



Health Benefits



Putting the pieces together to improve your health

Important Open Enrollment Instructions for Active/Satellite Employees

Open Enrollment Period: October 15, 2015 – November 16, 2015
For Plan Year: January 1, 2016 – December 31, 2016

During Open Enrollment you must use the Interactive Voice Response (IVR) system if you want to:

- Enroll in a new plan or make changes to your current benefit selections;
- Enroll in a Flexible Spending Account (FSA) – for the first time or to re-enroll. **NOTE: You MUST re-enroll each year to continue to participate;** or
- Add or delete dependents.

To help you prepare for Open Enrollment, enclosed you will find a personalized Open Enrollment benefit statement with information about your current benefit enrollment as of **August 28, 2015**.

- If you have never enrolled in any State health benefit plans, contact your Agency Benefits Coordinator for an enrollment packet.
- If you are retiring on or before January 1, 2015, see your Agency Benefits Coordinator for a Retiree Enrollment form.

Before You Call the IVR System...

- Review the benefits guide carefully and have your personalized Open Enrollment benefit statement with you when calling.
- Decide what changes and/or selections you want to make and note them on your personalized Open Enrollment benefit statement.
- Decide if you want to contribute to an FSA and if so, how much to take from each pay check. **This benefit does not carry over and requires you to re-enroll each year.**
 - Decide on the total amount you want deducted for January 1, 2016 – December 31, 2016: _____
 - Calculate your per pay deduction by dividing the total amount by your number of pay periods during the year: _____

NOTE: Central and University Payroll employees with a pay cycle of biweekly will have 24 deductions. Central and University Payroll employees that are faculty, please contact your Agency Benefits Coordinator for the number of deductions scheduled for the 2016 plan year.

- Have the following information ready if you are adding a dependent or making changes to your dependent's information:
 - Dependent's full legal name
 - Dependent's Social Security Number
 - Dependent's gender
 - Dependent's relationship to you
 - Dependent's date of birth

SPECIAL INSTRUCTIONS:

IF YOU ARE ADDING OR DELETING DEPENDENTS

- You will need to “speak and spell” each dependent’s information clearly so it can be accurately entered into the system.
- You may need to change the coverage level (i.e., Employee & Spouse or Employee & Family, etc.) of your plans if you add or delete a dependent. **The system will not automatically change your coverage level.**
- Following the close of Open Enrollment, you will be advised by your Agency Benefits Coordinator of the documentation required to cover your newly enrolled dependents. Failure to provide this documentation by the deadline indicated will result in the removal of the dependent. See the “Required Documentation for Dependents” section of the Benefits Guide for dependent documentation requirements.
- If you add an ineligible dependent or fail to remove an ineligible dependent from your coverage, you will be required to pay the employee or retiree premium plus the State subsidy amount for the ineligible dependent for each month that he or she remains enrolled.

NOTE: After each dependent is added, you must indicate in which plan(s) you are enrolling the dependent. If the addition OR removal of a dependent will increase/decrease your coverage level (i.e., currently Employee & Spouse changing to Family) you MUST return to the main menu to change the coverage level of each benefit that the dependent is being added to or removed from. If you are changing plan coverage levels you must return to the main menu and select option 2 for “Dependent Record” to remove the dependent or change the benefit indicators. This is NOT done automatically with the addition/removal of the dependent or change in coverage levels.

NOTE: The Prudential Insurance Company administers the Long Term Care (LTC) plan. If you want to enroll in this plan, follow the instructions in the LTC section of the enclosed benefit guide.

STEP 1: MAKE THE CALL

Call the IVR system 24 hours a day, 7 days a week at the number below between October 15, 2015 and November 16, 2015:

- Baltimore area: 410-669-3893
- Outside Baltimore area: 1-888-578-6434
- People who are deaf, hard of hearing or have a speech disability, please use Relay or 711
- When prompted, enter your ID and Personal Identification Number.

Your ID is _____ (Social Security Number),

Your PIN is _____ (4 digit number - month and day of your birthdate: mmdd)

Enroll early! There is a large volume of calls made during the last few days of the Open Enrollment period. The best time to call is during the non-peak hours of late evening and early morning.

If your benefits were previously cancelled and you are now re-enrolling, you must call one of the numbers shown above during regular office hours to have a benefit packet created. To do this, press Option 8 when prompted and you will be connected to a Benefits staff member. Hours of operation are 8:30 am to 4:30 pm, Monday through Friday, Eastern Time, except for State holidays and emergency closures. Once a benefit packet has been created, you will be able to enroll using the IVR system.

STEP 2: MAKE YOUR SELECTIONS

The IVR system will guide you through the steps for making selections and changes for:

- Medical
- Prescription Drug
- Dental
- Flexible Spending Accounts
- Term Life Insurance
- Accidental Death and Dismemberment
- Adding/deleting dependents

After you make each selection, the IVR system will confirm your selection.

STEP 3: MAKE SURE IT’S RIGHT

To review your enrollment, call the IVR system again and select option 2 after entering your four digit PIN number to listen to the changes you just made. This option will not repeat information about plans in which you did not make a change. Information for dependents added through “speak and spell” is not available through this option. You will receive an updated benefits summary statement from your Agency Benefits Coordinator within 10 days after your call.

NOTE: You may make changes and corrections at any time during Open Enrollment. You are encouraged to enroll early and review your benefits summary statement carefully.

If your selections are not correct, call the IVR system again to make the correct selections.

You cannot change your elections after Open Enrollment closes, except in limited circumstances. See the Qualifying Status Changes section of your benefit guide for details.

If you are an Active employee and need assistance using the IVR system, contact your Agency Benefits Coordinator.

If You Do Not Call the IVR

Your current benefit elections will roll over for the new plan year, **except Flexible Spending Accounts (FSA).**

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