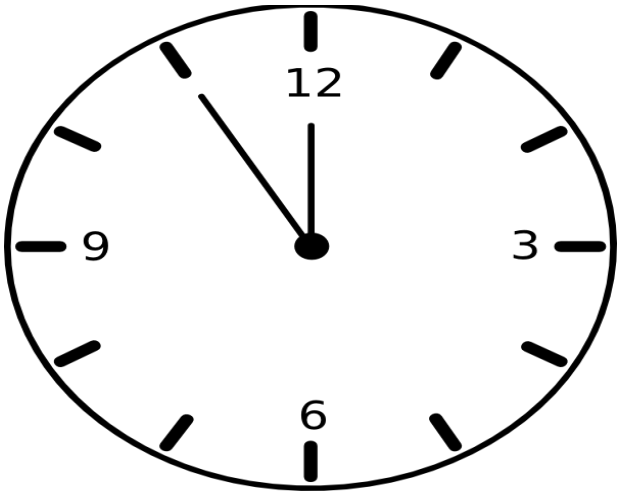
Prince George's County Government
Rushern L. Baker III, County Executive

HEALTH BENEFITS OPEN ENROLLMENT GUIDE

ACTIVE EMPLOYEES

CALENDAR YEAR 2013



It's Time to Decide.
What Will It Be For 2013?

Open Enrollment 2013
October 9, 2012 – October 31, 2012

Prince George's County Government
Office of Human Resources Management
Benefits Administration Division
1400 McCormick Drive, Suite 245
Largo, Maryland 20774

Health Benefits Information

Active Employees

CALENDAR YEAR 2013

OPEN ENROLLMENT
October 9, 2012 – October 31, 2012

GRANDFATHER NOTICE

The Prince George's County Government believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Administration Division at (301) 883-6380 or 1-800-634-5231 (press option two [2] for Benefits). You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

2013 Health Benefits Enrollment Guide
Table of Contents

2013 Health Benefits Enrollment Guide
Table of Contents

Prince George's County Government
Office of Human Resources Management

October 9, 2012

Dear County Employee:

It's Time to Decide. What will it be for 2013? The annual open enrollment period will begin October 9, 2012, through October 31, 2012, for the health benefit plans. I encourage you to take this opportunity to review the health benefit plans you currently have and decide if you need to make changes to your existing benefit plan options for calendar year 2013.

Open enrollment is a time for you to review updated materials on the current health benefit plan options and make plan changes that would support the needs of you and your family. Making the right choices for your health benefit plan options will assist you and your family with living a healthier lifestyle now, as well as in the future. Please take a moment and mark the important dates mentioned above on your calendar.

Health Benefit Plan Changes

Each year, the Office of Human Resources Management (OHRM) reviews the claims experience and utilization under the health benefit plans. A review of the data reveals that we are still incurring a number of high dollar claims under the medical plans and the utilization has increased under the prescription plan. This claim and utilization data does not require Prince George's County Government (County) at this time to make any changes to the current co-payments, co-insurance or deductibles under the medical and prescription plans for calendar year 2013.

Effective January 1, 2013, the County will provide only two (2) medical plan options, Open Access Plus In-Network (OAPN) HMO and Open Access Plus Preferred Provider Organization (OAP) PPO under Cigna Healthcare. These plans will replace the Network Open Access (HMO) and Network Open Access Point-of-Service (POS) medical plans. The OAPN (HMO) and the OAP (PPO) medical plans will provide you with a wider provider network that will allow you to receive medical services from a provider in most area across the country who participate in the network.

It is very important for you to ensure the provider accepts the medical plan product you have under Cigna Healthcare. OHRM encourages you to confirm with the provider that they accept the Open Access Plus In-Network or Open Access Plus medical plan. If you only state HMO or PPO, the provider may not have a contract with Cigna Healthcare for the medical plan products the County is changing too as noted above. This will result in a claim being denied once it is sent to Cigna Healthcare for consideration of payment and for those persons enrolled in the HMO medical plan the bill will become your responsibility.

If you are enrolled in the PPO medical plan, Cigna Healthcare will process the claim under the out-of-network option and the deductible will apply. In addition, Cigna Healthcare will consider for payment eighty percent (80%) of the reasonable and customary amount and you will be responsible for any amounts not considered plus the remaining twenty percent (20%). The time period to submit a claim is outlined on page twenty-nine (29) and this applies to all of the Cigna Healthcare medical plans to include the current Network Open Access (HMO) and Network Access POS plans.

Cigna Healthcare has advised the County that the providers in the current provider network are in the provider network that applies to the OAPN (HMO) and OAP (PPO). **Please note that the level of benefits coverage under the medical plans (e.g., office visits, emergency room coverage) is <u>not</u> changing it will remain the same as you are currently receiving. Cigna Healthcare will issue new medical identification cards during the month of December 2012 for the plan (OAPN-HMO or OAP-PPO) you are enrolled for calendar year 2013.**

The Health Care Reform has changed the maximum annual amount you can designate to the Health Care flexible spending account from **$5000 to $2500** effective January 1, 2013. The Dependent Care flexible spending account maximum annual amount will remain at $5000.

<u>A Value Added Benefit</u>
The County will provide coverage for implants under the Aetna Dental (PPO) plan as of January 1, 2013. This will be considered a major service and will be covered at sixty percent (60%) for a participating dentist and at fifty percent (50%) of the reasonable and customary amount for a non-participating dentist. Implant requests will be reviewed for medical necessity. The PPO dental plan will have a replacement limitation of five (5) years for implants. The calendar annual benefit maximum of $1500 for the PPO dental plan will apply. **This new benefit coverage does not apply to the Aetna Dental (DMO) plan.**

<u>Health Benefit Plans Premium Rates</u>
The County is not making any benefit level changes to the health benefit plans. However, in an effort to keep pace with the projected costs, some of the health benefit plans will experience a premium increase for calendar year 2013. The premium rate increases for calendar year 2013 are as follows:

- The CIGNA Healthcare HMO medical plan will increase by 2.5%.
- The CIGNA Healthcare PPO medical plan will increase by 2.5%.
- The Kaiser Permanente HMO medical plan will increase by 3.5%.
- The Medco prescription plan will increase by 11.9%.
- The Aetna DMO dental plan will increase by 4.8%.

The premium rates for calendar year 2013 did not increase for the following plans: Aetna Extra Life Insurance (XLI), Long-term Disability (LTD) and Preferred Provider Organization (PPO) dental and Vision Service Plan (VSP). Please refer to pages fifty-five (55) through fifty-eight (58) for a listing of the health benefit plans costs for calendar year 2013.

<u>Health Benefit Plans Enrollment Process</u>
This year, OHRM is pleased to announce we will collect the enrollments and/or changes for the health benefit plans via **online** through the Benefit Self-Service (BSS) enrollment portal. The Benefits Administration Division staff will be available at various County locations to assist you with completing your enrollment and/or changes online during the open enrollment period.

Please refer to pages six (6) and seven (7) for details on the enrollment process for the County's core health benefit plans. The schedule outlining the locations, dates and times the Benefits Administration Division staff will be available to assist you with completing your enrollments and/or changes online is listed on page eight (8).

You must complete an Enrollment Form (Form) to enroll or cancel the Legal Resources Plan. Please contact the Benefits Administration Division for a Form. The voluntary benefit plans offered through Boston Mutual and Unum (see pages nine ([9]) through twelve ([12]) will require you to contact the Innotech Benefit Solution (Willis) Call Center at 1-877-328-3488 and speak with an Enrollment Benefits Specialist to enroll or increase the level of coverage under the plans. The Aflac voluntary benefit plans (see pages fourteen ([14]) through sixteen ([16]) **require** you to meet in person with an Aflac representative during the open enrollment period. You can refer to page seven (7) to learn more about the enrollment process for the voluntary benefit plans.

It is important for you to adhere to the enrollment processes outlined on pages six (6) and seven (7) so that you will have the benefit plans you want for calendar year 2013. The Division will make no exceptions to the enrollment process. **It is also strongly recommended that you review your January 11, 2013, paycheck to ensure you have the benefit plan(s) and level of coverage that you elected. If your paycheck deductions are incorrect, you will have until close of business, Thursday, January 31, 2013, to contact the Division to correct the error(s).**

We hope that you will use this Open Enrollment Guide as a valuable source of important information about the County's health benefit plans. We strongly encourage you to read the Guide to learn more about the changes and requirements of the health benefit plans for calendar year 2013. This Guide also includes a list of the dates, times and locations of each of the provider sessions. These sessions will provide you with opportunities to discuss with the health benefit plan providers any questions that you may have about the plans. Additionally, each provider session will have plenty of giveaways and raffle drawings.

OHRM will continue its efforts to offer health and wellness programs and activities so you can adopt healthy lifestyle behavioral changes that will make a healthy you. The Division is continuing to "*Shake Things Up in Wellness*" and is currently working on the details for the upcoming health and wellness campaign for calendar year 2013. Stay tuned! OHRM encourages you to participate in the Health Assessment campaign and have your name entered into a drawing for a $500 gift card. The campaign began on October 1, 2012, and will end on November 30, 2012. Please refer to page forty-four (44) for more details on how you can complete a health assessment.

We invite you to come out and join us at one of the open enrollment provider sessions. Please feel free to contact the Benefits Administration Division at (301) 883-6380 (press option eight [8]) or (800) 634-5231 (press number two [2] for Benefits, then select option eight [8]), if you have any questions. Don't forget to mark the open enrollment dates on your calendar. **Remember, "It's Time to Decide. What will it be for 2013?"**

Sincerely,

Stephanye R. Maxwell

Stephanye R. Maxwell, Esq., CPM
Director

Office of Human Resources Management

What's New for the Health Benefit Plans for 2013?

Cigna Healthcare Medical Plans Changes

• Effective January 1, 2013, the County will provide only two (2) medical plan options, Open Access Plus In-Network (OAPN) HMO and Open Access Plus Preferred Provider Organization (OAP) PPO under Cigna Healthcare. These plans will replace the Network Open Access (HMO) and Network Open Access Point-of-Service (POS) medical plans. The OAPN (HMO) and the OAP (PPO) medical plans will provide you with a wider provider network that will allow you to receive medical services from a provider in most areas across the country who participates in the network. Cigna Healthcare will issue new medical identification cards during the month of December 2012 for the plan (**OAPN-HMO or OAP-PPO**) you are enrolled for calendar year 2013.

Health Care Flexible Spending Account

• The Health Care Reform has changed the maximum annual amount you can designate to the Health Care flexible spending account from **$5000 to $2500** effective January 1, 2013. The Dependent Care flexible spending account maximum under the PPO plan annual amount will remain at $5000.

Aetna Dental (PPO) Plan/(New Benefit Change)

• The Aetna Dental (PPO) plan will provide coverage for implants effective January 1, 2013. Implants will be considered a major service and the plan will cover sixty percent (60%) at a participating dentist and fifty percent (50%) of the reasonable and customary amount for a non-participating dentist. Implant requests will be reviewed for medical necessity. Therefore, OHRM encourages you to request your dentist to obtain a pre-determination of benefits from Aetna. The implant coverage under the PPO dental will have a replacement limitation of five (5) years. The calendar annual benefit maximum of $1500 under the PPO dental plan will apply. **This new benefit coverage does not apply to the Aetna Dental (DMO) plan.**

Health Care Reform: What Does It Mean for You?

No doubt you've been hearing a lot about health care reform—officially known as the Patient Protection and Affordable Care Act—in the news. After months of speculation, on June 28, 2012, the U.S. Supreme Court upheld the law, which means that the changes introduced nearly two years ago will continue. It also means you'll see more changes this fall and in the coming years as other parts of the law take effect.

So what's the impact on you and the health coverage you and your family may have through Prince George's County Government (County)?

What Can You Control?

Not health care reform! But you can make smart day-to-day health decisions and take advantage of the County's health and wellness offerings.

Coming! Expect More Changes for 2013

This fall, the County will begin rolling out changes for the new plan year—including those required by the Affordable Care Act like these:

Change	How it May Impact You
Summaries of Benefits and Coverage (SBCs)	You'll get a four-page summary that highlights each health plan's key provisions, limitations, and exceptions.
Health Care Flexible Spending Account Limit	You can only set aside up to $2,500 each plan year.
W-2 Reporting of Benefits	Your W-2 form (that's the one we send you to file with your taxes) will now show the non-taxable cost of your health care coverage.

