



BENEFITS
365
PROUDLY SERVING YOU EVERY DAY

Review • Revise • Renew

WHAT'S INSIDE

- 3 What You Need to Know
- 5 Enrollment Overview
- 7 Medical
- 10 About Medicare
- 12 Prescription Drug
- 13 Dental
- 14 Vision
- 15 Resources to Help You
- 16 Cost of Coverage

KNOW YOUR RIGHTS AND RESPONSIBILITIES

To access required notices which outline your rights and responsibilities, visit:

www.princegeorgescountymd.gov/3137/Benefits
or request a printed copy by calling **301-883-6380**.



BENEFITS
365

Benefits 365 provides Prince George's County employees and retirees access to:



Competitive Coverage – We compare our benefits to what other organizations offer to ensure it is competitive. Our competitive coverage balances the needs of our government—helping us attract and retain top talent to achieve our Proud Priorities, Proud Results—with sustaining our investment in Benefits 365 for the future.



Caring Connections – Benefits 365 provides caring connections: programs, resources and tools which help our employees and retirees access financial planning resources, mental health support, actively manage chronic health conditions, and practice preventive care.



Quality Care – Benefits 365 brings our employees and retirees access to quality care with designations to help them identify quality providers and access to specialists to support their physical, mental and financial health. Quality care provides opportunities for our employees and retirees to play an active role in preventive care, and seek the support they need for ongoing management and treatment of diagnosed conditions.



Comprehensive Choices – Benefits 365 offers our retirees choices to meet their needs—today and tomorrow.

We are committed to providing the tools, resources and information you need to make the right decisions for yourself and your family. Use this guide to understand the benefit programs and resources to help you make the most of Benefits 365.

WHAT YOU NEED TO KNOW

With Benefits 365, you have more options, more choice, more flexibility, more value—so you can customize your benefits to meet your needs.



YOUR BENEFIT OPTIONS

Medical

Choose from three medical options:

- ▶ Kaiser Permanente Health Maintenance Organization (Kaiser HMO)
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Prescription Drug

Coverage available based on your Medicare eligibility:

- ▶ Non-Medicare Prescription Drug Plan administered through Express Scripts (for retirees and dependents under age 65)
- ▶ Medicare Part D administered through Express Scripts (for retirees and dependents eligible for Medicare)

Dental

Choose from two dental options:

- ▶ Aetna Dental DMO
- ▶ Aetna Dental PPO

Vision

Choose from two vision options:

- ▶ VSP Basic
- ▶ VSP Buy-up

▶ Retiree Basic Life

If you receive Basic Life insurance from the County, amounts over \$50,000 will be treated as taxable income also known as imputed income.

OPTIONS FOR REHIRED RETIREES

If you are a retiree and re-employed by the County, you can enroll in the core benefit plans (e.g., medical, prescription drug, dental, vision) as a retiree or as an active employee. It is your responsibility to decide which option best fits your needs.

If you are a full-time or part-time rehired retiree actively working at least 15 hours per week, you can also enroll in the voluntary benefit plans:

Unum

- ▶ Critical Illness
- ▶ Accident Insurance Plan
- ▶ Whole Life Insurance Plan
- ▶ Short-Term Disability Plan

Aflac

- ▶ Supplemental Dental

MetLife

- ▶ Short-Term Disability
- ▶ Dependent Life Insurance

Legal Services

- ▶ Legal Resources
- ▶ Legal Shield

If you have questions about eligibility or the enrollment process, contact the OHRM Benefits Division.

SURVIVING

SPOUSE/DEPENDENTS

Spouses of active employees who are covered under the employee's health insurance plan(s) will be able to continue their coverage as a Surviving spouse only if the employee is a public safety officer who dies in the line of duty. All other active employees' spouses and dependents will be offered COBRA in the event of their death. Eligible spouses will be charged the monthly retiree health insurance premium for the public safety class the employee was enrolled upon their death.

Dependents of active employees with no spouse on their plan(s) will be able to continue their health insurance coverage as a surviving dependent only if the employee is a public safety officer who dies in the line of duty. Surviving dependents will be allowed to continue coverage with the County up until the end of month in which they turn 26. Eligible dependents will be charged the monthly retiree health insurance premium for the public safety class the employee was enrolled upon their death.



Spouses and Dependents of Retirees who are covered under the retiree's health insurance plan(s) will be able to continue their coverage as a surviving spouse or surviving dependent upon the retiree's death. Surviving spouses will be allowed to continue coverage with the County until their death as long as they don't remarry. If the spouse remarries, they and any dependents on the plan will be offered COBRA as their health insurance coverage with the County will terminate at the end of

the month in which they marry. Surviving dependents will be allowed to continue coverage up until the end of the month in which they turn 26 and then will be offered COBRA. Surviving Dependents are not allowed to add new dependents to their coverage. All dependent children will be allowed to continue their coverage up until end of month in which they turn 26. Eligible surviving spouses/dependents will be billed the monthly survivor health insurance premium.

ENROLLMENT OVERVIEW

Dependent Type	Documents Required
Spouse	Government issued Marriage Certificate, AND Current proof of Joint Ownership*. If married in the past 12 months, only Government issued Marriage Certificate is required. Note: Submit a copy of Medicare card if your spouse is enrolled in Medicare.
Newborn Biological Child	Government issued Birth Certificate that includes parents' names AND Social Security Card. Note: Birth Registration Notices are not accepted as dependent documentation
Biological Child	Government issued Birth Certificate that includes parents' names.
Adopted Child	Amended Government issued Birth Certificate that includes parents' names or Adoption Certificate or Placement Agreement AND Social Security Card.
Stepchild	Government issued Birth Certificate that includes parents' name AND Government issued Marriage Certificate.
Legal Ward	Government issued Birth Certificate, Court Ordered Document of Guardianship, AND Social Security Card.
Disabled Child	Documentation listed above AND Federal Tax Return within last 2 years claiming the child. Note: Disabled Adopted Children cannot verify with a placement agreement or petition.
Children who are the subjects of a Qualified Medical Child Support Order (QMCSO)	Qualified Medical Child Support Order required. This order creates the right of the children to receive health insurance benefits under an employee or retiree's coverage.

