

Open Enrollment Instructions

FBMC Benefits Management



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FBMC Benefits Management



FBMC
BENEFITS MANAGEMENT

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Home // Log In

Contact Us

Resources

- Ask our Customer Care Center

Welcome to myFBMC.com

LOGIN:

Email Address:

Password:

[Forgot your password? Click Here](#)

New Users:

[Click here to register a new account](#)

Have a Registration Code?

[Click here to enter a registration code](#)

Need help logging into the System?

[Click here for Frequently Asked Questions](#)

A large blue arrow points from the 'New Users' section towards the customer care image.

Forms | Contact Customer Care | Frequently Asked Questions

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[Contact Us](#)

Resources

- [Ask our Customer Care Center](#)

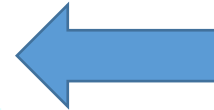
Welcome to the FBMC Premier Login. This new login will make it even easier for you to interact with our website, while making sure your information stays protected. This registration process only take a few minutes and only has to be done once. After you have registered you will use the email address 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: [What's this?](#)
Employee ID: No dashes, no spaces
SSN: 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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[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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[Log Out](#)

[Contact Us](#)

Member: KIMBERLY THOMAS
The State Of West Virginia

Welcome to myFBMC

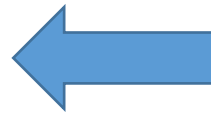
Resources

- [Online Enrollment](#)
- Call direct:
844-559-8248

CUSTOMER ALERTS

Online Enrollment:

- [Online Enrollment](#)



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Contact FBMC:

For information about options for contacting FBMC, please visit the Contact Customer Care section of this website.

We value your feedback! Please complete this Customer Satisfaction Survey and help us improve our services.



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Mountaineer Flexible Benefits Plan

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- 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

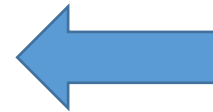
► Open Enrollment 2023/2024

Click above to enroll in your 2023/2024 benefits.

Other Links

► Enrollment History

View past Premier Enroll confirmation notices.



Open Enrollment Instructions

FBMC Benefits Management



The next screen lists all of your personal information.

- 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.

Open Enrollment Instructions

FBMC Benefits Management



Mountaineer Flexible Benefits Plan

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KIMBERLY A THOMAS

[Return to the demographics page and edit dependents/beneficiaries](#)

[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 \(22/23 Plan Year\)](#)

Your Per Pay Amounts		
Benefits	Pre Tax	Post Tax
Dental	\$46.45	\$0.00
SubTotals	\$46.45	\$0.00
Totals	\$46.45	\$0.00

Dental

- The dental plans are now offered by **Sun Life**.
- The Routine plan is no longer offered. Those plans will be converted to the Assistance plan. The Assistance plan premiums are the same as the old Routine plan.
- A new plan is being offered: Premier.
- Please see the benefit guide or click the info icons on this page for more details on the new plans.

Dental	Coverage	Per Pay	Tax Status
<input type="radio"/> Assistance			<input checked="" type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> Basic			<input checked="" type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> Enhanced			<input checked="" type="radio"/> Pre <input type="radio"/> Post
<input checked="" type="radio"/> Premier	Selected	0.00	<input checked="" type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> Waive Coverage			

[Previous Step](#)

[Next Step](#)

[Save & Finish Later](#)

Look for this icon! It will indicate that there is more information available.

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.

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KIMBERLY A THOMAS [Return to the demographics page and edit 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-ups are disabled so that your printable confirmation notice will appear.

[Previous Step](#) [Confirm and Submit](#) [Save & Finish Later](#)

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

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 \(20/21 Plan Year\)](#)

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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Mountaineer Flexible Benefits Plan

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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
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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.