Important! Know that Changes in Effect Will Continue

While not every change made so far under the Affordable Care Act affects your benefits coverage, it's important to know which ones do. Here are examples of changes that will continue:

Change	How it May Impact You
Expansion of Coverage for Older Children	You can cover your children up to age 26 under your health plan.
No More Lifetime Maximums and Phase Out of Annual Dollar Limits	You are no longer subject to a lifetime dollar limit on most benefits you receive. The law also restricts and phases out the annual dollar limits a health plan can place on most of your benefits and does away with these limits entirely in 2014.
Limited Reimbursement for Over-the-Counter Medications	You must get a doctor's prescription to be reimbursed for any over-the-counter medications if you use any of the following: • A Flexible Spending Account (FSA) – Health Care, • A Health Savings Account (HSA), or • A Health Reimbursement Account (HRA).

You'll learn more about these changes and others during annual enrollment. Next year, look for more information about changes for 2014 and beyond. In the meantime, make sure to take advantage of the wide array of the County's health and wellness plans that you and your family can use every day. Please feel free to contact the Benefits Administration Division at (301) 883-6380 to obtain details on the health and wellness offerings.

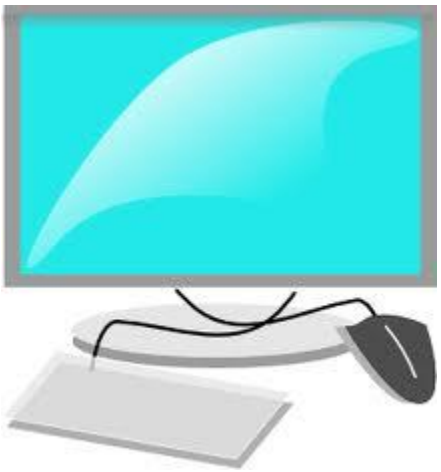
It's Time to Decide.
What Will It Be For 2013?

Open Enrollment starts on October 9, 2012, and ends on October 31, 2012. During this period, you will enroll and make changes to the health benefit plans **online** for the calendar year 2013.

You will access (at work or home) the Benefits Self Service (BSS) enrollment portal through the Employee Self Service (ESS) module at https://ess.princegeorgescountymd.gov/60PROD/ to complete the online enrollment process. **The system is unavailable due to maintenance during the following times: Monday through Friday 9:00 p.m. until 12:00 a.m., every Tuesday prior to payday 2:00 p.m. until 9:00 a.m. the next day (Wednesday) and Sunday 3:00 a.m. until 7:00 a.m.**

The Benefits Administration Division staff will be available to assist you with entering your enrollments and/or changes to the health benefit plans during the open enrollment period. Please refer to page eight (8) for a listing of the dates, times, and locations where staff will be available to assist you.

The online enrollment process will apply to the following core benefits:



- **Medical**
  - CIGNA Healthcare
  - Kaiser Permanente
- **Dental**
  - Dental DMO
  - Dental PPO
- **Prescription**
- **Vision**
- **Extra Life Insurance**
- **Long-Term Disability**
- **Flexible Spending Accounts**
  - Health Care – Maximum is $2500
  - Dependent Care – Maximum is $5000
- **Opt-Out Credits**
  - Medical Opt-Out – Annual medical opt-out credit is $400 a year ($15.38 per payday)
  - Prescription Opt-Out – Annual prescription opt-out credit is $200 a year ($7.69 per payday)

NOTE: The online enrollment process **only** needs to be completed if an employee is requesting to enroll, make changes (including changing plan options) or terminate a core benefit(s). You **must** complete the online enrollment process to **enroll or continue** enrollment in the flexible spending accounts (Health and/or Dependent Care).

(Continued from previous page)

If you are currently enrolled in the Cigna Healthcare Network Open Access (HMO) or Network Open Access Point-of-Service (POS) medical plans and you are not making **any** changes as noted above you do not need to complete the online enrollment process. The Benefits Administration Division (Division) will automatically enroll you in the Open Access Plus In-Network (OAPN) HMO or Open Access Plus Preferred Provider Organization (PPO) whichever, is similar to your current medical plan option. The Division will also rollover your other health benefit plan option(s) to calendar year 2013. You may refer to page one (1), two (2), or four (4) for more details on the medical plan options under Cigna Healthcare.

(Note: Please look at your current Cigna Healthcare medical identification card to determine the medical plan option you are currently enrolled or contact the Division for assistance).

An employee that is currently enrolled in the medical and/or prescription opt-out credit(s) and wants to continue the credits in calendar year 2013, and is **not** enrolling or making changes to any other core benefit plan (as noted above), you do **not need** to complete the online enrollment process.

The Division will send you a letter requesting a copy of the medical card to confirm your medical plan coverage to continue your enrollment in the medical opt-out credit plan for calendar year 2013. Failure to send the Division a copy of your card will result in you not being enrolled in the medical opt-out credit plan in calendar year 2013.

You must complete an Enrollment Form (Form) to enroll or cancel the **Legal Resources Plan**. Please contact the Division at (301) 883-6380 for a Form.

If you would like to enroll in one or more of the **voluntary benefit plan(s)** listed below, you must contact Innotech Benefits Solutions (Willis) Call Center at 1-877-328-3488 to enroll in the Boston Mutual and Unum plans. To elect an Aflac plan(s) please call (301) 875-6397 to speak with a representative.

Boston Mutual
- Accident Insurance
- Permanent Whole Life

Unum
- Critical Illness
- Individual Short-Term Disability Income Protection Insurance

Aflac
- Accident Insurance
- Cancer Indemnity
- Hospital Indemnity

NOTE: Please check with the Personnel Liaison in your agency to determine if arrangements have been made with Aflac to have a representative(s) come to your agency.

Benefits Self Service (BSS) Computer Assistance Schedule

Date	Location	Time
Tuesday, October 9	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Wednesday, October 10	CAB, Computer Lab, 3rd Floor, Room 3087	10:00 a.m. – 3:00 p.m.
Thursday, October 11	RMS, 1st Floor, Computer Room	10:00 a.m. – 2:00 p.m.
Friday, October 12	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Monday, October 15	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Tuesday, October 16	CAB, Computer Lab, 3rd Floor, Room 3087	10:00 am. – 2:00 p.m.
Wednesday, October 17	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Friday, October 19 *(morning)*	RMS, 1st Floor, Computer Room	10:00 a.m. – 12:00 p.m.
Friday, October 19 *(afternoon)*	CAB, Computer Lab, 3rd Floor, Room 3087	12:00 p.m. – 4:00 p.m.
Monday, October 22	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Tuesday, October 23	MOC/PW&T/D'Arcy Road	9:00 a.m. – 4:00 p.m.
Wednesday, October 24	CAB, Computer Lab, 3rd Floor, Room 3087	10:00 a.m. – 4:00 p.m.
Thursday, October 25	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Friday, October 26	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Monday, October 29	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.
Tuesday, October 30	RMS, 1st Floor, Computer Room	10:00 a.m. – 2:00 p.m.
Wednesday, October 31	RMS, 1st Floor, Computer Room	10:00 a.m. – 3:00 p.m.

The online enrollment portal closes at 11:59 p.m. on October 31, 2012.

Accident Insurance Plan

If life takes a tumble, are you covered?

Prince George's County Government (County) is pleased to offer again, a voluntary Accident Insurance Plan through the insurance plan carrier, Boston Mutual. The County is making this plan available to employees (full/part-time) who actively work 15 hours or more per week. The Accident Insurance Plan is designed to provide 24-hour coverage for accidents or injuries incurred on or off the job. It can complement other disability or health plans you may already have. The following will provide you with important product features:

- Helps with out-of-pocket expenses such as: deductibles, co-payments, and non-medical costs associated with a covered accident or injury.
- Some examples of covered injuries include, but are not limited to: burn, concussion, fracture, laceration and ruptured disc.
- Some examples of covered benefits include, but are not limited to: ambulance service, ER treatment, follow-up doctor visit, hospital admission and surgery.
- **Guaranteed Issue:** Is available to all newly eligible employees hired on or after August 1, 2012. If you enroll in the Accident Insurance plan during this enrollment, you may apply without answering health questions. If you previously waived your enrollment opportunity for coverage, you must answer health questions to apply.
- Family coverage options are available. Spouses and dependent children (Dependents ages 21-26 must be full-time students) are eligible if the employee applies for coverage.
- Affordable, level premiums that are the same regardless of age and sex.
- **Ownership:** You will receive an individual policy at your address of record. If you leave the County, you can convert to direct bill and pay at the same premium rate.

<u>IMPORTANT</u>: Enrollment in the Accident Insurance Plan can only be done through the Innotech Benefit Solutions (Willis) Call center. Simply call 1-877-328-3488, Monday through Friday, from 9:00 A.M. to 6:00 P.M. (EST).

Termination of coverage in the Accident Insurance Plan cannot be made as an open enrollment change. You must contact Boston Mutual directly at 800-669-2668 in order to cancel your enrollment in this plan.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session.

Critical Illness Insurance Plan

Can your wallet survive a serious illness?

Prince George's County Government (County) is pleased to offer, again, a Critical Illness Insurance Plan through the insurance plan carrier, Unum. The County is making this plan available to employees (full/part-time) who actively work 15 hours or more per week. The Critical Illness Insurance Plan pays a lump sum benefit if you are diagnosed with a covered critical illness. The following will provide you with important product features:

- Pays in addition to health insurance, sick pay, and disability benefits and you may use the benefit payment however you choose for coinsurance, co-payments, in-home care, travel expenses…even groceries and bills.
- Pays a lump sum benefit at the first diagnosis of a covered critical illness including heart attack, stroke, major organ transplant, permanent paralysis, end-stage renal (kidney) failure, and coronary artery bypass surgery (pays 25% of lump sum benefit).
- Illnesses covered by the cancer rider include: cancer and carcinoma in situ (pays 25% of lump sum benefit). *Please see the plan brochure for a list of covered illnesses.*
- A health screening benefit pays $50 per calendar year per insured for a wide variety of covered health screening benefits.
- You choose the benefit that's right for you—from $5,000 to $50,000, in $1,000 increments. **Guaranteed Issue:** Is available to all newly eligible employees hired on or after August 1, 2012. If you enroll in the Critical Illness Insurance plan during this enrollment, you may apply for a $5,000 benefit with no health questions. If you previously waived your enrollment opportunity for coverage, you must answer health questions to apply.
- Family coverage options are available for spouse and children. Benefits may be subject to pre-existing condition limitations.
- Premiums are based on your age at issue, tobacco status, and the benefit amount selected.
- Coverage becomes effective on the date you sign the application. (The effective date for the cancer rider and the health screening benefit is subject to a 30-day waiting period.)
- **Ownership:** You will receive an individual policy at your address of record. If you leave the County, you can convert to direct bill and pay at the same premium rate.

<u>IMPORTANT</u>: Enrollment in the Critical Illness Insurance Plan can only be done through the Innotech Benefit Solutions (Willis) Call center. Simply call 1-877-328-3488, Monday through Friday, from 9:00 A.M. to 6:00 P.M. (EST).

Termination of coverage in the Critical Illness Insurance Plan cannot be made as an open enrollment change. You must contact Unum directly at 800-635-5597 in order to cancel your enrollment in this plan.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session.

Voluntary Short-Term Disability Income Protection

Because disability can happen to anyone!

One of the elections you can make this open enrollment is to enroll in the Voluntary Short-Term Disability (STD) Income Protection Insurance offered through the insurance plan carrier, Unum. Prince George's County Government (County) is making this plan available to employees (full/part-time) who actively work 15 hours or more per week. STD can help to replace a portion of your salary for up to 180 days (6 months) in the event of a disability due to a **covered off-the-job** accident and/or illness, including maternity. The following will provide you with important product features:

- **Flexibility:** You will choose an elimination period (the time you will have to be off work before your STD benefits begin) and a monthly benefit that will meet your financial need.
- **Affordability:** The County will deduct the premium rate for the STD plan from your paycheck after tax each pay day. The deduction of the premium after tax results in you not having to pay taxes on the benefit payable at the time of disability. Unum bases the premium rate on the age you are when the STD coverage takes effect and the monthly benefit and elimination period selected.
- **Guaranteed Issue:** Is available to all newly eligible employees hired on or after August 1, 2012. If you enroll in the STD plan during this enrollment, you are eligible to receive the core coverage (50% of monthly income up to $5,000) without proof of good health. If you elect any amount above 50% of monthly income, you will have to answer some health questions. If you previously waived your enrollment opportunity for coverage, you must answer health questions to apply.
- **Coverage:** If you enrolled in the STD plan last year, you may be eligible to increase your coverage with health questions. Please talk with an Enrollment Benefits Specialist regarding your options.
- **Ownership:** You will receive an individual policy at your address of record. If you leave the County, you can convert to direct bill and pay at the same premium rate.

IMPORTANT: **Enrollment in the Short Term Disability Insurance Plan can only be done through the Innotech Benefit Solutions (Willis) Call center. Simply call 1-877-328-3488, Monday through Friday, from 9:00 A.M. to 6:00 P.M. (EST).**

Termination of coverage in the Short Term Disability Insurance Plan cannot be made as an open enrollment change. You must contact Unum directly at 800-635-5597 in order to cancel your enrollment in this plan.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session.

