

# Complete Your Open Enrollment (Retirees)

## QUICK REFERENCE GUIDE

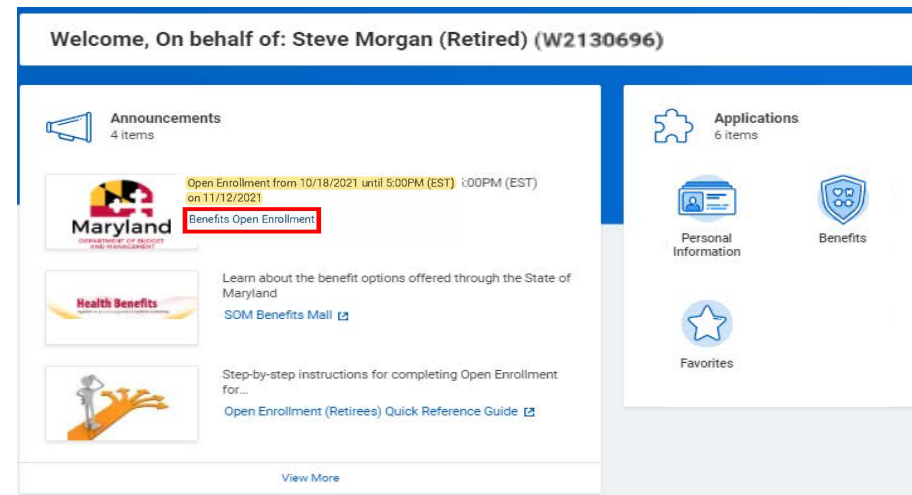


### PROCESS STEPS:

RET04

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 2022. **The Open Enrollment period spans a 4-week time from mid-October to mid-November. The system will close at 5PM on the last day. Watch your email and mail for exact dates.**

1. You can access the Open Enrollment event from the **SPS Welcome page** by clicking [Benefits Open Enrollment](#) in the Announcements section. If you do not have a [Benefits Open Enrollment](#) link please contact DBM Employee Benefits Division at 410-767-4775 or 1-800-307-8283.



2. Click the **Continue** button to go to the **Enrollment page** to enroll or change your elections.



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3. 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 is waived in this category

Open Enrollment

Projected Total Cost (Monthly)  
\$254.28

Health Care

Medical

CareFirst BCBS PPO (Retiree with Medicare)

Cost (Monthly)  
\$106.58

Coverage  
Employee/Retiree + 1, Both with Medicare (Ref ID: 94)

Dependents  
1

Manage

Prescription

Drug (Retiree with EGWP)

Cost (Monthly)  
\$66.36

Coverage  
Retiree + 1, Both with Medicare (Ref ID: 51)

Dependents  
1

Manage

Dental

United Concordia DPPO (Retiree)

Cost (Monthly)  
\$24.64

Coverage  
Retiree + Spouse (Ref ID: 41)

Dependents  
1

Manage

Insurance

Retiree Life Ins.

2 Plans

MetLife Retiree (Employee)

\$31.05

Review and Sign

Save for Later

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

By clicking the **Manage** button the system will open up 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.

Health Care

Medical

CareFirst BCBS PPO (Retiree with Medicare)

Cost (Monthly)  
\$106.58

Coverage  
Employee/Retiree + 1, Both with Medicare (Ref ID: 94)

Dependents  
1

Manage

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5. 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.

6. 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**.

Medical

Projected Total Cost (Monthly)  
\$254.28

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee/Retiree + 1, Both with Medicare (Ref ID: 94).

4 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<div><input type="radio"/> Select</div> <div><input checked="" type="radio"/> Waive</div>	CareFirst BCBS EPO (Retiree with Medicare)	\$77.06	\$436.64
<div><input checked="" type="radio"/> Select</div> <div><input type="radio"/> Waive</div>	CareFirst BCBS PPO (Retiree with Medicare)	\$106.58	\$426.34
<div><input type="radio"/> Select</div> <div><input checked="" type="radio"/> Waive</div>	UnitedHealthcare EPO (Retiree with Medicare)	\$94.52	\$535.60
<div><input type="radio"/> Select</div> <div><input checked="" type="radio"/> Waive</div>	UnitedHealthcare PPO (Retiree with Medicare)	\$104.84	\$419.40

Confirm and Continue

Cancel

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7. 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 a data issue 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.

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

Medical - CareFirst BCBS PPO (Retiree with Medicare)

Projected Total Cost (Monthly)  
\$254.28

Dependents

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

Coverage      ★ Employee/Retiree + 1, Both with Medicare (Ref ID: 94)

Plan cost (Monthly)    \$106.58

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth	
<input checked="" type="checkbox"/>	Pamela Morgan	Spouse with Medicare ( Internal Use Only)	07/25/1951	▲ ▼

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9. 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 Steve Morgan (Retired) (W2130696)

Open Enrollment and some qualified life events you have the options to add dependents to medical, dental, prescription, life insurance and/or AD&D coverage.

The addition of dependents (new or re-enrolled) requires proof of eligibility before enrollment will be completed. Documents not provided by the deadline will result in the re-enrollment of qualified family status change. Documentation is not required for dependent(s) currently enrolled.

Translation of Non-English Documentation:  
Note: documentation 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 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](http://www.dhmh.maryland.gov) (Click Online Services) – also [www.vitalchek.com](http://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;
- Over age 26 and incapable of self-support due to mental or physical incapacity incurred prior to age 26

Required Documentation (Biological Child):

- Copy of child's official state birth certificate showing lineage
- NEWBORNS ONLY: Acceptable Temporary Documentation:
  - Copy of Crib Card
  - Copy of Newborns discharge documents
  - Copy of Newborns hospital bracelet
  - Official birth certificate is required within 60 days of birth.

