

PROCESS STEPS:

RET02

This Quick Reference Guide starts from the point the retiree has already initiated a qualifying Life Event and submitted the event to DBM Employee Benefits Division (EBD) for approval. If you have not done this step already, use the <u>Initiate Life Event Quick Reference Guide</u> to initiate and submit your qualifying Life Event to DBM EBD. After receiving an email and/or SPS Notification that DBM EBD has approved your qualifying Life Event, start with step #1 of this guide.

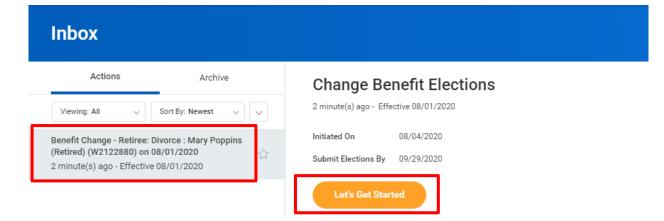
The example in the quick reference guide is for a Life Event of Divorce.

 After receiving an email and/or SPS Notification that DBM EBD has approved your qualifying Life Event initiation, from the SPS Welcome/Homepage, click the Go to Inbox icon.

2. In the Inbox, view to ensure the **Benefit Change** – **Retiree: Divorce** task is highlighted/selected.

Click the Let's Get Started button.



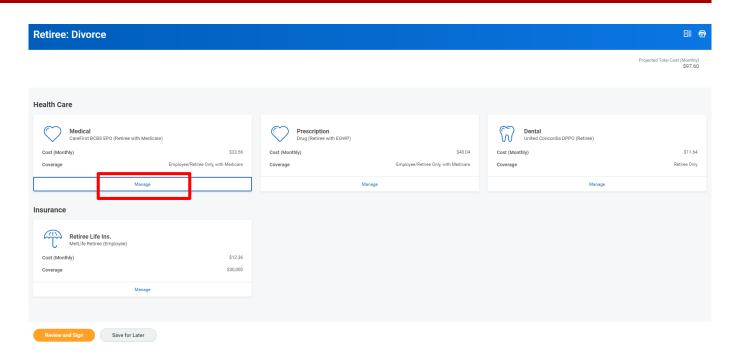




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- 3. On the **Enrollment Page** you will see "tiles" for each coverage type. The benefit elections are listed by category: Medical, Prescription, Dental, Flexible Spending, Life Insurance, etc. All current elections will display. You can select the **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 waived in this category





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

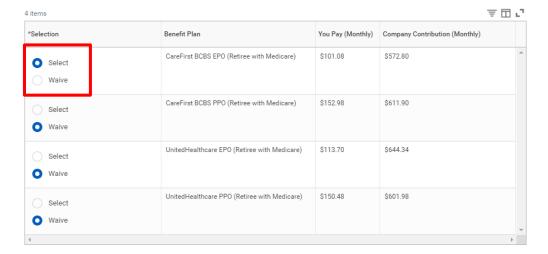
By clicking the Manage button the system will open up the Medical selections where you have options to select a Medical plan, change your Medical plan, Waive Medical coverage and add or remove a dependent.



- 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 or removed from 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**.

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee/Retiree + 1, One with Medicare (Ref ID: 87).





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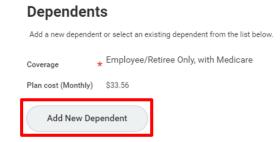
7. On the **Dependents page**, check or uncheck the box next to each dependent you want to add or remove from the plan. When the **Select** box is checked, the dependent will be covered in the plan.

If you want to add a new dependent that does not appear on the page, click the **Add New Dependent button.**

For Divorce and Death of Dependent Life Events the dependent has already been removed from coverage and will not display on the page.

If you see an 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 your Agency Benefit Coordinator with the dependent data issue; they will assist with correcting the data.

Medical - CareFirst BCBS EPO (Retiree with Medicare)



8. Click the

Save

button and proceed.

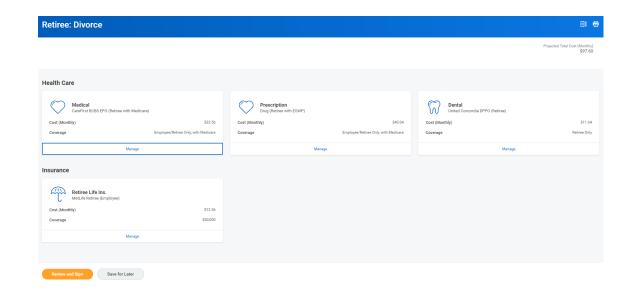


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9. After clicking the **Save button**, you will be returned to the **Enrollment page**. The system will display a message stating your changes have been updated.

