



Rushern L. Baker, III
County Executive

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



HEALTH BENEFITS OPEN ENROLLMENT GUIDE

RETIRED EMPLOYEES CALENDAR YEAR 2016

October 5 – October 30, 2015



Office of Human Resources Management
Benefits Administration Division
1400 McCormick Drive, Suite 245
Largo, Maryland 20774

Health Benefits
Information

for

RETIRED EMPLOYEES

CALENDAR YEAR 2016

OPEN ENROLLMENT

October 5 - October 30, 2015

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.

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.

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.

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.

Privacy Notice (*continued*)

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.

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 one [9]) with this information.

The Office of Human Resources Management
1400 McCormick Drive, Suite 245
Largo, Maryland 20774

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.

2016 Health Benefits Enrollment Guide

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Prince George's County Government
Office of Human Resources Management

October 5, 2015

Dear Plan Participant:

Fall into Open Enrollment 2016! It is hard to believe Open Enrollment 2016 is here! The annual open enrollment period will begin October 5th through October 30th, 2015, for the health benefit plans. I encourage you to take this opportunity to review the health benefit plans you currently have and decide if you need to make changes to your existing benefit plan options for calendar year 2016.



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, OHRM will change the time period for notification from thirty (30) to forty-five (45) days when you have a qualified family status change. 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 will contact you for a copy of the required documentation. Please refer to pages sixteen (16) through seventeen (17) 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 Kaiser Permanente Medicare HMO medical plan will increase by 3.281%.*

***Note: The one senior plus individual premium rate includes a 4.68% decrease for the person not enrolled in Medicare.**

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 non-Medicare medical plan premium rates will decrease by 4.72%.

Health Benefit Plans Enrollment Process

Open enrollment is the time when you may cancel your benefits or make changes such as, enroll in a plan, change from one plan to another or add an eligible dependent (e.g., spouse, child). Please contact the Division at the telephone numbers listed below or come to a provider session to obtain an Enrollment/Change Form to terminate or make changes to your health benefit plans.

If you are adding an eligible dependent, you must submit documentation (e.g., marriage, birth certificate) to the Division by the close of business (5:00 p.m.), Friday, October 30, 2015. Please feel free to mail (envelope must be postmarked by October 30th), fax (301- 883-6358), bring to a provider session, email benefits@co.pg.md.us or hand deliver the document(s) to the Division. It is important for the first, last name and last four digits of your social security number be written on the document(s). **Failure to send the 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.**

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 Division will make **no exceptions** to the enrollment process.

It is also strongly recommended that you review the pension check received in January 2016, to ensure you have the benefit plan(s) and level of coverage that you want for calendar year 2016. If the deductions on your pension check are incorrect, you will have until the close of business, Friday, January 29, 2016, to contact the Division to correct the error(s).

We hope that you will use this Open Enrollment Guide as a valuable source of important information about the County's health benefit plans. We strongly encourage you to read the Guide to learn more about the changes and requirements of the health benefit plans for calendar year 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) or Kaiser Permanente (www.kp.org).

OHRM strongly encourages you to complete an on-line health assessment and get a valuable tool that will provide you with information to make lifestyle choices to improve your health. Please contact the Division for information on and 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 Division at (301) 883-6380 (press option nine [9]) or (800) 634-5231 (press number two [2] for Benefits, then select option nine [9]), if you have any questions.

Don't forget to mark the open enrollment dates on your calendar. **Remember, Fall into Open Enrollment 2016!**

Sincerely,

Stephanye R. Maxwell

Stephanye R. Maxwell, Esq., CPM
Director

What's coming for the Health Benefit Plans in 2016?

Qualified Family Status Policy Change

Effective **January 1, 2016**, the time period for notifying the Benefits Administration 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 that align with the event. You must provide supporting documentation for a qualified family status change. Please refer to sixteen (16) through seventeen (17) for more details on a qualified family status change.



