

## When can I make changes to my health benefits?

Open Enrollment is the designated annual period when employees can review their current benefit elections and make any necessary changes. Employees can also change their health benefits during a major Qualifying Life Event.

## How can I make changes to my benefit elections?

All changes are made through Employee Self Service (ESS). You can access ESS at <https://portal.sap.mypgc.us> on any computer with internet access.

## Can I make changes from my computer at home?

Yes, visit <https://portal.sap.mypgc.us> to make benefit elections from any computer with internet access.

## What if I need assistance with Employee Self-Service or don't have access to a computer?

Employees who need ESS assistance or access to a computer may come to the OHRM Benefits and Pensions Division at 1400 McCormick Drive, Largo, Maryland, 20774.

## How can I make changes outside of Open Enrollment?

Outside of Open Enrollment, employees can also make changes due to Qualifying Life Events within 30 days of the event and must provide the required documentation to make a change to their benefits. The following are major life events that permit enrollment or changes to the health benefit plans.

Qualifying Life Event	Eligibility	Required Documents
Birth	Natural born child	<ul style="list-style-type: none"> <li>• Birth certificate; AND</li> <li>• Social Security number</li> </ul>
Marriage	Spouse as recognized by law	<ul style="list-style-type: none"> <li>• Marriage certificate; AND</li> <li>• Social Security card</li> </ul>
Divorce	-	<ul style="list-style-type: none"> <li>• Divorce decree</li> </ul>
Legal Separation or Limited Divorce	-	<ul style="list-style-type: none"> <li>• Proof signed by judge or attorney</li> </ul>
Guardianship	Child is under the protection or in the custody of the participant	<ul style="list-style-type: none"> <li>• Temporary or final guardianship order; AND</li> <li>• Social Security number</li> </ul>
Adoption	Child is eligible at the time of placement	<ul style="list-style-type: none"> <li>• Adoption decree or judgement</li> </ul>
Adoption (in a foreign country)	Child is eligible at the time of placement	<ul style="list-style-type: none"> <li>• Birth certificate (certified and translated into English); AND</li> <li>• Adoption order (certified and translated into English)</li> </ul>
Death (of spouse or dependent)	-	<ul style="list-style-type: none"> <li>• Death certificate</li> </ul>
Loss of Coverage	Participant, eligible spouse, and/or dependent(s)	<ul style="list-style-type: none"> <li>• Proof of coverage, including the type of coverage, date obtained, and date terminated</li> </ul>
Gaining Coverage	Participant, eligible spouse, and/or dependent(s)	<ul style="list-style-type: none"> <li>• Proof of coverage, including the type of coverage and the effective date</li> </ul>
Change of Employment Status from Temporary (i.e., 1,000 hour, LTGF) to Full Time/Full-Time to Part-Time	Participant, eligible spouse, and/or dependent(s)	<ul style="list-style-type: none"> <li>• Documents listed above related to the election.</li> </ul>

## When do Qualifying Life Event changes go into effect?

Most Qualifying Life Events are effective the first of the month following the date of the Qualifying Life Event. Births are effective that date of birth. Adoptions are effective at the time of placement.

## **Have my medical and dental insurance premiums changed?**

Yes, the rates for benefits typically change. As health care costs across the nation continue to rise, so do the costs in the Prince George's County Government. Therefore, your costs for coverage has increased again in 2020. The County will take on the majority of this increase, but some of this cost will be shared with employees. We can work together to help keep cost increases at a minimum by using network doctors, wellness resources, and generic instead of brand name prescription drugs. The rates are available online at <https://www.princegeorgescountymd.gov/3137/Benefits>.

## **Did the Pre-Tax contribution for Health Care Flexible Spending Accounts change?**

The 2020 pre-tax contribution limit for Health Care Flexible Spending Accounts (HCFSA's) is \$2,750. This is a \$50 increase over the 2019 limit. The limit is effective January 1, 2020.

## **Do I need to complete the Evidence of Insurability (EOI) form for Extra Life Insurance (XLI)?**

Elections of more than three (3) times your base salary and/or election resulting in \$300,000 or more requires the completion of an Evidence of Insurability (EOI) form. If you are enrolling in the XLI for the first time during open enrollment, EOI is required. If you do not complete the EOI your coverage will be cancelled. If you are currently enrolled in the XLI plan, you can increase the coverage by 1 times your base salary up to \$300,000 without EOI. The XLI premiums are based on your salary and age. This premium is deducted from the first paycheck of each month and is an after-tax deduction.