Permanent Whole Life Insurance

Life insurance that works for life!

Prince George's County Government (County) is pleased to offer, again, a Permanent Whole Life Insurance Plan through the insurance plan carrier, Boston Mutual. You can elect this plan for your spouse, children, grandchildren and/or yourself. The Permanent Whole life plan is in addition to your County-provided Basic, Supplemental and/or Extra Life Insurance plans. However, it differs from the County-provided life insurance plans because it provides a death benefit as well as it builds cash value and earns interest. The Permanent Whole Life Insurance Plan is available to employees (full/part time) who actively work 15 or more hours per week.
This plan is very flexible and it provides you the opportunity to meet the life insurance needs of you and your family members and it offers affordable rates that can meet your budget. Information on applying for employee and/or dependent coverage is set forth below.

Newly Eligible Employee: If you were hired on or after August 1, 2012, you are newly eligible for Permanent Whole Life Insurance for yourself for as little as $3 a week. If you elect a weekly premium that is $13 or less, you will not have to answer any health questions. The plan bases the amount of the policy payable upon your death on age and smoking/non-smoking status. If you enroll now for less than a $13 weekly premium, you may increase your coverage during a future open enrollment up to the $13 per week maximum without providing proof of good health. In the event you waive coverage this year, you will have to provide evidence of good health, if you later elect to enroll in the plan.

Dependents: You may cover your dependents even if you do not elect coverage for yourself. You can cover your spouse, children and grandchildren. If you are newly eligible, coverage is available without answering health questions, up to certain limits, for your dependent children (age 15 days up to age 21 or 23 if student) and grandchildren (age 15 days up to age 15). Coverage (up to certain limits) may be available for your spouse; however, you will have to answer one health question.

Ownership: You will receive an individual policy at your address of record. If you leave the County, you can convert to direct bill and pay at the same premium rate.

<u>IMPORTANT</u>: Enrollment in the Permanent Whole Life Insurance Plan can only be done through the Innotech Benefit Solutions (Willis) Call center. Simply call 1-877-328-3488, Monday through Friday, from 9:00 A.M. to 6:00 P.M. (EST).

Termination of coverage in the Permanent Whole Life Insurance Plan cannot be made as an open enrollment change. You must contact Boston Mutual directly at 800-669-2668 in order to cancel your enrollment in this plan.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session.

Group Legal Insurance

You may elect to enroll in the voluntary legal insurance plan offered through **Legal Resources**. Enrollment in the plan will take effect as of January 1, 2013. This employee benefit provides an important service in a very affordable way.

- Have you put off getting your will prepared or updated?
- Do you need an attorney for a divorce or custody issue?
- Have you ever had a dispute with a car dealer or credit card company?
- Have you ever wanted an attorney to review a lease or contract before you signed it?
- Will you be buying, selling or refinancing your home?
- Have you ever wanted legal advice, but did not know a good attorney?

Now you can have a highly qualified local attorney firm on retainer to protect your interests at an affordable group rate. Here is how the legal plan works:

All attorney fees for plan benefits described in the Legal Resources Summary of Services are covered 100% by your payroll deduction. **The amount will be $18.00 per month, deducted from your first payroll of the month as an after tax deduction.** A wide variety of legal services are covered in full for your monthly fee some examples are:

* Unlimited Advice and Consultation
* Traffic Violations, including First Offense DUI
* Contract, Legal Documents
* Product Warranty Disputes
* Landlord/Tenant Issues
* Defense of Juveniles
* Criminal Violations
* Credit Problems
* Uncontested Divorce Issues
* Adoption/Name Changes
* Real Estate Purchase, Sale or Refinancing of Your Primary Dwelling
* Preparation of Wills (including Living Will and Durable Medical Power of Attorney)

Attorney fees not covered in full are provided at a 25% discount.

- You will work with a local, full-service and highly regarded law firm from the Legal Resources network.
- There are no co-payments, deductibles or restrictions on use. Your plan will provide coverage for yourself and qualified dependents.
- To learn more, you can talk with a Legal Resources representative at all provider sessions, visit their website at www.legalresources.net or call 301-654-9490 or toll-free 1-800-728-5768.

Ownership: If you leave the County, you may continue your membership in the plan and you can convert to direct bill. You should call Legal Resources on 1-800-728-5768 for additional information about the direct bill process.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session or from the Benefits Administration Division.

IMPORTANT: There is a minimum 12-month enrollment period required for the plan. Therefore, you must remain enrolled in the Group Legal Insurance plan for calendar year 2013.

Aflac Accident Insurance

Prince George's County is pleased to offer an Accident Indemnity Insurance Plan through Aflac. The plan is available to employees (full/part-time, LTGF) who actively work 15 hours or more per week. The Aflac Accident Insurance Plan pays CASH directly to you (unless otherwise directed) in the case of injury. Most claims are processed within 5 days of their receipt. The plan is owned by YOU. If for some reason you should ever change jobs or retire you can keep your Aflac – the price stays the same! Below are some of the important features of the Accident Insurance Plan:

- Twenty-four (24) hour injury coverage – **On** AND **off** the job.
- Covers injuries resulting from accidents.
- Initial hospital confinement benefit of up to $1,650 for the first night.
- Specific-sum benefit up to $12,500 based on the severity of the injury.
- Pays an annual wellness benefit.
- Lowest rate available! Premium starts as little as $4.48 per week.
- No health questions required.

Termination of coverage or changes to the Accident Insurance Plan cannot be made as an open enrollment change. You must contact Aflac directly (see the telephone number or email below) in order to cancel or make changes to your plan.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session or from the Benefits Administration Division.

Call (301) 875-6397 or email PrinceGeorges.Aflac@gmail.com **today** for more information!

Aflac Hospital Indemnity Insurance

Prince George's County is pleased to offer a Hospital Indemnity Insurance Plan through Aflac. The plan is available to employees (full/part-time, LTGF) who actively work 15 hours or more per week. The Aflac Hospital Indemnity Insurance Plan pays CASH directly to you (unless otherwise directed) in the case of hospitalization. Most claims are processed within 5 days of their receipt. The plan is owned by YOU. If for some reason you should ever change jobs or retire you can keep your Aflac – the price stays the same! Below are some of the important features of the Hospital Indemnity Insurance Plan:

- Coverage for illnesses and injuries (twenty-four [24] hour coverage, on and off the job).
- Coverage of pregnancy and birth of child (waiting period applies).
- Initial hospital confinement benefit of $600 for the first night for injuries and $500 for illnesses.
- Pays for surgeries (inpatient and outpatient).
- Pays for major diagnostic exams.
- Pays an annual wellness benefit.
- Premium starts as little as $9.39 per week.
- You will be required to answer some health questions.

Termination of coverage or changes to the Hospital Indemnity Insurance Plan cannot be made as an open enrollment change. You must contact Aflac directly (see the telephone number or email below) in order to cancel or make changes to your plan.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session or from the Benefits Administration Division.

Call (301) 875-6397 or email PrinceGeorges.Aflac@gmail.com **today** for more information!

Aflac Cancer Indemnity Insurance

Prince George's County is pleased to offer a Cancer Indemnity Insurance Plan through Aflac. The plan is available to employees (full/part-time, LTGF) who actively work 15 hours or more per week. The Aflac Cancer Indemnity Insurance Plan pays CASH directly to you (unless otherwise directed) in the case of cancer. Most claims are processed within 5 days of their receipt. The plan is owned by YOU. If for some reason you should ever change jobs or retire you can keep your Aflac – the price stays the same! Below are some of the important features of the Cancer Indemnity Insurance Plan:

- Pays initial diagnosis benefit of $5,000.
- Pays $75 for annual wellness checkups.
- Pays cash benefits for radiation and chemotherapy.
- **No cost** to a policyholder to add coverage for dependent children.
- Pays benefits for hospital confinement, hospice care, ambulance, lodging, nursing services, and many more!
- Premium starts as little as $6.84 per week.
- You will be required to answer some health questions.

Termination of coverage or changes to the Cancer Indemnity Insurance Plan cannot be made as an open enrollment change. You must contact Aflac directly (see the telephone number or email below) in order to cancel or make changes to your plan.

You may obtain pamphlets and brochures that describe, in detail, the benefits of this plan at an open enrollment provider session or from the Benefits Administration Division.

Call (301) 875-6397 or email PrinceGeorges.Aflac@gmail.com **today** for more information!

What Happens During Open Enrollment?

Open enrollment is the time when you may cancel your health benefit plans and/or make the following changes:

- Enroll in a medical, dental, vision or prescription plan; long-term disability; extra life insurance; flexible spending accounts and/or medical and prescription opt-out-credits.
- Change from one medical plan to another.
- Change from one dental plan to another.
- Add an eligible dependent that is not currently covered. You must provide a copy of the marriage or birth certificate and social security number.
- Cancel enrollment in any of your health benefit plan(s) for you or your dependent(s).
- Increase the amount of extra life insurance or long-term disability insurance.

You must complete the online enrollment process to enroll or make a change to the County's health benefit plans. If you do not complete the online process, the following will apply:

- The 2012 calendar year election you have on file for the medical, dental, prescription, vision, long-term disability, extra life insurance, medical, prescription and/or life insurance opt-out credit (LOC) plans will remain in force for the 2013 calendar year. Please see pages six (6) and seven (7) for details on the enrollment process.
- The enrollment in the health and/or dependent care flexible spending accounts **will not** transfer from calendar year 2012 to 2013.

If you are a full-time, part-time or Limited Term Grant Funded (LTGF) employee that is actively working 15 or more hours per week, you can enroll and increase the level of coverage for the following voluntary benefit plans (accident, critical illness, short-term disability, permanent whole life, hospital indemnity and cancer indemnity). The process to enroll or make changes to the voluntary benefit plans is outlined on page seven (7).

GROUP LEGAL INSURANCE PLAN ONLY

If you are a full-time, part-time or Limited Term Grant Funded (LTGF) employee that is actively working 15 or more hours per week, you can enroll or cancel your coverage for the Group Legal Insurance plan as follows:

You must submit an Enrollment/Change Form. Please see page thirteen (13) for more information. **There is a 12-month enrollment period required for the plan. Therefore, you must remain enrolled in the Group Legal Insurance plan for calendar year 2013.**

NOTE: Eligible employees must use the enrollment process outlined on page seven (7) to enroll in the Group Legal Insurance plan. You can not enroll in this plan by completing the online enrollment process or meeting with an Enrollment Benefits Specialist for the voluntary benefit plans.

What, When and Where are the Open Enrollment Provider Sessions?

The open enrollment provider sessions are an opportunity for you to attend a benefit fair with each of the health benefit plan providers. It will also allow you to learn more about the health benefit plans and ask questions or express your concerns to the providers. The Benefits staff will be at the provider sessions to answer any questions you may have on the administrative processes that govern the core health benefit plans. An Enrollment Benefits Specialist will also be available to meet with you by telephone (Willis Call Center) or onsite (Aflac) during open enrollment, if you are interested in enrolling in the voluntary benefit plans. The open enrollment sessions are as follows:

2013 Open Enrollment Sessions – ALL PROVIDERS	
Thursday, October 11, 2012 **10:00 a.m. – 2:00 p.m.** RMS Building – First Floor Lobby 1400 McCormick Drive Largo, MD	**Monday, October 29, 2012** **10:00 a.m. – 2:00 p.m.** RMS Building – First Floor Lobby 1400 McCormick Drive Largo, MD
Friday, October 19, 2012 **10:00 a.m. – 2:00 p.m.** County Administration Building (CAB) Lower Level Lobby 14741 Governor Oden Bowie Drive Upper Marlboro, MD	*It's Time to Decide.* *What Will It Be For 2013?*
Tuesday, October 23, 2012 **Noon – 4:00 p.m.** Maintenance Operations Center (MOC) 8400 D'Arcy Road Forestville, MD	

The Last Day of Open Enrollment is October 31, 2012.

Reminder: Prince George's County policy states that County IDs must be worn when entering County buildings.

Remember, the Benefit Self Service (BSS) portal (the online enrollment process) will close at 11:59 p.m., on October 31, 2012.

Health Benefits Q & A

Do I Need to Complete the Online Enrollment Process During Open Enrollment?

A: Yes. You must complete the online enrollment process to:

- Enroll or continue in the **Flexible Spending Accounts (FSAs)**
  - Health Care Spending Account.
  - Dependent Care Spending Account.
- Enroll in or make changes to a health benefit plan(s).
- Add or terminate a dependent on the health benefit plan(s).

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

No. You DO NOT need to complete the online 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 2012 to 2013 calendar year.

