

What do I need to do?

In general, if you want to continue next year with the same plan choice and level of coverage you currently have, you don't need to enroll. Your current coverage will automatically be carried forward for the next plan year except for Health Care or Dependent Care spending accounts. You'll see the coverage cost on your pre-enrollment confirmation statement and can also view current elections on the Employee Self Service web site. Remember, to continue to participate in a Flexible Spending Account, you must make a new election each plan year.

Complete the following steps by the end of Open Enrollment.

Annual Open Enrollment – Current Employees

Open Enrollment – The Basics

This is the time of year when you have the opportunity to review your benefit choices and make changes that best suit you and your family's needs. Before you get started, here are some things you should know:

- Open Enrollment elections must be completed and received by the Office of Benefits, Leaves and Retirements by 5:00 p.m. on November 18, 2011. If you do not enroll by this deadline, your coverage will default. (Except for FSA which must be re-elected annually.)
- The benefit elections you make now stay in effect until the end of the 2012 Plan Year (January 1, 2012 to December 31, 2012).
- Changes during the Plan Year (to all pre-tax benefits) will be permitted only if you have a qualified life event change – a change in family or employment status – that affects your benefit coverage. Changes must be requested within 30 days of the qualified life event, along with copies of proof of eligibility or ineligibility.
- When you elect a medical, dental, or vision plan you can choose which eligible family members you want to cover under each plan. It doesn't have to be the same family members in each plan. For example, you can cover yourself and your dependents for medical benefits, but only yourself for dental care.
- If you and your spouse are both employees of BCPS, you can each enroll as an individual or one of you can elect two-person or family health care coverage. If you elect coverage separately, you cannot cover each other as dependents and your eligible dependent child(ren) may only be covered by one of you.

You Must Enroll to:

- Add, change or waive your medical plan and/or your dental option
- Add or waive family vision care
- Add or delete eligible dependents. **Note:** *If adding a dependent see the section on "Open Enrollment Dependent Eligibility Verification" for requirements*
- Participate in a Health Care or Dependent Care Spending Account, even if you already have one. This is the only benefit you **must** re-enroll in each year. **Note:** *Domestic Partners and their dependents typically do not qualify as eligible dependents. Contact your tax advisor for clarification.*

- Elect or make changes to Optional Life Insurance for you and/or your eligible dependents.

Note: *If you want to increase your life insurance, you will be asked to provide proof of good health by completing an Evidence of Insurability (EOI) form. Goto www.bcps.org/offices/benefits/forms for the Prudential Enrollment and Statement of Health forms. Your new coverage level does not become effective until your form is approved by the insurance company. To cancel, email benefits@bcps.org or send a letter with your name, last 4 digits of your Social Security Number, phone number, email address and cancellation request to the Office of Benefits, Leaves and Retirements.*

- Elect or make changes to Personal Accident Insurance (PAI) for you and/or your eligible dependents.
- Elect Long Term Disability (LTD). **NOTE:** *To terminate LTD you must complete the paper enrollment form.*

Open Enrollment Dependent Eligibility Verification

In order to protect the plan assets, we now require proof of dependent eligibility for all ADDITIONS to coverage during open enrollment. Proof includes copies of marriage certificate, a birth certificate, or adoption papers. Documentation may be sent via interoffice mail to the Office of Benefits, Leaves and Retirements, Timonium or via fax to (410) 887-8950. Copies are acceptable; please do not send originals to our office.

Providing False Information

Employees who submit false information intended to provide health care coverage for alleged dependents not eligible for such coverage may be subject to discipline up to and including discharge. Such employees will also be held financially responsible for all claims filed, and will be required to reimburse the Board for any payments made on behalf of or for the benefit of an ineligible person claimed as a dependent.

Only Need to Change Your Primary Care Physician?

You can make this change at any time by contacting Member Services. You do not need to wait until open enrollment.

Annual Open Enrollment – Current Employees

If you do not enroll, coverage will default to the coverage listed below.

	Current Coverage	Default Coverage
Medical	None CIGNA OAPIN CIGNA OAP CareFirst BCBS Triple Option MPOS Kaiser Permanente HMO	None CIGNA OAPIN CIGNA OAP CareFirst BCBS Triple Option MPOS with same coverage category Kaiser Permanente with same coverage category
Dental	None CareFirst Regional Dental PPO CareFirst Regional Dental Traditional CIGNA DHMO	None CareFirst Regional Dental PPO with same coverage category CareFirst Regional Dental Traditional with same coverage category CIGNA DHMO with same coverage category
Vision	Employee only Free if .5 FTE or greater If currently enrolled in Family coverage	Coverage will default to same coverage with CareFirst Davis Vision Coverage will default to same coverage with CareFirst Davis Vision
Health Care or Dependent Care FSA	None if currently enrolled in either or both	None – you must re-enroll each year in order to participate in either plan
Optional Life	None if currently enrolled in plan	None – coverage will continue
Personal Accident Insurance (PAI)	None if currently enrolled in plan	None – coverage will continue
Long Term Disability (LTD)	None if currently enrolled in plan	None – coverage will continue
Cancer & Intensive Care	None if currently enrolled in plan	None – coverage will continue

How to Enroll

1. For 2012, you may use the paper benefit enrollment form. Employee Self Service (ESS) is available to make any changes.
2. For 2012, if you are not making any changes to your benefits, you do not need to complete an enrollment form. You must complete a FSA election form to participate in 2012 Flexible Spending Account.
3. You must submit Dependent Eligibility Verification for any additions. See the form at the back of the guide.

Annual Open Enrollment - Current Employees

Getting Started

Following are the steps you need to take to enroll. If you have any questions along the way, please call the Office of Benefits, Leaves and Retirements at (410) 887-8943, email benefits@bcps.org or visit our Web site www.bcps.org/offices/benefits and click on “Open Enrollment” to review additional information.

Step 1 – Review your Pre-Enrollment Confirmation Statement

Benefit-eligible employees will receive this statement prior to Open Enrollment.

Step 2 – Review this Guide

Be sure to read “What’s New.”

Step 3 – Preparing to Enroll

Making Decisions and Gathering Required Data

- Have the following information available:
 - If changing medical plans to CareFirst or Kaiser, you will need the Primary Care Physician’s (PCP) first and last name for each family member you are enrolling.
 - If electing CIGNA Dental, you will need the Dental Facility Number for each family member you are enrolling.
 - If adding a new dependent: date of birth, Social Security number, PCP’s first and last name, and CIGNA dental facility number, if applicable.
 - The bi-weekly amount you want to contribute to your Health Care and Dependent Care Flexible Spending Account.
 - Your pre-enrollment form.

Step 4 – Complete the Enrollment form

Fill out the paper enrollment form.

- Enrollment form is located at the back of the guide
- Mail or fax the completed form to the benefits office

Step 5 – Review Your Post-Enrollment Confirmation Statement

- This statement will be delivered to you in December.
- It will show your new benefits and covered dependents that will be in effect on January 1.
- You are not permitted to make election changes when you receive this statement. If, however, the Benefits Office has made any errors in processing, then we will be able to correct them at this time.

Step 6 – ID Cards

- If you made any medical, dental or vision plan changes, you will receive new ID cards in December. A separate ID card is issued for the Express Scripts prescription drug plan.