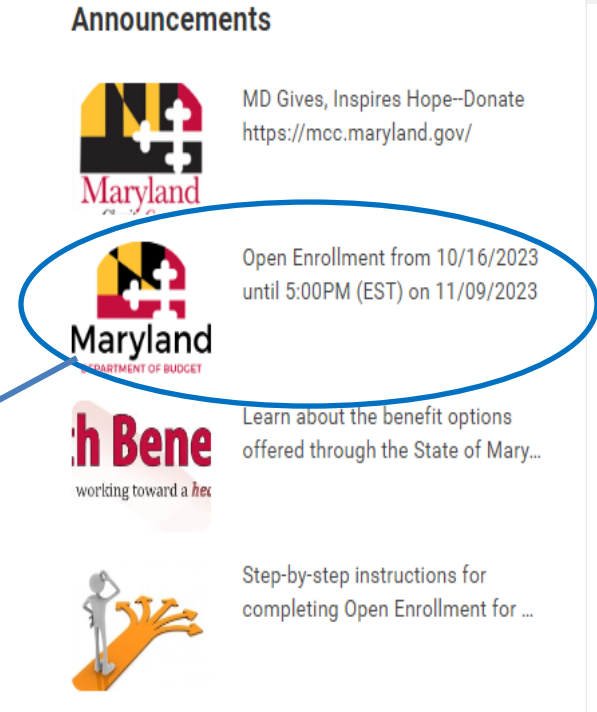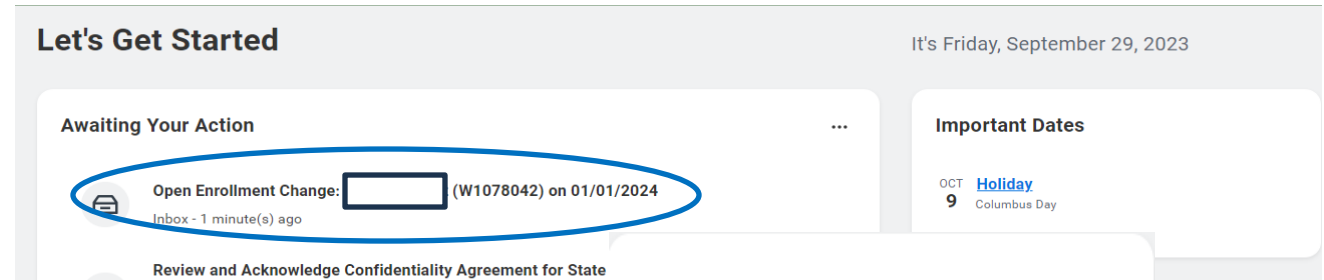**PROCESS STEPS:**
EE05

All State of Maryland Employees/Retirees will have access to online Open Enrollment. Please look for the Open Enrollment announcement and link on the SPS Welcome page. If you are not making any changes, your current coverage will rollover to 2024 **(EXCEPTION: new FSA elections must be completed each year). The Open Enrollment period spans October 16 to November 9 at 5 pm. The system will close at 5PM on the last day. Watch your email for notifications.**

1. You can access the Open Enrollment event from the **SPS Welcome page** by clicking the **Open Enrollment Change** in your SPS Inbox. Or by clicking **Open Enrollment Icon** in "Announcements". If you do not have a **Benefits Open Enrollment** link please contact your Agency Benefits Coordinator for assistance.

2. Click the **Employee Benefits Open Enrollment Selection** link to go to the **Enrollment page** to enroll or change your elections.

3. Your Open Enrollment event remains accessible during the entire Open Enrollment period in the Announcements section.

Let's Get Started

It's Friday, September 29, 2023

Awaiting Your Action

...

