

Open Enrollment Instructions

FBMC Benefits Management



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The screenshot shows the myFBMC.com website. At the top left is the FBMC BENEFITS MANAGEMENT logo. A dark blue navigation bar contains links for Home, My Benefits, My Account, My Profile, My Resources, and Contact Us. Below the navigation bar, the page says 'Home // Log In' and 'Contact Us'. A 'Resources' sidebar on the left includes a link to 'Ask our Customer Care Center'. The main content area is titled 'Welcome to myFBMC.com' and features a 'LOGIN:' section with an email address field, a password field, and a 'Submit' button. A blue arrow points to the 'Submit' button. Below the login section are links for 'New Users' (to register a new account), 'Have a Registration Code?' (to enter a code), and 'Need help logging into the System?' (to view frequently asked questions). At the bottom, there are links for 'Forms', 'Contact Customer Care', and 'Frequently Asked Questions', along with social media icons for Facebook, Twitter, LinkedIn, and News.



www.myfbmc.com

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[Contact Us](#)

Resources

- [Ask our Customer Care Center](#)

Welcome to the FBMC Premier Login. This new login will make it even easier for you to interact with our website, while making sure your information stays protected. This registration process only take a few minutes and only has to be done once. After you have registered you will use the email address you enter below to login to the www.myfbmc.com site.

If you have already completed your registration [Click here to login.](#)

User Registration

Required fields are marked with an asterisk (*).

First Name: *

Last Name: *

Mailing Zip Code: * (5 digits)

Email Address: *

Confirm Email Address: *

Don't have an email address? [Click here to get an email address if you do not have one.](#)

Enter one of the following fields

FBMC ID: <input type="text"/>	What's this?
Employee ID: <input type="text"/>	No dashes, no spaces
SSN: <input type="text"/>	No dashes, no spaces

Please enter a password.
(min. 8 characters)

Password: *

Verify Password: *

By clicking on 'I accept' below you are agreeing that FBMC has the right to monitor, track and record all activity conducted by you while accessing this website. Information obtained in the course of such monitoring may be used to document misconduct or criminal activity, and may be shared with law enforcement authorities. You also agree that FBMC has the right to revoke access at any time, with no notification or statement of cause. Under no circumstances will you assume or attempt to assume a different level of access than what is granted to you with this registration. Access to this website is restricted to persons with authorized accounts. Any access that is not explicitly authorized is prohibited.



Your employee ID is the policyholder's social security number.

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Log Out

Contact Us

Resources

- Ask our Customer Care Center

myFBMC Account Access

Available Account(s):

- STATE OF WEST VIRGINIA

Your employer has chosen to participate in FBMC's **Go Green** initiative. By checking the box below, you will receive e-mail notifications whenever there is activity on your account, such as when a claim is received or paid.

NOTE: If the box below is not checked, you will not receive Go-Green notifications.

- Go Green** Send me an e-mail for each active event on my account. For example, when a claim is received or paid, and if applicable, myFBMC CardSM activity.

Access Selected Account

[Click here to read our Online Account Policy](#)

Update My Profile

Click the button below to update your email address or password.

Update Account Profile



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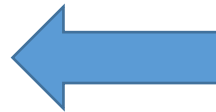


Welcome to myFBMC

CUSTOMER ALERTS

Online Enrollment:

- [Web Enrollment](#)



Your Certificates of Coverage are now just a click away!

Your Certificate(s) of Coverage are document(s) issued by the insurance company for benefits registered with the State of West Virginia. The insurance certificates are located under the My Benefits tab. If you would like to request that a paper copy of available Certificates of Coverage be mailed to you, please call the FBMC Service Center at 1-844-559-8248.

Quality Commitment:

Customer service is the cornerstone of our business. Our focus on customers centers around providing easy access to information and solutions to meet your needs. Consider this page your personal guide to valuable benefits information.

Contact FBMC:



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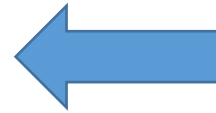
Mountaineer Flexible Benefits Plan

[Home](#)[Need Help?](#)[LogOut](#)

- Welcome to Premier Enroll!
- **DO NOT USE YOUR BROWSER'S BACK BUTTON** after beginning your enrollment session. If you do, you will have to restart your enrollment.
- **TURN OFF POP-UP BLOCKERS** before you begin. This is necessary for viewing and printing your confirmation notice at the end of your enrollment session.

