



*Care-Free OE*

Satellite ABC Training  
Plan Year 2024

*Together*, we are working toward a *healthier community*.

# Agenda



*Open Enrollment*  
*Benefit Highlights*  
*Wellness*  
*Domestic Partners*  
*EBD Reminders*  
*Questions and Answers*



# *Open Enrollment*



# Open Enrollment

## October 16 - November 9, 2023

- Important Dates:

- October 16: Open Enrollment begins
- November 9: Open Enrollment closes at 5 pm
- November 14: Open Enrollment forms must be sent to EBD (email, fax, regular mail)
- **Do not hold your forms, send them as they are submitted to you.**
- Dependent Verification Review (DVR) ...ongoing

### Hybrid Campaign

#### Virtual Resources:

- **On-Demand Open Enrollment Materials & Videos at [mymdbenefits.com](https://mymdbenefits.com)**
- Virtual meetings offered by all carriers between October 16<sup>th</sup> and November 6<sup>th</sup> (Schedule found at [dbm.Maryland.gov/benefits](https://dbm.Maryland.gov/benefits))
- All materials available online as of October 12<sup>th</sup>

#### In-Person Regional Health Fairs:

- 10 regional fairs throughout Maryland
- Schedule to be released via email & posted at [dbm.Maryland.gov/benefits](https://dbm.Maryland.gov/benefits)

- **Current Benefit Summaries and 2024 Satellite Enrollment forms mailed to members.**



# Dependent Verification Review (DVR)

- If an employee adds a qualified dependent during Open Enrollment, they **MUST** include the required documentation **when submitting** the Open Enrollment Form. **This is part of your review process** before signing and submitting.
- If the required dependent(s) documentation is not submitted to you by 11/9/2023 **at 5:00pm** the newly added dependent(s) listed **will not be processed**.
  - **They will not have coverage effective January 1, 2024**
- **Please reference the updated Dependent Documentation Requirements** emailed to you on September 6, 2023.



# Open Enrollment-Special Notes:

- The BAS Open Enrollment will default to the current employee elections including dependents. Exception: FSAs, must be re-enrolled each year.
- Open Enrollment allows employees to change plans, add or remove eligible dependents and/or waive coverage.
- FSA elections are mandatory re-enrollment each year, no rollover. (eligible organizations only-see Satellite enrollment form)
- Health Care FSA maximum is updated to \$3,050
- Review the Open Enrollment Forms for accuracy, supporting documentation, signature, date, etc.
- Ensure forms are legible; to avoid entry errors-Use the fillable form online at [dbm.Maryland.gov/benefits](http://dbm.Maryland.gov/benefits)!
- **No correction period, No exceptions!! No crying!**

# Agency Readiness Checklist:



- Develop a communication plan for staying in touch with employees
- Remind employees that supporting documentation must be provided WITH the enrollment form – *we suggest distributing our Documentation flier in advance*
- Forward Open Enrollment Forms and supporting documentation as received. DO NOT hold all forms until the final day.
- Submit Open Enrollment Forms and supporting documents via email: [Satellite.ebd@maryland.gov](mailto:Satellite.ebd@maryland.gov)
- **Format Subject Line:** Agency code, OE, first initial.last name (950002 OE J.Hancock) **1 per email**

**IMPORTANT:** scan and email form w/ documentation as one packet – please do not send each page as a separate document/attachment.

Do not combine calendar years; i.e., 2023 new hires with 2024 open enrollment forms

Forms may also be faxed or sent via regular mail. Those sent via fax must follow the same naming protocol for ease of identification.



# *Benefit Highlights*



# Highlights 2024

- Domestic Partner Eligibility: effective January 1, 2024
- Wellness Program participants: Obtain a routine eye exam for an additional \$5 reduction on your specialist copay.
- Flu shots are available at your local retail pharmacy using your CVS Rx card- \$0 Copay
- Benefits plans are unchanged
  - Increase in premiums
- FSA Maximum Deferral is \$3,050
  - View our website or [mymdbenefits.com](https://mymdbenefits.com) for details
- 2024 Rx Formulary updates (updates to follow)
  - Member notification
  - Physician notification
  - No changes to the Retiree EGWP Program