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

The open enrollment provider sessions are an opportunity for you to attend a Benefit fair with each of the health benefit plan providers. It will also allow you to learn more about the health benefit plans and ask questions or express your concerns to the providers. The Benefits staff will be at the provider sessions collecting your **Enrollment/Change Form**, if you elect to enroll or make changes to the County's health benefit plans. The open enrollment sessions are as follows:

2016 Open Enrollment Sessions – ALL PROVIDERS	
<p><u>Wednesday, October 7, 2015</u> 10:00 a.m. – 2:00 p.m. RMS Building – First Floor Lobby 1400 McCormick Drive Largo, MD</p>	<p><u>Wednesday, October 28, 2015</u> 10:00 a.m. – 2:00 p.m. RMS Building – First Floor Lobby 1400 McCormick Drive Largo, MD</p>
<p><u>Thursday, October 15, 2015</u> 10:00 a.m. – 2:00 p.m. County Administration Building (CAB) Lower Level Lobby 14741 Governor Oden Bowie Drive Upper Marlboro, MD</p>	
<p><u>Tuesday, October 20, 2015</u> 12:00 p.m. – 4:00 p.m. Maintenance Operations Center (MOC) 8400 D'Arcy Road Forestville, MD</p>	

**The Last Day of Open Enrollment is
the Close of Business (5:00 p.m.) on October 30, 2015.**

Do I Need to Complete an Enrollment/Change Form During Open Enrollment?

You do not need to complete an Enrollment/Change Form to *continue your current health benefit plan(s) at the same level of coverage.*

What Kind of Change(s) Can I Make During This Open Enrollment Period?

- Open enrollment is the time when you may cancel your benefits and/or make the following change(s):
- Enroll in a medical, dental, vision or prescription plan. Retirees or surviving spouses may drop a plan or a dependent at any time. Surviving spouses, County employees retiring under the MD State Retirement System, Deputy Sheriff's Comprehensive Plan, and Correctional Officer's Comprehensive Plan **are not** eligible to pick up a new benefit(s) unless they have a family status change. See pages sixteen (16) and seventeen (17) for more information about family status changes.
- Change from one medical or dental plan to another.
 - Add an eligible dependent(s) who is not currently covered. To add your dependent to the health benefit plans, you must provide a copy of the marriage, birth certificate or other supporting documentation and social security number to the Benefits Administration Division (Division). Please note that during the open enrollment provider sessions, the Division staff is unable to make copies of your documents for the dependent(s) being added. A copy of your document(s) must be submitted to the Division in an envelope postmarked by October 30, 2015. Please feel free to mail (USPS), fax (301) 883-6358, bring to a provider session, email benefits@co.pg.md.us or deliver a copy of the document(s) to the Division (RMS Building, Suite 245). The Division requests you write your first, last name and the last four digits of your social security number on the document(s). **Failure to send the 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.**
- Cancel enrollment in any health benefit plan(s) for you or your dependent(s).

Do I Have to Attend an Open Enrollment Provider Session to Make a Change?

No. You can pick up a **Enrollment/Change** Form (Form) from the Benefits Administration Division (Division) located at 1400 McCormick Drive, Suite 245, Largo, Maryland or you can call the Division at (301) 883-6380 or 1-800-634-5231 [press number two (2), then select option nine (9) for the Benefits Division to receive the Form by mail. Remember, your Form must be submitted to the Division by the close of business, October 30, 2015, or mailed to us in an envelope **postmarked** October 30, 2015. You can also fax your completed Form to (301) 883-6358. **The Division will not accept your Form with open enrollment changes for calendar year 2016 after the above stated time.**

May I Make a Change(s) to a Health Benefit Plan(s) During the 2016 Calendar Year?

Retirees or surviving spouses may drop a plan or a dependent at any time. Surviving spouses, County employees retiring under the MD State Retirement System, Deputy Sheriff's Comprehensive Pension Plan, and Correctional Officer's Comprehensive Pension Plan are not eligible to pick up a new benefit(s).

