



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 digits of your social security number i.e. jsmith1234

Password: first time log on -> the last 4 digits of your social security number

You will be prompted to change it. Please make a note of your new password.

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

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

PLEASE ADD EMERGENCY CONTACT INFORMATION.

FOR ASSISTANCE :

Technical Support: email contactess@fairfieldschools.org

For questions regarding personal information: email hress@fairfieldschools.org

For questions regarding Open Enrollment: email insurance@fairfieldschools.org

BENEFIT ENROLLMENT

Benefits provides a summary of your current-year elections. Using this option, you can view and change current-year elections and make elections for the upcoming year during the open-enrollment period.

OPEN ENROLLMENT

Log into Employee Self Service (ESS) from the Fairfield Public Schools website.

The screenshot shows the Fairfield Public Schools website. The header includes the district logo and name, followed by a navigation menu: District Information, Board of Education, Academics, Departments, Students, Parents, Teachers, and Calendar. Below the header, a breadcrumb trail reads "Home > Departments > Faculty & Staff". The main content area is titled "FACULTY & STAFF" and features a large image of four people (three women and one man) looking at a tablet. To the left of the image is a vertical sidebar menu with the following items: Academics, Faculty & Staff (highlighted), Benefits, Payroll, TEAM, ProTraxx, Finance, Food Services, Health Services, Human Resources, Information Technology, Operations, Special Education, and Transportation. Below the image, there is a paragraph: "Faculty & Staff helping to provide a top-notch education and opportunities for students." and a "Links" section with a list of links: Employee Self Service (highlighted), Benefit Enrollment Instructions-Open Enrollment, FPS Employee Self Service (ESS) User Guide, 2021-2022 Employee Calendar, 2020-2021 Employee Calendar, 2019-2020 Employee Calendar, How to Update "MY DATA" in Infinite Campus, and Fairfield Educator Professional Growth Plan 2018-19.

Log In

The screenshot shows the Tyler Systems login page for the Fairfield Board of Education, CT - Self Service. The page has a dark blue header with the Tyler logo on the left and a "Log In" button on the right. Below the header, the page title "Fairfield Board of Education, CT - Self Service" is displayed, followed by a "Welcome!" message. A "Home" link is visible in the top right corner. The main content area is titled "Login" and contains two input fields: "Username" and "Password". Below the "Username" field is a link "Forgot your username?". Below the "Password" field is a link "Forgot your password?". A "Log in" button is located at the bottom left of the login section.

Select “Go to Benefits” or “Benefits” from the menu.

Welcome to Employee Self Service

Announcements

Open Enrollment will take place from Wednesday April 21, 2021 until 11:59pm on Wednesday May 5, 2021.
For information about the benefits click [Here](#).
Please select "Benefits" from the menu to the right of this message to make your elections.

NEW HIRES AND EMPLOYEES WITH QUALIFYING LIFE EVENTS ONLY

[Go to Benefits](#)

New Hires – you have 30 days from your date of hire, to either ELECT or DECLINE coverage. Items you will need to provide to the Insurance Department include marriage and children's birth certificates, life insurance and disability forms, if applicable.

New Hires electing FSAs please review the Weekly/Biweekly deduction worksheets included under "Resources" prior to making your election.

Life Event - you have 30 days from the date of the Life Event to either ELECT or DECLINE coverage. PLEASE NOTE: The Life Event Date is the actual date of the event, so you need to enter the correct date. (i.e. Baby's birth date, marriage date. If you have insurance coverage under a spouse and the spouse is losing coverage due to a layoff or termination, the Event date will be the last day of the month that you have insurance coverage. This is also the case, if you are a dependent and are aging off of your parents coverage. Items you will need to provide to the Insurance Department include marriage certificate, birth certificates, proof of loss of insurance, adoption certificate, divorce decree (specifically need to see insurance portion if applicable) and/or other documentation that may be needed for your specific situation.

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.

