

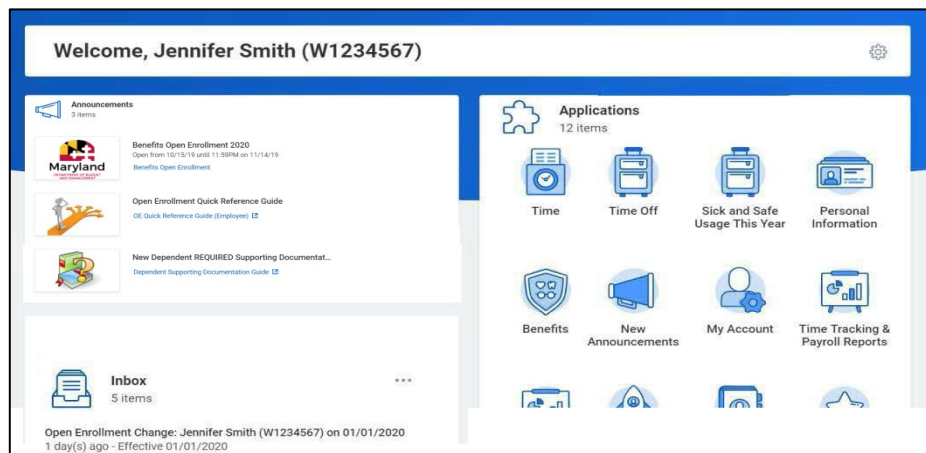
Complete Your Open Enrollment Elections (Employees)

QUICK REFERENCE GUIDE

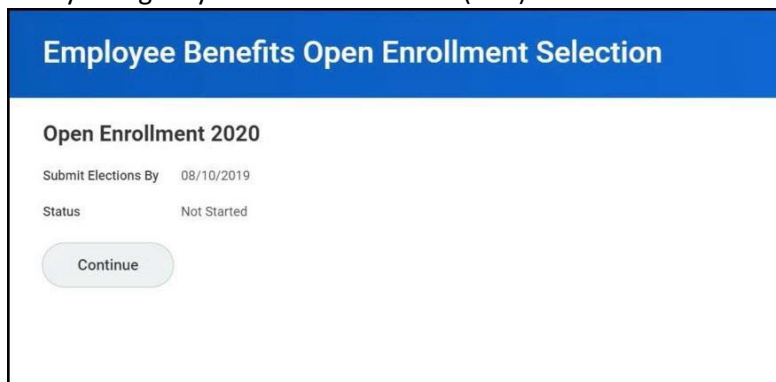


PROCESS STEPS

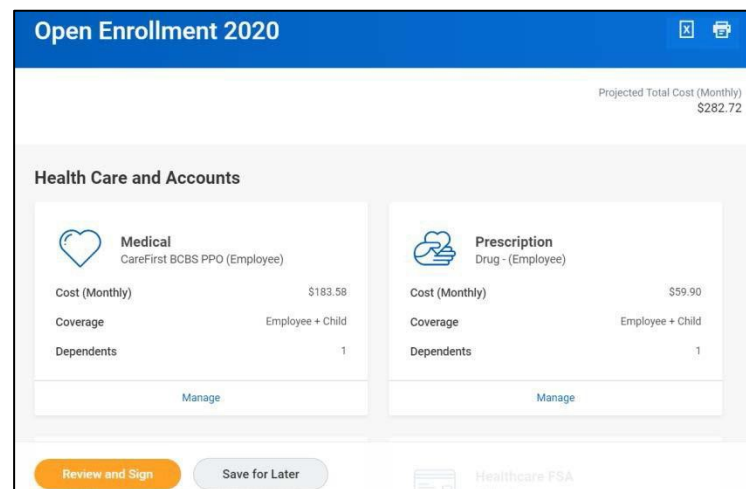
All State of Maryland Employees/Retirees will have access to online Open Enrollment. Open Enrollment begins October 15, 2019. Please look for the Open Enrollment announcement and link on the SPS Welcome page. If you are not making any changes, your current coverage will rollover to 2020, EXCEPT for Flexible Spending Accounts. You must re-enroll in FSA each year.



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 your Agency Benefit Coordinator (ABC).



2. Click the **Continue** button to go to the Health Care and Accounts screen to enroll or change your elections.



3. The benefit elections are listed by category: Medical, Prescription, Dental, Healthcare FSA, Dependent Care FSA, Life Insurance, etc. All elections from the previous plan year will populate EXCEPT the FSA. You can select the [Manage](#) or [Enroll](#) button to enroll or make changes to current elections.

In this example, we will click the [Manage](#) button in the **Medical** section.

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Projected Total Cost (Monthly) \$282.72

Plans Available

Select a plan or you can waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Child.

5 Items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CareFirst BCBS PPO (Employee)	\$183.58	\$734.36
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser IHM	\$139.30	\$789.38
<input type="radio"/> Select	UnitedHealthcare EPO (Employee)	\$142.42	\$807.10

Confirm and Continue

4. 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. Then 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.

