FOCUS Benefits

Open Enrollment Guide

Getting Started

1. Log into the **Focus SIS** system and select "**1111 - Employee Self Service**" from the worksite dropdown menu.

2. Next, go to the **Employee Self Service** menu and click "**Benefits**."

   a. If you are a teacher, school administrator, or employee with multiple roles in Focus, then you may need to select Admin from the role dropdown menu before this option will become available.
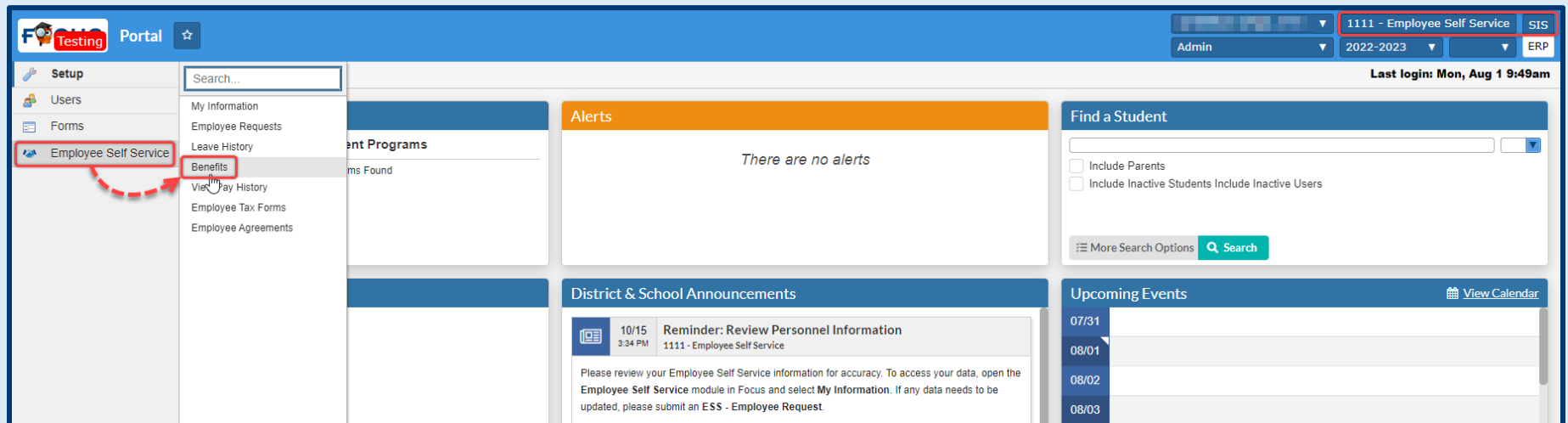
Personal Information

The Open Enrollment process begins with the **Personal Info** tab. This is where you can view demographic information, dependents on your plans, and beneficiaries for any life insurance policies.

Benefits ☆

| 1111 - Employee Self Service | SIS |
| Admin ▼ | 2022-2023 ▼ | ▼ | ERP |

👤 Personal Info	💙 Medical	😊 Dental	👁 Vision	🌐 Supplemental Life	✕ Other	🏴 Review

Open Enrollment is currently: Available   Enrollment starts: 08/01/2022   Enrollment ends: 08/31/2022   Enrollment changes take effect: 12/01/2022

Personal Details

Edit

First Name: Middle Name: Last Name: Primary Address: Birth Date: Marital Status: Social Security Number: Gender: Main Phone:

Facility:

The Monroe County School District is pleased to offer you employee benefits that meet your individual needs and protect your financial interest. We encourage you to review this information carefully. This customized enrollment system will walk you through each step that is necessary to select your benefits.

The process is simple: review your personal information, add dependents and beneficiaries if applicable, and enroll in your benefits.

If you are adding your spouse and/or children to one of your benefit plans, you must submit dependent verification documentation (click link Acceptable Verification Document) and complete the Spousal Affidavit (click link Spousal Affidavit). If you are enrolling a child over the age of 26, you will need to complete the Overage Affidavit Dependent Election Form (click link 2022 Overage Dependent Form). You MUST upload verification documents and affidavits via the document upload feature located in the "Review" tab of the enrollment screen. Failure to submit dependent documentation will result in your selections being changed to "Employee Only" for that benefit selection. If you fail to provide ALL necessary documentation regarding your dependent, your benefits will be denied.

Dependents

	First Name	Middle Initial	Last Name	Relationship	SSN	Street Address	City	State	Zip	Phone	Email	Birth Date	Gender	Full-time Student
No dependents currently exist...														

Beneficiaries

|	Priority	Share %	First Name	Middle Initial	Last Name	Relationship	Date of Birth	Address	City	State	Zip	Phone
⊖ ✎	Primary	100	Jan		Jansen	Spouse	07/01/1980		Key West	FL	33040	

Start selecting benefits ⊕

Personal Details

The **Personal Details** section contains important information about you, such as your name and address. Confirm that all information is correct. To make changes:

1. Go to the **Employee Self Service** menu and click **Employee Requests**. This will open a new page where you can update your information using the forms in the dropdown menu.
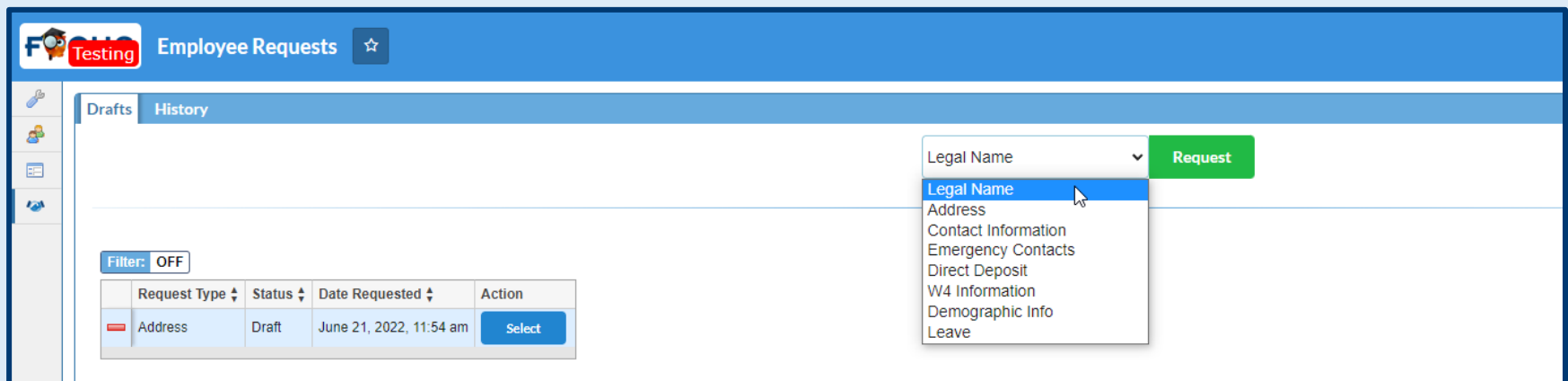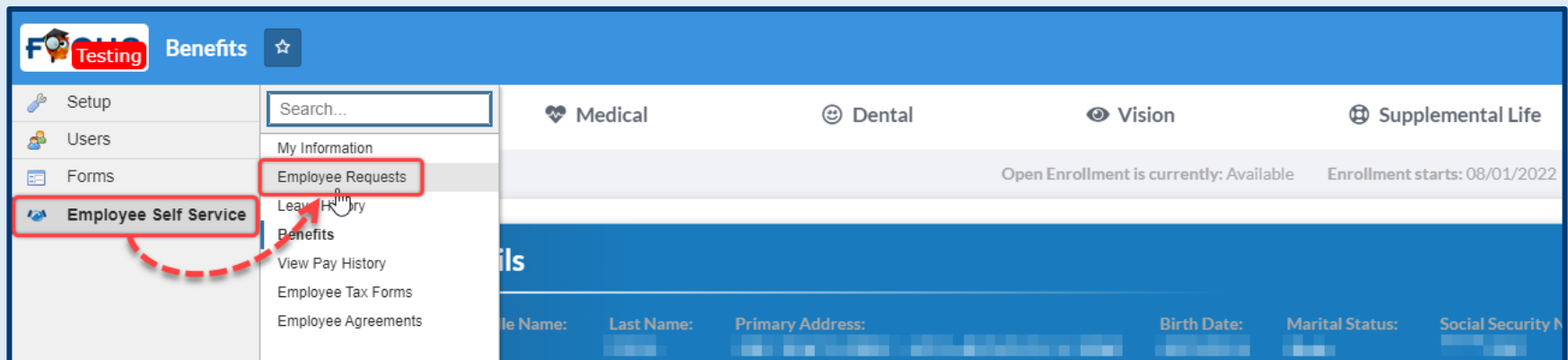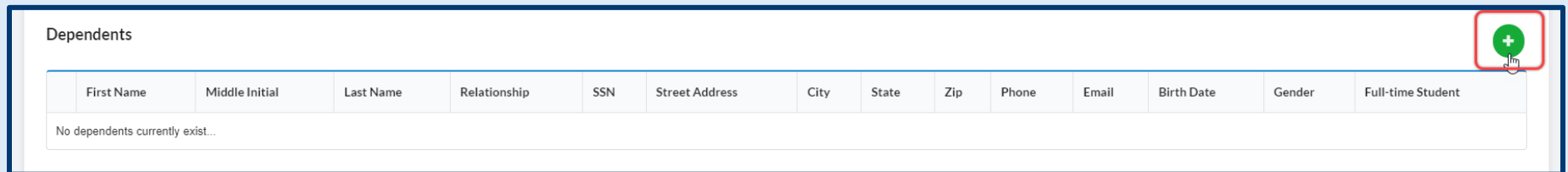

2. When you are finished updating your information, go to the **Employee Self Service** menu and click **Benefits** to return to **Open Enrollment**.

Dependents

The **Dependents** section lists individuals who are enrolled in your benefits plan. The following dependents are eligible for benefits under your plan: Your spouse, children under the age of 26, and overaged children who are between 26-30 years old.

How to Add a Dependent to Your Plan
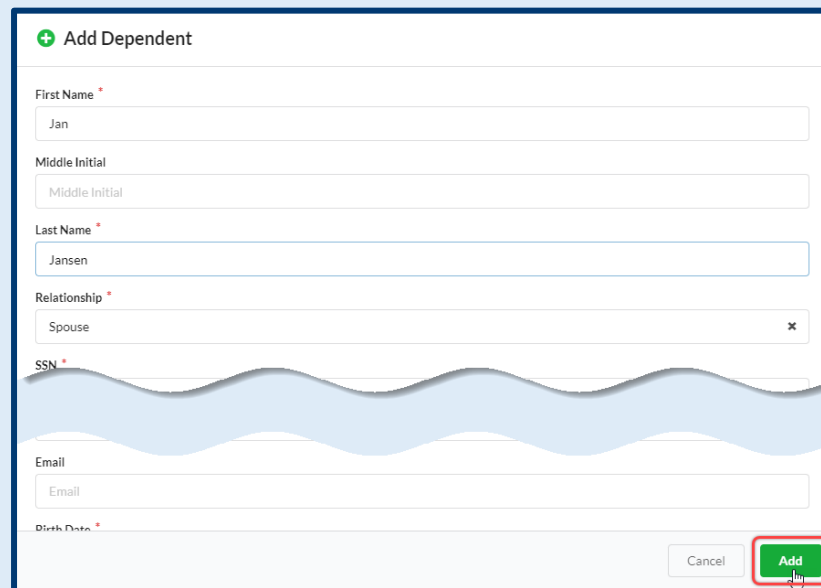
1. Click the **green Plus button** on the right side of the **Dependents** section. A popup window will appear.

	First Name	Middle Initial	Last Name	Relationship	SSN	Street Address	City	State	Zip	Phone	Email	Birth Date	Gender	Full-time Student
No dependents currently exist...														

2. Fill in all required fields in the popup window. Click the green Add button when you are finished.

Add Dependent

First Name *

Jan

Middle Initial

Middle Initial

Last Name *

Jansen

Relationship *

Spouse ✕

SSN *

Email

Email

Birth Date *

Cancel   Add

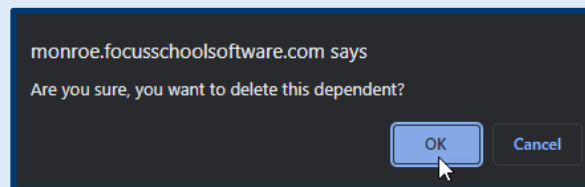**3.** Repeat this process until you have added all dependents.

		First Name	Middle Initial	Last Name	Relationship	SSN	Street Address	City	State	Zip	Phone	Email	Birth Date	Gender	Full-time Student
⊖	✎	Jan		Jansen	Spouse			Key West	FL	33040			07/01/1980	Male (M)	No
⊖	✎	Artemisia		Jansen	Daughter			Key West	FL	33040			04/28/2018	Female (F)	No
⊖	✎	Sofonisba		Jansen	Daughter			Key West	FL	33040			01/01/2002	Female (F)	No

Dependents ⊕

How to Remove a Dependent from Your Plan

1. To **remove** a dependent, click the **red minus button** to the left of their name. A popup window will appear.

Dependents ⊕

		First Name	Middle Initial	Last Name	Relationship	SSN	Street Address	City	State	Zip	Phone	Email	Birth Date	Gender	Full-time Student
⊖	✎	Jan		Jansen	Spouse			Key West	FL	33040			07/01/1980	Male (M)	No
⊖	✎	Artemisia		Jansen	Daughter			Key West	FL	33040			04/28/2018	Female (F)	No
⊖	✎	Sofonisba		Jansen	Daughter			Key West	FL	33040			01/01/2002	Female (F)	No

2. Click **OK** to delete the dependent.

monroe.focusschoolsoftware.com says

Are you sure, you want to delete this dependent?

OK   Cancel

How to Edit a Dependent's Information

1. To **edit** a dependent, click the **pencil/paper button** to the left of their name. A popup window will appear.

2. Update the dependent's information. Click the **Save Changes** button when you are finished.

Dependent Verification

Whenever you add a new dependent to your plan, you must submit documents verifying your relationship with that dependent. The directions above the Dependents section explain which documents and affidavits are required for new dependents. See pages 43-46 for instructions on how to upload documents in the **Review** tab.

The Monroe County School District is pleased to offer you employee benefits that meet your individual needs and protect your financial interest. We encourage you to review this information carefully. This customized enrollment system will walk you through each step that is necessary to select your benefits.

