



FAIRFIELD PUBLIC SCHOOLS  
Benefit Enrollment  
Open Enrollment

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*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.**

**FOR ASSISTANCE:**

Technical Support email: [contactess@fairfieldschools.org](mailto:contactess@fairfieldschools.org)

For questions regarding personal information email: [hress@fairfieldschools.org](mailto:hress@fairfieldschools.org)

For questions regarding Open Enrollment email: [insurance@fairfieldschools.org](mailto: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<br>\$66.57   <a href="#">details</a> |
| DENTAL               | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$3.30   <a href="#">details</a>  |
| HEALTH CARE FSA      | Declined   |
| DEPENDENT CARE FSA   | Declined   |
| LONG TERM DISABILITY | LONG-TERM DISABILITY<br>\$0.20   <a href="#">details</a>                             |

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 6, 2019.

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).  
**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 2019-2020 Fiscal Year is set forth on the applicable rate schedule.
- 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.

**Select the Benefit you would like to make an election for.**

**Even if you're not making changes, you need to make an election.**

#### Medical/Prescription and Dental –

**Decline Benefits – click “Decline benefit”**

**Make New Election – to make a change to your current level of coverage, to keep the same benefits, or to add dependents, click “Make New Election”**

**(No Changes – this is no longer an option)**

**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<br>\$65.03   <b>details</b> | Election Not Made<br><a href="#">Decline benefit</a>   <a href="#">Make New Election</a> |
| DENTAL               | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$2.91   <b>details</b>  | Election Not Made<br><a href="#">Decline benefit</a>   <a href="#">Make New Election</a> |
| HEALTH CARE FSA      | No Election Made  | Election Not Made<br><a href="#">Decline benefit</a>   <a href="#">Make New Election</a> |
| DEPENDENT CARE FSA   | No Election Made  | Election Not Made<br><a href="#">Decline benefit</a>   <a href="#">Make New Election</a> |

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

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 benefits, click “Make New Elections”**

**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.

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**

MAKE SURE YOU ARE CURRENTLY  
 First name   
 Middle initial   
 Last name   
 Suffix   
 Date of birth   
 Gender    
 Relationship    
 SSN # (include dashes)

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 noted above.**

**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<br>\$65.03   details | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$65.03   details | <a href="#">Decline benefit</a>   <a href="#">Change New Election</a> |
| DENTAL               | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$2.91   details  | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$2.91   details  | <a href="#">Decline benefit</a>   <a href="#">Change New Election</a> |
| HEALTH CARE FSA      | No Election Made   | <b>Election Not Made</b>   | <a href="#">Decline benefit</a>   <a href="#">Make New Election</a>   |
| DEPENDENT CARE FSA   | No Election Made   | Declined   | <a href="#">Change New Election</a>                                   |

**When you are done making your selections, click “Continue”**



| benefit              | Current Election   | New Election   |                                       |
|----------------------|--|--|---------------------------------------|
| MEDICAL/PRESCRIPTION | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$65.03   details | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$65.03   details | Decline benefit   Change New Election |
| DENTAL               | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$2.91   details  | PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE<br>\$2.91   details  | Decline benefit   Change New Election |
| HEALTH CARE FSA      | No Election Made   | HEALTH CARE FSA - 48 PAY PERIODS<br>\$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

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

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**DEPENDENT CARE FSA**

ELECTION - Declined

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**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

|                   |         |
|-------------------|---------|
| <b>Bo Jangles</b> |         |
| 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

|                            |                |
|----------------------------|----------------|
| <b>TOTAL EMPLOYEE COST</b> | <b>\$92.94</b> |
|----------------------------|----------------|

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 11:59pm  
on Monday May 6, 2019**

## Provider Contact Information —

### Oxford, CVS Caremark, Cigna, CTHEP, Chard-Snyder

By creating a User ID and Password on the provider websites, you will have access to helpful links and tools.

Oxford (Medical) — [www.oxhp.com](http://www.oxhp.com)

Customer Service: 1-800-385-9055

CVS Caremark (Prescriptions) — [www.caremark.com](http://www.caremark.com)

Customer Service: 1-800-318-2572

Cigna (Dental) — [www.my.cigna.com](http://www.my.cigna.com)

Customer Service: 1-800-244-6224

HEP (Health Enhancement Program) —

[www.connect2yourhealth.com](http://www.connect2yourhealth.com)

Customer Service: 1-877-687-1448

CHARD-SNYDER (Flexible Spending & Dependent Care) —

[www.chard-snyder.com](http://www.chard-snyder.com)

1-800-982-7715