Open Enrollment Change: _____ (W1078042) on 01/01/2024
Inbox - 1 minute(s) ago

Review and Acknowledge Confidentiality Agreement for State

Important Dates

OCT **Holiday**
9   Columbus Day

Announcements

MD Gives, Inspires Hope--Donate
https://mcc.maryland.gov/

Open Enrollment from 10/16/2023 until 5:00PM (EST) on 11/09/2023

Learn about the benefit options offered through the State of Mary...

Step-by-step instructions for completing Open Enrollment for ...

Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

Open Enrollment from 10/16/2023 until 5:00PM (EST) on 11/09/2023

Employee Benefits Open Enrollment Selection

4. On the **Open Enrollment page** you will see "tiles" for each coverage type. The benefit elections are listed by category: Medical, Prescription, Dental, Life Insurance, etc. All current elections will display. You can select the **Manage** or **Enroll** button for each category to enroll or make changes to current elections.

- A **Manage** button indicates an enrollment in this category
- An **Enroll** button indicates coverage currently is waived in this category

5. In this example, we will click the **Manage** button in the Medical category.

By clicking the **Manage** button the system will open the Medical selections where you have options to select a Medical plan, change your Medical plan, Waive Medical coverage and add or remove a dependent.

Open Enrollment

Projected Total Cost (Monthly)
$321.24

Health Care and Accounts

Medical CareFirst BCBS EPO (Employee)		Prescription Drug - (Employee)		Dental United Concordia DPPO (Employee)	
Cost (Monthly)	$184.94	Cost (Monthly)	$90.14	Cost (Monthly)	$46.16
Coverage	Employee + Family	Coverage	Employee + Family	Coverage	Employee + Family
Dependents	3	Dependents	3	Dependents	3
Manage		Manage		Manage	

Healthcare FSA Waived		Dependent Care FSA Waived	
Enroll		Enroll	

Insurance

Life Ins - Guaranteed Waived		Life Ins - Supplemental Waived		Spouse Life Waived	
Enroll		Enroll		Enroll	

Child Life Waived		AD&D Waived	
Enroll		Enroll	

Review and Sign   Save for Later

Medical CareFirst BCBS EPO (Employee)	
Cost (Monthly)	$184.94
Coverage	Employee + Family
Dependents	3
Manage	

6. Click the **Select button** for the plan which you want to elect. Note that you will only be able to select one of the plans. If you want to drop/remove coverage, click the **Waive button**.

On this page you are selecting your Medical plan. After selecting the plan you will have the option to add or remove dependents on the next page.

Medical

Projected Total Cost (Monthly)
$321.24

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family.

5 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
● Select ○ Waive	CareFirst BCBS EPO (Employee)	$184.94	$1,048.06
○ Select ● Waive	CareFirst BCBS PPO (Employee)	$266.46	$1,065.86
○ Select ● Waive	Kaiser IHM	$184.82	$1,047.37
○ Select ● Waive	UnitedHealthcare EPO (Employee)	$177.46	$1,005.66
○ Select ● Waive	UnitedHealthcare PPO (Employee)	$262.14	$1,048.54

[Confirm and Continue] [Cancel]

7. Click the **Confirm and Continue button** to continue to select the dependents to be added to the plan, if applicable. You will not see the **Dependents page** if you selected to Waive coverage but still must click the **Confirm and Continue button**.

8. On the **Dependents page**, check or uncheck the box next to each dependent you want to add or remove from the plan. When the **Select** box is checked, the dependent will be covered in the plan.

If you want to add a new dependent that does not appear on the page, click the **Add New Dependent button** and follow the instructions for step #'s 9 through 16.

If you see an error with one of your current or newly added dependents (i.e., typo in Name or Date of Birth, Relationship, etc) **DO NOT add a new dependent**. Proceed with elections with the current dependent and contact DBM Employee Benefits Division with the dependent data issue; they will assist with correcting the data.

9. **If you are NOT adding a new dependent**, click the **Save** button and proceed to step #17.

Medical - CareFirst BCBS EPO (Employee)

Projected Total Cost (Monthly)
$321.24

Dependents

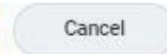Add a new dependent or select an existing dependent from the list below.

