

Change Benefit Elections

QUICK REFERENCE GUIDE

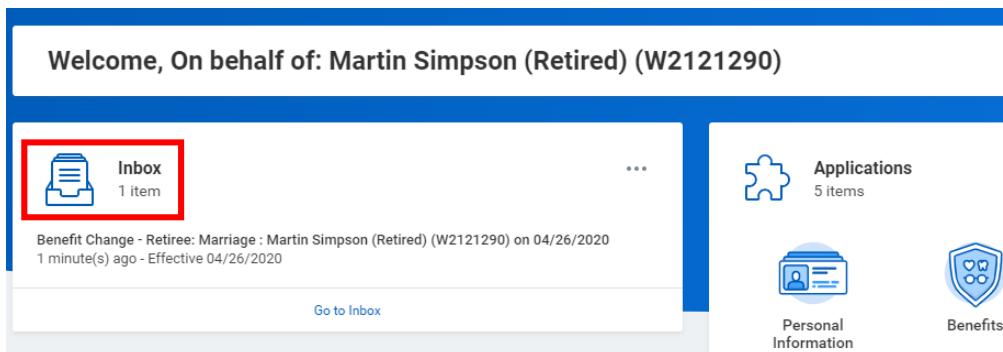


PROCESS STEPS:

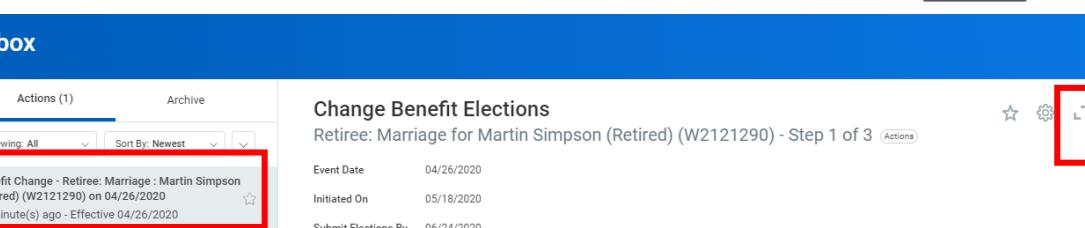
The example used in the guide is a Retiree: Marriage event.

BEFORE starting the steps in this Quick Reference Guide, you needed to complete the [Initiate Life Event Quick Reference Guide](#) steps.

1. From the SPS homepage, click the **Inbox** icon.



2. View to ensure the Retiree: Marriage event is selected and then click the double arrows to expand the screen.



3. On the Change Benefit Elections page, benefits that have been elected are indicated with a **BLUE Elect radio button**, Benefits that have been waived are indicated with a **BLUE Waived radio button**.

4. For each benefit plan you choose to enroll in, click the Elect radio button next to the plan.

General Instructions:

- [To enroll in a plan](#), select the "Elect" button next to the plan.
- [To enroll a dependent\(s\)](#), click in the "Enroll Dependents" block and select "Add Dependent from Enrollment" from the dropdown.
- After selecting "Add Dependent" you will see a screen that shows the required supporting documentation for each of this enrollment, you MUST attach the required supporting documentation (birth certificate, marriage certificate, etc.) added. [Your coverage will not go into effect if the required supporting documentation is not received.](#)
- [You only need to setup a new dependent one time](#). Once you have added the dependent the first time, you can see other coverages by selecting "Existing Dependents" in the "Enroll Dependents" block.
- [If you change plans, you MUST reselect the dependents you wish to cover by clicking in the "Enroll Dependents" block](#). Dependents will not be covered.

Health Care Elections 7 items		Enroll Dependents	Coverage
Benefit Plan	Elect / Waive		
Medical - CareFirst BCBS EPO (Retiree with Medicare)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO (Retiree with Medicare)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		Employee/Retiree Only, with Medicare

5. Verify the dependent names that appear in the Enroll Dependents column are correct. Only the dependent names that appear in this column are enrolled in the selected coverage.

If a dependent name does not appear that you want enrolled you must add the dependent to the coverage.

