IMPORTANT INFORMATION ABOUT HEALTH INSURANCE BENEFITS

Dear New Hire:

You are entitled to participate in the State of Maryland Health Benefits Program as a new State employee. You have 60 days from the date of hire (known as a qualifying event) to have your paperwork processed by the State Employee Benefits Office. If you do not enroll within 60 days of hire, you must wait for the next Open Enrollment Period (annually each Spring) to enroll for July 1st of the next plan year. Your enrollment worksheet requires an agency signature and must be processed through the Office of Human Resources.

If you have any questions while you are considering benefits, please contact the Office of Human Resources at 410-951-3666. **PLEASE GIVE THIS MATERIAL YOUR IMMEDIATE ATTENTION**.

The State offers the following benefits in any combination. Each requires a separate premium unless otherwise noted. Premiums are found on the inside back cover of the Booklet and there is a subsidy provided for medical, prescription and dental coverage. Use your enrollment worksheet to guide you toward your elections.

8 medical plans (all include vision benefits at no extra premium)
1 prescription plan
2 dental plans
Term life insurance
Personal Accident & Dismemberment Insurance
Flexible Spending Accounts (Health Care and Day Care)
Long Term Care (direct enrollment with vendor)

You may enroll dependents that meet the State's eligibility criteria with proof (marriage certificates, birth certificates, tax affidavits, etc.). Please consult the Booklet to identify who is eligible and what documentation is required from you to verify eligibility. You must produce documentation within the 60-day enrollment period – no exceptions. Any documentation in a foreign language should be translated before submission to the Employee Benefits Division to expedite the enrollment. You cannot enroll a dependent without proof of eligibility as determined by the State Employee Benefits Division.

If you want your coverage effective on the first date of hire, you must pay a retroactive adjustment at the time your form is submitted for Agency signature. Please bring your checkbook when hand delivering your paperwork to the Office of Human Resources. You will be asked to pay for several pay periods in advance and the Employee Benefits Division will automatically refund any overpayment.

You will also be required to contact the plans directly if you have selected a medical or dental EPO or POS plan. These choices require that the employee and dependents designate primary care doctors and dentists in order to receive services. Your membership cards should be reviewed upon receipt to ensure that the primary doctor or dentist is the one you selected.

Once you are enrolled, you have 60 days for the State Employee Benefits Office to process any change that may affect your enrollment (including, but not limited to marriage, death, divorce, birth of a child, loss of coverage from another source, etc.). For these changes in status, you must complete an enrollment worksheet and provide proof for whatever change you are requesting. Please see me immediately to discuss status changes that may affect your health benefits.

There is an annual Open Enrollment period for all State employees each Spring. The Open Enrollment period allows employees to make any changes to their enrollment for the next plan year (effective July lst). Employees who waive their right to coverage upon new hire must file an enrollment worksheet for coverage to start the next plan year. Booklets and enrollment worksheets will be prepared at each Open Enrollment Period. You should retain the Booklet throughout the plan year to research benefits and limitations. If you do not receive Open Enrollment materials by the first week of the Open Enrollment Period, please contact the Office of Human Resources immediately.

The State cannot process an enrollment worksheet or a request for retroactive coverage outside of this 60-day window. This signed acknowledgement form will constitute our efforts to educate you about your eligibility for State health benefits and the 60-day deadline.