Coverage   * Employee + Family

Plan cost (Monthly) $184.94

[Add New Dependent]

3 items

Select	Dependent	Relationship	Date of Birth
☑	Dustin McNeil	Spouse	04/17/1981
☑	Dustin McNeil	Child	07/11/2005
☑	Brady McNeil	Child	06/21/2010

[Save]   [Cancel]

10. On the **Add My Dependent from Enrollment page**, you will see the REQUIRED supporting documentation for each dependent type.

After reviewing the information, click [OK] to proceed to add the dependent.

Add My Dependent From Enrollment Logan McNeil (W9898989) ...

During a qualifying life event or Open Enrollment you have the ability to add dependents to medical, dental, prescription, life insurance and/or AD&D coverage.

Translation of Non-English Documentation:
If you submit dependent documentation that is written in a language other than English, it must be translated by an official translator – someone other than you or your dependent(s). Generally, an official translator can be found at any college or university. The translation of each document must be signed by the translator and notarized.

DEPENDENT RELATIONSHIP = SPOUSE:
Eligibility Criteria (Spouse):

- Lawfully married to an employee or retired employee as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal
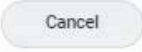
Required Documentation (Spouse):

- Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official, such as the Clerk of Court):
  - From the court in the County or City in which the marriage took place; or
  - From the Maryland Division of Vital Records for marriages that occurred at least six months prior to enrollment; or
  - From the Department of Health and Mental Hygiene (DHMH) website: www.dhmh.maryland.gov (Click Online Services) – also www.vitalchek.com

DEPENDENT RELATIONSHIP = CHILDREN (Biological Child, Adopted Child or Step-child):
Eligibility Criteria (Children):

- Under age 26
- Except for grandchildren and legal wards, no requirement to reside in your home
- May be eligible for coverage under own employer
- May be married or unmarried, or;

Required Documentation (Biological Child):

[OK]   [Cancel]

11. On the **Add My Dependent from Enrollment page**, complete the following data for the new dependent:

- First Name
- Last Name
- Relationship
- Date of Birth
- Gender

Add My Dependent From Enrollment

Name

Country * ☒ United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth * MM/DD/YYYY

Age (empty)

Gender *

Citizenship Status

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

12. Scroll down the page to **National IDs** section. Click the Add button [Add] to open the section to complete.

Add

13. On the **National IDs page**, complete the following data for the new dependent:

- Country
- National ID Type
- Add/Edit ID

Click the Search symbol ☰ in the field to select a valid value.

If after clicking the **Add button** you realize you do not have all of the data required, you must click the **Remove button** to close the National IDs page.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country	*	Search ☰
National ID Type	*	☰
Current ID		(empty)
Add/Edit ID	*	
Issued Date		MM/DD/YYYY 📅
Expiration Date		MM/DD/YYYY 📅
Issued By		
Series		
Verification Date		09/02/2021
Verified By		Logan McNeil

Remove

Add

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country	*	✕ United States of America ☰
National ID Type	*	✕ Social Security Number (SSN) ☰
Current ID		(empty)
Add/Edit ID	*	789-01-2345

14. Scroll down to the **Address section.** The dependent address will default to your address in the system.

If the dependent lives at your address, you do not need to update anything.

If the dependent DOES NOT LIVE at your address, you need to:

- Click on the "X" in the Use Existing Address field to remove your address as the default.

- Then complete the Address, City, State and Postal Code fields with the dependent address.

15. After completing and reviewing the new dependent data for accuracy, click on the [Save] button to proceed.

Address

Use Existing Address	✕ 123 MAIN STREET for Logan McNeil
Country	* United States of America
Address Line 1	123 MAIN STREET
Address Line 2	
City	Baltimore
State	Maryland
Postal Code	21212
County	Baltimore City

[Save] [Cancel]

16. You will now see the new dependent has been added to the coverage/plan.

The new dependent has only been added to this coverage type/plan. If you want this dependent covered for other coverage types you will need to "Select" the dependent on the "Dependents" page for each coverage type desired.