The process is simple: review your personal information, add dependents and beneficiaries if applicable, and enroll in your benefits.

If you are adding your spouse and/or children to one of your benefit plans, you must submit dependent verification documentation (click link Acceptable Verification Document) and complete the Spousal Affidavit (click link Spousal Affidavit). If you are enrolling a child over the age of 26, you will need to complete the Overage Affidavit Dependent Election Form (click link 2022 Overage Dependent Form). You MUST upload verification documents and affidavits via the document upload feature located in the "Review" tab of the enrollment screen. Failure to submit dependent documentation will result in your selections being changed to "Employee Only" for that benefit selection. If you fail to provide ALL necessary documentation regarding your dependent, your benefits will be denied.

Dependents

Acceptable Verification Document

The Acceptable Verification Document provides a list of eligible documents (e.g., marriage and birth certificates) that can be used to verify a relationship. These documents are required for ALL new dependents.

Spousal Affidavit Form

Complete this form if you are enrolling your spouse in your benefits plan, and your spouse is eligible for a spousal surcharge waiver. Please see **Spousal Surcharge** on pages 14-15 for more information.

2022 Overage Dependent Form

Complete this form if you are enrolling a child over the age of 26 in your benefits plan.

Beneficiaries

The **Beneficiaries** section lists individuals that you have chosen to receive life insurance policy benefits in the event of your passing. **It is very important to complete this section—even if you don't plan to buy a supplemental life insurance policy—because the Monroe County School District provides employees with a $10,000 life insurance policy at no cost to the employee.** Adding a beneficiary helps the District know who should receive the funds if they need to be dispersed. Please review this section and confirm that **at least one beneficiary is selected** before moving forward.

A Note on Share Percentages

Each beneficiary must be assigned a share of the life insurance policy benefits, and shares are allocated using the **Share %** field. For one beneficiary, the **Share %** should be set to 100.

Beneficiaries

	Priority	Share %	First Name	Middle Initial	Last Name	Relationship	Date of Birth	Address	City	State	Zip	Phone
⊖ ✎	Primary	100	Jan		Jansen	Spouse	07/01/1980		Key West	FL	33040	

For two or more beneficiaries, the policy can be split in multiple ways. The only requirement is that the total **Share %** for all beneficiaries adds up to 100%. In this example, shares are split equally between two beneficiaries.

Beneficiaries

	Priority	Share %	First Name	Middle Initial	Last Name	Relationship	Date of Birth	Address	City	State	Zip	Phone
⊖ ✎	Primary	50	Jan		Jansen	Spouse	07/01/1980		Key West	FL	33040	
⊖ ✎	Primary	50	Artemisia		Jansen	Child	04/28/2018		Key West	FL	33040	

How to Add a Beneficiary to Your Plan

1. Click the **green Plus button** on the right side of the **Beneficiaries** section. A popup window will appear.

		Priority	Share %	First Name	Middle Initial	Last Name	Relationship	Date of Birth	Address	City	State	Zip	Phone
⊖ ✎		Primary	50	Jan		Jansen	Spouse	07/01/1980		Key West	FL	33040	

2. Fill in all required fields in the popup window. Click the **green Add button** when you are finished.

⊕ Add Beneficiary

Priority *

| Primary | ✕ |

Share % *

| 50 |

First Name *

| Artemisia |

Middle Initial

| Middle Initial |

Last Name *

| Jansen |

Relationship *

| Child | ✕ |

Phone

| Cancel | **Add** |

3. Repeat this process until all you have added all beneficiaries.

How to Remove a Beneficiary from Your Plan

1. To **remove** a beneficiary, click the **red minus button** to the left of their name. A popup window will appear.

		Priority	Share %	First Name	Middle Initial	Last Name	Relationship	Date of Birth	Address	City	State	Zip	Phone
⊖	✎	Primary	50	Jan		Jansen	Spouse	07/01/1980		Key West	FL	33040	
⊖	✎	Primary	50	Artemisia		Jansen	Child	04/28/2018		Key West	FL	33040	

Beneficiaries

2. Click **OK** to delete the beneficiary.
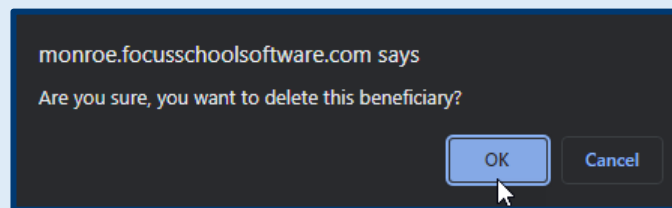
> monroe.focusschoolsoftware.com says
>
> Are you sure, you want to delete this beneficiary?
>
> **OK**   Cancel

How to Edit a Dependent's Information

1. To **edit** a dependent, click the **pencil/paper button** to the left of their name. A popup window will appear.

2. Update the dependent's information. Click the **Save Changes** button when you are finished.

> ✎ Edit
>
> Priority *
> Primary   ✕
>
> Share % *
> 50
>
> First Name *
> Jan
>
> Phone
>
> Cancel   Save changes

Moving Forward!

Several tabs are located at the top of the Open Enrollment module and can be used to navigate to a specific part of the enrollment application. However, we recommend clicking the **blue "Start selecting benefits" button** in the lower-right corner of the screen instead. This will help ensure that you visit every plan page.

Medical Plans

The **Medical** tab provides a list of available medical plans. Employees who enrolled in a plan last year will be able to see their current plan and can choose a new one as needed.

Filtering Plans

The District currently offers 19 different options for medical coverage. If you need help narrowing down your choices, you can use the filter menu on the left side of the screen to find plans that fit your needs.

1. Go to the **"Looking for coverage"** dropdown menu.
2. Click **"Clear selected"** to remove any active filters.
3. Check the box on the filters you want to use.

Not sure which filter is best for you?

Here is a quick breakdown of which plan types will appear with each filter.

Medical Plan	Who Is Covered?	Who Is NOT Covered?
Declined	N/A (waived coverage)	Employee, spouse, and/or children
Employee + Children	Employee and children	Spouse
Employee + Family	Employee, spouse, and children	N/A
Employee + One	N/A (used for dental/vision only)	N/A (used for dental/vision only)
Employee + Spouse	Employee and spouse	Children
Employee Only	Employee	Spouse and/or children

Children can include natural-born children, stepchildren, and adopted children.

For more information on what is covered by these plans, click **Plan Description** to access a link for the Employee Benefits Guide. Use the link to open the guide in a new tab or window.

Blue Cross - Employee + Family -
HIGH DEDUCTILBE
Employee + Family

$181.13
per paycheck

Select

Plan Description

Spousal Surcharge

Employee + Family and **Employee + Spouse** medical plans come in two versions: 1) plans with a spousal surcharge and 2) plans with no spousal surcharge.