*** Standard proof of joint ownership includes:**

- Mortgage statement
- Bank statement (bank account verification letter showing active status)
- Active lease agreement
- Homeowners Insurance
- Renters Insurance
- State Tax Return (within 1 year)
- Credit card statement (includes department stores, and care credit)
- Property tax
- Current-year state tax return listing spouse/partner
- Current-year mortgage interest/mortgage insurance
- Warranty deed
- Auto loans
- Current-year federal tax return listing the spouse

WHO IS ELIGIBLE

You are eligible for the benefits described in this guide if you are a Prince George's County Government Retiree and have maintained continuous enrollment in County benefits.

Length of Service Award Program (LOSAP) and vested retirees are **not** eligible for County sponsored health coverage nor Life Insurance..

Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. You must submit documentation to verify their eligibility see Dependent Verification. Coverage for your eligible children will end the last day of the month in which they turn age 26.

Dependent Verification

To add a dependent, you must complete the **Dependent Verification Form** and submit a copy of your supporting documentation (as outlined to the left) to the OHRM Benefits Division:

▶ **Email:** Benefits@co.pg.md.us

▶ **Fax:** Send your documents to **301-883-6192**

All documents must include the employee's name and employee ID number. If you do not provide the required documentation unverified dependents will be dropped from coverage. Dependents who are removed from the group health plans due to insufficient documentation will not be eligible for COBRA continuation coverage.

Disabled Dependents

Children who are physically or mentally incapable of self-support as determined by medical certification continue on your County coverage beyond the normal age limit if the disability continues and the child remains unmarried. You may be asked to provide certification of your child's disability every two to three years. Documentation must be on file prior to the child reaching age 26.

Ineligible Dependents

Dependent children over the age of 26 (unless disabled), dependent children for whom you do not have guardianship or legal custody, common law spouses, or ex-spouses that have not been removed from the plan are not eligible for coverage.

WHEN YOU CAN ENROLL

Eligible retirees are not held to an Open Enrollment period for benefits and may make changes to their benefits selections at any time. To enroll in or make a change to your current retiree benefit elections, please complete and submit the Enrollment Change Form to the Benefits Division.

- ▶ **Enroll in a medical, dental, vision or prescription drug plan.** Retirees or surviving spouses may drop a plan or a dependent at any time. Surviving spouses, County employees retiring under the MD State Retirement System, Deputy Sheriff's Comprehensive Plan, and Correctional Officer's Comprehensive Plan are not eligible to pick up a new benefit(s) unless they have a qualifying event.
- ▶ **Change plans** from one medical or dental option to another.
- ▶ **Add an eligible dependent** who is not currently covered. To add your dependent to the health benefit plans, you must verify their eligibility (see page 4).
- ▶ **Cancel enrollment** in any benefit plan option for you or your dependents.

HOW TO ENROLL

You must complete and submit the Enrollment Change Form to the OHRM Benefits Division.

- ▶ **Email:** Benefits@co.pg.md.us
- ▶ **Fax:** 301-883-6192

IF YOU DON'T ENROLL

If you do not make any changes, your current elections will roll over at 2022 rates effective January 1, 2022.

DON'T FORGET

Don't forget to update your address! If you have moved or changed contact information, please reach out to OHRM Benefits Division:

- ▶ **Call:** 301-883-6380
- ▶ **Email:** Benefits@co.pg.md.us



KNOW YOUR HEALTH RISKS

EVERYDAY
TIPS

When health risks are detected early, they are often treatable. In fact, many of the health risk factors we face are ones we can control: weight, tobacco use, nutrition, and fitness. Knowing your current health status is an important first step.

OHRM encourages you to complete an annual online health assessment. The health assessment provides you with important information to help you make lifestyle choices to improve your health.

Cigna Participants

- ▶ Log into mycigna.com.
- ▶ Click on "My Health."

Kaiser Permanente Participants

- ▶ Log into www.kp.org. If you are new to the website, click "Register now."
- ▶ From the "Health & Wellness" tab, click "Programs & Classes."
- ▶ Select "Total Health Assessment" in the left navigation. Click "Start a Total Health Assessment now."

MEDICAL

The County offers you three medical plan choices so you can choose the coverage that is right for you.



You have a choice of three medical plan options:

- ▶ Kaiser Permanente Health Maintenance Organization (Kaiser HMO)
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Each plan offers comprehensive coverage, the plans differ in benefit levels, cost, and flexibility in your choice of providers and facilities.

CIGNA HMO

The Cigna HMO offers coverage through the Cigna Open Access Plus network. You do not have to select a Primary Care Physician (PCP) or get a referral to a specialist. Coverage is not provided if you see out-of-network providers except in a true emergency.

CIGNA PPO

The Cigna PPO offers coverage through the Open Access Plus network. Coverage is available in- and out-of-network; however, you will pay less when you use network providers. You do not have to select a Primary Care Physician (PCP) or get a referral to a specialist.

YOUR PERSONAL HEALTH MANAGER: MYCIGNA

myCigna gives you a simple way to personalize, organize and access your important health information. It puts you in control of your health, so you can get more out of life—Benefits 365. Get started at myCigna.com. These services are also available by calling **1-800-244-6224**.



