


OPEN ENROLLMENT - RETIREE BENEFITS SELECTION INSTRUCTIONS

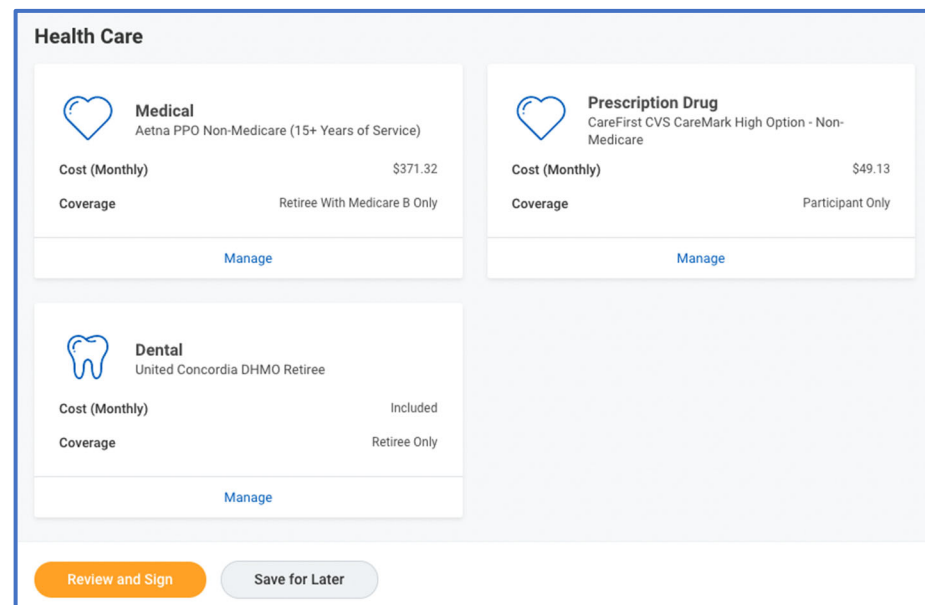
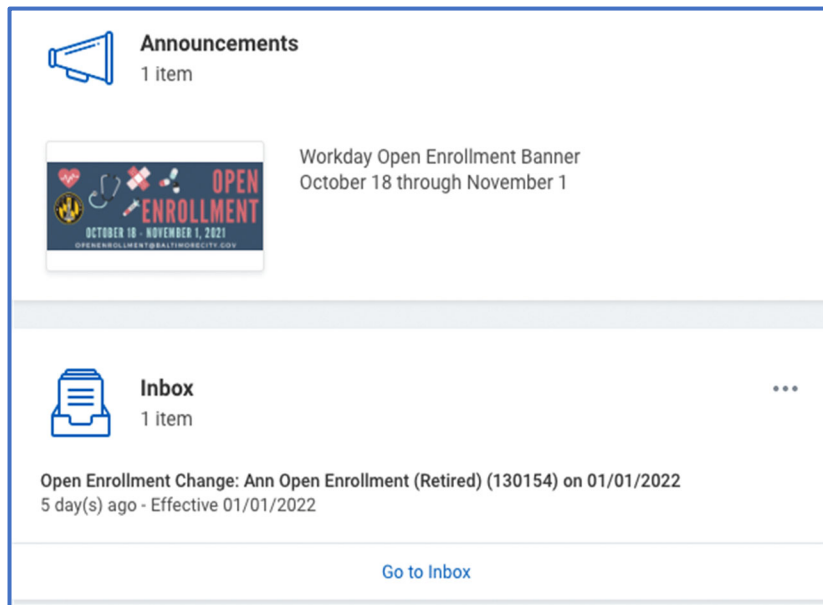
Once a year, open enrollment will allow you to make changes to your benefits in Workday as a City of Baltimore Retiree. Follow the instructions below to modify your benefits plans elections, such as medical, prescription and dental plans, add dependents and include supporting documentation.

MODIFYING AND/OR ENROLLING IN BENEFITS

1. Log into your Workday Retiree account.
2. During the open enrollment period, you will receive a task in your inbox as displayed in the below screenshot. Click the “Inbox”  icon in your Workday homepage to review the task.

3. Click the **Open Enrollment Change** task.
4. Click **Let’s Get Started**.
5. At first glance you will see your current enrolled benefit plans.

Click “**Manage**” to update your medical elections or “**Enroll**” to view your enrollment options, if applicable.



- 6. Your current elections will appear as default.

Prior to moving forward, please ensure that you have read the **“Health Care Instructions”** information.

Review all available plans and choose **“Select”** or **“Waive”** for each election.

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Retiree With Medicare B Only.