* The Benefits Administration Division will send you a letter requesting a copy of your medical card as proof of medical coverage. **Failure to submit a copy of the proof of medical coverage will result in you not receiving the medical opt-out credits for calendar year 2013.**

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

A: No. You can enroll or make changes to the health benefit plans anytime during the open enrollment period. The open enrollment period starts October 9, 2012 through October 31, 2012. The online enrollment process will close at 11:59 p.m., on October 31, 2012.

Health Benefits Q & A

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

A: Yes, either by telephone (Willis Call Center) or onsite (Aflac). An Enrollment Benefits Specialist will **ONLY** assist you with enrolling or making changes to the voluntary (short-term disability (STD), permanent whole life, critical illness, accident, hospital indemnity and cancer indemnity) benefit plans. See page seven(7) for more information on the enrollment process for the voluntary benefit plans.

How Do I Cancel My Enrollment in the FOP Dental Plan?

A: To cancel your enrollment in the FOP dental plan, you must contact the FOP directly by calling (301) 952-0882. The change cannot be done through the County's online enrollment process.

What Kind of Changes May I Make During This Open Enrollment Period?

Open enrollment is the time when you may cancel a benefit plan(s) and/or make the following changes:

- Enroll in a medical, dental, vision or prescription plan; short-term/long-term disability; extra life insurance; critical illness insurance; permanent whole life insurance; flexible spending accounts; opt-out credits (medical, prescription and life insurance); group legal insurance; accident insurance; hospital indemnity insurance; and cancer indemnity insurance.
- Change from one medical plan to another.
- Change from one dental plan to another.
- Add an eligible dependent that is not currently covered. To add your dependent to the health benefit plans, you must provide a copy of the marriage, birth certificate or other supporting documentation and social security number to the Benefits Administration Division (Division). Please note that during the open enrollment provider sessions, the Division staff is unable to make copies of your documents for the dependent(s) being added. You will receive a letter from the Division requesting the documentation. If you submit documentation to the Division prior to receiving a letter, please ensure your first and last name, and employee number are noted on the document(s). **Failure to submit a copy of the supporting documentation will result in your dependent(s) not having coverage as of January 1, 2013.**
- Cancel enrollment in any health benefit plan(s) for you or your dependent(s).
- Increase the amount of extra life insurance or long-term disability insurance.

NOTE: **Limited Term Grant-Funded (LTGF) employees may enroll or increase the level of coverage for the voluntary benefit plans (short-term disability, permanent whole life, group legal insurance, critical illness, accident, hospital indemnity and cancer indemnity).**

What Happens to My Enrollment in the Health and Life Insurance Plans If I Take an Approved Leave of Absence from Work?

You can take an approved leave of absence (i.e., military, FMLA, disability, leave without pay [LWOP]) in a pay or non-pay status. The health benefit plans may continue or you can elect to terminate the plan(s) until you return to work. If you elect to continue the health benefit plan(s), the payment of the premium for the plan(s) could go into arrearage until you return to work or you may have to pay the employer and employee share while on approved leave. A termination of the health benefit plan(s) while on approved leave will require you to enroll in the plan(s) within 30 days of returning to work. Otherwise, you will have to wait until the next open enrollment period following your return to work to enroll in the plan(s).

The life insurance plan(s) will continue for a specified period if you are on approved military, FMLA or disability leave. A LWOP status results in the plan(s) being discontinued at the end of the month following the date the leave of absence took effect.

OHRM strongly encourages you to contact the Benefits Administration Division (Division) prior to a leave of absence to discuss your health benefits coverage. You can contact the Division at (301) 883-6380 (select option one [1]) or 1-800-624-5231 (press two [2] for Benefits and then select option one [1]).

What Happens to My Enrollment in the Voluntary Benefits Plans, Flexible Spending Accounts (FSAs) and Opt-Out Credits While I Am on Leave Without Pay (LWOP)?

Your enrollment in the voluntary benefit plans, flexible spending accounts (FSAs) and Opt-Out credits will terminate when you are placed in a LWOP status.

If you want to continue enrollment in the voluntary benefits plans, you must contact the provider of the plans directly. They will advise you on how to continue coverage in the voluntary benefits plans and the process for reactivating the plans when you return to work. If you do not reactivate your enrollment in the plans, you can elect to enroll in the plans during the next open enrollment upon returning to work. However, the provider will require you to complete the Evidence of Insurability (EOI) process.

Your enrollment in the FSAs and Opt-Out credits will also terminate when you are placed in a LWOP status. You will have a 90-day grace period from the date we terminate your enrollment in the FSAs to submit any eligible expenses incurred prior to and including the termination date of the account(s) to the administrator, ConnectYour Care.

Please contact the Division on the above stated telephone numbers if you have questions about the continuation of your coverage in the plans previously stated.

How Do I Enroll in a Health Benefit Plan(s) or Make a Change to My Existing Benefit Plan(s) During Open Enrollment?

You must complete the online enrollment process to enroll or make a change(s) to a health benefit plan(s) by 11:59 p.m., Monday, October 31, 2012. The enrollment process for the health benefit plans is outlined on page six (6) and seven (7). If you want to enroll or make changes to a voluntary benefit plan(s), you must meet with an Enrollment Benefits Specialist by telephone (Willis Call Center) or onsite (Aflac) during the open enrollment period. See page seven (7) for details on the voluntary benefit enrollment process.

NOTE: You will **not** be able to make changes to the County's core health benefit plan(s) by meeting with an Aflac Enrollment Benefits Specialist or through the Willis Call Center. The Enrollment Benefits Specialist can only assist you with enrolling in a voluntary benefit plan(s).

May I Make Changes to the Health Benefit Plans During the 2013 Calendar Year?

The only time you may make a change to your health benefit plan(s) during the 2013 calendar year (outside of open enrollment) is if you or one of your dependent(s) has a **qualified family status change**.

What Is a Qualified Family Status Change?

- ***Birth*** **- You must complete the Enrollment/Change Form (Form) to add your newborn child to your health benefits coverage, and submit the form to the Benefits Administration Division within thirty (30) days of the birth of your newborn child. <u>If you fail to add your newborn child to the coverage within the 30-day timeframe, you will have to wait until the next open enrollment period to make the change unless your dependent experiences a family status change such as loss of coverage. The Benefits Administration Division will not make an exception to this requirement</u>. You will need to provide a copy of the birth certificate and social security number to add your newborn child. <u>Please do not wait until you receive the birth certificate and social security number before you add the newborn to your health benefit plan(s)</u>. The Benefits Administration Division will send a letter to the address on file for you requesting a copy of the birth certificate and social security number. It is imperative that you respond with the requested documentation by the stated deadline in the letter.**
- Death, divorce, legal separation, adoption or marriage.
- Termination or commencement of employment. Retirement is **not** a qualified family status change.
- Change in employment status from part-time to full-time.
- Covered dependent ceasing to be an eligible dependent.
- Loss of health benefits coverage.

Please contact the Benefits Administration Division with any questions, to obtain additional information on other qualified family status changes, and to get a Form.

<u>NOTE</u>: A Family status change(s) must be made within thirty (30) days of the qualifying event. Newborns will be covered as of their date of birth, if you add the newborn to your health benefits coverage within thirty (30) days of the birth of your child. Coverage for dependents you have adopted or have legal guardianship of will be effective the date of the court order, if you add the dependent to your health benefits coverage within thirty (30) days of the signed court order. Please see page twenty-five (25) for the termination date of coverage for a dependent(s) covered as a result of legal guardianship.

The effective date for all other family status changes will be the first of the month following receipt of the Form. If notification is received for a dependent that no longer meets the eligibility requirements after thirty (30) days, the Benefits Administration Division will remove the dependent from the plan(s). The coverage of the dependent will cease immediately and there will be no refund of health benefit premiums even if the removal results in a reduction in the coverage level.

Who Are Eligible Dependents?

- Spouse - Your lawful spouse, as defined by the Federal Government.
- Same-Sex Spouse – Your legal spouse pursuant to the laws of the states that recognize same-sex marriage.
- Children under age 26. This includes stepchildren and children of the same-sex spouse. Note: If you are only adding the stepchildren or children of a same-sex spouse, you will need to submit the marriage certificate and the children's birth certificates. The birth certificate must list the spouse's name as the parent.
- Children certified to be totally unable to support themselves because of mental or physical disability occurring prior to age 26. **Medical documentation to support your dependent's disability must be submitted for approval. Please contact the Benefits Administration Division for additional information on the approval process.**
- Legal Ward or Guardianship up to age 18. Dependents are terminated at the end of the month in which they turn age 18 or when the guardianship ceases, which is generally at age 18.
- Children that you are in the process of adopting and of whom you have custody. Employees must submit a copy of the Petition for Adoption and the Temporary Custody Order.
- Legally adopted children. Employees must submit a copy of the Judgment or Decree of Adoption upon termination of the Temporary Custody Order in order to continue coverage.
- Children legally adopted in a foreign country. Employees must provide a certified copy of the English translation of the birth certificate and adoption order.
- Children for whom you have assumed a legal and financial responsibility. Employees must provide a copy of the Court Order granting legal custody and guardianship.
- Dependents for which a Qualified Medical Child Support Order has been received by the Benefits Administration Division.

What Documentation is Required to Add a Dependent(s)?

To add your dependent to the health benefit plans, you must provide a copy of the marriage, birth certificate, or other supporting documentation and social security number to the Benefits Administration Division. A court order and birth certificate are required for legal guardianship. An adoption of a child(ren) requires an adoption court order and/or adoption papers. Please note that during the open enrollment provider sessions, the Benefits Administration Division Staff is unable to make copies of your documents for the dependent(s) being added. **Failure to submit a copy of the supporting documentation will result in your dependent(s) not having coverage as of January 1, 2013.**

Can Your Dependent(s) Select a Different Benefit Plan Than You, the Member?

No. Your dependent(s) must be enrolled in the same health benefit plans that you select. However, you do not have to enroll a dependent in every plan that you select.

Do I Select a Primary Care Physician (PCP) If I Enroll In a Cigna Healthcare Medical Plan?

No. You are not required to select a PCP because the medical plans are open access network plans. The Open Access In-Network (HMO) and in-network option of the Open Access PPO medical plans require you to use a provider in the network in order 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 (HMO) medical plan. However, the Open Access 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. The applicable deductible and co-insurance applies to services covered under the PPO out-of-network option. Cigna Healthcare (Cigna) will apply the reasonable and customary amount to the payment of claims for medical services under the out-of-network option.

To obtain a list of the Cigna network providers, you can access Cigna's website at www.cigna.com, pick up a Cigna Healthcare Directory during open enrollment, call the Member Services Department at 1-800-244-6224 to obtain a list of the network providers, or you can simply ask the provider if they are a network provider for the Open Access In-Network (HMO) or Open Access Network PPO medical plans.

How Can I Be Sure My Services Will Be Covered Since I Do Not Live in the Cigna Healthcare Service Area?

Effective January 1, 2013, the County is providing yow with only two options, Open Access Plus In-Network (HMO), and Open Access Plus Preferred Provider Organization (PPO) medical plans through Cigna Healthcare. The Open Access Plus In-Network (HMO) and Open Access Plus (PPO) medical plans have a wider provider network that has participating providers in most areas across the country. The Benefits Administration Division encourages you to make sure the provider participates in the network by asking if they accept the Cigna Healthcare Open Access Plus In-Network or Open Access Plus PPO medical plan. You can also call Cigna Healthcare 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 Have to Select a Primary Care Dentist (PCD) if I Enroll in the Aetna DMO Dental Plan?

Yes. If you enroll in the Aetna DMO plan, in order to use your dental plan benefits you *must* complete the Aetna DMO PCD Election Form and select a PCD for you and your covered family members. To obtain a list of participating PCDs, you can visit Aetna's *DocFind* online 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, 2013.**

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. You can obtain an Aetna DMO PCD Election Form at an open enrollment provider session or from the Benefits Administration Division.**

Did You Know That…

Cigna Healthcare

Cigna Healthcare has a number of ways you can save on out-of-pocket cost by using:

- **24-Hour Nurse and Health Information Line (1-800-244-6224)**
  - ◊ Speak to a Registered Nurse 24 hours a day, 7 days a week about your health care questions.
  - ◊ The 24-Hour Nurse Line can help you determine whether or not you should seek care from an urgent care facility vs. emergency room.
  - ◊ 24-Hour Health Information Line will provide you the opportunity to listen to audiotapes on hundreds of health topics from the Health Care Library on suggested home remedies.
- **Convenience Care Clinics (Minute Clinics)**
  - ◊ Obtain medical services for conditions such as, sinus infection, pink eye, allergies, bronchitis and flu shot.
  - ◊ Use as an alternative to an urgent care facility – you will only pay the primary care physician co-payment of $30.
  - ◊ No appointment needed – walk-ins accepted. The average wait time is 15 minutes or less.
  - ◊ Search for participating convenience care clinics on mycigna.com.
- **mycigna.com (Secure online member portal)**
  - ◊ Easy-to-use interactive tools such as the provider cost and quality provider tool.
  - ◊ Discounts through the "Healthy Reward" program for services such as massage therapy, fitness club membership and vitamins.
  - ◊ Take advantage of the free online Lifestyle Management Programs: "Quit Today" Tobacco Cessation, Healthy Steps to Weight Loss and Strength and Resilience Stress Management.
- **Quickened Health Expense Tracker**
  - ◊ Whether you're looking for help with weight, tobacco or stress management, Cigna's Lifestyle Management Programs are here for you. Each program is easy to use, available where you need it, and is **no cost** to you.

