



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

**HEALTH BENEFITS OPEN ENROLLMENT GUIDE  
ACTIVE EMPLOYEES  
CALENDAR YEAR 2016**



**Going  
Green**

**OPEN ENROLLMENT  
2016!**

**GO GREEN MAKE YOUR CHANGES  
ON THE COMPUTER SCREEN!**

**October 5, 2015 – October 30, 2015**

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

# Health Benefits



## Active Employees

CALENDAR YEAR 2016

***OPEN ENROLLMENT***  
***October 5, 2015 - October 30, 2015***



## 2016 Health Benefits Enrollment Guide

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## **GRANDFATHER NOTICE**

The Prince George's County Government 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. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

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](http://www.healthreform.gov).

# PRIVACY NOTICE

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## **Why have you been sent this Notice?**

Prince George's County Government (County) is required under the Medical Privacy Rules of the Health Insurance Portability and Accountability Act, Public Law 104-191 (HIPAA) to provide all of its employees and retirees eligible to participate in its health care plans with this privacy notice. This notice concerns the personal, protected health information you have provided to the County as a condition of your employment and in connection with the provision of health or life insurance benefits provided to you. Prince George's County Government takes your privacy seriously. Your information will not be used or disclosed without your written permission, except as described in this notice or as otherwise permitted by Federal and State law. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization.

## **How do we use your information?**

We restrict access to your personal information to those employees of the County who need to know the information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with HIPAA regulations to protect the security of your personal information. The County uses your protected health information for the following purposes:

- for administrative purposes related to our health care plans and other benefits, such as, accessing your health information to review the performance of our administrator or for underwriting, premium rating, and other activities relating to health coverage; however, we will not use your genetic information for underwriting purposes,
- to evaluate the quality of care that you receive,
- to inform you of health related benefits or services that may be of interest to you.

## **With whom do we share your information?**

The County may share your personal information without your written permission to the vendors that assist the County in providing services to you. If we share your information, we will ensure that the vendors do not disclose or use your information for any other purpose, except as permitted by law.

## **When do we share your information?**

There are limited circumstances when the County is permitted or required to disclose health information without your signed permission. These situations include:

- for public health purposes,
- for medical emergencies,
- for use by medical examiners, coroners and funeral directors and organ donation organizations,
- for judicial and administrative proceedings and law enforcement purposes,
- for specialized government functions, such as military, intelligence and correctional activities,
- when otherwise required by law.

## Privacy Notice (*continued*)

### **What are our duties?**

The County is required by law to:

- maintain the privacy and security of your health information,
- provide this notice of our duties and privacy and security procedures,
- follow the procedures described in this notice,
- the County reserves the right to change privacy and security procedures and make the new procedures effective for all information that the County maintains. Revised notices will be made available to you.

### **What if there is a breach of unsecured protected health information?**

You must be notified in the event of a breach of unsecured protected health information. A “breach” is the acquisition, access, use, or disclosure of protected health information in a manner that compromises the security or privacy of the protected health information. Protected health information is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

### **What are your rights?**

You have the right to:

- request that the County restricts how it uses or discloses your health information, please note that the County will consider your request but is not legally required to agree to it, unless your request relates to payment or healthcare operations (but not for carrying out treatment) in situations where you have paid the healthcare provider out-of-pocket in full; in this case, the County is required to implement the restrictions that you request,
- request that the County communicate with you about health matters in a confidential manner,
- inspect and copy your health information (fees may apply, but any fee must be limited to the cost of labor involved in responding to your request if you requested a copy of an electronic health record),
- request additions or corrections to your health information,
- receive an account of how the County has disclosed your information for reasons other than treatment, payment, related administrative purposes (Note: this exception does not apply to electronic health records) and disclosures requested by you,
- obtain a paper copy of this notice upon request.

## Privacy Notice (*continued*)

### **To contact us**

If you would like to exercise your rights, or if you feel that your privacy rights have been violated or if you need more information, contact the Office of Human Resources Management, Benefits Administration Division at (301) 883-6380 or 1-800-634-5231 (press number two [2] for Benefits, then select option nine [9]) with this information.

The Office of Human Resources Management  
1400 McCormick Drive, Suite 245  
Largo, Maryland 20772

All complaints will be investigated and you will not suffer retaliation for filing a complaint. If you believe that your rights have been violated, you may also file a complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services in Washington D.C.

**Prince George's County Government**  
**Office of Human Resources Management**

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October 5, 2015

Dear County Employee:

**Going Green Open Enrollment 2016!...Go green make your changes on the computer screen!** The annual open enrollment period will begin October 5 through October 30, 2015, for the health benefit plans. This year, there have been some enhancements made to the automated open enrollment process to make it an easier and more “user-friendly” experience. 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 2016.



**Stephanye R. Maxwell, Esq., CPM**  
**Director, OHRM**

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 level of benefits coverage, claims experience and utilization data under the health benefit plans. It is important to note Prince George's County Government (County) is not making any changes to the current co-payments, co-insurance or deductibles under the medical and prescription plans for calendar year 2016.

However, effective January 1, 2016, notification for a qualified family status change event will now be forty-five (45) days, an additional fifteen (15) days has been allowed from the previous thirty (30) day notice. A qualified family status change is an event such as birth of a child, marriage, divorce, or loss of coverage.

If you have a qualified family status change, you can make changes to your health benefit plans that align with the event. You must provide supporting documentation for a family status change. However, OHRM recognizes the documentation for a newborn child may take longer than forty-five (45) days to attain. Therefore, you should complete the enrollment process to add the newborn(s) and the Benefits Administration Division (Benefits Division) will contact you for a copy of the required documentation. Please refer to page twenty-five (25) for more details on a qualified family status change.

### **Health Benefit Plans Premium Rates**

A review of the claims experience and utilization data revealed that we are still incurring a number of high dollar claims under the medical and prescription plans. In an effort to keep pace with the projected costs, some of the health benefit plans will experience a premium rate increase for calendar year 2016. The premium rate increases for calendar year 2016 are as follows:

- The Cigna Healthcare HMO medical plan will increase by 5.8%.
- The Express Scripts, Inc., prescription plan will increase by 18%.

The premium rates for calendar year 2016 **did not** increase for the following plans: Cigna Healthcare Preferred Provider (PPO) medical, Aetna Dental Preferred Provider Organization (DPPO), Aetna Dental Maintenance Organization (DMO) and Vision Service Plans. **The Kaiser Permanente HMO medical plan premium rates will decrease by 4.72%.**

### **Health Benefit Plans Enrollment Process**

OHRM is pleased to announce again this year we will collect the enrollments and/or changes for the health benefit plans via **on-line** through the **new** Employee Self-Service (ESS) enrollment portal. It is important for you to know your User ID and password for ESS as well as be familiar with how the system works. OHRM has sent out several communications that included the website address for you to obtain your User ID and password. The communication also provided you with the website address of a tutorial on how the ESS system works, if you are not familiar with the new module. If you are in need of a copy of the communication, please feel free to contact the Benefits Division at the number listed at the end of this letter.

Please refer to pages nine (9), ten (10), twenty (20) and twenty-one (21) for details on the enrollment process for the County's core health benefit plans. **The Benefits Division staff will be available at various County locations to assist you only with completing your enrollment(s) and/or change(s) on-line during the open enrollment period.** The schedule on page eleven (11) outlines the locations, dates and times the Benefits Division staff will be available to assist you with completing your enrollment(s) and/or change(s) on-line.

If you are adding an eligible dependent, you must submit documentation (e.g., marriage, birth certificate) to the Benefits Division by the close of business, Friday, October 30, 2015. Please feel free to mail (envelope must be postmarked by October 30<sup>th</sup>), fax (301- 883-6358), bring to a provider session, email [benefits@co.pg.md.us](mailto:benefits@co.pg.md.us) or hand deliver the document(s) to the Benefits Division. It is important for the first name, last name and last four digits of your social security number be written on the document(s). **Failure to provide the Benefits Division a copy of the document(s) will result in the dependent(s) not being enrolled in the health benefit plan(s) for calendar year 2016.**

The voluntary benefit plans offered through Aflac (Group Accident), Unum (Critical Illness), Lincoln Financial (Group Short-Term Disability) and Transamerica (Whole Life) and Legal Resources or Legal Shield (Legal Plan) will require you to contact the iBenefit Call Center at 1-855-814-3200 (extension 603) and speak with an Enrollment Benefits Specialist to enroll or increase the level of coverage under these plans. Please see pages twelve (12) through sixteen (16) to learn more on the offerings under the plans.

If you are currently enrolled with Legal Resources and would like to either terminate the plan or change to Legal Shield's plan, you will need to complete a Cancellation Form (Form) to cancel the Legal Resources' plan. Please contact the Benefits Division for the Form to terminate the Legal Resources plan. Remember, the Legal Resources' plan has a twelve (12) month enrollment requirement in which you must remain enrolled in the plan for the previously stated time period before you will be allowed to cancel the plan. The Aflac Supplemental Dental plan will require you to either meet in person with an Aflac representative or contact them at (301) 875-6397. The details of the offerings under this plan are outlined on page seventeen (17).

It is important for you to adhere to the enrollment processes outlined above so that you will have the benefit plans you want for calendar year 2016. The Benefits Division will make **no** exceptions to the enrollment process. **It is also strongly recommended for you to review your January 8<sup>th</sup> or 22<sup>nd</sup> 2016, paychecks 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 the close of business, Friday, January 29, 2016, to contact the Benefits Division to correct the error.**

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 2016. 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 lifestyle behavioral changes that will make a healthy you. We encourage you to incorporate changes in your lives that will result in a healthier lifestyle in 2016. **Have you completed an on-line health assessment?** If the answer is "no" and you are enrolled in a County medical plan, then completing an on-line health assessment is as simple as accessing the websites of Cigna Healthcare ([www.mycigna.com](http://www.mycigna.com)) or Kaiser Permanente ([www.kp.org](http://www.kp.org)).

OHRM strongly encourages you to complete an on-line health assessment and receive a valuable tool that will provide you with information to make lifestyle choices to improve your health. Please contact the Benefits Division for information as well as stay tuned for more wellness events and activities!

We invite you to come out and join us at one of the open enrollment provider sessions. Please feel free to contact the Benefits Division at (301) 883-6380 (press option nine [9]) or (800) 634-5231 (press number two [2] for Benefits Division, then select option nine [9]), if you have any questions.