Medical - CareFirst BCBS EPO (Employee)

Projected Total Cost (Monthly)
$321.24

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage   * Employee + Family

Plan cost (Monthly) $184.94

Add New Dependent

4 items

Select	Dependent	Relationship	Date of Birth
☑	Dustin McNeil	Spouse	04/17/1981
☑	Dustin McNeil	Child	07/11/2005
☑	Brady McNeil	Child	06/21/2010
☑	Lena McNeil	Child	05/21/2019

17. Click on the **Save button** to proceed.

Save   Cancel

17. After clicking the **Save button**, you will be returned to the **Open Enrollment page**. The system will display a message stating your changes have been updated.

You can **now perform the same steps to make election and/or dependent changes to the remaining categories** (Prescription, Dental, Flexible Spending, Life Insurance and AD&D), if desired.

Special Flexible Spending Account Notes:

- The healthcare FSA covers eligible expenses for you, your spouse and eligible dependents. Domestic Partner/domestic partner children must be eligible federal tax dependents to use healthcare FSA.
- The dependent daycare FSA covers daycare expenses for your eligible dependents while you and your spouse (if applicable) work. Domestic Partner/domestic partner children must be eligible federal tax dependents to use dependent daycare FSA

Special Life Insurance Notes:

- Guaranteed Life Insurance elections must be $50,000 <u>BEFORE</u> electing Supplemental Life Insurance.
- Dependents may only have 50% of the member combined total of Guaranteed + Supplemental Life Insurance.

18. After reviewing and updating elections for all categories, click the **Review and Sign** button [Review and Sign] to proceed.
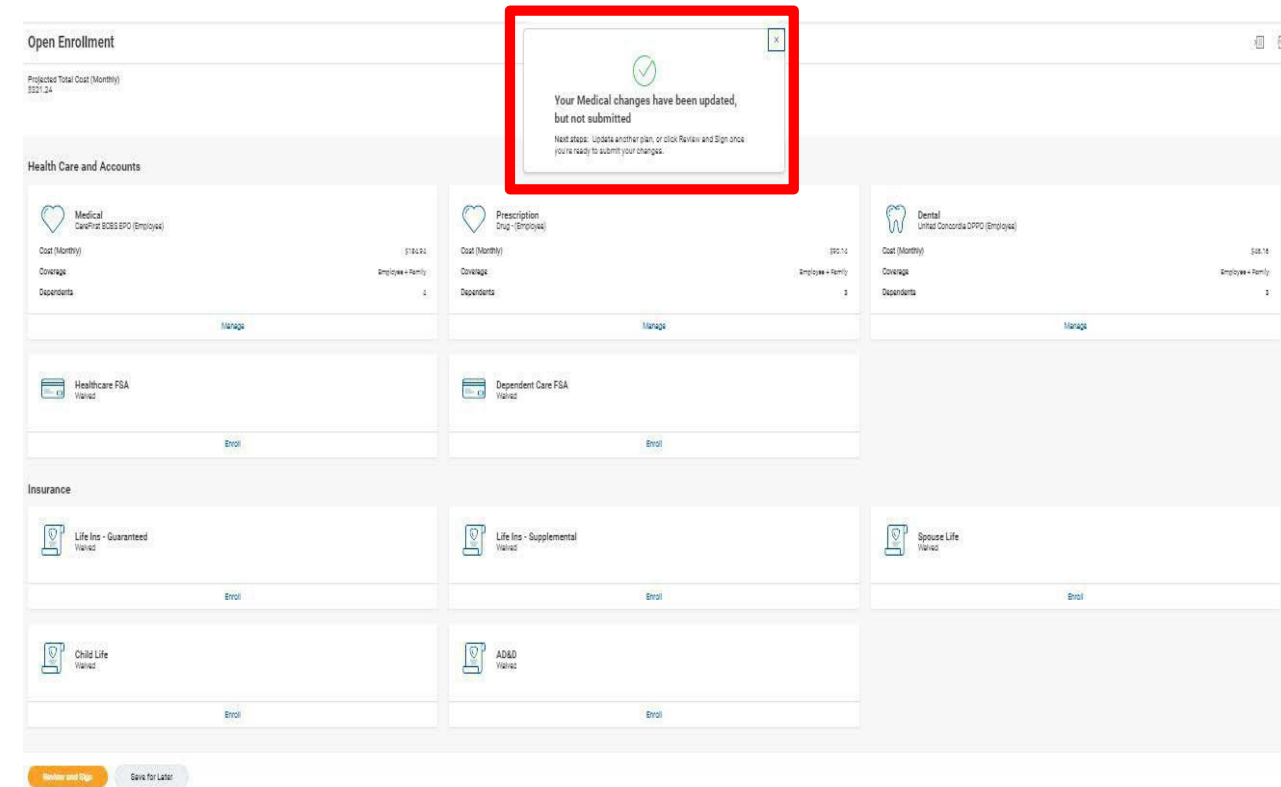
WARNING: If you do not finalize (**REVIEW AND SIGN** and **SUBMIT**) your open enrollment changes before the end of Open Enrollment, your elections/changes will not go into effect January 1, 2024; your elections by default will remain the same as your 2023 elections and you will not be able to add new dependent(s) until the next open enrollment.

