

2027 Open Enrollment FAQ

Number	Category	Question or Concern	DBM/EBD/SPS Response
1	The General Open Enrollment Process	When is the benefits election system (SPS) available?	The SPS system is available 24/7 for you to complete your elections, with one scheduled exception. System maintenance occurs every Friday starting at 9:00 p.m. EST. During this maintenance window, which typically lasts approximately 12 hours, you will be unable to log in to SPS.
2	The General Open Enrollment Process	Why do I see the Open Enrollment event on both my SPS Welcome page and in my Inbox?	These two links serve different functions. The link in your SPS Inbox allows for a one-time submission of your Open Enrollment elections. The link on the SPS Welcome page remains available throughout the OE period, allowing you to access the event as many times as you need to make additional changes.
3	The General Open Enrollment Process	How can I confirm that I have received an Open Enrollment event?	You can check for your Open Enrollment event in your SPS/Workday inbox or in the Announcements section of your SPS/Workday account. If you do not see an event, please contact your Agency Benefits Coordinator (ABC) for assistance.
4	The General Open Enrollment Process	Is there a limit to the number of times I can change my elections during Open Enrollment?	No, you can make an unlimited number of changes before the Open Enrollment period closes. However, it is encouraged to make changes only when necessary and to review your Benefit Statement after each submission.
5	The General Open Enrollment Process	What is the function of the "Save for Later" button?	The "Save for Later" button saves your progress but does not submit your elections. If you use this feature, your changes will not take effect for the new plan year. To finalize selections, you must click "Review and Submit," check the "I accept" box, and then click "Submit".
6	The General Open Enrollment Process	Do I have to take action if I don't currently have benefits and do not want to enroll?	No, it is not mandatory to go into the system and waive benefits. However, it is highly advisable to review the Open Enrollment event to ensure all information is correct.
7	The General Open Enrollment Process	If I make my elections on the last day, will I get extra time for corrections?	No, there is no additional time provided for corrections if elections are made on the final day.
8	The General Open Enrollment Process	After I enroll, why does my Coverage Begin Date show a previous year?	If you do not make any changes to a specific benefit plan, the system will continue to display the original effective date of that coverage. The FSA is an exception; if you elect an amount equal to or less than your prior year's contribution, the original date may remain, but if you increase your contribution, the date will update to the new plan year.

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9	Navigating Special Circumstances	What is the deadline for OE if I am a new hire or have a life event during the OE period?	Your deadline is either the last day of the standard Open Enrollment window or 14 days after your new hire or life event has been finalized by the EBD, whichever is later.
10	Navigating Special Circumstances	I had a life event during OE. When will I get my new OE event?	A new Open Enrollment event will be sent to your SPS inbox after your qualifying life event has been finalized.
11	Navigating Special Circumstances	What happens if I have a life event between the start of OE and December 31st but I don't complete the new OE event?	When you complete your life event benefits enrollment, the system will regenerate a new Open Enrollment event. You must complete this new OE event within 14 days.
12	Navigating Special Circumstances	Why is my Open Enrollment event showing a status of "On Hold"?	An "On Hold" status indicates that you have another benefit event in progress, such as a New Hire enrollment or a life event. You must complete that other event first.
13	Navigating Special Circumstances	I am a new hire and want to waive benefits for this year but enroll for next year. What steps do I take?	First, complete your New Hire event and waive elections for the current year. Next, complete the separate Open Enrollment event to elect benefits for the upcoming plan year. The OE event will remain "On Hold" until the New Hire event is completed.
14	Navigating Special Circumstances	What happens for employees hired with a January 1st start date?	If an employee must be hired on January 1st, they will not receive a separate New Hire event. Their Open Enrollment event will serve as the new hire enrollment process.
15	Navigating Special Circumstances	How do new hires who start after the OE window closes enroll in benefits?	They will first receive a New Hire Benefit Event. After that is completed, they will receive a separate Open Enrollment Event. The New Hire event must be completed before starting the Open Enrollment event.
16	Navigating Special Circumstances	If I transfer to a new agency, will I get a new Open Enrollment event?	You will only receive a new event if your benefit group or eligibility changes (e.g., moving from a regular to a contractual position). In that case, you will first complete a "Benefit Change - Job Change" event, which triggers a new OE event.
17	Adding New Dependents/DVR	How do I add a new baby born during the Open Enrollment period?	You must initiate and complete the "Birth/Adoption" life event for the current year. After it is finalized, you must review and complete the updated OE event to ensure coverage for the next plan year.
18	Adding New Dependents/DVR	What is the correct procedure for updating or correcting information for my existing dependents?	Active employees must contact their ABC, who will submit a correction ticket with supporting documentation. You can still submit your OE elections while the correction is being processed.