Benefits

Current Year Elections

Report/View Life Events

Employee Self Service

Benefits

- Open Enrollment**
- Certifications
- Pay/Tax Information
- Personal Information
- Time Off

Benefit

Benefit	Current Election
MEDICAL/RESCRIPTION	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$106.53 details
DENTAL	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$5.35 details
HEALTH CARE FSA	Declined
DEPENDENT CARE FSA	Declined

All costs are per pay period. Your estimated total cost per pay period is \$111.88.

Click “Open Enrollment”

Benefits

Current Year Elections

Report/View Life Events

Employee Self Service

Benefits

- Open Enrollment**
- Certifications
- Pay/Tax Information
- Personal Information
- Time Off

Benefit

Benefit	Current Election
MEDICAL/RESCRIPTION	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$106.53 details
DENTAL	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$5.35 details
HEALTH CARE FSA	Declined
DEPENDENT CARE FSA	Declined

All costs are per pay period. Your estimated total cost per pay period is \$111.88.

Please read the opening page thoroughly.
You will make your selections here.



Employee Self Service

Benefits

Open Enrollment

Certifications

Pay/Tax Information

Personal Information

Time Off

- 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. PLEASE NOTE: Open Enrollment is for 7/1/2021 - 6/30/2022. At this time, the rates for 7/1/2021 - 6/30/2022 have not been provided to us by the State of CT. An email notification will go out once the new rates are available and posted on the FPS website. <http://fairfieldschools.org/faculty-staff/benefits/>
- 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.
- 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.
- Dependent Daycare FSA's - Daycare for Children and Elders. The Dependent Daycare FSA can be used to pay for the care of your children who have not reached their 13th birthday (12 years and under) and family members who cannot physically or mentally care for themselves. Detailed information can be found on the FPS website under Benefits.

Benefit	Current Election	New Election	
MEDICAL/PRESCRIPTION	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$106.53 details	Election Not Made	Decline benefit No changes Make New Election
DENTAL	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$5.35 details	Election Not Made	Decline benefit No changes Make New Election
HEALTH CARE FSA	Declined	Election Not Made	Decline benefit Make New Election
DEPENDENT CARE FSA	Declined	Election Not Made	Decline benefit Make New Election

Continue

All costs are per pay period. Your estimated total cost per pay period is \$0.00.

If you hover over “details” on the Medical & Dental benefits, your dependents will display.

Benefit	Current Election	New Election	
MEDICAL/PRESCRIPTION	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$106.53 details	Election Not Made	Decline benefit No changes Make New Election
DENTAL	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$5.35 details	Election Not Made	Decline benefit No changes Make New Election
HEALTH CARE FSA	Declined	Election Not Made	Decline benefit Make New Election
DEPENDENT CARE FSA	Declined	Election Not Made	Decline benefit Make New Election

Continue

All costs are per pay period. Your estimated total cost per pay period is \$0.00.

Dependent is listed.

• 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 calculated below.

• Dependent Daycare FSA's - Daycare (and under) and family members who can be used to pay for the care of your children who have not provided detailed information can be found on the FPS website under B4

Benefit	Current Earnings	Employee Cost	New Election
MEDICAL/PRESCRIPTION	POST TAX: \$106.93 / details	\$106.93	Election Not Made Decline benefit No changes Make New Election
DENTAL	POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE \$5.35 / details		Election Not Made Decline benefit No changes Make New Election
HEALTH CARE FSA	Declined		Election Not Made Decline benefit Make New Election
DEPENDENT CARE FSA	Declined		Election Not Made Decline benefit Make New Election


All costs are per pay period. Your estimated total cost per pay period is \$0.00.

Your dependent information from your current coverage will copy over to new year elections. Please make sure this information is accurate. Add or delete dependents, if applicable.

To make a change to your Medical/Prescription benefits or add the benefits, click “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

When you select “Make New Election”, you’ll see links for the Vendor websites in the upper right hand corner.