Don't forget to mark the open enrollment dates on your calendar. **Going Green Open Enrollment 2016!...Go green make your changes on the computer screen!**

Sincerely,

*Stephanye R. Maxwell*

Stephanye R. Maxwell, Esq., CPM  
Director

## What's New for the Health Benefit Plans in 2016?

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### Qualified Family Status Policy Change

Effective **January 1, 2016**, the time period for notifying the Benefits Division of a qualified family status change will be **forty-five (45) days** from the date of the event. A qualified family status change is an event such as birth of a child, marriage, divorce, or loss of coverage. If you have a qualified family status change, you can make changes to your health benefit plans during the calendar year of 2016. You must provide supporting documentation for a qualified family status change. Please refer to page twenty-five (25) for more details on a qualified family status change.



## **Going Green Open Enrollment 2016!**

### **Go green make your changes on the computer screen!**

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Open Enrollment starts on **October 5, 2015, and ends on October 30, 2015**. During this period, you will enroll and make changes to the health benefit plans **on-line** for the calendar year 2016. You will access the **new** Employee Self-Service (ESS) module at <https://portal.sap.mypgc.us> to complete the on-line enrollment process.

Please note due to the processing of payroll the system will be unavailable **ALL DAY on Tuesday, October 13<sup>th</sup> and October 27<sup>th</sup>**.

**Note: It is important that you do not access the system during the time periods noted above for it will negatively impact the payroll process.**

The Benefits 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 eleven (11) for a listing of the dates, times, and locations where staff will be available to assist you.

The on-line 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 \$2550
  - 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 on-line enrollment process needs to be completed **only** if you are requesting to enroll, make changes or terminate a core benefit plan(s). You must complete the on-line 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 medical and/or prescription opt-out credit(s) and want to continue the credits in calendar year 2016, and are **not** enrolling or making changes to any other core benefit plan (as noted on page nine [9]), you do **not** need to complete the on-line enrollment process.

**A copy of your medical card must be submitted to the Benefits Division or in an envelope postmarked by October 30, 2015.** The medical card confirms your coverage through a County employee/retiree or outside plan. It also enables you to continue your enrollment in the medical opt-out credit plan for calendar year 2016. **Failure to send the Benefits Division a copy of your card will result in your removal from the medical opt-out credit plan for calendar year 2016.**

Please feel free to mail (inter-office or USPS), fax (301-883-6358), bring to a provider or computer session, email [benefits@co.pg.md.us](mailto:benefits@co.pg.md.us) or deliver a copy of the medical card to the Benefits Division (RMS Building – Suite 245). Please write your first name, last name and employee number on the document.

A full-time, part-time or Limited Term Grant Funded (LTGF) employee that is actively working 15 or more hours per week can enroll in one or more of the **voluntary benefit plan(s)** listed below. You must contact the iBenefit Call Center at 1-855-814-3200 (extension 603) to enroll in the plans. **To elect the Aflac Supplemental Dental plan please call (301) 875-6397 to speak with a representative.**

**Aflac**

- Group Accident Plan
- Supplemental Dental Plan

**Legal Resources**

- Legal Plan

**Legal Shield**

- Legal Plan

**Lincoln Financial**

- Group Short-Term Disability (STD)

**Transamerica**

- Whole Life Insurance

**Unum**

- Group Critical Illness Insurance Plan

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

Employee Self-Service (ESS)  
Computer Assistance Schedule

**October 5, 2015 through October 30, 2015**

Dates	Location	Time
<b>October</b> – 8 <sup>th</sup> 9 <sup>th</sup> 15 <sup>th</sup> 16 <sup>th</sup> 22 <sup>nd</sup> 23 <sup>rd</sup> 29 <sup>th</sup> 30 <sup>th</sup>	RMS Building Room 159 – Computer Lab 1400 McCormick Drive Largo, MD 20774	10:00 a.m. – 3:00 p.m.
<b>October</b> 14 <sup>th</sup> 15 <sup>th</sup> 16 <sup>th</sup> 19 <sup>th</sup> 20 <sup>th</sup> 21 <sup>st</sup> 22 <sup>nd</sup> 23 <sup>rd</sup>	County Administration Bldg. Room 3087 – Computer Lab 14741 Gov. Oden Bowie Drive Upper Marlboro, MD 20772	10:00 a.m. – 4:00 p.m.
<b>October</b> 20 <sup>th</sup> 22 <sup>nd</sup> 26 <sup>th</sup>	MOC Building Multi-Purpose Room 8400 D’Arcy Road Forestville, MD 20747	12:00 p.m. – 4:00 p.m.

**The on-line enrollment portal closes  
at 11:59 p.m. on October 30, 2015.**

## Group Critical Illness Plan

A Critical Illness plan helps employees and their families recover from the financial stress of surviving a critical illness. This coverage helps them meet their financial obligations, such as medical bills and deductibles, as well as indirect costs (mortgage payments and other ongoing living expenses).

Pays a lump benefit amount directly to the insured upon diagnosis of a covered condition. The covered conditions include:

- Heart Attack
- Stroke
- End-Stage Renal (Kidney) Failure
- Major Organ Failure
- Invasive Cancer
- Occupational HIV
- Specified Childhood Conditions: Cerebral Palsy, Cleft Lip or Palate, Cystic Fibrosis, Down Syndrome, Spinal Bifida
- Coronary Artery Bypass Surgery\*
- Permanent Paralysis
- Blindness
- Benign Brain Tumor
- Coma
- Non-Invasive Cancer\*

Plan features may include:

- You can select a benefit amount of \$5,000 to \$50,000 in \$5,000 increments. No Pre-existing Condition Limitation.\*\*
- Fully portable at the same group rate; if you leave or retire you can take it with you. No termination or benefit reduction due to age.
- Rates are level and based on the age you enter the plan.
- Wellness/Health Screening Rider: Pays \$100 per calendar year directly to you or covered family members and covers up to 26 health screening tests.
- All benefits are paid directly to the insured regardless of other medical coverage you may have. Children are covered at 25% of the employees benefit amount at **no additional cost**.
- **Coverage is Guarantee Issue (GI) during this annual enrollment period only.**
- This means you are allowed into the plan regardless of your current health and with no medical questions asked. GI amounts are up to **\$30,000 benefit amount for employees** and up to **\$15,000 for your spouse**. Children are guaranteed coverage up to 25% of the employee's benefit amount at no additional cost.

Amounts selected over the GI amounts listed above are available but require health questions.

\*Non-invasive cancer and coronary bypass surgery pays at 25% of the total benefit amount selected.

\*\*Diagnosis of a covered condition must occur after the effective date of the policy.

**IMPORTANT:** Enrollment in the Critical Illness Insurance Plan can only be done through the iBenefit's Call Center. Simply call 1-855-814-3200 (extension 603), Monday through Friday, from 9:00 A.M. to 5:00 P.M. (Eastern Standard Time).

Termination of coverage in the Group Critical Illness Insurance Plan cannot be made as an open enrollment change. You must contact Unum directly at 1-800-635-5597 in order to cancel your enrollment in this plan. *You may obtain brochures that describe, in detail, the benefits of this plan at an open enrollment provider session.*



## Group Accident Plan

Accident coverage is a plan that provides employees and their families with hospital, physician, accidental death and catastrophic accident benefits in the event of a covered accident.

Coverage can protect employees and their families from the potential financial impact of an accident by helping to offset out-of-pocket costs, such as increasing deductibles and co-payments, which are not paid by your medical insurance carrier.

Plan features include:

- Coverage for an accident from either on or off-job accidents
- Family coverage (is available)
- Varying benefit amounts are paid for the following should an accident occur;
  - Hospital Admission
  - Emergency Room
  - Fractures/Dislocations
  - Lodging
  - Physical Therapy
  - Physician Office Visits
  - Burns
  - Surgery
  - Hospital Confinement and ICU
  - Ambulance
  - Blood Plasma
  - Travel
  - Accidental Death and Dismemberment
  - Paralysis
  - Prosthesis
  - X-Rays

Plus more.....

- Guarantee Issue - no underwriting required to qualify for coverage
- Benefits paid directly to you or your family in addition to all other coverage
- Fully Portable at the same group rate. If you leave or retire, you can take the plans with you
- Wellness/Health Screening Rider: Pays a benefit per covered person to undergo routine examinations or other preventative testing once each 12 month period (\$30 on the low plan/ \$60 on the high plan)
- Benefits include, and are payable for annual physical exams, mammograms, pap smears, eye examinations, immunizations, flexible sigmoidoscopy, PSA tests, ultrasounds and blood screenings

The Accident plan offers comprehensive benefits. Please see a Benefits Counselor for more details and premium rates.

**IMPORTANT:** Enrollment in the Group Accident Insurance Plan can only be done through the iBenefit's Call Center. Simply call 1-855-814-3200 (extension 603), Monday through Friday, from 9:00 A.M. to 5:00 P.M. (Eastern Standard Time).

**Termination of coverage in the Group Accident Insurance Plan cannot be made as an open enrollment change. You must contact Aflac directly at 1-800-433-3036 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 Whole Life Insurance

Many employers today provide their employees with basic term life insurance. Although this is a good foundation, employees may still need additional coverage to help meet their needs during different life stages-single, just married, raising children and retirement. Some of the plan features include:

- Maximum Issue Amount for an employee is \$500,000. Spouse is \$100,000;
- May build cash value with current interest rates, which are guaranteed never to be less than the minimum (currently 4% guaranteed);
- Accelerated Death Benefit (ADB) for Long Term Care (LTC). Accelerates a portion of the coverage for each month that a covered employee or spouse is confined to a nursing home/assisted living facility or receiving home healthcare;
- Extension of Benefits: if 100% of the ADB-Long Term Care is exhausted and the employee is still eligible for benefits, the LTC coverage will increase by four percent (4%) so that the coverage can continue;
- Accelerated Death Benefit for Terminal Illness (75% or \$150k, whichever is less);
- Term Life coverage available for children;
- Guarantee Issue (GI) is offered to all newly eligible employees hired on or after July 1, 2015, during this annual enrollment only. Employee's GI is up to 5X salary with a \$150,000 maximum benefit; Spouse is \$15,000; children are \$25,000;
- Level Premiums;
- Waiver of Premium due to Layoff;
- Portability, the plan can be converted to an individual policy, if you leave or retire; and
- The effective date for the coverage will be February 1, 2016, for any employee electing this plan during the open enrollment period.

