

Complete Your Open Enrollment (Employees)

QUICK REFERENCE GUIDE

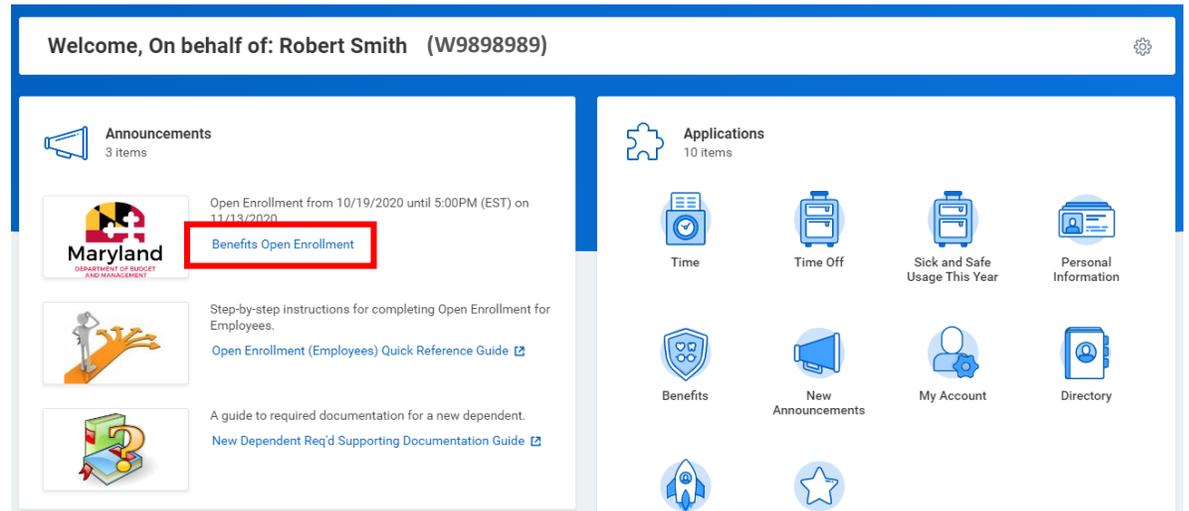


PROCESS STEPS:

EE05

All State of Maryland Employees/Retirees will have access to online Open Enrollment. **Open Enrollment begins October 19, 2020 and will remain open until November 13, 2020 at 5PM.** 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 2021.

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 Benefits Coordinator for assistance.



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

Employee Benefits Open Enrollment Selection

Open Enrollment 2021

Submit Elections By 09/23/2020

Status Not Started

Continue

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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

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.

The screenshot shows the 'Open Enrollment' dashboard. At the top right, it displays 'Projected Total Cost (Monthly) \$273.92'. The dashboard is organized into sections: 'Health Care and Accounts' and 'Insurance'. Under 'Health Care and Accounts', there are three tiles: 'Medical' (CareFirst BCBS PPO, Employee) with a cost of \$183.58 and 1 dependent; 'Prescription' (Drug - Employee) with a cost of \$74.80 and 1 dependent; and 'Dental' (United Concordia DPPO, Employee) with a cost of \$11.64. Below these are 'Healthcare FSA' (Waived) and 'Dependent Care FSA' (Waived), both with 'Enroll' buttons. Under 'Insurance', there are three tiles: 'Life Ins - Guaranteed' (MetLife, Employee) with a cost of \$1.50; 'Life Ins - Supplemental' (Waived); and 'Spouse Life' (Waived). At the bottom, there are 'Review and Sign' and 'Save for Later' buttons.

This is a close-up of the 'Medical' tile. It shows a heart icon, the title 'Medical', and the plan name 'CareFirst BCBS PPO (Employee)'. Below this, it lists 'Cost (Monthly) \$183.58', 'Coverage Employee + Spouse', and 'Dependents 1'. At the bottom of the tile, the 'Manage' button is highlighted with a red rectangular 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

Plans Available

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

4 items



*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	CareFirst BCBS EPO (Employee)	\$142.86	\$809.54
<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	UnitedHealthcare EPO (Employee)	\$142.42	\$807.10
<input type="radio"/> Select <input checked="" type="radio"/> Waive	UnitedHealthcare PPO (Employee)	\$180.60	\$722.42

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.

Save

Medical - CareFirst BCBS PPO (Employee)

Dependents

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

Coverage * Employee + Spouse

Plan cost (Monthly) \$183.58

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Mary Smith	Spouse	10/02/1995

Save

Cancel

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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

Robert Smith (W9898989)

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 removal 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 (Click Online Services) – also 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 in-capable 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):

- **Pending Adoption:** Notice of placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption
- **Final Adoption:** Copy of final adoption decree signed by a judge or a State issued birth certificate showing employee/retiree as the parent

OK

Cancel

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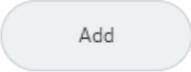


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10. On the **Add My Dependent from Enrollment page**, complete the following data for the new dependent:

- 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	Personal Information
Country * <input type="text" value="United States of America"/>	Relationship * <input type="text"/>
Prefix <input type="text"/>	Date of Birth * <input type="text" value="MM/DD/YYYY"/>
First Name * <input type="text"/>	Age (empty)
Middle Name <input type="text"/>	Gender * <input type="text" value="select one"/>
Last Name * <input type="text"/>	Citizenship Status <input type="text"/>
Suffix <input type="text"/>	Full-time Student <input type="checkbox"/>
	Student Status Start Date
	Student Status End Date
	Disabled <input type="checkbox"/>

National IDs

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

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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	09/21/2020
Verified By	Robert Smith
	<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

✕ 123 MAIN STREET for Robert Smith

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 PPO (Employee)

Dependents

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

Coverage * Employee + Family

Plan cost (Monthly) \$254.98

Add New Dependent

2 items



Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Mary Smith	Spouse	10/02/1995
<input checked="" type="checkbox"/>	Joseph Smith	Child	02/02/2018

Save

Cancel

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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.

