

Open Enrollment 2015 Plan Year January 1, 2015 – December 31, 2015 Frequently Asked Questions

1.	What is Open Enrollment?	Open Enrollment is the time of year in which you are able to make changes or enroll in the following State of Maryland Benefits plans: • Medical Benefits • Prescription Drug Benefits • Dental Benefits • Flexible Spending Accounts • Term Life Insurance • Accidental Death & Dismemberment Insurance	
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		Long Term Care Insurance	
2.	What are the dates for Open Enrollment in fall 2014?	October 15, 2014 through November 14, 2014 The effective date for all changes and elections is January 1, 2015.	
3.	How do I make new elections or changes to my current benefits elections during Open Enrollment?	All elections or changes MUST be completed using paper enrollment forms. There is NO IVR for Fall 2014 Open Enrollment.	
4.	What if I do not want to make any changes or elections; do I have to do anything?	 Even though you are not making changes or elections, you are strongly encouraged to review the Open Enrollment materials as there are many important changes this year-including the discontinuation of several health plans (see below). Note, if you do not complete an enrollment form, your current health benefits will roll over for the new plan year of January 1, 2015 through December 31, 2015 with the exception of the Health Care Flexible Spending Account (HCFSA) or the Dependent Care Flexible Spending Account (DCFSA). If you are enrolled in a Health Care Flexible Spending Account (HCFSA) or a Dependent Care Flexible Spending Account (DCFSA) and would like to re-enroll during the 2015 plan year, you MUST 	
		complete an enrollment form to enroll.	
	<u> </u>	Discontinued Plans	
5.	What are the major		
-	plan changes for 2015?		
	p.a c.ia.igc3 joi 2013;	United Healthcare POS plan	
		• Officed Fleathicate FO3 plan	



United Concordia DHMO plan			
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	If you are enrolled in one of the plans listed above, you MUST complete an enrollment form and elect a different plan option in order to have coverage beyond December 31, 2014; you will not be automatically enrolled in another plan.		
	New Plans		
	Kaiser Permanente IHM medical plan		
	Regional network predominately located in the		
	Baltimore/Washington, DC corridor		
	Not available to Medicare-eligible retirees		
	Delta Dental DHMO dental plan		
6. What is the Wellness Program?	The Wellness Program will be available to all State employees, non-Medicare eligible retirees, and enrolled non-Medicare-eligible spouses beginning January 1, 2015, except SLEOLA members who have a different plan. Medicare-eligible retirees are not required to participate in the Wellness program. The goal is to encourage and educate members to begin "moving forward to better health."		
7. How does the Wellness Program affect me?	 The Wellness Program will require employees, non-Medicare-eligible retirees and enrolled non-Medicare-eligible spouses (not enrolled children) to complete healthy activities throughout the calendar year. If these activities are completed, enrollees will enjoy enhanced benefits such as waived copays for all Primary Care Physician (PCP) visits. 		
8. What are the required Healthy Activities for 2015?	 Employees, non-Medicare-eligible retirees and covered non-Medicare-eligible spouses must designate a Primary Care Physician (PCP) either on your plan's State of Maryland dedicated website or by calling your carrier. Employees, non-Medicare-eligible retirees and covered non-Medicare-eligible spouses must complete the health risk assessment which can be obtained on your plan's website or by calling your medical plan. Each employee/non-Medicare eligible retiree and covered spouse must personally review his/her health risk assessment with his/her selected PCP. The PCP must sign-off confirming review. This form will be available by January 1. Both Healthy Activities for 2015 must be completed by September 		
9. What happens if the 2015 Healthy Activities are not completed?	30, 2015. For each individual, the employee and non-Medicare-eligible retiree will have a surcharge. The first surcharge begins with the first pay of 2016. The surcharge for not completing the two healthy activities of selecting a PCP and completing the health risk assessment and reviewing it with your PCP is \$50		

	spread over your pay in 2016. The second surcharge, which begins in 2017, applies if you have been designated as eligible to participate in the disease management program, but chose not to. The amount of the surcharge is \$250 and is spread over your pay in 2017. The surcharges escalate each year. The surcharge applies individually to the employee/retiree and covered spouse.		
10. What are some of the other features of the Wellness Program	 Weight management, nutrition education and tobacco cessation programs will be provided at no cost for employees. All lab services and x-rays related to your chronic condition will be covered 100%, with no copay or coinsurance when you visit an innetwork provider. 		
11. What else is new for 2015?	 Kaiser Permanente's Integrated Health Model (IHM) will be available to participants in the Baltimore/DC/VA area. Mental health and substance abuse treatment coverage will be offered as part of your medical plan-there will no longer be a separate plan provider for this coverage. Certain contractual/variable hour employees who work more than 30 hours per week or 130 hours per month are eligible for subsidized medical and prescription coverage. 		
12. What medical plans are being offered?	PPO Plans	PPO, POS and EPO CareFirst BlueCross Blue Shield	
13. What prescription drug plans are being offered?	Express Scripts, Inc.		
14. What dental plans are being offered?	DPPO • United Concordia DHMO • Delta Dental		
15. What other benefits are being offered?	Flexible Spending Accounts (Health and Dependent Day Care) • Connect Your Care Term Life Insurance • Minnesota Life Accidental Death and Dismemberment Insurance		



	 Minnesota Life Long Term Care Insurance The Prudential (enroll via the website www.prudential.com/gltcweb/maryland or by calling 855-778-5821 MonFri., 8 a.m8 p.m. EST)
16. What if I miss the November 14, 2014 deadline for Open Enrollment?	You may make changes if you experience a qualifying event or change in status (i.e. loss of coverage, marriage, birth of a child, divorce, losing or gaining a policy through the health exchange marketplace, etc.). You have 60 days from the date of the qualifying change in status to submit an enrollment form with the required documentation to your agency for active employees or the Employee Benefits Division for retirees. Any changes submitted after 60 days of the qualifying change in status cannot be accepted, and you will have to wait until the next Open Enrollment period in the Fall 2015 to make the desired changes for benefits effective January 1, 2016.
17. Who do I contact if I need assistance?	Employee Benefits Division 301 West Preston Street – Room 510 Baltimore, MD 21201 410.767.4775 or 800.307.8283 www.dbm.maryland.gov/benefits ebd.mail@maryland.gov