# Highlights 2024:



## No Waiting Periods

1. All organizations are required to mirror the State effective date rules:
  2. First of the month coincident with or following the date of hire
    - A. Example: A date of hire of July 5, 2023, results in an August 1, 2023 effective date
    - B. Example: A date of hire of July 1, 2023, results in a July 1, 2023 effective date.
2. All organizations are required to offer the State's full suite of benefits\*

\*Excluding Flexible Spending Accounts (*Eligible organizations only*)

# Highlights 2024

- Obtain a routine eye exam for an additional \$5 reduction on your specialist copay when you participate in the Wellness Program.
- Flu shots are available at your local retail pharmacy using your CVS Rx card - \$0 Copay
- Benefits are unchanged-same plans, same carriers (increased premiums)
- FSA Maximum Deferral is \$3,050
  - Expanded eligibility for Over-the-counter (OTC)
  - View our website or **[mymdbenefits.com](https://mymdbenefits.com)** for details
- 2024 Rx Formulary updates (updates to follow)
  - Member notification
  - Physician notification
  - No changes to the Retiree EGWP Program



# Wellness

# Wellness 2024



- **2023 Participants-no 2024 Activity reset!**
- However, new participants can complete the activities in 2024 and enjoy the rewards through 12/31/2024
- Wellness program managed by your medical carrier
- Activities for \$0 PCP Copay
  - Select or Confirm PCP
  - Complete HRA (Health Risk Assessment)
  - Kaiser members: Sign online HIPAA release
- Activities for \$5 discount on Specialist Copay (total \$10)
  - Obtain an annual routine eye exam
  - Complete any age/gender preventive screenings



# Wellness 2024



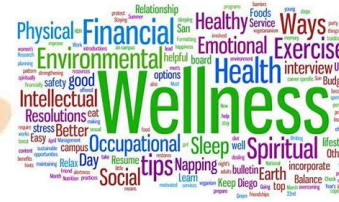
Wellness program managed by your medical carrier and includes motivating digital resources you can access anytime anywhere!

Examples include:

- Health Surveys (annual and on demand) and Personalized Health timelines to include recommendations, content and services available to you
- Health Profile for maintaining all your health data in one place
- Trackers: Connect your wearable devices or enter your own data to monitor sleep, steps, nutrition and more
- Wellness Coaching at **no cost** – 1:1, available via telephone or online
- **No cost** Weight Management and Diabetes Prevention Programs
- **No cost** mental/emotional health resources (excludes treatment)
- Fitness Membership Discounts

# More Wellness 2024... Free Resources for Everyone!

- Weekly Wellness Webinars



- 4-5 Wellness Challenges Each Year



- Wellness Webinar Library  
Found on the Wellness Website!



# Financial Wellness: Upwise

## upwise



- Upwise from MetLife is a no-cost confidential financial wellness app available to all State of Maryland Employees
- Participation does not depend on benefit eligibility and no election is required for participation
- Based on behavioral science, designed to help build financial progress through good money habits

Download the app: [App Store](#) or [Google Play](#)



# *Domestic Partner Eligibility*



# Domestic Partners Eligible in 2024

**Employees and Retirees can now enroll eligible Domestic Partners and their dependents during Open Enrollment for benefits effective 1/1/2024.**

**Domestic Partners and their dependents must submit supporting documentation during Open Enrollment:**

- **Signed Affidavit of Domestic Partnership, AND**
- **2 documents supporting financial interdependence**



# Affidavit of Domestic Partnership

## Affidavit of Domestic Partnership



\_\_\_\_\_  
Employee/Retiree's Name

### DECLARATION

We certify that \_\_\_\_\_ is a Domestic Partner of \_\_\_\_\_  
Domestic Partner's name (please print) Employee/Retiree's name (please print)

in accordance with the following eligibility criteria. We certify we met the following eligibility criteria for establishing a

Domestic Partnership as of \_\_\_\_\_ .  
Date

- We have lived together for at least twelve months.
- We are not married to anyone else nor have another Domestic Partner.
- We are at least 18 years of age and mentally competent to consent to contract.
- We reside together in the same residence and intend to do so indefinitely.
- We have an exclusive mutual commitment similar to that of marriage.
- We are jointly responsible for each other's common welfare and share financial obligations

In addition to this Affidavit, we have attached at least two of the documents listed below.