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19	Adding New Dependents/DVR	What documents are required to add a new dependent?	When adding a new dependent, you must submit all required paperwork during the Open Enrollment period. Please review the complete list of Dependent Documentation Requirements .
20	Adding New Dependents/DVR	What happens if I cannot obtain or submit the required dependent documentation by the deadline?	If documentation is not uploaded by 5:00 p.m. on the last day of Open Enrollment, the newly added dependent will be removed from coverage for the new plan year.
21	Adding New Dependents/DVR	Can I add a new dependent if I don't have their Social Security Number?	Yes, a dependent can be added without an SSN, but you must still attach all other required documentation.
22	Adding New Dependents/DVR	I uploaded my dependent's documents. Why did I get a request for the same information?	This can happen if documents were uploaded to the general "Personal/Worker Documents" section instead of the Open Enrollment event. If so, leave a comment in the event's comment box stating, "Please see supporting documents in Personal/Worker Documents".
23	Adding New Dependents/DVR	Can my ABC upload dependent documents on my behalf?	Yes, your ABC can upload documents on your behalf to the "Employee/Personal document" section under the category "Benefits" or "Benefits Correspondence".
24	Adding New Dependents/DVR	How can I submit documents if I don't have a scanner?	Do not send hard copies to the EBD. You can take clear pictures or screenshots and upload the image files to your Open Enrollment event.
25	Adding New Dependents/DVR	Do I need to resubmit documentation for existing dependents if I just change my medical plan?	No, documentation is not required for existing, currently enrolled dependents.
26	Adding New Dependents/DVR	Why must I attach a divorce decree to remove an ex-spouse?	The divorce decree provides official documentation that the State was notified promptly and triggers the process for informing the ex-spouse of their COBRA eligibility.
27	Dependents with Special Age-Related Circumstances	My dependent is turning 26 this year. Do I need to do anything to remove them from my coverage?	No, you do not need to take any action. Dependents turning 26 are automatically removed and will not appear as eligible in your Open Enrollment event.
28	Dependents with Special Age-Related Circumstances	My disabled dependent is turning 26 and is not listed on my OE event. How do I ensure their coverage continues?	You must proactively contact the EBD at ebd.mail@maryland.gov or 410-767-4775, or speak with your Agency Benefits Coordinator to request a dependent disability packet.

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29	Dependents with Special Age-Related Circumstances	Under what circumstances would a disabled child over the age limit not be eligible to re-enroll?	A disabled child may not be eligible if: the disability was diagnosed after the child's 26th birthday, the child lost coverage from another source, the child did not apply for continuation within 60 days of their 25th/26th birthday, or the child was never enrolled in the State's benefit plan.
30	Dependents with Special Age-Related Circumstances	My spouse is over 65 and listed as "Spouse with Medicare." Will this affect their coverage under my employee plan?	No, this label is for informational purposes and will not impact their coverage under your active employee plan. The dependent will still be fully covered.
31	Domestic Partnership Eligibility/Enrollment	Who is eligible for domestic partner benefits?	To be eligible, a couple must meet criteria including living together for at least 12 months, not being married to others, being at least 18, residing together indefinitely, being in a commitment similar to marriage, and sharing financial obligations.
32	Domestic Partnership Eligibility/Enrollment	When can I enroll my domestic partner?	You can enroll during the annual Open Enrollment period or within 60 days of the partner losing other health coverage.
33	Domestic Partnership Eligibility/Enrollment	Are my domestic partner's children eligible for coverage?	Yes, if they are a biological child, adopted child, grandchild, or child under court-appointed guardianship who resides permanently with you.
34	Domestic Partnership Eligibility/Enrollment	Do same-sex and opposite-sex domestic partners have different eligibility or coverage?	No, there are no differences.
35	Domestic Partnership Eligibility/Enrollment	How are pre-existing conditions handled for domestic partners?	There are no pre-existing condition criteria for any enrollees.
36	Domestic Partnership Documentation	What documents are required to add a domestic partner?	You must submit a notarized Affidavit of Domestic Partnership and two additional proofs of financial interdependence, one of which must be dated at least 12 months before the date of submission. Examples include a joint lease or bank account.
37	Domestic Partnership Documentation	How should the Affidavit of Domestic Partnership be completed?	All sections must be completed, and the document must be signed in the presence of a notary public.
38	Domestic Partnership Documentation	Can a joint lease be used to satisfy multiple documentation requirements?	Yes, a joint lease dated 12 months or more in the past can serve as proof of shared residency, 12-month partnership duration, and shared financial obligations.