Healthcare professional directory

- ▶ Search for a doctor or healthcare facility from the Cigna national network and compare quality-of-care ratings
- ▶ Access maps for driving directions



ID cards

- ▶ View ID cards for the entire family
- ▶ Print, email or scan ID cards



Claims

- ▶ View and search recent and past claims
- ▶ Bookmark and group claims for easy reference



Account balances

- ▶ Access and view HSA balances
- ▶ Review plan deductibles and coinsurance



Estimate costs

- ▶ Estimate the cost of in-network services before treatment
- ▶ Look up the cost of medications before you have your prescription filled



Wellness programs

- ▶ Connect with a health coach
- ▶ Access health and wellness phone seminars
- ▶ Learn from Cigna Health and Wellness Library



Telehealth

- ▶ Meet with a board-certified doctor by phone or video via MDLIVE
 - MDLIVEforCigna.com
 - **888-726-3171**

KAISER HMO

The Kaiser HMO uses a regional network of providers and except in medical emergencies, the plan does not provide benefits for care received out-of-network. Kaiser Permanente of the Mid-Atlantic has medical facilities in Maryland, Virginia, and the District of Columbia. Members have exclusive access to over 1,000 primary care and specialty physicians plus access to over 12,000 community based physicians. With the Kaiser plan, you choose a PCP to coordinate your care.

When you participate in the Kaiser HMO, you have access to:



Top-rated doctors

Kaiser Permanente of the Mid-Atlantic States has 1,500+ specially selected physicians—and they're recognized in the community for the quality of care they provide. On a scale of 1 to 10, more Kaiser members rate their doctor a 9 or 10 than any other health plan in the area.



Personalized care

Your doctors, nurses, and specialists are connected to your electronic health record, so they can work together to deliver great care that's right for you.



More care options

It's up to you how you get care—in person, by phone or online. In some cases, you can even save time by scheduling a video visit. Flexible options make it easy to stay on top of your health, no matter how busy you are.



More services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions—all in a single trip.



Digital health tools

With Kaiser Permanente, you can manage your health on the devices you already use every day. You can email your doctor's office with non-urgent questions, schedule routine appointments and check most lab test results online.



Wellness programs

Kaiser Permanente members have access to podcasts, healthy lifestyle programs, an information library to learn about specific conditions and diseases, wellness coaching, center-based classes and workshops and so much more.



CARE WHEN YOU NEED IT

REACH A DOCTOR 24/7

Telehealth is a great option for non-emergency care, especially if you don't feel comfortable leaving your home. Your personal provider may offer virtual care visits or you can access no-cost telehealth services when your provider isn't available.

How to access telehealth

► Call your personal provider

Many doctors and mental health professionals will treat patients through telehealth. Call your doctor to see if they're participating in telehealth or if they think you should come into the office for any chronic health needs. Since they already know your medical history, they're a great first option.

► Use MDLIVE (Cigna participants)

Meet with a board-certified doctor by phone or video. Register now, so you are ready when you need it:

MDLIVE

MDLIVEforCigna.com

888-726-3171

► Use Video Visits (Kaiser participants)

Make an appointment for a video visit by signing into **kp.org**, using the **mobile app**, or calling **1-800-777-7904 (1-800-700-4901, TTY)**.

To get started, visit <https://my.kp.org/princegeorgescountygovernment>.

YOUR MEDICAL OPTIONS AT-A-GLANCE

	Cigna PPO		Cigna HMO	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Calendar Year Deductible				
Employee Only	\$50	\$300	\$50	None
Family	None	\$550	None	None
Annual Out-of-Pocket Maximum¹				
Employee Only	\$2,000	\$2,000	\$2,000	\$3,500
Family	\$4,000	\$4,000	\$4,000	\$9,400
Emergency Services				
Emergency Room/Care (waived if admitted)	\$150 copay/visit AND deductible		\$150 copay/visit AND deductible	\$50 copay/visit
Emergency Medical Transport	No charge		No charge	No charge
Urgent Care	\$50 copay/visit AND deductible		\$50 copay/visit AND deductible	\$15/visit
Mental Health				
Outpatient Care Physician's Office	\$20 copay/visit	80% after deductible	\$20 copay/visit	Individual: \$10/visit; Group: \$5/visit
Inpatient Care	\$250 copay/visit AND deductible	80% after deductible	\$250 copay/visit AND deductible	\$100/admission
Maternity Care				
Office Visits (for mother)	\$35 for initial visit, then 100%	80% after deductible	\$35 for initial visit, then 100%	No charge
Childbirth/delivery: Physician Services	No charge after deductible	80% after deductible	No charge after deductible	Included in facility fee
Childbirth/delivery: Facility services	\$250 copay/admission AND deductible	80% after deductible	\$250 copay/admission AND deductible	\$100/admission
Inpatient Services				
Hospital Stay	\$250 copay/admission AND deductible	80% after deductible	\$250 copay/admission AND deductible	\$100/admission
Hospice Care	No charge after deductible	80% after deductible	No charge after deductible	No charge
Skilled Nursing Care	No charge after deductible	80% after deductible	No charge after deductible	\$100/admission
Outpatient Services				
Primary Care Visit	\$30 copay	80% after deductible	\$30 copay	\$15/visit
Specialist Visit	\$35 copay	80% after deductible	\$35 copay	\$15/visit
Preventive Care	No charge	80% after deductible	No charge	No charge
Diagnostic Test (X-ray, blood work)	No charge	80% after deductible	No charge	No charge

¹ Premiums, balance billing, penalties for failure to obtain pre-authorization and expenses for services not covered by the plan do not apply toward the out-of-pocket maximum.