**IMPORTANT: Enrollment in the Group Whole Life Insurance Plan can only be done through The iBenefit's Call Center. Simply call 1-855-814-3200 (extension 603), Monday through Friday, from 9:00 A.M. to 5:00 P.M. (Eastern Standard Time).**

**Termination of coverage in the Group Whole Life Insurance Plan cannot be made as an open enrollment change. You must contact Transamerica directly at 1-888-763-7474 in order to cancel your enrollment in this plan.**

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



## Group Short-Term Disability

Disability Insurance provides employees with protection from the loss of their most important asset—their ability to earn an income. **Two Affordable Plans to Choose from:**

Benefit	Option 1	Option 2
Day Benefits Begin for Accident or Sickness	8 days	15 days
Maximum Benefit Duration	26 weeks	24 weeks
Benefit Percentage	60% of pre-disability earnings	60% of pre-disability earnings
Maximum Weekly Benefit	\$1,153	\$1,153

### *Additional Features*

- Survivor Income (Family Income) Benefit
- Rehabilitation Assistance Benefit
- C-Section Benefit
- Portability is included
- Waiver of Premium
- **Guarantee Issue** during this annual enrollment (subject to pre-existing limitation\*)
- Two Year Rate Guarantee

\*Pre-existing condition" means any sickness or injury for which the insured person received treatment within three (3) months prior to his or her effective date. A disability arising from any such sickness or injury will be covered only if it begins after an employee has performed his/her regular occupation on a full-time basis for twelve (12) months following the coverage effective date, unless the insured person received no treatment of the condition for six (6) continuous months after his or her effective date.

**IMPORTANT:** Enrollment in the Group Short Term Disability Insurance Plan can only be done through the iBenefit's Call Center. Simply call 1-855-814-3200 (extension 603), Monday through Friday, from 9:00A.M. to 5:00 P.M., (Eastern Standard Time).

**Termination of coverage in the Group Short Term Disability Insurance Plan cannot be made as an open enrollment change. You must contact Lincoln Financial directly at 1-800-423-2765 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.*



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Legal Plan

Legal plans help pay for attorney fees for services such as wills, home sale/purchase, adoptions, divorce, consumer protection and tax audit. **Prince George's County Government has two (2) vendors that will administer the plan, *Legal Resources\** and *Legal Shield*.** Below is an overview:

Services	Legal Resources	LegalShield
Divorce (Uncontested) Divorce (Contested)	Fully Covered Advice and Consultation; 25% Discount	Fully Covered Advice and Consultation; 25% Discount
Adoption (Uncontested)	Fully Covered	Fully Covered
Traffic Ticket Defense	Fully Covered	Fully Covered (15-day waiting period)
Will Preparation Standard Will Powers of Attorney Living Wills Codicils Complex Wills	Fully Covered Fully Covered Fully Covered Fully Covered Initial Consultation covered in full; 25% Discount	Fully Covered Fully Covered Fully Covered Fully Covered All Consultations covered in full; 25% Discount
Document Preparation Deeds, Affidavits, Demand Letters, Mortgages, Promissory Notes	Fully Covered	Fully Covered
Purchase or Sale of Home	Fully Covered	Fully Covered
Identity Theft Defense	Fully Covered	<b>Fully Covered for ten (10) family members</b> <ul style="list-style-type: none"> <li>• Work with licensed investigators</li> <li>• Credit monitoring</li> <li>• Full identity restoration</li> <li>• Covers up to eight minor children</li> </ul>
Immigration Assistance	Initial Consultation covered in full; 25% Discount	Consultation and Document Review fully covered; 25% Discount
Financial and Tax Planning Services	Free Advice and Consultation; 20% Discount for preparation of a Financial Plan	Consultation and Document Review fully covered; 25% Discount
Enrollment Requirement	Must remain enrolled for twelve (12) months	None
DUI	100% Attorney fees covered first offense DUI	
Tenant Disputes	100% Attorney fees covered as Tenants	
Plan Cost	\$18.00 per month (deducted the first paycheck of each month) Identity Theft Services included with legal plan	<b>Legal plan only</b> - \$7.27 per paycheck <b>Identity Theft only</b> - \$6.90 per paycheck <b>Legal plan &amp; Identity Theft</b> - \$11.86 per paycheck

The legal providers offer comprehensive services. The above is an overview. You may obtain brochures with a complete list of covered items at an open enrollment provider session.

\* Note: The number of Attorneys in the Legal Resources network is 13,000 nationwide. Members select law firm from a well established local law firm network. There is no limit on fully covered benefits for the following services: Attorney telephone calls, Attorney letters on your behalf and Contract, Document Review of personal Legal Documents.

PHONE: (301) 875-6397 EMAIL:

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PRINCEGEORGES.AFLAC@GMAIL.COM

# Aflac Dental

*Enhances your current Dental plan!*

*Reduces any out of pocket expenses!*

*No Network - Choose any dentist!*

## WHAT IS AFLAC DENTAL?

- It does not replace your current dental plan – improves what you already have; and
- No annual deductible or any out of pocket costs; and
- No precertification requirements – If your dentist recommends the treatment, you do not have to ask Aflac for permission; and
- No annual reviews – Coverage is guaranteed-renewable for life; and
- Completely portable if you ever leave Prince George's County Government; and
- For each of the first five (5) years the plan increases its maximum payout by \$100; and
- Aflac Dental pays cash benefits to the policyholder regardless of any other plans in place:
  - Pays up to \$100 per preventative service;
  - Pays up to \$350 per crown;
  - Pays up to \$750 for oral surgery, gum treatment, and prosthetic repair; and
- Plan covers dental procedures from basic cleanings to crowns and preventative, prosthetic, or major services; and
- Great for families; and
- Coverage per person costs less than one dollar a day.



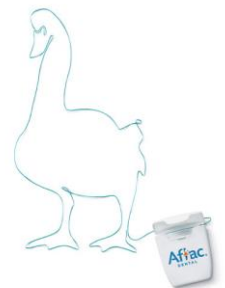
**FOR MORE INFORMATION OR TO ENROLL IN AFLAC DENTAL PLEASE CONTACT THE PRINCE GEORGE'S AFLAC OFFICE**

**PHONE: (301)875-6397**

**EMAIL: PRINCEGEORGES.AFLAC@GMAIL.COM.**

**Aflac representatives will be at the scheduled  
Provider Sessions during Open Enrollment**

**All policies will go into effect Jan. 1<sup>ST</sup>, 2016**



## What Happens During Open Enrollment?

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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); and
- Increase or decrease the amount of extra life insurance or long-term disability insurance.

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

- The 2015 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 2016 calendar year. Please see pages nine (9), ten (10), twenty (20) and twenty-one (21) for details on the enrollment process.
- The enrollment in the health and/or dependent care flexible spending accounts **will not** transfer from calendar year 2015 to 2016. **You must complete the on-line enrollment process outlined on page nine (9).**

In addition, a full-time, part-time or Limited Term Grant Funded (LTGF) employee that is actively working fifteen (15) or more hours per week, can enroll and increase the level of coverage for the following voluntary benefit plans (accident, critical illness, short-term disability, whole life, supplemental dental and legal). The process to enroll or make changes to the voluntary benefit plans is outlined on page ten (10).



## 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 Division 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 (iBenefit Call Center) or onsite (Aflac Supplemental Dental only) during open enrollment, if you are interested in enrolling in the voluntary benefit plans. **The open enrollment sessions are as follows:**

<b>2016 Open Enrollment Sessions – ALL PROVIDERS</b>	
<p><u>Wednesday, October 7, 2015</u>  <b>10:00 a.m. – 2:00 p.m.</b>  <b>RMS Building – First Floor Lobby</b>  <b>1400 McCormick Drive</b>  <b>Largo, MD</b></p>	<p><u>Wednesday, October 28, 2015</u>  <b>10:00 a.m. – 2:00 p.m.</b>  <b>RMS Building – First Floor Lobby</b>  <b>1400 McCormick Drive</b>  <b>Largo, MD</b></p>
<p><u>Thursday, October 15, 2015</u>  <b>10:00 a.m. – 2:00 p.m.</b>  <b>County Administration Building (CAB)</b>  <b>Lower Level Lobby</b>  <b>14741 Governor Oden Bowie Drive</b>  <b>Upper Marlboro, MD</b></p>	<p><i>Going Green Open            Enrollment 2016!            Go green make your            changes on the computer            screen!</i></p>
<p><u>Tuesday, October 20, 2015</u>  <b>Noon – 4:00 p.m.</b>  <b>Maintenance Operations Center (MOC)</b>  <b>8400 D’Arcy Road</b>  <b>Forestville, MD</b></p>	

**The Last Day of Open Enrollment is October 30, 2015.**

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

**Remember, the Employee Self-Service (ESS) portal (the on-line enrollment process) will close at 11:59 p.m., on October 30, 2015.**

# Enrollment Process Q & A

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

A: **Yes, you must complete the on-line 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 core health benefit plan(s).
- Add or terminate a dependent on the health benefit plan(s).

**Note:** You must **SAVE** the changes submitted through the ESS on-line enrollment process.

When you hit the **SAVE** button, this will update your enrollment(s) and/or change(s) to the ESS on-line system. Once the enrollment(s) and/or change(s) has been updated to the system, you will receive the message “**Data saved successfully.**” Please print the confirmation statement since it is your printed record of the enrollment(s) and/or change(s) you completed through the ESS on-line system.

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

A: **No, you DO NOT need to complete the on-line enrollment process, if you are electing to keep the same plan or level of coverage for the medical, dental, prescription, vision, extra life insurance or long-term disability plans. Also, if you are enrolled in the medical and/or prescription opt-out credits, they will rollover from the 2015 to the 2016 calendar year.**

For Medical Opt-Out Credit, a copy of your medical card must be submitted to the Benefits Division or in an envelope postmarked by October 30, 2015. The medical card confirms your coverage through a County employee/retiree or an outside plan. It also allows you to continue your enrollment in the medical opt-out credit plan for calendar year 2016. **Failure to send the Benefits Division a copy of your card will result in you not being enrolled in the medical opt-out credit plan in calendar year 2016.**

Please feel free to mail (inter-office or USPS), fax (301-883-6358), bring to a provider or computer session, email (benefits@co.pg.md.us) or bring a copy of the medical card to the Benefits Division (RMS Building – Suite 245). The Benefits Division requests, that you write your first, last name and employee number on the document.