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PROCESS STEPS:

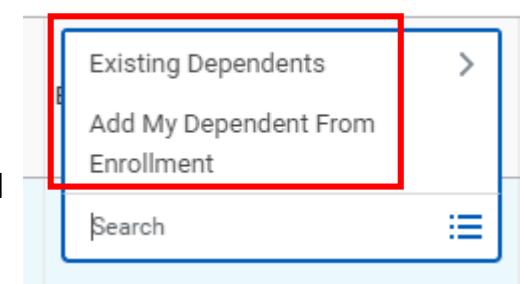
6. If you wish to add a dependent to coverage, go to the **Enroll Dependents** column on the desired coverage and click on the 3 bars on the right-hand side of the field.



Health Care Elections 7 items			
Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS PPO (Retiree with Medicare)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee/Retiree Only, with Medicare

7. If the dependent you want to add to the coverage IS already setup in the system select the **Existing Dependents** option.

If the dependent you want to add IS NOT already setup in the system, such as a new spouse or newborn, select the **Add My Dependent From Enrollment** option.



8. After selecting **Add My Dependent From Enrollment** option you will see a page that details the supporting documentation required for each dependent type.

Please review this page BEFORE clicking the OK button to understand the required documentation DBM Employee Benefits Division MUST receive PRIOR to adding a new dependent to coverage.

If you added the documentation when initiating this Life Event you are not required to attach it again. If it is identified on this page that you have not previously attached your documentation, you will be required to attach it **PRIOR to submitting these election changes**.

Add My Dependent From Enrollment
Martin Simpson (Retired) (W2121290)
10 minute(s) ago - Effective 04/26/2020

During a qualifying life event or Open Enrollment you have the ability to add dependents to medical, dental and/or prescription 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;
 - From the Maryland Division of Vital Records for marriages that occurred at least six months prior to enrollment;
 - From the Department of Health and Mental Hygiene (DHMH) website: www.dhmh.maryland.gov (Click Online Services) – also www.vitalcheck.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

OK **Cancel**

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PROCESS STEPS:

9. Complete the Add My Dependent information by entering information for all of the fields with a RED * next to them.

First enter the First Name, Last Name, Relationship, Date of Birth and Gender of the new dependent.

Add My Dependent From Enrollment

10 minute(s) ago - Effective 04/26/2020

Name

Country *	<input type="text" value="United States of America"/>
Prefix	<input type="text"/>
First Name *	<input type="text" value="Marge"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text" value="Simpson"/>
Suffix	<input type="text"/>

Personal Information

Relationship *	<input type="text" value="Spouse"/>
Date of Birth *	<input type="text" value="05 / 21 / 1964"/>
Age	55 years, 11 months, 27 days
Gender *	<input type="text" value="Female"/>
Citizenship Status	<input type="text"/>
Full-time Student	<input type="checkbox"/>
Student Status Start Date	<input type="text"/>
Student Status End Date	<input type="text"/>
Disabled	<input type="checkbox"/>

10. Scroll down the page to complete the National ID by clicking the ADD button.

If the dependent does not have a SSN or ITIN National ID do not click the ADD button.

National IDs

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

Country *	<input type="text" value="United States of America"/>
National ID Type *	<input type="text" value="Social Security Number (SSN)"/>
Identification #	<input type="text" value="123-45-6789"/>
Issued Date	<input type="text"/>
Expiration Date	<input type="text"/>

Remove

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PROCESS STEPS:

11. Scroll down the page to complete the Address information.

Address	
Use Existing Address	<input type="text" value="132 Lakeside Drive for Martin Simpson"/>
Country	United States of America
Address Line 1	132 Lakeside Drive
Address Line 2	
City	Lewes
State	Delaware
Postal Code	19958
County	
Phone & Email	
Country Phone Code	United States of America (+1)
Phone Number	(410) 919-4045
Phone Extension	
Email Address	<input type="text"/>

OK **Cancel**

12. Click the **OK** button to continue.

OK

13. You will be returned to the elections page where you will see your new dependent has been added to the coverage selected.

Health Care Elections 7 items			
Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS PPO (Retiree with Medicare)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="Marge Simpson"/> <input type="button" value="..."/>	Employee/Retiree + 1, One with Medicare (Ref ID: 87)

14. Once a dependent is added to a plan, they will now appear in your **Existing Dependents** list and DO NOT NEED to be added again. Add the dependent to other coverage by clicking the prompt and selecting Existing Dependents.

NOTE: YOUR COVERAGE WILL NOT GO INTO EFFECT IF THE REQUIRED SUPPORTING DOCUMENTATION IS NOT RECEIVED.