You may also make a change to your health benefit plan(s) during the plan year (outside of open enrollment) if you have a qualified family status change. You may **add** a dependent (birth/marriage) **within forty-five (45) days of a qualifying event**. *Please note that surviving spouses may not add newly acquired spouses or dependents.*

Retirees who **lose** their health benefits coverage can enroll in the County's plans within forty-five (45) days of losing their coverage. The retiree must submit written documentation reflecting proof of the date the coverage was lost. The written documentation should also indicate the health benefit plan(s) lost. **The premium contribution schedule and health benefit plan(s) provisions in effect at the time the retiree enrolls in the plan(s) as a result of losing the coverage will apply.**

What are My Options for Enrolling in the County's Health Benefit Plans as a Rehired Retiree?

A retiree who is re-employed by the County must elect enrollment in the health benefit plans either as a retiree or as an active employee. It is the retiree's responsibility to decide which option best fits his or her needs.

If you are a full-time or part-time Rehired Retiree and are actively working at least 15 hours per week, you can also elect to enroll in the following voluntary benefits plans:

Unum

- Critical Illness Insurance Plan

Aflac

- Aflac Enhanced Accident Insurance Plan
- Supplement Dental Insurance Plan

Transamerica

- Whole Life Insurance Plan

Lincoln Financial

- Short-term Disability Plan

Legal Resources

- Legal Plan

Legal Shield

- Legal Plan

Please contact the Benefits Administration Division with any questions you may have concerning your eligibility to enroll in the County's health and voluntary benefits plans, and the enrollment process for the plans.

What is a Qualified Family Status Change?

- *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 Administration 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. The Benefits Administration Division will not make an exception to this requirement.**

You must provide a copy of the birth certificate and social security number to add your newborn child. **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 Administration Division will send a letter to the address on file for you requesting a copy of the birth certificate and social security number. It is imperative that you respond with the requested documentation by the stated deadline in the letter.

- Death, divorce, legal separation, 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 Administration Division with any questions and to obtain additional information on other qualified family status changes.

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 have 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 eighteen (18) for the termination date of coverage for dependents covered as a result of legal guardianship.

(Continued from Page 16)

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 premiums even if the event results in a reduction in the coverage level.



Who are Eligible Dependents?

- ◇ 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 Administration 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 Administration Division.



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

To add your dependent to the health benefit plans, you must provide a copy of the marriage, birth certificate, or other supporting documentation and social security number to the Benefits Administration Division. A court order and birth certificate are required for legal guardianship. An adoption of a child(ren) requires an adoption court order and/or adoption papers. Please note that during the open enrollment provider sessions, the Benefits Administration Division Staff is unable to make copies of your documents for the dependent(s) being added. **Failure to submit a copy of the supporting documentation will result in your dependent(s) not having coverage as of January 1, 2016.**

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

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

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

No. You are not required to select a PCP because the medical plans are open access network plans. The Open Access In-Network 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 Plus 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.

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

(Continued from Page 19)

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

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

The County provides you with two medical plan options, Open Access Plus In-Network (HMO), and Open Access Plus Preferred Provider Organization (PPO) medical plans through Cigna Healthcare. The Open Access Plus In-Network (HMO) and Open Access Plus (PPO) medical plans have a wider provider network that has participating providers in most areas across the country. The Benefits Administration Division encourages you to make sure the provider participates in the network by asking if they accept the Cigna Healthcare Open Access Plus In-Network HMO or Open Access Plus PPO medical plan. You can also call Cigna Healthcare at 1-800-244-6224 to speak with a representative or access www.Cigna.com to locate a participating provider under the medical plans.



Do I Have to Select a Primary Care Dentist (PCD) if I Enroll in the Aetna DMO Dental Plan?