ABOUT MEDICARE

Medicare coverage—should you enroll? In a word, yes.



You and/or your eligible dependent must enroll in Medicare Part A and Part B when you first become eligible. This also applies to individuals who are eligible to receive disability benefits from the Social Security Administration.

Coverage provided through the County for medicare-eligible participants supplements Medicare Part A and Part B. You must elect one of the County's supplemental medical plans:

- ▶ Kaiser Medicare HMO Plan
- ▶ Cigna Open Access Plus In-Network (Cigna HMO)
- ▶ Cigna Open Access Plus (Cigna PPO)

Medicare will become the primary payer of your medical claims and the supplemental plan will act as the secondary payer.

About Kaiser Medicare HMO

The Kaiser Medicare HMO includes prescription benefits. If you elect the Kaiser Medicare HMO Plan, you must discontinue enrollment in the County's prescription plan. Enrollment in the Kaiser Medicare HMO Plan will not occur until confirmation is received from Kaiser that you have completed their packet and have been enrolled.

Split Eligibility

If you are eligible for Medicare and one of your dependents is not (or vice versa) you must maintain the appropriate coverage level and the senior premium rates will not apply until you remove any additional dependents. If this applies to you, contact the OHRM Benefits Division at **301-883-6380**.

WHAT YOU NEED TO DO

1. If you are not automatically enrolled in Medicare, sign up by contacting the Social Security Administration three months before you turn and/or your dependents turn age 65.
2. Complete an **Enrollment Change Form** to enroll in one of the County's supplemental medical plans.
3. Submit the form(s) with a copy of your Medicare card showing enrollment in Part A and Part B to the OHRM Benefits Division:
 - ▶ **Email: Benefits@co.pg.md.us**
 - ▶ **Fax: 301-883-6192**

If you do not enroll in Medicare Part A and B (if eligible), your coverage in the County's medical plans will be discontinued.

MEDICARE COVERAGE

For participants in the Cigna medical supplemental plans, the County offers a Medicare Part D Prescription Drug plan through Express Scripts. Medicare Part D is an extension of Medicare Part A and Part B.

The Medicare Part D plan offers:

- ▶ Purchase up to a 90-day supply of maintenance medications (medications that treat ongoing conditions) either at the retail or mail-order pharmacy.
- ▶ Mandatory generic requirement does not apply. Therefore, if a brand name medication has a generic alternative, you can get the brand name medication without penalty.
- ▶ You may qualify for “extra help” from the federal government to assist with your prescription plan premium and co-payments.

When Coverage Becomes Effective

The OHRM Benefits Division will automatically enroll you in the Medicare Part D plan if you are on the Cigna Plan. The OHRM Benefits Division will work with Express Scripts to complete the enrollment process required by the federal government for the Medicare Part D plan.

This enrollment process takes time to complete and the Medicare Part D plan may not take effect on the same date as the switchover to the Cigna supplemental medical plan, if you are enrolled in a plan.

You will remain in the Non-Medicare Prescription Drug Plan until the County enrolls you in the Medicare Part D Plan. The OHRM Benefits Division will send you a letter informing you when your Medicare Part D enrollment is in progress. Express Scripts will also provide retirees with additional information regarding your enrollment in the Medicare Part D plan.

To qualify for Extra Help, you must be receiving Medicare, have limited resources and income, and reside in one of the 50 States or the District of Columbia. The Low Income Subsidy (LIS) helps people with Medicare pay for prescription drugs, and lowers the costs of Medicare prescription drug coverage.

NOTE: It is important to note that Medicare does impose an additional Part D premium for high wage earners, which is paid directly to Social Security. This requirement is known as the Part D Income Related Monthly Adjustment Amount (IRMAA). Social Security will notify you if this requirement applies to you.

For More Information

If you have questions about the Medicare Part D Prescription Drug Plan, contact the OHRM Benefits Division at **301-883-6380**.

PRESCRIPTION DRUG

Express Scripts provides coverage through a nationwide network of pharmacies.



NON-MEDICARE

With the Non-Medicare Prescription Drug Plan, you can receive your prescriptions at a retail or mail order pharmacy.

Benefits-At-A-Glance

	Express Scripts
Annual Deductible	\$50 per person
Out-of-Pocket Maximum	\$3,850/individual; \$7,700/family
Retail Pharmacy (30-day supply)	
Generic Drug	\$10 copay
Formulary Brand Name Drug	20% coinsurance (\$20 min/\$50 max)
Non-Formulary Brand Name Drug	30% coinsurance (\$40 min/\$50 max)
Home Delivery (90-day supply)	
Formulary Brand Name Drug	20% coinsurance (\$40 min/\$100 max)
Non-Formulary Brand Name Drug	30% coinsurance (\$80 min/\$100 max)
Generic Drug	\$20 copay

Mandatory Generics

If you request a brand name drug when a generic equivalent is available, you pay the difference in cost.



SAVE ON DRUGS

The average American pays nearly \$1,200/year for prescription costs. But, there are ways for you to lower your prescription drug costs:

- ▶ Generic medications provide you with the same quality, strength, purity and stability as the brand name—but cost 80% to 85% lower, on average, than brand-name products.
- ▶ When you use mail order, you save on a 3-month supply delivered right to your door.
- ▶ Ask your doctor to refer to the Preferred Drug list when prescribing a new medication. These preferred drugs are generally considered to offer equal or greater therapeutic value and to be more cost-effective than the other drugs in the same drug category.

Login to www.express-scripts.com to review the Preferred Drug List and estimate drug costs.

DENTAL

Dental coverage is available through Aetna. Benefits are available for both in-and out-of-network dental services.