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39	Domestic Partnership Financial/Coverage Details	Are premium rates for domestic partners different from those for spouses?	The premium rates are the same, but the tax implications are different. The employer's contribution is considered "imputed income" and is added to your taxable gross income.
40	Domestic Partnership Financial/Coverage Details	What specific benefits are available to domestic partners?	They are eligible for all covered benefits, including medical, dental, vision, mental health, prescription drug, and term life insurance.
41	Domestic Partnership Financial/Coverage Details	Are there any benefits that a domestic partner or their children are not eligible for?	Yes, a domestic partner and their children cannot participate in a Flexible Spending Account (FSA). However, the employee may enroll for themselves.
42	Domestic Partnership Financial/Coverage Details	What happens to our coverage status if we later get married?	You must initiate a "Marriage" life event in Workday. This changes the status to spouse and terminates the imputed income taxes.
43	Domestic Partnership Dissolution	What is the process for ending a domestic partnership and removing a former partner from benefits?	You must complete and submit a Dissolution of Domestic Partnership form. The form must be completed entirely, but does not require notarization.
44	Domestic Partnership Dissolution	What happens to coverage if we move out of Maryland?	Coverage is not affected, as the State's benefit plans have an extensive nationwide network.
45	Domestic Partnership Dissolution	Can coverage continue if one of us leaves state employment or loses other insurance?	Yes, you can include your domestic partner in COBRA coverage if you leave State employment. You can also add your partner via a "Loss of Coverage" life event if they lose other insurance.
46	Flexible Spending Accounts (FSA)	If I don't make any changes, will my current benefit elections roll over to next year?	While most benefits will carry over, FSA elections do not. You must actively re-enroll in your FSA each year during Open Enrollment.
47	Flexible Spending Accounts (FSA)	Have the annual contribution limits for FSAs changed?	Yes, effective January 1st, the limits will be \$3,400 for the Healthcare FSA and \$7,500 for the Dependent Care FSA.
48	Flexible Spending Accounts (FSA)	My spouse's employer also offers a Dependent Care FSA. Can we both enroll?	Yes, but your combined household contribution cannot exceed the IRS limit of \$7,500 for the year.
49	Flexible Spending Accounts (FSA)	Where can I find a list of FSA-eligible items?	The IRS does not publish an exhaustive list. However, within the Workday system, you will find links to the IRS website for detailed guidance.

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50	Life Insurance	I previously added a beneficiary for my life insurance, but I don't see them listed in the OE event. Why?	The SPS/Workday system does not store your life insurance beneficiary records. This information must be managed directly with MetLife.
51	Life Insurance	Where can I find life insurance forms, such as a beneficiary form or Evidence of Insurability (EOI)?	Beneficiary forms and your certificate of coverage are available at dbm.maryland.gov/benefits . For EOI forms, you must contact MetLife directly at 1-866-574-2863.
52	Retiree Open Enrollment Process	How do retirees receive Open Enrollment information?	Retirees receive a physical packet in the mail. If your retirement is processed after September 1st, you should email ebd.mail@maryland.gov to request one.
53	Retiree Open Enrollment Process	My address is correct, but I haven't received my packet. What should I do?	Please contact the EBD at 410-767-6775 or email ebd.mail@maryland.gov to request a packet.
54	Retiree Open Enrollment Process	Where can I find the Retiree Health Enrollment forms?	Enrollment forms will be available at the EBD website no later than October 13th.
55	Retiree Open Enrollment Process	Do I need to take any action if I am satisfied with my current health plans?	Your current medical and dental plans will continue automatically. However, there is a critical exception for prescription drug coverage.
56	Retiree Open Enrollment Process	If I deferred my retirement benefits, can I enroll in them later?	Yes, but you must meet the specific eligibility criteria for deferred retirees. Consult the Guide to Your Benefits Booklet for details.
57	Retiree-Specific Benefit Rules	Can I increase my life insurance coverage during Open Enrollment?	No, as a retiree, you can only decrease or terminate your life insurance coverage.
58	Retiree-Specific Benefit Rules	What happens to life insurance coverage for a retiree or spouse who turns 65?	For detailed information, refer to the Guide to Your Benefits Booklet or contact EBD.
59	Retiree-Specific Benefit Rules	How can an ORP retiree determine dependent eligibility and state subsidy?	For specific information, please consult the Guide to Your Benefits Booklet or contact EBD.
60	Retiree Medicare Part D	What is the significant change to the retiree prescription drug plan?	The State's prescription drug plan for Medicare-eligible retirees ended on December 31, 2024. You must actively enroll in a Medicare Part D plan to have prescription coverage.
61	Retiree Medicare Part D	Who is affected by this change?	This change affects all Medicare-eligible retirees, Medicare-eligible spouses, and dependent children. Non-Medicare-eligible retirees and dependents are not affected and will remain on the State plan.

