible for health insurance from his or her employer.

My spouse's eligibility for insurance changed for the following reason(s):

(Attach additional sheets as necessary. Said attachments shall be subject to the same acknowledgement as this affidavit.)

5. As evidence of the change of circumstances described in Paragraph 4, I attach

copies of the following documents hereto:

6. As a result of the change in circumstances regarding my spouse's eligibility described in Paragraphs 4 and 5, I am seeking to pay the "Two Person & Family" premium cost share rate contained in Appendix D of the CBA and not the "Spouse employed-eligible elsewhere" premium cost share rate contained in Appendix D of the CBA.

7. In making this affidavit, I understand that if it is not true that the Fairfield Board of Education shall be entitled to reimbursement for the difference between the "Spouse employed - eligible elsewhere" premium cost share rate contained in Appendix D of the CBA and the premium cost share rate for "Two Person & Family" contained in Appendix D of the CBA.

ACKNOWLEDGEMENT

I acknowledge that the statements contained in this affidavit are true and accurate to the best of my knowledge and belief and that the documents attached hereto are true and accurate copies under the pains and penalties of perjury.

Date

State of Connecticut

County of _____ ss: _____

On this the _____ day of _____, 2018, before me, _____, the undersigned officer personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand

Notary Public/ Commissioner of the Superior
Court My Commission Expires: _____

Oxford Provider Look-Up

The screenshot shows the UnitedHealthcare Oxford website. At the top left is the UnitedHealthcare Oxford logo. At the top right is the Office of the State Comptroller logo. Below these is a navigation bar with links for Home, Benefits, Health Management, Online Tools & Resources, and Additional Information, along with a search icon. The main heading is "UnitedHealthcare's Home for State of Connecticut's Partnership Plan". Below this is a welcome message: "Welcome to the State of Connecticut Partnership Plan website for UnitedHealthcare/Oxford Medical products. Our service teams are proud to serve our State's partner employees and their families, and look forward to Helping People Live Healthier Lives." There are three main sections: "I want to..." with a dropdown menu "What would you like to do?"; "Currently a Member?" with a "Log in Now" button and text "Log in to Oxford-Health.com* to access your personalized health care and benefits information."; and "Rally" with three icons: "Get Your Rally Age", "Build Better Habits", and "Win Cool Stuff". Below the Rally icons is text: "Rally is a health experience offered by UnitedHealthcare that helps you make healthier choices and build better habits." and a link "Learn more about Rally".

<http://partnershipstateofct.welcometouhc.com/>

Cigna Provider Look-Up

The screenshot shows the Cigna website. At the top left is the Cigna logo. At the top right is the State of CT Comptroller logo. Below these is a navigation bar with links for "Find In-Network Dentist", "Understand Plan Coverage", and "State of CT Comptroller". Below the navigation bar is a large image of a beach with playground equipment and benches. At the bottom of the image is the text "WELCOME STATE OF CONNECTICUT PARTNERSHIP PROGRAM!".

<https://www.cigna.com/sites/stateofct-partnership/>

Chard-Snyder |

The screenshot shows the Chard-Snyder website. At the top left is the Chard-Snyder logo with the tagline "Benefit Solutions". At the top right is a navigation bar with links for Benefits, Employers & Advisors, Support Center, About, Login, and a search icon. Below the navigation bar is a large image of a man and a woman smiling.

<http://www.chard-snyder.com/>