

OPEN ENROLLMENT October 15th – October 29th, 2022

What is Open Enrollment?

- Open Enrollment is the designated annual period when employees can review their current benefit elections and make any necessary changes.

When is Open Enrollment?

- Virtual Open Enrollment begins **Friday, October 15, 2021** and ends on **Friday, October 29, 2021 at 11:59 p.m.**

Do I need to make changes during Open Enrollment if I'm satisfied with my current elections and do not plan to add new dependents?

- If you are satisfied with your current benefits, then you do not have to make any changes this year. Your elections will carry over to the 2022 plan year; however, the costs will reflect the 2022 contribution amounts.

NOTE: For the **Medical Opt-Out Credit**, you must re-enroll through [Employees Self Service \(ESS\)](#) and submit a copy of the front of your current medical card, along with completion of the Medical Opt-Out Cover Form. A copy of your medical card and supporting form must be scanned and emailed to the Benefits Division at Benefits@co.pg.md.us or faxed to 301-883-6192 by October 29, 2021 at 11:59 pm. The medical card confirms your coverage through another outside medical plan. **Failure to send the Benefits Division a copy of your card, along with the Medical Opt-Out Cover Form will result in you not being enrolled in the medical opt-out credit plan in calendar year 2022.**

- If you have a Health Care Flexible Spending Account or Dependent Care Flexible Spending Account, you must re-enroll. **Reminder:** employees enrolled in Health Care Flexible Spending Account will be able to rollover up to \$550 in unused funds from **2021 over to 2022** plan year.

How do I make my Open Enrollment changes?

- Active employees must make changes through [Employee Self Service \(ESS\)](#) on any computer with internet access.
- Eligible retirees are not held to an Open Enrollment period for benefits and may make changes to their benefits selections at any time. In order to make any changes, retirees must complete an Enrollment Change Form located at the back of the Retiree Decision Guide or download the Form from the [Open Enrollment website](#).
- **Please check your first paystub in January or review your Benefits Enrollment Overview in [ESS](#) to ensure that all the changes requested have been properly updated.**

Will my health and dental insurance premiums change?

- Yes, the rates for benefits typically change from year to year. The 2022 rates are available online at [Open Enrollment website](#). If you do not make any changes during Open Enrollment, your premium will be adjusted according to your current plan election.

When do my changes go into effect?

- Plan coverage effective dates are **January 1, 2022 to December 31, 2022.**

I reviewed my Benefits Election Summary and noticed I elected the wrong plan after Open Enrollment ended. Can I change this?

- Yes. The County allows corrections to be made to Open Enrollment elections. The correction period deadline is **November 12, 2021**. No further extensions will be granted.

I reviewed my first paycheck in January 2022 and the deductions are not correct. Who can I contact to update this information?

- Your first paycheck in January 2022 will show deductions from the 2022 plan year. If your deductions are not correct for the following pay period, please contact OHRM's Benefits Division at Benefits@co.pg.md.us.

How do I ensure the enrollment process is complete?

- You must **SAVE** the changes submitted through the ESS on-line enrollment process. When you click the **SAVE** button, this will update your enrollment(s) and/or change(s) to the ESS on-line system. Once the enrollment(s) and/or change(s) has been updated to the system, you will receive the message "**Data saved successfully.**" Please print the page designated as the confirmation statement.

Will there be any in person provider sessions this year?

- No. Open Enrollment will be held virtually this year. Please refer to the [Open Enrollment website](#) to view on demand content from our vendors and to learn more about your benefits. Join us for live virtual sessions with vendors from October 15 through October 22, 2021. Sessions will be held from 9am-5pm. Recorded sessions will be provided from October 23 through October 29, 2021.

How do I cancel my enrollment in the Fraternity Order of Police (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 on-line enrollment process.**

How can I be sure my services will be covered since I do not live in the Cigna service area?

- The **County's Cigna Open Access Plus In- Network OAPN (HMO) and Open Access Plus 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 Open Access Plus In-Network OAPN (HMO) or Open Access Plus OAP (PPO)** medical plan. You can also call Cigna at 1-800-244-6224 to speak with a representative or access www.mycigna.com to locate a participating provider under the medical plans.

Can I add anyone who lives in my household as a dependent to my health benefit plans?

- Dependents eligible for coverage include lawful spouses, as defined by the Federal Government and children and step children under the age of 26. The term child includes the following until the child reaches the limiting age: a natural child, a step child, a legally adopted child or child placed for adoption, and a child under your legal guardianship. Children who are physically or mentally incapable of self-support as determined by medical certification can be enrolled under your County coverage beyond the normal age limit if the disability continues and the child remains unmarried.