Provider Nomination(s)

Do you wish the doctor you went to for years was in the Cigna Healthcare provider network? Cigna Healthcare is providing you the opportunity to submit a nomination(s) of a provider to their network. They will reach out to the provider to determine if they would like to participate in the Cigna Healthcare network. **It is easy to submit a nomination.** You can either contact the Benefits Administration Division or come to an open enrollment provider session and complete a Nomination Form. Cigna Healthcare will continue to accept Nomination Forms after the open enrollment period has ended.

Did You Know That…

Cigna Healthcare (*Continued*)

Claims Submission for Open Access Plus In-Network (HMO) or Open Access Plus (PPO) In-Network option Services

Members enrolled in the Cigna Healthcare HMO or PPO (in-network option) medical plans – As of August 1, 2011, Cigna changed the number of days allowed for doctors in the Cigna network to submit medical and behavioral claims for payments from 180 days to 90 days. Any claims received by Cigna on or after August 1st will be subject to the 90-day limit. If the Cigna doctor does not submit claims to Cigna within 90 days, Cigna will not reimburse them. **Please note that you will not be affected by this change.** Doctors in the Cigna network are not permitted to bill you for claims that Cigna denied due to late filing. If you are billed, please contact Cigna Customer Service at the toll-free telephone number listed on the back of your identification card.

Members enrolled in the Cigna Healthcare PPO (out-of-network) medical plan – As of January 1, 2012, Cigna changed the timeframe for submitting out-of-network claims from 365 days to 180 days. If you use doctors and facilities that are not in Cigna's network, this change may impact you because Cigna does not have a contract with out-of-network doctors and facilities, and cannot prevent them from billing you for a payment of claims that Cigna denies because of late submission. OHRM strongly encourages you to either consider changing to a doctor or facility in the network or ensure that out-of-network claims are received by Cigna within 180 days of the date of service. This change applies to all out-of-network claims received by Cigna on or after January 1, 2012.

Online-Health Assessment

You want to make some lifestyle changes. Maybe you've been feeling a little sluggish and are looking to increase your energy level. Or perhaps you want to lose some weight and just don't know where to begin. Why not begin by completing the online health assessment for a profile of your health and its status?

The health assessment can give you an idea of the current state of your health. Based on your responses, you'll also learn if you are at any risk for certain conditions like diabetes or high blood pressure. You may also receive a web invitation to join one of Cigna's free Online Health Coaching Programs for the support you need to get healthy and stay healthy. Log in to www.mycigna.com and select "take my health assessment."

Healthy Babies Program

You have questions, Cigna can help. To support you during your pregnancy, you'll get:

- Information to help you learn about pregnancy and babies, including information from the March of Dimes.
- 24/7 telephone access to a health advocate.
- Support from a registered nurse case manager if you or your baby has special health care needs.

Call the toll-free number on your Cigna ID card to sign up.

Did You Know That…

Kaiser Permanente

At Kaiser Permanente, we want you to be healthy and engaged in managing your own health care. Kaiser Permanente makes this easy for our members by offering more than a dozen ways to manage your health care at www.kp.org. All you need to do is register at www.kp.org and you will be able to manage your appointments with your primary care physician, access lab results, email your doctor, read about past office visits, request prescription refills, receive reminders and view on screen alerts. In addition, you can check eligibility and benefits, request a change to your medical record, and manage your personal health record. All of this and much more is available at Kaiser Permanente's secure site, www.kp.org. To learn more about Kaiser Permanente's electronic health manager, log in to www.kp.org.

Healthy living begins with prevention and we want you to be healthy and to thrive. At Kaiser Permanente our unique brand of evidence based medicine, along with our integrated care delivery model and state of the art electronic medical record, all combine to provide you with the tools you need to be healthy and to stay healthy. And, there are NO co-pays for preventive care at Kaiser Permanente.

Kaiser Permanente can assist you no matter what time of the day or night. If you have immediate health questions, you can call a registered nurse for assistance on the Kaiser Permanente Medical Advice Line, on 1-800-777-7904, 24 hours a day, 7 days a week.

Aetna Dental DMO

The Aetna Dental DMO is personal and affordable. You will get care that is easy on your budget, and you can enjoy the following features of the DMO dental benefit plan:

- A primary care dentist to manage your dental care. You choose the dentist from the dental network. Your primary care dentist can refer you to specialists when necessary.
- No deductibles.
- No annual dollar maximums.

For more information about the DMO dental plan, you can go to: www.aetnadmodental.com

Aetna Dental PPO

The Aetna Dental PPO plan provides you with freedom. You can pick any licensed dentist in the network. Or you can go outside the dental plan's network. If you go to an in-network dentist it will cost you less, but the choice is yours. Either way, you will enjoy these features:

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

For more information about the PPO dental plan, you go to: www.aetnappodental.com.

Did You Know That…

Aetna (*Continued*)

Aetna Navigator Health Information Guide

You can make the most of your dental benefit plans using the Aetna Navigator Health Information Guide to find answers and access information on the following items:

- Review who is covered on your plan.
- Find a dentist who participates in your network.
- Compare in-and out-of-network costs for the most common dental procedures — before you visit the dentist. You will also see how much you can save by visiting an Aetna network dentist.
- Print your Health History Report — a handy summary of your dental visits, tests and more — and share it with your dentist.
- Link to health information online.
- Communicate with Member Services.

It's easy to get started! Go to www.aetna.com. Click on "Register Now" in the "Members: Secure Information" section.

Aetna Life Insurance

You can help the ones you love stay financially fit with term life insurance from the Aetna Life Insurance Company (Aetna). It is a benefit that can help your beneficiary(s) cover your debts if you die, or give them money for the other things that will matter in their lives: home, care or college tuition. The list goes on. See pages forty-five (45) and forty-six (46) for information about the County's Extra Life Insurance plan.

Did You Know That…

EXPRESS SCRIPTS AND MEDCO ARE NOW ONE COMPANY

Express Scripts and Medco have come together as one company to manage your prescription benefit. The new Express Scripts is committed to helping millions of Americans like you have access to affordable medications and the services you need to stay healthy.

The combined company is in the process of changing the name on all its communications to Express Scripts. Until the renaming process is complete, you'll sometimes see the Medco name in pharmacy communications and on the Web.

To continue providing you with the high-quality service you expect, we're proceeding carefully as we bring our two companies together. **Please continue to refill your prescriptions as you normally would by using your current prescription drug ID card, refill order forms, our website, or the toll-free member services telephone number on your ID card.**

My Rx Choices® makes it easy to find lower-cost alternatives available under your program to your current medications—either online or by calling Medco at 1-800-711-0917. To find lower-cost options online:

1. **Log on to** www.medco.com/choices. If you're a first-time visitor to our website, you'll need to register, so have your member ID and a recent prescription number handy.
2. **Select a medication that you take on an ongoing basis, or enter the name of your medication.** ***My Rx Choices*** will search for available options and show you how much you could save by choosing available lower-cost options.
3. **Print the prescription savings report to discuss with your doctor.** Your doctor can review your choices and, as appropriate, write a new prescription for you.

Consumer Reports Best Buy Drugs™
In addition to saving you money, some lower-cost medications could be rated as *Consumer Reports Best Buy Drugs*. When visiting **My Rx Choices** online, click the *Consumer Reports Best Buy Drugs* icon to find out more about those alternatives. This additional information may be helpful when discussing lower-cost alternatives with your doctor.

Prince George's County Government understands that you and your doctor need new ways to help reduce your healthcare costs. With **My Rx Choices,** you can do exactly that—without compromising quality.

Generics vs. Brand-Name Drugs

If you're taking a brand-name drug, ask your doctor whether an available generic may be right for you. FDA approved generic drugs are safe and effective, and they must meet the same U.S. Food and Drug Administration standards of quality and purity as brand-name drugs. They provide the same health benefits as the brand versions but at a lower cost to you. **By considering a generic medication,** you're taking an important step in becoming more engaged in your prescription drug therapy.

Did You Know That…

Medco (*Continued*)

If you have any questions, please call Medco Member Services at **1-800-711-0917** or visit us online at www.medco.com.

Medco's Extended Payment Program

Paying for your mail-order prescriptions just got easier.

Medco has created a program to help make your mail-order prescriptions more affordable. It's called the Extended Payment Program (EPP).

EPP allows you to spread your prescription payments over **three** credit or debit card installments so you don't have to pay all at once. And there's no waiting—your medication will be shipped after the very first payment.

When you're enrolled in EPP it will apply to every mail-order prescription for you and your eligible dependents going forward. If at any point you wish to opt out of the program, you may call Member Services or visit www.medco.com.

Facts about EPP

- If you decide to cancel EPP at anytime, payment for the remainder of your current prescriptions will be your responsibility.
- If the payment plan ends, invoices incurred while enrolled in EPP will continue to be charged in three installments. New invoices will require your regular co-payments in full.

To learn more about Medco's extended payment program visit www.medco.com or call Member Services toll-free at the number on the back of your prescription drug ID card.

***Worry Free Fills*™ Program**

Refill your mail-order prescriptions automatically.

Ordering prescriptions and taking your medications are among the most important things you can do. But ordering isn't always easy to remember. You might even find it inconvenient. And that is why Medco has created the **Worry-free Fills**™ program, so your prescriptions can be refilled automatically.

You can enroll your eligible prescriptions in **Worry-free Fills** when you order your first refill. If they're already enrolled, there's no need to call for refills. As you near the end of your current supply, we'll automatically send your next refill, using your existing address and payment information.

To enroll in **Worry-free Fills,** visit www.medco.com, or call Member Services at the number on the back of your prescription card.

Did You Know That…

Medco *(Continued)*

Medications that qualify for *Worry-free Fills* include:

- Cardiovascular medications, such as antiarrhythmics, calcium channel blockers, antihypertensive, beta- blockers, cholesterol-lowering medications, diuretics, and ACE inhibitors
- Certain HIV medications
- Diabetes medications
- Oral contraceptives
- Osteoporosis medications
- Parkinson's disease medications
- Thyroid medications
- Asthma and COPD medications, such as theophylline

For safety and other reasons, prescriptions for some medications are never allowed to be filled automatically. Specialty medications, controlled substances, and over-the-counter medications are examples.

When a prescription expires and you or your doctor sends in a new one without amendment, the medication will automatically be re-enrolled in **Worry-free Fills**. If there's a change in the prescription, you'll need to re-enroll it**.**

To see if you're eligible for **Worry-free Fills** and to enroll your prescriptions, visit www.medco.com or call Member Services toll free at the number on the back of your prescription drug ID card.

Medco Specialist Pharmacists

Can help you understand your medications *and* could help you save money.

Medco Health Solutions, Inc., which manages the prescription drug benefit for Prince George's County Government, offers a great way to help members safeguard their health. You now have 24/7 access by telephone to the expertise and personalized support of Medco Specialist Pharmacists—and they're available through your prescription drug benefit at no additional cost.

Medco Specialist Pharmacists have expertise in the medications used to treat a specific condition, such as high blood pressure, high cholesterol, depression, diabetes, asthma, osteoporosis, or cancer. This expertise comes from additional training in these medications, combined with experience gained from helping people with similar conditions.

Did You Know That…

Medco *(Continued)*

- **Medco Specialist Pharmacists can work with you and your doctor to help safeguard your health.**

  Often members with multiple conditions see multiple doctors, who may be unaware of what other doctors are prescribing. Medco reviews *all* your medications on file from *all* your doctors and pharmacies to look for drug interactions that may be harmful.

  If there is a potential problem with certain medications, a Medco Specialist Pharmacist will review the prescription and contact you or your doctor to help make sure your medications will work safely together and work well for you.

- **These pharmacists could also help you save money on your prescriptions.**
  Taking your medication as your doctor directed is one of the best ways to help maintain or improve your health. But to take your medication regularly, it helps when it's affordable.

  Medco Specialist Pharmacists can help you see if there are any **lower-cost alternatives available under your plan.** They can work with your doctor to help you get the best drug for you.