# **CORE BENEFITS PLANS**

## **Where can I find Cigna medical providers?**

The County's Cigna Open Access Plus In-Network (OAPN-HMO) and Open Access Plus OAP (OAP-PPO) In-Network option medical plans have a national provider network that has participating providers in most areas across the country. The Benefits Division encourages you to make sure the provider participates in the network by asking if they accept the Cigna OAPN-HMO or OAP-PPO medical plan. You can also call Cigna at 1-800-244-6224 to speak with a representative or access [www.mycigna.com](http://www.mycigna.com) to locate a participating provider under the medical plans.

## **Where can I find Aetna dental providers?**

If you enroll in the Aetna DMO plan you must select a Primary Care Dentist (PCD) to use your coverage. The PCD has primary responsibility for managing your dental care. Each DMO member must select a PCD. You can switch your selection as frequently as once per month. To designate your PCD, visit [www.aetna.com](http://www.aetna.com) and click "login", call Member Services at 1-877- 238-6200, or complete a PCD Election Form. If you choose a new PCD on or before the 15th of the month, the change will go into effect on the first day of the following month. For example, if you change your PCD on April 15, the change will take effect May 1, and if you change your PCD on April 16, the change will take effect on June 1. Dental PPO: Choose any dentist, find a network dentist by using the Aetna online directory at [www.aetna.com](http://www.aetna.com).

## **What if I have health insurance coverage outside of Prince George's County?**

If you do not want health insurance or prescription plan coverage through the Prince George's County Health Benefits program, you may be eligible to receive a stipend of up to \$400 annually for medical and \$200 annually for prescription by opting out of the County Health Benefits program. You must opt out through Employee Self-Service within thirty (30) days of your date hire or during the annual open enrollment period. You must forward proof of coverage within thirty (30) days of opting out to the Benefits Administration Division. Employees must re-enroll in the Health Opt-out program each year during the Annual Benefits Enrollment period by resubmitting your proof of coverage.

## **My dependents were added in Employee Self Service (ESS), but I cannot add them to my health insurance coverage.**

Family members that are entered in ESS as beneficiaries cannot be added as dependents to health benefit plans. In order to add your family members to your health insurance coverage, you must add them as dependents (e.g. spouse and/or children) in Employee Self Service. Please review the How to Enroll Guide for further assistance at <https://www.princegeorgescountymd.gov/3137/Benefits>.

## VOLUNTARY BENEFITS

### **Do I Need to Meet with an Enrollment Benefits Specialist During To Enroll in the Voluntary Benefit Plans?**

Yes, Active employees can only enroll in Voluntary Benefit Plans at the time of hire and during Open Enrollment. Enrollment Specialists from iBenefit will be on-site at each of the Open Enrollment Provider Sessions to assist you with the enrollment process. iBenefit Enrollment Specialist do not assist with changes to the voluntary benefit plans on site. You can contact the iBenefit Call Center at 1-877-242-1553. Please note, an Enrollment Benefits Specialist will ONLY assist you with understanding and enrolling in the voluntary (accident, enhanced Critical Illness, Whole Life, Short-Term Disability [STD] and Legal) benefit plans. If you are interested in the Aflac Supplemental Dental plan, you can either contact them at (410) 394-9617 or meet with an Aflac representative at one of the provider sessions.

### **If I am currently enrolled in a voluntary benefit plan and want to make a change (increase or decrease level of plan coverage) or want to cancel the plan what do I need to do?**

You must contact the provider directly to make a change to an existing plan(s) or to cancel Enrollment in a plan(s). The contact information for the voluntary benefit plan providers are outlined in the Open Enrollment Guide. iBenefit can provide you with a Customer Service Form that will allow you to make changes to the Unum plans only. Please forward the form directly to Unum. As noted above, you must contact the other carriers (Legal Shield, Legal Resources and Aflac) to make changes to those plans.

### **How Do I Cancel My Enrollment in the FOP Dental Plan?**

To cancel your enrollment in the FOP dental plan, you must contact the FOP directly by calling 301-952-0882. The change cannot be made through the County's online enrollment process.