Do I select a primary care physician (PCP) if I enroll in a Cigna medical plan?

- You are not required to select a PCP because the medical plans are open access network plans. The **Open Access In-Network OAPN (HMO)** and in-network option of the **Open Access Plus OAP (PPO)** medical plans require you to use a provider in the network for the plan to provide payment for covered services. If you use a provider that is not in the network, you will be responsible for payment of the services you incurred under the **Open Access In-Network OAPN (HMO)** medical plan. However, the **Open Access OAP (PPO)** plan allows you to utilize a participating provider in the network and the coverage outlined under the in-network option applies or you can use a non-participating provider and the out-of-network option provides coverage for the medical services.
- To obtain a list of the Cigna network providers, you can access Cigna's website at www.cigna.com, call the Member Services Department at 1-800-244-6224, or you can simply ask the provider if they are a network provider for the **Open Access In-Network OAPN (HMO)** or **Open Access Network OAP (PPO)** medical plans.

Do I have to select a primary care dentist (PCD) if I enroll in the Aetna DMO Dental Plan?

- Yes, in order to use your Aetna DMO dental plan benefits you must complete the Aetna DMO PCD Election Form (PCD Election Form) and select a PCD for you and your covered family members. A copy of the PCD Election Form must be faxed to (301) 883-6192 or email to Benefits@co.pg.md.us. To obtain a list of participating PCDs, you can visit Aetna's DocFind on-line provider directory at www.aetna.com. You can also contact Member Services at 1-877-238-6200 to obtain the name of a PCD in the area where you reside. Please note that if you do not select a PCD, you will not be able to use your DMO dental plan benefits on January 1, 2022.

NOTE: If there is not a network in the area where you reside, you may select a PCD in the area where you work, provided a network is available. You must indicate your work address on the Aetna DMO PCD Election Form (Form). A copy of the Form is on www.aetna.com or available on the County's Intranet.

Do I receive a member ID card for Aetna Dental Plans?

- Employees no longer need a member ID Card to get care with Aetna Dental. When you go to your dentist, tell the office your name, date of birth, and Member ID number (or social security number). If you want a card, use the Aetna mobile app or go online to www.aetna.com. Your ID card will appear on your personal benefits page. You can print out an ID card for you and your dependents by clicking "**Get an ID card.**"

Does the County recognize same sex spouses as dependents on health benefit plans?

- Yes, the County recognizes same sex marriages. You must be legally married and provide a certified copy of your Marriage certificate and your Spouse's social security card.

Can my county employed spouse and I both carry all the benefits to be double insured?

- No, the County does not allow double enrollment in core benefits plans. One employee would be enrolled as the primary insured employee with the other spouse as the eligible dependent. Alternatively, both employees could maintain individual coverage (i.e. not listing the other as an eligible dependent).

How much is my Life Insurance worth? How do I find out who my beneficiaries are?

- Active Employees can view Basic Life, Accidental Death and Dismemberment, and Supplemental Life Insurance (if applicable), along with the assigned beneficiaries in the ESS Open Enrollment or Anytime

Changes modules. Changes made in the Anytime Changes module are effective immediately and Open Enrollment changes are effective January 1st of the following Calendar year.

- Retirees can inquire about their Life Insurance by completing the Life Insurance Verification Form and sending to the Benefits email address at benefits@co.pg.md.us or calling Benefits Division at 301-883-6380 to request the form.

How can I update my address?

- Active employees should contact their HR Liaison to update their Home and Mailing Address and can review in [ESS](#).
- Retirees should log into the [Member Direct Portal](#) to update their address or request an Address Change Form from the Pensions Division via email at pensions@co.pg.md.us.

If I obtain coverage elsewhere, can I keep my existing dependent children in the County's health benefit plans?

- Health benefit plans are employee driven, so if you are no longer enrolled in the County's plans, your existing dependents are no longer eligible for coverage.

FSA QUESTIONS

Did the contribution amount for Flexible Spending Accounts increase for calendar year 2022?

- The Benefits Division has not received notification that the contributions for Flexible Spending Account has increased, but we will notify all County Employees if an increase occurs.

Do I need to set up a separate Flexible Spending Account for my spouse or child?

- No, you should elect the total amount that your household will need when electing your benefits. You may request additional cards if needed by contacting Benefit Strategies at 1-800-401-3539 or by visiting their website at www.benstrat.com.