## **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 5, 2015 through October 30, 2015. The on-line enrollment portal will close at 11:59 p.m., on October 30, 2015.**

# Enrollment Process Q & A

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

A: Yes, you can contact the iBenefit Call Center at 1-855-814-3200 (extension 603). Please note, an Enrollment Benefits Specialist will **ONLY** assist you with enrolling or making changes to the voluntary (short-term disability [STD], whole life, critical illness, accident, and legal) benefit plans. If you are interested in the Aflac Supplemental Dental plan, you can either contact them at 301-875-6397 or meet with an Aflac representative at one of the provider sessions outlined on page nineteen (19).

Please contact the Benefits Division for materials on the voluntary benefit plans noted above. You can also obtain the materials from a provider session listed on page nineteen (19). You will need to contact the Call Center to enroll in one of the plans noted above. Please check with the Human Resources Liaison(s) in your agency to determine if they requested a representative from iBenefits and/or Aflac to come to your location.

## **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 made through the County's on-line enrollment process.



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

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

- Enroll in a core health benefit plan (medical, dental, vision, flexible spending accounts [health and/or dependent], opt-out credits [medical, prescription and life insurance], long-term disability and extra life insurance), and/or the voluntary benefit plans (short-term disability, critical illness, accident, whole life, group legal and supplemental dental 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 Division. Please note that during the open enrollment provider sessions, the Benefits Division staff is unable to make copies of your documents for the dependent(s) being added. A copy of your document(s) must be submitted to the Benefits Division or in an envelope postmarked by October 30, 2015. **Failure to send the Benefits Division a copy of your document(s) will result in your dependent(s) not being enrolled in the health benefit plan(s) for calendar year 2016.**
- Please feel free to mail (inter-office or USPS), fax (301) 883-6358, bring to a provider or computer session, email [benefits@co.pg.md.us](mailto:benefits@co.pg.md.us) or bring a copy of the document(s) to the Benefits Division (RMS Building, Suite 245). The Benefits Division requests you write your first name, last name and employee number on the document(s).
- Cancel enrollment in any health benefit plan(s) for you or your dependent(s).
- Increase and decrease 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, whole life, group legal insurance, critical illness, accident, and supplemental dental).**



## **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 are on approved military, FMLA or disability leave with a non-pay status and you elect to continue your health benefit plans, the payment of premiums for the plans could go into arrearage until you return to work. An approved leave status of LWOP with non-pay will result in you having to pay the employer and employee share while on leave. A termination of the health benefit plan(s) while on approved leave will require you to enroll in the plan(s) **within forty-five (45) 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 Division prior to a leave of absence to discuss your health benefits coverage. You can contact the Benefits Division at (301) 883-6380 (select option nine [9]) or 1-800-624-5231 (press two [2] for Benefits Division and then select option nine [9]).

## **What Happens to My Enrollment in the Voluntary Benefit 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 benefit plans, you must contact the provider of the plans directly. They will advise you on how to continue coverage in the voluntary benefit 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 until April 30<sup>th</sup> of the calendar year following your LWOP status to submit any eligible expenses incurred prior to and including the termination date of the FSA account(s) to the administrator, ConnectYourCare.

Please contact the Benefits 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 core Health Benefit Plan(s) or Make a Change to My Existing Benefit Plan(s) During Open Enrollment?**

---

You must complete the on-line enrollment process to enroll or make a change(s) to a core health benefit plan(s) by 11:59 p.m., Friday, October 30, 2015. The enrollment process for the health benefit plans is outlined on pages nine (9), ten (10), twenty (20) and twenty-one (21). If you want to enroll or make changes to a voluntary benefit plan(s), you must meet with an Enrollment Benefits Specialist by telephone (iBenefit Call Center) or onsite (Aflac -Supplemental Dental only) during the open enrollment period. See page ten (10) 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 the Aflac Enrollment Benefits Specialist or through the iBenefit Call Center. They can only assist you with enrolling in the voluntary benefit plan(s).



## **May I Make Changes to the core Health Benefit Plans During the 2016 Calendar Year?**

---

**The only time you can make a change to your core health benefit plan(s) during the 2016 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?

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- *Birth* - You must complete an Enrollment/Change Form (Form)\* to add your newborn child to your health benefits coverage, and submit the Form to the Benefits Division within forty-five (45) days of the birth of your newborn child. **If you fail to add your newborn child to the coverage within the forty-five (45) 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 gained from a source outside the County. The Benefits Division will not make an exception to this requirement.**

**Please do not wait until you receive the birth certificate and social security number before you add the newborn child to your health benefit plan(s).** The Benefits 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, limited divorce, 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.

The above stated will allow you to add, change and/or terminate a health benefit plan(s). Please contact the Benefits Division with any questions and to obtain additional information on other qualified family status changes and get a Form.

**NOTE: Family status change(s) must be made within forty-five (45) 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 forty-five (45) days of the birth of your child. Coverage for dependents you have adopted or legal guardianship will be effective the date of the court order, if you add the dependent to your health benefits coverage within forty-five (45) days of the signed court order. Please see page twenty-six (26) for the termination date of coverage for dependents 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 Enrollment/Change Form. If notification is received after the end of the month in which the qualifying event occurs, the effective date of the change will be the first of the next month and there will be no refund of health benefit plan premiums even if the event results in a reduction in the coverage level.

**\*The Benefits Division transitioned to the Enterprise Resources Planning (ERP) system as of July 1, 2015. The Benefits Division is working on the process to enable all qualified family status changes to be done on-line via the ERP system. As a result, this process will replace the Enrollment/Change Form. Details for the ERP on-line process will be sent under separate cover.**

## Who are Eligible Dependents?

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- ◇ A Spouse (to include a same sex spouse) can be added to the health benefit plan(s).
- ◇ Children under age 26. (The coverage for children ends the last day of the month in which they turn age 26.) This includes stepchildren and children of the same-sex spouse. **Note:** If you are only adding the step-children or children of the same-sex spouse, you must submit the marriage certificate and the children's birth certificates and social security numbers. 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 Division for additional information on the approval process. A dependent will not be added to the health benefit plans until an approval is received.**
- ◇ 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 or guardianship.
- ◇ Dependents for which a Qualified Medical Child Support Order has been received by the Benefits Division.



## What Documentation is required to Add a Dependent(s)?

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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 Division. A court order, birth certificate and social security number 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 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, 2016.**

## Can Your Dependent(s) Select a Different Health Benefit Plan(s) 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?

---

**You are not required to select a PCP because the medical plans are open access network plans. The Open Access In-Network OAPN (HMO) and in-network option of the Open Access Plus OAP (PPO) medical plans require you to use a provider in the network 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 OAPN (HMO) medical plan.** However, the Open Access OAP (PPO) plan allows you to utilize a participating provider in the network and the coverage outlined under the in-network option applies or you can use a non-participating provider and the out-of-network option provides coverage for the medical services. 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](http://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 OAPN (HMO) or Open Access Network OAP (PPO) medical plans.

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

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The County provides you with two options, Open Access Plus In-Network OAPN (HMO), and Open Access Plus Preferred Provider Organization OAP (PPO) medical plans through Cigna Healthcare. The Open Access Plus In-Network OAPN (HMO) and Open Access Plus OAP (PPO) medical plans have a national provider network that has participating providers in most areas across the country. The Benefits Division encourages you to make sure the provider participates in the network by asking if they accept the Cigna Healthcare Open Access Plus In-Network OAPN (HMO) or Open Access Plus OAP (PPO) medical plan. You can also call Cigna Healthcare at 1-800-244-6224 to speak with a representative or access [www.mycigna.com](http://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* on-line provider directory at [www.aetna.com](http://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, 2016.**

**NOTE:** If there is **not** a network in the area where you reside, you may select a PCD in the area where you work, **provided a network is available**. You must indicate your work address on the Aetna DMO PCD Election Form (Form). A copy of the Form was included in the email with the Open Enrollment Guide sent to your desk top. The Form is also available on the Intranet.

## *Did You Know That..*

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### **Cigna Healthcare**

#### **Mycigna.com**

Take control of your health care with help from the tools on myCigna.com, where you can find doctors and health care professionals, compare costs, view claims history, download forms, print temporary ID cards and more.

#### **Cigna Mobile**

Download the Cigna mobile App from the Apple Store™ or Google Play. Use your mobile device to personalize, organize and access all the important health information you find on myCigna.com – check out the award-winning health care professional directory, find an urgent care center, and much more.

**Cigna has a variety of programs that can save you money and help you improve your health.**

- **24-Hour Telephone Support:** From health care questions to coverage concerns, whenever you need them, call 1-800-244-6224. That’s the toll-free number printed on the back of your Cigna ID card, and customer service representatives are available to help you 24 hours a day, seven days a week. They can help you find answers to your health questions, and help you decide where and when to seek medical attention.
- **Cigna Care Designation/Centers of Excellence:** We know you want to visit a doctor who has a good reputation and provides quality care at an affordable cost. So, Cigna has identified the top performers in their network by awarding them with a **Cigna Care Designation on myCigna.com. Doctors in twenty-two (22) different medical specialties are evaluated annually for quality and cost, and only those who meet certain Cigna cost-efficiency and quality measures receive the recognition.** To find one of these doctors in the myCigna.com directory, just look for the “blue C” symbol.
- **Online Health Assessment:** Take the quick, free and confidential questionnaire that will give you a better understanding of your health today – and teach you simple steps for improving your health in the future.

## Did You Know That...

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### **Cigna Healthcare** (Continued)

- **Free personalized Health Coaching:** Nutritionists, fitness experts, counselors (over the phone, sometimes onsite at the County, or through self-paced on-line coaching programs.
- **Health and Wellness Discounts:** Fitness club memberships, weight loss programs, chiropractic care, Massage therapy and much more.
- **Healthy Babies Program:** Enroll in this prenatal program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth.
- **Lifestyle Management Programs:** Whether you're looking for help with weight, tobacco or stress management, Cigna's Lifestyle Management Programs are easy to use, available where and when you need it, and are always at no cost to you. All the programs can be used on-line, over the telephone – or both.
- **Free Diabetic Supplies**
  - The Cigna medical plan you are enrolled will cover your diabetic supplies at 100%.
  - You may even be eligible for a FREE glucose meter.
  - To obtain one of these glucose meters and test strips at no cost through Cigna Home Delivery Pharmacy, please call 1-800-238-4778 for details.