With Aetna Dental, coverage is available through two national networks:

- ▶ Aetna Dental DMO
- ▶ Aetna Dental PPO

You receive greater benefit coverage when you use a provider who participates in the Aetna Dental network.

Aetna Dental DMO features

- ▶ Primary care dentist manages your dental care
- ▶ Primary care dentist refers you to a specialist when necessary
- ▶ No deductibles
- ▶ No annual dollar maximums

NOTE: You must select a Primary Care Dentist (PCD) by the 15th of the month following your enrollment. If you do not select a PCD using the DMO Form (included at the end of this guide), your benefits and claims may be limited to emergency services only.

Aetna Dental PPO features

- ▶ No need to choose a primary care dentist
- ▶ No referrals

	Aetna Dental DMO	Aetna Dental PPO (non-participating)
Annual Deductible	None	\$25/individual \$0 family
Annual Benefit Maximum	None	Plan pays \$1,500/person each calendar year
Preventive and Diagnostic Services	Refer to fee schedule ¹	Covered at 100%
Basic Services	Refer to fee schedule ¹	Covered at 100% after deductible
Major Services	Refer to fee schedule ¹	Covered at 50% after deductible
Orthodontia	Refer to fee schedule ¹	Up to 50%, \$1,500 maximum

¹ You can view the fee schedule online at: www.princegeorgescountymd.gov/3682/Dental.

STAY IN NETWORK

When you visit a dentist or specialist who is in the network, your out-of-pocket costs are usually lower. That's because participating dentists have agreed to accept negotiated fees for covered services that are usually 30% – 45% less than the average charges. Before you receive care, check if your provider participates in the **Aetna Dental network**.



VISION

Vision coverage is available through the Vision Service Plan (VSP). Choose from two vision coverage options: the VSP Basic Plan and VSP Buy-Up Plan.



Both plans provide coverage for eye exams, eyeglasses, and contact lenses through a national network of providers. A comprehensive list of covered services is available at: www.princegeorgescountymd.gov/3683/Vision.

Benefit	Base Coverage with a VSP Provider	Copay	Buy Up Coverage with a VSP Provider	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
PRESCRIPTION GLASSES		\$10	PRESCRIPTION GLASSES	\$10
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart®/Costco® frame allowance Every other calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> \$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Walmart®/Costco® frame allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$80 - \$90 \$120 - \$160	<ul style="list-style-type: none"> Progressive lenses Anti-reflective coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$10
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
DIABETIC EYECARE PLUS PROGRAM	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20



RESOURCES TO HELP YOU

If you have questions about the plans and programs described in this guide, contact the appropriate benefit partner.

Benefit	Contact
Medical	Cigna Member Services 1-800-244-6224 myCigna.com
	Kaiser Permanente 301-468-6000 or 1-888-225-7202 my.kp.org/princegeorgescountygovernment
Prescription	Express Scripts 1-800-711-0917 www.express-scripts.com
Vision	Vision Services Plan 1-800-877-7195 www.vsp.com
Dental	Aetna 1-877-238-6200 DMO: www.aetnadmodental.com PPO: www.aetnappodental.com

Questions? Email: Benefits@co.pg.md.us

OFFICE OF HUMAN RESOURCES MANAGEMENT (OHRM)

Benefits Division

1400 McCormick Drive
Suite 245
Largo, MD 20774

301-883-6380
301-883-6192 (fax)

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

Pensions Division

1400 McCormick Drive
Suite 110
Largo, MD 20774

301-883-6390
301-883-6031 (fax)

Monday – Friday
8:30 a.m. – 5:00 p.m., ET

OFFICE OF FINANCE

Payroll

1301 McCormick Drive
Suite 1100
Largo, MD 20774

301-952-5362

This Retiree Benefits 365 Decision Guide provides you with an overview of your benefit options for 2022. We have made every effort to ensure the information in this guide is as accurate and easy for you to understand as possible. However, this guide is not intended to be a complete description of your benefits. This guide and any oral statements are not a substitute for the official insurance policies. If there is a difference between what is in this guide or told to you orally, and the insurance policies, the official insurance policies will govern. Prince George's County Government reserves the right to modify, amend or terminate any benefit plans at any time, with or without advance notice to participants. In no way does this guide or any of the benefits constitute a guarantee of continued employment.

COST OF COVERAGE

FIRE CIVILIAN RETIREES RETIRED AFTER 7/1/1998 &
POLICE CIVILIANS RETIRED AFTER 7/1/1996

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$136.86	\$410.56	\$547.42
Two-Person	\$273.12	\$819.35	\$1,092.47
Family	\$395.76	\$1,187.26	\$1,583.02
One Senior	\$70.76	\$212.28	\$283.04
Two Seniors	\$140.93	\$422.78	\$563.71
Senior + Individual	\$224.46	\$673.38	\$897.84
Cigna HMO			
Individual	\$149.72	\$449.16	\$598.88
Two-Person	\$299.49	\$898.48	\$1,197.97
Family	\$418.78	\$1,256.35	\$1,675.13
One Senior	\$83.71	\$251.12	\$334.83
Two Seniors	\$168.91	\$506.71	\$675.62
Senior + Individuals	\$234.25	\$702.75	\$937.00
Cigna PPO			
Individual	\$234.58	\$547.34	\$781.92
Two-Person	\$473.09	\$1,103.87	\$1,576.96
Family	\$664.40	\$1,550.27	\$2,214.67
One Senior	\$90.50	\$211.18	\$301.68
Two Seniors	\$182.54	\$425.94	\$608.48
Senior + Individuals	\$326.60	\$762.06	\$1,088.66

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$28.94	\$164.00	\$192.94
Two-Person	\$58.28	\$330.27	\$388.55
Family	\$74.45	\$421.88	\$496.33
Vision			
VSP Basic Plan			
Individual	\$1.23	\$6.96	\$8.19
Two-Person	\$2.10	\$11.91	\$14.01
Family	\$2.80	\$15.86	\$18.66
VSP Buy-Up Plan			
Individual	\$2.19	\$12.40	\$14.59
Two-Person	\$4.02	\$22.79	\$26.81
Family	\$5.49	\$31.09	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Note: You must enroll as a senior if you are enrolled in Medicare.