Benefits
MEDICAL/PRESCRIPTION

Effective with my 2020-2021 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 \$53.80

☐ PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE
Employee Cost \$115.31

☐ PRETAX - EMPLOYEE DEDUCTION - FAMILY COVERAGE
Employee Cost \$149.33

☐ POST TAX - EMPLOYEE DEDUCTION - SINGLE COVERAGE
Employee Cost \$53.80

☐ POST TAX - EMPLOYEE DEDUCTION - FAMILY COVERAGE
Employee Cost \$149.33

☐ POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE
Employee Cost \$115.31

☐ I Decline

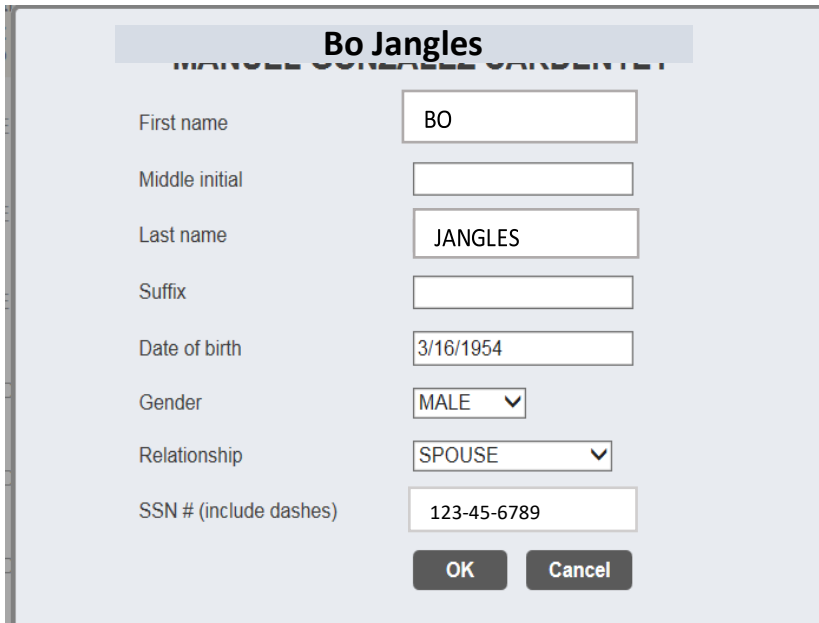
[Anthem Website](#)

For employee single coverage only, click “Continue”. (No dependents included)

To add a dependent already in the system, click “Add Coverage”, review the dependents information and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s social security card.

Mismatched name and social security errors under the Affordable Care Act (ACA) will be rejected by the IRS.



The screenshot shows a form titled "Bo Jangles" with the following fields and values:

Field	Value
First name	BO
Middle initial	
Last name	JANGLES
Suffix	
Date of birth	3/16/1954
Gender	MALE
Relationship	SPOUSE
SSN # (include dashes)	123-45-6789

At the bottom of the form are two buttons: "OK" and "Cancel".

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

To add a new dependent, click “Add New Dependent”. Enter the dependents information, including the social security number and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s social security card.

Mismatched name and social security errors under the Affordable Care Act (ACA) will be rejected by the IRS.



The screenshot shows a form titled "Add a new dependent" with the following fields:

Field	Value
First name	
Middle initial	
Last name	
Suffix	
Date of birth	
Gender	
Relationship	
SSN # (include dashes)	

At the bottom of the form are two buttons: "OK" and "Cancel".

To make a change to your Dental benefits or add the benefits, click “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

For employee single coverage only, click “Continue”. (No dependents included)

To add a dependent already in the system, click “Add Coverage”, review the dependents information and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s 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

BO

Middle initial

Last name

JANGLES

Suffix

Date of birth

3/16/1954

Gender

MALE

Relationship

SPOUSE

SSN # (include dashes)

123-45-6789

OK

Cancel

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

To add a new dependent, click “Add New Dependent”. Enter the dependents information, including the social security number and click “OK”.

Please confirm that the name and social security number match what is currently on the dependent’s social security card.