## **Kaiser Permanente**

### **Kaiser Permanente Provides Care Where You Need It**

- Five (5) urgent care medical centers open 24 hours a day, 7 days a week.
- Twenty-nine (29) multi-specialty medical centers.

New and expanded:

- Gaithersburg, MD
- Largo, MD
- South Baltimore County, MD
- Tysons Corner, VA

Many services under one (1) roof:

- Family medicine
- Internal medicine
- Lab
- Obstetrics/gynecology
- Pediatrics
- Pharmacy
- Radiology
- Specialties
- Vision

Find a facility near you. Visit [kp.org/locations](http://kp.org/locations).

### **You Can Use Your Mobile Device To:**

- Email your doctor's office; or
- View most lab results; or
- Order prescription refills; or
- Schedule and change routine appointments; or
- Refill most prescriptions; or
- View past visits and more; or
- Just download the Kaiser Permanente app at no cost from your preferred app site.

## *Did You Know That...*

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### **Kaiser Permanente** *(Continued)*

#### **You Have A Health Care Team Focused On You**

Choose your PCP and OB/Gyn at [kp.org/doctor](http://kp.org/doctor)—change at any time.

#### Kaiser Permanente doctors

- Are carefully selected and board certified.
- Use our electronic systems to help discover gaps in patient care.
- Are up-to-date and connected to your care team through your electronic health record.
- Can schedule most specialty consultations right in the exam room to take place within seven (7) days.

#### **Urgent Care**

At your Kaiser Permanente Urgent Care Plus Center, you get:

- Board certified emergency department physicians who are capable of handling any problem you may have day or night.
- Less wait time and lower co-pays than a typical hospital emergency room.
- 24/7 pharmacy and laboratory services.
- Advanced imaging services including Cat Scan (CT), Magnetic Resonance Imaging (MRI), and ultrasound.
- Expanded observation services, with ability to observe patients for up to 24 hours.

Call 1-800-777-7904 (1-800-700-4901, TTY) to schedule an appointment, or just come on in, whichever is more convenient for you. If you believe you are experiencing a medical emergency, call 911.

#### **New! House Calls**

Video chat consultations with emergency room physicians:

- When does my child's fever become serious?
- How can I tell the difference between a sprained ankle and a broken one?
- How severe is my burn?

## *Did You Know That...*

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### **Kaiser Permanente** *(Continued)*

When you speak to one of our advice nurses, the nurse may be able to schedule a same-day video consult with one of our emergency room physicians using the camera on your computer, tablet, or phone.

### **Prevention**

Kaiser Permanente invites you to take an active role in improving your health with free, customized, on-line programs designed to help you succeed in creating a healthier lifestyle. These programs are brought to you in collaboration with HealthMedia® and focus on your total health (mind, body, and spirit). They will help you evaluate your daily routines and discover what steps you can take to get your life headed in a healthier direction.

- Take a total Health Assessment with Succeed®
- Lose weight with Balance®
- Eat Healthy with Nourish®
- Overcome stress with Relax®
- Manage back pain with Care® for your Back
- Manage depression with Overcoming® Depression
- Manage Diabetes with Care® for Diabetes
- Manage pain with Care® for Pain

To pick the program you want, sign on to [kp.org/healthylifestyles](http://kp.org/healthylifestyles).

Start now, take advantage of being a Kaiser Permanente member and have access to programs and classes that are offered at our medical centers to help you live healthier, such as:

- Prenatal and Lamaze; or
- Breastfeeding; or
- Nutrition; or
- Fall Prevention; or
- Insulin Information sessions; or
- Osteoporosis Awareness; or
- Commit to Quit.

For more information on these programs and the many more offered to Kaiser Permanente members, please visit [www.kp.org/healthylifestyles](http://www.kp.org/healthylifestyles).

## Did You Know That...

### Kaiser Permanente (Continued)

#### Wellness Coaching

Partner with a coach today to:

- Focus on healthy habits—Make healthy behavior changes to help you manage your weight, quit tobacco, reduce stress, get more active, or make healthier food choices.
- Create a customized plan—Work with your coach to outline manageable steps you can take to reach your goals. Little changes over time can help you achieve long-term success.
- Schedule convenient telephone sessions—Coaching takes place over the telephone, so you can set up calls at times that work for you. Wellness coaching is available at no charge for Kaiser Permanente members.

Coaching is offered in English and Spanish. No referral is needed. Coaches also have access to a language line to facilitate coaching in most languages.

**Simply pick up the phone and call to get started.** Call 1-866-862-4295, Monday through Friday, from 7 a.m. to 8 p.m., Eastern Standard Time (EST) to make an appointment.



## **Aetna Dental**

### **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](http://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](http://www.aetnappodental.com).

### **Dental ID Cards**

**Good news. Life just got simpler. You no longer need a member ID card to get care with Aetna Dental.**

Aetna wants to make doing business easier than ever. Plus, no card means, no plastic and that's better for the environment – and good for everyone.

## *Did You Know That...*

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### **Aetna Dental** *(Continued)*

#### **How will my dentist know I'm an Aetna Dental PPO or DMO® member?**

When you go to your dentist, tell the office your name, date of birth and Member ID# (or your social security number).

#### **But what if I want a card?**

**Easy — use our mobile app or go on-line.** Log in to your secure member website at [www.aetna.com](http://www.aetna.com). Your ID card will appear on your personal benefits page. You can print out an ID card for you and your dependents by clicking on **“Get an ID card.”**

**For DMO Members,** if your electronic ID card says **“No Election”** or **“Invalid Choice,”** then your plan requires you to choose a primary care dentist (PCD) who is in our network. Until you choose one, your benefits and claims may be limited to emergency services only. To be effective on the first (1<sup>st</sup>) of the month, PCD selections must be received at Aetna by the fifteenth (15<sup>th</sup>) of the prior month. In order to schedule an appointment with a PCD, your name must appear on the monthly roster sent to PCDs.

Call 1-877-238-6200 if you have any questions 24 hours a day, 365 days a year.

### **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 this is a handy summary of your dental visits, tests and more. You can share it with your dentist.
- Link to health information on-line.
- Communicate with Member Services.

It's easy to get started! Go to [www.aetna.com](http://www.aetna.com). Click on “Register Now” in the “Members: Secure Information” section.

**Aetna Dental (Continued)**

**Aetna Mobile — find what you need, wherever, whenever**

There are two (2) ways to download the free Aetna Mobile app to access your ID card or dental benefits information when you're on the go.

- Text “Apps” to 44040 to download now.
- To learn more, visit us at [www.aetna.com/mobile](http://www.aetna.com/mobile).

**Aetna Life Essentials<sup>SM</sup> program\* — Extra protection adds up to extra value at no extra cost.**

Aetna Life Essentials adds value to your life insurance policy by helping you make the most of every stage of your life. The program gives you and your family access to free resources during your lifetime and afterward:

- **Funeral services** — Manage all funeral details through Everest Funeral Planning and Concierge Services.
- **Accelerated death benefit** — Access a portion of your life insurance benefit, if you're terminally ill, before your death.
- **Legal services** — Benefit from on-line estate planning services.
- **Physical services** — Gain access to discount vision, hearing and fitness programs.
- **Care advocacy** — Receive professional counseling over the phone from a master's level social worker.
- **End-of-life support** — Visit the Aetna Compassionate Care<sup>SM</sup> website. Also, talk to a licensed social worker to prepare for this challenging time of life.

**Visit: [www.aetna.com/aetnalifeessentials](http://www.aetna.com/aetnalifeessentials)**

Legal Reference<sup>TM</sup> Program services are independently offered and administered by ARAG® Insurance Company of Des Moines, Iowa. Aetna does not participate in attorney selection or review, and does not monitor ARAG services, content or network. Everest Funeral Planning and Concierge Services (“Services”) are independently administered by Everest Funeral Package, LLC (“Everest”). Access to these services is not insurance, may be discontinued at any time without notice and is void where prohibited. Everest is solely responsible for furnishing these services and Aetna makes no guarantee or representations as to their quality or suitability. In no event will Aetna be responsible or liable for any acts or omissions by Everest and its agents, employees or representatives in connection with the services provided.

## Did You Know That...

### Aetna Life Essential (Continued)

Specific features of life insurance plans vary, depending on employers and states. Plan features and availability may vary by location and are subject to change. Plans contain exclusions and limitations. See policy or plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change.



## **Express Scripts**

**My Rx Choices®** makes it easy to find lower-cost alternatives available under your program to your current medications—either on-line or by calling Express Scripts at the number on the back of your card. To find lower-cost options on-line:

- 1. Log on to [www.express-scripts.com/choices](http://www.express-scripts.com/choices).** If you're a first-time visitor to the website, you'll need to register, so have your member identification (ID) number 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** on-line, 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.

The 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.

If you have any questions, please call Express Scripts Member Services at the number on the back of your card, or visit us on-line at [www.express-scripts.com](http://www.express-scripts.com).

**Express Scripts** (Continued)

**Express Scripts' Extended Payment Program**

Paying for your mail-order prescriptions just got easier.

Express Scripts 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 (3)** 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.express-scripts.com](http://www.express-scripts.com).

**Facts about EPP**

- If you decide to cancel EPP at any time, 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 (3) installments. New invoices will require your regular co-payments in full.

To learn more about Express Scripts' Extended Payment Program [www.express-scripts.com](http://www.express-scripts.com) or call Member Services toll-free at the number on the back of your prescription drug ID card.



**Express Scripts** (Continued)

***Worry Free Fills***<sup>™</sup> Program

Refills 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 Express Scripts has created the **Worry-Free Fills**<sup>™</sup> 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, Express Scripts automatically sends your next refill, using your existing address and payment information.

To enroll in **Worry-Free Fills**, visit [www.express-scripts.com](http://www.express-scripts.com), or call Member Services at the number on the back of your prescription card.