COST OF COVERAGE

POLICE, FIRE, & CORRECTIONS RETIREES RETIRED BEFORE 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$120.43	\$426.99	\$547.42
Two-Person	\$240.34	\$852.13	\$1,092.47
Family	\$348.26	\$1,234.76	\$1,583.02
One Senior	\$62.27	\$220.77	\$283.04
Two Seniors	\$124.02	\$439.69	\$563.71
Senior + Individual	\$197.52	\$700.32	\$897.84
Cigna HMO			
Individual	\$131.75	\$467.13	\$598.88
Two-Person	\$263.55	\$934.42	\$1,197.97
Family	\$368.53	\$1,306.60	\$1,675.13
One Senior	\$73.66	\$261.17	\$334.83
Two Seniors	\$148.64	\$526.98	\$675.62
Senior + Individuals	\$206.14	\$730.86	\$937.00
Cigna PPO			
Individual	\$211.12	\$570.80	\$781.92
Two-Person	\$425.78	\$1,151.18	\$1,576.96
Family	\$597.96	\$1,616.71	\$2,214.67
One Senior	\$81.45	\$220.23	\$301.68
Two Seniors	\$164.29	\$444.19	\$608.48
Senior + Individuals	\$293.94	\$794.72	\$1,088.66

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$23.15	\$169.79	\$192.94
Two-Person	\$46.63	\$341.92	\$388.55
Family	\$59.56	\$436.77	\$496.33
Vision			
VSP Basic Plan			
Individual	\$0.98	\$7.21	\$8.19
Two-Person	\$1.68	\$12.33	\$14.01
Family	\$2.24	\$16.42	\$18.66
VSP Buy-Up Plan			
Individual	\$1.75	\$12.84	\$14.59
Two-Person	\$3.22	\$23.59	\$26.81
Family	\$4.39	\$32.19	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Note: You must enroll as a senior if you are enrolled in Medicare.

COST OF COVERAGE

SHERIFF RETIREES RETIRED BEFORE 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$120.43	\$426.99	\$547.42
Two-Person	\$240.34	\$852.13	\$1,092.47
Family	\$348.26	\$1,234.76	\$1,583.02
One Senior	\$62.27	\$220.77	\$283.04
Two Seniors	\$124.02	\$439.69	\$563.71
Senior + Individual	\$197.52	\$700.32	\$897.84
Cigna HMO			
Individual	\$131.75	\$467.13	\$598.88
Two-Person	\$263.55	\$934.42	\$1,197.97
Family	\$368.53	\$1,306.60	\$1,675.13
One Senior	\$73.66	\$261.17	\$334.83
Two Seniors	\$148.64	\$526.98	\$675.62
Senior + Individuals	\$206.14	\$730.86	\$937.00
Cigna PPO			
Individual	\$211.12	\$570.80	\$781.92
Two-Person	\$425.78	\$1,151.18	\$1,576.96
Family	\$597.96	\$1,616.71	\$2,214.67
One Senior	\$81.45	\$220.23	\$301.68
Two Seniors	\$164.29	\$444.19	\$608.48
Senior + Individuals	\$293.94	\$794.72	\$1,088.66

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$23.15	\$169.79	\$192.94
Two-Person	\$46.63	\$341.92	\$388.55
Family	\$59.56	\$436.77	\$496.33
Vision			
VSP Basic Plan			
Individual	\$8.19	N/A	\$8.19
Two-Person	\$14.01	N/A	\$14.01
Family	\$18.66	N/A	\$18.66
VSP Buy-Up Plan			
Individual	\$14.59	N/A	\$14.59
Two-Person	\$26.81	N/A	\$26.81
Family	\$36.58	N/A	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Note: You must enroll as a senior if you are enrolled in Medicare.

COST OF COVERAGE

ALL OTHER RETIREES, SURVIVING SPOUSES, AND COBRA*

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Medical				
Kaiser Permanente				
Individual	\$136.86	\$410.56	\$547.42	\$558.37
Two-Person	\$273.12	\$819.35	\$1,092.47	\$1,114.32
Family	\$395.76	\$1,187.26	\$1,583.02	\$1,614.68
One Senior	\$70.76	\$212.28	\$283.04	\$288.70
Two Seniors	\$140.93	\$422.78	\$563.71	\$574.98
Senior + Individual	\$224.46	\$673.38	\$897.84	\$915.80
Cigna HMO				
Individual	\$149.72	\$449.16	\$598.88	\$610.86
Two-Person	\$299.49	\$898.48	\$1,197.97	\$1,221.93
Family	\$418.78	\$1,256.35	\$1,675.13	\$1,708.63
One Senior	\$83.71	\$251.12	\$334.83	\$341.53
Two Seniors	\$168.91	\$506.71	\$675.62	\$689.13
Senior + Individuals	\$234.25	\$702.75	\$937.00	\$955.74
Cigna PPO				
Individual	\$234.58	\$547.34	\$781.92	\$797.56
Two-Person	\$473.09	\$1,103.87	\$1,576.96	\$1,608.50
Family	\$664.40	\$1,550.27	\$2,214.67	\$2,258.96
One Senior	\$90.50	\$211.18	\$301.68	\$307.71
Two Seniors	\$182.54	\$425.94	\$608.48	\$620.65
Senior + Individuals	\$326.60	\$762.06	\$1,088.66	\$1,104.43

* COBRA includes an additional 2% administrative fee.

