

# Change Benefit Elections

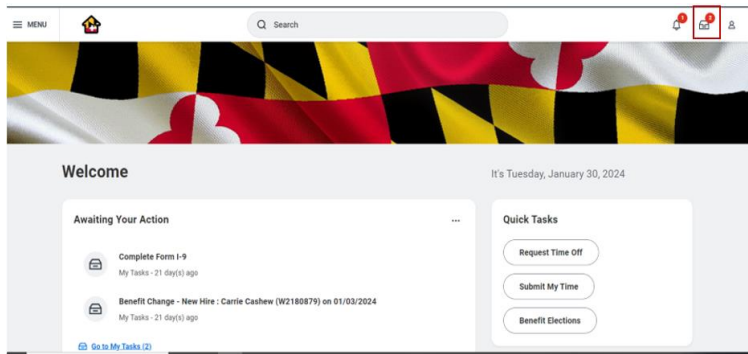
## QUICK REFERENCE GUIDE



### PROCESS STEPS:

The example used in the guide is an **Employee: Birth/Adoption**. 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 **My Tasks** box  icon.

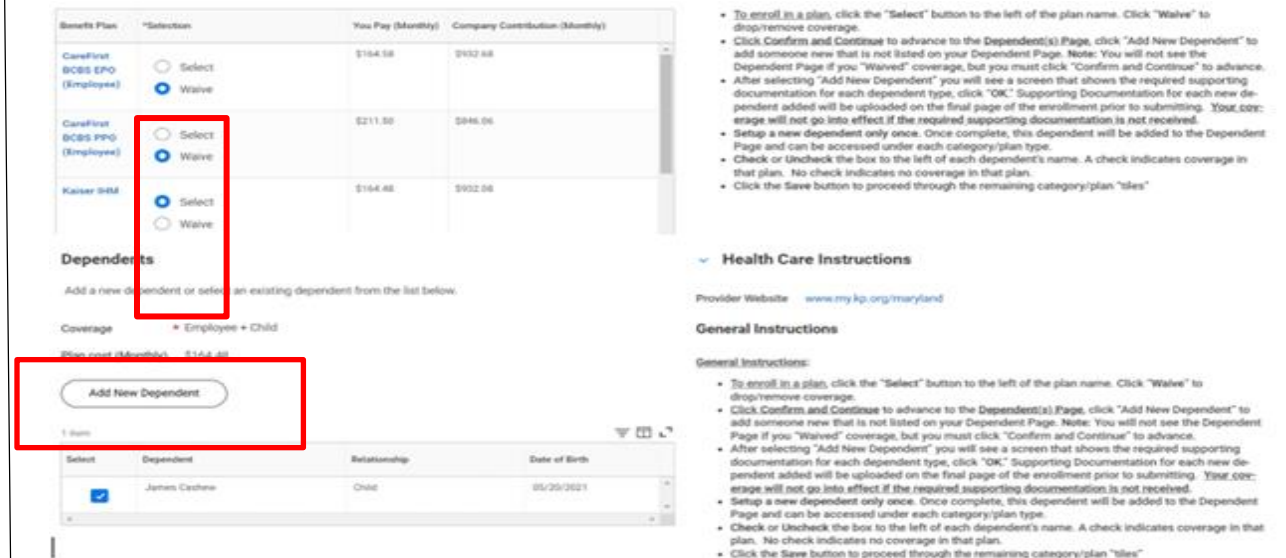


2. View to ensure the **Employee: Birth/Adoption** event is selected and then click the double arrows to expand the screen.



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. Click **“Confirm and Continue”**



Benefit Plan	Selection	You Pay (Monthly)	Company Contribution (Monthly)
CareFirst BCBS EPO (Employee)	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$194.58	\$932.68
CareFirst BCBS PPO (Employee)	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$211.50	\$946.06
Kaiser HSA	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$16.48	\$932.08

**Dependents**

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

Coverage: Employee + Child

Plan cost (Monthly): \$16.48

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	James Cashew	Child	05/25/2021

- To enroll in a plan, click the "Select" button to the left of the plan name. Click "Waive" to drop/remove coverage.
- Click **Confirm and Continue** to advance to the **Dependent(s)** Page, click "Add New Dependent" to add someone new that is not listed on your **Dependent** Page. Note: You will not see the **Dependent** Page if you "Waived" coverage, but you must click "Confirm and Continue" to advance.
- After selecting "Add New Dependent" you will see a screen that shows the required supporting documentation for each dependent type, click "OK." Supporting Documentation for each new dependent added will be uploaded on the final page of the enrollment prior to submitting. Your coverage will not go into effect if the required supporting documentation is not received.
- Setup a new dependent only once. Once complete, this dependent will be added to the **Dependent** Page and can be accessed under each category/plan type.
- Check or Uncheck the box to the left of each dependent's name. A check indicates coverage in that plan. No check indicates no coverage in that plan.
- Click the **Save** button to proceed through the remaining category/plan "tiles"

