

# Complete Your Open Enrollment (Employees/Retirees) Quick Reference Guide



## PROCESS STEPS:

EE05

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 2025 (**EXCEPTION: new FSA elections must be completed each year**). The **Open Enrollment period spans October 15 to November 8 at 5 pm**. The system will close at 5PM on the last day. Watch your email for notifications.

1. You can access the Open Enrollment event from the **SPS Welcome page** by clicking the [Open Enrollment icon](#) in the Announcements section or by clicking on [Open Enrollment Change](#) in Awaiting Your Action. If you do not have a [Benefits Open Enrollment](#) link please contact your Agency Benefits Coordinator for assistance.

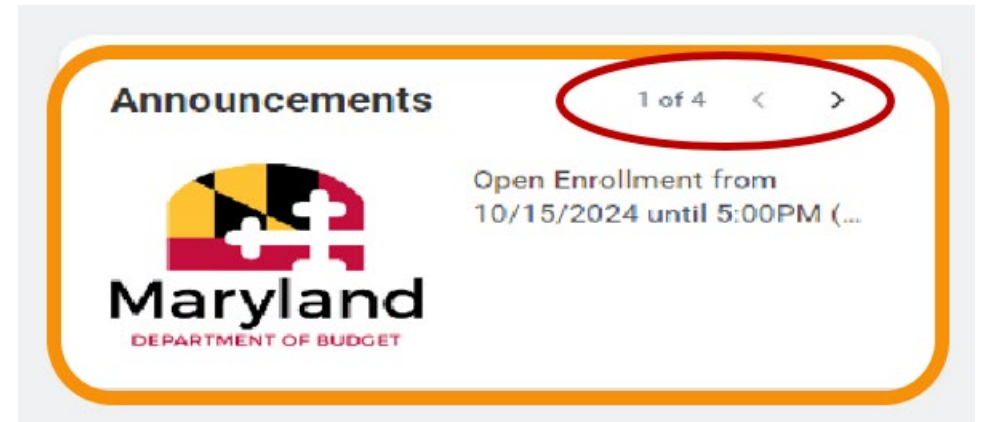
### Awaiting Your Action



Open Enrollment Change: Benefits Coordinator - A01 (B2000001) on 01/01/2025  
My Tasks - 10 day(s) ago

[Go to My Tasks \(1\)](#)

2. Click the **Employee Benefits Open Enrollment Selection** link 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 a current enrollment in this category
- An **Enroll** button indicates coverage is currently waived in this category

The screenshot shows the 'Open Enrollment' page with a projected total cost of \$321.24. It is divided into 'Health Care and Accounts' and 'Insurance' sections. Under 'Health Care and Accounts', there are tiles for Medical (CareFirst BCBS EPO, \$184.94, Employee + Family, 3 dependents, Manage button), Prescription (Drug, \$90.14, Employee + Family, 3 dependents, Manage button), Dental (United Concordia DPO, \$46.16, Employee + Family, 3 dependents, Manage button), Healthcare FSA (Waived, Enroll button), and Dependent Care FSA (Waived, Enroll button). Under 'Insurance', there are tiles for Life Ins - Guaranteed (Waived, Enroll button), Life Ins - Supplemental (Waived, Enroll button), Spouse Life (Waived, Enroll button), Child Life (Waived, Enroll button), and AD&D (Waived, Enroll button). At the bottom, there are 'Review and Sign' and 'Save for Later' buttons.

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

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

This is a close-up of the Medical category tile. It shows a heart icon, the title 'Medical', and the plan name 'CareFirst BCBS EPO (Employee)'. Below this, it lists 'Cost (Monthly)' as \$184.94, 'Coverage' as 'Employee + Family', and 'Dependents' as 3. At the bottom right of the tile, the 'Manage' button is highlighted with a red box.

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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)  
\$321.24

**Plans Available**

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family.

5 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CareFirst BCBS EPO (Employee)	\$184.94	\$1,048.06
<input type="radio"/> Select <input checked="" type="radio"/> Waive	CareFirst BCBS PPO (Employee)	\$266.46	\$1,065.86
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser IHM	\$184.82	\$1,047.37
<input type="radio"/> Select <input checked="" type="radio"/> Waive	UnitedHealthcare EPO (Employee)	\$177.46	\$1,005.66
<input type="radio"/> Select <input checked="" type="radio"/> Waive	UnitedHealthcare PPO (Employee)	\$262.14	\$1,048.54

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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 steps #9 through #16.