Mismatched name and social security errors under the Affordable Care Act (ACA) will be rejected by the IRS.

Add a new dependent

First name	<input type="text"/>
Middle initial	<input type="text"/>
Last name	<input type="text"/>
Suffix	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="text" value="v"/>
Relationship	<input type="text" value="v"/>
SSN # (include dashes)	<input type="text"/>

Healthcare FSA & Dependent Daycare FSA – you can either Decline these benefits 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 elect one or both of the FSA's, click "Make New Election" for each.

Benefits
HEALTH CARE FSAChard-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

This example showing 48 pay periods is for monthly employees.

Bi-weekly employees will see 20 pay periods.

A link to the Vendor website is provided in the upper right-hand corner.

IMPORTANT: Please read the descriptions below regarding the use of the Healthcare FSA & Dependent Daycare FSA. Please make sure you understand what you can use these FSA's for before making your elections.

If you elect one or both in error, you will not receive a refund for your contributions to these plans.

Healthcare FSA

Use your Healthcare FSA to pay for expenses not covered by your medical, dental and vision insurance plan such as deductibles, co-payment amounts and eligible services and merchandise for which you have no coverage.

Daycare for Children and Elders



The dependent daycare FSA can be used to pay for the care of your natural, adopted and foster children who have not reached their 13th birthday (12 years and under) and family members who cannot physically or mentally care for themselves. All dependents must live with you for more than half the year.

The IRS defines persons as physically or mentally not able to care for themselves if they cannot dress, clean, or feed themselves because of physical or mental problems. Also, persons who must have constant attention to prevent injuring themselves or others are considered not able to care for themselves.

If a dependent is over the age of 12, Chard Snyder will ask you to provide a letter of medical necessity describing the condition from which they suffer.

**You must make a selection for each benefit option that's listed.
The system won't allow you to continue if you don't.**

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 have finalized your elections, 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 that the elections you’ve made are listed correctly and that your dependents, if applicable are correct.
Please note: as the employee, you are the subscriber, so your name will not display.
For insurance purposes, spouses are considered dependents.
If you need to edit information, click “Modify” to make the corrections.
If everything is correct, click “Submit Choices”.

Review your enrollment

Review

MEDICAL/PRESCRIPTION

ELECTION - PRETAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

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 ChoicesModifyCancel

Once you “Submit Choices”, you will receive a confirmation page showing your elections.
We suggest that you print a copy for your records.
If you don’t receive a confirmation page, go back to the beginning of the screens and make sure you enter through all of the screens to the end.

tyler

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. Please print this page for your records.

MEDICAL/PRESCRIPTION

ELECTION - POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

FRA

Employee Cost

DENTAL

ELECTION - POST TAX - EMPLOYEE DEDUCTION - 2 PERSON COVERAGE

FRA

Employee Cost

HEALTH CARE FSA

ELECTION - HEALTH CARE FSA - 48 PAY PERIODS

Employee Cost

Election amount

DEPENDENT CARE FSA

ELECTION - Declined

TOTAL EMPLOYEE COST

You can now...

Make changes to your new elections

Use other services

11

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. Make sure you enter through all of the screens and receive a confirmation page at the end.

**Elections MUST be made on/or before 11:59pm on
Monday May 1, 2023.**

PLEASE NOTE:

Once you've been enrolled for 7/1/2023, you can create usernames & passwords on the provider websites to view claims, print ID cards, find in-network providers and have access to other useful tools and resources.

ANTHEM – www.anthem.com

Member Support – 1-800-922-2232

CIGNA - www.mycigna.com

Member Support – 1-800-244-6224

CVS CAREMARK – www.caremark.com

Customer Service – 1-800-552-8159

Quantum Health (HEP-Health Enhancement Program) –

Customer Service – 1-833-740-3258

CHARD-SNYDER (Healthcare / Dependent Daycare FSA's) – www.chard-snyder.com

Customer Service – 1-800-982-7715