Blue Cross - Employee + Family - HIGH DEDUCTILBE	Blue Cross - Employee + Family - HIGH DEDUCTIBLE with Surcharge	Blue Cross - Employee + Family - CORE PLAN	Blue Cross - Employee + Family - CORE PLAN with Surcharge	Blue Cross - Employee + Family - BUY UP PLAN	Blue Cross - Employee + Family - BUY UP PLAN with Surcharge
Employee + Family	Employee + Family	Employee + Family	Employee + Family	Employee + Family	Employee + Family
$181.13 per paycheck	$231.13 per paycheck	$264.94 per paycheck	$314.94 per paycheck	$346.56 per paycheck	$396.56 per paycheck
Select	Select	Select	Select	Select	Select
Plan Description	Plan Description	Plan Description	Plan Description	Plan Description	Plan Description

Plans <u>With</u> a Spousal Surcharge

"With Surcharge" plans are designed to cover spouses who are offered medical coverage through an outside employer but have chosen to decline coverage through their own workplace. If your spouse meets this condition, and you want to enroll them in your medical plan, then you should select a **"With Surcharge"** plan.

A $50 per-pay-period spousal surcharge is included in the regular premium on **"With Surcharge"** plans.

Plans With <u>No</u> Spousal Surcharge

You can select a plan with **no spousal surcharge** if:

- Your spouse is employed, but their employer does not offer medical coverage.
- You do not plan to enroll your spouse in the District's medical plan.

(*List continues on the next page.*)

- Your spouse is not employed.

- You and your spouse both work for the Monroe County School District.

- Your spouse is employed, but they are not offered medical coverage through their employer.

- Your spouse is eligible for and/or enrolled in Medicare/Medicaid, causing the District's medical plan to be listed as secondary insurance.

To enroll in a plan with **no spousal surcharge**, you MUST complete a **Spousal Affidavit** form and upload the completed affidavit via the file uploader (from the **Review** tab).

For more information about the spousal surcharge, please refer to page 11 of the [Active Employee Benefits guide](#).

Enroll In a Medical Plan

How to Add a Medical Plan

1. Choose your medical plan. Click the **blue "Select" button** located under the plan's cost per paycheck.

2. Confirm the plan is selected. The button color will turn **green,** and the text will change to "**Selected**."
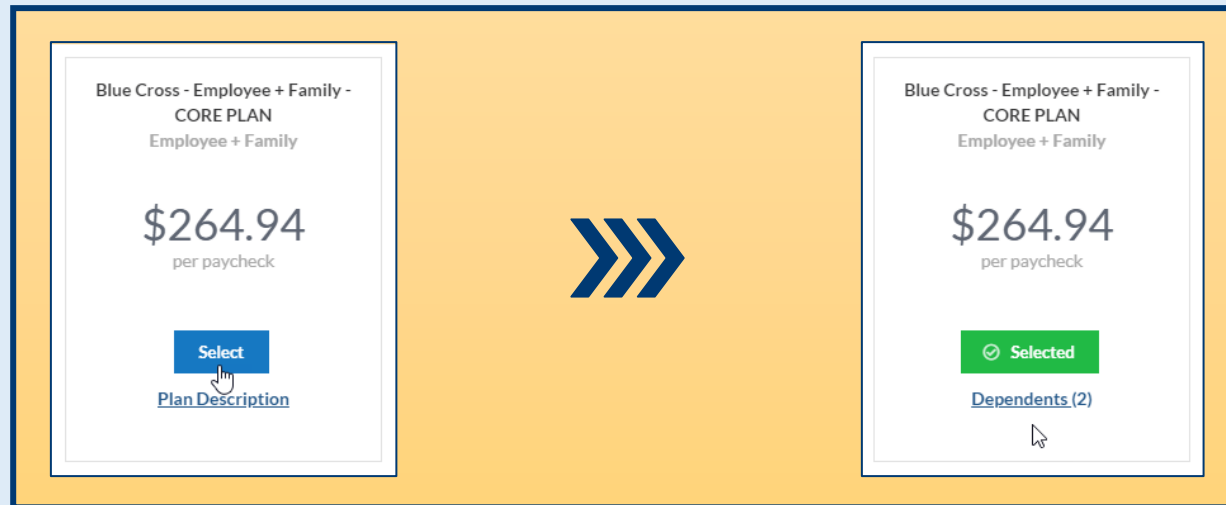
3. Check the contribution calculator. The selected plan should appear under the **Plan(s) enrolled** column.
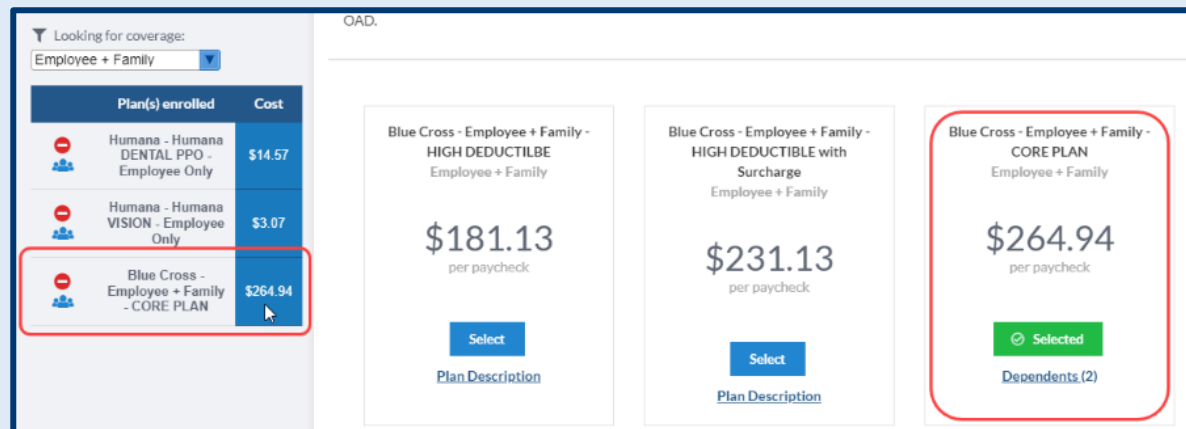
How to Remove a Medical Plan

1. Locate the plan in the contribution calculator.

2. Click the **red minus button** located to the left of the plan's name. The plan will be removed from the contribution calculator, and the total **contribution per paycheck** will decrease.

3. Return to the **Medical** tab at any time to add, waive, or change your medical plan.

Dental & Vision Plans

Once you have selected a medical plan, you can move on to the **Dental** and **Vision** tabs to continue selecting benefits. The filter options used on the previous page will carry over to the next one, but you can use the filter dropdown menu to clear the selection and choose a different filter.

Mix and Match Plan Types

Keep in mind that you can mix and match different plan types. For example, if you choose an **Employee + Family** plan for medical care, you do not have to choose the same type for dental and vision care. You can select an **Employee Only** for yourself, an **Employee + One** plan for you and only one dependent (this can be a spouse or child), or you can decline coverage. The choice is yours!

Dental/Vision Plan	Who Is Covered?	Who Is NOT Covered?
Employee + Family	Employee, spouse, and children	N/A
Employee + One	Employee and one dependent (spouse or child)	This plan type only covers ONE dependent; all other dependents are not covered
Employee Only	Employee	Spouse and/or children

Enroll In Dental & Vision Plans

How to Add Plans

1. Visit the **Dental** tab and choose a plan. Click the **blue "Select" button** under the plan's cost per paycheck.

2. Confirm the plan is selected. The button color will turn **green,** and the text will change to "**Selected.**"

3. Check the contribution calculator. The selected plan should appear under the **Plan(s) enrolled** column.

4. Click the **blue "Next plan" button** to visit the **Vision** tab. Repeat steps 1-3 to select a vision plan.

	Personal Info	Medical	Dental	Vision	Supplemental Life	Other	Review

Open Enrollment is currently: Available   Enrollment starts: 08/01/2022   Enrollment ends: 08/31/2022   Enrollment changes take effect: 12/01/2022

Your contribution
$319.33
per paycheck

Monroe County School Board has one Vision plan that allows you to choose your own plan benefit.