**Health Care Instructions**

Provider Website [www.my.kp.org/maryland](http://www.my.kp.org/maryland)

**General Instructions**

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### PROCESS STEPS:

5. Verify the dependent names that appear on the next screen are correct. Only the dependent names that appear in this column are enrolled in the selected coverage.
6. If a dependent name does not appear that you want enrolled you must add the dependent to the coverage.
7. 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.

***Please note that a birth/adoption is a new dependent and you MUST add them into the system and add them to the coverage you want them to have.***

8.

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	James Cashew	Child	05/20/2021
<input type="checkbox"/>	Corrine Cashew		

If the dependent you want to add **IS NOT** already setup in the system, such as a newborn, select the **Add New Dependent** from the Enrollment option.

Add New Dependent

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	James Cashew	Child

8. After selecting Add New 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 Carrie Cashew (W2180879) ⋮

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.vitalcheck.com](http://www.vitalcheck.com)

#### DEPENDENT RELATIONSHIP = CHILDREN (Biological Child, Adopted Child or Step-child):

##### Eligibility Criteria (Children):

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

<b>Name</b>	<b>Personal Information</b>
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"/>
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
	Disability <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="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	02/02/2024
Verified By	Carrie Cashew

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### PROCESS STEPS:

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

**Address**

Use Existing Address  123 Cashew Street for Carrie Cashew, Corrine Cashew, James Cashew

Country \* United States of America

Address Line 1 123 Cashew Street

Address Line 2

City Baltimore

State Maryland

Postal Code 21202

County Baltimore

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

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

2 Items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	James Cashew	Child	05/20/2021
<input checked="" type="checkbox"/>	Corrine Cashew	Child	05/12/2015

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 Select check box next to the dependent name.

### Dependents

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

Coverage \* Employee

Plan cost (Monthly) \$13.56

2 Items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	James Cashew	Child	05/20/2021
<input type="checkbox"/>	Corrine Cashew	Child	05/12/2015

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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.


You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.


Dependent	*Social Security Number
Jen Cashew	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

16. Complete any other election changes, as desired.

17. Click Save. Click the Manage or Enroll button of the Health Care Account to continue making election choices.

Choose  to finalize election choices

Choose  If you want to come back and complete your elections at a later time

Choose  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.

#### View Summary

Projected Total Cost (Monthly)  
\$389.86

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 Elections by Date.

#### Dependent Supporting Documentation

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.

After you submit your benefit election updates, the coverage begin dates might change. Review your impacted plans in the Messages section.

Selected Benefits 6 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	02/01/2024	02/01/2024	Employee + Family	Corrie Cashew James Cashew		\$209.76
Kaiser IHM						

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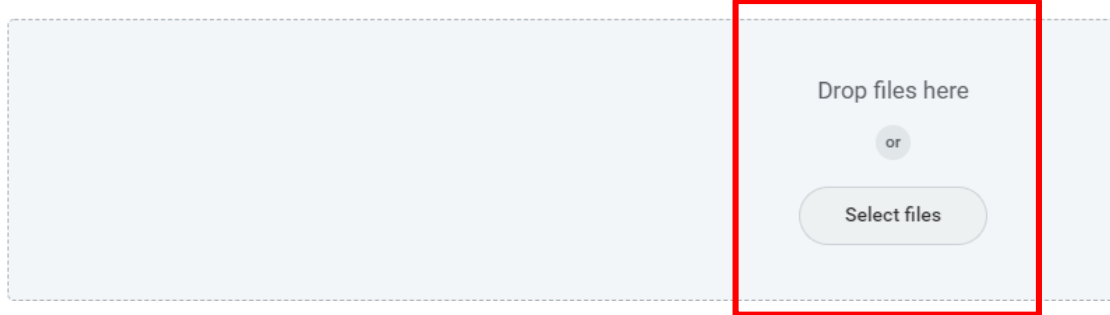
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### PROCESS STEPS:

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



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 Accept** box.

21. Click the **Submit** button. Click the View Benefit Statement button to review and an option to print.

View 2024 Benefits Statement

22. On the **Submit Election Confirmation** page you have the option to print a copy of the election change using the **Print** button.

Print

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 employee will receive a SPS and email notification once the event is approved if you have a work and/or personal email address in SPS.

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