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

- Cardiovascular medications, such as antiarrhythmic, 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.

**Express Scripts** (Continued)

When a prescription expires and you or your doctor sends in a new one without an 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.express-scripts.com](http://www.express-scripts.com) or call Member Services toll-free at the number on the back of your prescription drug ID card.

If you enroll in the **Worry-Free Fills** program, please note that Express Scripts has a standard maintenance and review process. Standard maintenance will include an automated process for review and reporting of the drugs that qualify for the **Worry-Free Fills** program. Updates to the exclusion list are made as a part of the standard maintenance; therefore, the qualified medications under the program are subject to change. If your medication is no longer a qualified drug you will be notified by Express Scripts.

**Express Scripts Specialist Pharmacists...**

**Can help you understand your medications *and* could help you save money.** Express Scripts, which manages the prescription drug benefit for the 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 Express Scripts Specialist Pharmacists and they are available through your prescription drug benefit at no additional cost.

Express Scripts Specialist Pharmacists have expertise in the medications used to treat specific conditions, 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.

**Express Scripts 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. Express Scripts reviews *all* your medications on file from *all* your doctors and pharmacies to look for drug interactions that may be harmful.

**Express Scripts** (Continued)

If there is a potential problem with certain medications, an Express Scripts 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.

Express Scripts 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, Express Scripts 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 **Express Scripts Pharmacy™**. You'll also benefit from the convenience of having medications delivered right to you. With the **Express Scripts 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 an Express Scripts Specialist Pharmacist; and
- An easy refill process over the telephone, by mail, or on-line.

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

**Express Scripts** (Continued)

**Remember....**

Prince George's County Government has Exclusive Home Delivery. This allows members to receive two fills of their maintenance medication at a retail store. After the second fill at retail, members will pay a 100% co-pay penalty until they move to the Express Scripts Pharmacy.

**Express Scripts Mobile Application**

The Express Scripts mobile application (app) is an innovative tool that helps members make better decisions for healthier outcomes – anytime, anywhere. The app is compatible with most iPhone®, iPad®, Android™, Windows Phone® and BlackBerry® mobile devices and can be downloaded for free from the iTunes, Google Play, Windows Phone and BlackBerry App World app stores.

**Locate a Pharmacy**

Find the one closest to you

**Switch to Home Delivery**

Save the runaround, and maybe some money

**Drug Information**

Get more detailed medication info

**Prescription ID Card**

With you whenever you need it

Scan this QR code to download the Express Scripts app from your mobile device's app store, or visit **Express-Scripts.com**



## *Did You Know That...*

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### **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](http://vsp.com). Please note that Protected Health Information (PHI) such as, the member ID number, social security number and date of birth are not included on the card. VSP is committed to protecting the privacy and security of their members and their data.
- VSP has a program, *See Much More*, at [www.seemuchmore.com](http://www.seemuchmore.com) that you can access for eye health articles, videos and an interactive savings calculator.
- VSP has a 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* and *Eyes of Hope*.
- As of January 1, 2013, the VSP Diabetic Eyecare Plus (DEP Plus) Program was 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) diabetes, glaucoma, or age-related macular degeneration (AMD). No referral needed -- pay only \$20 co-pay 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](http://vsp.truhearing.com) or call TruHearing at 877-396-7194.
- Contact Lens Rebates. VSP and Bausch + Lomb Rebate - Get up to \$110 back, as a VSP member, you'll be eligible to receive savings of up to \$110 in mail-in rebates when you purchase your annual supply of participating Bausch + Lomb contact lenses from your VSP doctor - a higher value than any other nationally available Bausch + Lomb mail-in rebate. Whether you're a new or existing contact lens wearer, you can take advantage of this VSP member exclusive. Just visit the "Exclusive VSP Members Rebates & Special Offers" on [vsp.com](http://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 developed Eyeconic, an exciting on-line optical store that offers members easy access to quality eyewear brands. To see the latest, check out [eyeconic.com](http://eyeconic.com) today.
- Finding a doctor or viewing benefits is a snap with Smart Phones. Now VSP members visiting [vsp.com](http://vsp.com) with their mobile phones have access to an optimized view of select features within the member portal.
- Big Value. More Savings with VSP Vision Care.
- Get Social with VSP. Check out [vspblog.com](http://vspblog.com), join us on Facebook and Twitter, and check out YouTube channel, where you can catch the latest eye care news, enter contests, interact with VSP employees, and more.

## Did You Know That...

### Vision Service Plan (VSP)

- With Exclusive Member Extras, savings never looked so good. VSP put members first by providing exclusive special offers from VSP and leading industry brands, totaling more than \$2,500 in savings. Below is the VSP Exclusive Member Extras flier that provides you with more details.



### Big Value. More Savings with VSP® Vision Care.

With Exclusive Member Extras, savings never looked so good. We put our members first by providing exclusive special offers from VSP and leading industry brands, totaling more than \$2,500 in savings.

- Extra \$20 to spend on featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1,3</sup>
- Mail-in rebate savings and free trials on Bausch + Lomb® contacts
- Average savings of \$325 on Nike-authorized prescription sunglasses<sup>2,3</sup>
- Up to 50% savings on UNITY® digital lenses<sup>2,3</sup>
- Up to 40% savings on sunsync™ - lenses that adapt to your environment<sup>2,3</sup>
- Up to \$500 savings on LASIK
- Savings of up to \$2,400 on a pair of digital hearing aids and savings on batteries for you and your extended family members through TruHearing®<sup>4</sup>



For more great offers, scan or visit [vsp.com/specialoffers](http://vsp.com/specialoffers).

#### BAUSCH + LOMB

EXTRA \$20  
TO SPEND 

Flexon  
TRUSCOPTICS



NVISION

 sunsync

TLC  
Laser Eye Centers

TruHearing

UNITY  
DIGITAL LENSES

Xperio  
TRUSCOPTICS

1. Brands/promotion subject to change

2. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied.

3. Available only to VSP members with applicable plan benefits.

4. Savings compared to national average retail prices on state-of-the-art digital hearing aids

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VSP and UNITY are registered trademarks, and sunsync is a trademark, of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands are trademarks or service marks of their respective owners.

## *Did You Know That...*

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### **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. Funds are automatically deducted from your healthcare account. Your card is enabled to use a PIN for purchases. To use this card without a PIN, select “credit” at the payment terminal.

**Note:** The maximum annual amount you can contribute to this account is \$2,550.

**Get Balance and eStatement:** By frequently checking your account balance on-line, 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 on-line by following these steps:

- Log into your on-line 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 on-line.

**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 doctor’s 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.**

### **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.

## Did You Know That...

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### **ConnectYourCare Dependent Care Flexible Spending Account** *(Continued)*

- **Ineligible Expenses** — care for children ages 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), and 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!**
- **On-line 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.

## Did You Know That...

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### **ConnectYourCare – Health Education Tools** (Continued)

- **Medication Advisor**: This tool provides information on more than 11,000 prescription medications, including lower cost alternatives.
- **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, Android and Windows 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, Android Market or the Windows Store, 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 On-line 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 on-line. 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 on-line account. An activation code will be sent to your phone, so make sure your phone is nearby. Follow the on-line 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 on-line.
- Send text request.
- BAL for account balances.
- CONT for last five contributions.
- HELP for text command instructions.
- STOP to opt out of mobile alerts.
- Update your mobile alert setting at any time on-line.

## Did You Know That...

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### **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](http://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.

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### **Employee Assistance (EAP) and Worklife Program**

APS Healthcare provides the following EAP services to employees and dependents:

- **Counseling** - Your benefit includes up to eight (8) face-to-face counseling 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, work/life balance, bereavement, alcohol and substance use.
- **Childcare, Eldercare, and Daily Living Consultations and Referrals** - Information and referrals are available on a variety of family matters, including pre-natal care, day care, summer camp, adoption, adult day care and assisted living care. Daily Living referrals includes, but is not limited to, pet care services, relocation, apartment/housing locators, and vacation/travel.
- **Legal and Financial Consultations** - The Legal and Financial benefit include a free thirty (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.
- **On-line EAP and Worklife Resources** - APShelpLink.com is an interactive web based resource providing a wide array of tools to help resolve issues quickly and effectively. Resources include a Savings Center, Tax Preparation tools, e-Learning courses, and a Relocation Center.
- **Monthly On-line Seminars** - APS provides monthly webinars on topics such as Communicating Effectively, Coping with Change, Positive Thinking, Estate Planning, and Financial Fitness.
- **Communications** - APS provides monthly wellness tip sheets, posters, webinars and onsite wellness trainings. Additionally, employees will receive a quarterly newsletter called *Balance* to address a variety of wellness and worklife issues. Leadership will also receive a quarterly newsletter *Solutions* to assist them in dealing with workplace and performance issues.



## How Can I Reduce My Health Benefit Costs?

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- **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 \$2,550.**
- **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 on-line enrollment process to enroll or continue the FSAs. Please see pages nine (9), ten (10), twenty (20) and twenty-one (21) for details on the enrollment process.* You have until April 30, 2016, to submit claims for eligible expenses incurred during calendar year 2015 for reimbursement under the Health Care and Dependent Care FSAs. **The time period to submit a claim also applies to the grace period. See page fifty-nine (59) for more information on the grace period.**

- **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. **The prescription plan (plan) has a mandatory generic program requirement. The mandatory generic program will result in the plan providing coverage of generics for all brand medications that have a generic alternative. You may still opt to receive a brand medication; however, the plan will only provide coverage that equates to the amount of the generic alternative. You will be responsible for the copayment for a generic plus the cost difference between the brand and generic medication.**
- **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 Express Script'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.express-scripts.com](http://www.express-scripts.com).
- **Drop Ineligible Dependent(s)** – You must complete the on-line enrollment process before changes can be made to your enrollment options (i.e., individual, two-person or family coverage) and plan premiums. **Remember, the Employee Self-Service (ESS) on-line enrollment portal closes at 11:59 p.m., on October 30, 2015.** You will not be able to enroll or make any changes to your health benefit plan(s) once the on-line portal closes.