Yes. If you enroll in the Aetna DMO plan, in order to use your dental plan benefits you *must* complete the Aetna DMO PCD Election Form and select a PCD for you and your covered family members. To obtain a list of participating PCDs, you can visit Aetna's *DocFind* online provider directory at www.aetna.com, or obtain a paper directory of participating PCDs at an open enrollment provider session. You can also contact Member Services at 1-877-238-6200 to obtain the name of a PCD in the area where you reside. **Please note that if you do not select a PCD, you will not be able to use your DMO dental plan benefits on January 1, 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. You can obtain an Aetna DMO PCD Election Form at an open enrollment provider session or from the Benefits Administration Division.

Fall Into Open Enrollment 2016!



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 – 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...

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.

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.

Kaiser Permanente (*Continued*)

You Have A Health Care Team Focused On You

Choose your PCP and OB/Gyn at 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 800-777-7904 (800-700-4901, TTY) to schedule an appointment, or just come 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?

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.

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.

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 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.

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.

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.

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. 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 (1st) of the month, PCD selections must be received at Aetna by the fifteenth (15th) 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. Click on “Register Now” in the “Members: Secure Information” section.

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.

Aetna Life EssentialsSM 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 online 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 CareSM website. Also, talk to a licensed social worker to prepare for this challenging time of life.

Visit: www.aetna.com/aetnalifeessentials

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

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

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.

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.

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 or call Member Services toll-free at the number on the back of your prescription drug ID card.



Express Scripts *(Continued)*

Worry Free Fills[™] 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**[™] program, so your prescriptions can be refilled automatically.

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

To enroll in **Worry-Free Fills**, visit www.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 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 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're 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.

Express Scripts (Continued)

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.

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**



Vision Service Plan (VSP)

- VSP has an enhanced Member Vision Card that members can access if they would like a vision insurance card. The print-on demand card is available through the member site at vsp.com. Please note that Protected Health Information (PHI) such as, the member ID number, social security number and date of birth is not included on the card. VSP is committed to protecting the privacy and security of their members and their data.
- VSP has a program, *See Much More*, at www.seemuchmore.com that you can access for eye health articles, videos and an interactive savings calculator.
- VSP has passion for people, and their vision doesn't stop at those with VSP coverage. VSP believes everyone deserves to see well. That's why VSP actively seeks opportunities to give back to the community with programs like *Sight for Students* 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 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 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 online optical store that offers members easy access to quality eyewear brands. To see the latest, check out eyeconic.com today.
- Finding a doctor or viewing benefits is a snap with Smart Phones. Now VSP members visiting vsp.com with their mobile phones have access to an optimized view of select features within the member portal.
- Big Value. More Savings with VSP Vision Care.
- Get Social with VSP. Check out vspblog.com, join us on Facebook and Twitter, and check out YouTube channel, where you can catch the latest 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.^{1,3}
- Mail-in rebate savings and free trials on Bausch + Lomb® contacts
- Average savings of \$325 on Nike-authorized prescription sunglasses^{2,3}
- Up to 50% savings on UNITY® digital lenses^{2,3}
- Up to 40% savings on sunsync™ - lenses that adapt to your environment^{2,3}
- 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®⁴



For more great offers, scan
or visit vsp.com/specialoffers.

BAUSCH + LOMB

EXTRA \$20
TO SPEND ~~62~~

Flexon
COLLECTION



NVISION

sunsync

TLC
Laser Eye Centers

TruHearing

UNITY
Digital Lenses

Xperio
Powered Hearing & Full Contact

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

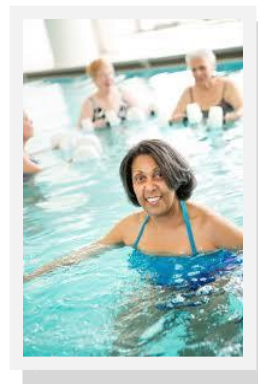
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VSP and UNITY are registered trademarks, and sunsync is a trademark, of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands are trademarks or service marks of their respective owners.