19. On the **View Summary page**, do a final review of the Selected and Waived benefits.

- **Verify the Plans selected are accurate**
- **Verify all dependents you want covered for each Plan are listed in the Dependents column next to the Plan**

If you identify an error click your browser back button and you will return to the Open Enrollment page.

View Summary

View Summary

Projected Total Cost (Monthly)
$321.24

Your Benefit Elections will not take effect unless you check the "I Accept" box below AND click the "SUBMIT" button.
- Verify the Plans selected are accurate
- Verify all dependents are covered for each Plan type.

If you identify an error click your browser back button, you will return to the Enrollment page.

IMPORTANT – When adding a new dependent or re-enrolling a dependent, the State of Maryland requires dependent verification documentation be attached to your enrollment election. Any New Dependent added without having the correct documentation attached will NOT BE APPROVED FOR COVERAGE. The Event will be returned to you to upload the required documentation, delaying approval of coverage for you and all other dependents. Resubmitted events must be received on or before the Submit Elections by Date.
Dependent Supporting Documentation Requirements link

o "Newly added dependent" are dependents that have never been covered
o "Re-enrolled dependents" are dependents that were covered at one time in the past but haven't been insured under the State of Maryland plan since January 2019.

If you change plans, you MUST reselect the dependents you wish to cover by clicking/selecting the dependent on the 'Dependents' page. If you fail to do this your dependents will not be covered.

IMPORTANT - If you are removing a former spouse from coverage you must attach a copy of the Divorce decree as the required supporting documentation and it MUST be submitted/attached to your open enrollment event.

Selected Benefits 3 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical CareFirst BCBS EPO (Employee)	01/01/2022	01/01/2022	Employee + Family	Brady McNeil Dustin McNeil Dustin McNeil Lane McNeil		$192.92
Prescription Drug 1 (Employee)	01/01/2018	01/01/2018	Employee + Family	Brady McNeil Dustin McNeil Dustin McNeil		$90.10
Dental United Concordia DPPO (Employee)	01/01/2018	01/01/2018	Employee + Family	Brady McNeil Dustin McNeil Dustin McNeil		$38.16

20. In the **Attachments sections**, you MUST attach required supporting documentation if you have added a new dependent(s). If you have not added any new dependent(s), no attachment/documentation is required.

To attach a document(s), click the **Select Files** button and then browse to find the files that need to be uploaded, select and attach. Note that LEGIBLE photos of documents are acceptable. Use the **Upload button** to attach more than one document.

