

Open Enrollment

Benefits Frequently Asked Questions

Benefit Enrollment Questions

How do I make my Open Enrollment changes?

- Active employees make their changes in the Employee Self Service (ESS) Open Enrollment Portal.
- Retirees must complete an Enrollment Change Form (Form) located at the back of the Retiree Open Enrollment Guide. The Form can also be picked up from the Benefits and Pensions Division or at any Provider Session.

Do I Need to Complete the On-line Enrollment Process During Open Enrollment?

- Yes, if you are an Active employee and need to make any of the following changes:
 - Enroll, make changes, or terminate:
 - Core health benefit plan(s)
 - Medical and/or Prescription Opt-Out Credit Plans
 - Flexible Spending Accounts (Healthcare and Dependent)
 - Add or terminate a dependent on the health benefit plan(s)

Do I Need to Complete the On-line Enrollment Process if I Am Not Making Any Changes During Open Enrollment?

- No, you **DO NOT** need to complete the on-line enrollment process, if you are electing to keep the same plan or level of coverage for the medical, dental, prescription, vision, extra life insurance or long-term disability plans. Also, if you are enrolled in the medical and/or prescription opt-out credits, they will rollover from the 2019 to the 2020 calendar year.
- Healthcare and Dependent FSAs do not rollover and require employees to access ESS and re-enroll yearly.
- **NOTE:** For the Medical Opt-Out Credit, a copy of your medical card must be submitted to the Benefits Division or in an envelope postmarked by November 15, 2019. The medical card confirms your coverage through a County employee/retiree or an outside medical plan. It also allows you to continue your enrollment in the medical opt-out credit plan for calendar year 2020. **Failure to send the Benefits Division a copy of your card will result in you not being enrolled in the medical opt-out credit plan in calendar year 2020.**
- Please feel free to mail (inter-office or USPS), fax (301-883-6358), bring to a provider or computer session, email (benefits@co.pg.md.us) or bring a copy of the medical card to the Benefits Division (RMS Building – Suite 245). The Benefits Division requests, that you write your first, last name and employee number on the document.

Benefits and Pensions Division

1400 McCormick Drive, Largo, Maryland, 20774

Phone: 301-883-6380 Fax: 301-883-6192 Email: Benefits@co.pg.md.us

Website: www.princegeorgescountymd.gov/OE

What internet browser do you need to access the ESS Open Enrollment Module?

- *All internet browsers should allow you to access the ESS Open Enrollment*

When do my changes go into effect?

- *Plan coverage effective dates are **January 1, 2020** to **December 31, 2020**.*

How do I ensure the enrollment process is complete?

- *You must **SAVE** the changes submitted through the ESS on-line enrollment process. When you hit 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.*

Can I only enroll or make changes to the health benefit plans during the provider sessions?

- *No, you can enroll or make changes to the health benefit plans anytime, anywhere during the open enrollment period through the ESS Open Enrollment Module Online. You can access the module <https://portal.sap.mypgc.us>. The open enrollment period starts November 1, 2019 through November 15, 2019. The on-line enrollment portal will close at 11:59 p.m., on November 15, 2019. The Benefits Administration hosts Computer Assistance Sessions for in-person assistance. Please review the Open Enrollment Guide for the dates of the Computer Assistance Sessions.*

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

- *Yes, 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 on-line enrollment process.***

Insurance Provider Questions

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.*

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, pick up a Cigna Directory during open enrollment, 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 submitted to the Division in an envelope post-marked by November 15, 2019. Please, fax to (301) 883-6358, bring to a provider session, email to benefits@co.pg.md.us, or deliver it to the Benefits Division (RMS Building, Suite 245). To obtain a list of participating PCDs, you can visit Aetna's DocFind on-line provider directory at www.aetna.com, or obtain a paper directory of participating PCDs at an open enrollment provider session. 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, 2020.
- **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.**"

Did the contribution amount for Flexible Spending Accounts increase for calendar year 2020?

- The Benefits and Pension 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 separated 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 Connect Your Care.

General Benefit Information Questions

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.*

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 of the benefits to be double insured?

- *The County does not allow double enrollment in core benefits plans. One employee would be enrolled as the primary insuree 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.

How can I update my address?

- *Active employees should contact their HR Liaison to update their Home and Mailing Address.*
- *Retirees should request an Address Change Form from the Benefits Suite of the Benefits and Pensions Division.*