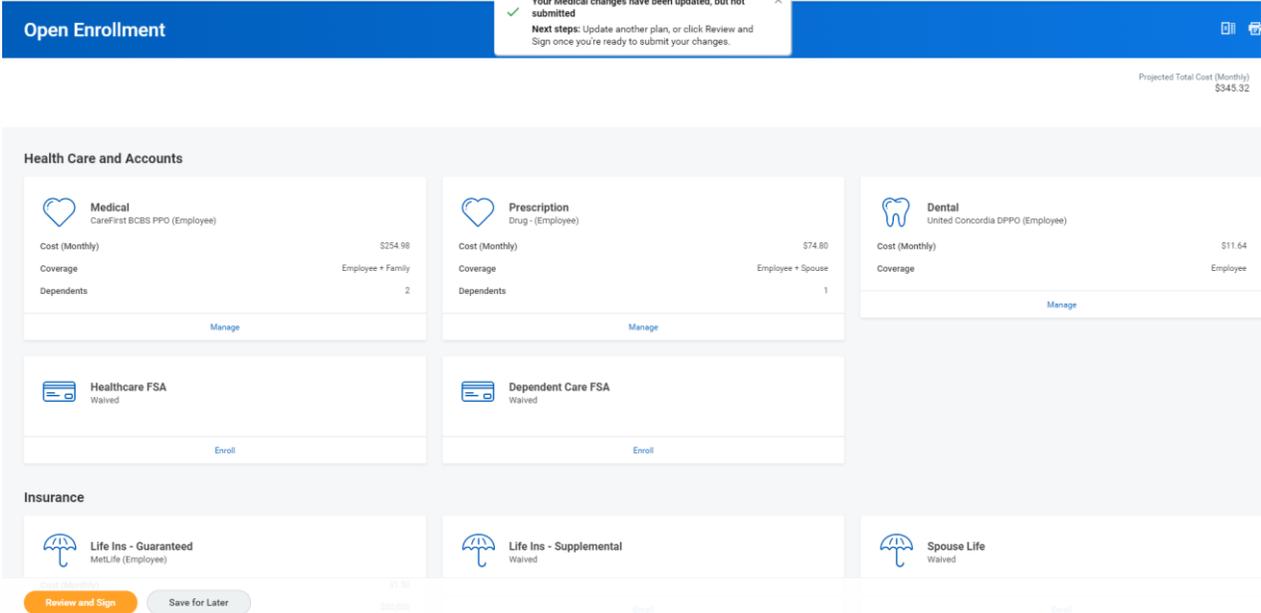
Special Flexible Spending Account Notes:

- 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 displays the 'Open Enrollment' page with a notification at the top: 'Your Medical changes have been updated, but not submitted'. Below the notification, the 'Projected Total Cost (Monthly)' is shown as \$345.32. The page is organized into sections: 'Health Care and Accounts' and 'Insurance'. Under 'Health Care and Accounts', there are three columns: 'Medical' (CareFirst BCBS PPO, Employee) with a cost of \$254.98; 'Prescription' (Drug - (Employee)) with a cost of \$74.80; and 'Dental' (United Concordia DPPO, Employee) with a cost of \$11.64. Below these are 'Healthcare FSA' (Waived) and 'Dependent Care FSA' (Waived), both with 'Enroll' buttons. Under 'Insurance', there are three options: 'Life Ins - Guaranteed' (MetLife, Employee) with a cost of \$1.56; 'Life Ins - Supplemental' (Waived); and 'Spouse Life' (Waived). 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, 2021; your elections by default will remain the same as your 2020 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.

View Summary

Selected Benefits 6 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical CareFirst BCBS FPPO (Employee)	01/01/2021	01/01/2021	Employee + Family	Joseph Smith Mary Smith		\$254.98
Prescription Drug - (Employee)	01/01/2021	01/01/2021	Employee + Family	Joseph Smith Mary Smith		\$90.14
Dental United Concordia DPPO (Employee)	01/01/2021	01/01/2021	Employee + Family	Joseph Smith Mary Smith		\$43.60
Life Ins - Guaranteed MetLife (Employee)	09/01/2020	09/01/2020	\$50,000			\$1.50
Life Ins - Supplemental MetLife (Employee)	01/01/2021	01/01/2021	\$50,000			\$1.50
ADBID MetLife (Employee)	09/01/2020	09/01/2020	\$200,000			\$2.40

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.

Attachments

Drop files here

or

Select files



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 DO WANT TO PRINT a copy of your elections, click on the **View 2021 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

Success, You're Enrolled

- You may print this 2021 Health Benefits Election confirmation form today and through 11/13/2020 at 5pm.
- If you do not print it now, you can view and/or print your elections at any time on or after 11/30/2020.

Important Dates:

Benefits go into effect 01/01/2021

Final day to update benefits 09/23/2020

[View 2021 Benefits Statement](#)

[Done](#)

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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 November 13, 2020. 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 November 13, 2020, no more changes can be made to elections for January 1, 2021.

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, 2021.** 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 your Agency Benefits Coordinator for assistance prior to submitting your open enrollment elections.