For additional information please refer to the plan description (Vision Plan) to explore your choices and seek what is best for you and your family.

Looking for coverage:
** All Coverage **

Plan(s) enrolled	Cost
Blue Cross - Employee + Family - CORE PLAN	$264.94
Humana - Humana DENTAL PPO - Employee Plus Family	$43.10
Humana - Humana VISION - Employee Plus Family	$11.29

Current Plan ⓘ

Humana - Humana VISION - Employee Only
Employee Only

$3.07
per paycheck

Select

Plan Description

Humana - Humana VISION - Employee Plus One
Employee + One

$6.13
per paycheck

Select

Plan Description

Humana - Humana VISION - Employee Plus Family
Employee + Family

$11.29
per paycheck

⊘ Selected

Dependents (2)

Next plan ⊕

5. When you are finished selecting a vision plan, click the **blue "Next plan" button** to move on to the **Supplemental Life** tab.

A Note on Adding Employee + One Plans

   Employee + One is one of three plan types offered for dental and vision care. These plans can be used to cover yourself and one dependent. For instance, you can select this type of plan to get coverage for you and a spouse— or you can select it to get coverage for you and one dependent child.

   You can choose an **Employee + One** plan even if you have two or more dependents. However, you will be forced to select **one dependent** to receive coverage using a popup window. This step is required before you can move on to the next part of the Open Enrollment process.
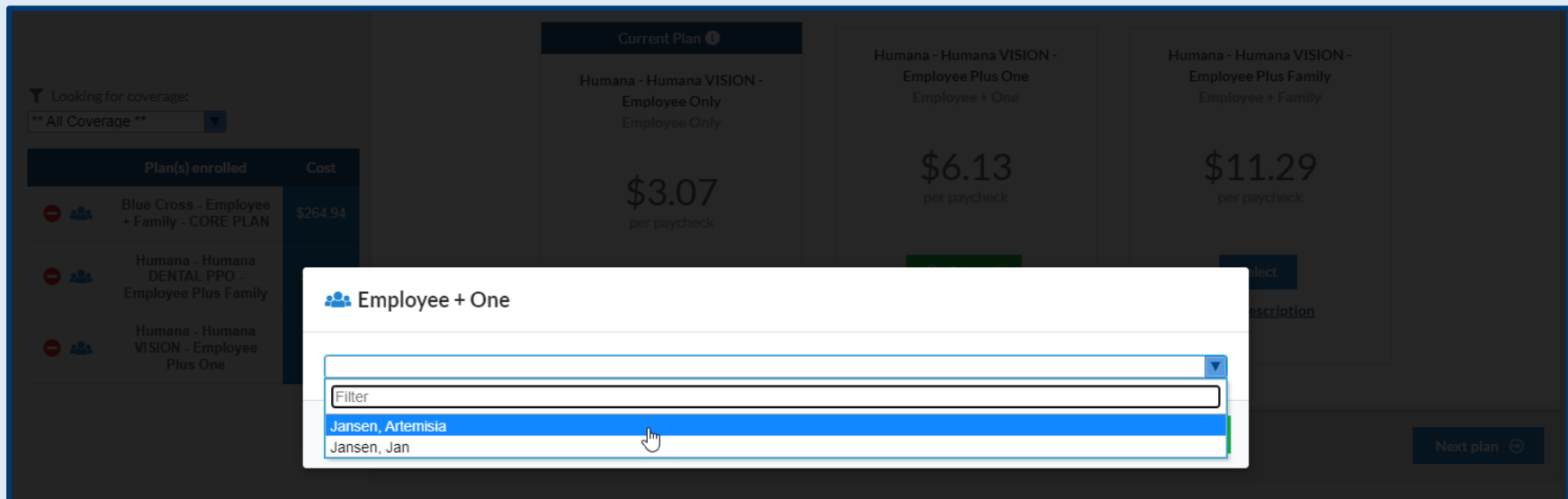
   Please Note: Only you and the selected dependent will be eligible for the benefits of an Employee + One dental/vision plan. All other dependents will not be covered by this plan type. If you need coverage for two or more dependents, then you can always choose an **Employee + Family** plan instead.

How to Remove a Dental/Vision Plan

1. Locate the plan in the contribution calculator.

2. Click the **red minus button** located to the left of the plan's name. The plan will be removed from the contribution calculator, and the total **contribution per paycheck** will decrease.

3. Return to the **Dental or Vision** tab at any time to add, waive, or change your plans.

Supplemental Life Insurance

The **Supplemental Life** tab provides a variety of optional life insurance policies that you can add to your benefits plan. These plans can offer a financial safety for your family in the event of an insured family member's passing.

Group Term Life Insurance

Employees automatically receive a $10,000 Basic Term Life Insurance policy as a benefit of working with the Monroe County School District. However, the District also offers Group Term Life Insurance coverage to you and your dependents. This includes:

1. Additional Life Insurance for the Employee
2. Spousal Life Insurance
3. Child Life Insurance

Employees can purchase up to $300,000 of additional life insurance for themselves, up to $150,000 for a spouse, and $10,000 for each child up to age 25.

Existing employees can purchase life insurance during the open enrollment period or within the first 31 days following a family status change. To purchase additional life insurance, an employee must enroll in one of **The Standard - Additional Life Insurance plans for Employees** and complete **The Standard's Evidence of Insurability**, or **EOI**. A link to the **EOI** is posted at the top of the **Supplemental Life** tab. Both items are also required if you plan to purchase spousal and/or child life insurance. **Newly eligible employees** can purchase up to $300,000 on a guaranteed issue basis (no medical questions asked) during their initial enrollment eligibility period.

The following table provides information on the basic requirements for each type of life insurance plan. Other terms and conditions may apply. Please refer to page 30 of the Active Employee Benefits Guide for more information.

Life Insurance Plan Options	Maximum Amount of Coverage	Basic Requirements
Additional Life (Employee)	**Up to $300,000**	• Enroll in one of **The Standard - Additional Life Insurance** plans for Employee. Minimum of $10,000. • Complete **The Standard's Evidence of Insurability** (EOI).
Spousal Life	**Up to $150,000**	• Enroll in one of **The Standard - Additional Life Insurance** plans for Employee. Minimum of $10,000. • Enroll in one of **The Standard - Spousal Life** plans. Minimum of $5000. Insured amount cannot exceed Additional Life Insurance amount purchased for Employee. • Complete **The Standard's Evidence of Insurability** (EOI) for both Employee and Spouse.
Child Life	**$10,000 For each eligible child (Age 0-25)**	• Enroll in one of **The Standard - Additional Life Insurance** plans for Employee. Minimum of $10,000. • Enroll in **The Standard – Child Life** plan. • Complete **The Standard's Evidence of Insurability** (EOI) for Employee only. EOI is not required for each child.

Other terms and conditions may apply. Please refer to page 30 of the Active Employee Benefits Guide for more information.