Exciting things are happening in Wellness and the Office of Human Resources Management (OHRM) is working to make you a part of it! OHRM takes pride in being committed to providing a Health and Wellness Program that is specifically designed with you in mind.

In calendar year 2016, it is OHRM’s goal to send you the Wellness Newsletter that will provide healthy tips, articles and recipes. In addition, each quarter, OHRM will select a subject and mail you information that will provide you insight, tools and tips on issues such as preventative care, chronic diseases, physical activity and many other health/wellness topics. OHRM will also utilize the Retiree Connection website (<http://www.princegeorgescountymd.gov>) for those with computer access to communicate health and wellness information you can use to adopt behaviors that lead to a healthier lifestyle.



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.
- Kaiser Permanente members can access www.kp.org.

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

How Can I Reduce My Health Benefit Costs?

- **Utilize Express Scripts 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. Also, Express Scripts has created a program to help make your mail order prescriptions more affordable. It’s called the Extended Payment Program (EPP). See page thirty-three (33) for more information about EPP.**
- **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 Scripts list of formulary drugs to select an appropriate medication for you.
- **Use 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 www.express-scripts.com.
- **Drop Ineligible Dependents** – The Benefits Administration Division must receive a completed Enrollment/Change Form before changes can be made to your enrollment options (i.e., individual, two-person or family coverage) and plan premiums.



Reminders

Confirmation of Open Enrollment Changes for the County Health Benefit Plans

We strongly encourage you to review the pension check that you will receive for

January 2016, to ensure the changes you requested during open enrollment were processed.

If your pension check does not reflect your requested change(s), you should contact the Benefits Administration Division at 301-883-6380 [press option nine (9)] or 1-800-634-5231 [press number two (2) for Benefits, then option nine (9)] by the close of business, **January 29, 2016**.

Family Status Changes

A change(s) to your health benefit plan(s) as a result of a qualified family status change such as birth, marriage, or loss of health benefits coverage must be made within forty-five (45) days of the qualified event. You must complete an Enrollment/Change Form (Form) to make the change and the Form must be submitted to the Benefits Administration Division (Division) within the forty-five (45) day timeframe. The Division will not be able to make an exception to this requirement. Please see pages sixteen (16) and seventeen (17) for more information on Qualified Family Status changes or you may contact the Division if you have any questions concerning the requirement.

Beneficiary Form

Keep in mind that it is important to update and submit a County Beneficiary Form (Form) when you experience life changes. This Form identifies who receives the benefits payable under your life insurance and County Pension, if applicable.

Ask for a Form at one of the provider sessions this open enrollment or you may visit or call the Benefits Administration Division at (301) 883-6380 [press option nine (9)] or 1-800-634-5231 [press option two (2) for Benefits Division then select option nine (9)] to request a Form.

Address Change

If you recently changed your address, please contact the Pensions and Investments Administration Division (Pensions) at (301) 883-6390 or 1-800-634-5231 (press number one (1) for Pensions) to submit your change of address. You may also submit your change of address to Pensions by facsimile. The fax number is (301) 883-6031.

Reminders

Vision Plan

Vision Service Plan (VSP) is the County's eye care provider. **It is important to note that VSP does not issue identification cards; however, members can access and print an enhanced Member Vision Card. See page thirty-eight (38) for more information.**

If you are choosing a participating eye doctor, simply call and make your appointment. The doctor will do the rest. If you choose a doctor outside of the network, you must pay for the services and submit the receipt, along with your name, social security number and address, to VSP. Check the VSP website, www.vsp.com, for up-to-date benefit eligibility for you and your dependents and the list of participating providers.

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. 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 twenty-eight (28) and twenty-nine (29) for more information.

Express Scripts

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.