Attachments

Drop files here
or
Select files

21. Scroll down the page to the **Electronic Signature section**. Read the Electronic Signature section.

Electronic Signature

ELECTRONIC SIGNATURE/LEGAL NOTICE/DEPENDENT ATTESTATION:

Your Name and Password are considered to be your "Electronic Signature" to this submission, with all the legal effect of any other signature by you. The electronic signature wil or I Agree" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions and you authorize payroll deductions from your paycheck or pension allowance, if applicable, for

2. For those waiving health insurance coverage: You understand that you have been provided with the opportunity to enroll in group health coverage, but you are declining enroll

3. You are making the following attestation:

- I understand that I cannot cancel or change my enrollment elections except during an Open Enrollment period or as the result of a qualifying change in status permitted by
- I certify that I am not covered under another State of Maryland employee's or retiree's membership for any coverage for which I am enrolling during this Open Enrollment
- For those enrolling new dependent(s): I certify that my covered dependents are not covered under another State of Maryland employee's or retiree's membership for any c
- For those enrolling new dependent(s): I certify that the required supporting documentation is submitted/attached to my open enrollment event.
- I understand that new dependent(s) added during an Open Enrollment event without having the corresponding legal documentation attached will be removed from coverag
- I understand that new dependent(s) added as a result of a qualified Life Event without having the corresponding legal documentation attached will not be enrolled in benef

I understand that if I willfully misrepresent my eligibility or the eligibility of my dependents during this enrollment, or fail to take the necessary action to remove ineligible depen required to repay the full value of the lesser of any claims or insurance premiums, and I may face criminal investigation and prosecution.

By filing this form electronically for your enrollment elections you are consenting to submission by electronic means and agree that electronic filing does not invalidate your sub an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.

22. After reading the **Electronic Signature section**. Click the **I Accept** checkbox to certify your elections and click the **Submit button**.

I Accept ☐

Submit   Save for Later   Cancel

23. On the **Submitted page** you will get a message that you have enrolled in benefit elections with the option to print a copy of your elections.

If you WANT TO PRINT a copy of your elections, click on the **View 2024 Benefits Statement button**.

- After printing, click the "home" icon in the upper left-hand corner of the page to return to the **SPS Welcome page**.

If you DO NOT WANT TO PRINT a copy of your elections, click the **Done button** to finish.

Submitted

You've submitted your elections.

Your elections have been submitted to the DBM Employee Benefits Division (EBD) for review.

- <u>Important to note</u>, if EBD has any questions/issues with this event it will be sent back to you noting the reason for return. Keep watch of your email or the SPS Benefits system Inbox until you receive notification that this event has been approved.
- You may print this form for your records. If you do not print it now, you can view your elections online after EBD approval, but cannot print this form at a later date.

Important Dates:

Benefits go into effect   01/01/2024

Final day to update benefits   11/16/2023

[View 2024 Benefits Statement]

[Done]

Please note that you can make changes to your Open Enrollment elections anytime during the Open Enrollment period.

Open Enrollment will close for election changes at 5:00pm on the last day. To make election changes, return to the **Announcements section** on the **SPS Welcome page** and click the **Open Enrollment** icon OR proceed to your **Benefits icon** on the **SPS Welcome page** and click the **Change Open Enrollment button** at the bottom of the page in the "Current Cost" box.

Once Open Enrollment is closed at 5:00pm on the last day, no more changes can be made to elections for January 1, 2024.

If a new dependent has been added, the required supporting documentation MUST be submitted/ attached to your open enrollment event. **Any new dependent added without having the correct documentation attached will be removed from coverage for January 1, 2024.** If you have any questions on the correct/required documentation please review the **New Dependent Required Supporting Documentation link** on the **SPS Welcome page** in the **Announcements section** or your Agency Benefits Coordinator for assistance prior to submitting your open enrollment elections.