- **You can address your concerns privately.**
  Like all our pharmacists, Medco Specialist Pharmacists have the time to talk to you on the telephone—*in private,* 24/7—to help you understand and manage your medications.

  This means that you can feel comfortable asking personal and sensitive questions about your medications—without the concern of bystanders listening to your conversation.

  During your conversation, the pharmacist is fully available to help you understand how your medications work and their potential benefits for you.

An easy way to take advantage of this enhanced pharmacy support is to get your prescriptions through the mail from the **Medco Pharmacy™**. You'll also benefit from the convenience of having medications delivered right to you. With the **Medco Pharmacy™,** you'll get:

- Up to a 90-day supply of medication—which could be at a lower cost than at a local retail pharmacy; and
- 24/7 access to benefit specialists, who can answer questions and also arrange for you to talk to a Medco Specialist Pharmacist; and
- An easy refill process over the telephone, by mail, or online.

You can call a Medco Specialist Pharmacist to help you understand and manage your medications. Just call the toll-free number on your prescription drug ID card

Did You Know That…

Vision Service Plan (VSP)

- VSP has an enhanced Member Vision Card that members can access if they would like a vision insurance card. The print-on demand card is available through the member site at vsp.com. Please note that Protected Health Information (PHI) such as, the member ID number, social security number and date of birth is not included on the card. VSP is committed to protecting the privacy and security of their members and their data.
- VSP has an Eye Care Discovery Center at www.vsp.com that you can access for eye health articles, videos and interactive games.
- VSP has passion for people and their vision doesn't stop at those with VSP coverage. VSP believes everyone deserves to see well. That's why VSP actively seeks opportunities to give back to the community with programs like *Sight for Students'.*
- Beginning January 1, 2012, the VSP Diabetic Eyecare Plus (DEP Plus) Program has been added as an enhancement. The DEP Plus Program provides coverage for additional eyecare services targeted specifically for members with type one (1) or type two (2). No referral needed, pay only $20 copay for services.
- New Hearing Aid discounts for VSP Members. VSP Members receive discounts on Hearing Aids through TruHearing. For information, please visit **vsp.truhearing.com** or call TruHearing at 877-396-7194.
- Contact Lens Rebates. VSP has teamed up to offer VSP members exclusive rebates on ACUVUE® Brand Contact Lenses and Bausch + Lomb contact lenses. Getting the rebate is simple! Just visit the *Rebates & Special Offers* section on **vsp.com** to learn more.
- VSP has developed an innovative way to shop for eyewear. To meet the demands of the changing marketplace VSP has develop Eyeconic, an exciting online optical store that offers members easy access to quality eyewear brands. To see the latest, check out **eyeconic.com** today.
- Finding a doctor or viewing benefits is a snap with Smart Phones. Now VSP members visiting **vsp.com** with their mobile phones have access to an optimized view of select features within the member portal.
- VSP Vision Care and Transitions Optical® are committed to healthy sight. This is why we have teamed up to provide an exclusive offer to VSP members. The VSP satisfaction guarantee allows members to try Transitions lenses for up to six (6) months. If they aren't 100% satisfied they can contact VSP for a refund of any associated out-of-pocket expenses, less any copays, and we'll replace their Transitions lenses with clear prescription lenses at no additional charge.
- Get Social with VSP. Check out **vspblog.com**, join us on Facebook and Twitter, and check out YouTube channel, where you can catch the latest eyecare news, enter contests, interact with VSP employees, and more.

Did You Know That…

ConnectYourCare – Medical Flexible Spending Account

ConnectYourCare **Medical** Flexible Spending Account (FSA) has four easy steps:

Healthcare Payment Card: Pay for eligible expenses directly at approved merchants. Each time you use your card, funds are automatically deducted from your healthcare account. When using your card, always select "credit" and sign for your purchases. No personal identification number or PIN is required to use the card. **Note: Effective January 1, 2013, the maximum annual amount you can contribute to this account is $2500.**

Get Balance and eStatement: By frequently checking your account balance online, you will have a good idea of the amount of funds available in your account. When you swipe your healthcare payment card, the system makes sure that your coverage is active and that you have sufficient funds in your account for the full amount. If not, the transaction will be denied. You can swipe the card for the amount left in your account and pay the difference with another form of payment. You are also able to obtain an eStatement online by following these steps:

- Log into your online account.
- Click "My Account" from the Quick Links section or from the bar at the top of your screen.
- Click "Statements" from the left-hand menu.
- Select the date for the eStatement you would like to view and click "View eStatement."
- View your eStatement online.

Know What's Eligible: Familiarize yourself with what is an eligible expense from the list that is available in your Benefits Administration Office. If you use the card for ineligible expenses, you may be asked to write a personal check back to the plan. For example, eligible items may include expenses for doctors' visits, prescription drugs and some over-the-counter medications, though your plan may vary.

Save Your Receipts: Although your healthcare payment card eliminates the need to file paper claims, the IRS requires that your charges be verified. **Always save your receipts in case ConnectYourCare requests them to confirm a purchase or for tax purposes.**

Did You Know That…

ConnectYourCare *(Continued)*

ConnectYourCare – Dependent Care Flexible Spending Account

- Eligible Expenses – before school or after school care (other than tuition expenses), custodial care for dependent adults, licensed day care centers, nursery schools or preschools, placement fees for a dependent care provider (such as an au pair), care of an incapacitated adult who lives with you at least eight hours a day, child care at a day camp, private sitter, late pick-up fees, summer and holiday day camps.
- **Ineligible Expenses** — care for children age 13 and older, educational expenses including school tuition fees, expenses for food, clothing, sports lessons, field trips, entertainment, transportation and overnight camps, registration fees, late payment fees, care for dependent while sick employee stays home, payment for services not yet provided (payment in advance), medical care.
- Contribution Limits —$5,000 annually for a single person or married couple filing a joint income tax return, and $2,500 annually for each married participant who files a separate income tax return.
- Funds Expiration — funds do not roll over; you must use all of your funds by the last day of your plan year's grace period. Leftover funds in your account at the end of the grace period are forfeited, as required by the IRS.
- Reimbursement Requests — pay for your qualified dependent care expenses out of pocket and request reimbursement from your account once the care has been provided.
- Submitting Receipts — you will need to submit an itemized receipt as documentation. Receipts must include the name of the dependent and the time period for when the care was provided. **ALWAYS SAVE YOUR RECEIPTS!**
- Online Account—resource for Account Information, Claim Center and Health Education Tools.
- Customer Service—customer service representatives will be available to assist you 24 hours a day, seven days a week at 1-877-292-4040.

Health Education Tools

ConnectYourCare is proud to partner with WebMD to offer the most consumer-friendly and cutting-edge health education tools in the market.

- **My Health Content**: This section provides articles, resources, and information based on your personal health profile.
- **Health Risk Assessment**: HealthQuotient is a powerful health risk assessment tool. Just answer a few questions and you will receive an accurate, confidential report that includes: intuitive, at-a-glance summary with prioritized results; customized plans to help reduce or eliminate risk factors; and compelling "what if" scenarios showing the impact of changes in your lifestyle.
- **Hospital Advisor:** Hospital Advisor gives you quick and convenient access to hospital quality ratings. You will be able to compare hospitals based on experience with specific procedures, complication and mortality rates, average costs, length of stay, and more.
- **Medication Advisor**: This tool provides information on more than 11,000 prescription medications, including lower cost alternatives.

Did You Know That…

ConnectYourCare – Health Education Tools *(Continued)*

- **Symptom Checker:** Symptom Checker provides an intuitive "point to where it hurts" interface and simple, step-by-step questions. After you have identified the cause, you will also get advice about what to do next. Find out if you need to schedule a visit with your doctor. Or learn effective ways to treat and prevent some symptoms on your own.
- **Treatment Cost Advisor**: This tool estimates the cost of the care for over 100 conditions, 50 procedures or surgeries, and over 200 medical tests or visits.

Health Topics and Content: This tool offers detailed articles, charts, videos and diagrams on common chronic conditions, and an A to Z medical encyclopedia listing of over 1,500 ailments with medical information, treatment options, prevention, and more.

Mobile Application

ConnectYourCare designed a secure, interactive mobile application for iPhone and Android devices. Use it to view account information, call customer service, or take a photo of your receipt with your mobile device and upload it directly to the system.

Simply download the free application from the iPhone App Store or the Android Market, and you will have the following features at your fingertips:

- View account balance, account alerts and transaction history
- View all claims, your claims that require action, and claims details
- Use Online Bill Pay and Click-to-Pay (as applicable to your account)
- Submit a new claim
- View FAQs
- Receive Account Alert push notifications
- Click to call Customer Service
- **Upload Claim Documentation -** a quick and easy way to submit documentation!
  - Take a photo with your phone's camera or choose existing image
  - Image is submitted in seconds
  - No need for faxing or mailing
  - Image is saved with claim as a record of submission

Did You Know That…

ConnectYourCare *(Continued)*

Portal Redesign

You asked and we listened! We are proud to present a redesigned portal that will make it easier than ever to access your account information online. Enhancements include:

- New look and feel
- Larger, easier to read fonts
- Enhanced graphics
- Easier process for uploading claim documentation

And, there are even more changes coming your way as we continue to update our portal based on your suggestions. Additional changes planned for the future include: quicker process to submit new claims, more detailed account information, enhanced Claim Center, and much more.

Mobile Texting

Our **Mobile Alerts** feature lets you access account information at any time using text messaging! Once signed up, you may send a text request for your account balance, last five claims or last five contributions.

And, most importantly, you may opt into an alert service that lets you know immediately after you use your healthcare payment card when the purchase requires additional documentation. *This way, you always know when to save your itemized receipts.* Here's how it works:

- **You must be registered to use the service.** Register by clicking on the **Mobile Alerts** link in your online account. An activation code will be sent to your phone, so make sure your phone is nearby. Follow the online instructions to enter your activation code and complete the registration.
- Add 410-941-0898 to your contact list so you can easily get account information on the go.
- Receive text messages immediately after any card swipe that requires receipts.
- Update your mobile alert settings at any time online.
- Send text requests:
  - BAL for account balances
  - CONT for last five contributions
  - CLAIM for last five claims
  - HELP for text command instructions
  - STOP to opt out of mobile alerts
- Update your mobile alert settings at any time online.

Did You Know That…

ConnectYourCare *(Continued)*

Mobile Browser

We offer a streamlined version of the participant portal that allows you to access your most important account information on your smart phone. Simply log into your account at www.connectyourcare.com on any smart phone. The website's intelligent sensors will detect that you are using a smart phone and will present a version of the site specifically optimized for smart phones. Once logged in, you may view:

- Account balances
- Transaction history
- Claim summaries
- Claim details
- FAQs

You may switch to the full site at any time by clicking on the link at the bottom of the screen.

Employee Assistance Program (EAP)

APS Healthcare provides the following EAP services to employees and household members:

- **Face-to-Face Counseling -** Your benefit includes up to **eight** face-to-face sessions with a licensed, professional EAP counselor. These sessions are **confidential,** and there is **no co-pay required to utilize the services.** Your EAP provides a wide range of services for all types of personal problems. Some issues frequently addressed and resolved by the EAP are family/relationship problems, parenting difficulties, work-related concerns, job stress, bereavement, alcohol and substance use.
- **Child and Elder Care referral Consultations** - Referrals and information are available on a variety of family matters, including prenatal care, day care, summer camp, adult daycare and assisted living care.
- **Legal and Financial Consultations** - The Legal and Financial benefit includes a free 30 minute consultation with a local attorney or telephonic consultation with a financial specialist regarding legal or financial concerns. If you retain an attorney to represent you after your consultation, you will receive a 25% discount. **Employer related issues are excluded.**
- **Online EAP services** – APS Helplink.com is an interactive web based resource providing a wide array of tools to help resolve issues quickly and effectively.
- **Management Consultation Services -** Your EAP provides various services for those in leadership positions including leadership trainings and unlimited telephonic leadership consultations.
- **Communications** - APS provides your employer with quarterly newsletters and monthly wellness tip sheets, posters, webinars and onsite wellness trainings.
- **How to Contact the EAP -** The EAP is easy to use and is available to you 24/7. You can call the EAP services line on 1-877-334-0530 or online at www.apshelplink.com with the password - PG County.

Did You Know That…

Group Legal Insurance

Did you know if you are a member of Legal Resources, you can get your Will done as a full covered benefit? If you have not taken care of this important life issue, Legal Resources can help.

Another newer service is refinancing! Take advantage of this as interest rates continue to drop and many people are looking to refinance. As a Legal Resources member, if you are purchasing or refinancing your primary dwelling, your attorney fees for the closing will be covered in full.