Current Enrollments

- ▶ **Open Enrollment 2021/2022**
Click above to enroll in your 2021/2022 benefits.



Other Links

- ▶ **Enrollment History**
View past Premier Enroll confirmation notices.



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Mountaineer Flexible Benefits Plan



On this page:

- Please validate your demographic information
- Make sure to enter all potential dependents on this page.
- Click Start Benefit Election when you are ready to proceed.

Employees cannot make direct changes to addresses or other demographic information through online enrollment, If you changes are needed, please complete a [Demographic Change Form](#) and return to your Benefit Coordinator.

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- Dental
- Vision
- Long Term Disability
- Short Term Disability
- Health Savings Account
- Health Care FSA
- Limited Health Care FSA
- Dependent Care FSA
- Legal
- Hearing Service Plan
- View My Current Benefits (20/21 Plan Year)

edit dependents/beneficiaries

Dental

Dental	Coverage	Per Pay	Tax Status
<input type="radio"/> Routine			<input type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> Assistance			<input type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> Basic			<input type="radio"/> Pre <input type="radio"/> Post
<input checked="" type="radio"/> Enhanced	Employee and Family	46.69	<input type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> Waive Coverage			



You will now review all of the coverages offered by FBMC. If you do not wish to elect a specific coverage, please click the “Waive Coverage” button.

Open Enrollment Instructions

FBMC Benefits Management



Mountaineer Flexible Benefits Plan

Home Need Help? LogOut

KIMBERLY A THOMAS Return to the demographics page and
dependents/beneficiaries

Confirm Elections and Submit Enrollment

Benefit Type	Benefit Selected	Coverage Selected
Dental	Enhanced	Employee and Family
Vision	Vision-Full Service Plan	Employee and Family
Long Term Disability	Long Term Disability Plan 2 - 70%	Employee Only
Short Term Disability	Short Term Disability	Employee Only
Health Savings Account	Waive Coverage	
Health Care FSA	Health Care FSA	1000.00
Limited Health Care FSA	Waive Coverage	
Dependent Care FSA	Waive Coverage	
Legal	Waive Coverage	
Hearing Service Plan	Hearing Service Plan	Employee and Family

* I Agree to the terms and conditions [Terms and Conditions](#)
You must agree to the Terms and Conditions to confirm and submit your benefit elections.

To Confirm and Submit your benefit elections, please electronically sign your application by completing both steps below:

Step 1: Please enter your name as it appears above:

Step 2: Your calculated total deduction amount for this application is \$ **123.76**
Please enter the total deduction amount listed in red above: \$

Before confirming your benefit elections, please ensure pop-up blockers are disabled so that your printable confirmation notice will appear.

Once you have elected or waived coverage for all benefit elections, you will come to confirmation and submission page.

1. You must agree to the terms and conditions.
2. You must enter your name as it appears on the top of the screen.
3. You must enter the total deduction amount listed in red above.
4. Confirm and submit changes.

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[Home](#)[Need Help?](#)[LogOut](#)

Confirm Elections and Submit Enrollment

Thank You!

The enrollment is now complete.

[Click here to continue](#) or you may close your browser now.

Dental

Vision

Long Term Disability

Short Term Disability

Health Savings Account

Health Care FSA

Limited Health Care FSA

Dependent Care FSA

Legal

Hearing Service Plan

[View My Current Benefits](#)
(20/21 Plan Year)

Your Per Pay Amounts

Benefits	Pre Tax	Post Tax
Dental	\$46.69	\$0.00
Vision	\$10.91	\$0.00
Long Term Disability	\$11.26	\$0.00
Short Term Disability	\$10.77	\$0.00
Health Care FSA	\$41.66	\$0.00
Hearing Service Plan	\$2.47	\$0.00
SubTotals	\$123.76	\$0.00
Totals	\$123.76	\$0.00



You have completed the online enrollment. There will be an option to print your coverages before logging out of the system.