*Selection	Benefit Plan
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO Non-Medicare (10 to 14 Years of Service)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna PPO Non-Medicare (15+ Years of Service)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO Non-Medicare (5 to 9 Years of Service)

Health Care Instructions

General Instructions

Health Care Elections

Welcome to the City of Baltimore's Office of Employee Benefits (OEB). Open Enrollment process offered by Workday.

Open Enrollment starts October 18th and ends November 1st. **You must complete the enrollment process before 12:00 a.m. midnight on November 1st.**

If you fail to elect coverage or change coverage for yourself and eligible dependents by the deadline you will have to wait until the next open enrollment period unless you experience a qualifying life event. You can learn more about qualified life events by clicking here- (Place holder link 1).

If you have any questions or need assistance with enrolling in your health benefits online, please contact the Office of Employee Benefits via email at openenrollment@baltimorecity.gov or by phone Monday-Friday between the hours of 8:00 a.m. and 6:30 p.m. at 410-396-5830/TTY 711.

Our office is located at 7 E. Redwood Street, 20th Floor, Baltimore, Maryland 21202. You can visit the office for assistance Monday-Friday between the hours of 8:30 a.m. - 4:30 p.m. Please note due to COVID 19 restrictions masks, social distancing, and screening questions are required to enter the building.

Note: Active Employees must enroll via their Workday account. OEB staff cannot complete the enrollment for employees.

Please follow the steps below for an optimal enrollment experience.

STEP 1: REVIEW PLAN INFORMATION & RESOURCES

Confirm and Continue **Cancel**

- 7. Complete modifying your coverage as needed. Once you have made your selections, click **“Confirm and Continue”**.

- 8. On the next page you will be prompted to add your dependents.

If you are not adding dependents to your benefits plans, please proceed to step number 12.

- 9. Click the **“Add New Dependent”** button and on the next page review the **“Add My Dependent For Enrollment”** instructions. Click the **“Ok”** button if you are ready to proceed.

- 10. Complete all required fields with your dependent information and click **“Save”**.

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

- 11. After you complete selecting your benefits elections and adding your dependents (if applicable), you will be notified with the following message.

Your Medical changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

[View Details](#)

- 12. Repeat this process for all available benefits plans.

- To finalize your benefits plans elections, click on the **“Review and Sign”** button. If you are not ready to proceed, click the **“Save for Later”** button to complete the process in the future.



- This will take you to a **Summary Page** where you can review all your benefit plans elections before attaching any supporting documentation and proceeding with final submission.

View Summary

Projected Total Cost (Monthly)
\$425.45

Congratulations! You have now completed the on-line Benefits Enrollment process. Please ensure that you submit the necessary documentation required to the Office of Employee Benefits with in the required timeframe. If documentation is not received, your benefits could be cancelled or your dependents removed.

Documentation is required.

Documentation is required for all newly added dependents and disabled childrens age 26 or older. Please review the **Required Documentation Form** that can be found on the OEB website. (Please holder link 6).

It is preferred that you upload a copy of the required documentation to Workday for each eligible dependent being added.

You can also send the required documentation by fax to 410-396-5216, or mail to Office of Employee Benefits, 7 E. Redwood Street, Baltimore, MD 21202. If you fax or mail in the required documentation you **MUST** complete the Required Documentation Form and use it as a cover sheet.

Turn on the new tables view

Selected Benefits: 3 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries
Medical	01/01/2021	01/01/2021	Retiree With Medicare B Only		
Autism PPO Non-Medicare (15+ Years of Service)	01/01/2021	01/01/2021	Participant Only		
Prescription Drug	01/01/2021	01/01/2021	Participant Only		
Cardinal CVS CashMark High Option - Non-Medicare					
Dental	01/01/2021	01/01/2021	Retiree Only		
United Concordia DHMO Retiree					

- Scroll down to the bottom of the page and proceed to attach any supporting documentation, if applicable. Documentation is required for all newly added dependents.

Please review the Required Documentation Form for more information.

Attachments

Drop files here

or

- Your benefits are not confirmed until you select the final **“Submit”** button at the bottom of the page.

Before proceeding, review the **“Electronic Signature”** information and mark the **“I Accept”** box.

Optional: Add comments in the **“Comment”** field if desired.

Click the **“Submit”** button to submit your benefit plans elections.

If you are not ready to submit your benefits plans elections, click the **“Save for Later”** button to complete the process in the future.

Click **“Cancel”** if you do not want to submit or save your benefits plans elections at this time.