- You only need to setup a new dependent one time. Once you have added the dependent the first time, you can add them to other coverages by selecting "Existing Dependents" in the "Enroll Dependents" block.
- If you change plans, you MUST reselect the dependents you wish to cover by clicking in the "Enroll Dependents" block. Dependents will not be covered.

Health Care Elections 7 items	
Benefit Plan	*Elect / Waive
Prescription - Drug (Retiree with EGWP)	<input checked="" type="radio"/> Waive <input type="radio"/> Elect <input type="radio"/> Waive
	Existing Dependents <input type="checkbox"/> Marge Simpson <input type="button" value="Search"/> <input type="button" value="..."/>

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PROCESS STEPS:

15. If you added a new dependent and did not complete a National ID, you will receive a screen requiring you to either complete the ID or complete a reason why you do not have an ID.

Dependent IDs 1 item	
Dependent	National ID Type Name
Mary Hardy	Social Security Number (SSN)

*Identifier ID Entered / Reason ID is Not Available

Identifier ID Entered

Reason ID is Not Available

16. Complete any other election changes, as desired.

17. At the bottom of the screen you will see multiple options for how to proceed.

Continue

Save for Later

Go Back

Choose **Continue** to continue making election choices

Choose **Save for Later** If you want to come back and complete your elections at a later time

Choose **Go Back** to return to elections made on an earlier page

18. The last page is the **Benefit Elections Review page**. Review the elections to ensure all are correct and each election reflects the correct dependents

Change Benefit Elections

Benefit Elections Review for Retiree: Marriage - Step 3 of 3 [Actions](#)

> Details

- Your Benefit Elections will not take effect unless you check the "I AGREE" box below and click the "SUBMIT" button.
- IMPORTANT - If a new dependent has been added, the required supporting documentation MUST be submitted/ attached to you. Any new dependent added without having the correct documentation attached will NOT BE APPROVED FOR COVERAGE.
- If you have any questions on the correct/required documentation please review the New Dependent Required Supporting Document SPS Benefits Help Center (<https://dbm.maryland.gov/spa/Documents/New%20Dependent%20Required%20Supporting%20Documentation.pdf>) contact the DBM Employee Benefits Division at 410-767-4775 for assistance prior to submitting your open enrollment elections.

Elected Coverages 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (
Medical - CareFirst BCBS PPO (Retiree with Medicare)	05/01/2020	05/01/2020	Employee/Retiree + 1, One with Medicare (Ref ID: 87)	Marge Simpson		
Prescription - Drug (Retiree with EOBW)	05/01/2020	05/01/2020	Retiree + 1, Retiree with Medicare (Ref ID: 50)	Marge Simpson		

Submit

Save for Later

Go Back

Cancel

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PROCESS STEPS:

19. Scroll down to the **Attachments section**. This is where you MUST attach any required dependent documentation using either the **Drop files here** option or the **Select files** button.

Attachments

A screenshot of a web page showing the 'Attachments' section. The section has a light gray background. At the top left is the word 'Attachments'. In the center is a rectangular area with a light gray background. Inside this area, the text 'Drop files here' is centered above a small circular button. Below this is a horizontal line with the word 'or' in the center. At the bottom is a rounded rectangular button with the text 'Select files' in the center. A thick red box is drawn around this entire central area.

You may review the required supporting documentation again either on the **SPS Benefits Help Center** or from the **Benefits icon** on the SPS Homepage.

20. Scroll down to the **Electronic Signature section**. Read the **Electronic Signature text** and click the **I Agree** box.

21. Click the **Submit** button.

A yellow rounded rectangular button with the word 'Submit' in black text.

22. On the **Submit Election Confirmation** page you have the option to print a copy of the election change using the **Print** button. If no print copy is desired, click the **Done** button.

A light gray rounded rectangular button with the word 'Print' in black text.

A light gray rounded rectangular button with the word 'Done' in black text.

The event has now been submitted to DBM Employee Benefits Division (EBD) for review. The election change will not go into effect until DBM EBD approves the election change. The retiree will receive a SPS and email notification once the event is approved if you have a personal email address in SPS.

If during review EBD identifies missing supporting documentation or any other issues they will return the event to the retiree. The retiree will be notified via SPS and email notification if you have a personal email address in SPS.