How to Enroll in Additional Life Insurance for the Employee

1. Choose one of **The Standard - Additional Life Insurance** plans for employee coverage. Click the **blue "Select" button** located under the plan's cost per paycheck.

2. Confirm the plan is selected. The button color will turn **green,** and the text will change to "**Selected**."

3. Check the contribution calculator. The selected plan should appear under the **Plan(s) enrolled** column.

4. Click **The Standard** link located at the top of the page to complete the **Evidence of Insurability (EOI)** for yourself (the employee). The group policy number is **163696**.

❤ Medical	☺ Dental	👁 Vision	⊕ Supplemental Life	✕ Other	🏁 Review

Open Enrollment is currently: Available   Enrollment starts: 08/01/2022   Enrollment ends: 08/31/2022   Enrollment changes take effect: 12/01/2022

ℹ **Multiple selections are allowed**

Please click The Standard to complete the process when adding **Additional Life** and/or **Spousal Life** insurance plans to the current enrollment. Failure to do so will result in NO coverage for the plan selected.

Group policy number **163696**

The Standard - Child Life	The Standard - Spousal Life-5,000	The Standard - Additional Life Insurance-10,000	The Standard - Spousal Life-10,000	The Standard - Spousal Life-15,000
Employee + Children	Employee + Spouse		Employee + Spouse	Employee + Spouse
$0.78	$0.81	$1.62	$1.62	$2.43
per paycheck	per paycheck	per paycheck	per paycheck	per paycheck

STANDARD INSURANCE COMPANY

TheStandard®

Medical History Statements
Frequently Asked Questions

Getting Started

This site will guide you through the steps to complete and submit a Medical History Statement to The Standard.

You will be asked a series of questions that will take approximately 15 minutes to answer. Your progress will be indicated at the top of each page. Your answers will be automatically transferred to the Medical History Statement form. After you answer all of the questions you will be asked to review your completed form, making changes if needed.

Before you begin, please have the following information available:

- Types and amounts of coverage you are requesting
- Physician names and addresses
- Personal identification information (Social Security Number, Date of Birth, etc.)
- Your group name and six-digit policy number.

For your protection, this application session will time out after 30 minutes of inactivity.

Once you have the required information, select the "Get Started" button to begin the process.

CONSENT TO ELECTRONIC TRANSACTIONS
Pursuant to the Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transaction Act and applicable state law, you consent to sending and receiving electronic records and to the use of electronic signatures. This consent applies to information, documents, forms, applications, statements, claims, or other communications made or exchanged under any plans, insurance policies or products offered or administered by The Standard.

You understand that you will need to have web browser software and Adobe® Reader® software on a computer capable of accessing the Internet and a valid email address to access and retain these electronic records. You may request a paper version of any of the electronically furnished documents at any time and The Standard will provide that document free of charge. You will inform The Standard if your email address changes or if you prefer to receive communications at a different email address. In addition, you may withdraw this consent at any time by notifying The Standard by email or at 800.843.7979 that you no longer consent to sending and receiving electronic records or to the use of electronic signatures.

By checking "I Agree" below you are consenting and agreeing to the terms and conditions set forth above.

I Agree ☐ [Get Started]

Note
If a Medical History Statement is required for spouse/domestic partner, please provide them access to this site. The Medical History Statement must reflect that individual's health status and be signed by them, or by the member for a dependent child's application.

Get Adobe® Reader®
To view some site content, you will need the Adobe® Acrobat® Reader(TM) browser plug-in.

How to Add Spousal Life Insurance

1. Complete the steps to enroll in **Additional Life Insurance for the Employee** (on pages 26-27).

2. Choose one of **The Standard – Spousal Life** plans. Click the **blue "Select" button** located under the plan's cost per paycheck.

   a. Note: The insured amount of a Spousal Life plan cannot exceed the amount of the Additional Life Insurance plan you have selected for yourself. For example: If you enroll in a $20,000 Additional Life plan, then you can add any Spousal Life plan up to $20,000—but no more than that amount.

3. Confirm the plan is selected. The button color will turn **green,** and the text will change to "**Selected**."

    a. At this point, you should have two plans **"Selected"**: 1) An Additional Life plan for you (the employee), and 2) A Spousal Life plan.

4. Check the contribution calculator. The selected plan should appear under the **Plan(s) enrolled** column.

5. Click **The Standard** link located at the top of the page to complete the **Evidence of Insurability (EOI)** for your spouse. The group policy number is **163696**.

The Standard - Child Life	The Standard - Spousal Life-5,000	The Standard - Additional Life Insurance-10,000	The Standard - Spousal Life-10,000	The Standard - Spousal Life-15,000
Employee + Children	Employee + Spouse		Employee + Spouse	Employee + Spouse
$0.78	$0.81	$1.62	$1.62	$2.43
per paycheck	per paycheck	per paycheck	per paycheck	per paycheck

How to Add Child Life Insurance

1. Complete the steps to enroll in Additional Life Insurance for the Employee (on pages 26-27).

2. Choose **The Standard – Child Life** plan. Click the **blue "Select" button** located under the plan's cost per paycheck.

Note: The Standard – Child Life plan covers all eligible dependent children for a flat rate of $0.78.

3. Confirm the plan is selected. The button color will turn **green,** and the text will change to "**Selected**."

4. Check the contribution calculator. The selected plan should appear under the **Plan(s) enrolled** column.

5. **Evidence of Insurability (EOI)** is not required for dependent children. You only need to complete **The Standard's EOI** as part of the enrollment process for Additional Life Insurance on yourself (the employee). See pages 26-27 for more instructions.

How to Remove a Supplemental Life Insurance Plan

1. Locate the plan in the contribution calculator.

2. Click the **red minus button** located to the left of the plan's name. The plan will be removed from the contribution calculator, and the total **contribution per paycheck** will decrease. Repeat as needed.

3. Return to the **Supplemental Life** tab at any time to re-add or change your plans.

Other Insurance Plans

The **Other** tab provides three more optional plans: A Healthcare Flexible Spending Account, a Dependent Care Flexible Spending Account, and Disability Insurance.

Here is a quick breakdown of how these optional plans work:

Other Plans	How Does It Work?
PAYFLEX – Flexible Spending	A Healthcare Flexible Spending Account (FSA) is used to pay for eligible medical expenses which aren't covered by your insurance or other plans. These expenses can be incurred by you, your spouse, a qualifying child, or relative, who can be claimed on your taxes.
PAYFLEX – Dependent Care	A Dependent Care FSA can be used to pay eligible dependent care expenses: before/after school care, daytime babysitting fees, elder care services, nursery, and preschool. Eligible dependents include your qualifying child, spouse, and/or relative.
The Standard – Disability Insurance	This insurance plan offers disability income protection. If you become disabled, this plan can help you keep up by providing a stable monthly income, up to a maximum of $1,500 a month, or 60% of your monthly salary, whichever is less.

To learn more about Flexible Spending Accounts, please refer to pages 27-29 of the Active Employee Benefits Guide.

To learn more about Disability Insurance, please refer to pages 33-35 of the Active Employee Benefits Guide.

Enrolling in Other Plans

How to Add Other Plans

1. Choose a plan. Click the **blue "Select" button** located under the plan's cost per paycheck.

2. When adding the **PAYFLEX – Flexible Spending plan** and/or the **PAYFLEX – Dependent Care plan**, you will be required to enter the amount per paycheck that you would like to contribute to the plan. In the popup up window, enter the contribution amount and click OK.