**If you see an error 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 EPO (Employee)

Projected Total Cost (Monthly)  
\$321.24

#### Dependents

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

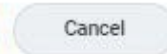
Coverage \* Employee + Family

Plan cost (Monthly) \$184.94



3 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Dustin McNeil	Spouse	04/17/1981
<input checked="" type="checkbox"/>	Dustin McNeil	Child	07/11/2005
<input checked="" type="checkbox"/>	Brady McNeil	Child	06/21/2010



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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  to proceed to add the dependent.

### Add My Dependent From Enrollment

Logan McNeil (W9898989) ⋮

During a qualifying life event or Open Enrollment you have the ability to add dependents to medical, dental, prescription, life insurance and/or AD&D coverage.

Translation of Non-English Documentation:  
If you submit dependent documentation that is 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 can be found at any college or university. The translation of each document must be signed by the 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;

Required Documentation (Biological Child):

OK Cancel

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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 the page to **National IDs** section. Click the Add button

Add

to open the section to complete.

### Add My Dependent From Enrollment

#### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

#### Personal Information

Relationship \*

Date of Birth \*

Age (empty)

Gender \*

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

#### National IDs

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

Add

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


### PROCESS STEPS:

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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 *	<input type="text" value="Search"/>
National ID Type *	<input type="text"/>
Current ID	(empty)
Add/Edit ID *	<input type="text"/>
Issued Date	<input type="text" value="MM/DD/YYYY"/>
Expiration Date	<input type="text" value="MM/DD/YYYY"/>
Issued By	
Series	
Verification Date	09/02/2021
Verified By	Logan McNeil
	<input type="button" value="Remove"/>
	<input type="button" value="Add"/>

#### National IDs

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

Country *	<input type="text" value="x United States of America"/>
National ID Type *	<input type="text" value="x Social Security Number (SSN)"/>
Current ID	(empty)
Add/Edit ID *	<input type="text" value="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

Country

United States of America

Address Line 1

123 MAIN STREET

Address Line 2

City

Baltimore

State

Maryland

Postal Code

21212

County

Baltimore City

Save

Cancel



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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.**

16. Click on the **Save button** to proceed.

### Medical - CareFirst BCBS EPO (Employee) 01/19/2019

Projected Total Cost (Monthly)  
\$321.24

#### Dependents

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

Coverage ★ Employee + Family

Plan cost (Monthly) \$184.94

[Add New Dependent](#)

4 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Dustin McNeil	Spouse	04/17/1981
<input checked="" type="checkbox"/>	Dustin McNeil	Child	07/11/2005
<input checked="" type="checkbox"/>	Brady McNeil	Child	06/21/2010
<input checked="" type="checkbox"/>	Lena McNeil	Child	05/21/2019

[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, Flexible Spending, Life Insurance and AD&D), if desired.

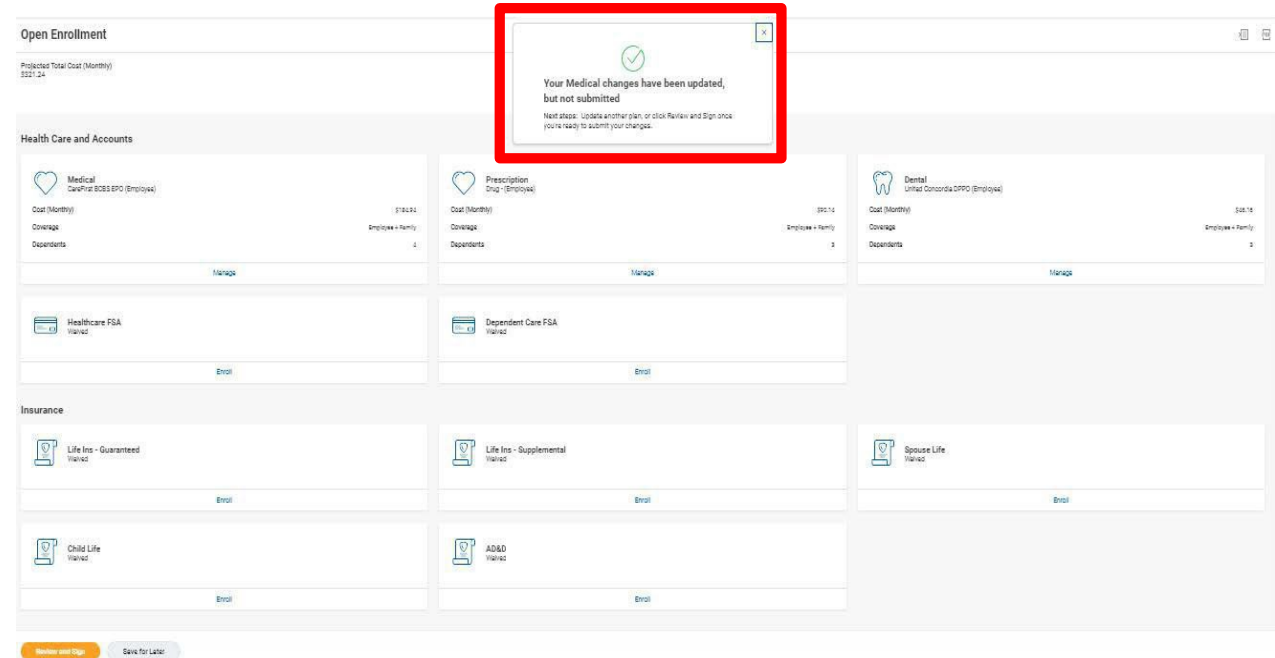
#### Special Flexible Spending Account Notes:

- The healthcare FSA covers eligible expenses for you, your spouse and eligible dependents.
- The dependent daycare FSA covers daycare expenses for your eligible dependents while you and your spouse (if applicable) work.

#### Special Life Insurance Notes:

- Guaranteed Life Insurance elections must be \$50,000 **BEFORE** electing Supplemental Life Insurance.
- Dependents may only have 50% of the member combined total of Guaranteed + Supplemental Life Insurance.

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



The screenshot shows the 'Open Enrollment' page with a red box highlighting a message: '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.' Below the message, there are sections for 'Health Care and Accounts' and 'Insurance'. The 'Health Care and Accounts' section includes Medical Care (EPO), Prescription Drug, Dental (United Concordia DPO), Healthcare FSA, and Dependent Care FSA. The 'Insurance' section includes Life Ins - Guaranteed, Life Ins - Supplemental, Spouse Life, Child Life, and AD&D. At the bottom, there are buttons for 'Review and Sign' and 'Save for Later'.

**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, 2025; your elections by default will remain the same as your 2024 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 selected are accurate**
- **Verify all dependents you want covered for each Plan are listed in the Dependents column next to the Plan**

If you identify an error click your browser back button and you will return to the Open Enrollment page.

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

**View Summary**

Projected Total Cost (Monthly)  
\$321.24

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

- Verify the Plans selected are accurate
- Verify all dependents are covered for each Plan type.

If you identify an error click your browser back button, you will return to the Enrollment page.

**IMPORTANT** - When adding a new dependent or re-enrolling a dependent, the State of Maryland requires dependent verification documentation be attached to your enrollment election. Any New Dependent added without having the correct documentation attached will NOT BE APPROVED FOR COVERAGE. The Event will be returned to you to upload the required documentation, delaying approval of coverage for you and all other dependents. Resubmitted events must be received on or before the Submit Election by Date.

[Dependent Supporting Documentation Requirements link](#)

- o "Newly added dependents" are dependents that have never been covered
- o "Re-enrolled dependents" are dependents that were covered at one time in the past but haven't been insured under the State of Maryland plan since January 2019.

If you change plans, you **MUST** reselect the dependents you wish to cover by clicking/selecting the dependent on the "Dependents" page. If you fail to do this your dependents will not be covered.

**IMPORTANT** - If you are removing a former spouse from coverage you must attach a copy of the Divorce decree as the required supporting documentation and it **MUST** be submitted/attached to your open enrollment event.

Turn on the new table view:

Plan	Coverage Begin Date	Deletion Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical CareFirst BCBS OPO (Employee)	01/01/2022	01/01/2022	Employee + Family	Breidy McNeil Dustin McNeil Dustin McNeil Lena McNeil		\$164.90
Prescription Drug (Employee)	01/01/2018	01/01/2018	Employee + Family	Breidy McNeil Dustin McNeil Dustin McNeil		\$90.16
Dental United Concordia OPO (Employee)	01/01/2018	01/01/2018	Employee + Family	Breidy McNeil Dustin McNeil Dustin McNeil		\$66.18

### 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 and an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.*

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

I Accept

Submit

Save for Later

Cancel


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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.

If you WANT TO PRINT a copy of your elections, click on the **View 2025 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 01/01/2025

Final day to update benefits 11/15/2024

[View 2025 Benefits Statement](#)

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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 [Open Enrollment](#) icon 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, 2025.

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, 2025.** If you have any questions on the correct/required documentation please review the [Dependent Required Supporting Documentation link](#) on the **SPS Welcome page** in the **Announcements section** or your Agency Benefits Coordinator for assistance prior to submitting your open enrollment elections.