- Joint mortgage or lease
- Designation of Domestic Partner as beneficiary for life insurance and retirement contract
- Designation of Domestic Partner as primary beneficiary in employee's or insured's will.
- Durable property and health care powers of attorney.
- Joint ownership of motor vehicle, joint checking account or joint credit account

**Complete and attach the notarized Affidavit of Domestic Partnership to your Benefit Event or Enrollment Form.  
Notary's seal and signature must be clearly visible.**



# Affidavit of Domestic Partnership (cont)

## CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify the State of Maryland within thirty (30) days of any change in Domestic Partnership status which would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency,) by filing a Statement of Termination of Domestic Partnership. The Statement of Termination shall affirm that the Domestic Partnership status is terminated as of the date of execution specified therein and that a copy has been mailed to the other party by the party authorizing the action.

Upon termination of this Affidavit of Domestic Partnership (evidenced by a Statement of Termination of the Partnership signed by the Insured), I \_\_\_\_\_ agree that another Affidavit of Domestic Partnership cannot be filed for a minimum of twelve months.

## ACKNOWLEDGEMENTS

1. We have provided this information in this Affidavit for the sole purpose of determining our eligibility for Domestic Partnership health benefits.
2. Willful falsification of information within this document may lead to disciplinary action, loss of insurance coverage, and/or the recovery of the cost of benefits received related to such falsification.

\_\_\_\_\_  
Employee/Retiree Signature Date

\_\_\_\_\_  
Employee/Retiree Social Security number

\_\_\_\_\_  
Employee and Domestic Partner Home Address

\_\_\_\_\_  
Domestic Partner Signature Date

On this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual described as "Employee/Retiree/Insured and the individual described as Domestic Partner in the above document entitled "AFFIDAVIT OF DOMESTIC PARTNERSHIP" and who executed same as a free and voluntary act for the uses and purposes stated herein.

\_\_\_\_\_  
Notary Public My Commission Expires

Dissolution of Domestic Partnership form will be used to notify EBD of the change. Available beginning October 12 at [dbm.Maryland.gov/benefits](http://dbm.Maryland.gov/benefits)





# Domestic Partner Eligibility



Dependent Relationship	Eligibility Criteria	Required Documentation
<b>Domestic Partner</b>	<ul style="list-style-type: none"> <li>Lived together for at least twelve months.</li> <li>Not married to anyone else nor have another Domestic Partner.</li> <li>At least 18 years of age and mentally competent to consent to contract.</li> <li>Reside together in the same residence and intend to do so indefinitely.</li> <li>Have an exclusive mutual commitment similar to that of marriage.</li> <li>Are jointly responsible for each other's common welfare and share financial obligations.</li> </ul>	<ul style="list-style-type: none"> <li>Affidavit of Domestic Partnership</li> <li>Two of the following:                             <ul style="list-style-type: none"> <li>Joint lease or mortgage</li> <li>Designation of Domestic Partner as beneficiary for life insurance AND retirement contract</li> <li>Designation of Domestic Partner as primary beneficiary in employee's or insured's will</li> <li>Durable property AND health care powers of attorney</li> <li>Joint ownership of a motor vehicle, joint checking account or joint credit account</li> </ul> </li> </ul>
<b>Domestic Partner Children</b> • Biological Child • Adopted Child	<ul style="list-style-type: none"> <li>Under age 26</li> <li>Except for grandchildren and legal wards, no requirement to reside in your home</li> <li>May be eligible for coverage under own employer</li> <li>May be married or unmarried, or;</li> <li>Over age 26 and incapable of self-support due to mental or physical incapacity incurred prior to age 26 with proof of continuous employer sponsored coverage</li> </ul>	<p><b>Biological Child</b></p> <ul style="list-style-type: none"> <li>Copy of child's official state birth certificate showing lineage</li> <li>NEWBORNS: <b>Official birth certificate is required within 60 days of birth.</b>  <a href="https://www.vitalchek.com">https://www.vitalchek.com</a> (recommended)                              OR  <a href="https://health.maryland.gov">https://health.maryland.gov</a></li> </ul> <p><b>Adopted Child</b></p> <ul style="list-style-type: none"> <li>Pending Adoption: Notice of placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption</li> <li>Final Adoption: Copy of final adoption decree signed by a judge or a State-issued birth certificate showing employee/retiree as the parent</li> </ul> <p>If domestic partner is NOT a covered dependent, documentation of domestic partnership (see Required Documentation for Domestic Partners)</p>
<b>Domestic Partner Other Child Relatives</b> • Grandchild • Legal ward • Other dependent child relatives	<ul style="list-style-type: none"> <li>Under age 25</li> <li>Must reside in your home</li> <li>Must be unmarried</li> <li>May not be eligible for coverage under own employer</li> </ul> <p>For whom you provide sole support</p>	<p><b>Other Child Relatives (for all types)</b></p> <ul style="list-style-type: none"> <li>Copy of child's official state birth certificate showing lineage</li> <li>Proof of permanent residence with enrolled employee/retiree (one of the following):                             <ul style="list-style-type: none"> <li>Valid driver's license,</li> <li>State-issued identification card,</li> <li>School records certifying child's address,</li> <li>Daycare records certifying child's address, or</li> <li>Tax documents with child's name listed certifying address.</li> </ul> </li> </ul> <p>Must also submit following specific documentation for specified dependent:</p> <p><b>Legal Wards (temporary guardianship not covered):</b>                      Copy of Legal Ward/Testamentary court document, signed by a judge.</p> <p><b>Grandchild or other child relative:</b>                      Proof of relation by blood or marriage</p> <p>If domestic partner is NOT a covered dependent, documentation of domestic partnership (see Required Documentation for Domestic Partners)</p>