# Healthy Steps Lead to Big Changes



**Exciting things are happening in Wellness and we welcome you to be a part!** The Office of Human Resources Management (OHRM) takes pride in being committed to providing a Health and Wellness Program that is specifically designed with you in mind. The Wellness Program offers the opportunity for you to participate in a variety of activities that will inspire and motivate you towards living a healthier lifestyle. In calendar year 2015, OHRM introduced the “*Healthy Steps Rewards Program*,” which allowed employees to earn rewards points for attending wellness activities, seminars and events. The Healthy Steps Rewards Program added an exciting competitive component that provoked positive competition amongst its participants. It is true; there is strength in numbers! One of the activities, the Fitness Buddies Competition, was extremely effective in building supportive relationships. Participants were able to inspire and motivate each other to achieve their personal wellness goals.

Also, the Wellness Program presented amazing events such as, “Spring Into Wellness,” “Checking Under the Hood” and the annual culinary experience, “Taste of Wellness.” Each event is professionally and strategically planned to provide attendees with an enjoyable and rewarding experience to further assist with meeting their personal health and wellness goals. Some of the 2015 seminars and activities included, Mindful Meditation, Eight (8) Steps to a Healthy Heart, Herbs and Other Natural Food, Tai Chi, Chair Yoga, and Zumba. If you were unable to participate in 2015, stay tuned and join in for what’s new in 2016! OHRM will remain “committed to providing a Health and Wellness Program that is specifically designed with you in mind.”

## **Have you completed a health assessment this calendar year (2015)?**

OHRM encourages you to complete an annual Health Assessment. The health assessment provides you with important information that allows you to make lifestyle choices that will improve your health. If you are enrolled in a County-sponsored medical plan, to take a health assessment, please do one of the following:

- Cigna Healthcare members can access [www.myCigna.com](http://www.myCigna.com).
- Kaiser Permanente members can access [www.kp.org](http://www.kp.org).

If you are not enrolled in a County-sponsored medical plan, please visit [www.webmd.com](http://www.webmd.com) and complete the Better Health Evaluator.

**Please note that your personal health information is confidential. It is not provided to OHRM or the Prince George’s County Government.**



## 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 are a late applicant (did not enroll as a newly eligible employee) and elect to enroll in the XLI plan or increase your current option, you will need to submit proof of good health by completing the Evidence of Insurability (EOI) questionnaire. The EOI process may result in a request for additional information, including medical records and possibly an attending physician's statement. It is the responsibility of the employee to pay for the cost of any additional medical information requested. You must complete the EOI process and be approved by Aetna to elect new coverage or increase current coverage during the 2016 calendar year.

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.

$\$ \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$   
 $\$ \underline{\hspace{1cm}} / 1,000 = \$ \underline{\hspace{1cm}}$   
 $\$ \underline{\hspace{1cm}} \times \text{monthly factor} = \$ \underline{\hspace{1cm}} \text{ per month}$

**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**  
 $\$30,373 \times 2 = \$60,746$   
 $\$61,000 / 1,000 = 61$   
 $61 \times .127 \text{ (monthly age factor for 35-39)} =$   
 $7.747 \text{ (rounded to) } \mathbf{\$7.75 \text{ per month}}$

**\*Note: The XLI is Term Life Insurance and has no cash value.**

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

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### Extra Life Insurance (Continued)

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 2016 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)?

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The County provides you with Basic Life Insurance (BLI) that equals to two (2) times your basic annual salary at no cost to you. **The maximum amount for the BLI is based on your salary schedule and this will apply to the maximum for the life opt out credit.**

You may also choose to reduce your coverage to a minimum of one times your base pay or the maximum for the BLI 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?

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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 2016	
Public Safety Employees	All Other Employees
.00046 for 50% of base pay	.00383 for 50% of base pay
.00673 for 60% of base pay	.00596 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:  $\$34,900 \times .00383 = \$133.667$  (rounded to) \$133.67 annually). Divide the annual amount by 12 to find the monthly cost for this benefit –  $\$133.67/12 = \$11.14$ . ***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?

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### Long-Term Disability (Continued)

**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 not drop or change this benefit during the 2016 calendar year because of a premium cost increase.**

**NOTE:** If you are a late applicant (did not enroll as a newly eligible employee) and elect to enroll in the LTD plan or increase your current option, you will need to submit proof of good health by completing the Evidence of Insurability (EOI) questionnaire. The EOI process may result in a request for additional information, including medical records and possibly an attending physician's statement. It is the responsibility of the employee to pay for the cost of any additional medical information requested. You must complete the EOI process and be approved by Aetna to elect new coverage or increase current coverage during the 2016 calendar year.

*Going Green in 2016...*



*Go green make your changes  
on the computer screen!*

# Reminders

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## **Enrolling or Making Health Benefit Plan(s) Changes for 2016**

To enroll in one of the County's core health benefit plans or make a change to your current core plans, you must complete the on-line enrollment process. See pages nine (9), ten (10), twenty (20) and twenty-one (21) for more information on the enrollment process. To enroll or make changes to the voluntary benefit plans, you must contact the iBenefit Call Center or meet with an Aflac Representative (Supplemental Dental Only) at one of the open enrollment provider sessions. See pages ten (10) and twenty-one (21) for information on the voluntary benefits enrollment process. **The iBenefit Call Center or Aflac representative 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 30, 2015, through the Employee Self-Service (ESS) on-line enrollment portal. Please note after October 30, 2015, 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's Health Benefit Plans**

**We strongly encourage you to review the paycheck that you will receive on January 8<sup>th</sup> and/or January 22<sup>nd</sup>**, to ensure the changes you requested during open enrollment were processed. If either of these paychecks do not reflect your requested change(s), you should contact the Benefits Division at 301-883-6380 (press option one [1]) or 1-800-634-5231 (press number two [2] for Benefits Division then option one [1]) by the close of business, Friday, January 29, 2016.

## **Healthcare Payment Card Reminder**

Healthcare payment cards are valid for three years from the date issued. Participants will not be issued a new card each plan year, so please keep your card(s) even when you use all of your funds for the current plan year. If you are still enrolled when the card nears its expiration date, ConnectYourCare will automatically send you a new card a few weeks before the card expires. The payment card expires the last day of the month printed on the card (e.g., payment date on the card expires May 2016. The payment card will expire May 31, 2016).

## **iBenefit Election of Benefits Form**

You will receive an Election of Benefits Form from iBenefit that will reflect the enrollment transaction(s) you completed with an Enrollment Benefits Specialist through the iBenefit's Call Center. The Election of Benefits Form will be sent to either your address on file or given to you, if you meet with them onsite at an agency location. This Election of Benefits Form will serve as your record of your enrollment transactions in the voluntary benefit plans **with Aflac (Group Accident), Unum, Transamerica and/or Lincoln Financial only. It is important that you review it carefully to ensure it is correct.** The Election of Benefits Form 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 you completed with an Aflac Representative for the Supplemental Dental plan only. **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 Election of Benefits (iBenefits) or Premium Deduction Authorization (Aflac) Forms will result in you not having the voluntary benefit plans you elected for calendar year 2016.***

**Note: The Election of Benefits and Premium Deduction Authorization Forms will not reflect your enrollment in the County's core health benefit plans.**

# Reminders

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## **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, 2015, you will have until March 15, 2016, to use the remaining amount or forfeit the money. Please note you can use the health care payment card for eligible health care expenses for the amount you have left from the 2015 calendar year after December 31, 2015. It is important for you to note ConnectYourCare will exhaust the 2015 remaining funds before deducting from the 2016 annual election, if you completed the enrollment process to continue the account. If you have eligible expenses from the 2015 calendar year that you still need to submit for reimbursement, then it is strongly recommended for you to send the claims to ConnectYourCare before using the healthcare payment card on January 1, 2016. **ConnectYourCare will reject any calendar year 2015 eligible expense(s) if you have used all of the remaining funds from the 2015 calendar year at the time you submit the claim(s) for reimbursement.** All claims from calendar year 2015 must be submitted by April 30, 2016. To obtain the remaining balance in your account, you can view your eStatement on-line at [www.connectyourcare.com](http://www.connectyourcare.com).

**Claims Year 2015** - Claims for expenses incurred under the health care or dependent care accounts from January 1, 2015, through December 31, 2015, must be submitted to **ConnectYourCare** no later than April 30, 2016.

Annual Maximums	
Health Care FSA	\$2,550
Dependent Care FSA	\$5,000

**Note:** If you lose or throw away your health care payment card, you will need to contact ConnectYourCare for a replacement card.

**Claims Year 2016** - To participate in one of the Flexible Spending Accounts, you **must** enroll or renew the accounts **every year** during open enrollment. **Please see pages forty-seven (47) through fifty-one (51) for additional information about the FSAs. Remember, you will have until April 30, 2016, to submit claims for eligible expenses incurred during calendar year 2015 for reimbursement under the health care and dependent care FSAs.**

## **Qualified 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 forty-five (45) days of the qualifying event. You must complete an Enrollment/Change Form\* for a qualifying family status change to make changes to your health benefit plans enrollment within the forty-five (45) days timeframe. **The Benefits Division will not be able to make an exception to this requirement.** Please see page twenty-five (25) for more information on *Qualified Family Status changes*, or you may contact the Benefits Division if you have any questions concerning the requirement.

**\*The Benefits Division transitioned to the Enterprise Resources Planning (ERP) system as of July 1, 2015. The Benefits Division is working on the process to enable all qualified family status changes to be done on-line via the ERP system. As a result, this process will replace the Enrollment/Change Form. Details for the ERP on-line process will be sent under separate cover.**

# Reminders

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## Life Insurance/Beneficiary Designation 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 payout 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(ies) anytime through the new Employee Self-Service (ESS) on-line enrollment portal. If you have any questions or concerns regarding updating or changing your beneficiary(ies) on-line please contact the Benefits 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 forty-five [45] 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](http://www.vsp.com), for up-to-date benefit eligibility for you and your dependents along with the list of participating providers.

## Aetna Dental Plans

Please note you no longer need a member identification card (ID) to obtain services under the Aetna Dental DMO or PPO plans. When you go to the dentist, tell the office your name, date of birth and Member ID number (or your social security number). If you want an ID card, you can use Aetna's mobile app or go on-line and log into your secure member website at [www.aetna.com](http://www.aetna.com). Your ID card will appear on your personal benefits page. You can print out an ID card for you and your dependent(s) by clicking on **"Get an ID card."** Also, you can call Aetna Member Services at 1-877-238-6200, if you have any questions. Remember, the Aetna Dental DMO plan requires you to choose a primary care dentist (PCD) in Aetna's network. If you fail to select a PCD, your benefits and claims may be limited to emergency services only. Please see pages thirty-five (35) and thirty-six (36) for more information.