This could be a savings of approximately $325 to $500. For more details, ask your Benefits Administration Division for a copy of the Legal Resources Summary of Services. Legal Resources can also help with Identity Theft matters and many other legal issues. Please see the Summary of Services for exact coverage details before enrolling. You may obtain an Enrollment Form from the Benefits Administration Division.

Listed below are additional ways in which Legal Resources can help you and your family.

EXAMPLES OF ATTORNEY FEE SAVINGS

Examples of Coverage	Cost to Legal Resources members
Legal Counsel and Advice for Covered Benefits	No attorney fees
Traffic Court Representation	No attorney fees
Tenant Disputes with Landlords	No attorney fees
Uncontested Divorce Representation	No attorney fees
Will Preparation (*includes Living Will)*	No attorney fees
And many more covered services…	

Please refer to our Summary of Services for more information at www.legalresources.com

How Can I Reduce My Health Benefit Costs?

- **Enroll in a Health Care Flexible Spending Account (FSA)** – A Health Care FSA allows you to increase your purchasing power and reduce your yearly taxable income by using your pre-tax dollars to pay for you and your family's eligible, out-of-pocket health care expenses. The money you set aside in this FSA account can pay for co-pays, annual deductibles, co-insurance, etc. **Remember, the maximum annual amount that can be set aside in this account is $2500 effective January 1, 2013.**

- **Enroll in a Dependent Care FSA Account** – The Dependent Care FSA allows you to use pre-tax dollars to pay for childcare services that make it possible for you and your spouse to work. **This account cannot be used to cover any medical care costs for your dependent(s)**. Under certain circumstances, it also may be used to help pay for the care of elderly parents or a disabled spouse or parent.

  You must complete the online enrollment process to enroll or continue the FSAs. Please see page six (6) for the enrollment process. You have 90 days from the date of termination of your employment from the County to submit claims to the administrator of the plan that occurred up to and including the date of termination for reimbursement under the Health Care and Dependent Care FSAs.

- **Utilize the Prescription Plan Mail-Order Service** – Receive a three-month supply of a prescription drug for a lower cost. **Note: The County's prescription plan requires all maintenance medications be purchased through the mail order.**

- **Select Generic Prescriptions over Brand** – Ask your doctor to prescribe generic drugs instead of brand-name drugs.

- **Request Formulary Versus Non-Formulary** – A formulary is a preferred drug which is proven to be more effective and sometimes less expensive than a similar non-formulary drug. Ask your doctor to review Medco's list of formulary drugs to select an appropriate medication for you.

- **Use the Prescription Plan Website** – You can see what a specific prescription drug will cost you, discover ways to save, order refills and track the status of your order on-line at www.medco.com.

- **Drop Ineligible Dependent(s)** – You must complete the online enrollment process before changes can be made to your enrollment options (i.e., individual, two-person or family coverage) and plan premiums. Remember, the Benefit Self-Service (BSS) online enrollment portal closes at 11:59 p.m., on October 31, 2012. You will not be able to enroll or make any changes to your health benefit plan(s) once the online portal closes.

The goal of the Wellness Program is to provide health and wellness activities and educational forums to assist employees in adopting healthy lifestyles that will help them to become more productive at work and in their communities. During this upcoming year, the Wellness Program will offer employees the opportunity to attend a number of seminars and participate in activities and events.

The Office of Human Resources Management (OHRM) will continue to create and implement health and wellness programs and activities so you can adopt healthy lifestyle behavioral changes that will make a healthy you. The Benefits Administration Division is continuing to "*Shake Things Up in Wellness*" and will advise you soon on the upcoming health and wellness campaign for 2013. **Stay tuned!**

Have you completed a health assessment this calendar year (2012)? If the answer is no, OHRM encourages you to participate in the Health Assessment campaign. OHRM has sent numerous emails advising the campaign started October 1, 2012, and will end on November 30, 2012. A health assessment will provide you with important information that allows you to make lifestyle choices resulting in a healthier you. To take a health assessment please do one of the following:

- Cigna Healthcare members access www.mycigna.com
- Kaiser Permanente members access www.kp.org
- All other employees access www.realage.com and then select My Health Assessment (Note: You will need to print of the confirmation page and submit it to the Benefits Administration Division to be entered in the drawing under the Health Assessment campaign)

Please note that your personal health information is confidential. It is not provided to OHRM or the County.

OHRM

Office of Human Resources Management

How Much Extra Life Insurance (XLI) May I Purchase?

You may purchase between one and four times your base pay in extra life insurance (XLI), up to a maximum of $600,000. If you elect to enroll in the XLI plan, increase your current option or previously received a denial, you will need to complete the Evidence of Insurability (EOI) process. ***The EOI process could result in a medical examination and the employee must utilize a provider or facility designated by the County's life insurance plan administrator for the exam. It is the responsibility of the employee to pay the cost of the medical examination. Failure to submit the EOI or complete the EOI process will forfeit your right to enroll in the XLI plan or increase the amount for calendar year 2013.***

The XLI premiums are based on your salary and age. This premium is deducted from the first paycheck of each month and is an after-tax deduction. The age category chart and sample calculation below will assist you in determining your monthly premium.

Age Category	Monthly Factor Per $1000*
Under Age 25	$ .098
Age 25 to 29	.108
Age 30 to 34	.118
Age 35 to 39	.127
Age 40 to 44	.216
Age 45 to 49	.382
Age 50 to 54	.706
Age 55 to 59	1.107
Age 60 to 64	1.519
Age 65 to 69	2.911
Age 70 & over	4.694

Worksheet to Calculate Your Premium

Using your base salary, enter the number of extra life insurance increments you want and the appropriate monthly factor for your age category to determine your cost per month. A *Sample Calculation* has been provided to assist you.

$____ X ____ = $____
$____ / 1,000 = $____
$____ X monthly factor = **$____ per month**

Instructions for Calculating the Monthly Premium: Multiply your annual base pay by 1, 2, 3 or 4 depending on the extra life insurance amount you elect; round the answer to the nearest $1,000. Divide by 1,000. Use this number to multiply the monthly factor for your age category. This will provide the monthly cost of your extra life insurance.

Sample Calculation

$30,373 X 2 = $60,746
$61,000 / 1,000 = 61
61 X .127 (monthly age factor for 35-39) =

7.747 (rounded to) **$7.75 per month**

How Much Extra Life Insurance (XLI) May I Purchase?

(Extra Life Insurance (XLI) continued from previous page)

Extra life insurance (XLI) premiums change during the year due to salary increases and age category changes. Open enrollment is a time to re-examine this benefit in light of a possible premium cost change. You may not drop or change this benefit during the 2013 calendar year because of a premium cost increase.

NOTE: Extra life insurance is in addition to the basic life insurance for two times your base pay provided by Prince George's County Government at no cost to you.

May I Elect to Reduce My Basic Life Insurance (BLI)?

You may also choose to reduce your coverage to a minimum of one times your base pay and receive a credit. Round your annual base pay to the nearest $1,000. Divide by 1,000, multiply by $2.50 and divide by 26 to determine the amount of credit you will receive if you choose to reduce your life insurance to one times your base pay. You cannot reduce your life insurance coverage to zero.

Does the County Offer a Long-Term Disability Insurance Program?

Yes. The County offers two options under the long-term disability (LTD) program to all eligible employees. The coverage will allow you to choose between either 50% or 60% of base pay, up to an allowable maximum per month. There is one program for public safety employees and another for all other employees. Additional information on the program may be obtained at the open enrollment provider sessions.

Rates for 2013	
Public Safety Employees	**All Other Employees**
.00508 for 50% of base pay	.00423 for 50% of base pay
.00743 for 60% of base pay	.00658 for 60% of base pay

In order to calculate the cost of this benefit, multiply the rate times your base pay rounded to the nearest hundred. For example, if your salary is $34,850 and you are interested in LTD insurance that would pay 50% of your salary after 180 days of disability, your calculation would be: $34,900 x .00423 = $147.627 (rounded to) $147.63 annually. Divide the annual amount by 12 to find the monthly cost for this benefit – $147.63/12 = $12.30. ***This premium is deducted from the first paycheck of each month and is an after-tax deduction.***

Does the County Offer a Long-Term Disability Insurance Program?

(Continued from previous page)

Long-term disability (LTD) premiums change during the year due to salary changes. **Open enrollment is a time to re-examine this benefit in light of a possible premium cost change. You may <u>not</u> drop or change this benefit during the 2013 calendar year because of a premium cost increase.**

<u>NOTE</u>: ***If you are electing to enroll in the LTD plan for the first time or increase your option to 60%, you will be required to complete an Evidence of Insurability Statement Form (EOI) that would be submitted to the LTD plan administrator for approval. The EOI process could result in a medical examination and the employee must utilize the provider or facility designated by the LTD plan administrator for the exam. It is the responsibility of the employee to pay the cost of the medical examination.*** **Failure to submit the EOI form or complete the EOI process will forfeit your right to enroll in the LTD plan or increase the LTD option for calendar year 2013.**

It's Time to Decide. What Will It Be For 2013?

Reminders

Enrolling or Making Health Benefit Plan(s) Changes for 2013

To enroll in one of the County's health benefit plans or make a change to your current benefits, you must complete the online enrollment process. See pages six (6) and seven (7) for more information on the enrollment process. To enroll or make changes to the voluntary benefit plans, you must contact the Willis Call Center or meet with an Aflac Representative at one of the open enrollment provider session. See page seven (7) for information on the voluntary benefits enrollment process. **The Enrollment Benefits Specialists will not be able to assist you with enrolling or making changes to the County's core health benefit plans. The last day to enroll or make changes is at 11:59 p.m., on October 31, 2012 through the Benefit Self Service (BSS) online enrollment portal. Please note after October 31, 2012, you will not be able to make any changes to your health benefit plan(s) unless you experience a family status change.**

Confirmation of Open Enrollment Changes for the County Health Benefit Plans

We strongly encourage you to review the paycheck that you will receive on January 11, 2013, to ensure the changes you requested during open enrollment were processed. If your paycheck does not reflect your requested change(s), you should contact the Benefits Administration Division at 301-883-6380 (press option one [1]) or 1-800-634-5231 (press number two [2] for Benefits then option one [1]) by the close of business, Thursday, January 31, 2013.

Summary of Voluntary Benefits for Boston Mutual and /or Unum

You will receive a Summary of Voluntary Benefits that will reflect the enrollment transaction(s) you completed with an Enrollment Benefits Specialist through the Willis Call Center. The Summary of Voluntary Benefits will be sent to your address on file. This Summary of Voluntary Benefits will serve as your record of your enrollment transactions in the voluntary benefit plans **only with Boston Mutual and/ or Unum**. **It is important that you review it carefully to ensure it is correct.** The Summary of Voluntary Benefits will instruct you on the process to make any changes or revisions before open enrollment ends.

Aflac Premium Deduction Authorization Form

You will receive a Premium Deduction Authorization Form that will reflect the enrollment transaction(s) you completed with an Aflac Enrollment Benefits Specialist. **It is important that you review it carefully to ensure it is correct.** The Premium Deduction Authorization Form will instruct you on the process to make any changes or revisions before open enrollment ends.

Failure to review your Summary of Voluntary Benefits (Willis) or Premium Deduction Authorization Form (Aflac) will result in you having the voluntary benefit plans outlined on the above-stated documents for calendar year 2013.

Note: **The Summary of Voluntary Benefits and Premium Deduction Authorization Form will not reflect your enrollment in the County's core health benefit plans to include the Group Legal Insurance plan.**

Reminders

Flexible Spending Accounts (FSAs)

Grace Period - If you are currently enrolled in the health care and/or dependent care spending accounts and have a remaining balance on December 31, 2012, you will have until March 15, 2013 to use the remaining amount or forfeit the money. Please note you cannot use the **health care payment card** for health care expenses to be reimbursed for any amounts you have left from the 2012 calendar year after December 31, 2012. **You will have to submit a manual claim to ConnectYourCare for reimbursement.** To obtain the remaining balance in your account, you can view your eStatement online at www.connectyourcare.com.

Claims Year 2012 - Claims for expenses incurred under the health care or dependent care accounts from January 1, 2012, through December 31, 2012, must be submitted to **ConnectYourCare** no later than April 30, 2013.

Annual Maximums	
Health Care FSA	$2,500
Dependent Care FSA	$5,000

If you lose or throw away your health care payment card, you will need to contact ConnectYourCare for a replacement card. The cost of the replacement card is $5.00 and it is deducted from your healthcare spending account.