# Subsidy & Domestic Partners

## Active Employees (State Regular-full time & Contractual ACA)

**will get State Subsidy for Domestic Partner/Domestic Partner Dependents.**

- **State Regular-full time will have both pre and post-tax payroll deductions.**
- **Imputed Income will apply**

**Retirees will not get State Subsidy for Domestic Partner/Domestic Partner Dependents.**

- **Retirees are not subject to imputed income.**





# Imputed Income

**Imputed Income: Each health benefit plan that includes a State subsidy for your domestic partner (and/or domestic partner's children) is subject to tax withholding. In other words, the State's contribution toward health benefits is considered earnings and will be included in your taxable income. This is known as imputed income.**

- If a domestic partner is considered a tax dependent, please see [dbm.Maryland.gov/benefits](http://dbm.Maryland.gov/benefits) for Affidavit of Domestic Partner's Federal Tax Dependent Status and Worksheet for Determining Support.



# Domestic Partners-FSA & COBRA

**Domestic Partners are not eligible to use Medical or Dependent Care FSA benefits (unless classified as a Tax Dependent)**

**Domestic Partners can only enroll in COBRA as a dependent of the employee or retiree.**

**Domestic Partners and their dependents do not have individual COBRA rights.**

# Domestic Partners & Medicare

**Domestic Partnership is not federally recognized as a relationship which would trigger a special enrollment period under Medicare.**

## **What does this mean?**

**Domestic Partners who are eligible for Medicare and do not enroll when they are initially eligible, even if they are on active employee benefits, may be subject to Medicare late enrollment penalties. Contact [CMS.gov](https://www.cms.gov) or 1-800-Medicare for information.**



# *EBD*

# *Reminders*

# Reminders



- **Benefit Guide**

- Available online for everyone at [DBM.Maryland.gov/benefits](http://DBM.Maryland.gov/benefits)
- Read the Benefit Guide!

- **Contacting EBD**

- Use [satellite.ebd@maryland.gov](mailto:satellite.ebd@maryland.gov) (forms, monthly invoicing)
- Use [ebd.mail@maryland.gov](mailto:ebd.mail@maryland.gov) for general questions
- Please refrain from emailing or calling EBD staff directly

- **Open Enrollment closes to employees at 5pm on November 9th. Delivery of forms from the agencies accepted no later than November 14th (post mark, fax confirmation, email)**

Visit our microsite at: [Mymdbenefits.com](http://Mymdbenefits.com)



# Questions?





*Thank You!*