Note: You must enroll as a senior if you are enrolled in Medicare.

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Prescription				
Individual	\$144.71	\$48.23	\$192.94	\$196.80
Two-Person	\$291.41	\$97.14	\$388.55	\$396.32
Family	\$372.25	\$124.08	\$496.33	\$506.26
Vision				
VSP Basic Plan				
Individual	\$8.19	N/A	\$8.19	\$8.35
Two-Person	\$14.01	N/A	\$14.01	\$14.29
Family	\$18.66	N/A	\$18.66	\$19.03
VSP Buy-Up Plan				
Individual	\$14.59	N/A	\$14.59	\$14.88
Two-Person	\$26.81	N/A	\$26.81	\$27.35
Family	\$36.58	N/A	\$36.58	\$37.31
Dental				
Aetna Dental DMO				
Individual	\$20.37	N/A	\$20.37	\$20.78
Two-Person	\$31.62	N/A	\$31.62	\$32.25
Family	\$40.24	N/A	\$40.24	\$41.04
Aetna Dental PPO				
Individual	\$40.09	N/A	\$40.09	\$40.89
Two-Person	\$73.24	N/A	\$73.24	\$74.70
Family	\$108.34	N/A	\$108.34	\$110.51

COST OF COVERAGE

POLICE, FIRE, CORRECTIONS RETIREES RETIRING ON OR AFTER 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$136.86	\$410.56	\$547.42
Two-Person	\$273.12	\$819.35	\$1,092.47
Family	\$395.76	\$1,187.26	\$1,583.02
One Senior	\$70.76	\$212.28	\$283.04
Two Seniors	\$140.93	\$422.78	\$563.71
Senior + Individual	\$224.46	\$673.38	\$897.84
Cigna HMO			
Individual	\$149.72	\$449.16	\$598.88
Two-Person	\$299.49	\$898.48	\$1,197.97
Family	\$418.78	\$1,256.35	\$1,675.13
One Senior	\$83.71	\$251.12	\$334.83
Two Seniors	\$168.91	\$506.71	\$675.62
Senior + Individuals	\$234.25	\$702.75	\$937.00
Cigna PPO			
Individual	\$234.58	\$547.34	\$781.92
Two-Person	\$473.09	\$1,103.87	\$1,576.96
Family	\$664.40	\$1,550.27	\$2,214.67
One Senior	\$90.50	\$211.18	\$301.68
Two Seniors	\$182.54	\$425.94	\$608.48
Senior + Individuals	\$326.60	\$762.06	\$1,088.66

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$28.94	\$164.00	\$192.94
Two-Person	\$58.28	\$330.27	\$388.55
Family	\$74.45	\$421.88	\$496.33
Vision			
VSP Basic Plan			
Individual	\$1.23	\$6.96	\$8.19
Two-Person	\$2.10	\$11.91	\$14.01
Family	\$2.80	\$15.86	\$18.66
VSP Buy-Up Plan			
Individual	\$2.19	\$12.40	\$14.59
Two-Person	\$4.02	\$22.79	\$26.81
Family	\$5.49	\$31.09	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Note: You must enroll as a senior if you are enrolled in Medicare.

COST OF COVERAGE

SHERIFF RETIREES RETIRING ON OR AFTER 02/01/2018

Plan	Participant Monthly	County Monthly	Total Monthly
Medical			
Kaiser Permanente			
Individual	\$136.86	\$410.56	\$547.42
Two-Person	\$273.12	\$819.35	\$1,092.47
Family	\$395.76	\$1,187.26	\$1,583.02
One Senior	\$70.76	\$212.28	\$283.04
Two Seniors	\$140.93	\$422.78	\$563.71
Senior + Individual	\$224.46	\$673.38	\$897.84
Cigna HMO			
Individual	\$149.72	\$449.16	\$598.88
Two-Person	\$299.49	\$898.48	\$1,197.97
Family	\$418.78	\$1,256.35	\$1,675.13
One Senior	\$83.71	\$251.12	\$334.83
Two Seniors	\$168.91	\$506.71	\$675.62
Senior + Individuals	\$234.25	\$702.75	\$937.00
Cigna PPO			
Individual	\$234.58	\$547.34	\$781.92
Two-Person	\$473.09	\$1,103.87	\$1,576.96
Family	\$664.40	\$1,550.27	\$2,214.67
One Senior	\$90.50	\$211.18	\$301.68
Two Seniors	\$182.54	\$425.94	\$608.48
Senior + Individuals	\$326.60	\$762.06	\$1,088.66

Plan	Participant Monthly	County Monthly	Total Monthly
Prescription			
Individual	\$28.94	\$164.00	\$192.94
Two-Person	\$58.28	\$330.27	\$388.55
Family	\$74.45	\$421.88	\$496.33
Vision			
VSP Basic Plan			
Individual	\$8.19	N/A	\$8.19
Two-Person	\$14.01	N/A	\$14.01
Family	\$18.66	N/A	\$18.66
VSP Buy-Up Plan			
Individual	\$14.59	N/A	\$14.59
Two-Person	\$26.81	N/A	\$26.81
Family	\$36.58	N/A	\$36.58
Dental			
Aetna Dental DMO			
Individual	\$20.37	N/A	\$20.37
Two-Person	\$31.62	N/A	\$31.62
Family	\$40.24	N/A	\$40.24
Aetna Dental PPO			
Individual	\$40.09	N/A	\$40.09
Two-Person	\$73.24	N/A	\$73.24
Family	\$108.34	N/A	\$108.34

Note: You must enroll as a senior if you are enrolled in Medicare.