Claims Year 2013 - To participate in one of the Flexible Spending Accounts, you **must** enroll or renew the accounts **every year** during open enrollment. **Please see pages thirty-seven (37) through forty-one (41) for additional information about the FSAs. Remember, you have ninety (90) days from the date of termination of your employment from the County to submit claims to ConnectYourCare up to and including the date of termination for reimbursement under the Health Care and Dependent Care FSAs.**

Family Status Changes

In accordance with the rules of Section 125 of the Internal Revenue Code, qualified family status changes such as birth, marriage, and loss of health benefits coverage must be made within 30 days of the qualifying event. You must complete the online process for a qualifying family status change to make changes within the 30-day timeframe. **The Division will not be able to make an exception to this requirement.** Please see page twenty-four (24) for more information on Qualified Family Status changes or you may contact the Division if you have any questions concerning the requirement.

Reminders

Beneficiary Forms

Keep in mind that it is important to update your beneficiary designations when you experience life changes. Your beneficiary designation identifies who receives the benefits payable under your life insurance, any payable salary, annual leave pay out and County Pension, if applicable.

If you designate a minor child as your beneficiary, the Court will appoint a guardian of the minor's property, or the life insurance proceeds may be held in trust until the minor child reaches the age of majority.

You can update and/or change your beneficiary(s) anytime through the Benefit Self Service (BSS) online enrollment portal. If you have any questions or concerns regarding updating or changing your beneficiary(s) online please contact the Benefits Administration Division at (301) 883-6380. To update your beneficiary designation for the Maryland State Retirement System or the 457 Deferred Compensation Plans, you may call the Pensions and Investments Division at (301) 883-6390.

Vision Plan

Vision Service Plan (VSP) is the County's eye care provider. **It is important to note that VSP does not issue identification cards; however, members can access and print an enhanced Member Vision Card, see page thirty-six (36) for more information.** If you are choosing a participating eye doctor, simply call and make your appointment. The doctor will do the rest. If you choose a doctor outside of the network, you must pay for the services and submit the receipt, along with your name, social security number and address, to VSP. Check the VSP website, www.vsp.com, for up-to-date benefit eligibility for you and your dependents and the list of participating providers.

County's Prescription Plan

There is a $50 annual deductible per covered individual that must be met for retail and mail-order service prescriptions combined prior to any plan coverage. **Please remember this plan requirement when you purchase prescriptions for yourself or your covered dependent(s) on or after January 1, 2013.**

When you use the Mail-Order Service to purchase maintenance drugs for the first time, you should allow the prescription plan administrator at least 14 days to receive process and ship your order. Refills can be ordered online, by mail or by phone and are usually delivered within three to five days after receipt of your order.

Reminders

Continuation of Coverage While on Approved Leave Without Pay (LWOP)
If you are on approved LWOP, you may be required to pay the employee/employer portion of the health benefit premiums in order to continue your health benefits coverage with the County. Please call the Benefits Administration Division at (301) 883-6380 (press option one [1]) or 1-800-634-5231 (press number two [2] for Benefits and then select option one [1]) to make arrangements to continue your benefits.

Work Related Injuries
Contact the County's Workers' Compensation Claims Office (The Corvel Corporation, 301-925-4024) for the handling of prescription drugs that are prescribed due to work-related injury/illness. **Do not use the County's prescription plan to fill these prescriptions.**

Address Change
If you recently changed your address, please contact the Personnel Liaison within your Agency that is responsible for updating the address in the County's computer system.

The Last Day of Open Enrollment
is
October 31, 2012!

Remember, the Benefit Self Service (BSS) online enrollment portal closes at 11:59 p.m. No enrollments or changes can be made once the portal closes.

Telephone Numbers and Websites for Providers

For most plans, Online Member Services allows you to find or change providers, request ID cards, check the status of claims and obtain information on the level of benefit coverage.

MEDICAL

Cigna Healthcare
1-800-244-6224
www.cigna.com

Kaiser Permanente
301-468-6000
1-800-777-7904 (*For members outside of the Washington, DC area*)
www.kp.org

PRESCRIPTION

Medco
1-800-711-0917
www.medco.com

VISION

Vision Service Plan
1-800-877-7195
www.vsp.com

DENTAL

Aetna DMO
1-877-238-6200
www.aetna.com

Aetna PPO
1-877-238-6200
www.aetna.com

Telephone Numbers and Websites for Providers

(Continued)

EMPLOYEE ASSISTANCE PROGRAM

APS Healthcare
1-877-334-0530
www.apshealthcare.com

LONG-TERM DISABILITY (LTD) and EXTRA LIFE INSURANCE

Aetna Long-Term Disability
1-866-326-1380

Aetna Life Insurance
1-800-523-5065
www.aetna.com

FLEXIBLE SPENDING ACCOUNTS

ConnectYourCare
1-877-292-4040
www.connectyourcare.com

Telephone Numbers and Websites For Voluntary Benefit Providers

ACCIDENT INSURANCE PLAN

Aflac
301-875-6397
PrinceGeorges.Aflac@gmail.com

OR

Boston Mutual Life Insurance Company
1-800-669-2668
www.bostonmutual.com

CANCER INDEMNITY INSURANCE

Aflac
301-875-6397
PrinceGeorges.Aflac@gmail.com

CRITICAL ILLNESS INSURANCE PLAN

Unum
1-800-635-5597
www.unum.com

GROUP LEGAL INSURANCE

Legal Resources
301-654-9490 or 1-800-728-5768
www.legalresources.net

HOSPITAL INDEMNITY INSURANCE

Aflac
301-875-6397
PrinceGeorges.Aflac@gmail.com

INDIVIDUAL SHORT-TERM DISABILITY INCOME PROTECTION INSURANCE

Unum
1-800-635-5597
www.unum.com

PERMANENT WHOLE LIFE INSURANCE

Boston Mutual Life Insurance Company
1-800-669-2668
www.bostonmutual.com

PRINCE GEORGE'S COUNTY GOVERNMENT

SCHEDULE OF HEALTH BENEFIT COSTS FOR 2013

ALL ACTIVE EMPLOYEES - (Excluding Crossing Guards)*

	EMPLOYEE BI-WEEKLY*	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
MEDICAL				
KAISER PERMANENTE				
Individual	37.73	81.74	289.81	371.55
Two-Person	75.24	163.02	577.96	740.98
Family	109.00	236.17	837.35	1,073.52
CIGNA HMO				
Individual	36.89	79.93	283.40	363.33
Two-Person	73.73	159.74	566.37	726.11
Family	103.07	223.31	791.74	1,015.05
CIGNA PPO				
Individual	66.05	143.10	386.91	530.01
Two-Person	133.14	288.47	779.94	1068.41
Family	186.96	405.07	1,095.19	1,500.26
RXP				
PRESCRIPTION DRUG PLAN				
Individual	6.34	13.73	100.68	114.41
Two-Person	12.71	27.54	201.97	229.51
Family	16.24	35.18	258.02	293.20
VSP				
VISION CARE PLAN				
Individual	0.40	0.86	6.30	7.16
Family	0.85	1.84	13.50	15.34
DENTAL				
AETNA DENTAL PLAN (DMO)				
Individual	11.45	24.81	N/A	24.81
Two-Person	18.00	39.00	N/A	39.00
Family	23.02	49.87	N/A	49.87
AETNA DENTAL PLAN (PPO)				
Individual	18.02	39.04	N/A	39.04
Two-Person	33.00	71.51	N/A	71.51
Family	48.87	105.89	N/A	105.89

*** If you are adding a same sex spouse and/or the child(ren) of the spouse, see page fifty-seven (57) for the post-tax cost to add these dependents.**

PRINCE GEORGE'S COUNTY GOVERNMENT

SCHEDULE OF HEALTH BENEFIT COSTS FOR 2013

CROSSING GUARDS *
(Paid Over 20 Pay Periods)

		EMPLOYEE BI-WEEKLY	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
MEDICAL	**KAISER PERMANENTE**				
	Individual	49.04	81.74	289.81	371.55
	Two-Person	97.81	163.02	577.96	740.98
	Family	141.70	236.17	837.35	1,073.52
	CIGNA HMO				
	Individual	47.96	79.93	283.40	363.33
	Two-Person	95.84	159.74	566.37	726.11
	Family	133.99	223.31	791.74	1015.05
	CIGNA PPO				
	Individual	85.86	143.10	386.91	530.01
	Two-Person	173.08	288.47	779.94	1068.41
	Family	243.04	405.07	1,095.19	1,500.26
RXP	**PRESCRIPTION DRUG PLAN**				
	Individual	8.24	13.73	100.68	114.41
	Two-Person	16.52	27.54	201.97	229.51
	Family	21.11	35.18	258.02	293.20
VSP	**VISION CARE PLAN**				
	Individual	0.52	0.86	6.30	7.16
	Family	1.10	1.84	13.50	15.34
DENTAL	**AETNA DENTAL PLAN (DMO)**				
	Individual	14.89	24.81	N/A	24.81
	Two-Person	23.40	39.00	N/A	39.00
	Family	29.92	49.87	N/A	49.87
	AETNA DENTAL PLAN (PPO)				
	Individual	23.42	39.04	N/A	39.04
	Two-Person	42.91	71.51	N/A	71.51
	Family	63.53	105.89	N/A	105.89

*** If you are adding a same sex spouse and/or the child(ren) of the spouse, see page fifty-eight (58) for the post-tax cost to add these dependents.**

PRINCE GEORGE'S COUNTY GOVERNMENT

SCHEDULE OF HEALTH BENEFIT COSTS FOR 2013

Active Employee - SAME SEX SPOUSE/DEPENDENT

These premium rates are in addition to the individual level of costs outlined on page fifty-five (55).

		EMPLOYEE BI-WEEKLY*	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
MEDICAL	**KAISER PERMANENTE**				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	37.51	81.28	288.15	369.43
	Family	71.28	154.43	547.54	701.97
	CIGNA HMO				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	36.84	79.81	282.97	362.78
	Family	66.18	143.38	508.34	651.72
	CIGNA PPO				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	67.09	145.37	393.03	538.40
	Family	120.91	261.97	708.28	970.25
RXP	**PRESCRIPTION DRUG PLAN**				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	6.37	13.81	101.29	115.10
	Family	9.90	21.45	157.34	178.79
VSP	**VISION CARE PLAN**				
	Individual	N/A	N/A	N/A	N/A
	Family	0.45	0.98	7.20	8.18
DENTAL	**AETNA DENTAL PLAN (DMO)**				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	6.55	14.19	N/A	14.19
	Family	11.57	25.06	N/A	25.06
	AETNA DENTAL PLAN (PPO)				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	14.99	32.47	N/A	32.47
	Family	30.85	66.85	N/A	66.85

*** Employee bi-weekly amount is deducted post-tax.**

PRINCE GEORGE'S COUNTY GOVERNMENT

SCHEDULE OF HEALTH BENEFIT COSTS FOR 2013

Crossing Guard - SAME SEX SPOUSE/DEPENDENT

These premium rates are in addition to the individual level of costs outlined on page fifty-six (56).

		EMPLOYEE BI-WEEKLY*	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
MEDICAL	**KAISER PERMANENTE**				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	48.77	81.28	288.15	369.43
	Family	92.66	154.43	547.45	701.97
	CIGNA HMO				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	47.89	79.81	252.97	362.78
	Family	86.03	143.38	508.34	651.72
	CIGNA PPO				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	87.22	145.37	393.03	538.40
	Family	157.18	261.97	708.28	970.25
RXP	**PRESCRIPTION DRUG PLAN**				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	8.29	13.81	101.29	115.10
	Family	15.87	26.45	157.34	178.79
VSP	**VISION CARE PLAN**				
	Individual	N/A	N/A	N/A	N/A
	Family	0.59	0.98	7.20	8.18
DENTAL	**AETNA DENTAL PLAN (DMO)**				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	8.51	14.19	N/A	14.19
	Family	15.04	25.06	N/A	25.06
	AETNA DENTAL PLAN (PPO)				
	Individual	N/A	N/A	N/A	N/A
	Two-Person	19.48	32.47	N/A	32.47
	Family	40.11	66.85	N/A	66.85

*** Employee bi-weekly amount is deducted post-tax.**

Mark Your Calendars

Provider Session #1

Thursday, October 11, 2012 – 10:00 a.m. to 2:00 p.m.
RMS Building – First Floor Lobby
1400 McCormick Drive
Largo, MD

Provider Session #2

Friday, October 19, 2012 – 10:00 a.m. to 2:00 p.m.
County Administration Building (CAB)
Lower Level Lobby
14741 Governor Oden Bowie Drive
Upper Marlboro, MD

Provider Session #3

Tuesday, October 23, 2012 – Noon to 4:00 p.m.
Maintenance Operations Center (MOC)
8400 D'Arcy Road
Forestville, MD

Provider Session #4

Monday, October 29, 2012 – 10:00 a.m. to 2:00 p.m.
RMS Building – First Floor Lobby
1400 McCormick Drive
Largo, MD

Notes

Notes

Office of
Human Resources Management
(OHRM)