You can **now perform the same steps to make election and/or dependent changes to the remaining categories** (Prescription, Dental and Life Insurance), if desired.



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



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- 11. 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 Enrollment page.

NOTE: The total monthly cost displayed at the top right corner of the screen and the monthly cost displayed next to each plan will not reflect your actual costs for retirees receiving partial subsidy.

After the event is approved, the DBM Employee Benefits Division will mail you a Confirmation Statement that will display your individual costs based on the subsidy you receive.

12. 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.

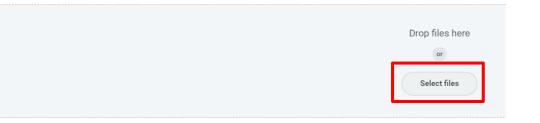
To attach a document(s), click the **Select Files button** and then browse to find the files that need to be uploaded, select and attach. Note that LEGIBLE photos of documents are acceptable. Use the **Upload button** to attach more than one document.

View Summary

- · 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 your enrollme attached will NOT BE APPROVED FOR COVERAGE.
- If you have any questions on the correct/required documentation please review the <u>New Dependent Required Supporting Documentation likew%20Dependent%20Required%20Supporting%20Documentation.pdf</u>) or contact the DBM Employee Benefits Division at 410-767-4775

Selected Benefits 4 items Plan Coverage Begin Date Deduction Begin Date Medical 09/01/2020 09/01/2020 Employee/Retiree Only, with Medicare CareFirst BCBS EPO (Retiree with Medicare) 09/01/2020 09/01/2020 Prescription Employee/Retiree Only, with Medicare Drug (Retiree with EGWP) 09/01/2020 09/01/2020 Retiree Only United Concordia DPPO (Retiree) Retiree Life Ins. 02/01/2020 02/01/2020 \$30,000 MetLife Retiree (Employee

Attachments





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13. 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 serve as your confirmation of the accuracy of

- 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 the cost of your benefit elections.
- 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 enrollment for yourself and any eligible dependents
- 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 COMAR 17.04.13.04 and IRS Section 125 (2)
 - . 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 any new 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 or
- · For those enrolling any new dependents: I certify that the required supporting documentation is submitted/attached to my open enrollment event.
- I understand that any new dependent added in an Open Enrollment event without having the correct documentation attached will be removed from coverage following a review of additions in early 2020.
- . I understand that any new dependent added in a Life Event without having the correct documentation attached will not be enrolled in benefit elections.

I understand that if I willfully misrepresent my eligibility or the eligibility or my dependents during this enrollment, or fail to take the necessary action to remove ineligible dependents timely, or in any way obtain benefits to w. 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 in any way. Pursuant to Maryland Con record or signature cannot be denied legal effect merely because it is in electronic form.

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





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15. 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.

Click on the View Benefits Statement button.

16. On the **Submit Elections Confirmation page**, click the **Print button**.

NOTE: The total monthly cost displayed on the printed statement will not reflect your actual costs for retirees receiving partial subsidy.

After the event is approved, the DBM Employee Benefits Division will mail you a Confirmation Statement that will display your individual costs based on the subsidy you receive.

Submitted

Success, You're Enrolled

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
- 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 la

View 2020 Benefits Statement

Submit Elections Confirmation

Retiree: Divorce for Mary Poppins (Retired) (W2122880) (Actions)

Initiated On 08/04/2020
Submit Elections By 09/29/2020
Event Date 08/01/2020

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

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 your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the SPS Benefit system Inbox until your email or the
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Elected Coverages 4 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents
Medical - CareFirst BCBS EPO (Retiree with Medicare)	09/01/2020	09/01/2020	Employee/Retiree Only, with Medicare		
Prescription - Drug (Retiree with EGWP)	09/01/2020	09/01/2020	Employee/Retiree Only, with Medicare		
Dental - United Concordia DPPO (Retiree)	09/01/2020	09/01/2020	Retiree Only		
Retiree Life Ins MetLife Retiree (Employee)	02/01/2020	02/01/2020	\$30,000	\$6,000.00	

Print



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- 17. Your elections have now been submitted to DBM Employee Benefits Division (EBD) for review and approval.
 - Your elections will not go into effect until DBM EBD has completed the review/approval.
 - If there are any issues or questions, DBM EBD will return your event to you.
 - **If your event is returned**, you will receive a Notification in your **SPS Notifications**.
 - When your event is approved, you will receive a Notification in your SPS Notifications and a DBM Confirmation Statement will be mailed to your home address in the SPS system.
 - If you have a Work email address in SPS you will also receive an email Notification at the Work email address. If you do not have a Work email address in SPS, only a Personal email address, you will receive the notification at your Personal email address.