There is a \$50 annual deductible per covered individual that must be met for retail and Express Scripts-by-Mail prescriptions combined prior to any plan coverage. **Please remember this plan requirement when you purchase a prescription(s) for yourself or your covered dependents on or after January 1, 2016.**

Reminders

Express Scripts *(Continued)*

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

Medicare Eligibility

The County requires a retiree and/or spouse who reaches age 65 to enroll in Medicare Part A and Part B. This provision also applies to individuals who are eligible to receive disability benefits from the Social Security Administration.

In order to continue coverage in the County's medical plan, it is required that you enroll in one of the County's Medicare supplemental plans. The Medicare supplemental plan options are Kaiser Permanente (Kaiser) Medicare Plus Plan, Cigna Healthcare (Cigna) Open Access In-Network (OAPN) and Cigna Open Access Plus (OAP) plans. Medicare will become the primary payer of your medical claims and the supplemental plan will act as the secondary payer. You will need to complete an Enrollment/Change Form (Form) to enroll in one of the supplemental plans and submit the Form with a signed copy of your Medicare card showing enrollment in Part A and Part B to the Benefits Administration Division.

Please note that if you and/or a dependent on the policy are eligible for Medicare and you need to provide medical plan coverage for more than one dependent, you must maintain Family coverage; therefore, the Senior premium rates will not be applicable until you remove the additional dependents. If the aforementioned applies to you, please contact the Division at (301) 883-6380 [press number five (5)] or 1-800-634-5231 [press number two (2) then option five (5)] for additional information on coordinating the Medicare and Cigna Healthcare plans.

Reminders

Medicare Eligibility *(Continued)*

Kaiser participants must complete a Kaiser Application for Group Enrollment Form to enroll in the Kaiser Medicare Plus Plan. It is important to note that the Kaiser Medicare Plus Plan offers prescription benefits. If you elect to enroll in the Kaiser Medicare Plus Plan, you must discontinue your enrollment in the County's prescription plan. The option to re-enroll in the County's prescription plan at a future open enrollment is available if you elect to switch to another County Medicare supplemental plan. This option does not apply to anyone who did not have the County's prescription plan prior to enrolling in the Kaiser Medicare Plus plan.

Medicare Part D and Your County Prescription Drug Benefits

As of January 1, 2006, Medicare provided its beneficiaries with the option of enrolling in Medicare Part D prescription drug coverage. OHRM sent a letter to you in December 2014 advising you that the plan meets the Medicare Part D requirements for calendar year 2015 and your enrollment in the County's prescription plan would continue for calendar year 2015.

In November 2015, we will send all participants enrolled in the Express Scripts prescription plan a letter outlining their options in regards to Medicare Part D for calendar year 2016. Should you have any questions regarding the coverage under the County's Medicare supplemental plans, please call the Benefits Administration Division at (301) 883-6380 [press number five (5)] or 1-800-634-5231 [press number two (2) for Benefits, then select option five (5)].

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

Kaiser Permanente

301-468-6000

1-800-777-7904 (*For members outside of the Washington, DC area*)

www.kp.org

PRESCRIPTION

Express Scripts, Inc.

1-844-601-5885

www.express-scripts.com

VISION

Vision Service Plan

1-800-877-7195

www.vsp.com

DENTAL

Aetna (PPO/DMO)

1-877-238-6200

www.aetna.com



Mark Your Calendars!!