Electronic Signature

By submitting the change you have requested, you are certifying that the information you have provided in support of your requested change in election is true, accurate and complete and you are providing the information intending that it will be relied upon by the Plan Administrator for purposes of enrolling or effecting changes in coverage for you or your dependents. You understand that coverage is subject to waiting periods, exclusions and all other provisions contained in the plan. Falsification of any of the information provided to the Plan Administrator may result in your termination from coverage under the Plan, or termination of the coverage of your spouse and/or dependents. In addition, you authorize deductions for all current and future benefits from each paycheck. The Plan reserves the right to demand reimbursement for benefits paid to you or anyone receiving benefits through you based on false claims. Please note in connection with documents that are part of the Plan records (such as the Form), it is a criminal violation of Federal law to make any false statement or representation of fact, knowing it to be false, or to knowingly conceal, cover up, or fail to disclose any fact the disclosure of which is necessary to administer the Plan in accordance with its terms. In addition to a requirement to resolve benefits that an obtained State, Federal law imposes fines (of not more than \$10,000) and/or imprisonment (not more than five years).

If you do NOT elect the \$650 Hyster Credit, the Hyster Credit Acknowledgment paragraph below does not apply to you. The rest of the information presented below does apply and you must acknowledge by clicking "I AGREE" below!

Hyster Credit Acknowledgment
I understand that I am eligible to receive medical coverage provided by the City of Baltimore. I acknowledge that I am electing not to receive medical coverage for myself and/or my dependents from the City but can still enroll in dental, prescription and/or vision.

I acknowledge that it will be my responsibility to provide insurance coverage for myself and/or my dependents.

I understand that I will not be able to enroll for medical benefits as described above until the next announced annual open enrollment period as designated by the City or if I have a qualified life event that allows me to enroll.

I Accept

Process History

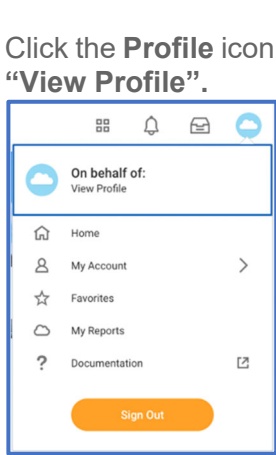
- A confirmation page will display. You have now completed and submitted your benefits plans elections for Open Enrollment

PRINTING YOUR BENEFITS PLANS STATEMENT

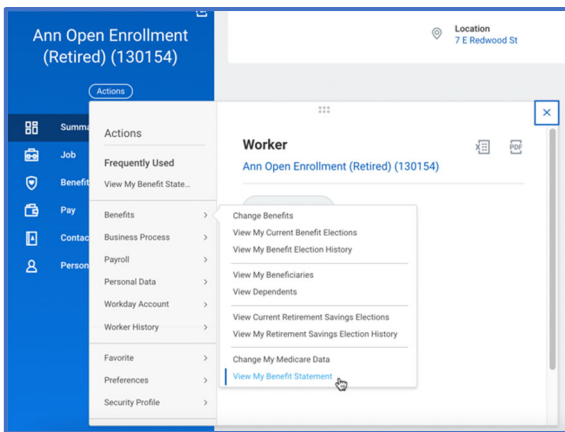
Once you have submitted your benefits plans elections you can print a Benefits Statement for your records.

To print your Benefits Statement:

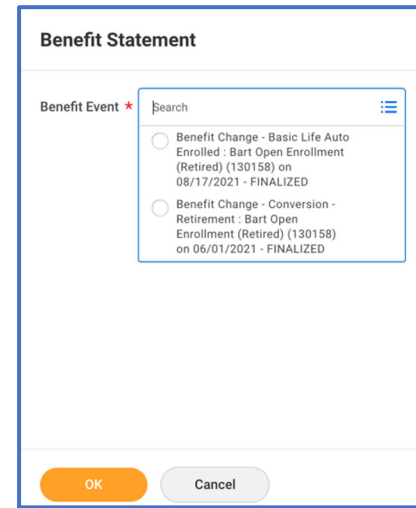
1. Click the **Profile** icon in your Home Page and select **“View Profile”**.



2. Once in your profile click on the **“Action”** button below your name.
3. Select **Benefits > View My Benefit Statement**.



4. Click the **“Benefit Event”** field, select the desired benefit event you would like to view and print and click **“Ok”**.



5. The selected benefit event statement will appear. Click the **“Print”** button. The benefit event statement will open as a PDF document, which can be saved and printed.

STILL HAVE QUESTIONS ABOUT YOUR BENEFITS OR WORKDAY?

For additional support or log in and/or password reset issues:

- If your email address ends with **@baltimorecity.gov** or **@baltimorepolice.org**, reference the guide posted at <https://bcitguide.baltimorecity.gov/Default.aspx?p=9>
- For all other email addresses, please call the BCIT service desk at 410-396-6648 for assistance.

For questions related to your benefits plans:

- Please contact the Employee Benefits team at (410) 396-5830 or (410) 396-5831.