3. Confirm the plan is selected. The button color will turn **green,** and the text will change to "**Selected**."

4. Check the contribution calculator. The selected plan should appear under the **Plan(s) enrolled** column. The cost will reflect the amount entered in step 2.

5. When you are finished selecting plans, click the **blue Review button** to review your benefit plan selections.

How to Remove Other Plans

1. Locate the plan in the contribution calculator.

2. Click the **red minus button** located to the left of the plan's name. The plan will be removed from the contribution calculator, and the total **contribution per paycheck** will decrease.

3. Return to the **Other** tab at any time to re-add or change your plan selections.

Review Tab

The **Review** tab provides a summary of changes and additions to your benefits plan. You can double-check changes made to personal, dependent, and beneficiary information, and you can also upload affidavits and documents required for dependent verification.

Plan Changes

Review plan changes and new additions here. If you need to **remove** a plan, click the **red Remove button** under the plan that you want to delete. The plan will be removed from the **Plan Changes** section, and the expected cost per paycheck will adjust to reflect the change.

Plan Changes

♥ Medical	☺ Dental	👁 Vision	⊕ Supplemental Life	⤮ Other	$ Cost
Blue Cross - Employee + Family - CORE PLAN Employee + Family $264.94 per paycheck ⊖ Remove Dependents (2)	Humana - Humana DENTAL PPO - Employee Plus Family Employee + Family $43.10 per paycheck ⊖ Remove Dependents (2)	Humana - Humana VISION - Employee Plus Family Employee + Family $11.29 per paycheck ⊖ Remove Dependents (2)	The Standard - Additional Life Insurance-20,000 $3.24 per paycheck ⊖ Remove Dependents (0)	The Standard - Disability $8.40 per paycheck ⊖ Remove Dependents (0)	Before: $106.22 After: $330.97

Plan Changes

♥ Medical	☺ Dental	👁 Vision	⊕ Supplemental Life	⤮ Other	$ Cost
Blue Cross - Employee + Family - CORE PLAN Employee + Family $264.94 per paycheck ⊖ Remove Dependents (2)	Humana - Humana DENTAL PPO - Employee Plus Family Employee + Family $43.10 per paycheck ⊖ Remove Dependents (2)	Humana - Humana VISION - Employee Plus Family Employee + Family $11.29 per paycheck ⊖ Remove Dependents (2)	Supplemental Life plan not selected	The Standard - Disability $8.40 per paycheck ⊖ Remove Dependents (0)	Before: $106.22 After: $327.73

If you need to **change a plan or add a new plan**, click any **tab** at the top of the window to revisit a plan selection page and make a new selection. When you are finished, click the **Review** tab to continue reviewing changes made to your benefits plan.

Changes to Dependent and Beneficiary Information

Dependent Info Changes and **Beneficiary Info Changes** are located bottom of the Review page. Verify the information listed in each section is correct and return to the **Personal Info** tab if you need to make any edits.

	Remove	Remove	Remove	Remove	Dependents (0)	$330.97
	Dependents (2)	Dependents (2)	Dependents (2)	Dependents (0)		

Dependent info Changes

	First Name	Middle Initial	Last Name	Relationship	SSN	Street Address	City	State	Zip	Phone	Email	Birth Date	Gender	Full-time Student
Before						No records found...								
After	Jan		Jansen	Spouse			Key West	FL	33040			07/01/1980	Male (M)	
	Artemisia		Jansen	Daughter			Key West	FL	33040			04/28/2018	Female (F)	

Beneficiary info Changes

	Priority	Share %	First Name	Middle Initial	Last Name	Relationship	Date of Birth	Address	City	State	Zip	Phone
Before	Primary	100										
After	Primary	50	Jan		Jansen	Spouse	07/01/1980		Key West	FL	33040	
	Primary	50	Artemisia		Jansen	Child	04/28/2018		Key West	FL	33040	

Files
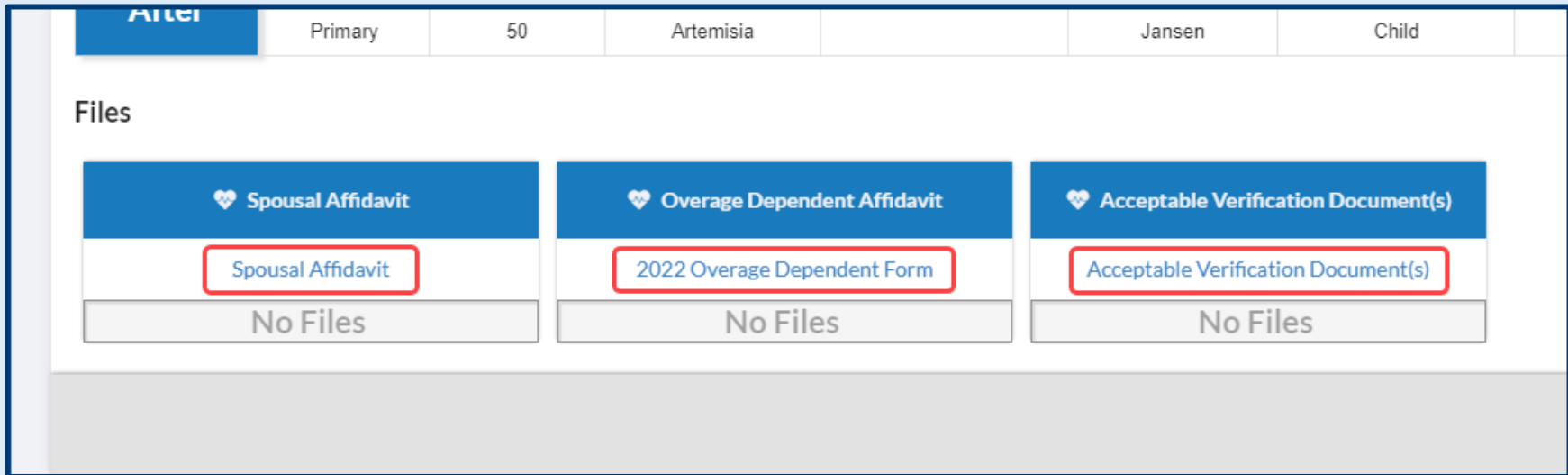
❤ Spousal Affidavit	❤ Overage Dependent Affidavit	❤ Acceptable Verification Document(s)
Spousal Affidavit	2022 Overage Dependent Form	Acceptable Verification Document(s)
No Files	No Files	No Files

Submit changes

Upload Forms Using the Files Section

The final step in the Open Enrollment process is to upload all required affidavits and dependent verification documents to the **Files** section.

After	Primary	50	Artemisia		Jansen	Child

Files

♥ Spousal Affidavit	♥ Overage Dependent Affidavit	♥ Acceptable Verification Document(s)
Spousal Affidavit	2022 Overage Dependent Form	Acceptable Verification Document(s)
No Files	No Files	No Files

Did you forget to download these forms in the Personal Info tab? No worries!

Use the blue links provided in the Files section to access them.

Spousal Affidavit

Complete and upload this form if you are enrolling your spouse in your benefits plan, and your spouse is eligible for a spousal surcharge waiver. Please see **Spousal Surcharge** on pages 14-15 for more information.