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 – 12:00 p.m. 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



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

FIRE CIVILIAN RETIREES AFTER 7/1/98

		Participant Monthly	County Monthly	Total Monthly
M E D I C A L	Kaiser Permanente			
	Individual	85.77	304.08	389.85
	Two-Person	171.06	606.50	777.56
	Family	247.85	878.72	1,126.57
	(Must Enroll in Senior if Enrolled in Medicare)			
	One Senior	62.43	221.32	283.75
	Two Seniors	124.39	441.01	565.40
	Senior + Individual	158.64	562.47	721.11
	CIGNA HMO			
	Individual	91.21	323.37	414.58
	Two-Person	182.34	646.50	828.84
	Family	254.93	903.86	1,158.79
	(Must Enroll in Senior if Enrolled in Medicare)			
	One Senior	51.04	180.96	232.00
	Two Seniors	102.88	364.75	467.63
	Senior + Individual	142.64	505.73	648.37
	CIGNA PPO			
	Individual	154.40	417.47	571.87
Two-Person	311.30	841.67	1,152.97	
Family	437.15	1,181.91	1,619.06	
(Must Enroll in Senior if Enrolled in Medicare)				
One Senior	59.63	161.24	220.87	
Two Seniors	120.17	324.92	445.09	
Senior + Individual	214.94	581.12	796.06	
R X D	Prescription Drug Plan			
	Individual	18.28	134.07	152.35
	Two-Person	36.79	269.79	306.58
	Family	46.99	344.57	391.56
V I S I O N	Vision Care Plan			
	Individual	0.86	6.30	7.16
	Family	1.84	13.50	15.34
D E N T A L	Aetna Dental Plan (DMO)			
	Individual	25.67	N/A	25.67
	Two-Person	40.40	N/A	40.40
	Family	51.69	N/A	51.69
	Aetna Dental Plan (PPO)			
	Individual	39.04	N/A	39.04
	Two-Person	71.51	N/A	71.51
Family	105.89	N/A	105.89	





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

**ALL POLICE CIVILIAN RETIREES AFTER 7/1/96 AND
ALL POLICE RETIREES, FIRE RETIREES & CORRECTIONS RETIREES**

	Participant Monthly	County Monthly	Total Monthly	
MEDICAL	Kaiser Permanente			
	Individual	85.77	304.08	389.85
	Two-Person	171.06	606.50	777.56
	Family	247.85	878.72	1,126.57
	(Must Enroll in Senior if Enrolled in Medicare)			
	One Senior	62.43	221.32	283.75
	Two Seniors	124.39	441.01	565.40
	Senior + Individual	158.64	562.47	721.11
	CIGNA HMO			
	Individual	91.21	323.37	414.58
	Two-Person	182.34	646.50	828.84
	Family	254.93	903.86	1,158.79
	(Must Enroll in Senior if Enrolled in Medicare)			
	One Senior	51.04	180.96	232.00
	Two Seniors	102.88	364.75	467.63
	Senior + Individual	142.64	505.73	648.37
	CIGNA PPO			
	Individual	154.40	417.47	571.87
Two-Person	311.30	841.67	1,152.97	
Family	437.15	1,181.91	1,619.06	
(Must Enroll in Senior if Enrolled in Medicare)				
One Senior	59.63	161.24	220.87	
Two Seniors	120.17	324.92	445.09	
Senior + Individual	214.94	581.12	796.06	
PRESCRIPTION DRUG PLAN	Prescription Drug Plan			
	Individual	18.28	134.07	152.35
	Two-Person	36.79	269.79	306.58
	Family	46.99	344.57	391.56
VISION CARE PLAN	Vision Care Plan			
	Individual	0.86	6.30	7.16
	Family	1.84	13.50	15.34
DENTAL	Aetna Dental Plan (DMO)			
	Individual	25.67	N/A	25.67
	Two-Person	40.40	N/A	40.40
	Family	51.69	N/A	51.69
	Aetna Dental Plan (PPO)			
	Individual	39.04	N/A	39.04
	Two-Person	71.51	N/A	71.51
Family	105.89	N/A	105.89	