Dependents

Health Care Instructions

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

Coverage: Employee

Plan cost (Monthly) \$68.08

Add

2 Items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Ricky Smith	Spouse	01/04/1975
<input type="checkbox"/>	Karen Smith	Child	03/11/1998

Save **Cancel**

5. On the **Dependents** screen, check or uncheck the box next to each dependent you want to add or remove from the plan. Then click the **Save** button.

If you want to add a new dependent, click the **Add** button. On the "Add My Dependent from Enrollment" page, you will see the **REQUIRED** supporting documentation for each dependent type. After clicking **OK**, proceed to enter all of the information for the new dependent including the **SSN** or **ITIN**, if the dependent has one. Then **SAVE**. You will be returned to the Dependents page and you will see your newly added dependent now displays and has been selected for coverage. You must add/attach the **REQUIRED** supporting documentation in the **Attachments** section of the Open Enrollment event. (see Step#8). 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.

Open Enrollment 2020

Your Medical changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Projected Total Cost (Monthly) \$273.62

Health Care and Accounts

Plan	Cost (Monthly)	Coverage	Dependents
Medical CareFirst BCBS EPO (Employee)	\$176.98	Employee + Family	3
Prescription Drug - (Employee)	\$59.90	Employee + Child	1
Dental United Concordia DPPD (Employee)	\$22.24	Employee + Child	1

Review and Sign **Save for Later**

6. You will get a message that the changes have been updated but not submitted. Next proceed to update the other plans as desired and then click the **Review and Sign** button once you are ready to submit your changes. Note you can also click the **Save for Later** button if you want to return at a later time to finish the elections.

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, 2020; your elections by default will remain the same as your 2019 elections and you will not be able to add the dependent until the next open enrollment, EXCEPT for FSA which will be discontinued.

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QUICK REFERENCE GUIDE



PROCESS STEPS

View Summary

Projected Total Cost (Monthly) \$273.62

Your Benefit Elections will not take effect unless you check the "I Agree" box below and click the "SUBMIT" button.

Selected Benefits 4 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical CareFirst BCBS EPO (Employee)	01/01/2020	01/01/2020	Employee + Family	Carter Smith Karen Smith Ricky Smith		\$176.98
Prescription Drug - (Employee)	01/01/2018	01/01/2018	Employee + Child	Karen Smith		\$59.90
Dental	01/01/2018	01/01/2018	Employee + Child	Karen Smith		\$22.24

Submit Save for Later Cancel

7. On the **View Summary** page, you can do a final review of the Selected and Waived benefits. The total monthly cost displays at the top right of the screen and the plan monthly cost next to each plan.

Attachments

Drop files here

Select files

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 serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- 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 the cost of your benefit elections.

Submit Save for Later Cancel

8. 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.

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 serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- 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 the cost of your benefit elections.
- 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 enrollment for yourself and any eligible dependents at this time.
- 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 COMAR 17.04.13.04 and IRS Section 125 (26 U.S.C. §125);
 - 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 period;
 - For those enrolling dependents: I certify that my covered dependents are not covered under another State of Maryland employee's or retiree's membership for any coverage for which they are being enrolled during this Open Enrollment period.

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 timely, or in any way obtain benefits to which I am not entitled, my benefits will be canceled, I will be required to repay the full value of the lesser of any claims or insurance premiums, and I may face criminal investigation and prosecution.

You are entitled to request a paper form for submission of your enrollment elections. By filing this form electronically you are consenting to submission by electronic means and agree that electronic filing does not invalidate your submission in any way. Pursuant to Maryland Commercial Law Article § 21-106, where a law requires a signature, 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

9. Read the Electronic Signature section and then click the **I Accept** checkbox to certify your elections.

10. Then click the **Submit** button to submit your Open Enrollment elections.

Submitted

Success, You're Enrolled

You may print this form for your records. If you do not print it now, you can view your elections at any time, but cannot print this form at a later date.

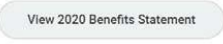


Important Dates:

Benefits go into effect 01/01/2020

Final day to update benefits 08/10/2019

View 2020 Benefits Statement

Done

11. You will get a message that you have enrolled in benefit elections. You should click the  button to view and print your benefits statement or click the  button to finish. Please note that with the change to online open enrollment, you will no longer receive a printed confirmation statement from DBM EBD. After printing, click the "home"  icon in the upper left-hand corner of the page to return to the SPS Welcome page.

*You can make changes to your Open Enrollment elections anytime during the Open Enrollment period. Open Enrollment will close for election changes at at 11:59pm on November 14, 2019. 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 and click the **Change Open Enrollment** button at the bottom of the page in the "Current Cost" box.*

*Once Open Enrollment is closed at 11:59pm on November 14, 2019, no more changes can be made to elections for January 1, 2020. 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, 2020.** 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 your ABC for assistance prior to submitting your open enrollment elections.*