

How to Enroll - www.myFBMC.com



Before You Start Your Web Enrollment

Prior to enrolling in your benefits online, it is to your advantage to thoroughly review your enrollment materials. If you are ready to enroll, but need assistance, contact FBMC Service Center at 1-855-5MYFBMC (1-855-569-3262). Once you have the answers you need, you may begin the enrollment process.

Be sure to have the following information available before you begin the enrollment process:

- **Social Security numbers (SSN)** for all your dependents.
- **Dates of Birth** for all your dependents.
- **Proof of eligibility** for all your dependents.
- **Primary Care Physician (PCP)** if electing a Low Option medical plan and/or Preferred Dental Provider (PDP) if electing a DHMO dental plan.

How to Enroll Online

1 Log on

Go to the FBMC homepage at www.myFBMC.com. Enter your username and password.

Username and Password

To access your account, you will need to register for a username and password (if you have not already done so). You will need your name, your mailing Zip Code, a valid email address and one of the following: Your SSN, your Employee ID or your FBMC Member ID. You will use the email address and a password you select to access your enrollment and account information on www.myFBMC.com.

If you forget your password, click the "Forgot your password?" link for help or you may contact Service Center Representative at 1-855-5MYFBMC (1-855-569-3262).

Record your password here.

Remember, this will be your password for Web access.

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2 Access your Web Enrollment

After entering your Username and Password at **www.myFBMC.com**, click the "Open Enrollment" link to begin your enrollment.

Benefits	Pre	Post
Medical Plan	\$0.00	\$0.00
Dental Plan	\$0.00	\$0.00
SubTotals	\$0.00	\$0.00
Totals	\$0.00	\$0.00

3 Verify your Demographic Info

You can add dependent information by clicking on the "+". You may update dependent information by clicking on the person's name. You may remove dependents by clicking on the "🗑️" icon.

Name	DOB	Relationship	DOB	Relationship
TEST DEMO	12/12/1964	Spouse	TEST DEMO	Mother

4 Begin the Enrollment Process

For each benefit, choose your coverage level or election amounts and then go to the next benefit. Continue until enrollment is complete.

You may save your enrollment session progress and return later to complete the enrollment at any point once you have started the benefit selections by clicking the "Save & Finish Later" tab at the bottom of the screen.

Medical	Coverage	Per Pay	Tax Status
<input type="radio"/> HMO High Option			<input type="radio"/> Pre <input type="radio"/> Post
<input type="radio"/> HMO Low Option			<input type="radio"/> Pre <input type="radio"/> Post
<input checked="" type="radio"/> High Deductible Plan	Employee and Spouse	189.73	<input type="radio"/> Pre <input type="radio"/> Post

5 Print and Keep Your Confirmation Notice

Once you have completed the enrollment process, you will receive a confirmation number and be able to print a confirmation notice for your records.

You may access the Web enrollment 24 hours a day, 7 days a week to make changes to your benefit selections. You have until the end of Open Enrollment period to make any changes to your benefits.

Benefit Type	Provider	Plan Selected
Medical	Blue Cross Blue Shield	High Deductible Plan
Dental	Delta Dental	Indemnity Dental Plan
Vision	VisionCare Plan	Vision Care