2022 Overage Dependent Affidavit

Complete and upload this form if you are enrolling a child over the age of 26 in your benefits plan.

Acceptable Verification Document(s)

The Acceptable Verification Document form provides a list of eligible documents (e.g., marriage and birth certificates) that can be used to verify your relationship with new dependents. Remember to upload copies of the required verification documents for all new dependents.

How to Upload Documents

1. Hover the mouse pointer over the file submission box. A menu will appear below the box.

2. The menu offers several options for uploading files: **Scan**, **Upload**, **Take Photo**, and the ⤢ **Expansion Arrow.** Upload affidavits and verification documents using any of the following options.

   a. **Scan**

      Allows you to scan paper copies directly into Focus using a printer or device with scanning capabilities.

      Please note: You may to download and run a one-time setup installer first.
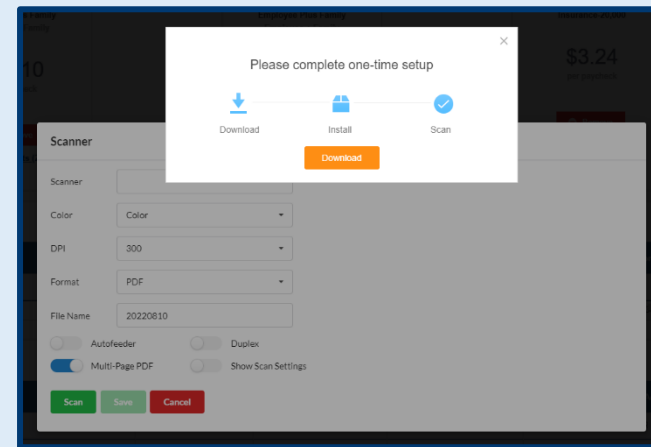
   b. **Upload**

      Have you already saved your documents as pictures or PDFs on your computer?

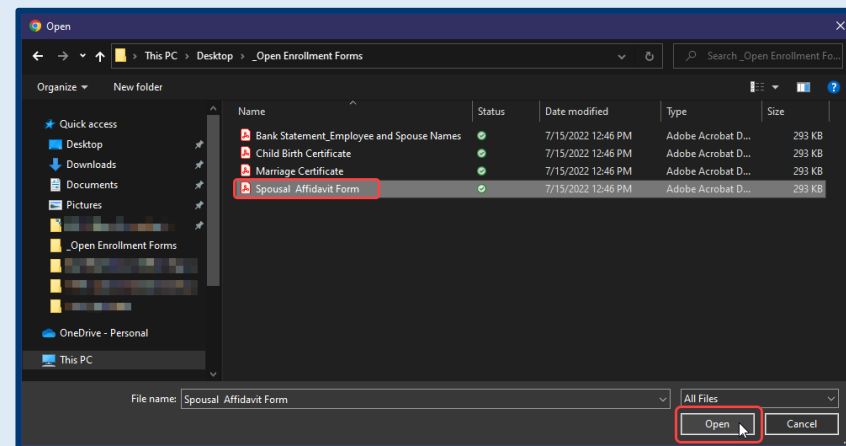   If so, you can use the **Upload** option to attach the digital copies via your computer's file explorer.

c. Take Photo

This option allows you to take and upload photos of documents using a webcam device connected to your computer.

d. ⤢ Expansion Arrow (Click to expand)

This opens a new window for uploading files. You can drag and drop a file directly into the window or click **"Choose a file or drag it here"** to upload a file using the file explorer. Click **"Take Photo"** to take a photo with a webcam device.
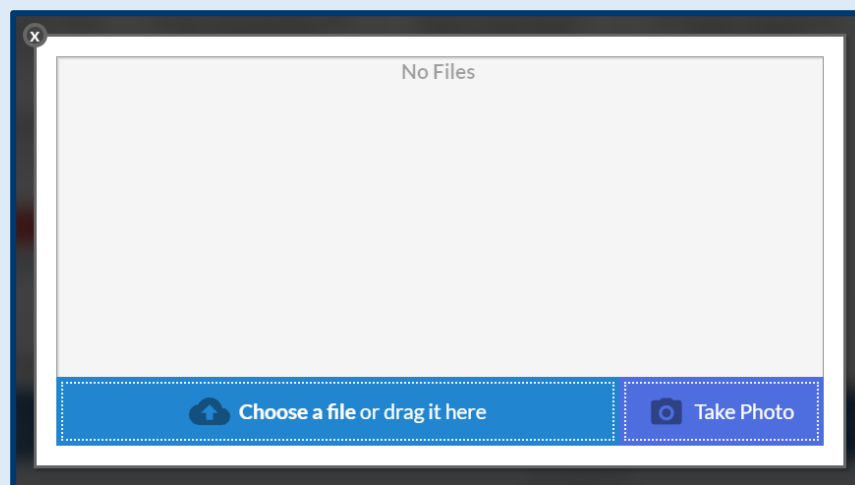
3. Keep uploading files into the appropriate submission fields until you have attached all required affidavits and verification documents to the **Review** tab.
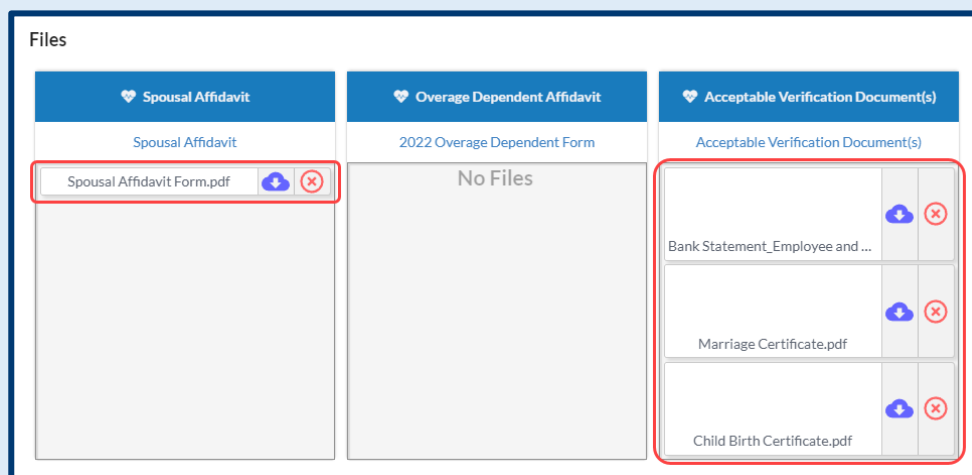
The Final Stretch!

Are you done selecting plans? Have you confirmed that all personal, dependent, and beneficiary information is correct? Did you upload all required affidavits and documents? If so, then you are ready to submit your Open Enrollment application.

1. Go to the **Review** tab.

2. Click the blue Submit Changes button located in the lower-right corner of the page.

3. You will receive an email notification once your enrollment has been approved.

Congratulations!

You are finished with Open Enrollment for the 2022-2023 school year.

Questions? Contact Us!

For more information and help with the Open Enrollment process, please contact the Benefits Department.

Cheryl Garcia

(305) 293-1400 Ext. 53340

cheryl.garcia@keysschools.com

Elena Paez

(305) 293-1400 Ext. 53333

elena.paez@keysschools.com