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62	Retiree Medicare Part D	Will I be automatically enrolled in a new plan?	No. Enrollment is not automatic. You must personally select and enroll in a Medicare Part D plan to have prescription drug coverage.
63	Retiree Medicare Part D	How do I enroll in a Medicare Part D plan?	You must enroll during the Medicare open enrollment period (October 15 – December 7). The State provides free, one-on-one counseling through Via Benefits to help you choose a plan. Please contact Via Benefits for assistance at 1-855-556-4419 (TTY:711), Monday through Friday, 8 a.m. to 7 p.m. ET.
64	Retiree Medicare Part D	My disabled child has Medicare. Are they affected by this change?	Yes. They will also need to enroll in a Medicare Part D plan to have prescription coverage.
65	Information for Contractual Employees	I am a contractual employee hired after the OE window opened. How do I enroll?	Once you complete and submit your initial New Hire Event, a separate Open Enrollment Event will be generated for you to make your elections for the upcoming year.
66	Information for Contractual Employees	What changes are coming for contractual employees in 2027?	There is one significant change planned for 2027: health insurance premiums will be paid through payroll deductions. For detailed information, refer to the Guide to Your Benefits Booklet or contact EBD.
67	Administrative & System Support	Where can I find my W#?	You can obtain your W# from the POSC (Payroll Online Service Center) .
68	Administrative & System Support	When should I contact my Agency Benefits Coordinator (ABC)?	You should contact your ABC if you do not receive an Open Enrollment event on the first day of the OE period, or if the benefit elections displayed in your event do not match what you expected.
69	Administrative & System Support	Can my ABC complete my Open Enrollment elections for me?	Yes, with your signed authorization. You must provide your ABC with a completed and signed Active Employee Health Benefits Enrollment and Change Form. If your event is "In Progress," the ABC can complete it. If it is "Successfully Completed," the ABC must submit a request through the SPS Ticketing system.
70	Administrative & System Support	How will I be notified about Open Enrollment?	You will receive an Open Enrollment notice in your SPS Benefit System inbox. If you have a valid work email address in the system, you will also receive email alerts and weekly reminders.
71	Updating Personal Information	How do I correct or update my address or contact information?	SPMS employees should update their information online through the "Contact Change" process in SPS. Benefits Only agency employees should follow their specific agency's procedure and contact their ABC or HR staff for details.

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72	Updating Personal Information	What is the process for a legal name change?	SPMS employees should update their name online via the "Change Legal Name" process in SPS. Benefits Only agency employees must follow their agency's established procedure.
73	Updating Personal Information	My address change makes me eligible for Kaiser, but it's not an option in my event. What should I do?	Contact your ABC to confirm the address change has been entered with the correct effective date. If it is accurate, your ABC will need to submit a ticket to have a new Open Enrollment event generated for you, which will include Kaiser as a medical plan option.
74	Other Important Information	What should I do if my healthcare provider is no longer in-network with my insurance?	If your preferred doctor is no longer in-network, you must select a different plan during Open Enrollment to avoid significant out-of-pocket costs. You are encouraged to use provider lookup tools for any plan you are considering. Please contact your Agency Benefits Coordinator for help locating these tools.