## County's Prescription Plan

**The prescription plan (plan) has a mandatory generic program requirement. The mandatory generic program will result in the plan providing coverage of generics for all brand medications that have a generic alternative. You may still opt to receive a brand medication; however, the plan will only provide coverage that equates to the amount of the generic alternative. You will be responsible for the copayment for a generic plus the cost difference between the brand and generic medication.**

## Reminders

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### County's Prescription Plan (Continued)

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, 2016.**

When you use the Mail-Order Service to purchase maintenance drugs for the first time, you should allow the prescription plan administrator at least fourteen (14) days to receive, process and ship your order. Refills can be ordered on-line, by mail or by phone, and are usually delivered within three (3) to five (5) days after receipt of your order.

### 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 Division at (301) 883-6380 (press option nine [9]) or 1-800-634-5231 (press number two [2] for Benefits Division and then select option nine [9]) 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 (home or mailing), please contact the Personnel Liaison within your agency who is responsible for updating the address (home or mailing) in the County's computer system.

**The Last Day of Open Enrollment  
is  
October 30, 2015!**

**Remember, the Employee Self-Service (ESS) on-line  
enrollment portal closes at 11:59 p.m., on  
October 30, 2015.**

**(See pages nine (9), ten (10), twenty (20) and twenty-one (21) for details on the on-line enrollment process.)**

## **Telephone Numbers and Websites for Providers**

For most plans, on-line 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.mycigna.com](http://www.mycigna.com)

**Kaiser Permanente**  
301-468-6000  
1-888-225-7202 (*For members outside of the Washington, DC Metro area*)  
[www.kp.org](http://www.kp.org)

### **PRESCRIPTION**

**Express Scripts, Inc.**  
1-844-601-5885  
[www.express-scripts.com](http://www.express-scripts.com)

### **VISION**

**Vision Service Plan**  
1-800-877-7195  
[www.vsp.com](http://www.vsp.com)

### **DENTAL**

**Aetna (PPO/DMO)**  
1-877-238-6200  
[www.aetna.com](http://www.aetna.com)  
[www.aetnadmodental.com](http://www.aetnadmodental.com)  
[www.aetnappodental.com](http://www.aetnappodental.com)

## Telephone Numbers and Websites for Providers

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(Continued)

### **EMPLOYEE ASSISTANCE PROGRAM**

**APS Healthcare**

1-877-334-0530

[www.apshealthcare.com](http://www.apshealthcare.com)

### **LONG-TERM DISABILITY (LTD) and EXTRA LIFE INSURANCE**

**Aetna Long-Term Disability**

1-866-326-1380

[www.aetna.com](http://www.aetna.com)

**Aetna Life Insurance**

1-800-523-5065

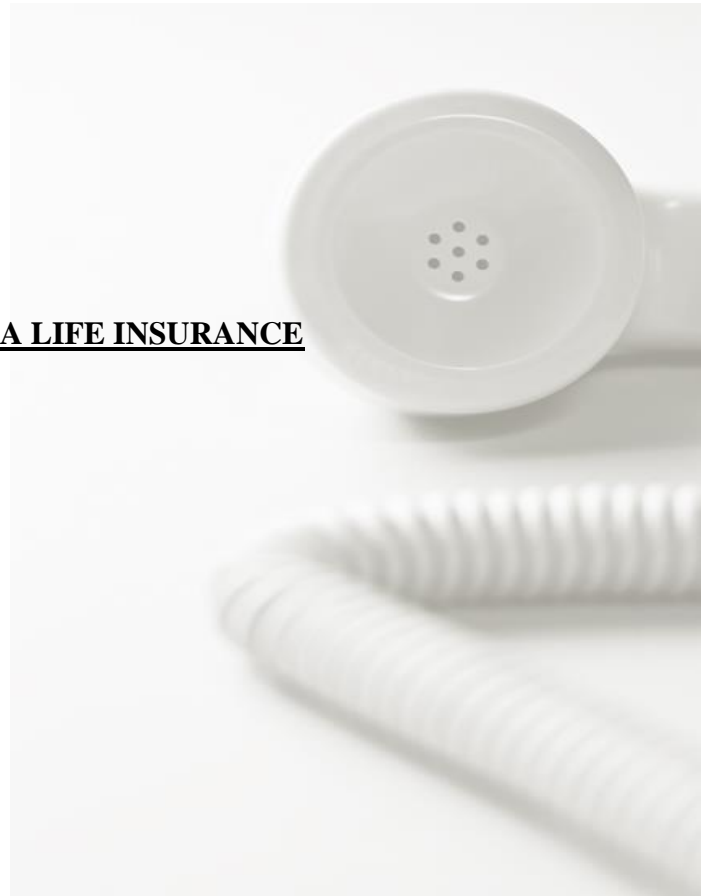
[www.aetna.com](http://www.aetna.com)

### **FLEXIBLE SPENDING ACCOUNTS**

**ConnectYourCare**

1-877-292-4040

[www.connectyourcare.com](http://www.connectyourcare.com)



## **Telephone Numbers and Websites For Voluntary Benefit Providers**

**Note: To cancel enrollment in these plans, you must contact the provider directly.**

### **GROUP ACCIDENTAL PLAN**

**Aflac**

1-800-433-3036

[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)

### **GROUP CRITICAL ILLNESS INSURANCE**

**Unum**

1-800-635-5597

[www.unum.com](http://www.unum.com)

### **LEGAL PLANS**

**Legal Resources**

1-800-728-5768

[www.legalresources.net](http://www.legalresources.net)

**Legal Shield**

1-800-654-7757

[www.legalshield.com](http://www.legalshield.com)

### **GROUP SHORT-TERM DISABILITY (STD)**

**Lincoln Financial**

1-800-423-2765

[www.lfg.com](http://www.lfg.com)

### **SUPPLEMENTAL DENTAL INSURANCE**

**Aflac**

1-800-992-3522

[www.Prince\\_Georges.Aflac@gmail.com](mailto:www.Prince_Georges.Aflac@gmail.com)

### **GROUP WHOLE LIFE INSURANCE**

**Transamerica**

1-888-763-7474

[www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com)



# Mark Your Calendars!!

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## **Provider Session #1**

**Wednesday, October 7, 2015 – 10:00 a.m. to 2:00 p.m.**

RMS Building – First Floor Lobby  
1400 McCormick Drive  
Largo, MD

## **Provider Session #2**

**Thursday, October 15, 2015 – 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 20, 2015 – Noon to 4:00 p.m.**

Maintenance Operations Center (MOC)  
8400 D'Arcy Road  
Forestville, MD

## **Provider Session #4**

**Wednesday, October 28, 2015 – 10:00 a.m. to 2:00 p.m.**

RMS Building – First Floor Lobby  
1400 McCormick Drive  
Largo, MD



**Provider Sessions**

## Prince George's County Government Schedule of Health Benefits Costs for 2016

ALL ACTIVE EMPLOYEES – (Excluding Crossing Guards)

		EMPLOYEE BI-WEEKLY	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
<b>M E D I C A L</b>	<b>KAISER PERMANENTE</b>				
	Individual	39.59	85.77	304.08	389.85
	Two-Person	78.95	171.06	606.50	777.56
	Family	114.39	247.85	878.72	1,126.57
	<b>CIGNA HMO</b>				
	Individual	42.10	91.21	323.37	414.58
	Two-Person	84.16	182.34	646.50	828.84
	Family	117.66	254.93	903.86	1,158.79
	<b>CIGNA PPO</b>				
	Individual	71.26	154.40	417.47	571.87
	Two-Person	143.68	311.30	841.67	1,152.97
	Family	201.76	437.15	1,181.91	1,619.06
<b>R X P</b>	<b>PRESCRIPTION DRUG PLAN</b>				
	Individual	8.44	18.28	134.07	152.35
	Two-Person	16.98	36.79	269.79	306.58
	Family	21.69	46.99	344.57	391.56
<b>V S P</b>	<b>VISION SERVICE PLAN</b>				
	Individual	0.40	0.86	6.30	7.16
	Family	0.85	1.84	13.50	15.34
<b>D E N T A L</b>	<b>AETNA DENTAL PLAN (DMO)</b>				
	Individual	11.85	25.67	N/A	25.67
	Two-Person	18.65	40.40	N/A	40.40
	Family	23.86	51.69	N/A	51.69
	<b>AETNA DENTAL PLAN (PPO)</b>				
	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	

## Prince George's County Government Schedule of Health Benefits Costs for 2016

### CROSSING GUARDS (Paid Over 20 Pay Periods)

		EMPLOYEE BI-WEEKLY	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
<b>M E D I C A L</b>	<b>KAISER PERMANENTE</b>				
	Individual	51.46	85.77	304.08	389.85
	Two-Person	102.64	171.06	606.50	777.56
	Family	148.71	247.85	878.72	1,126.57
	<b>CIGNA HMO</b>				
	Individual	54.73	91.21	323.37	414.58
	Two-Person	109.40	182.34	646.50	828.84
	Family	152.96	254.93	903.86	1,158.79
	<b>CIGNA PPO</b>				
	Individual	92.64	154.40	417.47	571.87
	Two-Person	186.78	311.30	841.67	1,152.97
	Family	262.29	437.15	1,181.91	1,619.06
<b>P R E S C R I P T I O N D R U G P L A N</b>	<b>PRESCRIPTION DRUG PLAN</b>				
	Individual	10.97	18.28	134.07	152.35
	Two-Person	22.07	36.79	269.79	306.58
	Family	28.19	46.99	344.57	391.56
<b>V I S I O N S E R V I C E P L A N</b>	<b>VISION SERVICE PLAN</b>				
	Individual	0.52	0.86	6.30	7.16
	Family	1.10	1.84	13.50	15.34
<b>D E N T A L P L A N</b>	<b>AETNA DENTAL PLAN (DMO)</b>				
	Individual	15.40	25.67	N/A	25.67
	Two-Person	24.24	40.40	N/A	40.40
	Family	31.01	51.69	N/A	51.69
	<b>AETNA DENTAL PLAN (PPO)</b>				
	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	





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**Office of Human Resources Management**