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

SHERIFF RETIREES

		Participant Monthly	County Monthly	Total Monthly
	Kaiser Permanente			
	Individual	85.77	304.08	389.85
	Two-Person	171.06	606.50	777.56
	Family	247.85	878.72	1,126.57
	(Must Enroll in Senior if Enrolled in Medicare)			
	One Senior	62.43	221.32	283.75
	Two Seniors	124.39	441.01	565.40
	Senior + Individual	158.64	562.47	721.11
	CIGNA HMO			
	Individual	91.21	323.37	414.58
	Two-Person	182.34	646.50	828.84
	Family	254.93	903.86	1,158.79
	(Must Enroll in Senior if Enrolled in Medicare)			
	One Senior	51.04	180.96	232.00
	Two Seniors	102.88	364.75	467.63
	Senior + Individual	142.64	505.73	648.37
	CIGNA PPO			
Individual	154.40	417.47	571.87	
Two-Person	311.30	841.67	1,152.97	
Family	437.15	1,181.91	1,619.06	
(Must Enroll in Senior if Enrolled in Medicare)				
One Senior	59.63	161.24	220.87	
Two Seniors	120.17	324.92	445.09	
Senior + Individual	214.94	581.12	796.06	
	Prescription Drug Plan			
	Individual	18.28	134.07	152.35
	Two-Person	36.79	269.79	306.58
	Family	46.99	344.57	391.56
	Vision Care Plan			
	Individual	7.16	N/A	7.16
	Family	15.34	N/A	15.34
	Aetna Dental Plan (DMO)			
	Individual	25.67	N/A	25.67
	Two-Person	40.40	N/A	40.40
	Family	51.69	N/A	51.69
	Aetna Dental Plan (PPO)			
	Individual	39.04	N/A	39.04
	Two-Person	71.51	N/A	71.51
Family	105.89	N/A	105.89	

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

ALL OTHER RETIREES, ALL SURVIVING SPOUSES, AND COBRA

	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly	
K E I S E R P E R M A N E N T E	Kaiser Permanente				
	Individual	85.77	304.08	389.85	397.65
	Two-Person	171.06	606.50	777.56	793.11
	Family	247.85	878.72	1,126.57	1,149.10
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	62.43	221.32	283.75	289.43
	Two Seniors	124.39	441.01	565.40	576.71
	Senior + Individual	158.64	562.47	721.11	735.53
	CIGNA HMO				
	Individual	91.21	323.37	414.58	422.87
	Two-Person	182.34	646.50	828.84	845.42
	Family	254.93	903.86	1,158.79	1,181.97
	(Must Enroll in Senior if Enrolled in Medicare)				
	One Senior	51.04	180.96	232.00	236.64
	Two Seniors	102.88	364.75	467.63	476.98
	Senior + Individual	142.64	505.73	648.37	661.34
	CIGNA PPO				
	Individual	154.40	417.47	571.87	583.31
	Two-Person	311.30	841.67	1,152.97	1,176.03
	Family	437.15	1,181.91	1,619.06	1,651.44
(Must Enroll in Senior if Enrolled in Medicare)					
One Senior	59.63	161.24	220.87	225.29	
Two Seniors	120.17	324.92	445.09	453.99	
Senior + Individual	214.94	581.12	796.06	811.98	
PHARMACY					
P R E S C R I P T I O N D R U G P L A N	Prescription Drug Plan				
	Individual	114.26	38.09	152.35	155.40
	Two-Person	229.94	76.64	306.58	312.71
	Family	293.67	97.89	391.56	399.39
VISION					
V I S I O N C A R E P L A N	Vision Care Plan				
	Individual	7.16	N/A	7.16	7.30
	Family	15.34	N/A	15.34	15.65
DENTAL					
D E N T A L P L A N	Aetna Dental Plan (DMO)				
	Individual	25.67	N/A	25.67	26.18
	Two-Person	40.40	N/A	40.40	41.21
	Family	51.69	N/A	51.69	52.72
	Aetna Dental Plan (PPO)				
	Individual	39.04	N/A	39.04	39.82
	Two-Person	71.51	N/A	71.51	72.94
Family	105.89	N/A	105.89	108.01	

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

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