Required Documentation (Adopted Child):

OKCancel

placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption  
adoption decree signed by a judge or a State issued birth certificate showing employee/retiree as the parent

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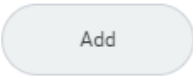
PROCESS STEPS:

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10. 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

11. Scroll down to the page to **National IDs** section. Click the Add button



to open the section to complete.

← 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 \*

select one

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

**National IDs**

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

Add

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12. 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

09/16/2020

Verified By

Mary Poppins

Remove

Add

### National IDs

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

Country \*

x United States of America

:

National ID Type \*

x Social Security Number (SSN)

:

Current ID

(empty)

Add/Edit ID \*

789-01-2345

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13. 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.

14. After completing and reviewing the new dependent data for accuracy, click on the



button to proceed.

### Address

Use Existing Address

X

123 Umbrella Way for Steve Morgan

Country

\*

United States of America

Address Line 1

123 Umbrella Way

Address Line 2

City

Baltimore

State

Maryland

Postal Code

21212

County



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15. 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 PPO (Retiree with Medicare)

010101

Projected Total Cost (Monthly)

\$360.86

Dependents

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

Coverage

\* Employee/Retiree + 2, Two with Medicare (Ref ID: 89)

Plan cost (Monthly)

\$213.16

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth	
<input checked="" type="checkbox"/>	Pamela Morgan	Spouse with Medicare ( Internal Use Only)	07/25/1951	▲
<input checked="" type="checkbox"/>	Shakeer Morgan	Child	02/24/2011	▼

Save

Cancel

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### PROCESS STEPS:

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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, Life Insurance), if desired.

The screenshot shows the 'Open Enrollment' page. At the top, a green checkmark icon and a message box state: 'Your Medical changes have been updated, but not submitted'. Below this, the 'Health Care' section is visible, containing three cards: 'Medical' (CareFirst BCBS PPO), 'Prescription' (Drug), and 'Dental' (United Concordia DPPO). Each card displays the monthly cost, coverage details, and the number of dependents. The 'Insurance' section below shows 'Retiree Life Ins.' with 2 plans. At the bottom, there are two buttons: 'Review and Sign' (orange) and 'Save for Later' (grey).

Category	Plan	Cost (Monthly)	Coverage	Dependents
Health Care	Medical (CareFirst BCBS PPO)	\$213.16	Employee/Retiree + 2, Two with Medicare (Ref ID: 89)	2
	Prescription (Drug)	\$66.36	Retiree + 1, Both with Medicare (Ref ID: 51)	1
	Dental (United Concordia DPPO)	\$24.64	Retiree + Spouse (Ref ID: 41)	1
Insurance	Retiree Life Ins. (2 Plans)	\$31.05		

18. After reviewing and updating elections for all categories, click the **Review and Sign** button to proceed.

Review and Sign

**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, 2022; your elections by default will remain the same as your 2021 elections and you will not be able to add new dependent(s) until the next open enrollment.

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19. On the **View Summary** page, do a final review of the Selected and Waived benefits. Verify the Plans are accurate along with the covered dependents. If you identify an error click your browser back button and you will return to the Open Enrollment page.

**NOTE:** The total monthly cost displayed at the top right corner of the screen and the monthly cost displayed next to each plan will not reflect your actual costs for retirees receiving partial subsidy.

After Open Enrollment closes, the DBM Employee Benefits Division will mail you an Open Enrollment Confirmation Statement that will display your individual costs based on the subsidy you receive.

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.

View Summary

Selected Benefits 5 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Be
Medical	01/01/2022	01/01/2022	Employee/Retiree + 2, Two with Medicare (Ref ID: 89)	Pamela Morgan Shakeer Morgan	
CareFirst BCBS PPO (Retiree with Medicare)					
Prescription	01/01/2018	01/01/2018	Retiree + 1, Both with Medicare (Ref ID: 51)	Pamela Morgan	
Drug (Retiree with EGWP)					
Dental	01/01/2018	01/01/2018	Retiree + Spouse (Ref ID: 41)	Pamela Morgan	
United Concordia DPPO (Retiree)					
Retiree Life Ins.	01/01/2019	01/01/2019	\$50,000		
MetLife Retiree (Employee)					
Retiree Life Ins.	01/01/2019	01/01/2019	\$25,000	Pamela Morgan	
MetLife Retiree Spouse Life (Spouse)					

Attachments

Drop files here

or

Select files

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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 will 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 dependents, I may be 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 submission. An electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.*

I Accept ☐

Submit

Save for Later

Cancel

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

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### PROCESS STEPS:

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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.

**As noted earlier in step #19, the total monthly cost and individual plan monthly costs will not reflect your actual costs on this statement for retirees receiving partial subsidy. You will receive a printed Open Enrollment Confirmation Statement from DBM Employee Benefits Division the second week of December that provides your actual costs.**

If you DO WANT TO PRINT a copy of your elections, click on the **View 2022 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.

- **Important to note:** 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 01/01/2022

Final day to update benefits 11/12/2021

[View 2022 Benefits Statement](#)

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### PROCESS STEPS:

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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 [Benefits Open Enrollment](#) link 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, 2022.

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, 2022.** 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 contact the DBM Employee Benefits Division at 410-767-4775 or 1-800-307-8283 (Monday-Friday 8:30AM EST to 4:30PM EST) for assistance prior to submitting your open enrollment elections.