PRINCE GEORGE'S COUNTY GOVERNMENT
 BENEFITS ADMINISTRATION DIVISION
 1400 MCCORMICK DRIVE, SUITE 245, LARGO, MARYLAND 20774
 PHONE: 301-883-6380 BENEFITS@CO.PG.MD.US FAX: 301-883-6192



FOR OFFICE USE ONLY
 Transmitted: _____
 Entered: _____

ENROLLMENT/CHANGE FORM – RETIREE/COBRA/SURVIVING SPOUSE

NAME: _____ SOCIAL SECURITY #: _____
 STREET: _____ DATE OF BIRTH: _____
 CITY/STATE: _____ ZIP: _____ EFFECTIVE DATE: _____
 PHONE: WORK: _____ HOME: _____ EMAIL: _____ GENDER: M or F

Status	Activity Requested	Reason – Change in Family Status
<input type="checkbox"/> Retired MSRS <input type="checkbox"/> Retired Police Officer <input type="checkbox"/> Retired Fire Fighter, Paramedic, ERT <input type="checkbox"/> Retired Correctional Officer <input type="checkbox"/> Retired Deputy Sheriff <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Surviving Dependent <input type="checkbox"/> COBRA <input type="checkbox"/> Assessor <input type="checkbox"/> Judge <input type="checkbox"/> Other	<input type="checkbox"/> Enroll Self <input type="checkbox"/> Enroll Spouse <input type="checkbox"/> Enroll Dependent(s) <input type="checkbox"/> Reinstate Coverage <input type="checkbox"/> Remove Spouse <input type="checkbox"/> Remove Dependent(s) <input type="checkbox"/> Switch to New Plan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Retirement <input type="checkbox"/> Medicare <input type="checkbox"/> Relocate In/Out of Area <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth of Child <input type="checkbox"/> Adoption or Permanent Legal Guardianship of Child Date of Event: _____

Attach documentation (i.e. Marriage License, Divorce Decree, etc.). Submit copy of Birth Certificate as soon as received.

Medical Coverage	Dental Coverage	Prescription	Vision
<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage <input type="checkbox"/> One Senior <input type="checkbox"/> Two Seniors <input type="checkbox"/> Individual plus Senior	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage	Base Plan <input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage Buy-Up Plan <input type="checkbox"/> Individual <input type="checkbox"/> Two-Person <input type="checkbox"/> Family <input type="checkbox"/> No Coverage

Name of Medical Plan: _____
 HMO
 PPO
 Primary Care Physician (PCP): _____

Dental DMO
 Dental DMO (Aetna Form must also be Completed for Dentist Selection).
 Dental PPO

Other Health Coverage: Must be completed if you or your dependents have other coverage.
 Name of Carrier: _____
 Policy Number: _____

DEPENDENTS	SS#	RELATION	CIRCLE COVERAGE	PRIMARY CARE PHYSICIAN	BIRTH DATE	CIRCLE ONE
1. _____	_____	Spouse	MED RX VIS DEN	_____	_____	ADD DROP
2. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
3. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP
4. _____	_____	_____	MED RX VIS DEN	_____	_____	ADD DROP

EXPLAIN BENEFIT CHANGES (if needed): _____
 If enrolled in Kaiser Medical HMO or the Dental DMO, you and your dependents must select a Center/Dentist. If you have any questions concerning your benefits and services either provided or excluded under your choice of health plan, please contact the Member Services Department of that health plan before signing this application below.

By signing this form, I understand that I cannot make changes during the plan year unless there is a family status change and I complete a benefits form within 30 days of the event. Rules for the plan changes will vary depending on my status. This form authorizes any licensed physician, hospital or health care provider to furnish my health plan with such medical information about myself and any eligible dependent as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

 Signature

 Date



AETNA DMO DENTAL PLAN PRIMARY CARE DENTIST (PCD) ELECTION FORM
ACTIVE EMPLOYEE / RETIREE

STEP 1: Please PRINT or TYPE when you complete this form.

NAME: _____ SOCIAL SECURITY #: _____
 DATE OF BIRTH: _____ EFFECTIVE DATE OF COVERAGE: _____
 STREET: _____ PHONE-WORK-HOME: _____
 CITY/STATE: _____ ZIP: _____ DEPT: _____
 REASON: Open Enrollment
 New Employee *Hire Date:* _____
 Family Status Change *Event:* _____ *Date of Event:* _____

STEP 2: Complete this section for you and the dependent(s) you are adding to the DMO dental plan as of the above effective date. **If you fail to select a Primary Care Dentist, it will result in you not being able to utilize the DMO dental plan benefits on or after the effective date of your coverage.**

FULL NAME (PRINT)		Relationship	Sex	Social Security No.	DOB	Primary Care Dentist	Office ID #
First	Middle Initial						
		SELF					
		SPOUSE					

STEP 3: You must complete this section with the Primary Care Dentist's address.

STREET: _____
 CITY/STATE: _____ ZIP CODE: _____

STEP 4: Read the statement below and sign your name.

By signing this form, I understand that my Aetna DMO dental plan premiums will be deducted on a pre-tax basis. No changes can be made to my dental plan enrollment during the plan year unless there is a family status change and I complete a benefits form **within 30 days** of the event. This form authorizes any licensed physician, hospital, or healthcare provider to furnish my health plan with such medical information about myself and any eligible dependent, as needed. I understand that my coverage and benefits may be adversely affected by my failure to provide complete and accurate information.

 Signature _____ Date _____



Prince George's County Government
Office of Human Resource Management
1400 McCormick Drive, Suite 245
Largo, MD 20774

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